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The unseen aspect of negative birth experience: Blues of birth

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ABSTRACT

The purpose of the authors in this paper is to investigate the effects of negative experiences during delivery and postpartum period on the relationship between the mother. The quantitative part of this study was conducted with 289 mothers and the qualitative part with 40 mothers. It was found that experiencing upsetting problems during delivery ($p=0.006$) and in the postpartum period ($p=0.002$) had an effect on separation anxiety. Based on the examination of the feelings experienced during annoying or distressing situations in the postpartum period, it was determined that there was a significant correlation between guilt ($p=0.000$), fear of not being a good mother ($p=0.035$), and feeling weak ($p=0.001$) and separation anxiety. Blues of birth is fear and anxiety that the baby will be harmed if the mother is separated from it, and it is attributed to negative experiences during delivery and the postpartum period.

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Background

From a physiological point of view, pregnancy is the nine-month period that enables the fetus to reach the level of maturity required to live outside the uterus. From a psychosocial perspective, it helps pregnant women and their families to prepare for pregnancy, delivery, and the postpartum period (Taşkın, 2012).

The World Health Organization (WHO) recommends respectful maternal care which provides continuous support, is free from harm and maltreatment, and protects dignity, privacy, and confidentiality in the intrapartum care guidelines for a positive birth experience (WHO, 2018). Researchers indicate that negative birth experience may cause psychological problems such as depression, post-traumatic stress disorder, decrease in mother-baby attachment, and breastfeeding problems (Aydın & Yıldız, 2018; Namujju et al., 2018). It has also been argued that such an experience negatively affects the relationship among the mother, baby, and the family in physical, social, and psychological aspects (Ak, 2010; Coşkun et al., 2016; Demir

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et al., 2016). However, after a planned and healthy pregnancy process, do negative emotions or problems, especially those during delivery, only create negative, rejecting behaviors in the mother? The mother may feel guilty and responsible toward her baby owing to an unexpected situation during delivery or postpartum problems. The mother who feels guilty or responsible may perceive the act of delivery as a separation. In this case, she may feel a greater level of attachment to her baby, which leads to separation anxiety. Separation anxiety is the state of anxiety during separation from the attachment figure or in anticipation of separation (Manicavasagar et al., 2010). Birth is the first separation between mother and baby in their nine-month relationship (Kesebir et al., 2011). For many women, the meaning of delivery is losing the feeling of being together with the baby, accompanied by a feeling of loss (Kuğu & Akyüz, 2001). Taking into account that the mother-baby relationship is established in the first year after birth and affects the whole life of the child, the value of this topic becomes clear. In this study the authors investigated the effects of negative experiences during delivery and the postpartum period on the relationship between the mother and the baby, the concept of blues of birth as a result of negative experiences, and separation anxiety. Since it is the first and only study examining delivery and postpartum process from a different perspective, it is believed that the authors will make a significant contribution to the literature.

Method

Design

The researchers have carried out using nested (embedded/integrated) design, a mixed-research method in which quantitative and qualitative methods are used together. Consolidated Criteria for Reporting Qualitative Research guideline was used for preparing the report of the qualitative phase of this study. STROBE (Strengthening the Reporting of Observational Studies in Epidemiology) Statement, a checklist of items that should be included in reports of cross-sectional studies, was used for preparing the report of the quantitative phase of this study.

Population and sample selection

This study population consisted of all mothers who were in the 0–6-month postpartum period in the relevant hospital. The qualitative phase of this study was completed after 40 pieces of data were collected when the datasets repeated each other. In other words, saturation was reached upon the examination of the data from the sampled individuals in terms of

depth and width. It was determined that at least 128 mothers should be included in the sample of the quantitative phase based on the calculation of Type I error 0.05, Type II error 0.20 (80% power), 0.20 effect size in G*POWER 3.1.9.4 statistics software. In the calculation using sample selection formula in cases where the number of members in the sample was unknown, it was calculated that 232 mothers should be included. Twenty percent above the calculated sample size was 278 mothers, and this study was completed with 289 mothers who met the inclusion criteria within the specified date range. This study included mothers who resided in Konya, who are literate in Turkish, who did not have any psychiatric diagnosis or treatment, who were within the 0–6-month period after birth, who had a live and healthy baby, and who agreed to participate in this study. The qualitative phase included mothers who had a mean score of ≥25 in the Adult Separation Anxiety Scale.

Data collection tools and features

The quantitative data pertaining to this study were collected using the Descriptive Information Form and the Adult Separation Anxiety Scale prepared by the researchers, and the qualitative data were collected using a descriptive research design and a semi-structured interview form created by the researchers.

Descriptive information form:

It consisted of 28 questions that examined the mothers' opinions on socio-demographics, obstetrics, and blues of birth concepts.

Adult separation anxiety scale:

Developed by Manicavasagar et al. (2003), the scale evaluates symptoms of adult separation anxiety. The Turkish validity and reliability study was conducted by Diriöz et al. (2011). The scale consists of 27 4-point Likert terms (0: never experienced it; 3: experienced it very often). The maximum score on the scale is 81, with a possible cutoff score of 25. The Cronbach Alpha value of the scale was determined to be 0.93 (Diriöz et al., 2011). The researchers have detected the Cronbach Alpha coefficient of the scale to be 0.91.

Semi-Structured interview form:

This form was prepared after reviewing the literature in line with the knowledge and experience of the researchers and obtaining expert opinion. The questions in the semi-structured interview form were as follows: What dreams or plans do you have about your delivery process? What are the

differences between what you have imagined about your delivery process and reality? How would you describe the feelings you experienced at the moment when you saw your baby for the first time after birth? What has changed between your dreams about being a mother and reality? How would you describe your relationship with your baby in the postnatal period? Have unimaginable, unplanned events or unsolved problems increased your attachment to your baby? Or, have such problems or events decreased the attachment? Why? What comments have you received from the community about your attachment to your baby? What have you done or doing to fight the events that you have imagined or planned or unsolved problems in the postpartum period?

Collection of data

Two researchers in the team had doctoral degrees and qualitative research experience. The first researcher conducting the interview in this study completed their doctorate in midwifery. The first researcher identified postpartum women who met the sampling criteria, informed the women about this study, and obtained their consent. The interviews were held outside of the treatment and care hours after the participating mothers fed their babies and put them to sleep. The interviews were held and recorded in a quiet, illuminated, and comfortable environment where the participating mothers could express themselves without interruptions. The quantitative data were collected by face-to-face data collection method. The qualitative data were collected from the mothers who had a mean score of ≥25 in the Adult Separation Anxiety Scale using a semi-structured interview form. The interview of the quantitative phase lasted 5–7 min and that of the qualitative phase lasted 30–38 min. For consistency, all interviews were conducted by the same researcher. The data were analyzed independently by the two researchers, and the discrepancies between the results were resolved by consensus. The results were documented by the researchers.

Evaluation of the data

Number, percentage, mean, and standard deviation were used for descriptive characteristics of the data and descriptive statistics of the scale scores. Normal distribution of numerical data was determined by Kolmogorow–Smirnow test, Skewness, and Kurtosis. t-test and one-way analysis of variance were used for the evaluation of data with normal distribution, and Kruskall–Wallis and Mann–Whitney U test were used for the evaluation of data without normal distribution. Statistical significance level was accepted as $p < 0.05$. In the analysis of the qualitative data, all recorded

interview data were transferred without any changes. Content analysis described by Graneheim and Lundman was used for the analysis of the data. First, all researchers individually read the transmitted data to understand them. Subsequently, the researchers divided the text into intensely meaningful units, which are words, sentences, or paragraphs that contain aspects related to each other in terms of their content and context). Later, each one of the contents was summarized, and each meaning was assigned a code (women's metaphors were accepted as codes). The codes were then compared in terms of similarities and differences and were divided into categories. This step was followed by the categorization of the data by the researchers. After the data were categorized, themes were determined and named (Graneheim & Lundman, 2004). The researchers carried out this process independently and then discussed the themes they found. They reported this study after reaching a consensus on the categories and themes that best described the results.

Ethics

Permission was obtained from the ethics committee (dated 27.12.2019 and numbered 2019/001) of the institution, and permission to use the scale was obtained from the researcher who developed the Adult Separation Anxiety Scale.

Results

It was determined that 68.5% of the mothers were between the ages of 20 and 30, 34.6% were high-school graduates, and 84.1% were unemployed. It was the first pregnancy for 42.2% of the participants and the first delivery for 48.8% of the participants. Furthermore, 84.4% had no history of miscarriage, 98.3% had no history of stillbirth, 65.4% was in the first 10 days of the postpartum period, 80.6% had a planned pregnancy, 68.2% gave birth in a state hospital, and 64% gave birth vaginally (Table 1).

As a result of the content analysis performed by the reseachers, postpartum mother–infant relationship was evaluated under two themes, namely "blues of birth" and "separation anxiety". Each of these themes hade two main categories and three–five subcategories. Subcategories constituted the main category, and the main categories constituted the themes (Table 2).

Factors affecting separation anxiety

We determined that there was a significant correlation among the adult separation anxiety mean scores of the mothers based on age ($p = 0.034$), education level ($p = 0.001$), and employment status ($p = 0.000$). Furthermore,

Table 1. Comparison of participants' sociodemographic characteristics and adult separation anxiety mean scores.

Specifications	n(%)	(x ± ss)	Test ve p values
Age (x ± ss)			***p* = 0.034**
18-19	22(7.6)	28.82 ± 10.27	
20-30	198(68.5)	28.77 ± 14.41	
31-34	41(14.2)	34.51 ± 13.22	
35 ve üzeri	28(9.7)	31.18 ± 14.51	
Education status			***p* = 0.001***
Primary school	47(16.3)	26.51 ± 12.87	
Middle School	61(21.1)	28.15 ± 11.09	
High school	100(34.6)	28.09 ± 13.11	
University and above	81(28.0)	35.15 ± 16.47	
Working status			***p* = 0.000****
Working	46(15.9)	38.50 ± 16.76	
Not working	243(84.1)	28.18 ± 12.89	

*One Way Anova;
**T testi;
***Kruskal Wallis.

Table 2. Evaluation of experiences with the concept of adult separation anxiety and blues of birth.

Subcategories	Categories	Themes
Spouse not allowed to attend birth	Intervention to Birth	Blues of Birth
healthcare professionals not showing a smiling face		
Feeling fear and anxiety		
Having cesarean section while trying to give birth		
Lack of psychological support		
Guilt	Feelings	
Fear of not being a good mother		
Feeling weak		
Protective instinct	Perception of Maternal Role	Separation Anxiety
The fear of something happens every moment		
Fear of getting hurt		
The effort to be a good mother		
Holding you constantly	Social Environment	
Don't sleep together at night		
Don't be too protective		

we inferred that the number of postpartum days ($p = 0.000$) and the type of delivery ($p = 0.043$) had an effect on separation anxiety. We discovered that experiencing troubling or upsetting problems during delivery ($p = 0.006$) and in the postpartum period ($p = 0.002$) had an effect on separation anxiety. Besides, we noted that there was a significant relationship between postpartum relationship with the spouse ($p = 0.003$) and the family ($p = 0.042$) and adult separation anxiety mean scores (Table 3).

"It did not happen at all as I imagined, they didn't let my husband in due to privacy. That's why I felt so weak and lonely." (P2, High School, 19)

"It was completely different from my dream. While I was expecting an emotional environment and a smiling face from those who witnessed the moment of meeting with my baby, I encountered people who turned into complete robots." (P5, High School, 23)

"I couldn't calm down, I suffered so much from the artificial pain." (P7, University, 29)

Table 3. Comparison of the obstetric characteristics of the participants and the mean scores of adult separation anxiety.

Specifications	n(%)	(x ± ss)	Test ve p values
Number of pregnancies			$p = 0.139$*
One	122(42.2)	31.75 ± 16.33	
2nd	80(27.7)	28.44 ± 11.64	
3 and above	87(30.1)	28.40 ± 12.41	
Birth number			$p = 0.161$*
One	141(48.8)	31.40 ± 16.12	
2nd	84(29.1)	28.75 ± 10.62	
3 and above	64(22.1)	27.75 ± 12.94	
Abortion history			$p = 0.434$**
Yes	45(15.6)	31.33 ± 13.26	
No	244(84.4)	29.55 ± 14.22	
Stillbirth history			$p = 0.122$****
Yes	5(1.7)	37.20 ± 10.52	
No	284(98.3)	29.69 ± 14.10	
Postpartum days			***p* = 0.000*** **
0-10 days	189(65.4)	28.02 ± 12.55	
11-42 days	87(30.1)	29.60 ± 12.90	
43 days or more	13(4.5)	57.62 ± 14.16	
Place of birth			$p = 0.232$***
Public hospital	197(68.2)	28.40 ± 12.62	
Private hospital	63(21.8)	33.70 ± 17.85	
University hospital	29(10.0)	31.07 ± 12.90	
Planned pregnancy status			$p = 0.160$**
Planned	233(80.6)	29.25 ± 14.05	
Not planned	56(19.4)	32.20 ± 14.03	
Form of delivery			***p* = 0.043*** **
Vaginal delivery	185(64.0)	27.89 ± 13.29	
Vaginal delivery with intervention	26(9.0)	31.27 ± 10.85	
Epidural cesarean section	40(13.8)	33.50 ± 16.63	
General anesthesia cesarean	13(4.5)	36.92 ± 14.90	
Emergency cesarean	8(2.8)	37.75 ± 19.40	
Planned cesarean section	17(5.9)	30.88 ± 13.67	

*One Way Anova; **T testi; ***Kruskal Wallis; ****MWU.

"I was dreaming of giving birth without fear, I wanted it so much, but I was very scared, I was always worried that something would happen." (P17, University, 23)

"I dreamed of a normal delivery but it was a C-section. My baby was a little colic. Too much intervention was performed from outside." (P89, University, 26)

"It was a very difficult process, I wished that those who were with me at birth would support me and distract me from my anxiety, but that was not the case." (P217, High School, 23)

"I would like to experience the excitement of taking my baby into my arms with great excitement. In other words, as soon as my baby was born, I wish it was given to my lap, not to the incubator." (P242, High School, 31)

The reasons why mothers experienced separation anxiety included lack of psychological support during delivery, interventions during delivery, and problems related to the health of the baby.

The effects of negative experiences on the postpartum process

Based on the examination of the feelings experienced during annoying or distressing situations in the postpartum period, there was a significant

Table 4. Comparison of the concept of adult separation anxiety mean scores.

Specifications	n(%)	(x ± ss)	Test ve p values
Annoying or upsetting problems at birth			***p* = 0.006****
Yes	88(30.4)	33.24 ± 13.25	
No	201(69.6)	28.33 ± 14.19	
Reasons for troubling or upsetting problems at birth (*n* = 88)			
Having a cesarean section	29(10.0)	31.93 ± 14.25	***p* = 0.071*****
Intervention	30(10.4)	30.40 ± 11.92	
Inadequate psychological support	29(10.0)	37.48 ± 12.89	
Annoying or upsetting problems in the postpartum period			
Yes	79(27.3)	33.96 ± 15.92	***p* = 0.002****
No	210(72.7)	28.27 ± 13.01	
The reason for annoying or upsetting problems in the postpartum period (*n* = 79)			*p* = 0.511***
Social-environmental problems	33(11.4)	34.27 ± 16.02	
Problems with the baby	22(7.6)	34.00 ± 16.11	
Problems with birth	6(2.1)	30.17 ± 15.43	
Postpartum physical problems	8(2.8)	29.38 ± 18.52	
Problems with breastfeeding	10(3.5)	38.80 ± 14.97	
Relationship status with spouse after birth			***p* = 0.003***
Positive	58(20.1)	28.36 ± 13.35	
Negative	94(32.5)	33.88 ± 15.01	
There was no change	137(47.4)	27.66 ± 13.16	
Relationship with the family after birth			***p* = 0.042***
Positive	58(20.1)	28.28 ± 12.47	
Negative	83(28.7)	33.10 ± 14.27	
There was no change	148(51.2)	28.59 ± 14.33	
Emotions felt in upsetting or upsetting situations +			
Guilt	27(9.3)	38.85 ± 14.66	***p* = 0.000********
Fear that I won't be a good mother	49(17.0)	33.67 ± 14.97	***p* = 0.035****
Feeling weak	52(18.0)	35.50 ± 16.28	***p* = 0.001****
Fear that the bond with the baby will decrease	33(11.4)	31.79 ± 16.09	*p* = 0.395**
Feeling strong	111(38.4)	29.75 ± 13.61	*p* = 0.943**
Attitude toward the baby in upsetting or upsetting situations[+]			
Don't care more	115(39.8)	33.34 ± 14.35	***p* = 0.000****
Don't get away from the baby with the thought of not being enough	11(3.8)	30.36 ± 14.91	*p* = 0.953********
Don't regret being a mother	9(3.1)	36.67 ± 19.99	*p* = 0.272********
Over protection against the baby			***p* = 0.000****
Yes	236(81.7)	28.25 ± 12.26	
No	53(18.3)	36.85 ± 18.85	

*One Way Anova; **T testi; ***Kruskal Wallis; ****MWU. +The percentage of mothers who said yes is given.

correlation between guilt ($p = 0.000$), fear of not being a good mother ($p = 0.035$), and feeling weak ($p = 0.001$) and the mean scores of Adult Separation Anxiety Scale. In addition, taking care of the baby more ($p = 0.000$) in upsetting or distressing situations in the postpartum period had an effect on separation anxiety (Table 4).

"I did not want to rely too much on my instinct of protection for my baby, but I was constantly anxious, I was falling all over my baby." (P17, University, 23)

"I always planned to be with my baby starting from the moment of birth, I never thought of leaving my baby alone as I was afraid that something would happen to my baby at any moment." (P62, University, 25)

"When it comes to the concept of being a mother, being a mother when the baby was in the womb and being a mother after delivery were very different from each other. So, my worries were doubled. You know, I was thinking about the time I would spend 7-24 with my baby. Actually, time was not enough." (P208, University, 26)

Consistent with the quantitative data, the mothers who faced negative experiences stated that they were afraid that their babies would be harmed and that they were attempting to be good mothers.

Mothers' views on experiencing separation anxiety

We found that the state of thinking to be overprotective against the baby ($p = 0.000$) had an effect on separation anxiety (Table 4).

"The people around told me not to hold my baby too much and not to have my baby sleep next to me at night. I don't know how correct this is as I feel that my baby is not safe when s/he is not with me, so I do not feel at peace." (P2, High School, 19)

"There were even those who said I was very protective, that I was not the only mother." (P5, High School, 23)

"My husband and family told me I was very attached to my baby and not to think about my baby that much." (P8, High School, 33)

"They say I pay too much attention and sometimes exaggerate. They are asking whether they are stepmothers." (P33, High School, 37)

"I get more judgments from my environment, especially from my mother-in-law, for my devotion to my baby. But they do not realize that the mother–baby relationship is something that consists of a lot of care and love." (P82, High School, 19)

The mothers stated that the social environment was misguiding about mother-baby attachment and mother-infant relationship, which are vital for healthy child development.

Discussion

Discussion of the factors that had an effect on adult separation anxiety

There was a significant relationship between the age groups of the mothers and separation anxiety. Contrary to the results of this study, it has been reported that as the developmental tasks are completed with increasing age, the individual can cope better with separation anxiety (Başbuğ et al., 2016). Maternal role acquisition is a process that begins and develops with pregnancy, continues after the delivery, is completed with maternal identity development, and is the process of learning maternal behavior by women. With each pregnancy, the process of maternal role acquisition and the shaping of maternal identity begins (Mercer, 2006; Özkan & Polat, 2011).

Therefore, considering that every pregnancy, delivery, and motherhood process is different and unique and that risky pregnancy and delivery experience increases with age, it is thought that separation anxiety may also increase with age.

Working mothers with high education levels experienced more separation anxiety. DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, 5th Edition) emphasizes that in order to diagnose separation anxiety, although it is severe and developmentally inappropriate, at least three of the eight specified criteria should accompany this condition. Among these criteria are extreme tension when a separation is expected or in the event of separation and not wanting to leave home or go somewhere due to the fear of separation (Baldwin et al., 2016). It is believed that mothers with a high level of education have to leave home because of work and leave their baby with a caregiver, which increases the rates of separation anxiety.

Although the mean scores of separation anxiety in women with a history of first pregnancy and delivery, miscarriage, and stillbirth were high, there was no statistically significant difference. Consistent with the results of this study, it has been reported in the literature that the rate of separation anxiety is higher in those with first pregnancy, but this difference is not statistically significant (Değirmenci, 2017; Fairbrother et al., 2016; Silove et al., 2016). In addition, it has been stated that experiencing a loss is the cause of separation anxiety that begins in adulthood (Manicavasagar et al., 1997; Silove et al., 2015). It is believed that the feeling of uncertainty in the first pregnancy or delivery and the fear of loss due to a history of miscarriage or stillbirth may cause separation anxiety in mothers.

Mothers who were postpartum ≥43 days had more separation anxiety. In a study examining the presence of separation anxiety during pregnancy in Turkey, it has been reported that the pregnancy process posed a risk in terms of separation anxiety and that it was at a very high rate (56.2%) when compared to the general population (Degirmenci et al., 2019). In a follow-up study conducted on pregnant women with separation anxiety, the rate of separation anxiety was observed to be 44% in the first trimester and 26% in the third month of postpartum (Eapen et al., 2014). Although no study has investigated separation anxiety in the postpartum period based on literature review, the majority of the participants in this study stated that their anxiety and worry levels were higher compared to the pregnancy period. Therefore, it is believed that further studies on the subject are needed.

It was found that mothers who underwent emergency cesarean section experienced more separation anxiety. In a meta-analysis performed to determine the rate of post-traumatic stress disorder during pregnancy and in the postpartum period, its prevalence in mothers who underwent emergency cesarean section was determined to be 18.9% (Dikmen-Yıldız et al.,

2017). It has been reported that women think that their lives and the baby's life are in danger and experience more fear and helplessness when the mode of delivery suddenly changes after the delivery process starts (Shaw et al., 2009). Therefore, it is believed that the level of fear and helplessness experienced exacerbates the mother's separation anxiety.

Women who received insufficient psychological support during delivery and experienced interventions (induction, episiotomy, cesarean section, etc.) experienced a higher rate of separation anxiety. Literature reports that mothers who experience pain, loss of control, and fear during labor and have difficult and negative birth experiences and who are not adequately supported by healthcare professionals perceive labor to be traumatic (Ayers et al., 2015; Bastos et al., 2015; Boorman et al., 2014). It has been documented that traumatic events are the chief cause of separation anxiety that begins in adulthood (Manicavasagar et al., 1997; Silove et al., 2015). In this regard, the results of the present study are consistent with the findings reported in the literature.

Breastfeeding problems and issues related to the health of the baby in the postpartum period resulted in a higher rate of separation anxiety. Recent studies have shown that there may be a bidirectional relationship between breastfeeding and depression, which means that depression may cause breastfeeding problems and breastfeeding problems may cause depression (Başer, 2018; Dias & Figueiredo, 2015). However, there is no study on separation anxiety in women with breastfeeding problems, and it can be concluded that it may cause separation anxiety in the presence of postpartum problems.

Women who had negative relationships with their spouse and family after birth experienced a higher rate of separation anxiety. Furthermore, women who receive low level of social support during pregnancy, delivery, and postpartum period may have high rates of trauma symptoms in the postpartum period (İşbir & İnci, 2014). Therefore, it is believed that women who experience trauma may have separation anxiety.

Discussion of the effects of adult separation anxiety on the postpartum period

Mothers who felt guilt, fear of not being a good mother, and weakness during distressing situations in the postpartum period experienced a higher rate of separation anxiety. As a result of negative experiences, problems such as disappointment, loss, anger, guilt toward the baby, breastfeeding and milk secretion problems, inability to fulfill the role of motherhood, difficulty in family processes, and fear of having a child again may arise (Ayers et al., 2015; Polachek et al., 2012). Although it is generally stated that these women feel guilty toward their babies and exhibit rejecting behaviors, it is also true that they can act in an

overprotective manner by not allowing anyone other than herself to touch the baby (Solmuş, 2015). In the clinical picture of adults with separation anxiety, these individuals "think that they will not be able to cope when abandoned" and experience "anxiety that the individual they are attached to will be harmed" (Manicavasagar et al., 1997). In the face of problems encountered in the postpartum period, all of the participants opined that the behavior toward the baby was not affected negatively and that the attachment increased further. Attachment is defined as an emotional bond developed toward someone whom an individual thinks is important to them during difficult life periods (Başbuğ et al., 2016). Bowbly stated that individuals tend to exhibit attachment behavior in the face of an event or thought in which they experience fear; therefore, attachment is a behavior under the feeling of fear (Bowlby, 1973). The fact that all women attach more to their babies in the face of problems is proof that separation anxiety may occur in the face of negative experiences.

Discussion of mothers' opinions on experiencing adult separation anxiety

Mothers who did not think that they were overly protective of their babies had a higher rate of separation anxiety. It has been reported that the perceived overprotective parenting style can be culturally considered as a functional feature of the mother's role (Başbuğ et al., 2016). In a study conducted in Turkey, it was found that parents tend to display an overprotective attitude toward their children and that such protective attitudes may cause feelings of failure by negatively affecting their well-being levels in adulthood (Yılmaz & Büyükcebeci, 2019). The majority of the women in our study were between the ages of 20 and 30, which enhances the probability that their parents had also adopted a protective attitude. The thought that it is better to act toward the baby in contrast to the parenting role taught in the mother's past life may cause her to experience more anxiety as a result of the confusion between the roles learned.

It has been determined that the social environment is misguiding about mother–infant relationship, which is vital for healthy child development. Reasons such as poor communication with individuals who provide postpartum social support, transferring their own experiences, and exhibiting erroneous behaviors when not implemented may cause negative effects on the mother (Alan & Ege, 2013; Cinar et al., 2015). Therefore, midwives providing postpartum care to women have important duties. For protecting the physiological and psychological health in postnatal care, it is important to treat mothers and their newborns as well as their spouses and families

in a holistic manner, to provide counseling in the light of scientific and evidence-based information, and to correct erroneous practices known as correct.

Limitations

Phenomenology research may not produce precise and generalizable results owing to the nature of qualitative research. However, this approach may provide examples, explanations, and experiences that yield results that will help us to know and understand a phenomenon In a better way. The greatest limitation of this study is that no generalization can be made. Other limitations include the limited interpretation of the relationship between the variables since it is not a follow-up study, and the lack of evaluation for comorbid conditions (depression, generalized anxiety disorder, etc.).

Conclusion

Mothers were found to experience separation anxiety during the postpartum period. Those who experienced guilt, fear of not being a good mother, and weakness, especially in distressing or sad situations, faced higher rates of separation anxiety. Age, education level, employment status, pregnancy and birth number, history of miscarriage and stillbirth, mode of delivery, interventions during delivery, insufficient psychological support, breastfeeding problems and issues related to the health of the baby, and the relationship with the spouse and the family were the key factors that had an effect on separation anxiety.

Based on the findings, it could be concluded that negative experiences during delivery and in the postpartum period affect the mother–infant relationship; however, this effect is not always in the form of rejecting the infant. The woman's perception of delivery as fearful and alarming and the unpleasant feeling about the disruption of mother–infant integrity can be defined as "blues of birth." Blues of birth is the extreme fear and anxiety that the baby will be harmed if the mother is separated from it, and it is attributed to negative experiences during delivery and the postpartum period. It is important to consider blues of birth in order to provide a holistic and effective evaluation and care during pregnancy, delivery, and postpartum, which are among the most important transition periods in a woman's life.

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Ethical approval

Before starting the research, permission to use the scale was obtained from the researcher who developed the Adult Separation Anxiety Scale and the permission of the ethics committee (dated 27.12.2019 and numbered 2019/001-Revised dated 11.03.2021 and numbered 2021/03).

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Disclosure statement

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