



THE RELATIONSHIP BETWEEN POST-PART MOTHER CHARACTERISTICS AND THE INCIDENCE OF BABY BLUES IN THE INDEPENDENT PRACTICE OF MIDWIFE KRISTIANI NAPITUPULU TANJUNG MORAWA DISTRICT

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ABSTRACT

Baby blues syndrome is a mild emotional disorder that is common during the postpartum period and can have a negative impact on maternal health and infant development. The purpose of this study was to analyze the relationship between characteristics of postpartum mothers including age, parity, type of delivery, and pregnancy status with the incidence of baby blues in the Independent Practice of Napitupulu Christian Midwives, Tanjung Morawa District, Deli Serdang Regency in 2024. This study applied a correlational analytical observational design with a cross-sectional approach. The sample consisted of 38 respondents taken using purposive sampling techniques and analyzed using the chi-square test. The results showed that the majority of postpartum mothers were aged 26-30 years (52.6%), primiparous (68.4%), had normal delivery (81.6%), and planned pregnancies (71.1%). Baby blues was experienced by 52.6% of respondents. Statistical test results showed a significant relationship between paralysis ($p = 0.003$), type of delivery ($p = 0.024$), and pregnancy status ($p = 0.021$) with the occurrence of baby blues. The conclusion of this study is that the characteristics of postpartum mothers, especially paralysis, type of delivery, and pregnancy status, are significantly associated with the occurrence of baby blues. It is hoped that these results can provide a basis for health workers in providing education and psychological support to postpartum mothers to prevent baby blues syndrome.

Keywords: Baby blues, postpartum, characteristics of mother, psychology

INTRODUCTION

Baby blues syndrome is a mild emotional disorder commonly experienced by mothers during the postpartum period, characterized by feelings of sadness, crying easily, anxiety, and sleep disturbances. If left untreated, it can negatively impact both mother and baby. This study aims to determine the relationship between postpartum maternal characteristics and the incidence of baby blues in the Independent Practice of Napitupulu Christian Midwives in Tanjung Morawa District, Deli Serdang Regency in 2024. This study used a correlational analytical design with a cross-

sectional approach. The sample consisted of 38 postpartum mothers taken using purposive sampling. Data were collected through a questionnaire and analyzed using the Chi-Square test. (Sri, Wulandari, and Josephine 2024)

The results showed that most respondents were aged 26–30 years (52.6%), primiparous (68.4%), had a vaginal delivery (81.6%), and had a planned pregnancy. (71.1%). The occurrence of baby blues was found in 52.6% of respondents. The results of the bivariate analysis showed a significant relationship between parity ($p=0.003$), type of delivery



($p=0.024$), and pregnancy status ($p=0.021$) with the incidence of baby blues. This finding indicates that mothers with primiparity, cesarean section delivery, and unplanned pregnancies have a higher risk of experiencing baby blues. The conclusion of this study is that there is a significant relationship between parity, type of delivery, and pregnancy status with the incidence of baby blues in postpartum mothers. It is hoped that health workers can improve early detection and provide psychological support to postpartum mothers to prevent this emotional disorder.(Wayan et al. 2023)

METHODS

This study is a quantitative study with a correlational analytical observational type and uses a cross-sectional approach, namely data collection is carried out at a single time to determine the relationship between postpartum maternal characteristics and the incidence of baby blues. The study was conducted at the Independent Practice of Midwife Kristiani Napitupulu, Tanjung Morawa District, Deli Serdang Regency in May–June 2024. The population in this study were all postpartum mothers who gave birth and underwent postpartum care at that location during the study period. The number of samples was 38 postpartum mothers selected by purposive sampling method based on inclusion criteria, namely postpartum mothers on the 1st to 14th day postpartum, their babies are still alive, and are willing to be respondents. Exclusion criteria were postpartum mothers who were weak or experiencing psychiatric disorders. Data were collected using questionnaires, consisting of a respondent characteristics questionnaire and the Edinburgh Postnatal Depression Scale (EPDS) to assess the incidence of baby blues.(Afrina and Rukiah 2024)

The collected data were analyzed through several stages: editing, coding, data entry, and tabulation. Data analysis was conducted in two stages: univariate analysis for describe the frequency distribution of each variable, and

bivariate analysis using the Chi-Square test to determine the relationship between maternal characteristic variables (age, parity, type of delivery, and pregnancy status) with the incidence of baby blues. The confidence level used was 95% with a significance value (p -value) ≤ 0.05 . (Winarsih, Riu, and Yahya 2025)

RESULT

This study involved 38 postpartum mothers as respondents. Univariate analysis results showed that the majority of respondents were aged 26–30 years (52.6%), were primiparous (68.4%), had given birth vaginally (81.6%), and had a planned pregnancy (71.1%). Based on the results of completing the EPDS questionnaire, 20 postpartum mothers (52.6%) experienced baby blues syndrome.

Bivariate analysis using the Chi-Square test shows that:

Parity was significantly associated with the incidence of baby blues ($p = 0.003$), with a higher risk in primiparous mothers (69.2%). The type of delivery also showed a significant association ($p = 0.024$), where mothers who gave birth by caesarean section experienced more baby blues (85.7%) than those who gave birth normally. Pregnancy status was significantly associated with the incidence of baby blues ($p = 0.021$), where mothers with unplanned pregnancies experienced baby blues more often (81.8%).

The results of the study indicate that parity is a significant factor in the occurrence of baby blues. This is in line with Saraswati's (2020) research which stated that primiparous mothers are more susceptible to postpartum blues because they lack experience in caring for babies, so they tend to experience anxiety and stress. In Rubin's theory (in Nurjanah et al., 2013), new mothers will go through a complex psychosocial adaptation process, and a lack of readiness to face new roles can trigger emotional disorders. The type of delivery is also related to the occurrence of baby blues. Mothers who undergo cesarean delivery have a higher risk of experiencing baby blues due to

physical recovery, postoperative pain, and limitations in caring for the baby (Ali et al., 2020). This is supported by the theory of Lowdermilk et al. (2013). which states that the type of delivery affects the psychological

condition of the mother, especially if the delivery does not go as expected. Unplanned pregnancy status is significantly correlated with the occurrence of baby blues in mothers.

Table 1. Frequency distribution of respondents by age, parity, type of delivery, and pregnancy status. Univariate analysis

Univariate analysis in this study is an analysis carried out to obtain an overview (description) of each variable, both independent variables and dependent variables.

	Variabel	F	%
Age	20-25	12	31,6
	26-30	20	52,6
	31-35	6	15,8
	Total	38	100,0
Parity	Multipara	12	31,6
	Primipara	26	68,4
	Total	38	100,0
Type of Birth	Sectio	7	18,4
	Normal	31	81,6
	Total	38	100,0
Pregnancy Status	Not Planned	11	28,9
	Planned	27	71,1
	Total	38	100,0
The Baby Blues Incident	The Baby blues Incident	18	47,4
	Baby blues	20	52,6
	Total	38	100,0

Based on Table 1, it was found that most respondents were in the 26–30 years age group, totaling 20 people (52.6%), while the fewest were aged 31–35 years with 6 people (15.8%). In terms of parity, the majority of respondents were primiparous (first-time mothers), totaling 26 people (68.4%), while multiparous respondents accounted for 12 people (31.6%). Based on the type of delivery, most respondents had a normal delivery, totaling 31 people (81.6%), while 7 people (18.4%) delivered by cesarean section. Regarding pregnancy status, most respondents reported that their pregnancies were planned, totaling 27 people (71.1%), while 11 people (28.9%) had unplanned pregnancies. As for the incidence of Baby Blues, 20 respondents (52.6%) were found to experience Baby Blues, while 18 respondents (47.4%) did not experience it.

Table 2. Factors related to the occurrence of baby blues in the Independent Practice of Christian Midwives in Napitupulu

Variabel	Tidak Baby Blues		Baby Blues		Tot al	%	P-Val ue	OR (95% CI)
	n	%	n	%				
Paritas	Multi para	10	83,3	2	16,7	12	31,6	0,03 (1,991 – 63,560)
	Primi para	8	30,8	18	69,2	26	68,4	
	Total	18	47,4	20	52,6	38	100	
Types of childbirth	Sectio	6	85,7	1	14,3	7	18,4	0,024 (1,014- 88,966)
	Normal	12	38,7	19	61,3	31	81,6	
	Total	18	47,4	20	52,6	38	100	
pregnancy status	Not Planned	2	18,2	9	81,8	11	28,9	0,021 (0,028 – 0,848)
	Planned	16	59,3	11	40,7	27	71,2	
	Total	18	47,4	20	52,6	38	100	

Table 2 above shows the results of the chi square statistical test for the parity variable with a p value of 0.003. For the type of delivery variable, the statistical test results obtained a p value of 0.024 (<0.05). For the pregnancy status variable, the chi square statistical test results obtained a p value of 0.021 (<0.05). This shows that parity, type of delivery, and pregnancy status are related to the occurrence of baby blues. independent variables with dependent variables

DISCUSSION

The results of this study indicate that more than half of postpartum mothers (52.6%) experienced baby blues, indicating that postpartum emotional distress is a significant issue and cannot be ignored in obstetric care. One of the most prominent factors is parity. Primiparous mothers tend to be at higher risk of experiencing baby blues than multiparous mothers. (Nadariah et al. 2019)

This can be explained by Rubin's psychosocial adaptation theory, which states that new mothers (especially primiparous) are in the taking-in and taking-hold phase, where they are still learning to understand their new role, caring for their baby, and recovering physically and mentally. Inability to adjust can lead to stress, anxiety, and feelings of failure as mothers. These findings are consistent with research by Saraswati (Permatasari and Madya 2024)

which states that primiparous mothers are at greater risk of experiencing emotional distress due to their lack of experience in coping with the changing role of motherhood.

This implies that health workers need to provide more intensive education and psychological support to primiparous mothers, especially during the antenatal and early postpartum periods. Furthermore, the type of delivery was also found to have a significant relationship with the incidence of baby blues. Mothers who gave birth by cesarean section experienced a higher rate of baby blues compared to those who delivered vaginally.



This could be attributed to postoperative pain, limited mobility, and the psychological burden of a less-than-expected birth. Research by Ali et al. (Age et al. 2023) supports this finding, stating that medical procedures during delivery are associated with an increased risk of postpartum mental health disorders. Consequently, post-section care should include emotional support, monitoring for baby blues symptoms, and education about mental, not just physical, recovery.

Furthermore, pregnancy status also plays a significant role. Unplanned pregnancies contribute to the increased incidence of baby blues. Mental unpreparedness, social burdens, and minimal family or partner support are triggers for emotional distress. Aerisca et al. (2023) stated that readiness to become a parent significantly influences emotional responses after childbirth. These findings emphasize the importance of preconception counseling and ongoing family planning (FP) promotion. Consequently, health workers need to provide education on the importance of pregnancy planning and strengthen social support throughout pregnancy and postpartum. (Penelitian 2025)

Overall, this study shows that the incidence of baby blues is not solely determined by biological factors, but is also significantly influenced by psychosocial factors and obstetric experiences. Therefore, obstetric services must integrate a holistic approach that includes psychological support, education on maternal role preparation, and routine screening for postpartum blues and emotional disturbances. Early intervention for babies has the potential to prevent long-term impacts such as impaired mother-child bonding and decreased breast milk production, and more severe postpartum depression. (Ramayana et al. 2024)

CONCLUSION AND SUGGESTION

This study shows that there is a significant relationship between the characteristics of postpartum mothers and the incidence of baby blues in the Independent

Practice of Napitupulu Christian Midwives, Tanjung Morawa District, Deli Serdang Regency in 2024. Factors that are significantly related include parity ($p = 0.003$), type of delivery ($p = 0.024$), and pregnancy status ($p = 0.021$). Mothers who are primiparous, give birth by cesarean section, and experience an unplanned pregnancy are at higher risk of experiencing baby blues syndrome. These findings support the importance of screening and special attention to the characteristics of postpartum mothers in preventing postpartum emotional disorders. Suggestion

1. Healthcare workers, particularly midwives, are expected to conduct routine psychological screenings for postpartum mothers, especially those at high risk, such as primiparas, post-cesarean sections, and unplanned pregnancies. Education on maternal adaptation and the signs of baby blues should be provided prenatally.
2. For health care institutions, it is necessary to develop emotional support and postpartum counseling programs that are integrated with routine postpartum services, as well as training for health workers on early detection and postpartum psychological management.
3. For couples and families, it is hoped that they will be more involved in supporting postpartum mothers emotionally and physically, including providing opportunities for rest, helping to care for the baby, and being empathetic listeners.
4. For future researchers, it is recommended to conduct research with a larger sample, adding other variables such as education level, occupation, social support, and using longitudinal methods to determine the development of baby blues until the late postpartum phase.

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