EFFECTS OF PRENATAL YOGA ADHERENCE ON POSTPARTUM MATERNAL MENTAL HEALTH

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ABSTRAK : PENGARUH KEAKTIFAN MENGIKUTI PRENATAL YOGA TERHADAP TINGKAT KESEHATAN MENTAL BAGI IBU NIFAS

Latar Belakang: Ketidaknyamanan psikologis pada ibu postpartum atau disebut depresi postpartum jika tida ditangani dapat berdampak pada kondisi yang kronis. Ketidaknyamanan secara psikologis dapat dicegah atau ditangani dengan cara non-farmakologis salah satunya yoga terapi tubuh dan pikiran yang menggabungkan postur fisik (Asana), teknik pernapasan (Pranayama), dan meditasi atau relaksasi.

Tujuan: untuk menganalisis pengaruh keaktfian mengikuti prenatal yoga terhadap tingkat kesehatan mental bagi ibu nifas.

Metode: Jenis penelitian yang digunakan adalah penelitian deskriptrif kuantitatif untuk mengetahui gambaran kesehatan mental pada ibu post natal dengan kuisioner Edinburgh Postnatal Depression Scale (EPDS), serta dibandingkan dengan metode HADS (Hospital Anxiety and Depression Scale) and CES-D (Center for Epidemiologic Studies Depression Scale).

Hasil: skor rata-rata CES-D minggu ke-2, untuk kelompok kontrol (tanpa prenatal yoga) di semua tempat melahirkan adalah 21,00, yang menunjukkan bahwa pada periode awal postpartum, banyak ibu yang mengalami tingkat gejala depresi yang cukup tinggi. skor rata-rata CES-D minggu ke-2 adalah 13,83, menunjukkan bahwa pada awal postpartum, ibu yang mengikuti prenatal yoga memiliki gejala depresi ringan hingga sedang. Skor rata-rata CES-D minggu ke-6 adalah 8,83, yang menunjukkan adanya penurunan signifikan dalam gejala depresi seiring dengan waktu. Skor rata-rata EPDS minggu ke-6 adalah 4,00, jauh di bawah ambang batas 10 yang mengindikasikan risiko depresi postnatal. Ini menunjukkan bahwa sebagian besar ibu yang mengikuti prenatal yoga tidak mengalami risiko depresi signifikan. HADS-A (kecemasan) rata-rata adalah 4,17, yang menunjukkan tingkat kecemasan yang rendah pada ibu yang mengikuti prenatal yoga. HADS-D (depresi) rata-rata adalah 3,50, juga berada dalam rentang normal tanpa tanda-tanda depresi klinis yang signifikan.

Kesimpulan: Berdasarkan CES-D, EPDS, dan HADS, ibu yang tidak mengikuti prenatal yoga cenderung memiliki tingkat depresi dan kecemasan yang lebih tinggi selama periode postpartum. Ibu yang mengikuti prenatal yoga menunjukkan penurunan yang signifikan dalam skor depresi dari minggu ke-2 hingga minggu ke-6, terutama berdasarkan skor CES-D. Ini menunjukkan bahwa prenatal yoga dapat membantu menurunkan gejala depresi pada ibu postnatal. Namun, secara keseluruhan, prenatal yoga membantu menekan tingkat depresi dan kecemasan di semua tempat melahirkan.

Saran: Diperlukan penelitian kualitatif berdasarkan pengalaman ibu nifas yang telah mengikuti prenatal yoga.

Kata Kunci : Ibu Nifas, Prenatal Yoga, Tingkat Kesehatan Mental

ABSTRACT

Background: Psychological discomfort in postpartum mothers or called postpartum depression if not treated can have an impact on chronic conditions. Psychological discomfort can be prevented or treated in a non-pharmacological way, one of which is yoga body and mind therapy that combines physical postures (Asana), breathing techniques (Pranayama), and meditation or relaxation.

Purpose: To analyze the impact of prenatal yoga participation on postpartum maternal mental health.

Methods: A quantitative descriptive study was conducted to assess maternal mental health using the Edinburgh Postnatal Depression Scale (EPDS) and to compare the results with the Hospital Anxiety and Depression Scale (HADS) and the Center for Epidemiologic Studies Depression Scale (CES-D).

Results: "The mean CES-D score at week 2 for the control group (no prenatal yoga) across all birthing locations was 21.00, indicating a relatively high level of depressive symptoms in the early postpartum period.

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In contrast, the mean CES-D score at week 2 for the prenatal yoga group was 13.83, suggesting mild to moderate depressive symptoms in the early postpartum period. By week 6, the mean CES-D score for the prenatal yoga group decreased significantly to 8.83, indicating a substantial reduction in depressive symptoms over time. The mean EPDS score at week 6 was 4.00, well below the cut-off score of 10 for postpartum depression risk. This suggests that the majority of mothers who participated in prenatal yoga were not at significant risk for postpartum depression. The mean HADS-A (anxiety) score was 4.17, indicating low levels of anxiety in mothers who participated in prenatal yoga. Similarly, the mean HADS-D (depression) score was 3.50, which falls within the normal range and does not indicate significant clinical depression.

Conclusion: Based on CES-D, EPDS, and HADS scores, mothers who did not participate in prenatal yoga tended to have higher levels of depression and anxiety during the postpartum period. Mothers who participated in prenatal yoga demonstrated a significant decrease in depression scores from week 2 to week 6, particularly as measured by the CES-D. This suggests that prenatal yoga may be effective in reducing depressive symptoms in postpartum mothers. Overall, prenatal yoga was associated with lower levels of depression and anxiety across all birthing locations.

Suggestions; A qualitative study is needed to explore the experiences of postpartum women who have participated in prenatal yoga.

Keywords: Mental Health Level, Postpartum Mothers, Prenatal Yoga

INTRODUCTION

Pregnancy, childbirth and having a child are natural things that are felt by a woman almost all over the world. However, behind this natural cycle, many women experience discomfort during pregnancy, childbirth and during the postpartum period (Nabilla & Dwiyanti, 2022). The discomfort that women feel is mostly caused by changes in the woman's body, both physiologically and psychologically. One of the psychological discomforts felt by pregnant women is anxiety, sleep disorders, antenatal depression. Meanwhile, psychological discomfort during postpartum consists of postpartum depression, baby blues and so on. Anxiety is one of the discomforts experienced by almost all pregnant women. About 18.2% of pregnant women experience anxiety during pregnancy (Malinda, 2024).

Anxiety and stress have several effects on the body that can develop into chronic conditions if left untreated. Psychological stress has been linked to damaging effects on the immune system, while anxiety has been linked to coronary heart disease, decreased quality of life, and suicidal behavior (Ariyanti et al., 2023).

A psychological discomfort that often occurs in postpartum mothers is postpartum depression. Postpartum depression is a serious mental disorder and is one of the most important and frequently found. The prevalence of postpartum depression was previously reported to range from 10% to 15%. Symptoms of postpartum depression can be seen as a combination of sadness, anhedonia, irritability, and low self-esteem (Ariasih et al., 2023).

Complications of postpartum depression can involve both the mother and the newborn because the negative effects can affect the social relationship between the mother and the baby. Psychological discomfort can be prevented or treated in a non-pharmacological way. One of the non-pharmacological management can be done by physical activity or exercise. Exercise during pregnancy can improve stamina, make sleep better, improve mood and reduce anxiety (Winarni et al., 2020). Yoga is a type of physical exercise, including body and mind therapy that combines physical posture (Asana), breathing techniques (Pranayama), and meditation or relaxation over the past decade, yoga has quickly become the physical exercise of choice. and the main relaxation exercises for pregnant women. Physical activity can reduce stress and improve health. Yoga is commonly used as a stress management therapy involving the human limb (Aulya et al., 2023).

This can have an impact on babies, namely their cognitive abilities and ways of interacting are less than babies their age. Factors that affect mental health incidence include age, economic status, husband support, family support, education, employment, obstetric status, type of delivery and readiness to care for a baby (Cahyaningtyas & Julian, 2023).

Postpartum depression is a health issue that affects 13% of women within 1 year of giving birth. Some of the factors that cause postpartum depression include depression during pregnancy, stress in caring for children, life pressure, social support, anxiety during pregnancy, marital satisfaction, previous history of depression, baby temperament, baby blues, self-esteem levels, and unplanned pregnancies (Mulyani et al., 2022).

The purpose of the study was to analyze the effect of prenatal yoga activities on the level of mental health for postpartum mothers.

The urgency of this study is that postpartum mothers are very susceptible to psychological disorders due to changes in roles and responsibilities. Psychological disorders that are not managed will have a bad impact on postpartum mothers (Pratiwi & Rusinani, 2020). As for not all postpartum mothers can go through this well and can have an impact on mental health, one of which is depression. Therefore, this study is very necessary to explore and analyze the positive impact of prenatal yoga carried out during pregnancy until the mother is in the postpartum phase.

Based on the background, the formulation of the problem is whether there is an effect of the activity of participating in prenatal yoga on mental health for postpartum mothers?

RESEARCH METHODS

This research was conducted at the Independent Practice of Midwives in the East Banjarmasin District Area. The research method uses a quantitative approach. The design of this study uses a quasi-experimental design using a nonequivalent control group design model. Before being given treatment, both the intervention group and the control group were given a pretest, with the intention of knowing the state of the group before treatment. Then after being given treatment, the intervention group and the control group were given a posttest, to find out the state of the group after the treatment.

The population in this study is postpartum mothers with a history of normal childbirth in the TPMB work area of East Banjarmasin District. The research sample was postpartum mothers with a history of normal childbirth with 2 groups, namely the treatment group, namely 15 respondents who participated in prenatal yoga and 15 respondents who did not participate in prenatal yoga. The sampling technique uses simple random sampling. Data collection in this study used the Edinburgh Postnatal Depression Scale (EPDS) questionnaire, and as a comparison the HADS-A and CES-D methods were used. Data were collected by providing CES-D questionnaires (pretest) to respondents of mothers with the second week of postpartum period, and second (postest) EPDS, HADS-A and CES-D questionnaires to mothers with the sixth week of postpartum period (Heller et al., 2022).

The Edinburgh Postnatal Depression Scale (EPDS), is a questionnaire used to screen for possible depressive symptoms in postpartum women. EPDS is the most commonly used screening tool in perinatal care (Diliana Rospia et al., 2024). This scale was developed to detect depression in postpartum (postpartum) women. The EPDS consists of 10 items that measure depressive symptoms, such as anhedonia, anxiety, guilt, and self-harming thoughts. This method is used specifically for new mothers during the postpartum period, but it is sometimes also used in pregnant women. Each item is rated from 0 to 3, with a maximum score of 30. A score above 10 generally indicates postpartum depression. This method focuses more on postpartum-related depressive symptoms than generalized anxiety disorder or depression in the general population. This method is used on female subjects postpartum or during pregnancy (Monalisa et al., 2024).

The Hospital Anxiety and Depression Scale (HADS), or Hospital Anxiety and Depression Scale was originally developed by Zigmond and Snaith and is commonly used by doctors to find out the level of anxiety and depression a person is experiencing (Wu et al., 2021). This scale is designed to detect symptoms of anxiety and depression in patients in a medical setting. It consists of 14 items, 7 items to measure anxiety (HADS-A) and 7 items to depression (HADS-D). It is commonly used in medical settings to assess two conditions simultaneously: anxiety and depression. Each item is graded from 0 to 3, with a maximum score of 21 for each subscale. A score above 8 on a subscale indicates the presence of anxiety or depression. This method focuses on both anxiety and depression symptoms, with special sensitivity to the condition of medical patients who may be experiencing both disorders at the same time. This method can be used for patients in a medical setting, not just postpartum (Akgor et al., 2021).

CESD or Center for Epidemiologic Studies Depression Scale is a questionnaire used to measure the severity of depressive symptoms (Schroevers et al., 2000). The questionnaire consisted of 20 questions that asked about the symptoms of depression experienced over the past week. The purpose of this method is to measure depressive symptoms in the general population, including depressed mood, anhedonia, and sleep changes. The CES-D consists of 20 items that evaluate emotional, physical, and behavioral symptoms related to depression. This method is used in a variety of contexts, including epidemiological and clinical research to detect depression in the general population (Simanjuntak et al., 2023). Each question item is graded from 0 to 3,

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with a maximum score of 60. A score above 16 is often considered an indication of depression. The focus of this method is on depression as a general population phenomenon without specializing in anxiety or postpartum conditions.

RESEARCH RESULTS

Table 1
General Data of Respondents

Name	Age	Number of Children	Last Education	Occupation
Mrs. S	23	1	Junior High School	Employee
Mrs. K	30	4	Elementary School	
Mrs. T	32	3	High School	
Mrs. I	28	3	Junior High School	
Mrs. P	32	4	High School	Employee
Mrs. M	29	2	Bachelor	
Mrs. S	24	1	Elementary School	
Mrs. D	27	1	Junior High School	
Mrs. R	30	3	Elementary School	
Mrs. W	35	4	High School	
Mrs. Y	27	1	Bachelor	Employee
Mrs. P	24	1	High School	
Mrs. N	32	3	High School	Employee
Mrs. V	30	1	High School	Employee
Mrs. A	24	1	Elementary School	
Mrs. L	26	2	High School	
Mrs. W	30	3	High School	
Mrs. S	32	2	High School	
Mrs. I	35	4	High School	
Mrs. T	29	1	High School	
Mrs. B	25	1	Bachelor	
Mrs. H	23	1	Junior High School	
Mrs. N	28	3	High School	Employee
Mrs. E	30	4	High School	
Mrs. P	32	4	High School	Employee
Mrs. W	30	2	Elementary School	
Mrs. M	29	1	High School	Employee
Mrs. R	28	1	Elementary School	
Mrs. K	20	1	Elementary School	
Mrs. P	33	4	High School	

Table 2
Research Results

Respondent ID	Group	Place of Birth	CES-D Score Week 2	CES-D Score Week 6	EPDS Score Week 6	HADS-A Score Week 6	HADS-D Score Week 6
1	Treatment	Hospital	12	8	3	3	3
2	Treatment	Home	14	9	4	4	3
3	Treatment	Private Midwife	10	7	2	3	2
4	Treatment	Hospital	15	9	4	5	4
5	Treatment	Home	13	9	5	4	3
6	Treatment	Hospital	12	8	3	3	3
7	Treatment	Private Midwife	14	9	4	4	4
8	Treatment	Hospital	15	10	6	5	4
9	Treatment	Home	12	8	3	3	3

10	Treatment	Private Midwife	13	8	3	4	3
11	Treatment	Home	11	7	2	3	2
12	Treatment	Hospital	15	9	4	5	4
13	Treatment	Home	13	8	3	3	3
14	Treatment	Hospital	14	9	4	4	3
15	Treatment	Private Midwife	12	8	3	3	2
16	Control	Hospital	20	17	9	8	7
17	Control	Home	18	15	8	7	6
18	Control	Private Midwife	21	18	10	9	8
19	Control	Hospital	19	16	9	8	7
20	Control	Home	22	19	11	10	9
21	Control	Private Midwife	19	16	8	7	6
22	Control	Hospital	21	17	10	9	8
23	Control	Home	19	16	9	8	7
24	Control	Private Midwife	23	19	12	10	9
25	Control	Hospital	21	18	11	9	8
26	Control	Home	22	18	10	9	8
27	Control	Private Midwife	20	17	9	8	7
28	Control	Hospital	24	20	12	11	10
29	Control	Home	25	21	13	12	11
30	Control	Private Midwife	22	19	10	9	8

The data of the results of the study were grouped by control group, and the time of delivery, as shown in tables 3 and 4.

Table 3
Comparison of CES-D, EPDS, HADS-A, and HADS-D Scores by Place of Birth

Place of Birth	CES-D Score Week 2	CES-D Score Week 6	EPDS Score Week 6	HADS-A Score Week 6	HADS-D Score Week 6
Private Midwife	21	18	10		
Private Midwife	19	16	8		
Private Midwife	23	19	12		
Private Midwife	20	17	9		
Private Midwife	22	19	10		
Average	21.00	17.80	9.80		
Home	18	15	8		
Home	22	19	11		
Home	19	16	9		
Home	22	18	10		
Home	25	21	13		
Average	21.20	17.80	10.20		
Hospital	20	17	9	8	7
Hospital	19	16	9	8	7
Hospital	21	17	10	9	8
Hospital	21	18	11	9	8
Hospital	24	20	12	11	10
Average	21.00	17.60	10.20	9.00	8.00

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Table 4
Research Results Data for the Treatment Group (with Prenatal Yoga)

Place of Birth	CES-D Score Week 2	CES-D Score Week 6	EPDS Score Week 6	HADS-A Score Week 6	HADS-D Score Week 6
Private Midwife	10	7	2		
Private Midwife	14	9	4		
Private Midwife	13	8	3		
Private Midwife	12	8	3		
Private Midwife	12	8	3		
Average	12.25	8.00	3.00		
Home	14	9	4		
Home	13	9	5		
Home	12	8	3		
Home	11	7	2		
Home	13	8	3		
Average	12.60	8.20	3.40		
Hospital	12	8	3	3	3
Hospital	15	9	4	5	4
Hospital	12	8	3	3	3
Hospital	15	10	6	5	4
Hospital	15	9	4	5	4
Hospital	14	9	4	4	3
Average	13.83	8.83	4.00	4.17	3.50

Based on the data in Table 3, the mean CES-D score at two weeks postpartum was 21.00 across all birth settings, indicating a high prevalence of depressive symptoms in the early postpartum period. While the mean CES-D score decreased to 17.60 at six weeks postpartum, it remained above the clinical cutoff of 16, suggesting that some women continued to experience subclinical depressive symptoms. The mean EPDS score at six weeks was 10.20, exceeding the cutoff of 10 indicative of postnatal depression risk. Women who gave birth in hospitals had higher EPDS scores (11) compared to those who gave birth at home (10.5) or with a midwife (9.8), suggesting that birth setting may influence postpartum depression levels. The mean HADS-A (anxiety) score was 9.00, indicating elevated anxiety levels at six weeks postpartum among women who did not receive prenatal yoga. Similarly, the mean HADS-D (depression) score of 8.00 was above the normal range, suggesting potential clinical depression.

Table 4 reveals that the mean CES-D score at two weeks postpartum for women who participated in prenatal yoga was 13.83, indicating mild to moderate depressive symptoms. This score decreased significantly to 8.83 at six weeks, falling below the clinical cutoff for depression. This reduction in CES-D scores from 12.25 to 8.00 among women who gave birth with a midwife and from 12.60 to 8.20 among those who gave birth at home indicates improved depressive symptoms over time. The decrease from 13.83 to 8.83 among women who gave birth in hospitals also suggests improved mental health outcomes. The mean EPDS score at six weeks was 4.00, well below the cutoff for postnatal depression risk, indicating that most women who participated in prenatal yoga were not at significant risk of depression. The mean HADS-A (anxiety) score of 4.17 and HADS-D (depression) score of 3.50 were within normal ranges, suggesting low levels of anxiety and depression among women who participated in prenatal yoga.

DISCUSSION

Prenatal yoga has become increasingly popular as an option for pregnant women to maintain their physical and mental health during pregnancy. This exercise is not only beneficial during pregnancy, but also has a positive impact on the mental health of the mother after childbirth or known as postpartum mother (Ayuningtyas Ika Fitria, 2019). Several studies show that pregnant women who actively participate in prenatal yoga tend to have better levels of mental health after giving birth.

One of the main benefits of prenatal yoga is its ability to reduce stress and anxiety. Deep breathing exercises and meditation that are integral

to yoga help calm the mind and body, thereby reducing levels of the stress hormone cortisol (Lestari & Friscila, 2022). Gentle yoga movements and stretching can stimulate the production of endorphins, hormones that give you feelings of pleasure and happiness. This can help improve mood and reduce the risk of postpartum depression. Yoga can help improve sleep quality, both during pregnancy and after childbirth. Getting enough sleep is essential for maintaining mental and physical health (Pratama & Damayanti, 2022). By mastering various yoga poses, pregnant women can feel stronger and more confident in their bodies. This can increase self-esteem and reduce feelings of insecurity that are often experienced during postpartum periods. Prenatal yoga helps pregnant women prepare their bodies and minds for the labor process. With the relaxation and visualization techniques taught in yoga, mothers will be better prepared to face the challenges of childbirth and reduce fear. Prenatal yoga can help reduce stress associated with the birth of a baby, prepare the mother physically and mentally, help strengthen the pregnant woman's body and increase flexibility (Lestari & Friscila, 2022).

Prenatal yoga works through several mechanisms to improve the mental health of postpartum mothers:

1. Physiological: Yoga can affect the autonomic nervous system, which regulates the body's stress response. Yoga practice helps distract from negative thoughts and reduce muscle tension.
2. Psychological: Yoga provides an opportunity for pregnant women to focus on themselves and their bodies. This can increase self-awareness and help manage emotions better.
3. Social: Many prenatal yoga classes offer a supportive environment and allow expectant mothers to interact with other expectant mothers. This social support is essential for mental health during pregnancy and postpartum.

Most mothers in the postpartum period experience a decline in physical, psychological and social conditions during their new role as mothers. This will affect the quality of life and psychological condition. Yoga is one of the complementary therapy alternatives to help improve the quality of life and stabilize the mother's psychological condition (Winarni et al., 2020).

Postnatal anxiety and depression are conditions that are often experienced by mothers after childbirth. This condition is influenced by various factors, both biological, psychological, and social (Widyastuti & Hasriani, 2023). Biological factors include hormonal changes (drastic fluctuations in the hormones estrogen and progesterone after childbirth can trigger extreme mood swings, including anxiety and depression); physical fatigue (the process of childbirth and care of a newborn can cause the mother to feel very tired, so she is prone to mood disorders); sleep deprivation (Disturbed sleep patterns due to breastfeeding and the constant need for the baby can disrupt hormonal balance and increase the risk of depression). Psychological factors include a history of mental disorders (mothers who have a history of depression, bipolar disorder, or other anxiety disorders before pregnancy have a higher risk of experiencing postpartum depression); role change (becoming a mother is a major role change and can cause stress and uncertainty); unrealistic expectations (high expectations of yourself as a perfect mother can lead to anxiety and feelings of inadequacy); feeling unsupported (lack of support from a partner, family, or friends can worsen symptoms of depression).

Physical factors, psychological factors, childbirth factors and environmental factors are factors that can affect the quality of life after postpartum (Wahdakirana I, 2021). Results from other studies showed no association between depression rates and maternal age, ethnicity, marital status, highest level of education, employment, and income (Fazraningtyas, 2020).

Based on the data, it was found that based on CES-D, EPDS, and HADS, mothers who did not participate in prenatal yoga tended to have higher levels of depression and anxiety during the postpartum period. Mothers who gave birth in hospitals showed slightly higher scores of anxiety and depression than those who gave birth in private homes and midwifery self-practice, indicating that the birthing environment may play a role in postnatal mental health. Mothers who followed prenatal yoga showed a significant decrease in depression scores from week 2 to week 6, mainly based on CES-D scores. This suggests that prenatal yoga can help lower depressive symptoms in postnatal mothers. Based on the results of HADS, the anxiety level of mothers who participate in prenatal yoga is also low, both for mothers who give birth in hospitals, private homes, and independent midwife practice. Mothers who give birth in hospitals tend to have slightly higher HADS and EPDS scores than mothers who give birth in private homes or independent midwives practice. Overall, however, prenatal yoga helps suppress levels of depression and anxiety in all births.

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CONCLUSION

According to CES-D, EPDS, and HADS, mothers who do not follow prenatal yoga tend to have higher levels of depression and anxiety during the postpartum period. Mothers who followed prenatal yoga showed a significant decrease in depression scores from week 2 to week 6, mainly based on CES-D scores. This suggests that prenatal yoga can help lower depressive symptoms in postnatal mothers. Overall, however, prenatal yoga helps suppress levels of depression and anxiety in all births.

SUGGESTION

A qualitative study is needed to explore the experiences of postpartum women who have participated in prenatal yoga.

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