



The Familiarization of Post-Partum Blues Syndrome to Pregnant Women Through Health Promotion



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Abstract

The most difficult period for women is going through a transition period in the post partum phase, such as changes in physically, psychologically, emotionally and socially. The existence of anxiety, panic attacks, fatigue, feelings guilty, the inability to take care of the baby and the absence of support from partners and family are the main factors causing the post partum blues. The purpose of this community service was to increase the knowledge of pregnant women about the post partum blues syndrome, the impact of post partum blues, introduction, and prevention as early as possible post partum blues. The method was in the form of counseling and providing education to a class of pregnant women in Jatimom village, Kanigoro, Blitar district. The result showed knowledge of pregnant women in the introduction of post partum blues syndrome were 5 participants (25%) in the good category, 5 participants (25%) in the sufficient category, 10 participants (50%) in the poor category. After the counseling, there was an increase in knowledge of the introduction of the post partum blues syndrome by 15 participants (75%) in the good category, 5 participants (25%) in the sufficient category.

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INTRODUCTION

Post Partum Blues is feeling of deep sadness or mild depression that experienced by mothers during the days to the second week after giving birth. The phenomenon of the baby blues is a common sequel to the birth of a baby, usually occurring in 70% of women. There are several reasons for this to occur, including the unsupportive birth environment, rapid hormonal changes, and doubts about a new role. The causative factor is usually a combination of various factors, including sleep disturbances that cannot be avoided by the mother during the early days of becoming a mother (Sulistyawati, 2009). Post partum blues usually begins a few days after birth and end after 10-14 days. The characteristics of the post partum blues include crying, feeling tired from giving birth, restlessness, changes in mood, withdrawal, and negative reactions to the baby and family. Signs of Post Partum Blues are: emotionally sensitive, irritable, sensitive, sad/worried, anxious, feeling discouraged, irritable, sad for no reason, crying repeatedly.

WHO data (2018) noted that the prevalence of postpartum blues in the world's population in general is 3-8% with 50% of cases occurring in productive ages, namely 20-50 years. WHO also stated that this postpartum blues disorder affected about 20% of women and 12% of men (Hutagaol, 2019). Meanwhile, the data on the prevalence of postpartum blues of women after the delivery process in Asian countries is still quite high and varies between 26-85% (Munawaroh, 2018).

Postpartum blues mothers should be identified early on and handled effectively since they have a long-term impact on the role of mothers related to the emotional development, the role of mothers in the family, and on influencing the child's behavior. Delayed recognition and inappropriate handling of postpartum blues can develop into postpartum depression or even more severe symptoms, namely psychosis (Bobak, 2005). The success key to support a woman through this period is to give her good care and support, and convince them that they are magnificent person to their family and husband. Most importantly, providing opportunities for adequate rest is the best way to deal with it. In addition, positive support for his success in becoming a parent of a newborn can help restore confidence in his abilities (Sulistyawati, 2009).

Based on a survey conducted by researchers in October 2019 at BPM Sri Wahyuni Jatinom, it

was found that the number of pregnant women in Jatinom village was 30 people, with the details of 5 pregnant women in the first trimester, 10 pregnant women in the second trimester, and 15 pregnant women in the third trimester. In the period of 2018, there was a failure in exclusive breastfeeding (the mother was stressed so that the breastmilk did not come out) 50%, mothers experienced quarrels with their families (didn't get support and attention from their partners) 25%, while 25% of mothers felt tired, became forgetful and easy to panic.

METHOD

This community service program was carried out through counseling about the introduction of the post partum blues syndrome in pregnant women. The implementation process was carried out through counseling by providing education about the factors, signs and symptoms and management and prevention of the post partum blues. Before and after the implementation of the activities, an assessment was carried out using a questionnaire.

RESULT

Physical fatigue that cannot be overcome by new mothers resulting in the post partum blues syndrome, this is in line with the results of research conducted by Jayasima, 2014 which stated that physical fatigue could trigger mothers to experience post partum blues. The awareness of partners and families to be able to provide role assistance in alleviating additional tasks for postpartum mothers will be very helpful in preventing the occurrence of post partum blues. The existence of new roles and responsibilities for mothers in caring for the babies, painful labor, lack of rest and sleep can cause physical exhaustion for mothers. Factors for parenting, breastfeeding, bathing, changing diapers, and swaying the babies all day long and often at night and day, will increase the mother's fatigue, especially if there is no help and support from her husband or other family members. If the condition of the mother's physical and psychological fatigue occurs continuously, it can cause the mother to experience the post partum blues (Mansur, 2009).

There was research on the correlation between husband's support and the occurrence of postpartum blues syndrome with $p = \text{value } 0.002$, $OR = 1.143$ (Vida, 2016). This was also in line with research conducted by Kurniasari, 2015

which showed that there was an effect of family support on the occurrence postpartum blues. In accordance with the theory (Soetjningsih, 2015) in essence the family is very influential in realizing the process of reciprocal development of love and affection between family members, between relatives, and between generations which is the basis of a harmonious family. So it can be said that the role of the family greatly affects the management of early care in the prevention and care of postpartum mothers who experience the post partum blues syndrome.

Psychological factors predicted the effect of the occurrence of postpartum blues in postpartum mothers. The variables which provided the greatest predictions for the postpartum blues syndrome sequentially were self-adjustment, stress coping, and social support (Susanti, 2017). The lack of adequate education for mothers since they are still in the pregnancy phase can cause delays in handling the post partum blues. The incidence of postpartum blues in Indonesia is not known for certain, but the results of several studies show that the incidence of postpartum blues is in the range of 50-70%. The existence of culture and the nature of Indonesians who tend to be patient in accepting what they experience (surrender to fate), the strong tradition of helping relatives who have just given birth, further strengthens the belief that Indonesian women are "immune" to postpartum blues syndrome (Ratna, 2009).

Good preparation through an introduction to the prevention of post partum blues will make postpartum mothers able to face their postpartum period well, namely without postpartum syndrome disorders (Bobak, 2005). The provision of appropriate education and introduction of factors which influence the postpartum blues include: physical factors (physical fatigue due to activities of caring for babies, breastfeeding, bathing, changing diapers), psychological factors (family support, especially husbands), demographic factors (age and parity) social factors (socio-economic, educational level, marital status) should be given as early as possible, since pregnancy.

CONCLUSION

Based on the results of the structural evaluation, evaluation of the process and evaluation of the results of counseling for pregnant women, it could be concluded that the

counseling activities for pregnant women about the introduction of postpartum syndrome obtained good results.

SUGESTION

From the results obtained, the emergence of problems with stopping breast milk production was due to the maternal stress (symptoms of post partum blues). It is expected that health workers (especially regional midwives) will continue to provide information about early detection and early prevention of post partum blues by involving partners and families in during the class for pregnant women and during ANC.

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