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Review Article

Experiences and Expectations of Post-Partum Mothers Toward Psychosocial Nursing Services for Mothers Who Have Experienced Postpartum Blues in City of Balikpapan

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ABSTRACT

After giving birth, the mother feels happy to finally be able to meet her beloved baby. However, some mothers actually do not feel happy but appear feelings of sadness, anxiety, and depression after giving birth. As many as 30-75 present of women can experience baby blues after giving birth and one in seven women can experience postpartum depression. Health Education needs to be improved and Nutrition for pregnant women needs attention Micronutrients prevent postpartum depression so that babies are born healthy. Based on the above problems that are still untouched by promotion and prevention health for women overcome the level of emotional anxiety from pregnancy to post-delivery which can be experienced by mothers from mild, moderate to severe. Nurses play a key role related to providing physical and psychological care to support the improvement of the mother's condition towards more positive. Mothers are at risk for natural emotional problems requiring someone to be able to give him an understanding of the process he is going through and help him to remain in a more stable condition. This study involved seven participants with diverse characteristics and provided an overview and the high need of postpartum mothers to feel comfortable so that their coping efforts could be achieved so that they did not experience emotional problems after giving birth.

Key words: Postpartum, Baby Blues, Depression, Psychosocial Services.

INTRODUCTION

After giving birth, the mother feels happy to be able to meet her beloved baby in person. Some mothers actually don't feel happy but feel sad, anxious, and depressed after giving birth. The mother's condition is often called the baby blues and postpartum depression or postpartum depression. Both show symptoms of sadness and anxiety after giving birth, but it turns out that both have differences, although not all mothers will experience it. As many as 30-75 percent of women can experience the baby blues after giving birth and one in seven women can experience postpartum depression or postpartum depression. The risk of experiencing depression can also increase since pregnant women experience anxiety or depression without realizing it, mothers experience events that make themselves depressed during pregnancy, mothers lack social support, mothers have a history of depression, or have family members who have experienced depression.[1] Muzik, *et al* (2012)[2] found that the quality of parenting with its relationship is shown through parenting behaviour, all mothers who do not have natural risk status levels in bonding with their babies during the first 6 months postpartum. However, mothers with postpartum psychopathology (depression and PTSD) showed consistently greater decreased bonding scores across all time points. These findings explain the need for early detection and effective treatment of postpartum mental illness to prevent problematic parenting and the development of impaired mother-infant relationships. In the Danish Cohort Approach, women with severe postpartum psychiatric disorders had an increased MRR compared with mothers without a psychiatric diagnosis, and the first year after diagnosis represents a time of high relative risk for suicide in this vulnerable group.[3] The length of the postpartum period is recommended that the postpartum period should be extended to six months to one year of postpartum duration given the unique biological, psychological, and social factors beyond four weeks after delivery.[4] Each woman who develops Post Natal Depression (PND) has her own unique assortment of disorganized or unbalanced factors within her.[5]

Health system research and prenatal health care should consider the high prevalence of PMD. The real PMD prevalence may be even higher than suggested and can be carried out by our data assessed by a survey using our PMD prevalence model.[6] Common mental health problems usually occur in mothers after childbirth. Giving birth should be able to give pleasure, joy, but can also cause fear and anxiety, childbirth can also cause something unexpected, such as feeling sad is normal after childbirth. The body has gone through hormonal changes that affect the mother's mood and usually last up to 2 weeks. If the symptoms shown by the mother cannot be detected and do not improve immediately after 2 weeks, then postpartum can be serious. Mother should immediately notify the doctor; it will be physically harmful to the mother and baby if not treated immediately.[7] The aspect of maternal psychosocial assessment from pregnancy to the puerperium is still not a concern in Indonesia until now. The process of recovering the physical health of mothers and babies is still a major concern after the delivery process, mental health care in particular has not been touched in general, where it

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is difficult for health service workers in the first stage to find symptoms of emotional disorders faced by mothers, or the mother's attitude tends to be less open which makes her more uncomfortable detectable psychosocial condition.[8,9]

The prevalence of postpartum depression in the city of Denpasar using the EPDS scoring as many as 9 mothers (20.5%). A total of 4 mothers (9.1%) needed extra monitoring. The risk factors obtained in this study were a history of low maternal education, prim parity, age, having a history of child deaths and unwanted pregnancies. Conclusion: The prevalence of postpartum depression in Denpasar city based on the EPDS score is 20.5%.[10] Saidah and Wilda (2018) examined the level of emotional anxiety of postpartum mothers in a small portion (25.0%) of 6 respondents. and the incidence of Post-Partum Blues mostly (62.5%)15 respondents. The results of data analysis using the Spearmen Rank test obtained p-value 0.000 < = 0.05, thus there is a relationship between the level of emotional anxiety of postpartum mothers and the incidence of Postpartum Blues in Sukorame Village, Sukorame Health Centre Work area and the value of the coefficient (r) of 0.859 the strength of the correlation in the very strong category with a positive direction. The results of using the Ante Natal Risk Questionnaire (ANQR) at seven inpatient health centres in Balikpapan City were effective in helping early detection of postpartum depression in primiparous, multiparous and Grande multiparous pregnant women. The ANRQ tool is easy to use, can be accepted as an early psychosocial assessment and is effective for early detection of pregnant women who may experience postpartum depression but require other combinations if you want to get further data very helpful as a "screening intervention".[11] The percentage of pregnant women who received the fourth national antenatal service (K4) has not yet reached the 85% target, 56.73% realization, East Kalimantan 46.77%.[12] The 2017 East Kalimantan Provincial Health Office reported coverage of K1 98.30 & K4 96% percentage of pregnant women had received antenatal care according to the 10T standard, showing access to services for pregnant women and the level of compliance of pregnant women in checking their pregnancies to health workers. The maternal mortality rate in Balikpapan City in 2017 increased by 10 cases or 78/100,000 KH where in 2016 it was 72/100,000. The increase in MMR data is supported by an improved recording and reporting system for maternal deaths so that all death data presented are new data. The ability of human resources in detecting cases of complications is increasing, so that complications that occur immediately get appropriate treatment or immediately refer to more adequate facilities. But it still has not touched the psychosocial problems of nursing that can create a foreign environment and also threaten the existence of a life (DKK. Balikpapan. 2017). Nurses play a key role in terms of providing physical and psychological care that supports the improvement of the mother's condition in a more positive direction. Mothers who are at risk of experiencing emotional problems need someone who can give her an understanding of the process she is going through and help her to stay in a more stable condition. However, the high need for pregnant, maternity and post-partum women for psychosocial nursing services is not followed by an increase in nurses' awareness to meet the needs of these mothers.

Psychological conditions that are not good since pregnancy can make it difficult during childbirth, making the psychological condition of the mother worse after giving birth. Psychosocial nursing care such as support during pregnancy and delivery difficulties can relax the mother and make her emotional condition more stable, help her coping efforts can be achieved so that she does not experience emotional problems after giving birth. Mothers without adequate psychosocial care will have unfavourable psychological conditions, which can worsen the condition from pregnancy to delivery. Based on the above problems, promotive and preventive health care for women has not yet been touched, to overcome the level of emotional anxiety from pregnancy to postpartum which can be experienced by mothers from mild to moderate to severe Therefore, my research is "Experiences and expectations of postpartum mothers on psychosocial nursing services for mothers experiencing postpartum blues in Balikpapan City".

LITERATURE REVIEW

The concept of postpartum blues

Many misunderstand and think that Postpartum Blues or better known as Baby Blues and Postpartum Depression (PPD or postpartum depression) are the same disorder. When in fact the two disorders are different, and Baby Blues is a milder and more common symptom. Baby blues can also increase the potential for PPD to appear up to 3 times.[13]

Baby blues: Baby Blues can be experienced by up to 80 percent of pregnant and childbirth women, Baby Blues are usually characterized by significant emotional changes in the mother. These emotional changes can be seen from the ups and downs of emotions, sadness, forgetfulness, irritability and stress when the baby is born. Mothers who experience Baby Blues also often cry and often feel anxious for fear of not being able to take care of their baby properly. Symptoms of Baby Blues also do not make the mother lose the ability to care for her child or carry out daily activities.

Postpartum depression: Postpartum depression is only experienced by at most 20 percent of pregnant and childbirth women. Mothers with PPD usually feel a loss of appetite or overeat. Mothers may also have trouble sleeping or oversleep. In addition, mothers who experience PPD will feel significant fatigue and lack of energy even though they have had enough rest.

Mothers with PPD will also feel hopeless, hopeless and less passionate about life. Difficulty building a bond with the baby also arises with the thought that the mother is not able to carry out her role well. Mothers with PPD also experience shame, guilt, and decreased self-esteem. In addition, mothers with PPD also find it difficult to feel happy about the birth of a baby and are often gloomy. Mothers who experience postpartum depression may lose interest in doing daily activities, so often mothers lose the ability to take care of their babies. Some mothers even have thoughts of hurting themselves or their babies.

Symptom duration differences: Baby Blues and PPD are also distinguished by the length of time symptoms last. Baby Blues usually last only a few days and last up to 2 weeks at most. Meanwhile, PPD symptoms are experienced for at least 1 month and can last up to 1 year after delivery.

Differences in the appearance of symptoms: Baby Blues symptoms generally appear from 2 to 3 days after giving birth, while PPD usually appears in the second or third month after delivery. However, according to the Diagnostic and Statistical Manual of Mental Disorders V (DSM-V), which is a guide for determining the diagnosis of mental disorders, PPD symptoms can appear since the mother is still pregnant.

Several other factors, such as marital problems or poverty, can also increase the mother's stress level, making her more prone to experiencing PPD since pregnancy.

Cause differences: Baby Blues is believed to be caused more by physiological changes experienced by mothers after giving birth, and their intensity is influenced by psychological factors. While PPD is more influenced by psychosocial factors such as excessive stress experienced by the mother.

Differences in severity: Baby Blues is a milder disorder than PPD. In contrast to mothers who have PPD, the disorder is more serious. Mothers with PPD experience symptoms of clinical depression. These

symptoms make mothers with PPD feel low self-esteem, unable to be good mothers, and some are avoiding their babies.

Mothers with PPD may lose the ability to care for their babies. Feelings of continuous fatigue also make mothers with PPD prefer to sleep and ignore their children.

Mothers with PPD may also lose the ability to develop bonds with their babies. Sometimes, mothers with PPD also have thoughts of hurting their children or themselves.

The baby blues will usually subside on their own, although its best if the mother with the baby blues consults her feelings with a professional. It is different with PPD, which requires professional treatment, such as a psychologist/psychiatrist. This is because there are many impacts that arise if PPD is not treated, both for babies, mothers, and people around them.

There are 3 levels of postpartum symptoms, namely postpartum baby blues, postpartum depression, and postpartum psychosis.

The final stage in postpartum depression is postpartum psychosis, whose signs and symptoms last longer and are more serious. Confusion and disorientation, obsessive thoughts about your baby, hallucinations and delusions, sleep disturbances, paranoia, trying to harm yourself or your baby. Postpartum psychosis can cause harmful thoughts or behaviours and require immediate treatment. Handling,[1] overcoming the two are still different. Baby blues generally go away on their own, although of course you need support from your husband, family, and friends. While postpartum depression requires special treatment. Mothers who experience postpartum depression can try counselling with a therapist. The use of antidepressant drugs can also help the mother recover from depression.

To help deal with the symptoms of postpartum depression and the baby blues, you could consider the following tips.

Eating healthy and nutritious food. Mothers who experience anxiety will generally experience a decrease in appetite. In fact, adequate nutrition and fluids are very important for the mother's self-recovery and breastfeeding for the baby.

Take a multivitamin and omega 3 to keep the health of the mother.

Do not drink alcohol because it can make depression worse.

Whenever feelings of guilt arise, remind yourself that this is not your fault. Support from family and friend is absolutely necessary for self-recovery. You can also try therapy and counselling, both individually and in groups.

Get enough rest. Rest is necessary for your body's recovery. You can try relaxation, meditation, and a warm bath to calm your mind before you go to sleep.

Postpartum depression is treated differently depending on the type and severity of the woman's symptoms. Treatment options include anti-anxiety or antidepressant medications, psychotherapy, and participation in support groups for emotional support and education. In cases of postpartum psychosis, medications used to treat psychosis are usually added. Hospital admission is also often required. If you're breastfeeding, don't assume that you can't take medication for depression, anxiety, or even psychosis. Talk to your doctor. Under the supervision of a doctor, many women take medication while breastfeeding. This is a decision that must be made between you and your doctor.

When Should a New Mother Seek Professional Care?

Untreated postpartum depression can be dangerous for new mothers and their children. A new mother should seek professional help when:

Symptoms last more than two weeks.

Mother cannot function normally.

Mother cannot deal with everyday situations.

Mother has thoughts of harming herself or her baby.

Mother feels very anxious, afraid, and panicked most of the day.

Psychosocial nursing service concept

The Minister of Health mentioned 7 reasons for the need to integrate mental health services into primary care, namely (Depkes 2009):

The financial and psychological burden on the family for mental health disorders is very large.

Mental health problems and physical health problems are interrelated and cannot be separated.

The gap in the availability of nurses for mental disorders is very large.

Primary health services for mental health can improve accessibility.

Mental health services carried out at primary level health services can minimize stigma and discrimination against mental disorders.

Primary health services for mental health carried out at the Puskesmas are much cheaper than the cost of services at Mental Hospitals / General Hospitals.

The majority of individuals with mental health disorders who are treated in basic services show good results.

According to the Indonesian Minister of Health, mental health problems are problems that greatly affect the productivity and quality of individual and community health that cannot be tackled by one sector alone, but requires continuous multi-sectored collaboration. The quality of human resources cannot be improved only by providing balanced nutrition, but must start from the basics by seeing that humans always consist of three aspects, namely biological organs (physical/physical), psycho educational (mental-emotional/spiritual) and sociocultural (social-cultural/environment). If you want to improve the quality of human resources, then these three aspects must be considered. If one of these three aspects are neglected, then our efforts will only remain as a mere hope that may never be achieved.

Concept of psychosocial nursing services for post-partum mothers

In maternity nursing there are various advanced technologies and applications of psychology in nursing that surround it, where especially patients who are in critical condition can be saved. Maternity nursing is expected for mothers who experience pregnancy, enter the labour process to take care of their babies during the puerperium can be carried out properly and healthily. But in its scope, it is often encountered that threatens life or a life, requires various supports including psychosocial support that can be found in hospitals and in the community which until now has not been a special concern in existing programs (Psychology Lecturer.com. 2018).

International Statistical Classification of diseases and Related Health Problems (ICD -10; WHO, 2007 in Gondo, 2012). The DSM IV-TR categorizes Postpartum Depression as a disorder experienced as major depression due to postpartum and there are signs that depressive symptoms occur within 1 week postpartum. According to the ICD-10, DPP is a mild mental disorder that occurs within 6 weeks of delivery. However, the results of several studies show that the post-partum incidence rate of DPP is more than 1 month.

Postpartum depression affects 15-20% of women, and the risk is increased in women with a previous history of mood disorders. The main causative factors are (Gilbert & Harmon, 2003):

Prenatal depression

Stress due to new-born care which can be related to health problems, difficult maternal temperament, difficulty sleeping, or also due to difficulty breastfeeding the baby

Stress factors related to the life being lived, such as divorce, job changes, the death of a significant person, and hospitalization

Lack of social support

Prenatal anxiety

Maternity blues

Dissatisfaction with marriage

Previous history of depression

The onset of postpartum depression is usually unknown and lasts 2-3 months until it is easily noticed. Symptoms include: depressed mood, excessive anxiety, irritability, weakness, changes in appetite, somatic complaints, insomnia, feelings of worthlessness and guilt, difficulty making decisions or concentrating, which can last 1 to 2 weeks.

Within nursing itself, psychosocial can include mental health as well as mental health, with psychosocial building emotional from the patient and also the behaviour that can be seen in it. In maternity nursing, there are often problems with mothers trying to kill their babies or not wanting to take care of their babies, this mother's condition can be experienced during pregnancy until its peak after giving birth.

The psychosocial aspects that can be found in nursing are (Psychology Lecturer.com. 2018):

Increased self-confidence: In a nursing there are also several things that must be done, including increasing confidence about healing in patients and also to those who care for them, with these aspects can make patients and those who care for them become more confident about the healing that will occur in patients.

Client or patient history: From the patient's history, it can be seen from the background, as well as the stage of development that occurs from the disease being experienced, the existence of cultural beliefs and also the spiritual side and beliefs about the patient's health, will help patients in healing and also in terms of nursing, because the development of the condition is also included in a fairly important psychosocial study, including the mental health component.

Appearance and motor behaviour: From the nurse's point of view, the nurse will usually assess the patient's appearance, whether it is appropriate for age, whether it is in accordance with what has been said by the patient, also dealing with a study of motor behaviour that occurs, so that by assessing speech, the quality and quantity of each abnormality can be known, contained in it.

Mood and also affect: What is meant by mood here is an about matter relating to the emotional status that exists in the patient, mood also has a very important role in a psychosocial aspect for its own effect is the expression of the emotional status of the client's appearance.

Thinking process: From this thought process can relate to how the client thinks. This thought process can also be inferred from the way the client expresses the contents of his thoughts from the way he speaks, the content of thought can also be seen from the client's actual words, for the nurse herself can conclude whether the things said by the client are true or not. And also, whether there is a relationship between the ideas that can be conveyed and related to each other.

Intellectual process: The existence of an orientation on the patient, place and time is able to know the correct year, and from the presence of information about the place and time, in which it is commonly referred to as an interpretation.

Family involvement: With this family involvement, you can also involve the family in doing nursing, and so that it can determine from physical, psychosocial and educational sources from the existing health services, besides that it can also determine from the patient's dependence on the family through age and disease.

Anxiety: Anxiety can be said as one aspect of psychosocial nursing, where in an anxiety there is a feeling that is not relaxed, there is also a sense of discomfort, a feeling of fear that can be followed by a response with an anticipation of danger.

Panic: At a certain level of panic, it can be related to something fear and terror in it, the details of which can be seen from a person's ability to do something. Panic attitude can also show a personality from the nursing side. In it can also occur an increase in motor activity. And also, perception that saves.

Social relations: Social relations are also called the client's life, where a place to complain when talking, a place to ask for help and also material and non-material support, with the existence of social group relationships, one can also see the extent to which the development of patient nursing.

Physiological considerations: On the psychosocial side, nurses are required to include the existence of physiological functions, although in it there is an assessment of physical health and also about things that cannot be indicated, such as emotional relationships, eating patterns, sleeping patterns and other things.

Attitude and approach of nurses: From the psychosocial side, this can certainly greatly affect the approach to nurses, so an approach must be taken so that there is no discomfort between nurses and also from the client or patient side, so that information will be conveyed clearly.

Interaction: Interaction must be done and is a very important element in the psychosocial aspect, because with good interaction, a complete and comfortable social relationship will also be established from the nurse's and client's side.

Edinburgh postnatal depression scale

The Edinburgh Postnatal Depression Scale (EDPS) The EDPS was developed to identify women who may have postpartum depression. There are 10 questions each answer is given a score of 0 to 3. The maximum score is 30. Postpartum depression, major depression occurs after childbirth. Symptoms appear most of the day and last for at least 2 weeks. Every 1 in 7 women (14%) suffer from postpartum depression. A study of 209 women referred for major depression during or after pregnancy, 11.5% reported onset of depression during pregnancy, 66.5% reported onset of depression within 6 weeks postpartum or early postpartum, and 22% reported onset 6 weeks postpartum or late postpartum. One woman reported the onset of depression more than 27 weeks after delivery (perinatology.com, 2014)

Gondo, 2012. Screening mothers for postpartum blues, getting women who score 5-9 without having suicidal thoughts should be evaluated after 2 weeks to see if the depressive episode improves or worsens. EPDS performed in the first week without symptoms of depression can predict whether it may appear at weeks 4 and 8. EPDS can be used to detect the possibility of ante partum depression, the sensitivity and specificity of EPDS is very good.

RESEARCH METHODOLOGY

Research design

Qualitative method is a way to study problems based on a complex and holistic picture, will be realized in words, presented in the form of detailed information and placed in natural situations.[14] The use of

this qualitative method to study human phenomena is carried out because aspects of values, culture, and human relations cannot be fully described if quantitative research methods are used.[15] For this study, it is impossible to obtain a complete description of participants' experiences and expectations of psychosocial nursing services if quantitative research methods are used.

Phenomenology is an approach that seeks to find psychological meanings contained through investigation and analysis of natural events in life so that phenomenology is in contact with experience, meaning, and analyses the meaning experienced by a person.[16] Professional nursing practice is a form of practice that focuses on human life experiences, a phenomenological approach is a very suitable way to be used to investigate important phenomena for nursing science.[17-19] The phenomenological approach aims to describe, explain in detail the structure or essence of human life experience as a phenomenon.[15] Through this approach, it is expected to be able to reveal in depth the phenomenon of the experiences and expectations of postpartum mothers on psychosocial nursing services for mothers who experience postpartum blues. Therefore, descriptive phenomenological approach is the most appropriate to be used in this study. Phenomenological research is carried out through several stages, but most often used in descriptive phenomenological research there are 4 stages including: Bracketing, Intuiting, Analysing, and Describing.[17-19]

Bracketing is the stage of storing and limiting assumptions, knowledge, and concepts that researchers have about a phenomenon. During the bracketing process, researchers are required to shackle all their beliefs, understandings, assumptions and thoughts about the phenomenon to be studied, so that researchers can concentrate fully on various aspects of the phenomenon, are able to understand the essence of what will be, and can analyze and describe the phenomenon in detail.[17-19]

Intuiting is the process of starting the introduction of phenomena by researchers. At the Intuitive stage, the researcher begins to make contact and understanding of the phenomenon to be studied. Requires deep concentration of researchers on this process, so that researchers can understand, see, hear, and be more sensitive to existing phenomena. Intuitioning allows researchers to truly integrate with research data, so that the meaning of research data can be understood properly.[15] In the intuitive stage, it is done by viewing and reading the data repeatedly so that the researcher gains a deep understanding of the phenomena data to be studied.

Analysing is a process of identifying essence or elements to compose phenomena and exploring relationships between elements of phenomena. The steps include: determining which sentences are considered significant from each participant's experience statement, as well as searching and grouping the meaning of the significant sentences that have been determined, and understanding the essential meaning of the phenomenon under study.[17-19] This step of analysing was used Open Code 4.03 software in the qualitative data analysis.

Describing is the last step, starting when the researcher understands and is able to provide an explanation of the phenomenon.[17-19] At this stage, a complete written description of the essential elements and structure of the phenomenon under study is made.

Participants

Participants in this study were postpartum mothers who experienced emotional anxiety problems in the form of postpartum blues or similar at RSIA Asih, Balikpapan City. The sample was selected by purposive sampling, a sampling method based on certain knowledge about a phenomenon.[15] The number of participants involved in this study was five people or until the final thematic was obtained. This is in line with the idea that the phenomenological approach usually only involves a small sample as research participants, as written in Polit and Hungler (2012)[17-19] that the number of samples most often used for qualitative research is ten people. To get a sample of mothers using purposive sampling. Both mothers who have just finished giving birth for 2 days or who come for a postpartum visit can fill out the EPDS Form, which scores 10 – 30 reaches 10 mothers, so it can be discontinued.

In this study, 8 participants were obtained after being screened using EPDS by being the research sample, they were determined as participants with the following inclusion criteria:

Willing to take part in research

EPDS Score 10 – 30

Able to communicate using good Indonesian

Mothers of couples of childbearing ages who have experienced emotional anxiety problems or the like after giving birth.

The recruitment of participants began after a research permit from the Poltekkes of the Ministry of Health of East Kalimantan and permission to collect data at the Health Centre in the Balikpapan City Health Office area.

Source of data

Data in phenomenology is often a retrospective description, because in phenomenology the most important thing is how the person actually experiences and interprets the situation. In addition, because what directs the analysis of descriptive data is the search for psychological meaning of the participants being studied, a description of what it looks like for participants is very good data.

Procedures and data collection tools

The setting for qualitative research is the field. The field is a place where interesting individuals live where they experience life. The question is done in the home, ward, classroom, or chosen site. Being on the field requires reciprocity in decision making. Researchers do not control the study setting or those who provide the information. Informants or participants will decide what information they share with researchers.[15] A field note is a notation usually made by ethnographers to document observations. These records become part of the data analysis. When recording field notes, it is important that researchers document what they have heard, seen, thought, or experienced, offers examples of types of field notes with detailed descriptions of how to write them.

Validity of data

Guarantee of validity or honesty in data collection is an important requirement in the analysis of research data. The results of qualitative research analysis can be trusted when they are able to accurately convey participants' experiences of the phenomena studied.[15] The principle of data validity in qualitative research is based on the criteria of credibility, audit ability, and fittingness. A study is said to reach the criterion of credibility when it has a reliable description, or a description of the phenomena of life experiences written by the researcher, recognized by the participants as their experiences.[20-22]

Audit ability is the ability of readers of research reports to understand clearly the thoughts, decisions, methods, explanations and justifications used by researchers in phenomenological research conducted.[20,21] The criterion for the validity of the data for further research is fittingness which refers to a condition where other people who have the same experience with the research phenomenon say that the research data is similar to what they experienced.[20,21]

Processing and data analysis

The process of data analysis in phenomenological qualitative research can be done in several ways. This study uses the analytical method

according Open Code 4.03 software in the qualitative analysis and Collaizi.[15] This method was chosen, because the steps of data analysis according to Collaizi are quite simple, clear and detailed to be used in this study. The stages of analysis carried out in this study are:

Describe the phenomenon of psychosocial nursing care for mothers who have experienced labour difficulties.

Collect participant descriptions of psychosocial nursing care when experiencing labour difficulties.

Read all descriptions of psychosocial nursing care when experiencing labour difficulties that have been submitted by participants.

Reread the transcript of the interview and cite significant statements.

Describe the meaning of significant statements.

Organizing the collections of meaning that have been formulated into groups of themes.

Write a complete description.

Meet with participants to ensure the suitability of the description of the analysis results with participants' experiences.

Incorporating the adjusted data into the description of the analysis results.

RESULT

Characteristics of participants

The participants who participated in this study were seven people with quite diverse characteristics, the average education of the spouses was high school, and one was junior high school. Most was private employment, one teacher and two officers of State.

Overview of research results

In the description of the results of this study, the researchers identified data from interviews, observations (during interviews), field notes and literature review. Researchers analysed it and obtained eight groups of themes based on the research objectives, namely: (1) History of the Childbirth Process (2) Mood and Affect (3) Physiological Considerations (4) Thinking Process (5) Support System (6) Relationship with family and health workers (7) Expectations that you want in the future.

DISCUSSION OF RESULTS

The eight groups of themes were identified in this study which aims to determine the experiences and expectations of psychosocial nursing services for mothers experiencing post-partum blues in the city of Balikpapan. The following is a discussion of each of these themes:

History of childbirth process: Participants in this study admitted that there were physical complaints when preparing for birth, especially the induction given to participants so that they were not ready to feel the pain that was stimulated and had a traumatic impact on participants who experienced it. The results of this study are also in accordance with research conducted by Nystedt, Hagberg & Lundman (2007, in Ulid 2010) which states that memory about pain is very strong and more dominant than other feelings will cause pain management care to be not optimal.

Mood and affection: The results of this study are in line with the findings of Henshaw (2005, in Susanti 2017) which says that in the postpartum period psychological changes also occur as a result of physical changes that occur and this is the norm. If the mother can understand and adjust physically and psychologically, then the mother does not experience fear, worry or anxiety. Conversely, when the new mother is too afraid, worried, and anxious about the changes that occur in her, the mother can experience psychological disorders.

Physiological considerations: An exploratory study conducted by Souza, *et al* (2009) on mothers who almost died during childbirth, also supports the findings of this study. The study concluded that the main components of the emotional response that mothers have in childbirth with complications are fear and feelings of death. In line with these results, a study conducted by Berg and Sparud-Lundin (2009), regarding the experience of getting support during pregnancy and childbirth in mothers with type 1 diabetes, showed that some mothers interviewed in the study reported a fear of worsening the condition of their baby give birth later.

The thinking process: The existence of a sense of origin and a lack of concentration that was felt and found by this study was supported by the results of Dewey's research (2001, in Sherly 2016) from mothers who experienced stress during pregnancy and childbirth experienced problems that breast milk had not come out during the puerperium or postpartum period. The levels of the hormones oestrogens and progesterone decrease as soon as the placenta is born, the two hormones responsible for lactation are prolactin and oxytocin. When the mother is in a state of stress, confusion, confused thoughts, fear or anxiety, it will affect the release of oxytocin from the neurohypophysis, causing the let-down reflex to be blocked.

Support system: In this study, it was found that there were participants who had a desire to hurt themselves, where this study was supported by individuals who are depressed always blame themselves, feel deep sadness and despair for no reason. They perceive themselves and the entire natural world in a dark and gloomy atmosphere. This gloomy outlook creates an ongoing feeling of hopelessness and helplessness (Albin, 1991).

Relationships with family and health workers: In this study, it can be seen the amount of support felt by participants given by the family, especially husbands, this is supported by the research of Cury (2008) and Elvira (2006) (in Devi, 2016) which say that poor marital relationships and inadequate social support affect the incidence of postpartum blues and husband's support in the form of attention, communication, and intimate emotional relationships are the most significant factors triggering the occurrence of postpartum blues and postpartum depression. The family support in question is communication and a good and warm emotional relationship with parents, especially mothers. From the results of the research conducted, it was found that the low or uncertainty of husband and family support will increase the incidence of postpartum depression.

Expectations that mother wants in the future: Research on maternal expectations for maternity services (Gamble, Creedy & Teakle, 2007) states that factors related to a sense of security, self-control, continuity of care provided, and the success of the mother through the delivery process are recognized as very important for maternity mothers. Furthermore, this research also supports results of research by D'Ambruoso, Abbey, & Hussein (2005 in Ulid 2010). Research on the value of maternity services during labour and delivery reports that all mothers involved in the study expressed their desire to be served by officers who behaved positively, furthermore in his research, D'Ambruoso, Abbey, & Hussein (2005), stated that mothers who being a participant in the study they admitted that they would consciously change their place of delivery and recommend the same to others, if they received unacceptable treatment and felt humiliated.

LIMITATIONS OF RESEARCH

The research in this study was felt when it was about to begin to take a deeper approach to explore the complaints and symptoms felt by the participants towards the postpartum blues, although the data obtained showed that there were symptoms that were felt, many participants chose to withdraw or refuse further approaches to be given. by

researchers, especially when they know that interviews and deeper data mining will be carried out with psychologists. This makes participants reluctant to continue with any approach taken. Another limitation is the language of the participants which makes it difficult for the analysis process. The language of all participants in this study is Indonesian with several regional dialects and languages that are difficult to explain the meaning of the participants. Researchers experienced difficulties during the data analysis process, especially when looking for the appropriate equivalents in Indonesian expressions that truly represent the expressions, and which can be understood by the readers of the results of this study later.

Implications for nursing

The results of this study can also help related parties to develop plans related to nursing services and develop programs that involve factors that become sources of social support for participants, especially husbands and families. With the identification of the number of respondents who have postpartum blues symptom factors in the community, it can be used as a basis for compiling and developing psychosocial nursing service delivery programs that involve husbands and families in an effort to reduce and suppress the occurrence of postpartum blues and anticipate bad risks if the mother experiences postpartum blues.

Nurses are professions that have more interaction with patients than other health workers. This also applies to nurses who work in the maternity department. A greater opportunity to provide more adequate nursing care is made possible by this situation. Lack of understanding of appropriate nursing care in various areas of nursing is a common weakness. The results of this study have implications for nurses who serve in services to identify what forms of psychosocial care are still expected by patients in undergoing the postpartum period. These results have implications for providing an initial picture of what nursing students will face on duty at the maternity station.

REFERENCES

1. Ivena. Mengenali Perbedaan Depresi Postpartum dan Baby Blues. 2018.
2. Muzik M, Bocknek EL, Broderick A, Richardson P, Rosenblum KL, Thelen K, *et al.* Mother-infant bonding impairment across the first 6 months postpartum : The primacy of psychopathology in women with childhood abuse and neglect histories. Arch Women's Ment Health. 2013;16(1):29-38.
3. Johannsen BMW, Larsen JT, Laursen TM, Bergink V, Meltzer-Brody S, Munk-Olsen T. All-Cause Mortality in Women With Severe Postpartum Psychiatric Disorders. US National Library of Medicine National Institutes of Health. Am J Psychiatry. 2016;173(6):635-42.
4. O'Hara MW, McCabe JE. Postpartum depression: Current status and future directions. Annu Rev Clin Psychol. 2013;9:379-407.
5. O'Hara MW, Wisner KL. Perinatal mental illness: Definition, description and aetiology. Clin Obstet Gynaecol. 2014;28(1):3-12.
6. Bergera A, Bachmann N, Signorellc A, Erdind R, Erdind S, Reichc O, *et al.* Perinatal mental disorders in Switzerland: prevalence estimates and use of mental-health services. Swiss Med Wkly. 2017;147:w14417.
7. Samiadi LA. Mengenal Gejala Depresi Postpartum Usai Melahirkan. Hello Sehat. 2017.
8. WHO Collaborating Centre for Drug Statistics Methodology. Guideline for ATC classification and DDD. Oslo, Norway: Norwegian Institute of Public Health. 2017.
9. Annisakarnadi. Depresi Post Partum. 2014.
10. Dira IKPA, Wahyuni AS. Prevalensi Dan Faktor Risiko Depresi Postpartum Di Kota Denpasar Menggunakan Edinburgh Postnatal Depression Scale, Denpasar. E-Jurnal Medika. 2016;5(7).
11. Sipasulta GC, Nurhayati. Efektifitas Penilaian menggunakan Ante Natal Risk Questionnaire (ANRQ) Terhadap Kejadian Depresi Postpartum Di Kota Balikpapan tahun 2016. Samarinda. Poltekkes Kemenkes Kaltim. 2016.
12. Direktur Bina Kesehatan Jiwa. Rencana Aksi Kegiatan Tahun 2015-2019 Direktorat Bina Kesehatan Jiwa. Direktorat Jenderal Bina Upaya Kesehayan. Jakarta. 2014.
13. Yustitia A. Baby Blues dan Depresi Postpartum, Apa Bedanya? Pijar Psikologi. 2018.
14. Creswell JW. Research design : qualitative, quantitative, and mixed methods approaches / 4th ed. SAGE Publications, Inc. 2455 Teller Road Thousand Oaks, California 91320. 2014.
15. Streubert HJ, Carpenter DR. Qualitative Research in Nursing. Advancing the Humanistic Imperative Fifth edition. Wolters Kluwer Health Lippincott Williams & Wilkins. 2011.
16. Moleong, Lexy J. Metodologi Penelitian Kualitatif. Bandung; PT Remaja Rosdakarya Offset. 2007.
17. Polit DF, Hungler BP, Beck CT. Essentials of nursing research : methods, appraisal, and utilization . 5th ed. United States Philadelphia : Lippincott. 2001.
18. Polit DF, Beck CT. Essentials of nursing research : methods, appraisal, and utilization United States Philadelphia : Lippincott Williams & Wilkins. 2006.
19. Polit DF, Beck CT. Nursing Research: Generating and Assessing Evidence for Nursing Practice. Lippincott Williams & Wilkins, 2008 - 796 halaman. 2008.
20. Sandelowski M. From Meta-Synthesis to Method: Appraising the Qualitative Research Synthesis Report. 2008.
21. Sandelowski M. Reviewing Research Evidence for Nursing Practice: Systematic Reviews. John Wiley and Sons. 2008;88-111.
22. Gisbey PJCK. Quantitative Research Design Project (Part 2) Research. 2016. ·
23. American Psychiatric Association. Diagnostic manual and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing. 2013.
24. Bauer AE, Maegbaek ML, Liu X, Wray NR, Sullivan PF, Miller WC, *et al.* Familiality of psychiatric disorders and risk of postpartum psychiatric episodes: A population-based cohort study. Am J Psychiatry. 2018;175(8):783-91.
25. Castroa RTA, Schroederb K, Pinardc C, Blöchlingerc P, Künzlic H, Riecher-Rösslerb A, *et al.* Perinatal mental health service provision in Switzerland and in the UK Article in Swiss medical weekly: official journal of the Swiss Society of Infectious Diseases, the Swiss Society of Internal Medicine, the Swiss Society of Pneumology. Swiss Med Wkly. 2015;145:w1401.
26. Kementerian Kesehatan RI. Kesehatan Jiwa sebagai Prioritas Global. Dipublikasikan Pada. 2009.
27. Kementerian Kesehatan RI. Data Dan Informasi Profil Kesehatan Indonesia 2017 Pusat Data dan Informasi. Sekretaris Jenderal Kementerian Kesehatan RI. 2018.
28. Kementerian Kesehatan RI. Profil Kesehatan Indonesia 2017 Pusat Data dan Informasi. Sekretaris Jenderal Kementerian Kesehatan RI. 2018.
29. Khatun F, Lee TW, Rani E, Biswash G, Kim S. The Relationships among Postpartum Fatigue, Depressive Mood, Self-care Agency, and Self-care Action of First-time Mothers in Bangladesh. Korean Soc Women Health Nurs. 2018.
30. Postpartum Depression. https://www.alodokter.com/postpartum-depression
31. Sipasulta GC, Nurhayati, Hazanah S, Diergantara S. Pendidikan Kesehatan mengenal risiko mengalami depresi pada tahapan postpartum menggunakan Ante Natal Risk Questionnaire (ANRQ).

Pengabdian Masyarakat Tri Dharma Perguruan Tinggi Poltekkes Kemenkes Kaltim. 2018.

32. Sparling TM, Nesbitt RC, Henschke N, Gabrysch S. Nutrients and perinatal depression: a systematic review. J Nutr Sci. 2017;6:e61.
33. Streubert HJ, Carpenter DR. Qualitative Research in Nursing: Advancing the Humanistic Imperative. Lippincott Williams & Wilkins, 2003 - 374 halaman. 2003.
34. Depresi Postpartum. 2016.
35. Muhith A, Winarti E, Perdana SSI, Haryuni S, Rahayu KIN, Mallongi A. Internal Locus of Control as a Driving Factor of Early Detaction Behavior of Servical Cancer by Inspection Visual of Acetic Acid Method. Open Access Maced J Med Sci [Internet]. 2020Apr.20 [cited 2022 Nov. 10]; 8(E): 113-6
36. Masriadi, Rahmawati Azis, eha Sumantri, Anwar Mallongi. Effectiveness of non pharmacologic therapy through surveillance approach to blood pressure degradation in primary hypertension patients, Indonesia. Indian Journal of Public Health Research & Development, 2018; 9(2): 249-255

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