

## SURVEY OF PSYCHOLOGICAL DISORDERS DURING POSTPARTUM

Yopi Suryatim Pratiwi<sup>1\*</sup>, Yesvi Zulfiana<sup>2</sup>

<sup>1</sup>Prodi Kebidanan Program Sarjana STIKES Yarsi Mataram

<sup>2</sup>Prodi Kebidanan Pendidikan Profesi Bidan STIKES Yarsi Mataram

Correspondence email\*: yopisuryatimpratiwi@gmail.com

### ABSTRAK : SURVEY KEJADIAN GANGGUAN PSIKOLOGI MASA NIFAS

Latar belakang: Masa nifas merupakan masa yang sangat rentan terhadap berbagai masalah psikologi. Permasalahan psikologi pasca melahirkan diklasifikasikan sebagai postpartum blues, depresi postpartum, dan psikosis postpartum. Kejadian postpartum blues dapat berlanjut menjadi depresi postpartum, bahkan psikosis postpartum. Program Pemerintah yaitu melakukan kunjungan ulang pada masa nifas yang dilakukan minimal 4 kali meliputi deteksi dini, pencegahan dan menangani komplikasi. Skala depresi pascanatal *Edinburgh postnatal depression scale* (EPDS) adalah salah satu upaya untuk mendiagnosis masalah psikologi masa nifas.

Tujuan: Tujuan penelitian ini yaitu mengidentifikasi kejadian gangguan psikologi masa nifas pada ibu nifas

Metode: Penelitian ini menggunakan metode deskriptif kuantitatif. Pengambilan sampel dilakukan dengan quota sampling. Jumlah sampel yang penulis tentukan adalah 86 ibu nifas. Alat pengumpulan data yang digunakan dalam penelitian ini menggunakan kuesioner *The Edinburgh Postnatal Depression Scale* (EPDS).

Hasil: Hasil penelitian didapatkan usia 20-35 tahun sebanyak 52 orang (60,5%). Pendidikan sebagian besar SMA yaitu sebanyak 33 orang (38,4%). Pekerjaan sebagian besar ibu tidak bekerja yaitu sebanyak 51 orang (59,3%). Paritas sebagian responden Multipara yaitu sebanyak 52 orang (60,5%). Jenis persalinan sebagian besar responden persalinan spontan yaitu sebanyak 57 orang (66,3%). Dukungan keluarga sebagian besar responden mendapatkan dukungan yaitu sebanyak 77 orang (89,5%). Hasil survey terkait gangguan psikologi masa nifas didapatkan 77 responden memiliki kondisi normal, dan 9 responden mengalami postpartum blues.

Simpulan: Hasil penelitian ini didapatkan bahwa sebagian besar responden tidak mengalami gangguan psikologi masa nifas. Hal ini dapat dilihat dari hasil kuesioner EPDS sebagian besar dengan rentang nilai 5-9 pada nifas normal, dan rentang nilai 11-13 pada postpartum blues.

Saran: Peneliti selanjutnya disarankan dapat melakukan penelitian tentang faktor-faktor yang memengaruhi kejadian gangguan psikologi pada masa nifas

Kata Kunci: *Edinburgh Postnatal Depression Scale* (EPDS), Gangguan psikologi, Nifas

### ABSTRACT

Background: The postpartum period is a period that is very vulnerable to various psychological problems. Postpartum psychological problems are classified as postpartum blues, postpartum depression, and postpartum psychosis. The occurrence of postpartum blues can progress to postpartum depression, even postpartum psychosis. The Government program is to conduct repeat visits during the postpartum period which are carried out at least 4 times including early detection, prevention and handling of complications. The *Edinburgh postnatal depression scale* (EPDS) is one of the efforts to diagnose postpartum psychological problems.

Objective: The objective of this study was to identify the incidence of postpartum psychological disorders in postpartum mothers

Method: This study used a quantitative descriptive method. Sampling was carried out by quota sampling. The number of samples determined by the author was 86 postpartum mothers. The data collection tool used in this study used the *Edinburgh Postnatal Depression Scale* (EPDS) questionnaire.

Results: The results of the study obtained 52 people aged 20-35 years (60.5%). Most of the education was high school, namely 33 people (38.4%). Most of the mothers' occupations were unemployed, namely 51 people (59.3%). Parity of some respondents was Multipara, namely 52 people (60.5%). The type of delivery was mostly spontaneous delivery, namely 57 people (66.3%). Most respondents received family support, namely 77 people (89.5%). The results of the survey related to postpartum psychological disorders showed that 77 respondents had normal conditions, and 9 respondents experienced postpartum blues.

Conclusion: The results of this study showed that most respondents did not experience psychological disorders during the postpartum period. This can be seen from the results of the EPDS questionnaire, most of which had a value range of 5-9 in normal postpartum, and a value range of 11-13 in postpartum blues.

Suggestion : Further researchers are advised to conduct research on factors that influence the incidence of psychological disorders during the postpartum period

Keywords: *Edinburgh Postnatal Depression Scale (EPDS), Psychological disorders, Postpartum*

## **INTRODUCTION**

The postpartum period or postpartum is a transitional period that can cause a life crisis in some mothers, because mothers experience many physical and psychological changes (Tolongan C, Korompis GE., 2019). The postpartum period is a crisis situation for mothers, partners and families (Fatmawati, 2015). Many mothers experience various excessive emotions such as anticipation, joy, happiness, satisfaction, as well as anxiety, frustration, confusion, or sadness/guilt during pregnancy and the postpartum period. The postpartum period is a period that is very vulnerable to various psychological problems. Postpartum psychological problems are classified as postpartum blues, postpartum depression, and postpartum psychosis (Shashi Rai, Abhishek Pathak, 2015).

According to the World Health Organization (WHO), the prevalence of postpartum depression globally ranges from 0.5% to 60.8%. The incidence of postpartum depression in Asia is quite high and varies between 26-85% (WHO, 2022). In Indonesia, the incidence of postpartum blues is between 50%-70% and the incidence of postpartum depression is 11%-30% (Kusuma, 2017). (Sari, 2020).

Postpartum depression has a direct impact on the mother and has long-term risks to the mother's mental health. In addition, it also has a negative impact on the physical, social, and cognitive development of the child (Putriarsih, R., Budihastuti, U. R., & Murti, 2017). The Government program is to conduct repeat visits during the postpartum period which are carried out at least 4 times including early detection, prevention and handling of complications (Ministry of Health of the Republic of Indonesia, 2020; Murwati, M., & Suroso, 2017).

The Edinburgh postnatal depression scale (EPDS) was developed by Cox et al (1987) which is used in the postnatal period. EPDS is one of the efforts to quickly diagnose maternal problems and provide appropriate treatment for postpartum psychological disorders to improve the well-being of mothers and babies, and to ensure a healthy relationship between parents and children. EPDS is a questionnaire consisting of 10 simple self-administered questions that only takes a few minutes

to complete. The score for each item ranges from 0 to 3, according to the mother's mood and response (Kumalasari, I., & Hendawati, 2019). Therefore, researchers are interested in researching the "Survey of the incidence of psychological disorders during the postpartum period".

## **RESEARCH METHODS**

This study uses a quantitative descriptive method, which is a method that aims to provide an overview or description of the incidence of postpartum psychological disorders in postpartum mothers. This study uses a cross-sectional approach. Sampling in this study was carried out with a sampling quota. This study was conducted at the Health Center in the Mataram City and West Lombok Regency Working Areas on October 1 - November 5, 2024. The number of samples that the author missed was 86 postpartum mothers. Respondents in this study have inclusion and exclusion criteria. The inclusion criteria in this study were postpartum mothers  $\geq 7$  days- $\leq 42$  days, had a live baby with a birth weight of  $\geq 2,500$  grams and  $\leq 4,000$  grams, had a husband, were willing to be respondents, could read and write. The exclusion criteria in this study were mothers with a history of mental disorders, a history of prenatal psychological problems, a history of pregnancy and childbirth complications. The data collection tool used in this study used the Edinburgh Postnatal Depression Scale (EPDS) questionnaire which was used to identify changes in postpartum mothers' feelings for 7 days after delivery. EPDS is a questionnaire consisting of 10 questions about how the patient felt in the past week. The assessment of the EPDS questionnaire for each question has a different value for each explanation. Questions 1, 2, and 4 are given a value range of 0-3, while questions 3, 5, to 10 are given a value range of 3-0. The risk is categorized into three degrees, namely, a score of 1-9 indicates that there is no sign of risk of depression, 10-12 indicates that there is a moderate risk of depression and a score of 13-30 indicates that there is a severe risk of postpartum depression. The data obtained will be explained univariately using the SPSS program and presented in the form of frequency distribution and percentage.

## RESEARCH RESULTS

**Table 1**  
Distribution of characteristics of postpartum mothers respondents

| Characteristics    | Frequency (N=86) | Presentage (%) |
|--------------------|------------------|----------------|
| Age                |                  |                |
| <20 years          | 13               | 15,1           |
| 20-35 years        | 52               | 60,5           |
| >35 years          | 21               | 24,4           |
| Education          |                  |                |
| SD                 | 19               | 22,1           |
| SMP                | 23               | 26,7           |
| SMA                | 33               | 38,4           |
| Perguruan Tinggi   | 11               | 12,8           |
| Job                |                  |                |
| Working            | 35               | 40,7           |
| Not Working        | 51               | 59,3           |
| Paritas            |                  |                |
| Primipara          | 34               | 39,5           |
| Multipara          | 52               | 60,5           |
| Type of Childbirth |                  |                |
| Spontaneous        | 57               | 66,3           |
| Sectio Caesarea    | 29               | 33,7           |
| Family Support     |                  |                |
| Supportive         | 77               | 89,5           |
| Not supportive     | 9                | 10,5           |

Based on the results of the study in Table 1, it was found that most postpartum mothers had an age range of 20-35 years, as many as 52 people (60.5%). Most of the education was high school, as many as 33 people (38.4%). Most of the mothers' occupations were unemployed, as many as 51 people (59.3%). Parity of some respondents was Multipara, as many as 52 people (60.5%). Type of delivery, most respondents were spontaneous delivery, as many as 57 people (66.3%). Family support, most respondents received support, as many as 77 people (89.5%).

**Table 2**  
Incidence of psychological disorders during the postpartum period

| Criteria            | Frequency (N=86) | Presentage (%) |
|---------------------|------------------|----------------|
| Normal              | 77               | 89,5           |
| Postpartum Blues    | 9                | 10,5           |
| Depresi Postpartum  | 0                | 0,0            |
| Psikosis postpartum | 0                | 0,0            |

Based on the research results in Table 2, it was found that out of 86 respondents, 77

respondents had normal conditions, and 9 respondents experienced postpartum blues.

## DISCUSSION

## Age

Based on the research results obtained from 86 respondents, the majority of respondents' ages were 20-35 years old, as many as 52 people (60.5%). This can be seen that based on age in the healthy reproduction category. Increasing age of a person will experience changes in physical and psychological (mental) aspects. In the psychological or mental aspect, a person's level of thinking becomes more mature and adult. The age of the woman concerned during pregnancy and childbirth is often associated with the mental readiness of the woman to become a mother. The characteristics of the mother are associated with the occurrence of psychological disorders during the postpartum period. The mother's age that is too young is related to the readiness of the role of becoming a mother so that it is a risky age if the mother is <20 years old and if the mother's age is more than 35 years old, the risk is the fatigue factor and the anatomical condition of the body that is no longer good for pregnancy and childbirth (Rukiyah, 2016). Age 21-35 years is a healthy age to give birth, this age is interpreted as an age that is ready for various risks that can endanger the health and safety of a girl's life. If a woman marries at too young an age, she is not yet ready because she still wants to play with her peers. Based on the BKKBN, healthy reproduction is a safe age for women to give birth at the age of 20 years and end childbirth at the age of 35 years (Wijayanti, U. T., & Nurpratama, 2020).

## Education

The results of the study showed that out of 86 respondents, most of them had a high school education level, namely 33 people (38.4%). A person's education greatly influences a mother's knowledge and readiness to undergo pregnancy and childbirth. This is in line with Fitriana's research (2016) which states that a person's education will affect the way of thinking and perspective on themselves and their environment because of that the attitudes of respondents who have a high level of education will be different compared to those with low education in responding to the process during childbirth (Fitriana, L.A., & Nurbaeti, 2016). The lower the mother's education level, the less the mother's knowledge about health, this will affect the adaptation process when the mother has a baby (Wahyuni, S., Murwati & Supiati., 2019).

### **Working**

The results of the study showed that out of 86 respondents, most of the mothers were unemployed, namely 51 people (59.3%). The status of mothers who work and have a fixed income or do not work (only carry out routine tasks as housewives) tends not to affect the psychological condition of postpartum mothers, because the mother's employment status has more influence on increasing family income. The level of anxiety of unemployed mothers tends to be related to limited funds when mothers need health services, unlike working mothers who may have better funds to carry out health care, in addition, mothers who only work at home taking care of their children can experience a crisis situation and reach emotional disturbances due to the fatigue and tiredness they feel. In housewives who take care of all household affairs themselves, they may have pressure on their responsibilities both as a wife and as a mother (Ariyanti R, Nurdianti DS, 2016). Mothers who work or do activities outside the home will then also carry out their roles as housewives and parents of their children, this will become a social conflict and make mothers more at risk of experiencing psychological disorders (K. Pratiwi, IN Chasanah, 2017).

### **Paritas**

Based on the research results obtained from 86 respondents, some respondents were Multipara, namely 52 people (60.5%). Parity is an experience, based on the research results obtained, there is a theory that is in accordance. Notoatmodjo (2016) that experience is the best teacher, experience is a source of knowledge or experience is a way to obtain the truth of knowledge. Therefore, personal experience can be used as an effort to obtain knowledge. So the more often women give birth, the more their knowledge increases because it is related to increased experience (Notoatmodjo, 2016).

Experience in childbirth plays an important role in the occurrence of postpartum blues. Mothers who have just given birth for the first time tend to experience postpartum blues more than mothers who have given birth before. Mothers who have just given birth for the first time will adapt to changes in roles that have never been experienced before so they are more likely to experience postpartum blues. This is in line with previous research that most respondents who experience postpartum blues are primipara (Saraswati, 2018).

According to Fitriyani (2018), postpartum psychological disorders related to parity status are the patient's obstetric history which includes the history of pregnancy to childbirth and whether there

were complications from previous pregnancies and childbirth and occur more in primiparous women. Primiparous women are more likely to suffer from psychological disorders because after giving birth, primiparous women are in the process of adaptation (Fitriyani, 2018).

### **Type of Childbirth**

Based on the research results obtained from 86 respondents, the majority of respondents had spontaneous labor, namely 57 people (66.3%). The type of labor is related to the complications experienced by a mother during labor. Mothers who experience labor with surgery tend to experience complications compared to mothers who give birth normally. This is in line with Saraswati's research (2018) which shows that most psychological problems occur in pathological labor (cesarean) as many as 14 respondents (46.7%), while in physiological labor (normal) there was only 1 respondent (2.2%) (Saraswati, 2018). This is also in accordance with the opinion of other researchers, labor complications are related to the occurrence of postpartum blues (Dwi Natalia Setiawati, Dewi Purnamawati, Nunung Cipta Dainy & Effendi, 2020).

### **Family Support**

Based on the research results obtained from 86 respondents, most respondents received support from their families, namely 77 people (89.5%). A family is a group of people who have blood relations through marriage or adoption consisting of the head of the family and family members who are interdependent. Families in the Health function have responsibilities that must be understood and implemented in the Health Department, such as after knowing the health problems of each member, the smallest changes become the concern and responsibility of the family. Making the right decisions for the family and caring for sick, disabled and other family members (Aszhrul, 2021). Based on the results of Febriati's research (2023), it showed that mothers who received family support experienced positive postpartum psychological adaptation, namely 26 respondents (100%), while postpartum mothers who received less support from their families, namely 9 respondents, experienced negative psychological adaptation (Febriati, L. D., & Zakiyah, 2023).

### **Postpartum Psychological Disorders**

Based on the results of the study, out of 86 respondents, 77 respondents had normal conditions, and 9 respondents experienced postpartum blues.

This can be seen from the results of the Edinburgh postnatal depression scale (EPDS) questionnaire, most of which had a value range of 5-9 in normal postpartum, and a value range of 11-13 in postpartum blues.

Psychologically, a postpartum mother will go through a psychological adaptation process during postpartum. Psychological problems can occur at this stage, due to changes in the role of a woman to become a mother who is not ready to face birth (Risnawati, 2018). The demands of the mother's role in taking care of the family, especially children and household, make mothers have to adjust to new roles and activities as a mother, especially in the first week or month after giving birth. Some mothers can adjust to their new roles and activities, but others are less able to adjust well. Mothers who are less able to adjust to their new roles and activities are likely experiencing psychological disorders during the postpartum period.

According to research by Noviyana, Purwati (2020), postpartum psychological disorders are conditions in which mothers experience psychological changes after giving birth. Symptoms are not always caused by age or social inequality. Instead, psychological disorders can be overcome by involving partners, families, and the environment in providing support to new mothers. Medical personnel must provide a broader understanding of psychological changes, especially sadness after giving birth (Purwati & Noviyana, 2020). The results of this study showed that most respondents did not experience postpartum psychological disorders because they received social support from their families, especially from their husbands. The existence of social support allows respondents to overcome it and get through the postpartum blues in a short time. In addition, the importance of the role of health workers in providing information about the signs and symptoms of each postpartum psychological problem, as well as providing health education about postpartum maternal care and how to care for babies can reduce maternal anxiety which can cause psychological problems.

## CONCLUSION

The results of the study showed that most postpartum mothers had an age range of 20-35 years, as many as 52 people (60.5%). Most of the education was high school, as many as 33 people (38.4%). Most of the mothers were unemployed, as many as 51 people (59.3%). The parity of most respondents was multipara, as many as 52 people (60.5%). The type of delivery of most respondents was spontaneous delivery, as many as 57 people

(66.3%). Most respondents received family support, as many as 77 people (89.5%). The results showed that most postpartum mothers did not experience psychological disorders during the postpartum period.

## SUGGESTIONS

Further researchers are advised to conduct research on factors that influence the incidence of psychological disorders during the postpartum period.

## REFERENCES

- Ariyanti R, Nurdianti DS, A. DA. (2016). Pengaruh Jenis Persalinan Terhadap Risiko Depresi Postpartum. *Jurnal Kesehatan 'Samodra Ilmu,'* 7(2), 98–105.
- Aszhurul, & S. (2021). *Buku Ajar Keperawatan Keluarga*.  
<https://www.researchgate.net/publication/357339311>
- Dwi Natalia Setiawati, Dewi Purnamawati, Nunung Cipta Dainy, A., & Effendi, R. (2020). Faktor-Faktor Yang Mempengaruhi Kejadian Depresi Postpartum Di Kabupaten Bogor Tahun 2019. *Muhammadiyah Public Health Journal*, 1(1).
- Fatmawati, D. A. (2015). Faktor Resiko Yang Berpengaruh Terhadap Kejadian Postpartum Blues. *Jurnal Edu Health*, 5(2).
- Febriati, L. D., & Zakiyah, Z. R. E. (2023). Hubungan Dukungan Keluarga Dengan Adaptasi Perubahan Psikologi Pada Ibu Nifas. *Jurnal Kebidanan Indonesia*, 13(1).
- Fitriana, L.A., & Nurbaeti, S. (2016). Gambaran Kejadian Postpartum Blues Pada Ibu Nifas Berdasarkan Karakteristik Di Rumah Sakit Umum Tingkat IV Sariningsih Kota Bandung. *Jurnal Pendidikan Keperawatan Indonesia*, 2(1).
- Fitriyani. (2018). Hubungan Pengetahuan Ibu Post Partum Dengan Syndrome Baby Blues Pada Hari 1-7 Post Partum. *Jurnal Ilmiah PANNMED*, 11(3).
- K. Pratiwi, IN Chasanah, and S. M. (2017). Postpartum Blues Pada Persalinan Dibawah Usia Dua Puluh Tahun. *Jurnal Psikologi*, 15(2), 117–123.  
<https://doi.org/https://doi.org/10.14710/jpu.15.2.117-123>
- Kemendes RI. (2020). *Keputusan Menteri Kesehatan Republik Indonesia Nomor HK.01.07/Menkes/320/2020 Tentang Standar profesi bidan*.
- Kumalasari, I., & Hendawati, H. (2019). Faktor Risiko Kejadian Postpartum Blues Di Kota

- Palembang. *Jurnal Kesehatan Poltekkes Palembang*, 14(2), 91–95.
- Kusuma, P. D. (2017). Karakteristik penyebab terjadinya depresi postpartum pada primipara dan multipara. *Jurnal Keperawatan Notokusumo*, 1, 36–45.
- Murwati, M., & Suroso, S. (2017). Penerapan Cognition Behavior Therapy (CBT) Pada Ibu Nifas Sebagai Upaya Pencegahan Depresi Post Partum Di Kabupaten Klaten. *Jurnal Kebidanan Dan Kesehatan Tradisional*, 2(2), 91–96.
- Notoatmodjo, S. (2016). Metodologi Penelitian Kesehatan. In *Jakarta: Rineka Cipta*.
- Purwati, P., & Noviyana, A. (2020). Faktor-Faktor yang Menyebabkan Kejadian Postpartum Blues. *INFOKES*, 10(2).
- Putriarsih, R., Budihastuti, U. R., & Murti, B. (2017). Prevalence and Determinants of Postpartum Depression in Sukoharjo District, Central Java. *Journal of Maternal and Child Health*, 03(01), 395–408.
- Risnawati, D. S. (2018). Gambaran kejadian post partum blues pada ibu nifas di Kelurahan Nanggalo wilayah kerja Puskesmas Nanggalo Padang Tahun 2018. *Jurnal Kesehatan Panca Bhakti Lampung*, 6(2).
- Rukiyah. (2016). Post partum Blues Pada Persalinan Di Bawah Usia Dua Puluh Tahun. *Fakultas Kedokteran*.
- Saraswati, D. E. (2018). Faktor Yang Berpengaruh Terhadap Kejadian Postpartum Blues. *Journal of Health Sciences*, 11(2), 130–139.
- Sari, R. A. (2020). Literature Review: Depresi postpartum. *Jurnal Kesehatan*, 11(1), 167.
- Shashi Rai, Abhishek Pathak, I. S. (2015). *Gangguan kejiwaan pascapersalinan: Diagnosis dan penatalaksanaan dini*. S216–S221.
- Tolongan C, Korompis GE., H. M. (2019). Dukungan Suami Dengan Kejadian Depresi Pasca Melahirkan. *J Keperawatan*, 7(2).
- Wahyuni, S., Murwati, &, & Supiati. (2019). Faktor internal dan eksternal yang mempengaruhi depresi postpartum. *Jurnal Terpadu Ilmu Kesehatan*, 3(2), 106–214.
- WHO. (2022). *WHO recommendations on maternal and newborn care for a positive postnatal experience 2017*.
- Wijayanti, U. T., & Nurpratama, P. Y. A. (2020). Gambaran Kesehatan Reproduksi Remaja. *BKKBN Jawa Tengah*.