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UTERUS INVOLUTION AND PSYCHOLOGICAL ADAPTATION IN POSTPARTUM MOTHERS

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ABSTRAK INVOLUSI UTERUS DAN ADAPTASI PSIKOLOGIS PADA IBU POSTPARTUM

Latar Belakang : Masa nifas merupakan masa setelah persalinan. Involusi uterus pada ibu postpartum merupakan proses yang sangat penting karena ibu memerlukan perawatan yang khusus, bantuan dan pengawasan demi pulihnya kesehatan seperti sebelum hamil. Sebagian besar kematian ibu (88%) terjadi dalam waktu 4 jam setelah persalinan. Penyebab kematian terbesar ibu di Indonesia yaitu perdarahan (30,3%). Jika involusi uterus berjalan dengan normal maka akan dapat mengurangi kejadian perdarahan terutama perdarahan postpartum yang merupakan salah satu penyebab langsung dari kematian ibu. Involusi uterus pada ibu postpartum merupakan proses yang sangat penting karena ibu memerlukan perawatan yang khusus, bantuan dan pengawasan demi pulihnya kesehatan seperti sebelum hamil. Salah satu indikator dalam proses involusi adalah tinggi fundus uteri. Penurunan tinggi fundus uteri ini bisa terjadi dengan baik bila kontraksi dalam uterus baik. Selain penurunan tinggi fundus uteri, kemampuan penyesuaian diri pada masa nifas juga sangat penting dijaga. Pelaksanaan yang kurang maksimal dapat menyebabkan ibu mengalami berbagai masalah, bahkan dapat berlanjut pada komplikasi masa nifas.

Tujuan penelitian untuk mengetahui perubahan involusi uterus dan untuk mengetahui gambaran adaptasi psikologis pada ibu postpartum di BPM Eka Santi dan Sulistiyo Rahayu, Lampung Tengah.

Metode penelitian deskriptif kuantitatif. Populasi seluruh ibu 8 jam postpartum memenuhi kriteria inklusi dan ekslusi di Praktik Mandiri Bidan (PMB) Eka Santi dan Sulistiyo Rahayu, Lampung Tengah. Sampelpenelitian 93 responden ibu postpartum dengan cara purposive sampling yang didasarkan pada suatu pertimbangan tertentu yang dibuat oleh peneliti sendiri. Variabel penelitian dalam penelitian yaitu perubahan involusi uterus dan adaptasi psikologi ibu nifas.

Hasil penelitian dengan karakteristik umur ibu 20-35 tahun sebanyak 77 (82,8%) dan tidak bekerja sebanyak 91 (97,8%) dengan hasil pada kunjungan pertama, tinggi fundus uteri yang sesuai 87 (93,6%), kontraksi baik 87 (93,5%), perdarahan normal 86 (92,4%) dan lochea normal 93 (100%). Pada kunjungan dua, tinggi fundus uteri yang sesuai 92 (98,9%), kontraksi baik 91 (97,8%), perdarahan normal 91 (97,8%) dan lochea normal 90 (96,8%). Pada kunjungan ketiga tinggi fundus uteri yang sesuai 90 (96,8%), kontraksi baik 91 (97,8%), perdarahan normal 92 (98,9%) dan lochea normal 92 (98,9%). Pada kunjungan keempat tinggi fundus uteri yang sesuai 91 (97,8%), kontraksi baik 90 (96,7%), perdarahan normal 91 (97,8%) dan lochea normal 90 (96,8%).

Kesimpulan involusi uteri ibu postpartum berjalan dengan baik. Begitu juga adaptasi psikologi ibu normal.

Saran dapat meningkatkan kinerja bidan dalam mengidentifikasi ketidaksesuaian perubahan fisiologis maupun psikologis pada ibu nifas, sesuai dengan tahapannya, dalam upaya peningkatan kesejahteraan ibu pada masa nifas, juga dapat mengaplikasikan keilmuan bersinergis dengan program yang dilaksanakan oleh pemerintah, dalam upaya memberikan asuhan kebidanan.

Kata kunci : Adaptasi Psikologi, Involusi Uterus, Masa Nifas

ABSTRACT

Background: The postpartum period is the period after childbirth. Meanwhile, uterine involution in postpartum mothers is crucial because the mother requires special care, assistance, and supervision to restore health as before pregnancy. In this case, most maternal deaths (88%) occurred within four hours of delivery. In Indonesia, the biggest cause of maternal death was bleeding (30.3%). If uterine involution proceeds normally, it will reduce the incidence of bleeding, especially postpartum bleeding, which is one of the direct causes of maternal death. One of the indicators in the process of involution is the height of the uterine fundus. The decrease in uterine fundal height

can occur properly if the contractions in the uterus are good. In addition to decreasing the height of the uterine fundus, it is also vital to maintain the ability to adjust during the puerperium. Improper implementation can cause the mother to experience various problems, and it can even lead to complications during the puerperium.

The purpose of the study was to determine changes in uterine involution and describe the psychological adaptation of postpartum mothers at BPM Eka Santi and Sulistiyo Rahayu, Central Lampung.

Method used in this research was descriptive quantitative. The population of this study was all mothers with eight hours postpartum who met the inclusion and exclusion criteria at the independent midwife practice (PMB) Eka Santi and Sulistiyo Rahayu, Central Lampung. The samples taken in this study were 93 postpartum mothers. The sample selection in this study was carried out by purposive sampling based on certain considerations made by the researchers themselves. The research variables in this study were changes in uterine involution and the psychological adaptation of postpartum mothers. The study results with the characteristics of mothers aged 20-35 years were 77 mothers (82.8%) and not working as many as 91 mothers (97.8%). The results at the first visit revealed that the appropriate uterine fundal height was 87 mothers (93.6%), good contractions were at 87 mothers (93.5%), the normal bleeding was at 86 mothers (92.4%), and normal lochia was at 93 mothers (100%). At the second visit, the appropriate uterine fundal height was 92 mothers (98.9%), the good contraction was 91 mothers (97.8%), normal bleeding was at 91 mothers (97.8%), and normal lochia was 90 mothers (96.8%). At the third visit, the appropriate uterine fundal height was at 90 mothers (96.8%), good contractions were at 91 mothers (97.8%), normal bleeding was at 92 mothers (98.9%), and normal lochia was at 92 mothers (98.9%). At the fourth visit, the appropriate uterine fundal height was at 91 mothers (97.8%), good contractions were at 90 mothers (96.7%), normal bleeding was at 91 mothers (97.8%), and normal lochia was at 90 mothers (96.8%).

Conclusion: Based on the data analysis results and discussion, it can be concluded that uterine involution for postpartum mothers was going well, as was the psychological adaptation of normal mothers.

Suggestions: The results of this study are expected to improve the performance of midwives in identifying discrepancies in physiological and psychological changes in postpartum mothers, according to the stages, to improve maternal welfare during the postpartum period, and to apply science in synergy with programs implemented by the government to provide midwifery care.

Keywords: psychological adaptation,puerperium,uterus involution

INTRODUCTION

The postpartum period is after childbirth, and mothers will go through the puerperium after giving birth. The postpartum period begins a few hours after the baby's placenta is born and ends six weeks after the mother gives birth. In this regard, reproductive organs, especially the uterus, will recover after going through labor and undergoing pregnancy. After giving birth, the uterus must undergo a recovery as before pregnancy, called uterine involution, a recovery process that will take three months after delivery (Sitti Saleha, 2009).

Involution is when the uterus returns to its pre-pregnancy state with a weight of about 60 grams. This process begins immediately after delivery of the placenta due to the contraction of the smooth muscles of the uterus. Involution is caused by continuous contraction and retraction of uterine muscle fibers. If uterine involution fails to return to a nonpregnant state, it will cause sub-involution. Symptoms of sub-involution include persistent/fresh red lochia, slow uterine fundus decline, flaccid uterine tone, and no feeling of nausea in postpartum mothers, resulting in bleeding (Anggraini, 2010).

Slow uterine involution indicates retention of products of conception or secondary infection, which is usually characterized by persistent lochia rubra accompanied by a pungent odor. Here, uterine involution in postpartum mothers is an essential process because the mother requires special care, assistance, and supervision to restore health as before pregnancy. One of the indicators in the process of involution is the height of the uterine fundus. Factors influencing involution are mobilization (Partum exercise), parity, age, nutritional status, and breastfeeding. Related to that, a mobilization is a form of early ambulation in postpartum mothers, one of which is to facilitate the involution process (Setianingsi, 2014). This decrease in uterine fundal height can occur properly if the contractions in the uterus are good and continuous. Uterine contractions can increase with postpartum exercises (Yeni Widayanti, 2015).

According to WHO, maternal mortality is one indicator of the success of a health service. The Household Health Survey estimated that 60% of maternal deaths due to pregnancy occurred after delivery, and 50% of deaths due to the postpartum period occurred within the first 24 hours. To minimize postpartum problems or complications, such as the risk of postpartum hemorrhage, one of the recommended activities is postpartum exercise

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(Sulistyowati 2011). In addition, most maternal deaths (88%) occurred within four hours of delivery. The biggest cause of maternal death in Indonesia was bleeding (30.3%). In this case, if uterine involution proceeds normally, it will reduce the incidence of bleeding, especially postpartum hemorrhage, which is one of the direct causes of maternal death (Prawirohardjo, 2010b)

In 2020, the national maternal mortality rate was 227.22 per 100,000 live births. Specifically, in Lampung Province, it was still quite high. Based on the health profile of Lampung Province in 2020, there was an increase in maternal mortality cases from 110 in 2019 to 115 in 2020. The causes of maternal deaths in Lampung Province in 2020 were 44 cases of bleeding, 24 cases of eclampsia, two cases of infection, nine cases of blood circulation, one case of metabolic disorders, and 35 other cases (Profile of the Lampung Health Service, 2020).

The number of postpartum mothers was 160,460 spread over 15 cities or regencies in Lampung Province, of which the highest number of postpartum women were in Central Lampung Regency, as many as 23,529 and the lowest in Metro City, as many as 2,757, while in North Lampung Regency, it was 12,563 (Lampung Profile, 2016). In 2015, in North Lampung Regency, 21 maternal deaths spread across the North Lampung Health Center area. In detail, the highest number of deaths in North Lampung Regency was 21 mothers, where five people died during pregnancy, four people died during childbirth, and 12 people died during the puerperium. Of the 12 mothers who died during the puerperium, three came from Puskesmas Tanjung Raja, two from Puskesmas Subik, one each from Puskesmas Madukuro, Kalibalangan, Kotabumi II, Negara Ratu, Bukit Kemuning, Kotabumi Udik, and Blambangan. Furthermore, the cause of maternal death during the puerperium was six (50%) due to bleeding (North Lampung District Health Office, 2016), which is one of the signs of sub-involution or a failed involution. Related to this, several factors influence uterine involution, such as early mobilization, breastfeeding, age, parity, and nutritional status (Rukiyah, 2015). Good nutritional status can accelerate uterine involution so that in postpartum care, the diet given must be of high quality with sufficient calories, protein, fluids, and fruits because the mother experiences hemoconcentration (Winkjosastro, 2007).

In addition, psychological adaptation is also an important stage that postpartum mothers will pass. Postpartum mothers will be more sensitive to everything, especially those related to themselves and their babies. At that time, mothers tend to be passive and dependent. It also aligns with the government's technical programs and policies regarding postpartum visits by midwives/health workers to check the health of postpartum mothers, namely first visit at 6-8 hours postpartum; second visit in the first week; third visits in the second week; fourth visit at sixth week. The expected result of this process is that the quality of postpartum mothers' health can be monitored properly.

Based on this phenomenon, the researchers are interested in researching “Overview of Uterus Involution and Psychological Adaptation in Postpartum Mothers at PMB Eka Santi and Sulistiyo Rahayu.”

RESEARCH METHODOLOGY

This study used a quantitative descriptive design. The design of this study described changes in uterine involution and psychological adaptation in postpartum mothers at PMB Eka Santi and Sulistiyorahayu, Central Lampung.

The population in this study was all postpartum mothers at PMB Eka Santi Prabekti AMd.Keb and PMB Sulistyorahayu AMd.Keb, Central Lampung, totaling 120 postpartum mothers. The samples taken in this study were 93 postpartum mothers. The sample selection in this study was carried out by purposive sampling on a certain consideration made by the researchers themselves based on the previously known population characteristics. The considerations made by the researchers in the selection of samples were to determine the criteria. The selection criteria consisted of inclusion criteria: normal postpartum women and willing to follow the research procedure, while exclusion criteria: postpartum women with complications and not willing to follow the research procedure. The steps in this research comprised research preparation steps, consisting of the preparation of proposals, research permits, and making checklists; carrying out the research, covering determining respondents, explaining the aims and objectives of the study, distributing research approval sheets to respondents, observing the condition of the respondent following the set time; processing the data that had been obtained. Then, data analysis used descriptive analysis, a data processing procedure by describing and summarizing the data scientifically in tables and graphs.

This research was conducted from April to November 2021. The research instrument used was a checklist. The checklist in this study included the respondents' names, and a description of the gradual occurrence of uterine involution at eight hours after delivery, first week, second weeks, and sixth weeks after delivery.

RESEARCH RESULTS

Table 1
Uterine Contraction Frequency Distribution in Postpartum Mothers at 6-8 Hours at PMB Sulistiyo Rahayu and PMB Eka Santi First Visit (6-8 Hours Postpartum)

First Visit	Total	
	n	%
Uterine Fundal Height		
Uterine fundal height is appropriate.	87	93.6
Uterine fundal height is not appropriate.	6	6.4
Uterine Contraction		
There are contractions (appropriate).	87	93.6
No contractions	6	6.4
Bleeding Amount		
Appropriate	86	92.4
Not appropriate	7	7.6
Lochea		
Rubra (appropriate)	93	100
Not appropriate	0	0

Table 2
Uterine Fundus Height Frequency Distribution In Postpartum Mothers on First Week at PMB Sulistiyo Rahayu and PMB Eka Santi Second Visit (First Week Postpartum)

Second Visit	Total	
	n	%
Uterine Fundal Height		
Uterine fundal height is appropriate.	92	98.9
Uterine fundal height is not appropriate.	1	1.07
Uterine Contraction		
There are contractions (appropriate).	91	97.8
No contractions	2	2.2
Bleeding Amount		
Appropriate	91	97.8
Not appropriate	2	2.2
Lochea		
Rubra (appropriate)	90	96.8
Not appropriate	3	3.2

Table 3
Uterine Fundus Height Frequency Distribution In Postpartum Mothers on Second Week at PMB Sulistiyo Rahayu and PMB Eka Santi Third Visit (Second Week Postpartum)

Third Visit	Total	
	n	%
Uterine Fundal Height		
Uterine fundal height is appropriate.	90	96.8
Uterine fundal height is not appropriate.	3	3.2
Uterine Contraction		
There are contractions (appropriate).	91	97.8
No contractions	2	2.2

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Bleeding Amount		
Appropriate	92	98.9
Not appropriate	1	1.1
Lochea		
Rubra (appropriate)	92	98.9
Not appropriate	1	1.1

Table 4
Uterine Fundus Height Frequency Distribution In Postpartum Mothers on Sixth Week at PMB Sulistiyo Rahayu and PMB Eka Santi Fourth Visit (Sixth Week Postpartum)

Kunjungan IV	Jumlah	
	n	%
Uterine Fundal Height		
Uterine fundal height is appropriate.	91	97.8
Uterine fundal height is not appropriate.	2	2.2
Uterine Contraction		
There are contractions (appropriate).	93	100
No contractions	0	0
Bleeding Amount		
Appropriate	91	97.8
Not appropriate	2	2.2
Lochea		
Rubra (appropriate)	90	96.8
Not appropriate	3	3.2

Table 5
Frequency Distribution of Psychological Adaptation (Taking In Phase) In Postpartum Mothers at PMB Sulistiyo Rahayu and PMB Eka Santi

Psychological Adaptation	Total	
	n	%
Taking In Phase		
Normal	93	100
Abnormal	0	0
Taking Hold Phase		
Normal	82	88.17
Abnormal	11	11.83
Letting Go Phase		
Normal	85	91.4
Abnormal	8	8.6

DISCUSSION

Postpartum first visit

The uterine fundus height indicates the uterine involution process to get an accurate value. Physiologically, the uterine fundus height decreased by 1 cm/day, and the weight gradually decreased when the newborn was 1000 grams to 30 grams after eight weeks of delivery (Saleha, 2009). The study results at the first visit (6-8 hours postpartum) showed that mothers whose uterine fundus height was two fingers below the center (appropriate) were 87 mothers with 93.6%. Meanwhile, 6.4% was found to be inappropriate. It could be possible from parity, where judging from their characteristics, the six people turned out to be grande multi. The uterus condition in grande multi is not as good as in primiparas. William 2015 stated that the process of uterine involution in grande multi is relatively longer because the history of childbirth that has been several times will affect the condition of the uterine muscles. It agrees with the research of Yeni Indri Lestari (2017) that the 3.4% change in involution is

not appropriate because of the grande multi-factor. It is also in line with research by Reni Astuti (2010), which stated that 4.5% of physiological changes in uterine involution were inappropriate, and when viewed from the mother's characteristics, it turned out that they were in cases of grande multi.

The study results at the first visit (6-8 hours postpartum) revealed that the mothers had good uterine contractions (there were contractions), as many as 87 mothers, with a percentage of 93.5%. Uterine contraction is tightening the uterine muscles that occur continuously in postpartum mothers, marked by pain and a globular shape on abdominal palpation (Prawirohardjo, 2010b). Meanwhile, the purpose of assessing uterine contractions is to assess the process of uterine involution running normally and detect abnormalities that may occur to prevent sub-involution. The study results at the first visit (6-8 hours postpartum) also showed that the mothers had poor uterine contractions (no contractions), as many as six mothers, with a percentage of 6.4%. This condition can occur from several factors, such as parity, maternal age, and maternal body condition, affecting the hormonal system. According to William (2015), estrogen and progesterone will decrease after the placenta is born. It will affect the increase in oxytocin, which will trigger contractions of the uterus. The better the maternal contractions, the more stable oxytocin. Good uterine contractions will affect the decline of the uterus, which is called uterine involution.

In addition, the study results at the first visit (6-8 hours postpartum) uncovered that all postpartum mothers at 6-8 hours experienced the type of lochea rubra, as many as 93 mothers with a percentage of 100%. Lochea rubra comes out starting from day one to day three, with its characteristic red-brown color, thick consistency, and slightly fishy aroma. This condition indicates that the involution process is running normally. Meanwhile, if different conditions are found, it could be due to retained placenta or birth canal trauma that was not detected properly. This situation is consistent with Andini's (2013) research on physiological changes in the puerperium, where 97.54% were found to be normal or rubra, while abnormal conditions occurred due to postpartum hemorrhage due to the rest of the placenta.

Postpartum second visit

The study results at the second visit showed that postpartum mothers in the first week whose uterine fundal height was mid-symphysis-central (appropriate) were 92 mothers, with a percentage of 98.9%, while 1.1% were found to have inappropriate uterine fundal height; it could be seen from the characteristics of the mother, namely grande multi-para. William 2015 stated that the process of uterine involution in grande multi is relatively longer because the history of childbirth that has been several times will affect the condition of the uterine muscles. It corroborates with the research of Yeni Indri Lestari (2017), stating that the 3.4% change in involution was not appropriate because of the grande multi-factor. It is also in accordance with research by Reni Astuti (2010) that 4.5% of physiological changes in uterine involution occurred inappropriately, and when viewed from the mother characteristics, they were in grande multi cases.

The results showed that all postpartum mothers had good uterine contractions (there were contractions), as many as 91 mothers, with a percentage of 97.8%. On the other hand, it was found that 2.2% of the contractions were not good, where this condition could occur from several factors, such as parity, maternal age, and maternal body condition, which also affect the hormonal system. William (2015) asserted that estrogen and progesterone would decrease after the placenta is born. It will affect the increase in oxytocin, which will trigger contractions of the uterus. The better the maternal contractions, the more stable oxytocin. Good uterine contractions will also affect the decrease in the uterus, which is called uterine involution.

The results also showed that one-week postpartum mothers with normal bleeding (≤50 ccs) were 91 mothers, with 97.8%. However, 2.2% (two mothers) were not appropriate, more than 50 ccs. It was possible because the mother was doing an excessive activity. From the counseling results that the midwife gave, the mother said that she had done her household activities because her family or parents were far away.

Further, the results revealed that 90 mothers experienced the type of lochea sangunolenta at one-week postpartum, with 96.8%. Meanwhile, 3.2% was found to be inappropriate. This condition was possible due to sub-involution of the uterus. Uterine sub-involution is a delayed uterine return process caused by infection, retained placenta, blood clots, or uterine myomas (Prawirohardjo, 2010). From the examination results on the second visit, the mother said that she passed a lot of blood clots on the fifth day, but there were no signs of infection, such as fever, smelly lochia, and painful birth canal injuries.

Postpartum third visit

The research results at the third visit showed that 90 mothers of the uterine fundus height were not palpable at two weeks postpartum with a percentage

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of 96.8%, while 3.2% were found to have inappropriate uterine fundal height, which was possible seen the characteristics of the grande multi mothers and occurred in the same patients.

The study results at the third visit also showed that two weeks postpartum, mothers who had good uterine contractions (there were contractions) were 91 mothers, with a percentage of 97.8%. However, it was still found that two people (2.2%) were not appropriate, and it occurred in the same patient.

Moreover, the study results at the third visit revealed that two-week postpartum mothers whose bleeding was normal (less than 10cc) were 92 mothers, 98.9%. Nevertheless, 1.1% of bleeding was found in more than 10 ccs. It was possible because the condition of the mother's uterus was not good, with a history of uterine sub-involution on the second visit and seen from the characteristics of multiparous mothers. This condition is in accordance with Manuaba's (2002) opinion that uterine sub-involution is the failure of the uterus to follow the normal pattern of uterine involution or the involution process that does not work properly causing the uterine contraction process to be hampered. Since the uterus is the most accessible organ to measure, it is necessary to assess uterine involution in assessing sub-involution.

Causes of uterine sub-involution include infection, multiparity, excessive uterus stretching as in multiple pregnancies and polyhydramnios, maternal health problems, cesarean section, uterine prolapse, and retroversion (deformity) after the uterus returns to a pelvic organ, and uterine fibroids. Meanwhile, the typical sign of uterine involution is abnormal bleeding and smelly lochia, accompanied by fever.

Postpartum fourth visit

The study results at the fourth visit showed that the sixth-week postpartum mothers whose uterine fundal height had returned to normal (appropriate) were 91 mothers, 98.9%. Meanwhile, it was found that 1.1% of the uterine fundal height was not appropriate. It was possible to see from the characteristics of the multi-para and the history of the involution process in the second week of experiencing uterine sub-involution. According to the research of Anita et al. (2013) on the relationship between parity and the uterine involution process, it was found that 1.7% of the uterine involution process was not appropriate in multi-para mothers.

The study results at the fourth visit also showed that the sixth-week postpartum mothers who had good uterine contractions (there were contractions) were 93 mothers, with a percentage of 100%. An indicator of good contractions in the sixth week is that the uterus is no longer palpable even though the mother still feels heartburn in the uterus occasionally. This situation is in accordance with Manuaba's (2005) theory that one indicator of the physiological process of uterine involution is good uterine contractions.

The study results at the fourth visit further disclosed that postpartum mothers in the sixth week of normal bleeding (less than 5cc) were 91 mothers, with a percentage of 97.8%. However, there were still two mothers (2.2%) whose bleeding was more than 5 cc. The mothers conveyed this situation that they still secreted mucus, and sometimes, there was a little mixed with blood. It was possible because of the parity characteristics of multiparous mothers. It aligns with Anita et al.'s (2013) research, revealing that from the relationship between parity and the uterine involution process, it was found that 1.7% of the uterine involution process was not appropriate in multi-para mothers.

In addition, the study results at the fourth visit revealed that the sixth-week postpartum mothers who experienced the type of alba were 90 mothers, with a percentage of 96.8%. Besides, there were still three people with lochea serosa. It was possible because of the condition of the mother's body, and it could also be due to nutrition, and one of them had a history of uterine involution experiencing a sub-involution of the mother's uterus. Manuaba (2005) stated that one of the deformities of lochia is locheastasis or lochea, where the discharge is not smooth or not in accordance with the physiological changes that occur. This condition usually coincides with uterine sub-involution and occurs mostly in multiparous women.

Postpartum Psychological Adaptations

Taking In

The study results found that 93 mothers (100%) could take part in the taking-in phase. Conditions described the mother's ability to adapt psychologically. Taking in is a period of dependence that lasts from the first day to the second day after giving birth. Mothers focus on themselves, so they tend to be passive towards their environment. The discomfort experienced includes nausea, pain at stitches, lack of sleep, and fatigue. Things that need to be considered in this phase are adequate rest, good communication, and nutritional intake. Psychological disorders that mothers can experience in this phase are disappointment in their babies, discomfort from the physical changes they experience, guilt for not being able to breastfeed their

babies, and criticism from their husbands or families about caring for their babies.

Taking hold

In the taking hold phase, it was found that 11 mothers could not adapt well. When viewed from the mother's characteristics, eight mothers were primiparous, and three were multiparous. This condition illustrated the amount of parity providing exposure to the mother's experience in caring for the baby. It is in line with Debby Yolanda's (2019) research, entitled Determinants of the Postpartum Blues Incidence in Puskesmas Payakumbuh, stating that primiparas contributed to the postpartum blues incident, with a p-value of 0.026. The taking hold phase itself is a period that lasts between 3-10 days after giving birth. In this phase, the mother feels worried about her inability and sense of responsibility in caring for the baby. In this phase, the mother needs support, and it is a good opportunity to receive various counseling in caring for herself and her baby so that confidence arises.

Letting Go

Eight postpartum mothers from 93 respondents could not adapt well in this phase. Of these eight mothers, based on their age, six were < 20 years, and two were > 35 years. This situation is in line with Ernawati Dwi's (2019) research in a study entitled Postpartum Blues Events at PKU Yogyakarta General Hospital, revealing that ages < 20 and > 35 occupied 23.7% of failures in the letting go phase. The letting go phase is accepting responsibility for the mother's new role, which takes place ten days after giving birth. Mothers have adapted, and their babies have improved by taking care of themselves and their babies. However, there are times when mothers experience feelings of sadness related to their babies, and this condition is called the baby blues or postpartum blues.

CONCLUSION

Based on the data analysis results and discussion, it can be concluded that postpartum maternal uterine involution was running normally. Likewise, the psychological adaptation of mothers was normal, with a taking-in phase for 93 mothers (100%), a taking-hold phase for 82 mothers (88.1%), and a letting go phase for 85 mothers (91.4%).

SUGGESTION

It is hoped that the results of this study can improve the performance of midwives in identifying discrepancies in physiological and psychological changes in postpartum mothers according to the stages to improve maternal welfare during the puerperium and apply science in synergy with programs implemented by the government to provide midwifery care.

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