

Editorial

# Postpartum Fatigue: A Critical Challenge for New Mothers

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## ABSTRACT

Postpartum fatigue (PPF) is a pervasive and often underrecognized challenge affecting 45-95% of new mothers. This editorial explores the prevalence, impact, and management of PPF, emphasizing its far-reaching consequences on maternal health, mother-infant bonding, and family dynamics. The article highlights the critical role of nurses in addressing PPF through early identification, education, and support. Key strategies include proactive screening, promoting self-care practices, and advocating for comprehensive postpartum care. The importance of building strong support networks and referring mothers to appropriate specialists is underscored. By recognizing PPF as a serious health concern rather than an inevitable aspect of motherhood, healthcare providers can significantly improve outcomes for new mothers and their families. This piece calls for continued research and the development of patient-centered care strategies to effectively manage postpartum fatigue and support maternal well-being.

**Keywords:** fatigue; maternal health; nurse's role; postpartum fatigue

The postpartum period is a critical time for every woman, significantly affecting mental and physical health, and is considered one of the most exhausting periods in a woman's life. During this time, changes and adaptations occur for both the mother and the family. Postpartum mothers experience changes in sleep patterns, hormonal fluctuations, physical recovery, and increased responsibilities in addition to their role as a wife (Tsai & Wang, 2019). Postpartum mothers who cannot adapt to their new role are at high risk of experiencing postpartum fatigue and postpartum depression (Mori et al., 2017). Maternal fatigue includes decreased physical and mental capacity after childbirth, persistent lack of energy, and impaired concentration and attention that doesn't easily resolve with rest (Dunning & Giallo, 2012; Runquist, 2007). People around postpartum mothers, such as family members, often consider fatigue trivial because they believe it only occurs in the early postpartum period, less than 6 months after childbirth (Henderson et al., 2019).

Postpartum fatigue is reported by 45-95% of mothers, with severity ranging from mild to severe, starting from the early days after childbirth up to 6 months postpartum. The levels of fatigue are reported as high (68.89%), moderate (24.44%), and low (6.67%) (Saleh et al., 2022). In Indonesia, 60% of mothers report experiencing postpartum fatigue (Astuti & Indriastuti, 2021). Severe postpartum fatigue (77.3%) leads to symptoms of depression, anxiety, sleep disturbances, less effective parenting, and disrupted mother-infant bonding and relationships (Henderson et al., 2019; Wilson et al., 2019). The most severe symptoms are experienced at 4-6 weeks

postpartum by 86% of mothers, with 64% experiencing severe sleep disturbances during the postpartum period, leading to symptoms of depression and affecting resilience (Baattaiah et al., 2024; Doering & Dogan, 2016). It is also reported that 38.8%, 27.1%, and 11.4% of women experience fatigue at 10 days, 1 month, and 3 months after childbirth, respectively (Wilson et al., 2019).

Factors influencing fatigue include maternal age, parity, infant characteristics, family support and closeness, and healthcare provider support (Henderson et al., 2019). Clinical factors affecting fatigue include antenatal fatigue, prolonged labor, assisted or operative delivery, or postpartum conditions such as anemia, hemorrhage, hemorrhoids, and infections (Badr & Zauszniewski, 2017; Hsieh & Chen, 2017). Demographic and situational factors include low economic status, education, employment, parity, and maternal age (Henderson et al., 2019). Mothers with lower economic status more often complain of inability to sleep and having to do all household chores alone (Taylor & Johnson, 2013). The theory of postpartum fatigue identifies four main causes: disrupted physical condition, mental state, stress-worry, and frustration during the process of caregiving and becoming a new mother (Runquist, 2007).

The impact of PPF extends beyond mere physical discomfort. Research has demonstrated that PPF can increase anxiety, diminish a mother's sense of self-esteem in parenting, and contribute to the development of postpartum depression (PPD) (Mori et al., 2017). These consequences can have far-reaching effects on maternal health, mother-infant bonding, and overall family dynamics, leading to reduced breast milk production, disrupted mother-infant attachment and interaction, and delayed infant growth and development (Senol et al., 2019). As healthcare providers, it is crucial that we recognize PPF not as an inevitable or insignificant aspect of new motherhood, but as a serious health concern requiring attention and intervention.

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## Nurses as Advocates for Postpartum Well-being:

Nurses play a crucial role in identifying and addressing postpartum fatigue, with their responsibilities extending beyond clinical care to encompass education, support, and advocacy for new mothers. Early identification and assessment are key components of this role. Nurses should proactively screen mothers for signs of fatigue during prenatal visits and postpartum checkups, asking about sleep quality, energy levels, mood, and ability to cope with daily tasks. Creating a safe and supportive environment where mothers feel comfortable expressing their concerns is essential. Comprehensive assessments should consider the mother's individual circumstances, including her medical history, sleep patterns, breastfeeding practices, and support network (Fellmeth et al., 2019).

Education and empowerment are vital aspects of nursing care for postpartum mothers. Nurses should provide accurate information about postpartum fatigue, its causes, and potential consequences, explaining that while fatigue is a normal experience, it can be managed with appropriate interventions (Fahey & Shenassa, 2013). Promoting self-care practices such as getting enough sleep, eating a healthy diet, staying hydrated, and engaging in gentle exercise is crucial. Teaching stress management techniques like deep breathing, mindfulness, and meditation can help mothers manage stress and promote restful sleep. Additionally, nurses should educate mothers about the importance of sleep and provide tips for creating a conducive sleep environment, such as minimizing noise and light, maintaining a consistent sleep schedule, and avoiding caffeine and alcohol before bed.

Support and advocacy form the third pillar of nursing care for postpartum mothers. Nurses should encourage mothers to build a strong support network involving partners, family members, friends, and community resources (Katayama et al., 2022). This can include assistance with childcare, meal preparation, and emotional support. When necessary, nurses should refer mothers to specialists such as therapists, lactation consultants, or sleep specialists for personalized guidance and support. Advocating for access to resources like postpartum support groups, home health services, and community programs can provide practical assistance and emotional support to new mothers. Nurses should also screen mothers for perinatal mood disorders like anxiety and depression, as these conditions can exacerbate fatigue and impact overall well-being. Referring mothers experiencing mental health challenges to appropriate mental health professionals for therapy and support is a critical aspect of comprehensive postpartum care.

As we move forward, it is essential that we continue to build on the growing body of research in this field, translating new insights into practical, patient-centered care strategies. By addressing postpartum fatigue comprehensively, we not only improve the immediate health and well-being of new mothers but also contribute to the long-term health of families and communities. As nurses, we have the privilege and responsibility to lead the way in this crucial aspect of maternal care, ensuring that every new mother receives the support she needs to thrive in her journey of motherhood.

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