



Aslı KURTÇU¹
Zehra GÖLBAŞI²

¹Zeynep Kamil Kadın ve Çocuk Hastalıkları Eğitim ve Araştırma Hastanesi, Sağlık Bakım Hizmetleri Yönetimi, İstanbul, TÜRKİYE

²Cumhuriyet Üniversitesi, Sağlık Bilimleri Fakültesi, Hemşirelik Bölümü, Sivas, TÜRKİYE

ARAŞTIRMA

F.Ü.Sağ.Bil.Tıp Derg.
2014; 28 (3): 93 - 99
http://www.fusabil.org

Postpartum Depression: Knowledge and Opinions of Nurses and Midwives Employed in Primary Health Care Centers

Objective: This study has been conducted to determine postpartum depression knowledge and attitudes of nurses and midwives employed in primary health care centers.

Materials and Methods: The study was carried out as cross-sectional. Samples consisted of a total of 136 nurses and midwives employed in primary health care centers located in Uskudar and Kadikoy districts of Istanbul. The survey questionnaires were prepared by the researchers according to current literature and were including a "Personal Information Form" and a "Postpartum Depression Knowledge and Opinions Form".

Results: 16.2% of the nurses and midwives have performed postpartum depression screening and 22.8% have met a case related to postpartum depression. It has been detected that postpartum depression knowledge score average of nurses and midwives is 34.89 out of the maximum of 45 points. It has been found out that the participants had positive opinions about postpartum depression as well as the roles of nurses and midwives on postpartum depression.

Conclusions: As revealed by research results, nurses and midwives employed in primary health care centers have good levels of postpartum depression knowledge and positive attitudes, but on the other hand, this awareness is not affecting their practice sufficiently.

Key Words: Postpartum depression, primary health care centers, nurses, midwives, knowledge, attitudes.

Postpartum Depresyon: Birinci Basamakta Çalışan Hemşire ve Ebelerin Bilgi ve Görüşleri

Amaç: Bu çalışma birinci basamak sağlık kurumlarında çalışan hemşire ve ebelerin postpartum depresyonla ilgili bilgi ve görüşlerini belirlemek amacıyla yapıldı.

Gereç ve Yöntem: Çalışma kesitsel tipte yapıldı. Örneklem İstanbul Kadıköy ve Üsküdar ilçelerinde yer alan birinci basamak sağlık kurumlarında çalışan 136 hemşire ve ebelerden oluştu. Veriler araştırmacılar tarafından literatüre dayalı olarak hazırlanan "Kişisel Bilgi Formu", "Postpartum Depresyon Bilgi ve Görüş Formu" ile toplandı.

Bulgular: Hemşire ve ebelerin %16.2'si postpartum depresyona yönelik tarama yapmış ve %22.8'i postpartum depresyondan şüphelendiği bir vaka ile karşılaşmıştır. Hemşire ve ebelerin postpartum depresyon bilgi puan ortalamasının 34.89±6.72 olduğu belirlenmiştir. Katılımcıların postpartum depresyon ve postpartum depresyonda hemşire ve ebelerin rollerine ilişkin görüşlerinin olumlu olduğu belirlenmiştir.

Sonuç: Araştırmanın sonuçlarına göre, birinci basamakta çalışan hemşire ve ebelerin postpartum depresyona yönelik bilgilerinin ve tutumlarının iyi düzeyde olduğu, ancak bu farkındalığın uygulamalarına yeterli düzeyde yansımadağı söylenebilir.

Anahtar Kelimeler: Postpartum Depresyon, birinci basamak sağlık kurumları, hemşireler, ebeler, bilgi, tutum.

Geliş Tarihi : 22.01.2014
Kabul Tarihi : 14.10.2014

Yazışma Adresi Correspondence

Zehra GÖLBAŞI
Cumhuriyet Üniversitesi,
Sağlık Bilimleri Fakültesi,
Hemşirelik Anabilim Dalı,
Sivas-TÜRKİYE

zehragolbasi@gmail.com

Introduction

Maternity blues and postpartum depression (PPD) are the most frequently encountered emotional disorders during the postpartum period. It is considered that PPD has been effective on 10-15% of all new mothers (1-4). O'Hara and Swain (5) have made meta analysis of 58 studies aiming to present the global prevalence of PPD. Accordingly almost 13% of women experience PPD in the subsequent year to birth. In studies conducted to determine PPD prevalence in Turkey, postpartum depression prevalence has been found varying between 14.0%-40.4% (6-12).

PPD, since it jeopardizes life quality and safety, has been considered as a negative effect influencing mother, baby and family members (13, 14). Due to that reason, it has been noted that nurses and midwives are expected to conduct regular medical screening for the women in postpartum period to detect depressive symptoms (15, 16). In Turkey too, Ministry of Health, Postpartum Care Method Guide states that after being discharged from hospital the new mother must be checked three times at

her house or in a health care institution during the 2nd-5th day, 15th day and 4th-8th weeks and during these inspections, new mothers should be screened via Edinburg Postnatal Depression Scale for PPD (17).

It has been stated that PPD analysis of new mothers is a requisite of holistic postpartum care and duty of nurses/midwives but in reality the women are not periodically checked for PPD (15, 18, 19). In a study conducted to analyze medical screening performance of family health nurses on PPD, it has been detected that 84.3% of nurses have all met a patient in postpartum period but 41.7% have never conducted medical screening (20). Actually, nurses/midwives are health care professionals who interact most with women during pregnancy and postpartum periods (21-23). Also, nurses who have frequent contact with women during the perinatal period are well positioned to provide screening and treatment for PPD (24). As they meet with mothers for immunization, postpartum health controls and healthy baby checks they may have a chance for PPD screening. During these interactions nurses/midwives can detect risky women and for the patients bearing symptoms of PPD. They may conduct medical screening by making use of appropriate tools and guide the woman for professional assistance if needed (15, 18, 23). It has been stated that the biggest handicap of nurses/midwives is the lack of sufficient knowledge on training concerning diagnosing, consulting and guiding risky patients in the early diagnosis and management of PPD (22, 25). If postpartum depression knowledge of nurses and midwives is insufficient, that may mislead them in identifying symptoms and PPD (25). To that end, present research has been conducted to determine PPD knowledge and opinions of nurses and midwives employed in health care centers.

Materials and Methods

The research has been completed in a total of 41 primary health care centers located in Üsküdar and Kadıköy districts, in the city center of Istanbul as cross-sectionally. Research universe consists of total 176 personnel (88 nurses, 88 midwives) employed in above stated 41 primary health care centers. In the research the aim was planned to contact all participant nurses and midwives but 136 nurses and midwives (response ratio; 77.2%) could be reached. Research data have been collected via literature-based questionnaire prepared by researchers. Personal Information Form contained questions on some socio-demographic features, professional features, and trainings and practices on postpartum depression of nurses and midwives.

Postpartum Depression Knowledge and Opinions

Form: This form, based on literature, has two parts, including knowledge and opinions (3, 15, 16, 18, 22, 25-28). In the postpartum depression knowledge part, there are 45 items on PPD. Topic titles and numbers of form items are as given below:

- Definition, frequency, occurrence time and symptoms of PPD, 11 items
- Etiology and risk factors of PPD, 9 items
- Early diagnosis and screening programs of PPD, 7 items
- Treatment of PPD, 7 items
- Effect of PPD on mother-baby and family health, 4 items
- Roles of nurses/midwives in preventing and early diagnosis of PPD, 7 items

Next to each item, options "true", "false" and "I do not know" have been placed and participants have been asked to select one option. Some items in the form have been true and some have been false statements. Subsequent to preparing form items, expert views have been taken for content validity and required alterations have been made according to expert views. Final form has been completed with 30 nurses and midwives who were not participants and it has been verified that no unclear items were stated in the form. In postpartum depression knowledge part, for each correct choice participants were given 1 point and for incorrect options, ~~or~~ unanswered ones or "I do not know" options they were given 0 point. Thus total score was obtained from the knowledge part. The highest score to receive from knowledge part was designed as 45. Also by totaling sub topic titles item scores, a score average on sub dimensions has also been obtained.

The second part has been prepared by researchers to analyze PPD opinions of nurses and midwives. There are 4 statements about postpartum depression in the second part. These statements are related to the importance of postpartum depression as a postpartum health issue and roles of nurses and midwives in preventing, early detection of PPD and home care of women with PPD. Participants were asked to read each statement and grade between 1-5 (1= not important at all, 2= not important, 3= a little important, 4= moderately important, 5= fairly important). Upon receiving required permission from Provincial Directorate of Health, data have been gathered between the dates November 1, 2009 - January 30, 2010. At first the participants were given information on the objectives of research and the ones giving verbal approval were distributed the forms. Forms were individually completed by nurses and midwives then taken back by researcher.

The data were analyzed using SPSS version 15.0 for Windows and were presented as frequency distribution and means. Descriptive statistics were used to describe sample characteristics. In statistical analysis of data, Chi-square and t-tests have been utilized. Statistical differences are reported when $P < 0.05$.

Results

According to the result, of all the participants 50.7% are nurses and 49.3% are midwives. Of all the participants 98.5% are women and 1.5% are men and the mean age is 32.12 ± 6.66 (min: 22, max: 48). 69.9% of participants are married and 30.1% are single. As for

educational background of participants 6.6% were vocational high school, 39% college and 54.4% were bachelors. 53.7% of nurses and midwives have been working for less than 10 years, 46.3% have been working for 10 years and more. 64% of nurses and midwives received postpartum depression knowledge during their vocational trainings and 35.3% during their post graduate trainings. As shown in the table 1, 64% of participants received postpartum depression information during their professional education and 35.3% received such information during post graduate trainings. 16.2% of participants conducted postpartum depression screening and 22.8% referred the new mother with a suspected postpartum depression. No significant difference has been detected between postpartum depression knowledge gain of participants, screening and referred on postpartum depression suspicion with respect to profession ($P>0.05$) In table 2, postpartum depression knowledge score averages of nurses and midwives have been given. Accordingly, nurses and midwives received average 7.66 points from 11 questions related to the definition, prevalence, time and symptoms of PPD. They received average 7.24 points from 9 questions on the etiology and risk factors of PPD; average 5.49 points from 7 questions on early diagnosis and screening programs; average 5.29 points from 7 questions on treatment. Also, they received 3.33 points from 4 questions on the effect over mother-baby and family

health; 5.86 points from 7 questions on the role of nurses and midwives in prevention and early diagnosis. Finally, nurses and midwives received average 34.89 out of maximum 45 points from total 45 questions on PPD. Accordingly, there is not a statistically meaningful difference between knowledge gained by participants during post graduate training on PPD and knowledge score averages of PPD total and sub-dimensions ($P>0.05$). Although there is no statistically meaningful difference between total knowledge scores of nurses and midwives, with respect to nurses and midwives role sub dimension in preventing PPD knowledge score averages (5.57 ± 1.82) midwives (6.16 ± 1.50) has statistically meaningful high level ($P<0.05$) compared to nurses. When analysing PPD knowledge score averages with respect to professional education it is detected that bachelor graduates have a statistically meaningful difference in total score, nurses and midwives' role in early diagnosis and medical screening programs and prevention of PPD and early diagnosis sub-dimensions compared to vocational high school and college graduates ($P<0.05$). It has been found out that the ones having received PPD knowledge during professional education have statically higher levels than the ones not receiving training ($P<0.05$) in total score, nurses and midwives' role in early diagnosis and medical screening programs and prevention of PPD sub dimensions.

Table 1. Distribution of background of nurses and midwives about postpartum depression

Variables	Nurse (n=69) Number (%)	Midwife (n=67) Number (%)	Total (n=136) Number (%)	P*
Received postpartum depression information during their professional education				
Yes	40 (58.0)	47 (70.1)	87 (64.0)	0.139
No	29 (42.0)	20 (29.9)	49 (36.0)	
Received postpartum depression information in post-graduate training				
Yes	25 (36.2)	23 (34.3)	48 (35.3)	0.816
No	44 (63.8)	44 (65.7)	88 (64.7)	
Involved in postpartum depression screening				
Yes	12 (17.4)	10 (14.9)	22 (16.2)	0.696
No	57 (82.6)	57 (85.1)	114 (83.8)	
Referral the new mother with postpartum depression suspicion.				
Yes	13 (18.8)	18 (26.9)	31 (22.8)	0.265
No	56 (81.2)	49 (73.1)	105 (77.2)	

*P value for Chi-square test.

Table 2. Postpartum depression knowledge score of nurses and midwives

	Number of items	Maxium score	Mean± Sd
Definition, prevalence, occurrence time and symptoms of PPD	11	11	7.66 ± 2.00
Etiology and risk factors of PPD	9	9	7.24 ± 1.56
Early diagnosis and screening programs of PPD	7	7	5.49 ± 1.23
Treatment of PPD	7	7	5.29 ± 1.64
Effect of PPD on mother-baby and family health	4	4	3.33 ± 0.88
Roles of nurses/midwives in preventing and early diagnosis of PPD	7	7	5.86 ± 1.69
Total Score	45	45	34.89 ± 6.72

Table 3. Mean postpartum depression knowledge score by some characteristics of nurses and midwives

Characteristics of nurse and midwives	Mean PPD knowledge score						Total Score X±Sd
	Definition, prevalence, occurrence time and symptoms of PPD	Etiology and risk factors of PPD	Early diagnosis and screening programs of PPD	Treatment of PPD	Effect of PPD on mother-baby and family health	Roles of nurses/midwives in preventing and early diagnosis of PPD	
	X±Sd	X±Sd	X±Sd	X±Sd	X±Sd	X±Sd	
Profession							
Nurse	7.43 ± 2.10	7.11 ± 1.47	5.33 ± 1.40	5.14 ± 1.64	3.27 ± 0.95	5.57 ± 1.82	33.88 ± 7.04
Midwife	7.91 ± 1.88	7.37 ± 1.65	5.65 ± 1.02	5.44 ± 1.63	3.38 ± 0.81	6.16 ± 1.50	35.94 ± 6.25
P value*	0.168	0.340	0.127	0.284	0.461	0.044	0.074
Professional education							
Health Vocational School and Collage	7.40 ± 2.00	7.11 ± 1.55	5.11 ± 1.25	5.17 ± 1.76	3.20 ± 0.96	5.54 ± 2.02	33.56 ± 7.10
Bachelor	7.89 ± 1.99	7.35 ± 1.57	5.81 ± 1.13	5.39 ± 1.54	3.43 ± 0.81	6.13 ± 1.31	36.01 ± 6.21
P value*	0.158	0.378	0.001	0.450	0.145	0.044	0.034
Received PPD information during their professional education							
Yes	7.80 ± 1.89	7.43 ± 1.37	5.70 ± 1.11	5.50 ± 1.51	3.43 ± 0.80	6.22 ± 1.06	36.11 ± 5.66
No	7.42 ± 2.19	6.89 ± 1.82	5.12 ± 1.36	4.91 ± 1.80	3.14 ± 1.00	5.22 ± 2.32	32.73 ± 7.88
P value*	0.296	0.054	0.008	0.045	0.063	0.001	0.004
Received PPD information in post-graduate training							
Yes	7.64 ± 1.99	7.39 ± 1.37	5.64 ± 1.21	5.56 ± 1.45	3.33 ± 0.88	6.06 ± 1.26	35.64 ± 6.03
No	7.68 ± 2.02	7.15 ± 1.66	5.40 ± 1.24	5.14 (1.72)	3.32 ± 0.89	5.76 ± 1.88	34.48 ± 7.06
P value*	0.921	0.401	0.287	0.160	0.981	0.324	0.339

*P value for paired sample t-test

Table 4. Opinions of participants about the importance of PPD and the roles of nurses and midwives in PPD

Items	Not important at all	Not important	A little important	Moderately important	Fairly important
	Number (%)				
The importance of PPD among postpartum health issues	–	3 (2.2)	11 (8.1)	34 (25.0)	88 (64.7)
Role of nurses/midwives in preventing of PPD	2 (1.5)	6 (4.4)	17 (12.5)	29 (21.3)	82 (60.3)
Role of nurses/midwives in early diagnosis of PPD	2 (1.5)	6 (4.4)	16 (11.8)	27 (19.9)	85 (62.5)
Role of nurses /midwives in home care of women with PPD	12 (8.8)	11 (8.1)	21 (15.4)	23 (16.9)	69 (50.7)

Table 4 shows the opinions of nurses and midwives about the importance of PPD and the roles of nurses and midwives in PPD. Accordingly, 64.7% of nurses and midwives placed PPD as a “fairly important” postpartum health issue. 62.5% of nurses and midwives stated that the role of nurses/midwives in early diagnosis of PPD is fairly important and 60.3% of them stated that the role of nurses/midwives in preventing of PPD is fairly important.

Discussion

PPD is a prevalent health problem encountered during postpartum period and conducting routine medical screening on PPD is the responsibility of nurses and midwives. To that end it is rather significant that nurses and midwives receive training on PPD. 64% of the participant nurses and midwives stated to have received PPD training during their professional training and 35.3% during their post graduate trainings (Table 1). These results put forth that during their professional education about 1/3 of nurses and midwives could not receive sufficient knowledge on PPD which is a prevalent health problem encountered during postpartum period and 2/3 of nurses during their post graduate trainings. However it is rather important that all nurses and midwives, who are most likely to meet frequently with the new mother, acquire required skills and knowledge on PPD; particularly in preventing and early diagnosing the problem and guide the woman for appropriate treatment once the problem is detected (3, 22). Otherwise PPD as a hidden health issue shall keep on negatively affecting public health.

The first step to take in managing this problem is to detect women under PPD risk and providing early treatment (26). Although PPD is quite a common problem, half of the women suspected with depression deny having experienced depression symptoms, they do not pay attention and refuse professional assistance (3, 13, 20, 29, 30). Therefore routine medical screening conducted by nurses and midwives on PPD gains greater significance. On the other hand, the conducted researches exhibit that during and after pregnancy nurses and midwives frequently come into contact with new mothers but they fail to conduct sufficient screening on PPD (15, 19). Only 16.2% of participant nurses and

midwives have conducted PPD screening and 22.8% referred a new mother with suspected PPD (Table 1). Although the rates of nurses is higher in screening on PPD and the rates of midwives is higher in referring a woman with suspected postpartum depression, the difference is statistically insignificant ($P>0.05$). Slovenian midwives and nurses had either cared for women with a diagnosis of PPD or for women whom they suspected of having suffered from PPD. Goldsmith (20), in his research on PPD screening practices of family health nurses, established that 84.3% of nurses necessarily met a patient in postpartum period but 41.7% had conducted no medical screening. If routine medical screening is not conducted, epidemiologic data failures on PPD emerge. This deduction drives one to consider that postpartum depression incidence is below the estimations hence the severity of sickness is ignored. Furthermore this misconception delays early diagnosis and treatment (22).

In the study PPD knowledge test score average of participants has been found 34.89 (SD=6.72) (Table 2). Remembering the fact that maximum score that can be received from knowledge test is 45 this score is above average and relatively sufficient. As score averages with respect to sub-dimensions of PPD are analyzed it surfaces that in all dimensions score average is above the average. Buist et al. (32) found out that in Australia maternal and infant health nurses had high levels of knowledge and awareness on PPD. Unlike findings obtained in this study, Keng (25) put forth that in Malaysian midwives lacked sufficient knowledge on PPD. Jones et al (33) mentioned that training of midwives' competency in psychosocial assessment as well as management of women experiencing antenatal depression and PPD.

When comparing total and sub-dimension knowledge score averages by profession, it is detected that there is no meaningful difference between PPD total knowledge scores of nurses and midwives ($P>0.05$). As the difference in the knowledge score averages of sub-dimensions is examined, only the knowledge score average of the sub-dimension “role of nurses and midwives in preventing PPD” the score is statically and meaningfully higher in midwives (6.16 ± 1.50) compared to nurses (5.57 ± 1.82) ($P<0.05$) (Table 3). It is estimated

that since midwives receive more classes and practical lessons on pregnancy, birth and postpartum period during their professional education and they meet more frequently with women in prenatal and postnatal period, they have higher scores. As PPD knowledge score averages by professional education level is analyzed it is found out that bachelor graduates have statistically meaningful higher total score as well as higher score averages in "early diagnosis and screening programs" and "roles of nurses and midwives in preventing PPD" sub- dimensions compared to high school and college graduates ($P<0.05$). It has been detected that total score and score averages in "early diagnosis and screening programs", "treatment of PPD" and "roles of nurses and midwives in preventing PPD" sub-dimensions of the ones having received PPD knowledge during professional education are meaningfully higher than the ones not received knowledge ($P<0.05$). In a study of Australian midwives, Jones et al (34) found that educational qualifications to be significantly associated with antenatal depression and PPD knowledge in that respondents with higher educational qualifications had better knowledge. This result puts forth that receiving PPD knowledge during professional education and level of professional

education are rather effective in the higher levels of PPD knowledge score averages.

This study revealed that nurses and midwives assume PPD as a important health problem. Also, they recognize that their role related to postpartum depression are important. Because nurses and midwives are in a unique position to identify mother in PPD risk and to help them (35), these results could be interpreted as positive. According to Ministry of Health of Turkey, Postpartum Care Method Guide, nurses and midwives are expected to be involved in postnatal psychosocial assessment of childbearing women for PPD during postnatal visits using Edinburg Postnatal Depression Scale. Therefore, it was important to determine the knowledge and opinions of nurses and midwives about PPD. The fact that participant nurses and midwives in our study view PPD as a critical health issue, the relative highness of their knowledge scores in PPD and their positive opinions towards PPD are the positive results obtained. However deficiencies in practices like conducting medical screening and referring the risky women to appropriate places are also significantly noticeable. Therefore further studies are needed to analyze the reasons why the positive aspect in knowledge and attitude is not reflected to practice.

References

1. Akridge KM. Postpartum and Lactation. In: Youngkin EQ, Davis MS. Women's Health: A primary Care Clinical Guide. Pearson Education Upper Saddle River, New Jersey, 2004; 651-65.
2. Fisher J, Cabral de Mello M, Izutsu, T. Pregnancy, Childbirth and the Postpartum Period, 2009. In: WHO Mental Health Aspects Of Women's Reproductive Health: A Global Review Of The Literature, 2009. Retrieved from: http://whqlibdoc.who.int/publications/2009/9789241563567_eng.pdf p:8-43
3. Lintner NC, Gray BA. Childbearing & depression: What nurses need to know. AWHONN Lifelines 2006; 10: 50-57.
4. Mosack V, Shore ER. Screening for depression among pregnant and postpartum women. Journal of Community Health Nursing 2006; 23: 37-47.
5. O'Hara MW, Swain AM. Rates and risks of postpartum depression: A meta-analysis. International Review of Psychiatry 1996; 8: 37-58.
6. Ayvaz S, Hocaoglu Ç, Tiryaki A, Ak İ. Trabzon il merkezinde doğum sonrası depresyon sıklığı ve gebelikteki ilişkili demografik risk etmenleri (Incidence of Postpartum Depression in Trabzon Province and Risk Factors at Gestation). Türk Psikiyatri Dergisi 2006; 17: 243-251.
7. Danacı AE, Dinç G, Deveci A, Şen FS, İçelli İ. Postnatal depression in Turkey: Epidemiological and cultural aspects. Social Psychiatry and Psychiatric Epidemiology 2002; 37: 125-129.
8. Durat G, Kutlu Y. Sakarya'da doğum sonrası depresyon sıklığı ve ilişkili faktörler (The Prevalance of Postpartum Depression and Related Factors in Sakarya). Yeni Sempozyum Dergisi 2010; 48: 63-68.
9. Nur N, Çetinkaya S, Bakır DA, Demirel Y. Sivas il merkezindeki kadınlarda postnatal depresyon prevalansı ve risk faktörleri (Prevalence of Postnatal Depression and Risk Factors in Women in Sivas City). Cumhuriyet Üniversitesi Tıp Fakültesi Dergisi 2004; 26: 55-59.
10. Ocaktan ME, Çalışkan D, Öncü B, Özdemir O, Köse K. Antepartum and postpartum depression in a primary health care center area. Journal of Ankara University Faculty of Medicine 2006; 59: 151-157.
11. Özdemir S, Marakoğlu K, Çivi S. Konya il merkezinde doğum sonrası depresyon riski ve etkileyen faktörler (Risk of Postpartum Depression and Affecting Factors in Konya Center). TAF Preventive Medicine Bulletin 2008; 7: 391-398.
12. Sünter AT, Güz H, Canbaz S, Dündar C. Samsun il merkezinde doğum sonrası depresyonu prevalansı ve risk faktörleri (The Prevalance of Postpartum Depression and Risk Factors in Samsun Center). Türk Jinekoloji ve Obstetrik Derneği Dergisi 2006; 3: 26-31.
13. Hanna B, Jarman H, Savage S, Layton K. The early detection of postpartum depression: Midwives and nurses trial a checklist. Journal of Obstetric Gynecologic & Neonatal Nursing 2004; 33: 191-197.
14. Munoz C, Agruss J, Haeger A, Sivertsen L. Detection and Treatment in the Primary Care Setting. The Journal for Nurse Practitioners. 2006; 2: 247-253
15. Driscoll JW. Postpartum Depression, How nurses can identify and care for women grappling with this disorder. AWHONN Lifelines 2006; 10: 400-409.
16. Goodman J. Postpartum depression beyond the early postpartum period. Journal of Obstetric Gynecologic & Neonatal Nursing 2004; 33: 410-420.

17. Sağlık Bakanlığı AÇS ve AP Genel Müdürlüğü. Doğum Sonu Bakım Yönetim Rehberi. (Ministry of Health of Turkey, General Directorate of Maternal and Child Health and Family Planning). Postpartum Care Management Guidelines. Damla Matbaacılık, Reklamcılık ve Yayıncılık Ltd. Şti. Ankara, 2009, 27-46.
18. Longsdon MC, Wisner K, Pinto-Foltz M. The impact of postpartum depression on mothering. *Journal of Obstetric, Gynecologic & Neonatal Nursing* 2006; 35: 652-658.
19. Beck CT. State of the science on postpartum depression. What Nurse Researchers Have Contributed-Part 2. *MCN Am J Matern Child Nurs* 2008; 33: 151-156.
20. Goldsmith ME. Postpartum depression screening by family nurse practitioners. *Journal of the American Academy of Nurse Practitioners* 2007; 19: 321-327.
21. Dindar İ, Erdoğan S. Screening of Turkish women for postpartum depression within the first postpartum year: The risk profile of a community sample. *Public Health Nursing* 2007; 24: 176-183.
22. Longsdon MC, Wisner K, Billings DM, Shanahan B. Raising the awareness of primary care providers about postpartum depression. *Issues in Mental Health Nursing* 2006; 27: 59-73.
23. Tezel A, Gözüm S. Postpartum dönemde kadınlarda görülebilen depresif belirtiler ve hemşirelik bakımı (Depressive Symptoms can be Seen in Women at Postpartum Period and Nursing Care). *Hacettepe Üniversitesi Hemşirelik Yüksekokulu Dergisi* 2005; 12: 62-68.
24. Segre LS, O'Hara MW, Arndt S, Beck CT. Nursing Care for Postpartum Depression, Part 1: Do Nurses Think they should offer both Screening and Counseling? *MCN Am J Matern Child Nurs*. 2010; 35: 220-225.
25. Keng SL. Malasian midwives' views on postnatal depression. *British Journal of Midwifery* 2005; 13: 78-86.
26. Beck CT. A checklist to identify women at risk for developing postpartum depression. *Journal of Obstetric, Gynecologic & Neonatal Nursing* 1998; 27: 39-46.
27. Beck CT. Revision of the postpartum depression predictors inventory. *Journal of Obstetric, Gynecologic & Neonatal Nursing* 2002; 31: 394-402.
28. Mazza D. Postnatal Depression. *Women's Health in General Practice, General Practitioner, Melbourne, Australia*, 2004.
29. Ugarizza DN. Postpartum depressed women's explanation of depression. *Journal of Nursing Scholarship* 2002; 34: 227-233.
30. McGarry J, Kim H, Sheng X, Egger M, Baksh L. Postpartum depression and help-seeking behavior. *Journal of Midwifery & Women's Health* 2009; 54: 50-56.
31. Ana Polona Skoc'ir AP, Hundley V. Are Slovenian midwives and nurses ready to take on a greater role in caring for women with postnatal depression? *Midwifery* 2006; 22: 40-55.
32. Buist A, Bilszta J, Milgrom J, et al. Health professional's knowledge and awareness of perinatal depression: Results of a national survey. *Women and Birth*. 2006; 19: 11-16.
33. Jones CJ, Creedy DK, Gamble JA. Australian midwives' awareness and management of antenatal and postpartum depression. *Women and Birth* 2012; 25: 23-28.
34. Jones CJ, Creedy DK, Gamble JA. Australian midwives' knowledge of antenatal and postpartum depression: A National survey. *Journal of Midwifery and Women Health* 2011; 56: 353-361.
35. Rush P. The experience of maternal and child health nurses responding to women with postpartum depression. *Matern Child Health J* 2012; 16: 322-327.