

A Study on the Methods of Interact Design Interventional Disease Control and Nursing —— Taking Postpartum Depression as an Example

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Abstract: Postpartum depression is one of the most common psychological abnormalities in parturient women. It will not only affect their mental status and quality of life, but also damage their family and social functions, and even affect the growth and development of infants, and ultimately affect the improvement of population quality. The high incidence of post-natal depression has seriously affected maternal physical and mental health, and as an important part of perinatal health care, many countries have listed it as a public health problem and a hot issue that needs to be addressed urgently. Based on interactive design and postpartum depression as an example, this paper analyzes and studies the methods of disease control and nursing.

1. Prenatal Care Interventions

Depression after delivery is a kind of emotional disorder, which is characterized by depression, is a mental illness that endangers the physical and mental health of the parturient, often occurs 2 weeks after delivery, and reaches a high incidence period of 4-6 weeks after delivery. In general, the main manifestations are pessimism, anxiety, depression, irritability, and even suicidal tendencies. During the course of the disease, there are sometimes symptoms such as self-reliance or less care for the newborn. Not only the maternal physical and mental health is adversely affected, but also affects the growth and development of newborns, and even affects family, marriage and social stability when serious. With the development of society and the improvement of people's demand for quality of life, postpartum depression and other mental diseases have been paid more and more attention by the medical community. In the early 1990s, some scholars in China began to pay attention to the disease. In recent years, with the attention and understanding of the disease, the detection rate of the disease has been increasing year by year, which has attracted the attention of the relevant medical circles.



Figure 1 Postpartum depression

1.1. Pre-Natal Assessment and Related Education

positive assessment of the risk factors of maternal prenatal depression, pay attention to

consciously avoid the risk factors, strengthen the protective factors, and formulate preventive measures according to the individual situation of the parturient. The investigation found that the knowledge of marital status, postpartum depression, relationship between mother-in-law and daughter-in-law, history of poor pregnancy and childbirth, school curriculum for pregnant women, puerperium health care, newborn feeding and so on were all related to the occurrence of postpartum depression. To this end, counselling clinics have been set up in obstetrics departments with high delivery capacity, and pregnant women's schools have been set up in MCH hospitals to widely disseminate knowledge on maternal health care, childbirth, postnatal total growth and development, physiological characteristics of newborns, feeding essentials and postpartum depression, using display boards, lectures and distribution of information materials. In the puerperium guide maternal nutrition and reasonable exercise. To assist the mother to relieve the discomfort during pregnancy; to understand the living environment of the pregnant woman, and to put forward constructive suggestions on the place where the mother chooses to "sit on the moon ". At the same time, on the basis of consulting and understanding the psychological needs of pregnant women, we should popularize the knowledge of eugenics and eugenics for pregnant women and their families with the tendency of emphasizing men over women, and set up a correct view of fertility and a good concept of fertility. Pay attention to the situation of high-risk pregnant women with postpartum depression, and follow up regularly.

1.2. Perfecting Hospital Support System Hospitals

pregnancy examination process, provide appointment registration service, maternal in the prescribed time to complete down screening, fetal heart color ultrasound and other important screening items, to eliminate or reduce the birth of disabled, abnormal babies. In hospital, nurses warmly receive pregnant women, actively introduce the hospital environment and department related personnel, encourage pregnant women to actively cooperate with medical staff, and strive for a smooth delivery. Comprehensive evaluation during pregnancy, such as finding emotional abnormalities, restlessness, or post-partum depression and other high-risk factors should be paid attention to, psychological counseling, to prepare for production. The medical staff in obstetrical practice improve their professional quality in an all-round way, so that they can serve well, operate skillfully, have a good attitude and ease the tension of the parturient. At the same time, hospitals should also make reasonable charges, under the interactive design, actively assist pregnant women to network medical treatment, new rural cooperation, maternity insurance, to avoid failure to report because of not. Promote breastfeeding, reduce the financial burden of mothers, and solve the worries of mothers.

1.3. Active Psychological Intervention

Foreign studies have shown that maternal personality traits are the most important factor affecting their fertility response. Postpartum depression is common in the aspects of lack of maturity, self-centered, emotional instability, sensitivity, good for perfection, seriousness, stubbornness, conservatism, poor social skills, strict discipline, lack of harmony with people and introversion. The results show that women with high education are more likely to suffer from postpartum depression, which may be related to a wide range of knowledge and consideration. In addition, mothers with high education tend to be more concerned about the upbringing, growth and physical and mental education of their children. At the same time, these mothers often work under pressure, with children will delay work, fear that maternity leave will delay promotion, behind colleagues, resulting in depression, anxiety, can not adjust their mentality in time, prone to depression. Strengthen psychological nursing, can reduce the anxiety and depression of patients, improve the non-adaptive behavior of patients, promote their personality maturity; help patients better understand and understand their interpersonal relationships and conflicts, and gradually develop more ways to adapt to people, enhance social adaptability.

2. Interventions in Obstetric Care

In the delivery room, there is a special person to accompany, guide the correct breathing training of the parturient, talk with the puerpera kindly, help their distraction, relieve the pain, and shorten the labor process. At appropriate room temperature, the newborn touches the skin early after breaking the umbilical cord and sucks early. Doula accompaniment delivery is a way to create a warm, comfortable and quiet environment with the help of experienced and professional skilled midwives to make the parturient fully relax. The whole process of Doula delivery can effectively relieve maternal anxiety and depression. For many years, the foreign husband's paternity has been in progress, in recent years, the country's major maternity hospitals have also been carried out. The routine mode of delivery regards the parturient as a patient, who is separated from her family, experiences loneliness, anxiety and pain alone in the delivery room, and is passively subject to medical examination and treatment. Modern delivery services require comprehensive psychological and psychological care for mothers []. Allowing the husband to accompany, the mother can properly vent the bad mood, enhance the sense of belonging, have more confidence in the smooth birth, but also increase the maternal trust in hospitals and midwives. The study found that the husband's accompanying labor can reduce the anxiety and labor pain of pregnant women, shorten the labor process and improve the rate of smooth delivery.



Figure 2 Mid-natal care

3. Postpartum Care Interventions

3.1. Interactive Care

According to the specific situation of the parturient to give more targeted personalized nursing measures. For pregnant women with depression risk factors, we should take the initiative to give counseling and psychological care, actively communicate with family members, and obtain family support. Nursing staff in the process of nursing words and deeds steady and generous, friendly language, sincere attitude, for the puerpera in the puerperium to create a warm, comfortable recuperation environment, reduce the fear caused by environmental changes, anxiety and uneasiness.

3.2. Timely Health Knowledge Guidance

The mother is a mother, not familiar with the care of the baby, even feel afraid and overwhelmed. Nursing staff teach mothers the methods and techniques of breastfeeding, the correct breastfeeding posture and the main points of newborn care, and require family members to participate actively and give guidance in maternal and newborn care to ensure that mothers receive good care and adequate rest; support mothers' participation in the touching, swimming and bathing of newborns, enhance parent-child communication, and enable them to fully experience the joy of being a mother; and guide mothers' nutrition and exercise during the puerperium so that the mother has a good physical and mental state; To carry on the propaganda and education to the husband and family of the parturient, to explain the importance of harmonious husband and wife relationship and family

relationship to the health of mother and child, to reduce the physical and mental burden of the parturient and to ensure adequate sleep, which is very important to prevent postpartum depression []. To guide the husband and family to understand the psychological and physiological needs of the parturient. The parturient has experienced great physical and psychological pressure during the production process, and when the child is born, the parturient needs to talk to someone urgently. When the mother tells, complains or even cries bitterly, the family, especially the husband, should listen patiently, and give support and comfort. After the maternal mood is calm, the nurse should take a scientific attitude, take appropriate methods, patiently carry out psychological counseling to the parturient, help the patient walk out of the pain, smoothly through the delivery, puerperium, reduce the occurrence of postpartum depression.



Figure 3 Infant care

3.3. Strengthen Post-Natal Follow-Up

Strengthen postpartum follow-up, promote doctor-patient communication, help pregnant women set up a strong psychological barrier, urge husbands to play their due role in the family, and reduce negative stimulation to pregnant women. It is necessary to give full play to the role of the community, regularly go deep into the maternal family, guide their breast-feeding, matters needing attention during the puerperium and the rehabilitation of the mother; and guide family members to observe and prevent the occurrence of neonatal diseases. 42 days after delivery for uterine rejuvenation, lactation, pelvic floor muscle rehabilitation, at this time by a professional physician psychological counseling, to help mothers through the period of psychological sensitivity, reduce the incidence of postpartum depression and the degree of harm. Maternal and child hospitals should set up family and community hotlines to keep abreast of maternal and child health status and solve problems in a timely manner. In addition, maternal and child hospitals can regularly go to the community for lectures, demonstrations and education, giving strong physical and mental support and emotional support to mothers, effectively reducing the incidence of postpartum depression.

3.4. Drug Intervention

If postpartum parturient appears severe depression, anxiety and other symptoms, can use drug intervention. Anti-inhibitors are mainly serotonin reabsorption inhibitors, tricyclic anti-inhibitors and so on. This drug does not enter milk does not affect postpartum lactation.

4. Conclusions

Postpartum depression is a common psychological abnormal phenomenon in puerperium, which seriously affects its physical and mental health and quality of life, damages its family and social function, and endangers its health and life safety. It is the responsibility of every medical staff to understand the causes of postpartum depression, to raise the awareness and prevention consciousness of postpartum depression, to adopt interactive design method rationalization, human nature control and nursing parturient, to carry out propaganda and education through multiple channels and forms, to do prevention work well in time, to reduce the occurrence of postpartum depression, to alleviate maternal symptoms and to improve maternal quality of life.

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