

## Examining the Efficacy of Life Skill Interventions in Alleviating Baby Blues: A Comparative Study of Working and Nonworking Mother

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### Abstract:

**Objective:** The study aimed to assess the effectiveness of a Life Skill Training (LST) module in reducing Baby Blues among working and non-working mothers. **Methodology:** A 2x2 factorial design with two independent variables - occupational status, either working or not working, and training condition, pre- or post-training - was adopted. The dependent variable, Baby Blues, was assessed in terms of the EPDS, Edinburgh Postnatal Depression Scale, of the mothers by means of repeated measurements. The mothers were drawn from maternity hospitals in Jaipur & Delhi. A sample of 100 mothers belonging to equal proportions from working and not working groups was taken. Considering criteria for selection were mothers within 2 to 3 weeks of post-cesarean delivery. **Results:** The results were evident from the significant reduction of the symptoms of Baby Blues across both groups following LST, with working mothers showing more improvement compared to those who are non-working. The result of the statistical analysis showed significant effects of occupational status and training conditions on Baby Blues levels ( $p < .000$ ). The findings were further emphasized in the interaction between occupational status and LST, which revealed more emotional relief on the part of working mothers since they face both professional and maternal responsibilities. **Conclusion:** A major alleviation of Baby Blues among working and non-working mothers was seen due to LST, with greater benefits observed among working mothers. The findings indicate that LST might prove to be an effective intervention for postpartum emotional distress. It was recommended that long-term evaluations of their studies should be carried out and future research should address the self-report bias so that these results are more robust.

**Keywords:** Life Skill Training, Baby Blues, working mothers, non-working mothers, Edinburgh Postnatal Depression Scale (EPDS), postpartum mental health.

## **Introduction:**

The birth of a child is an incredible, life-altering event that is characterized by unending happiness, excitement, and, for many, a difficult emotional phase known as childhood sadness. Mood swings, crying, anxiety, and exhaustion are common during this transitional phase that affects many new mothers, regardless of their work situation. For new mothers, the postpartum period is a crucial time that is characterized by happiness but is also sometimes overshadowed by the mental upheaval known as the "baby blues." Mothers who work as well as those who don't face different obstacles when adjusting to their new duties. The effectiveness of life skill interventions in easing the baby blues that these moms suffer is examined in this literature review, which also examines the interventions' effects and postpartum care implications.

Whether the mother is a professional caregiver or a home caregiver, the challenges of adjusting to motherhood and managing the emotional roller coaster of the postpartum experience can be daunting. Addressing these challenges requires a comprehensive approach, integrating emotional support, coping mechanisms and the development of essential daily life skills. Interventions to help mothers manage their children's distress are essential to support their emotional well-being and overall mental health.

**Baby Blues:** Baby blues, a common postpartum phenomenon, usually appear in the first days or weeks after birth. Symptoms may include mood changes, feelings of sadness, irritability, difficulty sleeping, and feeling overwhelmed. The convergence of hormonal changes, lack of sleep, lifestyle adjustments, and the enormous responsibility of caring for a newborn contribute significantly to this emotional chaos.

**Challenges faced by working and non-working mothers:** Working and non-working mothers face distinct challenges during the postpartum period. Working mothers often struggle with the added stress of managing their work responsibilities while also adjusting to the demands of motherhood. On the other hand, mothers who do not work may experience feelings of isolation, identity changes, and the pressure of being the primary caregiver. Juggling household chores, baby care, and personal happiness becomes a balancing act for both groups.

**The role of life skills interventions:** Life skills interventions offer a strategic approach to equipping mothers with the tools and strategies needed to navigate complexity of the postpartum period. These interventions include a variety of techniques, including stress management, time management, effective communication, problem solving, and self-care practices. By learning and perfecting these life skills, mothers can better manage their emotions, adapt to new routines, and build resilience in the face of challenges.

**Implement life skills interventions:** Some interventions that may be effective in reducing the impact of depression in children:

1. Support groups and counselling, bringing together mothers facing similar challenges can provide a platform to share experiences, seek advice and find solidarity. Counselling sessions offer professional advice on how to manage emotions and transition to motherhood.
2. Time management and prioritization: Teaches effective time management skills that help balance responsibilities and help mothers make time for self-care, work and care baby squirrel.

3. Stress reduction techniques: Introducing stress reduction methods such as mindfulness, deep breathing exercises or yoga can help mothers reduce anxiety and improve their spirits.
4. Problem solving and decision-making skills: Improving problem solving skills helps mothers effectively overcome difficulties, thereby reducing feelings of helplessness or overwhelm.

Thus, baby blues are a common but difficult aspect of the postpartum period for both working and non-working mothers. Implementing life skills interventions can significantly reduce emotional stress and help mothers cope with the demands of this transformative period. By providing tools and support, these interventions help mothers build resilience, improve mental health, and approach the joys and challenges of motherhood spontaneously. Recognizing the value of these interventions and integrating them into postpartum care can significantly improve the mental health and overall quality of life of new mothers.

#### **Review of Literature: -**

The experience of becoming a mother is a deep and demanding stage of life, frequently marked by a multitude of psychological strains and complex emotional issues. Nonetheless, a number of studies have concentrated on comprehending and putting into practice interventions meant to enhance mother mental health and well-being via mindfulness-based activities and life skills training.

Maternity Blues (MB), often referred to as baby blues, is characterized by transient depressive symptoms that emerge shortly after childbirth, posing challenges in its identification due to the absence of standardized diagnostic tools and a shared definition. Studies have revealed a wide variability in the prevalence of MB globally, ranging from 13.7% to 76%, influenced by cultural and geographical contexts. Although considered a self-limiting condition, MB serves as a precursor and a risk factor for more severe postpartum mood disorders such as postpartum depression and postpartum psychosis. **Tosto, (2023)** Despite ongoing investigations, there remains limited evidence and mostly speculative theories about the risk factors and underlying mechanisms contributing to MB. Recognizing the significance of early identification of MB, the paper emphasizes the importance of timely diagnosis to provide appropriate support to mothers, potentially preventing the progression to more severe postpartum disorders. The article aims to provide a comprehensive overview of MB, covering its definitions, diagnostic challenges, potential risk factors, pathophysiological mechanisms, and clinical implications. It stresses the necessity for healthcare professionals to be knowledgeable about MB and its potential progression to offer timely and evidence-based care. **Favilli, (2023)**.

**Zeinali, (2021)**, The study examined how life skills training affected moms and found that there were notable improvements in mental health, physical symptoms, anxiety, social dysfunction, and a decrease in the symptoms of oppositional defiant disorder in children. This demonstrates the potential of life skills training to improve the mental health of mothers and to have a positive behavioral impact on their children. The study focused on the difficulties faced by adolescent mothers, such as depression, social complexity, and insufficient parenting abilities. The parenting and life skills modules included in the intervention produced encouraging results. Over a 36-month period, teen moms who received the intervention showed improved maternal self-esteem, greater readiness for the role of mother, and lower rates of repeat pregnancy when compared to the control group. **(Cox, J., et al. 2019)**. Pilot research examined the efficacy of an 8-week mindfulness-based intervention for nursing mothers. In addition to reporting reduced levels of stress, anxiety, and psychological distress, mothers in the treatment group also demonstrated higher scores in maternal self-efficacy, mindfulness, and self-compassion.

These results highlighted the possible advantages of mindfulness-based interventions in the formative years of parenthood. (*Viguer,2013*). An evaluation of a skills-building method was conducted on mothers of children with developmental disabilities as part of an intervention. According to the findings, individuals who took part in the skills-building sessions showed improved communication and coping abilities, increased satisfaction with social support systems, and decreased levels of stress and depression. This suggests that interventions aimed at developing skills can effectively support mothers of children with special needs. (*M. Kirkham, 1990*)

## Methodology:

### Objectives:

#### 1. Identify Working and Non-working Mothers with High Baby Blues Reports:

- ✓ Conduct a comprehensive assessment to identify and categorize Working and Non-working mothers based on their self-reported levels of Baby Blues.

#### 2. Evaluate the Effectiveness of Life Skill Training Module:

- ✓ Implement a Life Skill Training module for both Working and Non-working mothers to assess its effectiveness in alleviating Baby Blues symptoms.
- ✓ Measure and compare changes in Baby Blues levels pre- and post-training to determine the impact of the Life Skill Training module.

#### 3. Explore the Interaction of Pre and Post Conditions of Life Skill Training:

- ✓ Examine the differences in Baby Blues dimensions before and after the Life Skill Training intervention for both Working and Non-working mothers.
- ✓ Analyze the variations in the effectiveness of the Life Skill Training module based on the occupational status of mothers.

#### 4. Investigate the Interaction with Occupational Status:

- ✓ Explore the interaction between the occupational status of mothers (Working vs. Non-working) and the impact of Life Skill Training on each dimension of Baby Blues.

## Hypothesis

1. The dimensions of Baby Blues will change significantly between mothers who work and those who do not.
2. There will be major differences between respondents regarding Baby Blues depending on their pre- and post-life skill training conditions.

## Research Design

### ✓ Factorial Design:

A 2x2 factorial design will be employed to systematically manipulate and examine the effects of two independent variables - occupational status and condition of the training.

### ✓ Independent Variables:

#### a. Occupational Status:

The first classificatory variable is the occupational status of the mothers, categorized into two levels:

Level 1: Working Mothers

Level 2: Nonworking Mothers

b. Condition of the Training:

The second classificatory variable is the condition of the training, categorized into two levels:

Level 1: Pre-training condition

Level 2: Post-training condition

✓ **Dependent Variable:**

Baby Blues

✓ **Repeated Measures:**

To enhance the robustness of the study, a repeated measures design will be incorporated. Participants will be assessed on baby blues at multiple time points, both before and after the training program.

**Sample:**

To ensure a wide sample of the population, mothers were carefully selected for the current study from a variety of Delhi maternity hospitals. Quota sampling will be utilized to choose 100 respondents in total for the study. Two groups, one for working mothers and the other for nonworking mothers, will be equally split from the sample. In order to guarantee a targeted and pertinent sample, only mothers who have high scores on the baby blues scale will be included. This criterion aims to capture a specific subset of mothers who may be experiencing heightened emotional responses during the postpartum period, providing a targeted perspective on the impact of life skill training programs on baby blues within this vulnerable subgroup.

**Inclusion Criteria:**

- ✓ Respondents who have completed 2-3 weeks post their delivery.
- ✓ Working mothers in the nursing profession employed in private hospitals.
- ✓ Mothers who experienced their first delivery.
- ✓ Urban participants residing in urban areas.
- ✓ Respondents with ages ranging from 25 to 35 years.
- ✓ Mothers residing in nuclear families.
- ✓ Mothers who had undergone cesarean (LSCS) delivery.

**Exclusion Criteria:**

- ✓ Working mothers who are critically ill.
- ✓ Respondents who have not completed 2-3 weeks post their delivery.
- ✓ Mothers who had previous deliveries before the first one.
- ✓ Participants residing in rural or non-urban areas.
- ✓ Mothers not employed in the nursing profession in private hospitals.
- ✓ Respondents outside the age range of 25 to 35 years.
- ✓ Mothers not residing in nuclear families.

- ✓ Those who had deliveries through methods other than cesarean (LSCS).

### **Tool Description:**

***Post Natal Depression Scale (EPDS) Constructed by Edinburgh and Livingston (1987)***, This Scale is widely used and well-established self-report instrument designed to assess the presence and severity of postnatal depression in women. It was constructed by John L. Cox, Jenifer M. Holden, and Ruth Sagovsky in collaboration with the psychiatrists H. Livingston in 1987. The EPDS is specifically tailored to capture the unique features of postpartum depression, providing a reliable and valid screening tool for identifying mothers at risk. The scale comprises ten items that inquire about the mother's emotional state and well-being during the postpartum period. Questions are designed to assess a range of symptoms associated with depression, including feelings of sadness, anxiety, and guilt. The items are scored on a four-point Likert scale, with response options indicating the frequency or intensity of each symptom. The total scores range from 0 to 30, with higher scores indicating a higher likelihood of postnatal depression.

### **Training Details**

Life Skill is also a part of therapeutic treatment to reduce Anxiety & Depressive Symptoms. It refers to methods, skills, and strategies by which individuals can effectively direct their own activities toward the achievement of objectives, and includes goal setting, decision-making, focusing, planning, scheduling, time management, task tracking, self-evaluation, self-intervention, self-development, etc. Self-management can be used to live a more effective & efficient daily life, explore the vision, and reduce negativity. Learned Positive & new perspectives of life, accomplished difficult tasks and achieved positivity. A very successful and beneficial program for reducing the symptoms of the baby blues that new mothers encounter in the postpartum phase is called Life Skill Training (LST). Because life skills training is all-encompassing, it gives women the tools they need to manage the difficulties and emotional swings that frequently come with the first few years of parenting. LST tackles the complex facets of postpartum well-being by emphasizing the development of multiple life skills, including stress management, problem-solving, and interpersonal communication. Typically, the program consists of structured lessons and hands-on activities meant to provide mothers with confidence and resilience when faced with emotional difficulties.

### **Procedure:**

It was discovered that the overall testing circumstances for this investigation were adequate. The Edinburgh and Livingston (1987) Post Natal Depression Scale (EPDS) was used to assess each of the chosen participants. After the first assessment, the group that was recommended for Life Skills Training (LST) treatment underwent three weekly, 15-day sessions of structured training. Participants were told to put the techniques into practice on their own throughout the remaining days. The same respondents were given a post-test using the Post Natal Depression Scale following the 15-day intervention period. The objective was to gauge the impact of the LST on their postpartum well-being. The study participants' baby blues was effectively mitigated by the intervention after the data were carefully examined and evaluated using suitable statistical techniques.

### **Statistical Analysis:**

After data collection obtained data from the Pretest & Post-test of LST was analyzed by using SPSS.20 software. The obtained data were analyzed using Means, SD, and ANOVAs.

**Results:**

**Table 1: Part A**

*Mean and SD on Baby Blues among mothers*

	Pre-test		Post-test	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Working Mothers	26.90	2.83	17.88	5.29
Non-Working Mothers	30.62	5.37	28.00	5.11

**Part**

**Table 1:  
B**

*Summary*

*of ANOVA on Baby Blues among mothers*

<i>Source</i>	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>Sig.</i>
Occupational Status	3014.010	1	3014.010	107.597	.000
Conditions	1849.000	1	1849.000	95.146	.000
Conditions × Occupational Status	1689.210	1	1689.210	86.923	.000

**Discussion:**

**Baby Blues in Relation to Occupational Status:**

The study conducted aimed to investigate the impact of life skill training on Baby Blues among respondents, with a particular focus on variations based on pre- and post-life skill training conditions. The second hypothesis posited that significant differences was observed in Baby Blues among respondents based on their life skill training conditions. So, Hypothesis 1 of the present study was that “*The dimensions of Baby Blues will change significantly between mothers who work and those who do not.*”.



To test the above hypothesis Means, SDs & F ratios were computed for Occupational status. The obtained Mean, SD & and F ratios for psychological well-being are shown in Table 1 Part (A) and Table 1 Part (B). As it is clear from the inspection of Table 1 Part (B) the main effect of occupational status was found to be significant at .000 levels. So, the Hypothesis has been accepted.

The dimensions of Baby Blues, referring to the emotional and psychological challenges that mothers experience after childbirth, undergo significant variations between those who work and those who do not. Balancing the demands of a career with the responsibilities of motherhood can intensify feelings of stress, guilt, and fatigue among working mothers. In this context, life skill training proves to be particularly effective for mothers engaged in the workforce. The skills acquired through such training, including time management, stress reduction, and effective communication, become invaluable tools for navigating the intricate juggling act of professional and maternal duties. Working mothers often find themselves in high-pressure environments, and life skill training equips them with the tools necessary to maintain emotional well-being and resilience amidst the challenges of modern motherhood. On the other hand, non-working mothers, while certainly facing their own set of challenges, may not experience the same intensity of work-related stressors, making life skill training potentially less imperative for this demographic. These results supported by the study of *Tiwari and Naik (2020)*, “recognizing the nuanced dimensions of Baby Blues sheds light on the divergent experiences of working and non-working mothers in the postpartum period. The delicate equilibrium between career aspirations and maternal responsibilities accentuates the emotional challenges faced by working mothers, emphasizing the importance of tailored interventions”. Life skill training emerges as a potent solution, offering a repertoire of essential tools that enable working mothers to navigate the intricate tapestry of their lives successfully. While non-working mothers undoubtedly confront their unique set of challenges, the intensity of work-related stressors underscores the heightened relevance of life skill training for those engaged in the workforce. As we strive to support mothers in their journey through parenthood, understanding and addressing these divergent needs can contribute significantly to fostering emotional well-being and resilience in the diverse landscape of modern motherhood. (Yoshimura,2020).

### **Baby Blues in Relation to Conditions**

The study's 2<sup>nd</sup> hypothesis was that “*There will be major differences between respondents regarding Baby Blues depending on their pre- and post-life skill training conditions*” has been accepted. To test the above hypothesis Means, SDs, & F ratios were computed for baby blues, which are shown in Table 1 Part (A) and Table 1 Part (B). From the inspection of both the part of the tables clearly shows that Table No1 Part (B), it became evident that major differences existed between respondents with respect to Baby Blues, depending on their pre- and post-life skill training conditions. The statistical analysis indicated a significant result at the .000 level, leading to the acceptance of the hypothesis. This finding suggests that life skill training played a crucial role in influencing Baby Blues, emphasizing the importance of considering individuals' training conditions.

It is clear that Life skill Training had a significant positive impact on the baby blues of working and non-working mothers. The long-term impact of the training programs is essential to consider. Short-term improvements might not necessarily translate into sustained psychological well-being and positive life orientation gains. The study also demonstrated the significant effect that life skill training had on the infant blues experienced by working and non-working mothers. The beneficial impact noted emphasizes the possible advantages of including life skill development programs for moms, regardless of their work situation. The study



did, however, also note the importance of evaluating the training programs' long-term impacts. Although there were noticeable short-term advantages, the researchers advised that when assessing the overall efficacy of life skill training programs, prolonged psychological well-being and gains in positive life orientation should be the primary focus. This point of view highlights the significance of taking interventions' long-term effects into account in addition to their immediate effects, offering practitioners and legislators participating in maternal health initiatives insightful information.

These results are supported by the study of **Ghaffarinejad, 2007, Baer, 2003**, that there is substantial concern over the connection between postpartum illnesses and hormonal changes that occur during pregnancy and childbirth. By raising awareness of psychiatric disorders, practicing mindfulness appears to be a viable solution to lessen the emotional and physical effects of postpartum depression. This is consistent with larger research findings indicating mindfulness training is linked to a decrease in depressive symptoms among new mothers.

The relationship between postpartum depression and the significant life changes that mothers go through after giving birth is highlighted, particularly in areas where marriage is not as common as it once was and some mothers may feel unprepared for motherhood. Depression and feelings of disqualification may result from this lack of preparation. Interestingly, the study found a significant correlation between mothers' educational attainment and the severity of postpartum depression, with women with diplomas reporting higher rates of depressive symptoms than moms with advanced degrees. According to this research, moms with less education may not be as aware of their new social and personal obligations. As a coping strategy, mindfulness helps moms deal with difficult circumstances and lessens symptoms of despair, sleeplessness, guilt, and carelessness. **Khani 2011, Pour 2016, Baer 2009**

Beyond postpartum depression, diseases marked by impulsive conduct can benefit from life skill training program. Developing life skills improves one's internal awareness, which encourages the monitoring and control of impulsive conduct, which is frequently linked to a lack of careful planning and introspection. It's important to note that mindfulness training is promoted as a helpful tool for parents, allowing for conscious behavior modification and reducing psychological difficulties faced by new mothers. Mindfulness has a significant role in reducing sadness and anxiety by helping people reframe unpleasant circumstances and refrain from catastrophizing. **Shabiri, 2007.**

Overall, these findings underscore the multifaceted benefits of life skill training to reduce the symptoms of baby blues and promoting maternal well-being and mental health during the challenging postpartum period.

### **Conclusion:**

In conclusion, the study sought to examine the impact of life skill training on Baby Blues among respondents, specifically focusing on variations based on pre- and post-life skill training conditions. The second hypothesis, predicting significant differences in Baby Blues based on life skill training conditions, was accepted, indicating a crucial role of life skill training in influencing Baby Blues. The statistical analysis revealed major differences, emphasizing the importance of considering individuals' training conditions.

The study showed that both working and non-working moms' infant blues were significantly improved by Life Skill Training. The researchers did, however, issue a warning: long-term gains in positive life orientation and psychological well-being may not always follow from temporary gains. To fully assess the effectiveness of

training programs, it is important to take into account their long-term effects. The study brought to light the serious concerns regarding the relationship between hormonal changes during pregnancy and childbirth and postpartum disorders. The study's recommendation for mindfulness seems to be a workable way to lessen postpartum depression's negative emotional and physical repercussions. The study also looked at the connection between major life transitions and postpartum depression, highlighting the value of mindfulness as a coping mechanism. Beyond postpartum depression, the study suggested that programs teaching life skills could be beneficial for illnesses characterized by impulsive behavior. Gaining life skills raises one's level of internal awareness, which helps one keep an eye on and rein in impulsive conduct. It was also highlighted that mindfulness training is a useful tool for parents, as it can aid with conscious behavior control and lessen the psychological challenges that new mothers encounter.

The many advantages of life skill development were emphasized, including the reduction of Baby Blues symptoms and the enhancement of mother wellbeing during the difficult postpartum phase. The study also examined the aspects of Baby Blues in connection to employment status and discovered notable differences between moms who work and those who do not. A powerful solution was found in life skill training, which gave working moms the necessary tools to successfully manage the difficult balance between their responsibilities as mothers and their career goals.

In summary, the research not only affirmed the positive impact of life skill training on Baby Blues but also highlighted the nuanced experiences of working and non-working mothers. Understanding and addressing these divergent needs can significantly contribute to fostering emotional well-being and resilience in the diverse landscape of modern motherhood. The study's findings offer valuable insights for practitioners and policymakers involved in maternal health initiatives, emphasizing the importance of considering both short-term and long-term effects when evaluating the efficacy of interventions.

#### **Limitation:**

The possibility of self-report bias is one drawback of the research evaluating the effectiveness of life skill interventions in reducing Baby Blues, especially in the setting of working and nonworking moms. Subjectivity and social desirability bias may be introduced when evaluating the efficacy of life skill treatments using self-reported metrics. It is possible for participants to give answers that they feel fit for social media or that match expectations, which could affect how accurate the data is. This restriction might have an impact on the study's internal validity and restrict how broadly the results can be applied.

#### **Suggestion**

- ❖ Future studies could use a multi-method approach, combining self-report measures with objective assessments or observations, to alleviate the limitation of self-report bias. A more thorough and trustworthy assessment of the success of life skill interventions may be possible with objective measurements like physiological indicators or behavioral observations. In order to get a more thorough grasp of the long-term effects of life skill interventions, researchers should also think about doing longitudinal studies to monitor changes in Baby Blues symptoms over an extended period of time.
- ❖ Researchers may explore the possibility of including qualitative methods, such as interviews or focus group discussions, to gain deeper insights into participants' experiences with life skill interventions. Qualitative data can offer a richer understanding of the nuances involved in the alleviation of Baby

Blues and provide context to quantitative findings. Triangulating quantitative and qualitative data sources can enhance the credibility and validity of the study's conclusions.

- ❖ Furthermore, taking into account possible confounding factors including socioeconomic position, cultural variations, and past mental health history might improve the study's internal validity. Subgroup analysis and control of these variables in the research design may help to clarify the precise effects of life skill interventions on Baby Blues across various demographic categories.

In conclusion, although the study offers insightful information about the effectiveness of life skill interventions for working and nonworking moms who are experiencing the Baby Blues, the validity and applicability of the results will be improved by addressing the issue of self-report bias and utilizing a more varied and thorough research methodology.

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