



Literature Study: Risk Factors of PostPartum Blues

Arisda Candra Satriawati¹, Aulia², Puput Kurnia Sari³, Maulana Widi Andrian⁴

^{1,2}Program Studi Pendidikan Profesi Bidan Universitas Wiraraja Madura

^{3,4} Program Studi S1 Kebidanan Universitas Wiraraja Madura

email: ¹arisdacandra@wiraraja.ac.id* ²aulia@wiraraja.ac.id ³Puputkurnia.fik@wiraraja.ac.id ,
⁴maulanawidi.fik@wiraraja.ac.id

Corresponding Author: ¹arisdacandra@wiraraja.ac.id

Article information	ABSTRACT
<p>Article History: Received: 13-04-2023 Revised: 18-05-2023 Accepted: 27-05-2023</p> <p>Key word: Puerperal Postpartum bluesRisk factors</p>	<p>Postpartum blues is an emotional disorder in postpartum mothers that is rarely detected and has become a problem in recent decades. Common symptoms are usually irritability, irritability, easy crying, sleep disorders, eating disorders, and others. Mothers who have been syndicated to experience the postpartum blues should be identified and immediately get strong treatment. Postpartum blues that are not handled properly can pose a risk to both the mother and the baby. This study aims to analyze several risk factors for postpartum blues, as a preventive effort to detect early and can be immediately provided adequate services. The method of writing a literature study is the narrative research method of literature studies that describes the risk factors for the occurrence of postpartum blues. In this study, there are factors that influence the occurrence of postpartum blues, namely umur, economic status, husband support, education, employment, and type of childbirth. The conclusion of the literature studied is that there are risk factors that can affect the occurrence of postpartum blues, including age, economic status, husband support, education, occupation, and type of childbirth. The impact of the postpartum blues in addition to the impact on the mother also has an impact on the baby and his family. Postpartum blues can be prevented by routine pregnancy checks, good childbirth preparation, adequate family support, mature marriage age, mental readiness of mothers and husbands, adaptability to a good environment, emotional coping, adequate health worker support, and seeking health information from trusted sources.</p>

Introduction

Postpartum depression or postpartum blues is depression that occurs after childbirth which is an emotional disorder in postpartum mothers that is rarely detected and has become a problem in recent decades. Postpartum blues have symptoms, namely: the mother feels sad, cries easily, is irritable, has anxiety, headaches, is unstable, self-blame, feels unable to care for her baby, has sleep disorders, and disturbed appetite. This sign occurs post-copy and will usually improve within a few hours to 10 days or more. However, in a few weeks or months, it can develop to be heavier if not detected (Kumalasari & Hendawati, 2019).

Postpartum blues can be caused by physical factors, namely when mothers feel tired of caring for babies, breastfeeding, bathing, and other social factors such as socioeconomic problems, education level, and marital status (Nirwana Ade B, 2011). In addition, Postpartum blues can occur due to a lack of motivation in adjusting to new roles as a mother with various new activities she faces (Iskandar, 2007)

According to WHO, the incidence of depression that occurs worldwide is still high at 322 million people. Regions with high rates of depression are Southeast Asia and the Western Pacific. Southeast Asia contributes to a depression rate of 27% where India ranks first with a

prevalence rate of 4.5% and followed by Indonesia has a depression prevalence rate of 3.7% (World Health Organization, 2017).

The number of postpartum blues is 1 to 2 per 1000 births. Primipara mothers experience a risk of postpartum depression around 50 to 60% and mothers who have a family history of emotional disorders around 50% (Wahyuni et al., 2014)

If you can understand and adapt well to physical and psychological changes, you will not feel fear, anxiety, or worry. Conversely, if the mother is too afraid, anxious, and worried about changes in herself then psychological disorders can occur.

Mothers who have the potential to experience postpartum blues should be identified and immediately get adequate treatment. Untreated postpartum blues can pose risks to both the mother and her baby. This event can contribute to the risk of recurrent illness and long-term effects on mother and child and family-related emotional development. Conditions in

conditions of pregnancy and childbirth affect the process of psychological adaptation due to reduced physical activity so that the mother's physical activities are affected which causes potentially higher stress than other conditions (Sarwono, 2010). Risk factors that can affect the occurrence of postpartum blues include mother's age, economic status, husband's support, mother's education, mother's occupation, and type of childbirth.

Method

This study uses narrative research, a literature study that can explain risk factors for the occurrence of postpartum blues. Data were obtained by the method of collecting, reading, and recording literature obtained through a literature search sourced from google scholar using risk factor keywords, postpartum blues with publications from 2015 to 2020. Data analysis is by integrating 6 studies by linking related theories. This study uses 6 research subjects samples.

Table 1: Research results in literature study Risk factors for postpartum blues.

Researcher and Research title	Research Objectives	Research Methods	Sampling	Research Results
Susilawati, B., Dewayani, E. R., Oktaviani, W., & Subekti, A. R. (2020). Factors Influencing the Occurrence of Post-Partum Blues	To know the Factors affecting the incidence of postpartum blues	Cross-sectional	Simple random Sampling	Mothers who experience postpartum blues aged < 20 years and > 35 years, highly educated, good economy, primiparous, with an unwanted pregnancy, poor husband support, post sectio caesarea, and working mother
Fatmawati, D. (2015). Risk factors affecting the incidence of postpartum blues. Health Center, Rejang Lebong Regency	Know the factors associated with postpartum blues At the Perumnas Health Center, Rejang Lebong Regency	Cross sectional	Total sampling	Some respondents did not experience the postpartum blues. Respondent berusia 20-35 years, primipara, low education, unable to get the support of the husband. There is a relationship between parity, husband support, education and age factors with postpartum blues At the Perumnas Health Center in Rejang Lebong

				Regency
Ernawati, D., Wa Ode Merlin, & Ismarwati. (2020). Postpartum m Blues Incident in Postpartum m Mothers at PKU Muhamma diyah Hospital Yogyakarta	Analyze the picture of postpartum events Blues in postpartum mothers.	Cross-sectional.	Quota sampling	It was found that 53.3% of all postpartum mothers were in PKU Yogyakarta Muhammadiyah Hospital experienced postpartum blues
Kumalasari, I., & Hendawati, H. (2019). Risk factors for postpartum blues in Palembang	Analyze postpartum risks and events Blues in Palembang City.	Analytical survey with cross-sectional design.	Proportional cluster random sampling.	There was a significant association between parity, family support, pregnancy expectancy, education, and physical fatigue and the incidence of the postpartum blues
Saraswati, D. E. (2018). Factors affecting the incidence of postpartum blues	Know the factors that influence the occurrence of Postpartum blues.	Cross-sectional	Simple random sampling	Factors that influence the incidence of postpartum blues: age, education, and obstetric status.

Discussion

Age

The results of the study (Susilawati et al., 2020) found postpartum blues mothers at the age of fewer than 20 years and more than 35 years who are pregnant women at risk. Meanwhile, research (Fatmawati, 2015) states that mothers with postpartum blues are aged 20 years and under. Postpartum mothers at that age have the opportunity to experience postpartum blues up to 3.41 times compared to ibu 20 years and over. Research (Ernawati et al., 2020) shows different results, that mothers with postpartum blues are in the age range of 20-35 years, which is the reproductive age. Some conclusions can be drawn from this study that postpartum work is not related to maternal age. Postpartum blues can occur in postpartum mothers and of all ages, it can be affected by hormonal changes during pregnancy and after childbirth. A woman's age during pregnancy is related to her mental desire to become a mother. Younger age is believed to increase the risk of postpartum blues, but other factors can also increase the incidence of postpartum blues at the age of 20- 35 years.

Economic status

Research (Fatmawati, 2015) concludes that postpartum blues often occur in mothers with low socioeconomic status. It is likely related to the pressure of being a new parent after having children. Also related to financial, emotional, and health resources that can cause psychological disorders during the puerperium. Ultimately, family economic status, can be a high-risk factor for postpartum blues. Contrary to the study (Ernawati et al., 2020) which states the majority of postpartum mothers with postpartum blues have household incomes above MSEs and can be said to be in a good economy. It can be interpreted that mothers with sufficient economy can still arise postpartum blues. From this research, it can be concluded that the incidence of postpartum blues can affect mothers both with low and high economic status.

Husband support

From research (Sari et al., 2020) there are mothers who suffer from severe postpartum blues even with the support of their husbands. Not much different

from (Fatmawati, 2015), mothers whose husband's social support is poor are 2.44 times more likely to experience postpartum blues compared to mothers whose husbands' social support is high. Contrary to (Susilawati et al., 2020) their research stated that husband support has no effect on the incidence of postpartum blues. In contrast to the opinion of other researchers who state that husband support is a form of interaction in the family by giving and receiving mutual help, thus it will provide opportunities for mothers to be involved in a social system that gives love, attention, and a sense of attachment to both partners. This difference can be caused by other factors that affect the mother, financial condition, condition during pregnancy, and childbirth complications. Anxiety can't touch the baby, inexperience can also be a risk factor for postpartum blues. The husband's support is a form of coping from outside the postpartum mother when experiencing stress.

Education

According to research (Susilawati et al., 2020) there is no effect between education and the incidence of postpartum blues. This is different from the theory that states that maternal psychology is formed not only through education. In contrast to the study (Ernawati et al., 2020), mothers who experience postpartum blues are more from the upper secondary education level. This can occur due to the influence of an unsupportive environment, the level of mental readiness of mothers and husbands, husband and family support, and the mindset of postpartum mothers who may still be influenced by burdensome customs and are not in line with the development of midwifery science and technology, causing confusion, for example, related to swaddling, octopus use, the correct way to breastfeed, giving MP breast milk etc. Research (Kumalasari & Hendawati, 2019) concluded that most postpartum women with low education experience postpartum blues. Emotional intelligence is influenced by the level of education, mothers with higher education have a more rational thinking pattern. From the research mentioned above, it can be concluded that mothers from various levels of education who do not get information about pregnancy and

childbirth properly, will have difficulty adjusting to new roles and activities so that they can become psychological disorders such as postpartum blues.

Work

Research (Saraswati, 2018) states that work is not related to the incidence of postpartum blues. Supported by research (Fatmawati, 2015), postpartum blues are not influenced by the mother's employment status. But both researchers found that postpartum blues are more common in housewives. Research (Susilawati et al., 2020) shows different results, namely employment status affects the incidence of postpartum blues can be concluded that all postpartum mothers have the potential to experience postpartum blues, both housewives and working mothers. Housewives can experience periods of crisis and feel exhausted so they enter into feelings/blues. Housewives can focus more on themselves and what happens to their babies. So that when there are problems, mothers blame themselves more and are more prone to experiencing postpartum blues. In addition, if mothers do not work, they will lack information and knowledge from peer mothers that can be used as child-rearing lessons. Mothers who run households can feel pressured by their responsibilities as wives and mothers. While career women will find it difficult when returning to work after maternity leave. Mother will feel confused and anxious about the double burden she is experiencing. Mothers will lack bonding time with their babies when they start working. Mothers feel they can handle their babies, but when babies are fussy, and eating irregularly, feeding schedules can make them sleep-deprived, making them more vulnerable to the postpartum blues.

Types of childbirth

In a study (Ernawati et al., 2020) postpartum blue often occurs in women who give birth normally, but when compared to the presentation of postpartum blue events, almost all mothers who give birth to cesarean section experience postpartum blues, so cases in postpartum cesarean mothers are much higher.

According to (Kumalasari & Hendawati, 2019), mothers with complications/

complications of childbirth are susceptible to experiencing postpartum blues. Complications with prolonged partus, premature rupture of membranes, malpresentation, gestational hypertension, and medical intervention in childbirth are thought to increase physical trauma during childbirth, resulting in psychological trauma that is more likely to happen. In line with research (Saraswati, 2018), postpartum depression occurs in mothers who experience childbirth complications. The research is also supported by research (Fatmawati, 2015) which shows that mothers with postpartum blues give birth to Sectio Caesarea. This can be caused by post sectio caesarea experiencing emotional discomfort, and self-conflict due to unwanted delivery with sectio caesarea. From this study, it can be interpreted that mothers with labor complications or interventions are more susceptible to experiencing postpartum blues than normal maternity mothers. But it does not rule out the possibility that normal maternity mothers can also experience postpartum blues. In women with vaginal delivery, symptoms of the postpartum blues peak on days 3 and 4, but in post-cesarean women, symptoms appear immediately after surgery and gradually disappear.

Conclusion

Postpartum blues is a disorder of emotions in postpartum mothers that are rarely detected. Some factors that can affect postpartum blues include age, economic status, husband support, education, occupation, and type of childbirth. The postpartum blues felt by the mother are also limited to the baby and his family. Postpartum blues can be prevented by routine pregnancy checks, good preparation for childbirth, adequate family support, mature marriage age, mental readiness of mothers and husbands, ability to adapt to a good environment, emotional coping, support of adequate health workers, and seeking health information from trusted sources.

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