

## Description of Postpartum Blues in Postpartum Mothers

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### ABSTRACT

**Introduction:** Postpartum blues is a temporary mental mood disorder. This phase will occur in mothers after giving birth, which is caused by psychological changes in the mother and emotional changes in a woman after giving birth. Efforts to prevent postpartum blues in postpartum mothers are through educational methods, one of which is using the media.

**Objective:** To determine the level of postpartum blues in postpartum mothers before and after being given education through booklets and videos. **Method:** This quantitative research uses a quasi-experiment method with a two-group pretest-posttest research design. The respondents were 40 postpartum mothers from 2 intervention groups, and probability sampling was used using a simple random sampling method. instrument using a questionnaire Edinburgh Postnatal Depression Scale. Univariate analysis uses central tendency data (mean, median, standard deviation). **Results:** Rate of postpartum blues in postpartum mothers. The mean rank value shows that the mean value for the video media group is greater than the booklet group.

**Conclusions:** the mental health education video media group is more effective than the booklet group.

**KEYWORD:** Postpartum Blues; Booklet; Video

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### INTRODUCTION

The postpartum period, or puerperium, is a critical period which starts from 1 hour after the birth of the placenta until 6 weeks into the survival of the mother and newborn baby; during the postpartum period, significant changes occur both physically and psychologically (Rini, S., & Kumala, 2017). The prevalence of postpartum blues in the world is 26-85%, while the prevalence of postpartum blues in Indonesia is between 50-70%. We need help finding a solution (World Health Organization (WHO), 2018). WHO recommends that postpartum health services for mothers be provided within 24 hours after giving birth by health workers who are competent in their fields, for example, doctors, midwives and nurses (Moyo & Djoda, 2020). or this reason, assistance during this period is needed by postpartum mothers to avoid the risk of postpartum blues.

The welfare of mothers and children during the postpartum period affects the quality of a region, including Central Java. Data from the Central Java Province National Population and Family Planning Agency shows that 7 out of 10 mothers who give birth in this province experience severe depression after giving birth (Salat et al., 2021). Based on Basic Health Research (Risksesdas) in 2022, the incidence of postpartum blues in Semarang City has increased to 45.6% from 26.6% in 2019 (Risksesdas, 2018). Due to the lack of a companion approach for postpartum mothers, early education starting from pregnancy is very important to reduce the incidence of postpartum blues. For this reason, assistance and communication during this period are needed by Nifas' mothers to avoid the risk of postpartum blues. The high postpartum blues rate in Semarang City

still needs particular attention, considering that Semarang City is the capital of Central Java Province and is a significant highlight. For this reason, the Semarang City Government, through the Semarang City Health Service, is maximizing the reduction in maternal mortality during the postpartum period due to mental health postpartum blues (Dinkes Kota Semarang, 2021).

The incidence of postpartum blues is 26% - 85%. From several studies, including one conducted by Sutantiningrum in 2014 at the Muhammadiyah Hospital in Semarang, it was explained that as many as 50% of postpartum mothers experienced postpartum depression after giving birth, and almost 80.00% of new mothers or postpartum mothers experienced feelings of sadness after giving birth or often called postpartum blues. Postpartum blues or postpartum depression is a temporary mood disorder; this phase will occur in mothers after giving birth which is caused by psychological changes in the mother and also because of emotional changes in a woman after giving birth (Winarni et al., 2017).

Postpartum adaptation is a process of physical and psychological recovery for postpartum mothers. This adaptation consists of two, namely physiological and psychological adaptation. One of the psychological adaptations experienced by postpartum mothers is the feeling of fear and worry after giving birth, fear of not being able to care for their baby, and fear of being talked about from around them. This will have an impact on mothers who are in the postpartum period, becoming more sensitive and emotional. There are times when mothers will experience sad feelings, sombre and even melancholy, caused by changes in hormones in a postpartum mother's body; these feelings are related to the condition of her baby; this condition is called postpartum blues or baby blues (Farlikhatun & Holilah, 2023).

Hippocrates discovered postpartum blues 460 years ago, before Christ. As its discoverer, Hippocrates often called it maternity or baby blues. It is characterized by anxiety without cause, crying without cause, impatience, lack of self-confidence, being easily irritated (emotional), and feeling less affection for the baby. (Sinabariba et al., 2022). Postpulmonary blues is a condition experienced by almost 80% of women who have just given birth. This can happen because the mother is not ready to give birth to a baby, changes in estrogen, progesterone, prolactin, and sterol levels are too low, age and parity (a young age or the number of births experienced makes postpartum blues possible), and emotional support from the husband and family and social support have a big influence in contributing to postpartum blues (Mayangsari et al., 2023).

Postpartum mothers who experience changes in conditions with changes in roles and increased responsibilities that must be carried out in their families require adjustments in new roles and activities as new mothers, especially in the first weeks after giving birth. Postpartum mothers who successfully adapt to new roles and activities will be enthusiastic about loving and caring for their babies. However, some postpartum mothers who are not successful in adjusting themselves well will experience emotional changes; these changes are what make the mother sad for no reason, impatient, not confident in caring for her baby, sensitive and irritable (Ovestiani, 2021).

Postpartum blues here is a category of mild mental disorder syndrome. And neglected, undiagnosed and not receiving proper care, Postpartum blues can develop into postpartum depression, and this will get worse until a doctor must treat it in the field (Oktaputrining et al., 2017). Women can often feel sad, have difficulty concentrating, and feel guilty and worthless in the eyes of others. A form of postpartum depression that is not handled correctly will result in postpartum psychosis, which results in sufferers experiencing drastic mood changes (Haryono & Kurniasari, 2018).

## METHODS

### Design

This type of research is quantitative, and the method used is quasi-experimental (pretest-posttest) without a control group design.

### Research Questions

What is the Description of postpartum blues in postpartum mothers at the Pratama Nawang Medista Clinic, Semarang?

### Sample and Settings

The sample size was 40 respondents, and the probability sampling technique used a simple random sampling method with two groups: Group 1 (20 respondents) received health education via Booklet media, and Group 2 (20 respondents) received video media.

### Instrument

Measurement of E.P.D.S. Questionnaire Sheet (Edinburgh Post-natal Depression Scale)

### Data Collections

This research was carried out from January to February 2024 at Pratama Nawang Medista Clinic Semarang.

### Data Analysis

Data analysis is in the form of univariate analysis in the form of central tendency data (mean, median, standard deviation, minimum value, maximum value).

### Ethical Consideration

This study has passed the ethical review test from The Research Ethical Committee Universitas Karya Husada Semarang with Ethical Test Number 008/KEP/UNKAHA/SLE/II/2024.

## RESULTS

**Tabel 1** Level of Postpartum Blues in Postpartum Mothers at the Pratama Nawang Medista Clinic, Semrang before and after being given Mental Health Education Media in the form of a Booklet

Methode	Mean	Median	Sid Deviasi	Min-Maks
Before providing educational media Booklets	20.40	20.50	1.759	17-24
After being given educational media Booklets	10.10	10.00	1.619	7-13

Table 1 above shows that the mean postpartum blues level before being given the Educational Media Booklet was 20.40, the median was 20.50, with the lowest postpartum level value being 17 and the highest being 24. In contrast, after being given the Educational Media Booklet, the postpartum blues value had a mean value of

10.10; the median was 10.00, with the lowest value being seven and postpartum level values blues high at 13.00.

**Table 2** Level of Postpartum Blues in Postpartum Mothers at the Pratama Nawang Medista Clinic, Semrang before and after being given Mental Health Education Media in the form of a Video

Methode	Mean	Median	Sid Deviasi	Min-Maks
Before providing educational media Video	22.75	22.50	1.372	21-25
After being given educational media Video	10.10	10.00	1.372	7-13

Based on table 2 above shows that the mean value of the postpartum blues level before being given video educational media is 22.75, the median is 22.50, with the lowest video education value being 21 and the highest is 25, while the postpartum blues level value after being given mental health education media in the form of video has a mean value of 10.10, the median is 10.00 with the lowest value being seven and the highest value is 13

## DISCUSSION

Shows table 1 that the mean postpartum blues level before being given the Educational Media Booklet was 20.40, the median was 20.50, with the lowest postpartum level value being 17 and the highest being 17.24. In contrast, after being given the Educational Media Booklet, the postpartum blues value had a mean value of 10.10; the median was 10.00, with the lowest value being seven and postpartum level values blues high at 13.00.

The education model using booklet media is health education provided using media to convey health messages in the form of small books containing text and images (ZULFA NAFIDINA, 2022). The results of Prastiyoningsih's community service (2021) showed that there was an increase in knowledge and attitudes by 80% about lactation and breast care after providing booklet learning media (ZULFA NAFIDINA, 2022).

Based on the results of descriptive analysis obtained the average (mean) assessment of the level of postpartum blues in mothers before (pretest) video media education was 5.0556 and experienced an increase after (posttest) video media education with an average (mean) of 15.5556. The difference in the level of postpartum blues in mothers before (pretest) and after (posttest) is an increase of 10.5.

Febliza said in his book that video is a learning or education program using media that contains sound and images, where the process of absorbing the material involves the visual and auditory (Maliszewska et al., 2016). The results of research by Endhar (2022) that the relationship between the provision of health education using demonstration media and video media on the knowledge of pregnant women about postnatal breast care in the work area of the Sambultast Health Centre in 2019 ( $p = 0.043$  ( $p < \alpha 0.05$ ) (Haryono & Kurniasari, 2018).

Based on the analysis of the theory that has been mentioned and some of the results of research and community service, there are no gaps in the research on the

effectiveness of mental health education media booklets and videos on the level of postpartum blues in postpartum mothers at the Pratama Nawang Medical Clinic in Semarang

### **Strengths and Limitations**

Educational video relies on the senses of hearing and sight. This media has the advantage of being able to show objects that cannot usually be seen, using a precise process that can be witnessed repeatedly, so that it can encourage instilling attitudes and invite thought and discussion. One disadvantage of booklet media is that it is not direct in conveying the message, so the feedback from the object to the sender of the message is not immediate (delayed).

### **Implications for Practice**

It is hoped that future researchers can use various media and factors that influence the incidence of postpartum blues to reduce the increasing incidence of postpartum blues.

## **CONCLUSIONS**

The results of the descriptive analysis of the level of postpartum blues in postpartum mothers before being given mental health education media in the form of booklets and Videos at the Pratama Nawang Medista Semarang clinic showed an average decrease in the level of postpartum blues in the booklet education media group.

### **Conflict of Interest Statement**

None

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