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ANALYSIS OF THE RELATIONSHIP BETWEEN THE CHARACTERISTICS OF POSTPARTUM WOMEN AND THE INCIDENCE OF BABY BLUES IN THE WORKING AREA OF THE SIGOMPUL HEALTH CENTER, HUMBANG HASUNDUTAN DISTRICT

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ABSTRACT

Background: Postpartum Distress Syndrome or also often referred to as Baby Blues Syndrome is a psychological reaction in the form of postpartum depression symptoms with mild levels. This syndrome appears after childbirth and often occurs on the third or fourth postpartum day and peaks on the fifth and fourteenth postpartum days (Medicastore, 2012).The population on the incidence of postpartum blues in Indonesia is ranked fourth, which is about 31 births per 1000 population (USAID, 2016). While the incidence of postpartum blues in Indonesia according to the Indonesian Ministry of Health (2018) from an average of 6.8%, where about 3% of the age of the mother at childbirth between 11-19 years. **Methods:** This study is a correlational analytic observational study that looks for the relationship between the independent variable and the dependent variable using a cross sectional approach. The independent variable in this study is the characteristics of postpartum mothers while the dependent variable is the incidence of baby blues syndrome. **Result:** The results of bivariate analysis between parity and the incidence of baby blues obtained a p value of 0.003 (<0.05), this indicates that parity is significantly associated with the incidence of baby blues. Experience during labor, extreme pain during the birth process can be a precipitating factor, for example in mothers who have to be induced several times, rupture of membranes before the opening process, episiotomy which causes pain and pain or also surgical delivery. Familiarity with childbirth plays an important role in the incidence of postpartum blues. Mothers who have just given birth for the first time tend to experience postpartum blues more than mothers who have experienced childbirth before. Mothers who have just given birth for the first time will adapt to changes in roles that have never been passed before so that they are more likely to experience postpartum blues.

Keywords: Charasteristics, Baby Blues, Post Partum

INTRODUCTION

The postpartum period is the period that begins after the placenta is born and ends when the bladder returns to its pre-pregnancy state, lasting 6 weeks or around 40 days. This period is also called the recovery period with the aim of allowing the condition of the reproductive organs to recover from the previous pregnancy (Sutanto, 2018).

During the postpartum period, a woman will begin to adapt to a new life and her new title, namely as a mother. In facing the postpartum period, everyone has different challenges. Not a few mothers experience complications during this time. According to data from Riskesdas (2018), the

postpartum period which is at risk of postpartum complications mainly occurs in the first three days after giving birth. One type of postpartum maternal health service provided by health workers is an examination of the mother's mental status (Ministry of Health of the Republic of Indonesia, 2022).

The experience of being a parent is not always pleasant, especially being a mother. The reality is that responsibility as a mother often creates conflict within a woman. A postpartum woman needs physical and psychological adaptation in the first weeks after giving birth. In the adaptation process, some women managed to adapt well, but others did not succeed in adapting and experienced psychological disorders with various symptoms or syndromes called post-partum blue (Rini and Kumala, 2017). Baby Blues Syndrome or Maternity Blues is a mild affective disorder syndrome that is usually found in the first week after delivery. The incidence of Baby Blues Syndrome peaks on the third to fifth day and persists for 14 days after delivery (Susanti, 2016).

Baby Blues Syndrome can occur in all postpartum mothers regardless of ethnicity and race, as well as primiparous and multiparous mothers. The process of psychological adaptation in a mother begins when she is pregnant. Pregnancy and childbirth are normal events in life, but many mothers experience significant stress. Much evidence shows that the pregnancy, childbirth and postnatal periods are times of severe stress, anxiety, emotional disturbances and adjustment (Marmi, 2014).

The incidence of postpartum blues in the world experienced by mothers after giving birth is around 70-80%, of which almost 13% of mothers who experience postpartum blues progress to postpartum depression. In developing countries the figure is higher at 19.8% of mothers experiencing depression, and in Indonesia, it reaches 22.4% of mothers experiencing depression (Pratiwi, 2019). The incidence of postpartum blues in Indonesia is ranked fourth, namely around 31 births per 1000 population (USAID, 2016). Meanwhile, the incidence of postpartum blues in Indonesia according to the Indonesian Ministry of Health (2018) is an average of 6.8%, where around 3% of mothers' age at birth is between 11-19 years. According to statistical data in 2018, the number of mothers giving birth in Banten Province reached 254,428, while the average number of mothers giving birth in Indonesia was 148,548. It can be estimated that in 2018 in the Banten Province area there may be 25,442 mothers experiencing postpartum blues, while in Indonesia there may be an average of 14,854 mothers experiencing postpartum blues.

Postpartum mothers who experience postpartum blues say they are worried about their condition, especially in caring for their baby. Mothers feel they have not been able to give their best, apart from that there are also mothers who have difficulty sleeping because they are burdened by the birth of their baby, experience anxiety

because they keep thinking about their baby's condition, and also experience confusion in taking care of their baby (Risnawati and Susilawati 2019).

The exact cause of postpartum blues is still unknown, but it is suspected that there are two factors, namely; (1) Internal factors, more towards psychological and personality factors, for example: feeling afraid, anxious, full of tension and worry, hormonal fluctuations, previous history of depression, history of pregnancy and childbirth with complications, difficulty breastfeeding, caesarean section delivery, and lack of maternal knowledge will care for the baby; (2) External factors, the occurrence of post partum blues is more towards social support, the condition and quality of the baby, the husband's mental status (Mansur & Budiarti, 2014), and coping with stress (Ningrum 2017).

Factors that influence baby blues are psychological factors which include family support, especially the husband, demographic factors which include age and parity, physical factors which are caused by physical fatigue due to baby-rearing activities, and social factors including socio-economics, education level, marital status. The factors that influence baby blues usually do not stand alone so that the symptoms and signs of baby blues are actually a multifactorial mechanism (Nirwana, 2011 in Irawati & Yuliani, 2013).

Being too young at the time of pregnancy or 35 years old can also trigger post partum blues because the physiological function decreases causing you to not be in good condition and ready to get pregnant and give birth, thus triggering fatigue and stress which are symptoms of postpartum blues (Masithoh, Asiyah, and Naimah 2019). According to research conducted by Sari, Densy and Keraman (2020), there is a significant relationship between age and the incidence of post partum blues with a p value of 0.038, this is because under 20 years of age are not ready to accept new roles in caring for babies and changes. the postpartum period experienced by the mother.

Parity is one of the factors that can cause postpartum blues. According to the results of research conducted in the Bandung area by Fitriana Nurbaeti (2016), the incidence of postpartum blues was based on maternal parity, the majority of mothers (62.5%), namely 25 multiparous mothers out of a total of 40 mothers experienced postpartum blues. This is caused by unpleasant experiences in previous pregnancies and childbirth, where mothers experience trauma in facing unpleasant pregnancies such as bleeding, fetal distress in the baby as well as the birth process which can be caused by pain during the birth process and also the attitude of health workers. not good at helping give birth. This type of delivery can cause postpartum blues. Childbirth by caesarean section has a significant relationship with the incidence of postpartum blues, from the results of the study of 21 mothers who gave birth by caesarean section, 61.9% of them experienced postpartum blues, 16 mothers experienced normal delivery, 56% of

mothers experienced postpartum blues (Hidayati and Sulistyoningtyas 2017).

Likewise, research conducted by Nila Marwiyah, et al (2022) states that factors related to postpartum blues are age, income, type of delivery, readiness for delivery, and social support. Age has the strongest and most significant relationship in contributing to the incidence of postpartum blues.

The impact of postpartum blues on babies can hinder the baby's growth and development, such as language delays and low IQ. Apart from that, the impact on mothers is a reduction in the amount of breast milk production which is useful for the baby's nutritional intake, and mothers who are depressed also face difficulties in understanding their baby's emotional expressions. The condition of a mother who is unable to respond to her baby's needs correctly can cause stress in the baby. As time goes on, the mother will judge herself as a failed mother or a woman who cannot be a complete mother, an assessment that makes her situation worse (Surjaningrum, 2018).

The aim of this research is to analyze the relationship between the characteristics of postpartum mothers and baby blues in the working area of the Sigompul health center in 2023

METHOD

This research is a correlational analytical observational research, namely looking for the relationship between the independent variable and the dependent variable using a cross sectional approach. The independent variable in this study is the characteristics of postpartum mothers, while the dependent variable is the incidence of baby blues syndrome.

This research was conducted in the working area of the Sigompul Community Health Center in 2023 in April-July 2023. The population in this study was all postpartum mothers in the Sigompul Community Health Center working area who gave birth in April-June 2023, totaling 38 people. Sampling in this research used Non Probability Sampling by Accidental Sampling.

The data analysis used is bivariate analysis using the Chi Square test with the basis for making a decision to accept the hypothesis, namely a confidence level of 95%.

RESULT AND DISCUSSION

Analisis univariat dalam penelitian ini adalah analisis yang dilakukan untuk memperoleh gambaran (deskripsi) pada masing-masing variabel, baik variabel bebas maupun variabel terikat.

Table 1. Frequency distribution of respondents based on age, parity, type delivery, pregnancy status

Variable		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 Labour	Sectio	7	18,4
	Normal	31	81,6
	Total	38	100,0
Pregnancy Status	Unplanned	11	28,9
	Planned	27	71,1
	Total	38	100,0
Incidence Baby Blues	Not Baby blues	18	47,4
	Baby blues	20	52,6
	Total	38	100,0

Table 1. above shows that the majority of respondents aged 26-30 years were 20 people (52.6%), based on parity the majority were primiparas as many as 26 people (68.4%), based on the type of delivery the majority had normal births as many as 31 people (81.6 %), based on pregnancy status, the majority of planned pregnancies were 27 people (71.1%), and based on the incidence of baby blues there were 20 people (52.6%).

Table 2. Factors associated with the incidence of baby blues in the Sigompul Community Health Center working area in 2023

Variable		Not Baby Blues		Baby Blues		Total	%	P-Value	OR (95% CI)
		n	%	n	%				
Parity	Multi para	10	83,3	2	16,7	12	31,6	0,003	11,250 (1,991 – 63,560)
	Primi para	8	30,8	18	69,2	26	68,4		
Total		18	47,4	20	52,6	38	100		
Type of Labour	Sectio	6	85,7	1	14,3	7	18,4	0,024	9,500 (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	Unplanned	2	18,2	9	81,8	11	28,9	0,021	0,153 (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 results of the statistical test obtained a p value of 0.024 (<0.05), for the pregnancy status variable the results of the chi square statistical test obtained a p value of 0.021 (< 0.05) this shows that parity, type of delivery, and pregnancy status are related to the incidence of baby blues.

The relationship between parity and the incidence of baby blues

The results of the bivariate analysis between parity and the incidence of baby blues obtained a p value of 0.003 (<0.05), this shows that parity is significantly related to the incidence of baby blues.

Experience during childbirth, excruciating pain during the birth process can be a triggering factor, for example in mothers who have to be induced several times, the membranes rupture before opening, an episiotomy which causes pain and tenderness or also a surgical delivery. The experience of giving birth plays an important role in the incidence of postpartum blues. Mothers who have given birth for the first time tend to experience postpartum blues more than mothers who have experienced childbirth before. Mothers who have given birth for the first time will adapt to changes in roles that they have never experienced before, so they are more likely to experience postpartum blues. Research conducted by Devi Endah Saraswati, (2013) regarding factors influencing the incidence of postpartum blues states that postpartum blues mostly occurs in primiparous obstetric status.

with p value = 0.011 (<0.05) which means there is a relationship between obstetric status and the incidence of postpartum blues.

Likewise, in research by Yulistianingsih, D. (2021) who examined the relationship between maternal parity and the incidence of postpartum blues, which stated that there was a relationship between maternal parity and the incidence of postpartum blues with a p-value of 0.032 (p>α) > 0.05

Based on the data in table 4.2, it was found that there were 26 primiparas and 18 of them experienced baby blues. Thus, the author assumes that primiparous parity can be a trigger factor for the occurrence of baby blues.

Relationship between type of delivery and the incidence of baby blues

The results of the bivariate analysis between the type of delivery and the incidence of baby blues showed a p value of 0.024 (<0.05), this shows that the type of delivery was significantly related to the incidence of baby blues.

The type of birth is related to the complications experienced by a mother during childbirth. Mothers who experience labor through surgery are more likely to experience complications compared to mothers who give birth normally.

This is in line with research (Devi Endah Saraswati, 2013) on factors influencing the incidence of postpartum blues, which states that postpartum blues mostly occurs in primiparous obstetric status with a p value = 0.011 (<0.05), which means there is a relationship between obstetric status and occurrence of postpartum blues.

Based on the data in table 2, it was found that 7 people had SC births and 6 of them experienced baby blues. Thus, the author assumes that the type of SC delivery can be a trigger factor for the occurrence of baby blues.

The relationship between pregnancy status and the incidence of abortion

The results of the bivariate analysis between pregnancy status and the incidence of baby blues obtained a p value of 0.021 (<0.05), this shows that pregnancy status is significantly related to the incidence of baby blues.

This is in line with research (Devi Endah Saraswati, 2013) on factors influencing the incidence of postpartum blues, which states

that out of 30 respondents planning a pregnancy and 21 people did not experience postpartum blues.

Planned pregnancy status will make the mother better prepared to face childbirth and carry out her role as a mother. With readiness, the mother will be more able to accept the baby and the changes in roles that occur to her, apart from that, a planned pregnancy will support support from the family also related to the presence of the baby in the midst of family life.

Based on the data in table 2, it was found that of the 11 people who did not plan a pregnancy, 9 of them experienced baby blues. Thus, the author assumes that a planned pregnancy will reduce the incidence of baby blues.

CONCLUSION

The results of the chi square statistical test for the parity variable were with a p value of 0.003. For the variable type of delivery, the statistical test results obtained a p value of 0.024 (<0.05), for the pregnancy status variable, the results of the chi square statistical test obtained a p value of 0.021 (<0.05). . From these data it can be concluded that H1, H2, H3 are accepted, meaning that parity, type of delivery, and pregnancy status are related to the incidence of baby blues. It is hoped that the results of this research will be used as motivation for health workers, especially at the Sigompul community health center, to be able to motivate postpartum and postpartum mothers to better plan their pregnancies to avoid incidents of baby blues, increase family planning education to regulate the spacing and number of births.

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