ANALYSIS OF THE NEED FOR PERINATAL HEALTH SERVICES

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ABSTRAK ANALISIS KEBUTUHAN PELAYANAN KESEHATAN JIWA PERINATAL

Latar belakang : kesehatan mental perinatal ibu belum diskrining secara rutin, banyak ibu yang memiliki faktor resiko namun belum teridentifikasi bahwa mereka memiliki kesejahteraan menengah hingga yang buruk dari determinan kesehatan mental. Kesempatan untuk mendeteksi kecemasan, rasa takut, khawatir, stress sering terlewatkan oleh tenaga kesehatan yang melakukan pemeriksaan

Tujuan : menganalisis kebutuhan pelayanan kesehatan mental perinatal di Kota Tangerang

Metode : Desain penelitian yang akan digunakan pada penelitian ini adalah observasional dengan pendekatan mixed method dengan jenis eksploratori sekuensial. Lokasi penelitian di lima Puskesmas di Kota Tangerang. Penelitian dilakukan antara Januari -September 2021. Melibatkan partisipan untuk wawancara mendalam sebanyak 8 orang dan responden untuk mengisi kuesioner sebanyak 102 ibu. Analisis data kualitatif menggunakan analisis tematik, sedangkan analisis univariat digunakan untuk data kuantitatif.

Hasil : ditemukan lima tema yang berkaitan dengan kebutuhan pelayanan kesehatan mental perinatal, yaitu (1) peningkatkan kesiapan sumber daya manusia, (2) tahapan pelayanan kesehatan mental perinatal, (3) dukungan sarana dan prasarana, (4) kebijakan dan peraturan kesehatan ibu, (5) kolaborasi interprofessional untuk pelayanan kesehatan mental. Dalam survei yang dilakukan 46,1% ibu membutuhkan pelayanan kesehatan mental perinatal; 77,5% ibu membutuhkan dukungan psikologis dari tenaga kesehatan; 32,4% ibu membutuhkan pelayanan konseling psikologis, dan 63,7% ibu memahami pentingnya Kesehatan psikologis selama hamil, bersalin dan nifas namun tidak mengetahui penangannya.

Kesimpulan : Pelayanan kesehatan mental untuk ibu perlu dipertimbangkan dan diupayakan menjadi salah satu program pelayanan kesehatan ibu pada masa kehamilan, persalinan, maupun masa nifas. Upaya tersebut dapat berupa upaya promotif, preventif, kuratif dan rehabilitatif.

Saran : Perlu integrasi pelayanan kesehatan mental dalam pelayanan kesehatan ibu saat ini. Dukungan dari pemangku kebijakan mengenai peraturan yang jelas, penyiapan sumber daya manusia, kelengkapan sarana dan prasarana serta alur rujukan yang tepat perlu dikembangkan untuk menangani ibu hamil, ibu bersalin maupun ibu nifas yang mengalami gangguan psikologis pada fase reproduksinya.

Kata kunci : Ibu hamil, Ibu nifas, Kesehatan mental, Kesehatan mental perinatal, Kondisi psikologis

ABSTRACT

Background : Maternal perinatal mental health has not been screened routinely, many mothers have risk factors but have not identified that they have moderate to poor well-being as a determinant of mental health. The opportunity to detect anxiety, fear, worry, stress is often missed by health workers who carry out examinations

Purpose : analyzing the need for perinatal mental health services in Tangerang

Methods : The research design that will be used in this study is observational with a mixed method approach with a sequential exploratory type. The research location is in five Puskesmas in Tangerang City. The study was conducted between January -September 2021. It involved 8 participants for in-depth interviews and 102 respondents to fill out a questionnaire. Qualitative data analysis used thematic analysis, while univariate analysis was used for quantitative data.

Result : found five themes related to the need for perinatal mental health services, namely (1) increasing the readiness of human resources, (2) stages of perinatal mental health services, (3) supporting facilities and infrastructure, (4) maternal health policies and regulations, (5) interprofessional collaboration for mental health services. In the survey, 46.1% of mothers needed perinatal mental health services; 77.5% of mothers need psychological support from health workers; 32.4% of mothers need psychological counseling services, and 63.7% of mothers understand the importance of psychological health during pregnancy, childbirth and postpartum but do not know how to handle it

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Conclusion : Mental health services for mothers need to be considered and strived to be one of the maternal health service programs during pregnancy, childbirth, and the postpartum period. These efforts can be in the form of promotive, preventive, curative and rehabilitative efforts

Suggestion : It is necessary to integrate mental health services into current maternal health services. Support from policy makers regarding clear regulations, preparation of human resources, completeness of facilities and infrastructure as well as appropriate referral lines need to be developed to deal with pregnant women, mothers in labor and postpartum women who experience psychological disorders in their reproductive phase

Keywords : Mental health, Perinatal mental health, Postpartum mothers, Pregnant mothers, Psychological health

INTRODUCTION

A woman during pregnancy, childbirth, and the puerperium will experience physiological and psychological adaptations that are changing, dynamic and unstable. It is known that women will experience an increased risk of mental health problems during the reproductive phase. An increase in anxiety, fear, stress and worry can be experienced by women around 20-50% in pregnancy (Rinata & Andayani, 2018; Sumedang, 2010), 50-80% in childbirth (Siallagan & Lestari, 2018; Utami & Lestari, 2011), and 15-20% during the puerperium (Nagle & Farrelly, 2018; Winarni, 2018; Winarni et al., 2020), the emergence of which can occur alone along with other health problems. The World Health Organization (WHO) said that in developing countries 15.6% of pregnant women and 19.8% of postpartum women experienced mental health problems during the perinatal period (pregnancy and postpartum). (Fisher et al., 2012; Report Of The Who- Unfpa Meeting Held In Geneva, 2008)

Field conditions before the Covid 19 pandemic, maternal perinatal mental health has not been screened routinely, many mothers have risk factors but have not identified that they have medium to poor welfare as a determinant of mental health. The opportunity to detect anxiety, fear, worry, stress is often missed by health workers who carry out the examination. For example, currently the standard of maternity services for mothers, which is often used in first-level health care institutions, is still carrying out 10 T (height, weight, upper arm circumference, blood pressure, uterine fundal height, heart rate, iron tablets, tetanus immunization). Toxoid, interview, laboratory tests, and management), while delivery still focuses on the 60 steps of normal delivery care (APN), and for postpartum services it still focuses on postpartum bleeding and infection. Especially during the Covid-19 pandemic where first-level health facilities (FKTP) have limited the number of services for pregnant and postpartum women.

This is evidence that perinatal mental health for mothers has not received great attention from health workers. Whereas poor perinatal mental health can cause other physical health, for example dizziness, nausea (Chou et al., 2008), decreased appetite, reduced breast milk production, and sleeplessness. A pregnant woman who has uncontrolled anxiety will increase the prevalence of hypertension in pregnancy and pre-eclampsia (Vianna et al., 2011; Yu et al., 2013), increase the incidence of low birth weight, stunted fetal growth, and premature births. Hidayat et al., 2019). While postpartum mothers who experience high anxiety or worry, especially leading to depression, it will result in cognitive and behavioral disorders of the mother (Abdollahi et al., 2018; Fisher et al., 2012), which can hinder the mother's daily activities, home activities. stairs and social interactions, loss of interest and happiness, reduced energy resulting in reduced maternal activity, which in the long term will affect exclusive breastfeeding (ASI) programs, infant immunization, bonding attachments, increased infectious diseases in infants, malnutrition and stunting and not optimal growth of the baby in the future. Therefore, the mother's perinatal mental health is as important as the mother's physical health which must be considered during pregnancy, childbirth, and the puerperium to improve the welfare of the mother and family. In 2019 there were 39,159 births in Tangerang City, if the World Health Organization (WHO) prediction figures are applied that in developing countries 15.6% of pregnant women are prone to mental health problems, meaning that there are 6,109 mothers who have not identified mental health problems in a year, and 19.8% postpartum mothers, there are 7,753 mothers whose mental health problems have not been identified.

However, it is not easy to include maternal mental health services in the essential package of maternal health services at FKTP. The biggest issues are the absence of standard operating procedures for FKTP serving maternal mental health, the policy system that does not support the implementation of maternal perinatal mental health, the readiness of human resources (midwives/psychiatrists/doctors/psychologists), the

allocation of funds for the social security administering agency (BPJS). , and there is no model for integrating maternal perinatal mental health services into maternal health services. Therefore, researchers want to develop a sustainable research plan to be able to advocate for maternal perinatal mental health services in FKTP.

Mental health is an important component of the definition of Healthy based on the World Health Organization (WHO). The WHO definition of health is a state of complete physical, mental and social well-being and is not merely the absence of disease or infirmity. Therefore, mental health is one component for someone to be declared healthy. WHO defines mental health as a state of well-being of a person who is aware of his own abilities, can cope with the normal stresses or problems of life, can work productively and is able to make a contribution to his community (World Health Organization, 2018). Mental health is a condition in which a person feels inner peace, serenity, and comfort so that person enjoys daily life, provides benefits and respects those around him. They can use their potential to the fullest in facing the challenges of life.

Mentally healthy people still experience feelings of anger, sadness, disappointment, and unhappiness, but all these feelings are passed as human nature. Mental health is not only conceptualized as feeling happy, positive thinking, and the ability to control the environment, but to positive emotions and positive functioning. Keyes explained that mental health includes three components, namely emotional well-being, psychological well-being and social well-being. Emotional well-being consists of happiness, interest in life, and satisfaction, while psychological well-being consists of having a personality that accepts oneself, can manage daily responsibilities, has good relationships with other people (family, friends, coworkers, etc.) , and have satisfaction with his own life. Social welfare refers to the positive functioning of individuals in their role in society, feeling part of society, and developing self-actualization (Galderisi et al., 2015)

Galderisi explained the definition of mental health as a dynamic state of internal balance that allows individuals to use their abilities in harmony with the universal values of society. Basic cognitive and social skills; the ability to recognize, express and modulate one's own emotions, as well as empathize with others; flexibility and ability to cope with adverse life events and function in social roles; and a harmonious relationship between body and mind is an important component of mental health that contributes, to varying degrees, to a state of internal balance (Galderisi et al., 2015).

Perinatal is the period that starts from pregnancy, childbirth, the postpartum period and the time from the time the baby is one year old. Pregnancy, childbirth, and the postpartum period are happy times for some couples, especially women, but this phase also requires new challenges and needs. The mother's physical and emotional changes during pregnancy, childbirth, and postpartum can trigger mental illness, even though the mother has never experienced a mental disorder before (The Royal Australian and New Zealand College of Obstetricians and Gynecologists, 2017). Perinatal mental health is an emotional, psychological, and well-being status that affects the mother's feelings and functions during pregnancy, and during the 1 year postpartum (Steen & Francisco, 2019). This perinatal mental health can escalate to perinatal mental illness. Perinatal mental illness is a significant complication of pregnancy and the postpartum period. These disorders include depression, anxiety disorders, and postpartum psychosis, which usually manifests as bipolar disorder. Perinatal depression and anxiety are common, with a prevalence rate of major and minor depression of nearly 20% during pregnancy and the first 3 months postpartum. Postpartum blues are a common but less common manifestation of postpartum affective disorder. Perinatal psychiatric disorders interfere with the functioning of women and are associated with less than optimal offspring development (O'Hara & Wisner, 2014)

Signs and symptoms of mental illness in the perinatal period range from mild anxiety to severe mood disorders and psychosis. This mental health problem often goes undiagnosed because the main characteristics are fatigue and lack of sleep, which are common experiences for new mothers. These conditions and symptoms cannot be underestimated, because pregnant women or postpartum mothers who have these symptoms can have poor health, risky behavior, increased complications in pregnancy, postpartum and child care for up to 1 year after giving birth (Department of Mental Health and Substance, World Health Organization, 2016). On average, mothers will experience cognitive and behavioral disorders, lose interest and happiness, decrease energy if they experience poor mental health, this will affect their daily activities as a housewife, and carry out their roles as new mothers, wives, and social functions. other. This will certainly affect the implementation of government programs that have been established, such as exclusive breastfeeding, immunization, or parenting processes

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such as bonding attachments and infant growth and development (Baron et al., 2016; Goebel et al., 2018; Stewart et al. , 2003).

Risk factors that predispose to perinatal mental illness include a past history of depression, anxiety, or bipolar disorder, as well as psychosocial factors, such as ongoing conflict with a partner, poor social support, and stressful life events. Early symptoms of depression, anxiety, and mania can be detected through screening in pregnancy and the puerperium (O'Hara & Wisner, 2014).

RESEARCH METHODOLOGY

This study used an observational mixed method approach with a sequential exploratory type, where the study was conducted by collecting qualitative data first to analyze the maternal perinatal mental health needs, which was then followed by quantitative data collection to determine the percentage and the urgency of the need for the implementation of perinatal mental health in Tangerang City. The time of the research starts from January to December 2021. The location is in Tangerang City by involving stakeholders, in this case the Tangerang City Health Office and Puskesmas. In research with a mixed method approach, there will be two stages of data collection that will affect the population, sample and number of respondents to be taken.

Qualitative approach

Participants needed to analyze the mental health needs of mothers in Tangerang City are as follows: Stakeholders: Tangerang City Health Office 1 person, Head of Puskesmas 2 people (Puskesmas Bugel, and Puskesmas Gembor) Those in charge of maternal and child health services, in this case are 5 midwives (Puskesmas Bugel, Puskesmas Cipondoh, Puskesmas Gembor, Puskesmas Sangiang Jaya, and Puskesmas Sukasari)

The total number is about 8 people

Quantitative approach

The population needed is all pregnant women and postpartum mothers who give birth in 2021. Based on data on the number of births in 2019, it is known that there were 39,159 births. So that the number of samples can be calculated using the Slovin formula with a significance level of 90%, the sample needed is 100 people, so the number of respondents who are pregnant women and postpartum women is 100 people, which is divided into two, namely 50 pregnant women and 50 postpartum women. However, in this study there were 102 mothers who filled out the questionnaire.

Data analysis is divided into two stages, namely qualitative and quantitative analysis, which are as follows:

Qualitative analysis

Data analysis was carried out using a qualitative matrix and thematic analysis. The data was transcribed and the reduction process was carried out. Thematic analysis was used to present the results. We carried out a six-step thematic analysis based on Braun and Clarke, as follows: (1) data introduction; (2) generate the initial code; (3) search for themes; (4) review the theme; (5) define the theme; and (6) naming the theme (Braun & Clarke, 2019). To ensure the validity and objectivity of the data, after completing each in-depth interview, members of the research team summarized the results of the interviews and confirmed the completeness of the information. In addition, members of the research team also determined participants' willingness to be interviewed again, if further information was needed (Afiyanti & Rachmawati, 2014).

Quantitative analysis

Analysis of quantitative data in the form of a description of the results of a questionnaire survey filled out by respondents of pregnant women and postpartum mothers. This research has obtained ethical clearance from the STIKes Yatsi ethics committee number 144/LPPM-STIKES YATSI/V/2021 on 27 May 2021. Research permits have been issued by the National and Political Unity Agency of Tangerang City, Tangerang City Health Office, and five health centers research place

RESEARCH RESULT

The results of the study are as follows :

Based on the results of in-depth interviews found five themes related to the need for perinatal mental health services, namely (1) increasing the readiness of human resources, (2) stages of perinatal mental health services, (3) supporting facilities and infrastructure, (4) health policies and regulations. mothers, (5) interprofessional collaboration for mental health services. Further explanation as follows:

Table 1.
Characteristics of participants In-depth interview

Participant	Age	Ocupation	Education
P1	38 years old	Public health office	Bachelor
P2	49 years old	Public health center	Doctor
P3	52 years old	Public health center	Nurse
P4	54 years old	Public health center	Midwife with D4 Degree
P5	37 years old	Public health center	Midwife with D4 Degree
P6	43 years old	Public health center	Midwife with D4 Degree
P7	49 years old	Public health center	Midwife with master degree
P8	48 years old	Public health center	Midwife with D4 Degree

Table 2.
Summary of Themes, Subthemes and Participant Statements

Theme	Subtheme	Participant Statement
Increased readiness of human resources	Midwife competence	"…In general, we are aware of the important psychological aspects for pregnant and postpartum women, but we don't understand how to take care of them other than providing therapeutic communication or counseling…" (P4)
	Training	"…in the past, midwife education could teach psychology lessons, but fish is a theory, we need to describe the stages of care for mothers who experience psychological disorders…" (P7)
Stages of mental health services	Standard operating procedures	"...Currently ANC (antenatal care) services are still focused on integrated 10 T antenatal care, we have not received those who handle the mental health of pregnant women..." (P2)
	Postpartum depression service	"… for psychological disorders of mothers during the puerperium such as postpartum depression, it has been included in the service manual, we (Health Department) have also carried out socialization, but if during pregnancy or childbirth there is no service guideline…" (P1)
Support facilities and infrastructure	Facilities and infrastructure	"… we really support the existence of services that pay attention to psychological aspects, right that is the case, but our problem is that there are no rules, SOPs, diagnostic aids, even for example the ANC room for counseling rooms also cannot…" (P2) "... in serving ANC we are also limited in time, the service is a maximum of 15 minutes, if over time the patient will wait a long time, so finally sometimes counseling here (antenatal room) is the same if there are mothers (pregnant) who experience anxiety" (P3)
Maternal health policies and regulations	Policy	"…the important thing is that there are rules, there are policies, if the originators are from above, surely those from the bottom will also work…" (P8)
	Antenatal care standards	…In the SOP there is also no early detection or screening for mental health, but if you ask about history, maybe you can, you have to add more times, the standard of ANC service…." (P2)
Interprofessional collaboration for mental health services	Inter-professional collaboration	"…in mild cases, it may be communicated, but in moderate to severe cases, we need the help of a psychologist or mental health professional…" (P5)
	Mental health services	"… in providing midwifery care to mothers with anxiety is not easy, we need guidance or guidelines so that optimally

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in providing mental health services to mothers during pregnancy, childbirth or postpartum…" (P6)

The results of the information obtained in the qualitative stage were developed into a questionnaire that measures the extent of the need for mental health services for pregnant women and postpartum mothers, the following are the results:

Table 3.
Characteristic Mothers (n=102)

Variable	Frequency	Percentage
Age		
< 20 years old	14	13,7
20-35 years old	66	64,7
> 35 years old	22	21,6
Education		
Primary School	2	1,9
Middle School	23	22,5
High School	60	58,9
College	17	16,7
Ocupation		
Housewife	76	74,5
Worker	26	25,5
Depression Sign and Symptom		
Have	38	37,2
Normal	64	62,8
Anxiety		
Have	69	67,6
Normal	33	32,4
Total	102	100

Table 4.
Distribution frequency of Maternal Needs for Perinatal Mental Health Services (n=102)

Mothers needs	Frequecy	Percentage
Mother needs mental health services		
Yes	47	46,1
No	55	53,9
Mothers need psychological support from health workers		
Yes	79	77,5
No	23	22,5
Mothers need motivation from health workers		
Yes	78	76,5
No	24	23,5
Mother agrees that psychological support and motivation is one of the mental health care services		
Yes	70	68,6
No	32	31,4
Mothers agree that psychological support and motivation can reduce anxiety, fear and worry during pregnancy, childbirth and the puerperium		
Yes	54	52,9
No	48	47,1
Mother's need for psychological counseling services		
Yes	33	32,4
No	69	67,6

Mother wants a lot of time to devote more time to problems regarding pregnancy, preparation for childbirth and postpartum to health workers		
Yes	38	37,3
No	64	62,7
Mothers know the importance of psychological health during pregnancy, childbirth and postpartum but do not know how to handle it		
Yes	65	63,7
No	37	36,3
Mothers need information about mental health during pregnancy, childbirth, and the puerperium		
Yes	56	54,9
No	46	45,1
Currently, the mother is dealing with her own psychological problems or disorders		
Yes	81	79,4
No	21	20,6

DISCUSSION

It is known that mental health services in the maternal perinatal period have not been optimally implemented. Basically mental health services consist of early detection, determination of diagnosis, problems or needs for mental health services as well as care and action to overcome mild to severe psychological disorders in mothers. (Shidhaye et al., 2020) WHO has a guide in the form of five modules to guide psychosocial services needed by pregnant women from the first trimester to the period of one year after giving birth. (World Health Organization, 2015) This module contains information on how to improve the welfare of mothers, improve the relationship between mother and baby, and how to build relationships between mothers and babies and the people around them.

It is very important to integrate perinatal mental health services into maternal health services because this can reduce the global health burden. (Rahman et al., 2013) Mothers who experience psychological disorders in their reproductive phase will have an unfavorable impact on themselves, their families and babies. in the future. (Zafar et al., 2014) This can be prevented by collaboration between health workers, policy makers, and the community who seek to minimize the impact. (Tachibana et al., 2019) Of course, to carry out health services in community settings and first-level health facilities, efforts need to be made to prepare human resources, especially health workers who directly serve maternal health, both doctors, midwives, and nurses. Human resources can also be supported from the community such as cadres, where the first early detection can be done from them. (Surjaningrum et al., 2018) Therefore, training and workshops can be carried out to refresh and deepen the knowledge, skills and attitudes of health workers and maternal perinatal mental health services.

Furthermore, clear rules are needed, as well as policy strengthening so that perinatal mental health services have a legal umbrella, service flow, standard operating procedures and standardized care in the implementation of the service stages in it. (Rait, 2003) These services need to pay attention to the latest evidence based on maternal perinatal mental health. Where currently perinatal mental health services are community-based, focusing on promotive and preventive efforts, medication is only given to mothers in need, care is sought in the form of psychoeducation, information related to improving maternal skills in independent living, empowering mother's family for assistance, and facilitating health services. community with mental health services for mothers, especially during the perinatal period. (Baron et al., 2016; Park et al., 2020; UNFPA, 2019) In the UK perinatal mental health services have been developed, where perinatal mental health services are concerned with the prevention, detection and management of mental/mental health problems that complicate pregnancy, the puerperium and the one year postpartum period. This includes mental health services for mothers who are at risk such as having a history of previous psychological disorders, or having a history of heredity. (Royal College of Psychiatrists, 2015) This service also includes the promotion of the relationship between mother and baby as an effort to develop the physical and psychological health of pregnant women as a whole. The perinatal mental health services framework developed in the UK includes identifying mothers at risk for mental/psychological health disorders, developing a nursing/midwifery plan that is tailored to the mother's needs, ensuring early intervention and treatment if needed. (Han et al., 2020; JCPMH, 2012) The implications of the results of this study are expected to provide input for policy makers, health workers and the community to be able to start the

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integration of mental health services for mothers in their perinatal period.

CONCLUSION

Mental health services for mothers need to be considered and strived to be one of the maternal health service programs during pregnancy, childbirth, and the postpartum period. These efforts can be in the form of promotive, preventive, curative and rehabilitative efforts

SUGGESTION

Perinatal mental health services needed by pregnant women, maternity mothers and postpartum mothers need to be integrated into maternal health services that are currently running. It needs support from policy makers regarding supporting regulations, preparation of human resources, completeness of facilities and infrastructure as well as clear referral lines for dealing with pregnant women, mothers in labor and postpartum women who experience psychological disorders in their reproductive phase. Further research on educational interventions and the development of maternal perinatal mental health service models needs to be developed.

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