



The Relationship between Parity and Type of Labor with Incidence of Postpartum Blues

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ABSTRACT

Postpartum blues refer to mood disorders that occur a few days after labor to about two weeks with a peak of instability on days 3 to 5. In 2020, the prevalence of postpartum blues in Indonesia reached 50-70%. This research is an analytical survey using a cross-sectional design. The population in this research consisted of 127 respondents. The research sample was 97 respondents selected through purposive sampling. The variables in this study include independent variables such as parity and type of labor, and the dependent variable is the incidence of postpartum blues. The instrument used was a questionnaire. The analysis of the relationship between variables was done using the chi-square test. The research results indicate that the majority of postpartum mothers (53,6%) were multiparity mothers. The majority of postpartum mothers (68,4%) gave birth by caesarian section. The majority of postpartum mothers (56,7%) experienced the postpartum blues. The chi-square test results indicate that there was a relationship between parity with the incidence of postpartum blues with a p-value of $0.010 < \alpha 0.05$ and also a relationship between the type of labor with the incidence of postpartum blues with a p-value of $0.004 < \alpha 0.05$. Based on the description above, it can be concluded that there is a relationship between parity and type of labor with the incidence of postpartum blues. The role of the midwife is necessary to provide support to postpartum mothers so that they can adapt well and accept their new role as a mother.

Keyword: parity; postpartum blues; type of labor

Introduction

Postpartum blues is a common condition that often occurs in postpartum mothers. Mothers often do not realize that they are experiencing the condition so it is often ignored and considered a mild mental disorder. As a result, the condition goes undiagnosed and does not receive proper treatment. New mothers, both primiparas and multiparas, are equally likely to experience psychological disorders, regardless of ethnicity or race [1][3].

Physiologically, after giving birth, mothers will experience physical and psychological adjustments. These include periods of taking in (when the mother is passive to the environment), taking hold (when the mother is concerned about her ability to care for her baby), and letting go (when the mother accepts the responsibilities of motherhood). Some mothers adjust well, but others

do not and experience these psychological disturbances [4].

According to the World Health Organization, 3-8% of people worldwide experienced postpartum blues in 2019, with 50% of those cases happening in the productive age range. In Indonesia, 50-70% of postpartum mothers experience postpartum blues in 2020 [5], [6]. Meanwhile in Surabaya, postpartum blues affected 11-20% mothers in 2021 [7]. A preliminary study using EPDS questionnaire was conducted on February 7-8, 2024. The results indicated that 6 out of 10 postpartum mothers experienced postpartum blues.

Postpartum blues can be caused by two factors, which are internal factors and external factors. Internal factors include the mother's psychological condition, such as pregnancy experience, parity status, type of labor, economic status, and postpartum myths. While external factors include lack of support from husband,

family, and surrounding environment, baby's condition, and husband's mental condition [8]. Postpartum blues is identified by depressive/sad reactions, anxiety, emotional lability, self-blame tendencies, and decreased appetite [5].

Other studies have shown that parity affects postpartum blues because mothers with primipara parity need to adjust to their new responsibilities as mothers, so they have a higher risk of experiencing postpartum blues than mothers with multipara parity [9]. In addition, types of labor with complications such as prolonged labor, premature rupture of membranes, malpresentation, hypertension in pregnancy, and operative procedures in labor can increase both physical and psychological trauma, therefore increasing the risk of postpartum blues in mothers who experience it [10].

Untreated postpartum blues can raise the risk of depression, interfere with mother-infant connections, and have adverse effects on the development of the child [11], [12]. Postpartum depression affects the woman by interfering with her activities, her connections with friends and family, and her inability to give herself and her child the attention they need. The baby may show signs such as frequent crying, sleep problems, and difficulties with breastfeeding. In addition, the child may experience impaired emotional development and difficulty participating in social activities in their surrounding [13].

The policy in line with the principles of postpartum maternal healthcare has been issued by the Ministry of Health of the Republic of Indonesia through PERMENKES No. 21 of 2021. This policy stipulates four postpartum visits, with the first visit within 6 hours to 2 days postpartum, the second visit on days 3 to 7 postpartum, the third visit on days 8 to 28 postpartum, and the fourth visit on days 29 to 42 postpartum. [14]. During these visits, continuous monitoring is conducted to address postpartum maternal issues according to their specific needs.

As a midwife, it is necessary to provide continuous support and have sensitivity to the feelings of mothers during the postpartum period and provide support from the beginning of pregnancy to reduce the risk of postpartum blues [8]. Postpartum blues must be identified early. Therefore, methods are needed that can recognize maternal health during the postpartum period so that it can be addressed appropriately, both through

pharmacological and non-pharmacological approaches. One of the methods to diagnose psychological problems in mothers is by screening using the EPDS (Edinburgh Postnatal Depression Scale) questionnaire as an effort for early detection of postpartum blues [10]. Based on the background described, the researcher is interested in conducting a study on "The Relationship between Parity and Type of Labor with the Incidence of Postpartum Blues."

Research Method

This study uses an analytic survey method, which is used to discover why and how a health phenomenon happens, followed by an analysis of the dynamics of the association between phenomena or between risk and effect factors. The risk factor is a phenomena that generates the effect, whereas the effect factor is the outcome of the risk factor [15]. In this study, the risk factors were parity and type of labor, while the effect factor was the incidence of postpartum blues.

This study used a cross sectional design. In this design, the researcher only observes and measures the independent variable (cause) and the dependent variable (effect) at one time [15].

This research was carried out at RSUD Haji Provinsi Jawa Timur from September 2023 to May 2024. The population included all postpartum mothers, a total of 127 respondents, with a sample size of 97 respondents obtained using the Slovin formula. The sampling technique used in this study was purposive sampling.

The instrument used in this study was the EPDS questionnaire. Data processing consists of editing, scoring, coding, data entry, and cleaning. Data analysis in this study was univariate and bivariate. Univariate analysis in this study is to distribute the frequency and percentage of parity, type of labor, and the incidence of postpartum blues in postpartum mothers. Bivariate analysis in this study used the chi square test.

In this study, the researcher submitted an Ethical Clearance application to the Health Research Ethics Committee of RSUD Haji Provinsi Jawa Timur on March 8, 2024, and was declared ethically feasible on March 18, 2024, with the reference number No.445/49/KOM.ETIK/2024.

Results and Discussion

Table 1. Frequency Distribution of Age, Education, and Employment Status of Postpartum Mothers at RSUD Haji Provinsi Jawa Timur in March-April 2024

Characteristics of Postpartum Mothers	Frequency (f)	Percentage (%)
Age		
<20 Years old	16	16,4
20-35 Years old	58	59,7
>35 Years old	23	23,9
Total	97	100
Education		
Primary	38	39,6
Secondary	49	50
Higher	10	10,4
Total	97	100
Employment Status		
Employed	34	35
Unemployed	63	65
Total	97	100

Table 2. Frequency Distribution of Parity of Postpartum Mothers at RSUD Haji Provinsi Jawa Timur in March-April 2024

No	Categories	Frequency (f)	Percentage (%)
1.	Primipara	43	44,3
2.	Multipara	52	53,6
3.	Grandmultipara	2	2,1
	Total	97	100

Table 3. Frequency Distribution of Types of Labor of Postpartum Mothers at RSUD Haji Provinsi Jawa Timur in March-April 2024

No	Categories	Frequency (f)	Percentage (%)
1.	Vaginal Birth	31	31,9
2.	Caesarian Section	66	68,4
	Total	97	100

Table 4. Frequency Distribution of Postpartum Blues Incidence at RSUD Haji Provinsi Jawa Timur in March-April 2024

No	Categories	Frequency (f)	Percentage (%)
1.	Postpartum Blues	55	56,7
2.	Not Postpartum Blues	42	43,3
	Total	97	100

Table 5. The Relationship Between Parity and the Incidence of Postpartum Blues

Categories	Incidence of Postpartum Blues				Total		<i>P value</i>
	Postpartum Blues		Not Postpartum Blues				
	f	%	f	%	f	%	
Primipara	31	72	12	28	43	100	0,010
Multipara	24	46	28	54	52	100	
Grandmultipara	0	0	2	100	2	100	
Total	55	56.7	42	43.3	97	100	

Table 6. The Relationship Between Type of Labor and the Incidence of Postpartum Blues

Categories	Incidence of Postpartum Blues				Total		<i>P value</i>
	Postpartum Blues		Not Postpartum Blues				
	f	%	f	%	f	%	
Vaginal Birth	11	35,5	20	64,5	31	100	0,004
Caesarian Section	44	66,6	22	33,4	66	100	
Total	55	56,7	42	43,3	97	100	

According to Table 1, the majority of postpartum mothers at RSUD Haji Provinsi Jawa Timur, were aged 20-35 years (59.7%), half of the postpartum mothers had secondary education as their highest level (50%), and the majority of them were unemployed (65%).

According to Table 2, the majority of postpartum mothers (53.6%) had a multipara parity. Table 3 shows that the majority of postpartum mothers (68.4%) gave birth via cesarean section. Meanwhile, Table 4, which displays the incidence of postpartum blues, showed that the majority of postpartum mothers (56.7%) suffered postpartum blues.

According to Table 5, postpartum blues mostly occurred in primipara mothers (72%). The analysis showed that the p-value was 0.010 ($p < 0.05$), meaning there was a relationship between parity and the incidence of postpartum blues.

Then, according to Table 6, most of the mothers who experienced postpartum blues delivered via cesarean section (66.6%). The analysis showed that the p-value was 0.004 ($p < 0.05$), meaning there was a relationship between the type of labor and the incidence of postpartum blues.

The Relationship Between Parity and the Incidence of Postpartum Blues

The results of this study indicate that there is a relationship between parity and the incidence of postpartum blues.

The term parity refers to the number of children born to a woman after 28 weeks of gestation. Postpartum blues are associated with parity status based on the patient's obstetric history, which includes the history of pregnancy and delivery, as well as any complications that occurred during previous pregnancies and deliveries [16], [17].

The results of this study are in line with Purwarini & Armaya (2021), who stated that there is a relationship between parity and the incidence of postpartum blues. Mothers who are giving birth for the first time lack sufficient experience in childbirth and child-rearing, and therefore require family

support to be able to bear responsibilities and adapt to their new role [18].

Similar results were also found in the study by Almida (2023), which stated that there is a relationship between parity and the incidence of postpartum blues [19]. Mothers who have just given birth or primipara mothers are more likely to experience postpartum blues because they require adaptation. Initially, they focus only on themselves, but when the baby is born and the mother does not understand her new role as a mother and is not psychologically prepared, she may feel confused when it comes to taking care of her baby [20].

According to the researcher, postpartum blues tend to occur in primipara mothers because they still need time to adapt and adjust to their new role. Additionally, it may be caused by a lack of experience and anxiety about having to care for their baby. However, postpartum blues can also occur in multipara and grandmultipara mothers due to physical exhaustion from having to care for both the baby and the household simultaneously. Therefore, in order for mothers to go through the postpartum period well, support from their husbands, family, and those around them is necessary.

The Relationship Between Type of Labor and the Incidence of Postpartum Blues

The results of this study indicate that there is a relationship between the type of labor and the incidence of postpartum blues.

Childbirth is a complex event that can cause stress for a mother. Stress theory proponents argue that any event that induces stress, such as the labor process, can lead to postpartum blues [21].

The results of this study are in line with Ernawati (2020), who indicated that the type of labor impacts the incidence of postpartum blues. Compared to mothers who give birth vaginally, mothers who have a cesarean section are more likely to suffer from postpartum blues [3]. A study by Dwi Yanti (2020) supports similar findings, stating that surgical procedure during childbirth may increase physical and psychological effect, increasing the

possibility of postpartum blues in women who undergo them [11].

The researcher suggests that the increased prevalence of postpartum blues among mothers who give birth via cesarean section could be due to the discomfort experienced after giving birth and the mother's incapacity to adjust with changes in her body. Postpartum blues might also be caused by the pain from the surgical procedure. Nonetheless, mothers who give birth vaginally may also have postpartum depression because they may feel worn out while they wait for their dilation to be complete and worried about the health of their baby.

Conclusion

There is a correlation between parity and the incidence of postpartum blues, with a p-value of $0.010 < 0.05$. Furthermore, a p-value of $0.004 < 0.05$ indicates a correlation between the type of labor and the prevalence of postpartum blues. Postpartum mothers require support and help from medical professionals to help them adjust to their new role as mothers. Future research may expand the study's scope and examine additional factors linked to the prevalence of postpartum blues.

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