

Determinant Factors that has Associated with Incidence of Postpartum Blues in the one of Primary General and Maternity Clinic in East Java, Indonesia

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Abstract

Maternity blues is the maximum typically observed puerperal mood disturbance, with estimates of prevalence starting from 30 to 75%. Maternity blues peaks at 3–5 days after transport, regularly coinciding with the onset of lactation, and lasts for several days to weeks. The purpose of this study is to determine the factors that influence the baby blue in an one of independent midwife practice in East Java, Indonesia. The research method used was an analytical study using a cross sectional approach. The independent variables in this study were parity, age, education, unwanted pregnancy, and husband's support, while the dependent variable was the incidence of postpartum blues. As many as 36 postpartum mothers (day 1-14) at the one of Primary General and Maternity Clinic in East Java, Indonesia involved in this study. This research was conducted in February - March 2020. This study used a structured questionnaire. The results were analyzed using the Chi Square test and maternal parity is dominated by productive age, namely 20-35 years. The average education of the research subjects is junior high school-high school and the same. The status in this study was mostly the desired pregnancy, as well as the support of all and many who had experienced the postpartum blues. The factors that provide a relationship to the incidence of postpartum blues are age, education and husband's support. Age, education and husband's support has relationship with incidence of postpartum blues in the one of Primary General and Maternity Clinic in East Java, Indonesia. From this research we need to educate the public regarding how to prevent and handle postpartum blues.

Clinical article (J Int Dent Med Res 2021; 14(2): 845-848)

Keywords: Postpartum blues, East Java, Indonesia.

Received date: 22 March 2021

Accept date: 30 April 2021

Introduction

Some of the most important times of women's lives are pregnancy, childbirth, and the postnatal period¹. Due to the probability of depressive disorders, the first month of the postnatal cycle is very critical. In the postpartum period, women can experience three major depressive disorders (baby blues, postnatal depression, and postpartum psychosis)^{1,2}. The growth of baby blues or postpartum depression can occur in the puerperium era¹. Maternity blues and postpartum depression are recurrent childbearing complications³.

Many changes are made in the body of a woman during pregnancy and the postnatal

period, both in the mental and physical spheres¹. The incidence rate of baby blues varies from 30 percent to 75 percent, which typically occurs after birth on day 3 or 4. Postpartum psychosis, the most serious condition, typically occurs 48 to 72 hours after birth and usually lasts for the first two weeks⁴. Postpartum depression is experienced by about 13 percent of women⁵. In general, postpartum depression occurs within the first four weeks after delivery and lasts up to six months after delivery³.

Maternity blues were the most frequently observed disruption of the puerperal mood, with prevalence rates ranging from 30 to 75%^{3,6}. Mood lability, irritability, tearfulness, generalized anxiety, and disruption of sleep and appetite are mild signs. Maternity blues peaks 3-5 days after delivery, frequently coinciding with the start of lactation, and last several days to weeks after delivery^{3,7}. Four days after the birth of the infant, baby blues (so-called postnatal sadness) can grow and last up to 12 days^{1,8,9}. The purpose of this study is to determine the factors that

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influence the baby blue in an one of independent midwife practice in East Java, Indonesia.

Materials and methods

The research method used was an analytical study using a cross sectional approach. The independent variables in this study were parity, age, education, unwanted pregnancy, and husband's support, while the dependent variable was the incidence of postpartum blues. As many as 36 postpartum mothers (day 1-14) at the one of Primary General and Maternity Clinic in East Java, Indonesia involved in this study.

The inclusion criteria for the subjects of this study were postpartum mothers with vaginal delivery and postpartum mothers (day 1-14) who give birth and postpartum control at the one of Primary General and Maternity Clinic in East Java, Indonesia. The exclusion criteria were postpartum mothers who were not cooperative, postpartum mothers with a history of mental disorders and postpartum mothers with psychological problems in the prenatal period.

The sampling technique used simple random sampling method. This research was conducted in February - March 2020. This study used a structured questionnaire. The results were analyzed using the Chi Square test.

Results

This study involved 36 mothers who matched the inclusion and exclusion criteria that had passed previously. Research subjects based on parity, age, education, pregnancy status, support and history of postpartum events are presented in table 1.

Based on table 1, it is known that maternal parity is dominated by productive age, namely 20-35 years. The average education of the research subjects is Junior high school-high school and the same. The status in this study was mostly the desired pregnancy, as well as the support of all and many who had experienced the postpartum blues.

Variable	Frequency	Percentage
Parity		
Primiparous	11	30,6%
Multiparous	20	55,6%
Grande Multipara	5	13,8%
Age		
<20 years, >35 years	15	41,7%
20 – 35 years	21	58,3%
Education		
Low (primary school and the same)	0	0%
Moderate (Junior high school-high school and the same)	19	52,8%
High (College graduate or more)	17	47,2%
Pregnancy status		
Unwanted pregnancy	2	5,6%
Planned pregnancy	34	94,4%
Husband's support		
Husband not support	14	38,9%
Husband support	22	61,1%
The previous of postpartum blues incidence		
No history of postpartum blues	15	41,7%
Have history of Postpartum blues	21	58,3%

Table 1. The distribution of the characteristics of the study subjects was based on parity, age, education, pregnancy status, husband's support and history of postpartum blues

Analysis of the relationship between parity, age, education, pregnancy status, husband's support with the incidence of postpartum blues.

The factors that influence the incidence of postpartum blues were analyzed using Chi Square. The analysis results are presented in table 2.

No	Variable	α	ρ	The meaning
1	Parity		0,954	No has relationship
2	Age		0,026	Has relationship
3	Education	0,05	0,037	Has relationship
4	Unwanted pregnancy		0,5	No has relationship
5	Husband's support		0,049	Has relationship

Table 2. The results of the analysis of the factors that influence the incidence of postpartum blues.

Based on table 2, it is known that the factors that provide a relationship to the incidence of postpartum blues are age, education and husband's support.

Discussion

Maternity blues were clearly correlated with age-adjusted postpartum depression, daily exercise and alcohol, parental class involvement, educational history, and maternal jobs during pregnancy³. Several studies indicated that postpartum depression may be predicted by maternity blues^{3,10}. Depression or anxiety during pregnancy, social support by friends and family, life events such as the death of a loved one, divorce or loss of a career, marital relationship, obstetric factors, complications related to

pregnancy such as pre-eclampsia, hyperemesis, premature labor, and socioeconomic status are the major risk factors for postpartum depression^{3,7,11}.

Social support consists of receiving both instrumental and emotional support (e.g., babysitting, help with household chores). A woman's social network's structural characteristics (husband/mate, family, and friends) include the closeness of its participants, the frequency of contact, and the number of confidants with whom the woman can discuss personal matters. There is a loss of social support when a woman perceives that she is not getting the amount of instrumental or emotional support she was expecting⁵. The result of many sociocultural stresses faced by women is postpartum mood disturbances. This can also be used as markers for early PPB diagnosis and for the implementation of preventive steps¹². Family support has an indirect link to postpartum depression via pregnancy status and self-efficacy, which is statistically significant¹³.

This research showed that the age of women has relationship with incidence of postpartum blues. There are significantly higher rates of depression among women of advanced maternal age than younger women¹⁴. There are substantially higher rates of depression among women of advanced maternal age than among younger women. Study is needed to assess whether a focused depression screening and prevention program can help reduce the burden of older mothers' illnesses¹⁴. This result was contradictory to the study findings that there was no substantial association with postpartum blues events between maternal age, schooling, occupation, parity and family support¹⁵.

The maternal education level has indirect relationship with post-partum depression through coping strategy which is statistically significant. the higher the maternal education level, the lower the risk of experiencing postpartum depression. The educational level affects the effectiveness of the coping strategy used. Highly educated people will be more realistic and more active in solving the problems than those with low educational level. People with higher level of education are expected to be more able to adapt¹³. An independent risk factor for postpartum depression was a lower educational level. In view of the low mobility of the level of education, this

result indicates the possible importance of gathering knowledge at the earliest opportunity on education levels¹⁶.

With labor complications, unwanted pregnancy and low family income, the risk of postpartum blues increases, but decreases with age, greater self-efficacy and improved coping strategy^{13,17}. Independent predictors of postpartum depression were marital status, unwanted pregnancy, unwanted child sex, infant disease, and low social support. It is therefore necessary to integrate mental illness with maternal and child health care, to better pay attention to information communication education and behavioral change communications on postpartum depression¹⁸. Women who mentioned some complication of childbirth or had very small or tiny babies had a greater risk of postpartum depression⁴. From this research we can say that age, education and husband's support has relationship with incidence of postpartum blues in the one of Primary General and Maternity Clinic in East Java, Indonesia. From this research we need to educate the public regarding how to prevent and handle postpartum blues.

Conclusions

Age, education and husband's support has relationship with incidence of postpartum blues in the one of Primary General and Maternity Clinic in East Java, Indonesia

Declaration of Interest

The authors have no conflicts of interest to declare.

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