

## Baby Blues Syndrome in Postpartum Mothers and Islamic Perspective: A Qualitative Study in Gowa, Indonesia

Baby Blues Syndrome pada Ibu Nifas dalam Perspektif Islam: Studi Kualitatif di Gowa, Indonesia

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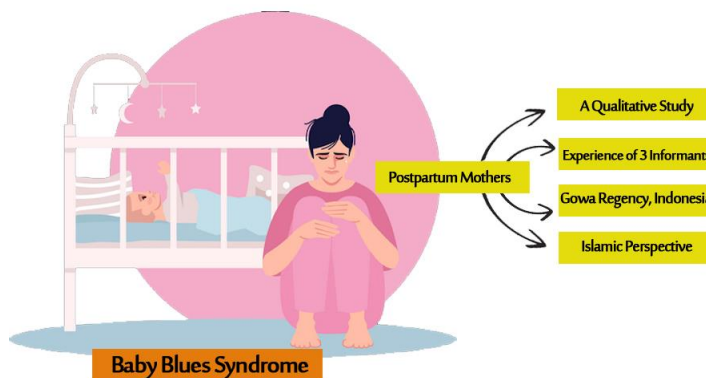
### Abstract

Baby blues syndrome or mild depression tends to be experienced by mothers in the first week after giving birth and can have an effect on the physiological condition of the mother and the child's development. This study aims to describe in more depth the experience of baby blues syndrome in postpartum mothers in the work area of the Samata Health Center, Gowa Regency, so that they know what are the causal factors and what symptoms are experienced by postpartum mothers with baby blues syndrome. Using qualitative research methods with a phenomenological approach. The sampling technique uses purposive sampling techniques and data analysis techniques according to Colaizzi. There are three informants and the results of this study have been arranged into several themes, namely; feelings, behavior and thoughts of mothers who experience baby blues syndrome, causes of baby blues syndrome in postpartum mothers, and psychosocial needs and spirituality of postpartum mothers in the letting go phase. The conclusion from this study is that social support is one of the dominant factors that trigger postpartum mothers to experience baby blues syndrome. The results of this study prove the view of the Qur'an that women are creatures that are not strong enough physiologically so that it is necessary to pay attention during pregnancy because this period is considered to cause increased weakness.

### Abstrak

*Baby blues syndrome* atau depresi golongan ringan cenderung dialami ibu di minggu pertama setelah persalinan dan dapat berefek pada kondisi fisiologis ibu dan tumbuh kembang anak. Penelitian ini bertujuan untuk menggambarkan secara lebih mendalam tentang pengalaman *baby blues syndrome* pada ibu postpartum di wilayah kerja Puskesmas Samata Kabupaten Gowa, sehingga mengetahui apa saja faktor penyebab dan gejala-gejala apa saja yang dialami oleh ibu postpartum dengan *baby blues syndrome*. Menggunakan metode penelitian kualitatif dengan pendekatan fenomenologi. Teknik pengambilan sampel menggunakan teknik purposive sampling dan teknik analisis data menurut Colaizzi. Informan berjumlah tiga orang dan hasil penelitian ini telah disusun menjadi beberapa tema yaitu; perasaan, perilaku dan pikiran ibu yang mengalami *baby blues syndrome*, penyebab terjadinya *baby blues syndrome* pada ibu postpartum dan kebutuhan psikososial dan spiritualitas ibu postpartum pada fase *letting go*. Kesimpulan dari penelitian ini yaitu dukungan sosial menjadi salah satu faktor dominan yang menjadi pencetus ibu postpartum mengalami *baby blues syndrome*. Hasil studi ini membuktikan pandangan Qur'an bahwa wanita merupakan makhluk yang tidak cukup kuat secara fisiologis sehingga perlunya perhatian pada masa kehamilan karena masa itu dianggap dapat menyebabkan kelemahan yang meningkat.

### Graphical Abstract



### Keyword

baby blues syndrome; depression; islamic perspective; postpartum; pregnancy

### Artikel History

Submitted : 15 August 2023  
In Reviewed : 18 August 2023  
Accepted : 27 August 2023  
Published : 31 August 2023

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## INTRODUCTION

In general, postpartum mothers will feel physiological or psychological differences. It is not surprising that a mother will feel a change in her attitude. Changes in a mother's attitude and mood are influenced by an increase in the hormone cortisol in the mother's body (Namuju et al., 2018). Changes that result in physical differences and more complex emotional levels will require a process of adjusting to lifestyle with the process of pregnancy that occurs (Sofiana, 2022).

Physiological changes in postpartum mothers include changes in the reproductive system, endocrine system, urinary system, abdomen, gastrointestinal system and musculoskeletal system. Meanwhile, the psychological adaptation process is a postpartum adaptation process which includes three phases such as the taking in phase, the taking hold phase, and the letting go phase (Taviyanda, 2019). During the period of psychosocial adaptation a mother will feel uncertain feelings, such as panic and excessive worry (Molgora et al., 2018). So that this condition will make the mother feel depressed and feel unable to be responsible for caring for her baby. Incidents like this can be called a failure to adapt to psychosocial. The impact of failure of psychosocial adaptation such as postpartum blues disorders or commonly referred to as baby blues syndrome, postpartum depression, and postpartum psychosis or postpartum psychiatric disorders (Rosa et al., 2021).

There are three kinds of psychiatric disorders in the postpartum period in mothers, namely postpartum blues such as maternity blues or baby blues syndrome, postpartum depression and partum psychosocial. Baby blues syndrome is a syndrome with disturbed emotional stability on a mild scale in a postpartum mother as a result of the process of adaptation to the birth of a baby that occurs within a few hours up to 2 weeks or 14 days postpartum, usually the climax of emotional and mood imbalances occurs on the day third or fifth. Baby blues syndrome can be likened to the occurrence of an iceberg, which means it is difficult to recognize because people already take psychiatric disorders for granted and think that this disorder is a very natural thing to happen to a mother who has just given birth as a form of affection for their baby. So that many mothers do not realize that they are actually experiencing baby blues syndrome (Glasser et al., 2018).

It is estimated that almost 50-70% of all postpartum women will experience baby blues or postnatal syndrome which occurs on the 4-10th day

postpartum (Nova & Zagoto, 2020). There is data from WHO (2018) which says that the incidence of postpartum blues worldwide ranges from 0.5% to 60%. In Asia, postpartum blues problems are recorded at 3.5% to 63.3% (Klainin & Arthur, 2019). Although, the incidence of depression in mothers during pregnancy in developing countries is higher than in developed countries where the prevalence ranges from 7.4-13%, there are not many special psychiatric health facilities for perinatal in developing countries. Especially in Indonesia, the number of mothers experiencing postpartum blues or baby blues is estimated at 30% (Kementerian Kesehatan RI, 2019).

Even though baby blues syndrome or postpartum depression is still classified as a mild mental disorder, if it is not given good treatment and there is no support from the people around it, it will make this syndrome a serious mental disorder which can cause several family members to feel anxious, panic and stressed (Meltzer-Brody et al., 2018). Baby blues syndrome with a mild scale can be handled and the risks reduced by increasing physical activity so as to generate good positive energy for yourself (Gilbert et al., 2019).

Based on data from the Samata Health Center, Gowa Regency, it was stated that from January to December 2021 there were 108 mothers giving birth, 23 of whom were grandemultipara mothers (partum mothers who had experienced giving birth more than 3 times), 37 of whom were multigravida mothers (partum mothers who had experience giving birth) and 48 of them were primigravida mothers (partum mothers who gave birth for the first time). There is data showing that parturition mothers aged 25 years and under totaled 48 people. Meanwhile, from January to December 15 2022 there were 110 parturition mothers, 20 of whom were grandemultipara mothers, 35 of whom were multigravida mothers, and 55 of whom were classified as primigravida mothers. And there were 53 mothers who gave birth under the age of 25 at the Samata Health Center, Gowa Regency. Based on data for the last 2 years from the Samata Health Center, Gowa Regency, there has been an increase in primigravida mothers and an increase in parturition mothers who are under 25 years old.

Several studies on baby syndrome have been carried out in Indonesia, such as Aryani et al. (2022) in Banda Aceh City, Laitupa et al. (2023) in Marauke Regency, and Yolanda (2019) in Payakumbuh City. This study complements previous studies that focused

**Table 1**  
*Characteristics of Informants*

Informant	Age	Child to	Education	Work	Income	EPDS Score
I	24	1	Senior high school	Housewife	< IDR 3,529,181	27
II	30	2	Bachelor	Entrepreneur	> IDR 3,529,181	27
III	23	1	Senior high school	Student	< IDR 3,529,181	30

more on the Gowa Regency, South Sulawesi Province. This study aims to describe in more depth the experience of baby blues syndrome in postpartum mothers and find out what are the causative factors and symptoms.

## METHODS

This study used qualitative research methods. A population of 53 postpartum mothers, Purposive and Snowball were used to take samples in order to obtain 3 informants. The method of data collection is carried out using the triangulation technique or unifying technique. Data analysis from qualitative research methods is inductive. The research location was in the Samata Health Center, Gowa Regency, which is one of the locations for the health center that prioritizes mental health in the target community. After obtaining ethical clearance and the informant filled out the informed consent. Postpartum mothers who are diagnosed with baby blues syndrome are given the Edinburgh Postnatal Depression Scale (EPDS) instrument. The results of the qualitative research focus more on meaning than generalizations using qualitative methods with a phenomenological design that aims to explore more deeply about how postpartum mothers experience baby blues syndrome. The research data was compiled using a direct interview process with postpartum mothers who experienced baby blues syndrome which were then analyzed using the Colaizzi method.

## RESULTS

Table 1 shows that this research used 3 postpartum mothers as informants. All informants have gone through self-screening using the Edinburgh postpartum depression scale (EPDS) questionnaire with a score > 10 which means that postpartum mothers experience baby blues syndrome. The language used at the time of the interview was everyday language and occasionally used Indonesian.

The results of this study were compiled based on the results of data analysis according to Colaizzi, from the results of interviews with three postpartum mothers as informants in the form of MP3 recording

data in the form of interview transcripts. After the researcher made the interview transcripts that were produced from the audio recordings used during the research, the next step was that the researchers determined the keywords for each answer obtained from the informants, determined the categories, to produce themes that were arranged based on the research objectives. Based on the results of the researcher's analysis of the results of interviews with informants in the work area of the Samata Health Center regarding the experience of baby blues syndrome in postpartum mothers, it was obtained and has been arranged in the form of the following themes.

In this theme, there are three categories of feelings, behaviors and thoughts of postpartum mothers when experiencing baby blues syndrome in the form of category I; feelings of stress, category II; the behavior of wanting to keep crying, getting angry and wanting to stay away from the baby, as well as category III; thoughts out of control. Category I is supported by the informant's statement as follows:

*"Anyway, I'm always a little stressed, especially since this was my pregnancy yesterday, the pregnancy that I've been waiting for the most because I got married for three years and then I'm pregnant again"* (Informan I)

*"I seemed to be stressed when I was pregnant, at first I didn't know if I was pregnant, so I often behaved strangely."* (Informan II)

*"Maybe I should die, that's what I thought, I think I'm depressed, I'm stressed."* (Informan III)

In addition, the behavior of the three informants arose, such as frequent crying and anger. This second category is supported by the informant's statement as follows,

*"Usually when I'm stressed I often cry"* (Informan I)

*"I often cry, Miss."* (Informan II)

*"Feels strange, I often get angry, it was different when I was pregnant with my first child ..."* (Informan II)

*"I kept crying every night, then became depressed, I thought it was my fault that I was pregnant"* (Informan III)

In category II, the informants also felt the behavior of wanting to stay away from their baby. Category II is supported by the informant's statement as follows,

*"I don't want to touch my baby, especially since my stitches hurt so much that I don't want to hold him"* (Informan I)

*"I never accepted his presence. when I breastfeed I see him like a snake, so sometimes I'm afraid to see him so I often scream I don't want to breastfeed him.."* (informan II)

*"In fact, I don't want to breastfeed my child because of the absence of his father, so why should I breastfeed..."* (Informan III)

In addition, category III emerged from the three informants, namely thoughts that were out of control, such as wanting to scratch the wall and wanting to kill oneself, children and husband. This category is supported by the informant's statement as follows,

*"Sometimes I have the feeling that I want to scratch the walls, because I get stressed hearing what people say, especially because I don't have breast milk ..."* (Informan I)

*"It's no longer possible to express it with my words, nurse, sometimes it's all emotional, I want to kill my father, I want to kill my son, I want to kill all of them, nurse, it's not that anymore, baby blues, nurse.."* (Informan II)

*"I thought about hanging myself, killing myself, but I thought why I would die, it would be better if my husband and my son were killed. So, I can live on my own. That's what I thought"* (Informan III)

Feelings, behavior and thoughts in postpartum mothers who experience baby blues syndrome arise because of several factors that trigger the occurrence of baby blues syndrome. This was stated by informants who had been interviewed by researchers on the second theme.

In theme II, there are several categories of factors that trigger the occurrence of postpartum mothers experiencing baby blues syndrome, category I; husband who lacks attention or it can be said that there is no support from the husband, no family support, category II; fatigue, lack of sleep and food, category III; maternal health conditions during pregnancy, health problems that arise after partum, as well as category IV; breastfeeding experience. In category I supported by the statement of the informant as follows,

*"We are so tired anyway, we just don't want more if our husbands take care of us, my husband who pay attention to me"* (Informan I)

*"The main thing is there is no support from the nuns except for friends of the sisters, neighbors, right? I'm a self-employed nurse, so sometimes that's what..."* (Informan II)

*"When I just came right then, didn't I pay attention, but, keep playing the game and make it, let me ask you to tell me to carry this first"* (Informan III)

All of the informants who took part in this study experienced several factors which resulted in them experiencing baby blues syndrome which is included in category II; Informants experience fatigue, lack of sleep and no appetite. This is supported by the following informant statement,

*"Eee... I'm overwhelmed, sorry because there's a lot... uh... I just had a cesarean section and I have a lot of work to do"* (Informan I)

*"He also cried, I'm exhausted maybe, sister. My head is spinning, nurse. I was stressed to the point that I wanted to suffocate because I didn't accept the situation, why did it exist"* (Informan II)

*"Like I feel very difficult..but how else, I don't know. He.. he.. suddenly I want to cry"* (Informan III)

In category III; The mother's health condition during pregnancy and after delivery is also a driving factor for baby blues to occur in postpartum mothers. This is supported by the following statement,

*"During pregnancy, my water ruptured so I suddenly had a caesarean section. In fact, in my husband's family, everyone gave birth normally..."* (Informan I)

*"Yesterday I had experienced breast milk containment, nurse, until my breasts swelled nurse, that's what made me stressed and had time to commit suicide"* (Informant II)

*"Eem my placenta is problematic, in pieces. Then, after three days of giving birth, I was brought back to the hospital to be cured and given out the placenta"* (Informant III)

In category III, postpartum mothers have experiences that are not very memorable when breastfeeding babies. This experience causes postpartum mothers to experience baby blues syndrome. This is supported by the following informant statement,

*"I heard a story like that, not to mention that my breast milk didn't come out, it didn't come quickly, eh... I mean, it's still taking a long time, that's it, it's becoming a topic of conversation that's giving me stress"* (Informant I)

*"In fact, you don't want to breastfeed my child because...eee...why should I breastfeed if the father isn't there, why should I breastfeed..."* (Informant III)

From several factors that trigger the occurrence of baby blues syndrome felt by postpartum mothers, it can be concluded that social support is one of the dominant factors for postpartum mothers experiencing baby blues syndrome. This was stated by informants who had been interviewed on the third theme.

In the third theme, several categories were found which were arranged in the form of ways used by the informants to overcome the Baby blues syndrome they experienced. Among them were category I; increasing prayers, praying to God, consuming the food and drink you like, meeting friends and playing social media. Category II; Feelings of postpartum mothers in the letting go phase. This is supported by the informant's statement as follows,

*"If it's like that, sometimes I keep praying, praying a lot, praying tahajjud, praying repentance so that my feelings feel good. Usually my husband buys me the drink I like, the food I like, so that I feel good"* (Informant I)

*"My family... there is no support... only God's support, pray to God, give it back to God because everything is returned to God right, sister. I also go for walks and am entertained by the people around me."* (Informant II)

*"Prayer, just look at social media, tiktok. That's great... sometimes people laugh at my stories, I must have been depressed at that time."* (Informant III)

In the third category, the postpartum mother has entered the letting go phase, which is the day when the postpartum mother has been able to adapt to her new roles, activities and psychology as a mother. In this category, informants who are already in the letting go phase have been able to fulfill their psychosocial needs in the form of social support from those around them so that informants can re-arrange their future. This is supported by the following informant statement,

*"I think I feel calmer because... Mmm... I'm starting to accept everything, my husband is also starting to gradually trust me to take care of my child."* (Informant I)

*"It's nice to be able to accept reality again because my second child is just too funny."* (Informant II)

*"That's why I said I want to go to college, I want to plan my future, this is what I did why I was able to get up, if I didn't go to college I might have died a long time ago, I killed myself".* (Informant III)

## DISCUSSION

### **Feelings, Behaviors, and Thoughts of Mothers**

According to [Widyaningtyas \(2019\)](#) baby blues syndrome is an experience felt by some postpartum mothers with uncertain feelings and emotional levels experienced on the first day and first week they become mothers. As many as 50% to 80% of postpartum mothers always feel sudden sadness, anger, and anxiety. [Hapsari \(2022\)](#) also stated that Baby blues syndrome is believed to be a mild emotional disorder problem and is often taken for granted by postpartum mothers, families, people around and health workers.

[Wijaya et al. \(2022\)](#) in his research said that in the nursing concept model compiled by Cheryl Tatano Beck (Postpartum Depression Theory) revealed that mothers who have just gone through the delivery process will usually experience stress, feel fatigue, anxiety, unstable moods and thoughts of want to hurt myself. Meanwhile, according to [Fatmawati & Gartika \(2021\)](#) The symptoms indicating the presence of baby blues syndrome or postpartum depression experienced by postpartum mothers are more

frequent crying suddenly and continuously, the emergence of unreasonable feelings of sadness, loss of appetite for food, decreased sleep quality, causing effects of fatigue and difficulty in activities. The impact of all these symptoms will make a mother ignore her own baby or biological child.

In the results of this study, data analysis was found showing that postpartum mothers who experience baby blues syndrome feel sad, often cry, feel prolonged stress, are too sensitive, resulting in thoughts that are out of control, such as wanting to scratch the wall, wanting to kill themselves, children and husband. In this study, only two out of three informants felt happy during pregnancy, even though the expression of that feeling was only in the opening of the story and the rest was followed by expressions of other emotions.

This is in line with research conducted by [Rahma et al. \(2023\)](#) which said there were several symptoms that postpartum mothers felt when experiencing baby blues syndrome, namely, feeling a constant feeling of sadness for no reason, irritability, irritability, anxiety, feeling guilty, not accepting reality, lack of attraction to the baby resulting in the mother blaming the pregnancy, irregular rest periods, limiting oneself from socializing, even increasing feelings of depression which makes the postpartum mother unable to control her feelings resulting in feelings of wanting to hurt herself, her children and husband, and attempts suicide. If this event lasts a long time it will result in behavioral disturbances, cognitive disorders that endanger the child's development.

According to the assumptions of the researchers in this study, most mothers start from the period of pregnancy and the period after delivery occurs (Postpartum). Symptoms felt by postpartum mothers who experience baby blues syndrome are characterized by protracted feelings of sadness, the emergence of excessive anxiety, and feelings of worry because they do not have the confidence to take care of their babies. This baby blues syndrome can cause short-term and long-term effects so that it can result in a feeling of not caring about the baby so that bonds are not created between mother and baby which can result in a child's cognitive development being disrupted, not being able to get along with people around him. In addition, this baby blues syndrome presents a situation that is not too harmonious for husband and wife relationships, family and if it is not handled properly it will turn into postpartum depression.

In a study conducted by [Rahma et al. \(2023\)](#) said that there is one possible cause of baby blues syndrome in postpartum mothers, the reason for this is the instability of the levels of the hormones estrogen and progesterone in a woman's body quickly right after delivery has occurred. This is what increases chemical changes in the brain so that postpartum mothers experience mood swings or mood swings. Especially after giving birth, the quality of a mother's sleep will greatly decrease and be irregular while the mother's condition has not fully recovered after giving birth. This is according to [Sipasulta et al. \(2023\)](#) it is believed that postnatal women experience baby blues syndrome by feeling reactions of depression, sadness, crying easily, more sensitivity, anxiety, uncertain feelings so they often blame themselves, experience decreased sleep quality, decreased appetite. Usually these symptoms will disappear within a few weeks after delivery occurs.

This is in line with research conducted by [Hobeika et al. \(2023\)](#) which said childbirth causes important changes in maternal physiology, triggering the emergence of psychopathological symptoms that differ in intensity and frequency. These psychopathological symptoms include various forms of anxiety and depression, which surface especially during the time when the mother is recovering physically after giving birth. In addition, short-term and long-term impacts on the welfare of mothers and children can be detected. Baby blues are short-term conditions triggered by childbirth, presenting mild symptoms such as anxiety, mood swings and amplified emotional reactivity, with minimal impact on functioning. Baby blues are reported to occur in 15-85% of women in the first 10 days after giving birth, with a peak incidence on the fifth day ([Wyska, 2019](#)).

[Hobeika et al. \(2023\)](#) suggested that the occurrence of postpartum baby blues is a common thing, temporary and does not require intervention, the relevance of its recognition must be noted because it is postulated as a risk factor for subsequent postpartum depression. The most statistically and clinically relevant psychological complication associated with childbearing is postpartum depression. Approximately 10-15% of women who give birth may develop postpartum depression, with differences between population groups and geographic locations. states that "Postpartum Onset" (class of major depressive disorder) is characterized by symptoms that appear 4-6 weeks after delivery. More specifically, symptoms of postpartum depression include disturbed appetite and

sleep, loss of energy, feelings of guilt, reduced attention, and plausible thoughts of suicide. Recent findings suggest a 19.8% prevalence rate of postpartum depression after birth

### **Causes of Baby Blues Syndrome**

The cause of the baby blues syndrome above, according to [Aryani et al. \(2022\)](#) the most common causes of baby blues syndrome are hormonal instability, age, method of delivery, support from husband and family, mother's educational level, and fatigue. In addition, [Aryani et al. \(2022\)](#) also suggested risk factors that could occur in postpartum depression or baby blues syndrome, namely inadequate economic income, parity, disharmony in relations with the husband's family and parents, not getting help from family or closest people would harm themselves during pregnancy and childbirth suddenly.

The factor in the occurrence of baby blues syndrome is due to aspects of hormonal problems, such as changes in decreased levels of estrogen, progesterone, prolactin, and estroil. The amount of estrogen after giving birth has an impact on the activity of enzymes, non-adrenaline, and serotonin which function in mood regulation and depression problems. The emergence of physical discomfort that is felt will cause emotional feelings in postpartum mothers, failure to adapt to the changes experienced, inability to change functions that occur in women. In this study, it was stated that informants experienced baby blues syndrome because they did not get support from their husbands and closest family, were not ready to accept pregnancy, fatigue, problems when breastfeeding a baby where the milk had not come out, fatigue, lack of appetite and decreased sleep quality were things -things that are believed to make postpartum mothers experience baby blues syndrome.

This is in line with research conducted by [Yuliarna et al. \(2023\)](#) which stated that a postpartum mother who experienced baby blues syndrome initially experienced messy sleep hours, lack of rest and lack of appetite. There are several factors that are believed to be the reasons why postpartum mothers experience baby blues syndrome, namely mother's age, parity, husband's support, education, economic and employment problems, traumatic birth processes, problems that arise before and after childbirth, bleeding, rupture of the membranes and pain shortly after the SC operation that suddenly occurred.

According to the researcher's assumption that the most common cause of the occurrence of baby

blues syndrome is the lack of support from husbands and families, the lack of attention received by a postpartum mother. In fact, a mother who has just gone through the difficult process of pregnancy and childbirth really needs more support and attention from those closest to her. The incidence of baby blues syndrome experienced by postpartum mothers is caused by psychological factors, including the lack of social and emotional support given from the surrounding environment such as husbands, family and friends. The function of the husband and family is very much needed during pregnancy and immediately after delivery occurs especially during the period of caring for the baby in order to reduce the risk of baby blues syndrome. Support obtained from the surrounding environment such as husband, family and closest friends plays an important role in the condition of the mother during pregnancy and after childbirth so that it is believed to be able to reduce and prevent the occurrence of baby blues syndrome or postpartum depression.

[Laitupa et al. \(2023\)](#) in his research said that several postpartum mothers who are experiencing baby blues syndrome, but sometimes they don't realize it, this is because it is considered a normal thing to happen after giving birth. In the delivery process it is considered a normal event, but sometimes the mother will feel high tension or anxiety and it will affect her psychological state even though this is something that naturally happens but is not allowed to continue for so long. A mother must prepare herself to go through conditions that will have an impact on stress levels. This readiness does not mean to eliminate the stressor but to reduce the burden of the stressor that is felt.

According to [Laitupa et al. \(2023\)](#) The thing that most greatly influences the incidence of baby blues experienced by postpartum mothers is the factor of social support in the form of attention and support so that postpartum mothers feel loved and cared for. Women who experience baby blues syndrome will feel they receive less support from family and the environment around, even though my mother really wanted it. The role of the husband and family in helping the mother care for the baby can reduce the feeling of fatigue felt by the mother so that it can minimize the incidence of baby blues syndrome. Therefore, it is hoped that husbands and the closest family of mothers who have just given birth should provide more support and assistance needed for postpartum mothers to prevent the occurrence of baby blues syndrome. Social support given to

mothers can be in the form of emotional expressions such as giving expressions of empathy, care and concern for them.

This is in line with research conducted by [Mariany et al. \(2022\)](#) which stated that mothers during pregnancy and the postpartum period really need social support from those around them. Social support such as providing important information and according to the condition of the mother, giving advice, helping mothers when experiencing difficulties in early pregnancy and after childbirth, as well as good attitude shown by those closest to them in the social environment of pregnant women and postpartum mothers. In addition, the closest people who are in the social environment can always show their presence which is believed to have a beneficial effect on the emotional level and affect the response of the mother's attitude as the recipient. The index of social support includes emotional attention, assistance, provision of information and validation to mothers during pregnancy to the postpartum period. Social support from husband is an important coping plan for postpartum mothers who experience postnatal stress and serves as a prevention strategy to reduce baby blues syndrome. Husbands can provide attention, well-created communication, and intimate and deep emotional connection. The form of support from the family, especially from the mother's parents, includes good and warm communication and emotional relations.

According to research conducted by [Qi et al., \(2022\)](#) states that partner relationships are a very important concern for postpartum women, to increase marital satisfaction and social support felt by postpartum women can prevent the development or setback of postpartum depression or baby blues syndrome. Couple-focused interventions or programs to promote father involvement in parenting are needed in the early postpartum period or even earlier. In China, apart from the husband, the mother-in-law is the main caregiver for the postpartum woman. Therefore, it is not surprising that concern for mother-in-law was also found to be a significant predictor of postpartum depression or baby blues syndrome. Our results further illustrate the effect of caring for mother-in-law on postpartum depression including two pathways as well as marital satisfaction, direct effects and indirect effects through social support. Therefore, improving the relationship between new mothers and their husbands or mothers-in-law, not only plays an important role in reducing postpartum depression directly, but also can indirectly prevent postpartum

depression and baby blues syndrome through increased social support.

[Wijaya et al. \(2022\)](#) in his research said that in the concept of Nursing Cheryl Tatano Beck (Postpartum Depression Theory) Beck suggested that there were 13 factors that trigger postpartum depression, namely prenatal depression, stress caring for children, stress towards life, social support, prenatal anxiety, satisfaction in marriage, history of depression, baby temperament, maternity blues, low self-esteem, socioeconomic status, marital status, unplanned or unexpected pregnancies, sleep and eating quality disorders, anxiety and feelings of insecurity, unstable emotional state, confusion mental illness, loss of identity, guilt and shame, and suicidal thoughts. This is in line with the results of research obtained from several informants who experienced baby blues syndrome due to lack of social support, anxiety and stress during the prenatal period, maternity blues, unplanned pregnancies, sleep and eating quality disorders, unstable emotional states, self-guilt and thoughts of hurting oneself by committing suicide. However, the research results obtained in this study said that some informants were not at risk of baby blues syndrome because the economic period in the family was considered sufficient, there was no history of depression and temperament in babies, marital status was considered not a problem for the three informants, there was no low self-esteem disturbance and loss of identity in each informant.

Meanwhile, according to [Laitupa et al. \(2023\)](#) in his research revealed that the willingness of the closest people to provide emotional support such as hearing the mother's complaints, will have a positive impact as a means of releasing emotions, reducing anxiety, making the mother feel comfortable and at ease, cared for and loved when facing various pressures in her life. their life. Apart from these factors, Sectio Caesaria (SC) delivery is also one of the factors that cause baby blues syndrome. Postpartum mothers with cesarean section deliveries are more susceptible to baby blues syndrome and can even progress to postpartum depression compared to mothers who go through a reflex birth process. Apart from causing a feeling of trauma, delivery by cesarean section method can increase pressure on the family's economy, which can also result in baby blues. The poor economic situation causes mothers to feel worried about their child's future so that mothers experience a heavy burden that causes postpartum baby blues syndrome.



### **Psychosocial and Spiritual Needs of Mothers**

In this phase the mother is more accepting of her new condition as a parent, the condition of the tired body after giving birth has fully recovered so that during this period the mother is more accepting of her new role as a parent (Balqis et al., 2022). In addition, in this phase a mother is able to adapt psychologically or commonly referred to as the letting go phase, which is the day when the postpartum mother is able to adapt to her new role and activities as a mother. In this study, informants who have been in the letting go phase have felt calm, able to accept reality, and also organize their future. This is in line with the results of research conducted by Sari & Widyaningrum (2018) this phase is referred to as the period when postpartum mothers can accept responsibility for a new role as a mother.

The researcher also assumes that in the letting go phase the postpartum mother has started to adapt well so that she has started to accept her new role as a parent, her feelings have begun to calm down, and the postpartum mother has begun to expect good things to happen so that the postpartum mother immediately rises from the slump that experienced when experiencing baby blues syndrome. If the postpartum mother can master and adapt to various kinds of postpartum changes, it is believed that the mother will not feel panic, worry, or fear. In fact, on the contrary, if the mother fails to adjust to her new role or is called adaptive mal or psychological problems, the postpartum mother will feel extraordinary fear, panic, worry, always crying. If this happens for a long or protracted period of time, it is certain that problems will arise that affect children's development.

This is in line with research conducted by Wiandri (2022) which suggests that in the letting go phase a person will accept whatever his current condition is. Acceptance is not always a happy or uplifting stage. This stage does not mean a person has gone through grief. Someone might feel a big change in his life. Feelings of dissatisfaction in this phase can be minimized if someone is able that this problem will not be too heavy when compared to other bad things that fortunately they did not experience or managed to get through before. This stage will think of the lost object moving on to another object, and accepting the reality of loss. and start looking ahead. This is in line with research conducted by Suarez & Yakupova (2023) which revealed that in the letting go phase it is likened to an acceptance phase where a

mother already knows the true condition she has experienced and feels that she needs treatment, in this phase a mother has made peace with the situation so that the mother can get rid of the negative thoughts she feels and will focus on undergoing treatment or therapies that can make herself feel much better.

In research conducted by Nova & Zagoto (2020) argued that psychological adaptation by postpartum mothers is a result of encouragement or encouragement from the soul of a mother who has just given birth. It is desirable for an adult woman to be able to take on a new role as a wife and a mother. Every woman wants love, attention, legalization from other people and also wants to be known, understood, needs attention and needs support from those closest to her, such as husband, family and friends. Even more so after giving birth where in this phase a new mother shows symptoms of mild depression shortly after giving birth. When providing support and advice, it is hoped that health workers can include husbands, family and friends to carry out post-partum care. Then it will form good human relations, between health workers and clients by creating a good human relationship that can provide a mother with support from the psychological needs after giving birth to a baby.

Wijaya et al. (2022) in his research said that in the nursing concept model compiled by Cheryl Tatano Beck (Postpartum Depression Theory) published the "Nurse program" to treat postpartum depression, this program has five parts of care that are used to treat postpartum depression, some of which are: Nourishment & needs (Nutrition and other needs), Understanding, Rest and Relaxation, Spirituality and Exercise. This is in line with the research results that the researchers found that each informant met his nutritional needs by consuming the food and drink he liked, doing relaxation and deepening spirituality which was considered to make his feelings calmer.

Postpartum blues or baby blues syndrome in postpartum mothers can be overcome by administering drug therapy with fluoxetine but the shortage of this type of drug will make the mother experience drug dependence, often feel headaches, decreased appetite resulting in nausea and vomiting. However, there are other ways you can deal with this baby blues syndrome without using pharmacological drugs such as giving deep breathing relaxation, applying compresses, guided imagination, diversion, listening to music you like, doing things that smell

artistic, giving essential oils, and pouring your thoughts and feelings in writing.

Based on the results of data analysis in this study, it shows that postpartum mothers who experience baby blues syndrome who become informants in this study make various efforts to overcome the baby blues syndrome they experience, such as by praying more to God, increasing dhikr, praying diligently, consuming food. and preferred drinks and distract yourself by playing social media. This is in line with research by [Indriani \(2022\)](#) which states that there are several ways mothers with baby blues syndrome can do to fulfill their spiritual needs, namely, to draw closer to God because by drawing closer and remembering God a lot, the heart will feel more peaceful and peaceful. When a person dhikr can calm the heart from all the problems that exist. As stated in the Qur'an surah Yunus/10:57 which translates as:

*"O mankind, there has to come to you instruction from your Lord and healing for what is in the breasts and guidance and mercy for the believers."*

The interpretation of this verse is that every soul will return to Him. so that humans are commemorated, O servant of God! Indeed, knowledge has come to you consisting of the holy book Al-Qur'an from your creator, a medicine that can make your chest heal from heart disease and this is a guide to the right direction and a priceless mercy for people who are right. -really believe. Mention it, O Prophet Muhammad towards humans with the blessings of God covering the Islamic Religion and His mercy, namely the Al-Quran. They should rejoice because the grace and mercy of God is more valuable than what they have saved, such as worldly wealth and prosperity.

Researchers also assume that increasing worship to God is the right choice when experiencing baby blues syndrome. in essence, humans have a religious nature and always feel the longing to return to God Almighty, in another understanding it can be said or interpreted as Homo Relegion or Homo Dividian (a godly creature). It is stated like that because human instinct basically always believes in the existence of God Almighty. So, no matter how small and how big the problem is, the most appropriate place to return is only to God. In addition, the researcher also suggested to all informants who took part in this study to practice two dhikr (remembrance) recitations to make the heart calm,

namely the first reading "*Hasbunallah wa ni'mal wakil*", and the second dhikr "*la haula wala quwwata illa billah*".

This is in line with research conducted by [Fitri \(2022\)](#) which shows that dhikr therapy is effective in reducing anxiety levels. In the intervention group, pregnant women significantly reduced anxiety, compared to the control group. Dhikr makes a person have inner strength in accepting unpleasant situations and continues to improve himself to reach the future, get satisfaction, raise hope, reach God's forgiveness, feel God's protection, and bring peace and tranquility to his soul. In addition, dhikr also has an influence on increasing peace of mind, where there are significant differences in the level of peace of mind before and after giving dhikr training, the average score before being 78.56 becomes 98.33. Someone who remembers God will make the individual's heart calm and serene, so that the calm and serenity of the heart or soul will help the individual manage his emotions. In addition, the researcher suggests that all informants to achieve peace of mind, of course, must do pious deeds first, such as doing the midnight prayer. In a hadith, the Prophet said:

*"The best prayer after the obligatory prayers is the night prayer".* (HR Muslim).

In addition, the informants who took part in this research also had their own way of dealing with the baby blues syndrome that they felt by consuming the food and drink they liked, meeting with friends and playing social media. This is in line with research conducted by [Adilla et al. \(2019\)](#) who revealed that the handling of baby blues in Primipara mothers is by seeking entertainment, playing YouTube, and asking for food to be made or known as coping which focuses on thoughts and actions that relieve emotional distress. Food can change or induce emotions through rapid sensory stimulation or relief from hunger, as a result of cognitive appraisal of changes in the individual's internal states or expectations. Food can also change mood through slow changes in brain chemistry

According to the assumptions of researchers in this study, it is important to do distraction techniques by shifting the focus of attention to something other than discomfort can be a very successful strategy and may be the mechanism responsible for other cognitive-affective techniques. Distraction is thought to reduce the perception of discomfort by stimulating the descending control system, resulting in fewer unpleasant stimuli being

transmitted to the brain. This distraction mechanism can be explained by the presence of endorphins and enkephalin in the body which are substances that function as inhibitors of pain transmission. Endorphins and enkephalin, morphine-like substances produced by the body are examples of substances that block the transmission of unpleasant impulses. When the body excretes these substances, one effect is the relief of any discomfort felt. This substance is found in strong concentrations in the central nervous system

This is in accordance with research conducted by Adilla et al. (2019) stated that one way that postpartum mothers can do to deal with baby blues syndrome is to find entertainment that can distract postpartum mothers from their thoughts and feelings when they are experiencing baby blues syndrome. This can add adequate relationships and understand the situation that is being experienced by the mother. Every mother who experiences baby blues syndrome really needs an opportunity to express her thoughts and feelings from a situation that threatens the postpartum mother.

In addition, according to research conducted by Yang (2019) also said that postpartum mothers can reduce the anxiety they experience and the level of stress they feel by listening to music therapy. When listening to music postpartum mothers will feel comfortable because music works on the limbic system in the nervous system which can arrange muscle contractions in the body to reduce and prevent anxiety and depression. Apart from that, it can reduce heart rate, blood pressure and relieve pain. Music is also believed to provide calm to the physical and psychological conditions of postpartum mothers and create a safe, comfortable and calm environment for their babies so that they can create an inner connection between mother and child. Through the right rhythm of music, it can distribute vitality and commands so that it can make postpartum mothers able to regulate their breathing and relieve the pain little by little they experience.

The results of this study are related to the experience of baby blues syndrome in postpartum mothers in the work area of the Samata Health Center, which can be used as a guide or guide for health workers so they can know more about the constraints and what are the important things that mothers need to pay attention to during pregnancy and the postpartum period. (Postpartum) is also very important as educational material for families to help reduce the risk of baby blues syndrome. However, there were limitations in this study, namely

postpartum mothers who became informants and participated in this study, housewives who had a lot of work to do with their children and husbands and families, so it was difficult for researchers to determine the time of the interview which would affect the limited number of informants.

## **CONCLUSIONS**

Symptoms felt by postpartum mothers who experience baby blues syndrome or postpartum depression are sudden and continuous crying more often, the emergence of feelings of sadness for no reason, loss of appetite for food, emergence of actions or feelings that cannot be controlled, decreased sleep quality resulting in effects of fatigue and difficulty in activities. The impact of all these symptoms will make a mother ignore her own baby or biological child. The most common causes of baby blues syndrome are hormonal instability, age, method of delivery, lack of support from husbands and families, mother's educational stage, and fatigue. In the letting go phase, postpartum mothers have several psychosocial and spiritual needs to overcome baby blues syndrome, watching shows they like and listening to music they like, getting closer to God by praying 5 times a day, doing dhikr, and consuming good food and drink. preferred. In this phase, the mother has started to adapt well so that she has started to accept her new role as a parent, her feelings have begun to calm down, and the postpartum mother begins to expect good things to happen so that the postpartum mother immediately rises from the downturn she feels when she experiences baby blues syndrome. It is necessary to carry out further quantitative research so that the number of research samples is greater so that the data obtained is more valid, reliable and objective. Health services are expected to pay more attention to and improve postpartum services for postpartum mothers so that postpartum mothers can be detected who are at risk of getting baby blues syndrome so that early prevention can be carried out.

## **ACKNOWLEDGEMENT**

We thank the Samata Health Center for providing the opportunity for the research team to conduct research in the working area of the Samata Health Center, Gowa Regency.

## **FUNDING**

The authors received no specific funding for this study.

## **AUTHORS' CONTRIBUTIONS**

Risnah formulated the concept, wrote and reviewed manuscript. Syisnawati acquired and analyzed the data, Siti N. Nurfadilah

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#### COMPETING INTERESTS

The author(s) declare no potential conflict of interest with respect to the research, authorship, and/or publication of this article.

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