

## THE EFFECT OF BRIEF PSYCHOLOGICAL COUNSELING ON IMPROVING THE SELF-EFFICACY OF POSTPARTUM MOTHERS

Andi Mustika Fadillah Rizki<sup>1</sup>, Lina Fitriani<sup>2</sup>, Ummu Kalsum<sup>3</sup>, Syarifah Sahira<sup>4</sup>, Riska Reviana<sup>5</sup>

<sup>1,2,3,4</sup>Faculty of Health, Undergraduate Program in Midwifery, Mega Buana University, Palopo, South Sulawesi

<sup>5</sup>Faculty of Health and Sciences, Undergraduate Program in Midwifery, Bhakti Asih University, Tangerang City,  
Email Correspondence: mustikaandi570@gmail.com

### ABSTRAK : PENGARUH KONSELING PSIKOLOGIS SINGKAT TERHADAP PENINGKATAN SELF EFFICACY IBU NIFAS DALAM PERAWATAN BAYI BARU LAHIR

Latar Belakang: Masa nifas merupakan periode penting bagi ibu dalam menyesuaikan diri dengan peran barunya, termasuk merawat bayi baru lahir. Banyak ibu, terutama yang pertama kali melahirkan, mengalami kebingungan dan kurang percaya diri sehingga membutuhkan dukungan psikologis yang tepat.

Tujuan: mengetahui pengaruh konseling psikologis singkat terhadap peningkatan *self-efficacy* ibu nifas dalam merawat bayi baru lahir di Puskesmas Dolo.

Metode: Desain penelitian menggunakan pra-eksperimen dengan rancangan *one group pretest-posttest*, melibatkan 26 ibu nifas yang dipilih melalui *purposive sampling*. Tingkat *self-efficacy* diukur menggunakan *Maternal Self-Efficacy Scale* sebelum dan setelah dua sesi konseling psikologis singkat.

Hasil: Hasil penelitian menunjukkan adanya peningkatan yang jelas pada *self-efficacy*, di mana skor rata-rata meningkat dari 47,23 pada pretest menjadi 71,15 pada posttest. Uji *paired t-test* menunjukkan nilai  $p = 0,000$ , yang menandakan bahwa intervensi memiliki pengaruh signifikan. Konseling psikologis singkat terbukti mampu meningkatkan keyakinan diri ibu melalui dukungan emosional, reframing kognitif, dan penguatan positif yang diberikan selama sesi.

Kesimpulan: Penelitian ini menegaskan bahwa konseling singkat merupakan intervensi yang efektif, praktis, dan dapat diterapkan oleh bidan di layanan primer untuk membantu ibu nifas merawat bayinya dengan lebih percaya diri dan mandiri.

Saran : Pemberian konseling psikologis singkat diterapkan sebagai bagian dari pelayanan rutin pada ibu nifas untuk meningkatkan *self-efficacy* dalam perawatan bayi baru lahir.

Kata kunci: konseling psikologis singkat, *self-efficacy* ibu nifas, perawatan bayi baru lahir.

### ABSTRACT

Background: The postpartum period is a crucial period for mothers adjusting to their new roles, including caring for a newborn. Many mothers, especially first-time mothers, experience confusion and a lack of confidence, requiring appropriate psychological support.

Objective: To determine the effect of brief psychological counseling on improving postpartum mothers' *self-efficacy* in caring for newborns at the Dolo Community Health Center.

Methods: The study used a pre-experimental design with a one-group pretest-posttest, involving 26 postpartum mothers selected through purposive sampling. *Self-efficacy* levels were measured using the *Maternal Self-Efficacy Scale* before and after two brief psychological counseling sessions.

Results: The results showed a clear increase in *self-efficacy*, with the average score increasing from 47.23 in the pretest to 71.15 in the posttest. A paired t-test showed a p-value of 0.000, indicating a significant effect of the intervention. Brief psychological counseling has been shown to increase maternal *self-efficacy* through emotional support, cognitive reframing, and positive reinforcement provided during the session.

Conclusion: This study confirms that brief psychological counseling is an effective, practical, and applicable intervention for midwives in primary care to help postpartum mothers care for their babies with greater confidence and independence.

Recommendation: Brief psychological counseling should be implemented as part of routine postpartum care to improve *self-efficacy* in newborn care.

Keywords: brief psychological counseling, postpartum maternal *self-efficacy*, newborn care.

## INTRODUCTION

The postpartum period is a crucial phase that begins after labor ends six weeks after birth, during which the mother undergoes significant physiological recovery and psychological adaptation. During this phase, the mother is required to fulfill her new role as the primary caregiver for her baby, including understanding various aspects of newborn care, such as maintaining the baby's cleanliness and warmth, providing exclusive breastfeeding, monitoring neonatal elimination, caring for the umbilical cord, and recognizing danger signs (World Health Organization, 2020). The mother's ability to carry out this care is not only influenced by her level of knowledge but is also closely related to self-efficacy, which is the mother's belief in her ability to perform actions effectively (Ojomo et al., 2025).

Postpartum maternal self-efficacy is a crucial determinant of health behaviors and the quality of newborn care. Mothers with high self-efficacy tend to make informed decisions, overcome psychological barriers, and respond quickly to their infant's condition (Liu et al., 2025). Conversely, low self-efficacy can lead to an inability to provide optimal care, increased anxiety, dependence on others, and even potentially increased risk of neonatal morbidity and mortality (Rosnani & Mediarti, 2022). This condition is more common in primiparous mothers or mothers with limited social support.

Factors such as postpartum stress, anxiety, physical exhaustion, hormonal changes, limited experience caring for infants, and lack of support from healthcare professionals are also known to reduce postpartum mothers' self-efficacy (The Aga Khan University, 2023). Recent research shows that more than 50% of postpartum mothers experience confusion and lack of confidence in caring for their newborns, particularly regarding breastfeeding, bathing, and umbilical cord care (Hermina & Rahayu, 2025). This situation highlights the need for effective psychological interventions to strengthen maternal self-confidence.

One intervention that can be provided is brief psychological counseling. This counseling emphasizes a practical approach, focusing on core issues, increasing self-awareness, improving emotional regulation, and building self-confidence through therapeutic communication techniques and targeted education in a relatively short period of time (Barlow et al., 2014). This brief intervention model has been proven effective in improving coping skills, reducing anxiety, and improving

mothers' perspectives on parenting (Nurjanah Novia Andini, 2024).

In the context of obstetrics, brief psychological counseling has the potential to be an important part of postpartum care. (Mustikarani et al., n.d.), demonstrated a 35–40% increase in postpartum maternal self-efficacy after two brief counseling sessions. Another study by (Arifin et al., 2023) also found that a brief counseling approach can improve maternal preparedness in caring for newborns, particularly regarding basic care, a frequent source of concern for new mothers. This intervention is considered suitable for implementation in health facilities with limited service time due to its short duration yet effective.

In Indonesia, efforts to improve mothers' skills in newborn care often focus on providing information through counseling. However, traditional counseling models often fail to adequately improve self-efficacy because they fail to address the psychological, cognitive, and emotional aspects needed for mothers to build confidence. Psychological interventions, such as brief counseling, have been shown to be more effective in modifying behavior and improving maternal and infant health outcomes (Department of Midwifery Faculty Nursing & Midwifery Institut Ilmu Kesehatan Nahdlatul Ulama Tuban, n.d.). Furthermore, the challenge of improving postpartum mothers' self-efficacy remains significant in Indonesia. Data from several health facilities indicates that some mothers feel unprepared to care for their babies, are confused about their babies' crying, and lack confidence in breastfeeding or responding to worrying signs in their babies. At the Dolo Community Health Center, midwives frequently report that some postpartum mothers experience doubts about their ability to care for their babies, especially primiparous mothers. Factors such as education, lack of experience, minimal family support, and limited time for health workers to provide health education during the postpartum period contribute to this situation.

Given the complexity of the challenges faced by postpartum mothers, as well as the potential of brief psychological counseling in improving mothers' adaptability and self-confidence, in-depth research into the effectiveness of this intervention is necessary. Therefore, the study, "**The Effect of Brief Psychological Counseling on Improving Postpartum Mothers' Self-Efficacy in Newborn Care at Dolo Community Health Center,**" is crucial to provide scientific evidence and serve as a basis for more comprehensive, applicable, and

sustainable midwifery interventions in maternal and infant health services.

## RESEARCH METHODS

### Study Design and Setting

This study employed a pre-experimental one-group pretest–posttest design to evaluate changes in postpartum mothers' self-efficacy before and after a brief psychological counseling intervention, without a control group. This design is commonly used to assess preliminary intervention effects in clinical and community health settings (Polit, 2017) The study was conducted at the Dolo Community Health Center, Indonesia, in November 2025.

### Participants and Sampling

The population consisted of all postpartum mothers attending postpartum care visits during the study period. A total of 26 postpartum mothers were selected using purposive sampling based on predefined inclusion and exclusion criteria, a method appropriate for intervention studies with specific participant characteristics (Etikan et al., 2016)

### Inclusion and Exclusion Criteria

Inclusion criteria were postpartum mothers within 1–42 days after delivery, physically stable, able to communicate verbally, willing to participate, and who provided informed consent. Exclusion criteria included mothers with diagnosed severe mental disorders (e.g., postpartum psychosis), those receiving concurrent psychological or psychiatric treatment, mothers with serious postpartum complications requiring referral or hospitalization, and those unable to complete all counseling sessions or posttest assessments, consistent with postpartum mental health research standards (O'Hara et al., 2013).

### Intervention: Brief Psychological Counseling

Brief psychological counseling in this study refers to a structured, short-term counseling intervention aimed at enhancing maternal self-efficacy. The intervention was based on a Cognitive Behavioral Therapy (CBT)-informed supportive counseling framework integrated with Bandura's Self-Efficacy Theory (Neil C Campbell and colleagues, 2007) . Core components included emotional support, identification and restructuring of negative cognitions related to maternal roles, reinforcement of successful maternal experiences, goal setting, and problem-solving strategies. The intervention consisted of three individual counseling sessions delivered over a two-week period, with each session

lasting approximately 30–45 minutes. This format aligns with established models of brief counseling interventions in primary and maternal health care settings (Cape et al., 2010).

### Standardization of the Intervention

The intervention was standardized using a structured counseling module developed by the researchers, including session objectives, key discussion points, and counseling techniques to ensure intervention fidelity. Counseling was delivered by trained health personnel following the same protocol for all participants, as recommended in behavioral intervention research (Barlow et al., 2014).

The research instrument used was the Maternal Self-Efficacy Scale (MSES) with a Likert scale of 1–5, consisting of 15–20 items covering aspects of basic infant care, coping skills, and emotional regulation. The study procedure included an initial assessment (pretest), 2–3 sessions of brief, structured psychological counseling, and a reassessment (posttest) to assess changes in self-efficacy levels after the intervention.

Data analysis was conducted univariately to describe the distribution of respondent characteristics and self-efficacy scores, and bivariately using paired t-test or Wilcoxon test according to data distribution with a significance level of  $p < 0.05$ . This research was conducted by paying attention to the principles of research ethics, namely respect for persons through informed consent, beneficence by minimizing risks for respondents, and justice by treating all participants fairly.

## RESEARCH RESULT

### Univariate analysis

#### Respondent Characteristics

The study was conducted on 26 postpartum mothers who met the inclusion criteria. Respondent characteristics are shown in the following table:

**Table 1**  
**Respondent Characteristics (n = 26)**

Characteristics	n	%
Mother's Age		
< 20 years	3	11.5
20–35 years	19	73.1
> 35 years	4	15.4
Parity		
Primipara	15	57.7
Multipara	11	42.3

Education		
Junior High School	4	15.4
Senior High School	17	65.4
College	5	19.2
Work		
Housewife	20	76.9
Work	6	23.1

Based on the respondent characteristics table, the majority of respondents were aged 20–35 years (73.1%), primipara (57.7%), high school education (65.4%), and most were housewives (76.9%).

#### Postpartum Mothers' Self-Efficacy Before Counseling (Pretest)

Initial measurements were taken before providing brief psychological counseling.

**Table 2**  
**Distribution of Pretest Self-Efficacy Scores (n = 26)**

Variables	Mean ± SD	Min–Max
Self-Efficacy Pretest	47.23 ± 6.18	36–58

Based on table 2, the results of the measurements on 26 respondents, the average (mean) pretest self-efficacy score was 47.23 with a standard deviation of 6.18 . This average score indicates that postpartum mothers' level of confidence in caring for their newborns before being given counseling was still classified as low to moderate . Pretest self-efficacy scores ranged from 36 to 58 , indicating a variation in self-efficacy levels among respondents before the intervention was given. This range indicates that some mothers had quite low self-efficacy, while others were at a moderate level, but none achieved a high score. The large standard deviation (SD = 6.18) reflects that the distribution of scores between individuals was quite diverse.

#### Postpartum Mothers' Self-Efficacy After Counseling (Posttest)

After attending 2 short psychological counseling sessions, re-measurements were carried out.

**Table 3**  
**Distribution of Posttest Self-Efficacy Scores (n = 26)**

Variables	Mean ± SD	Min–Max
Self-Efficacy Posttest	71.15 ± 5.92	60–82

Based on table 3, the measurement results for 26 respondents show a mean posttest self-efficacy score of 71.15 with a standard deviation of 5.92 . This value indicates that in general, postpartum mothers' self-efficacy in caring for newborns is in the fairly high category after receiving counseling. The range of posttest self-efficacy scores is between 60 and 82 , indicating that no respondents had very low or very high scores. The relatively small variation in scores (SD = 5.92) indicates that the increase in self-efficacy among respondents was relatively homogeneous after the intervention was given.

#### Bivariate Analysis

Based on Table 4, the results of the analysis of differences in postpartum mothers' self-efficacy scores before and after being given an intervention in the form of brief psychological counseling. Based on the table, it is known that the average self-efficacy score at the time of the pretest was 47.23 ± 6.18 , while the average posttest score increased to 71.15 ± 5.92 . This increase indicates a significant change in the level of self-efficacy of postpartum mothers after participating in counseling. The average difference between the pretest and posttest scores was 23.92 points , which indicates a significant increase in maternal confidence in caring for newborns. In addition, the results of the statistical test showed a p-value = 0.000 , which means  $p < 0.05$  . Thus, it can be concluded that there is a statistically significant difference between self-efficacy scores before and after the intervention. These results indicate that brief psychological counseling is effective in increasing postpartum mothers' self-efficacy.

**Table 4**  
**Comparison of Pretest and Posttest Self-Efficacy**

Variables	Mean ± SD	Average Difference	p-value
Pretest	47.23 ± 6.18	23.92	0.000
Posttest	71.15 ± 5.92		

**DISCUSSION**

The results showed a significant increase in postpartum mothers' self-efficacy after receiving brief psychological counseling, with a mean difference of 23.92 points and a p-value of 0.000 ( $p < 0.05$ ). This finding confirms that brief psychological counseling is an effective intervention in increasing postpartum mothers' self-confidence in caring for newborns. The discussion of the results of this study can be analyzed based on theory, empirical findings, and the field context at the Dolo Community Health Center.

The mean pretest self-efficacy was in the low-moderate category ( $47.23 \pm 6.18$ ). This condition reflects that most postpartum mothers do not yet have strong confidence in carrying out their role as baby caregivers in the early weeks postpartum. Several possible contributing factors include: First, lack of experience, especially in primiparous mothers. Mothers who are having a child for the first time tend to experience uncertainty in understanding their baby's needs, handling crying, or performing basic care. This is supported by research by Leahy- (Leahy-Warren & McCarthy, 2011) ,which stated that primiparas have lower levels of self-efficacy than multiparas. Second, physiological and psychological changes postpartum. Hormonal imbalances often trigger mood swings, anxiety, and emotional sensitivity, which can reduce maternal confidence (Neumann et al., 2024). And third , lack of psychological support during postpartum services. In primary care facilities such as the Dolo Community Health Center, postpartum visit times are often limited, so mothers do not receive in-depth counseling on psychological aspects.

This finding is in line with research in developing countries which shows that postpartum mothers are prone to experiencing doubts in caring for their babies due to limited knowledge, experience, and support (Selvan & Surjaningrum, 2023)

After the intervention, the mean self-efficacy increased significantly to  $71.15 \pm 5.92$ . Brief psychological counseling contributed to this improvement through several mechanisms: first, verbal persuasion and positive reinforcement. Counseling allows midwives to reinforce the

mother's abilities, which can increase self-confidence. (Bandura, 1997) explains that verbal persuasion is one of the main sources of self-efficacy formation. Second, cognitive reframing. Counseling helps mothers change negative thought patterns such as "I can't take care of a baby" into realistic and positive thoughts. This is in line with the concept of solution-focused counseling which is effective for improving coping (Sh et al., n.d.). Third, improving coping skills in the form of brief counseling provides mothers with strategies for dealing with stress, including breathing techniques, thought management, and how to respond to a baby's crying. (Caro-Cañizares et al., 2024) found that postpartum psychological interventions can reduce anxiety and increase feelings of parenting ability. Validation of experiences and emotional support: Postpartum mothers often feel burdened by fear of making mistakes. Through counseling, their experiences and feelings are validated, helping to reduce anxiety. Emotional support is known to be a strong predictor of increased maternal self-efficacy (Ngai et al., 2019).

Brief psychological counseling has been proven effective in the context of primary care such as Dolo Health Center for several reasons such as: The short consultation time (15–20 minutes) allows midwives to do it in every postpartum visit without significantly increasing the workload, It does not require special experts , it is sufficient to be carried out by midwives who have communication competencies and a psychological basis, It focuses on solutions, rather than digging deep into problems, so it is more efficient and relevant for postpartum mothers.

The effectiveness of brief psychological interventions in supporting postpartum maternal mental health has been consistently demonstrated through various previous studies. Research by (Dennis & Chung-Lee, 2006) demonstrated that this intervention significantly reduced postpartum anxiety levels, enabling mothers to better adapt to the physical and emotional changes after childbirth. Findings by (Dennis & Chung-Lee, 2006) also revealed that brief psychological approaches can strengthen mother-infant bonding, which is a crucial aspect of infant emotional development and well-being. Furthermore, (Cooper et al., 2018) reported

that this intervention improved maternal coping skills, particularly in dealing with the demands and stress of the postpartum period. Consistent with this evidence, the results of this study confirm that brief psychological interventions are not only effective but also feasible and cost-effective, offering significant potential for implementation in maternal healthcare services to optimally enhance postpartum maternal self-efficacy.

The results of this study also demonstrate strong consistency with the findings of various previous studies, which collectively strengthen understanding of the effectiveness of psychological interventions in the postpartum period. (Shorey et al., 2018) reported that postpartum psychological interventions can increase self-efficacy and reduce maternal anxiety levels, while (Ngai et al., 2019) found that counseling and emotional support programs play a significant role in improving maternal role competence, namely the mother's ability to optimally carry out her new role. Furthermore, (Fang et al., 2021) revealed that mothers who received psychological interventions had higher self-efficacy scores at 6 weeks postpartum compared to the control group, indicating a positive short-term impact. Similar findings were also reported in an Indonesian study by (Nurjanah Novia Andini, 2024) which stated that brief counseling was effective in increasing postpartum mothers' self-efficacy in caring for their babies. The consistency of these results strengthens the validity of this study's findings, which state that brief psychological counseling is an effective intervention and can be implemented in various health care settings, both at the community level and in formal health facilities.

The findings of this study suggest that brief psychological counseling can be considered a valuable non-pharmacological intervention to enhance postpartum maternal adaptation and improve newborn care outcomes. By strengthening maternal self-efficacy, counseling supports mothers' ability to respond effectively to newborn needs, perform appropriate caregiving behaviors, and adapt emotionally to the maternal role. Previous studies have demonstrated that higher maternal self-efficacy is associated with improved breastfeeding practices, better mother-infant interaction, and reduced parenting stress, all of which contribute to optimal newborn health outcomes (Sanchez et al., 2025).

From a clinical perspective, brief psychological counseling is particularly suitable for primary healthcare settings, as it is time-efficient, low-cost, and feasible to be integrated into routine

postpartum services without the need for specialized mental health professionals. The use of a structured, solution-focused, and supportive counseling approach allows midwives to address emotional and cognitive challenges faced by postpartum mothers while maintaining continuity of care. This aligns with global recommendations emphasizing the integration of psychosocial support into postnatal care to promote maternal and newborn well-being (Neumann et al., 2024)

Despite the positive findings, this study has several limitations that warrant consideration. The absence of a control group limits causal inference, and the short follow-up period does not allow for assessment of the long-term sustainability of the observed improvements in self-efficacy. Therefore, future studies are recommended to examine the long-term effects of brief psychological counseling on maternal self-efficacy, maternal mental health, and newborn care practices. Additionally, further research should compare different counseling models—such as CBT-based counseling, solution-focused brief therapy, or mindfulness-based interventions—using randomized controlled trial (RCT) designs to establish stronger evidence of effectiveness and to identify the most efficient intervention model for postpartum care (Shorey et al., 2018)

Overall, the results of this study contribute to the growing body of evidence supporting the integration of brief psychological interventions into maternal health services. Implementing such interventions may play a critical role in improving postpartum maternal adaptation and strengthening the quality of newborn care, particularly in resource-limited healthcare settings.

## CONCLUSION

This study shows that brief psychological counseling has a significant effect on increasing postpartum mothers' self-efficacy in caring for newborns at the Dolo Community Health Center, with a  $p$  value  $<0.05$  and an increase in the average score of 23.92 points. By providing hands-on and experiential learning opportunities, demonstrations enhance both cognitive comprehension and practical skills, thereby supporting better preparation for breastfeeding. Integrating demonstration-based education into routine antenatal care programs may contribute to improved maternal readiness and breastfeeding outcomes.

## SUGGESTION

Based on the results of this study, it is recommended that brief psychological counseling can be integrated as part of routine postpartum maternal services at the Community Health Center to increase self-efficacy in caring for newborns, and it is hoped that further research will use a stronger design and a larger sample size so that the results obtained are more valid and can be generalized.

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