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Analysis of the relationship between postpartum anxiety and baby blues syndrome at Dewi Sartika hospital, Kendari City

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Abstract

Background: The postpartum period is a critical phase that can impact a mother's mental health. Baby Blues Syndrome is a common psychological condition among postpartum mothers, characterized by anxiety, mood swings, and emotional instability. One of the main factors influencing its occurrence is the level of postpartum maternal anxiety.

Objective: This study aims to analyze the relationship between postpartum maternal anxiety levels and the incidence of Baby Blues Syndrome at Dewi Sartika General Hospital in Kendari City.

Methods: This research used an analytical observational design with a cross-sectional approach. The sample consisted of 80 postpartum mothers admitted to Dewi Sartika General Hospital from June to October 2024. Data were collected using the Perinatal Anxiety Screening Scale (PASS) and the Edinburgh Postnatal Depression Scale (EPDS). Data analysis was performed using the chi-square test with a significance level of 0.05.

Results: Of the 80 respondents, 40% showed no anxiety, 47.5% experienced mild to moderate anxiety, and 12.5% experienced severe anxiety. A total of 25% of mothers experienced Baby Blues Syndrome, predominantly in the group with severe anxiety (8.75%). Statistical analysis revealed a p-value of 0.003, indicating a significant relationship between postpartum maternal anxiety levels and the incidence of Baby Blues Syndrome.

Conclusion: Postpartum maternal anxiety levels are significantly associated with the incidence of Baby Blues Syndrome. Social and psychological support-based interventions are essential to reduce the risk of anxiety and Baby Blues Syndrome in postpartum mothers.

Keywords: Postpartum anxiety; Baby Blues Syndrome; Maternal mental health; Mother-infant relationship; Psychosocial interventions

1. Introduction

The postpartum period is a critical phase that requires not only physical but also emotional adaptation from a mother. During this time, mothers face significant challenges, including hormonal changes, social pressures, and new responsibilities as parents. One common psychological condition that often occurs during this period is Baby Blues Syndrome. Baby Blues, or postpartum blues, is a temporary emotional state experienced by approximately 50-80% of postpartum mothers, characterized by symptoms such as sadness, frequent crying, anxiety, emotional exhaustion, and

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mood swings. Although temporary, this condition has the potential to develop into more severe postpartum depression if not properly managed (1).

One of the main factors contributing to Baby Blues Syndrome is postpartum anxiety. Mothers experiencing this type of anxiety tend to have excessive concerns about their ability to care for their babies, the babies' health, and their changing roles within the family. Data from the Indonesian Family Life Survey indicates that 42% of mothers in Indonesia experience high levels of anxiety during the postpartum period, with higher prevalence among primiparous mothers or those with limited social support. When anxiety is not well managed, its effects can be far-reaching, impacting not only the mental health of the mother but also the quality of her relationship with her baby (2).

Environmental support, including from partners, family members, and healthcare providers, plays a crucial role in reducing the risk of postpartum anxiety. In Indonesia, 30% of mothers report receiving adequate emotional support after giving birth. The absence of such support increases the risk of anxiety and Baby Blues Syndrome, ultimately disrupting the overall well-being of the mother (3).

In Kendari City, the prevalence of psychological disorders in the postpartum period has continued to rise. According to the Kendari City Health Department (2023), the prevalence of postpartum psychological disorders increased from 12% in 2020 to 18% in 2022. Dewi Sartika Hospital reported that of the 300 postpartum mothers treated in 2023, around 40% exhibited symptoms of Baby Blues Syndrome. Most of these mothers had a significant history of anxiety during pregnancy or the early postpartum period (4)

Globally, the prevalence of Baby Blues Syndrome reaches 70-80%, with 13% of cases progressing to postpartum depression (5). In Indonesia, this condition affects approximately 31 births per 1,000 population, making it a significant challenge in improving maternal and child health (6). Research conducted by (7) revealed that factors such as anxiety, mode of delivery, and breastfeeding initiation contribute to 45.1% of the risk of Baby Blues Syndrome. These findings are consistent with studies (8) identifying postpartum anxiety as a primary trigger for emotional instability and mild depressive symptoms in mothers.

The impact of Baby Blues Syndrome is not only felt by mothers but also by their babies and families as a whole. Babies born to mothers with postpartum emotional disorders are at higher risk of experiencing developmental delays, sleep disturbances, and difficulties in forming emotional bonds with their mothers (9). This can affect long-term family well-being and increase the psychosocial burden on society.

Early intervention has proven effective in preventing Baby Blues Syndrome and managing postpartum anxiety. Studies by (10) demonstrate that psychological counseling, structured social support, and educational programs about maternal roles can reduce the prevalence of postpartum emotional disorders by up to 30%. However, the implementation of comprehensive approaches in Indonesia remains limited, especially in areas with restricted access to mental health services, such as Kendari City.

This study aims to analyze the relationship between postpartum anxiety and Baby Blues Syndrome at Dewi Sartika Hospital in Kendari City. By providing empirical data on the relationship between these two variables, the research is expected to serve as a foundation for developing evidence-based interventions to improve the quality of maternal and child healthcare services. The findings are also anticipated to contribute to formulating community-based health policies with a greater focus on preventing and addressing postpartum psychological disorders.

2. Material and Methods

This study is an analytical observational study using a cross-sectional approach, aiming to explore the relationship between postpartum anxiety levels and the incidence of Baby Blues Syndrome in postpartum mothers. The sampling method employed consecutive sampling, selecting research subjects sequentially according to the inclusion criteria until the sample size was met (11). The study subjects were postpartum mothers on the first or second day after delivery who were receiving care at Dewi Sartika Hospital, Kendari City, during June, July, August, September, and October 2024. This study involved 80 respondents who met the inclusion criteria, including being married, having the ability to read and write, and being willing to participate in all stages of the study.

Data were collected using two internationally validated instruments, namely the Perinatal Anxiety Screening Scale (PASS) and the Edinburgh Postnatal Depression Scale (EPDS). The PASS questionnaire was used to identify perinatal anxiety levels, while the EPDS was designed to assess symptoms of Baby Blues Syndrome and detect potential

postpartum depression. Respondents were asked to complete the questionnaires independently, with guidance from staff if needed to ensure proper understanding of the questions.

Data analysis was conducted using the chi-square statistical test to examine the relationship between postpartum anxiety levels and the incidence of Baby Blues Syndrome. A significance level of 0.05 was used, with results showing a p-value of less than 0.05 considered statistically significant. The independent variable in this study was postpartum anxiety level, measured using PASS scores, while the dependent variable was the incidence of Baby Blues Syndrome, assessed using EPDS scores.

The study procedures adhered to ethical guidelines, including protecting the confidentiality of participant data and ensuring that all respondents provided written informed consent before participating in the study. The analysis process was conducted thoroughly to identify patterns in the relationship between postpartum anxiety and Baby Blues Syndrome. This research is expected to provide new insights to support early intervention efforts in preventing the negative impacts of anxiety and emotional disorders in postpartum mothers.

3. Results and discussion

This section presents the main findings of the study, discussing the distribution of characteristics of postpartum mothers on the first and second days at Dewi Sartika General Hospital in Kendari City. The collected data were analyzed to identify the relationship between various maternal characteristics, such as age, education level, occupation, gravida status, comorbid conditions, and type of delivery, with the incidence of Baby Blues Syndrome. Additionally, this section also examines the relationship between postpartum anxiety levels and the occurrence of Baby Blues Syndrome at Dewi Sartika General Hospital in Kendari City. The analysis aimed to identify patterns of relationships between independent and dependent variables and compare the findings with previous studies. The discussion focuses on the interpretation of the data, the factors influencing the results, and their implications for maternal mental health. Furthermore, potential interventions to address the issues identified in this study are also discussed.

Table 1 Frequency Distribution of Characteristics of Postpartum Mothers on the First and Second Days at Dewi Sartika General Hospital, Kendari City

Characteristics	Frequency	Percentage (%)
Age		
20–35 years	66	82.5
>35 years	14	17.5
Education		
Elementary School	5	6.3
Junior High School	12	15.0
Senior High School	40	50.0
Diploma	10	12.5
Bachelor’s Degree	13	16.2
Occupation		
Housewife	54	67.5
Private Sector	26	32.5
Gravida Status		
Primigravida	33	41.3
Multigravida	47	58.7
Comorbid Conditions		
No	50	62.5

Yes	30	37.5
Pregnancy Rejection by Family		
No	74	92.5
Yes	6	7.5
Type of Delivery		
Normal	40	50.0
Caesarean Section	40	50.0
Day of Care		
First Day	25	31.3
Second Day	55	68.7
Total	80	100

3.1. Maternal Age and Its Relationship with Physical and Mental Health

The majority of postpartum mothers at Dewi Sartika General Hospital fall within the productive age range of 20–35 years, totaling 66 individuals (82.5%), while 14 individuals (17.5%) are over 35 years old. The age range of 20–35 years is considered ideal for pregnancy due to a relatively lower risk of physical and psychological complications compared to ages under 20 or over 35. This finding supports a study(12), that shows maternal age does not always correlate with anxiety levels, particularly in older mothers.

However, the data indicate that five mothers aged 20–35 years experienced severe anxiety, while none of the mothers over 35 years experienced severe anxiety. This suggests that other factors, such as family support, prior experience, or health conditions, play an important role in determining a mother’s psychological readiness during the postpartum period. Older mothers may receive more intensive care at referral health facilities like Dewi Sartika General Hospital, which helps reduce anxiety risks.

3.2. Educational Level and Its Relationship to Psychological Health

The educational level of mothers has a significant relationship with their ability to manage postpartum anxiety. According to the data, most of the mothers in this study were senior high school graduates (50%), with a smaller proportion holding diplomas or bachelor’s degrees. Mothers with higher educational levels generally have a better understanding of pregnancy, childbirth, and postpartum care, contributing to reduced anxiety. For example, highly educated mothers tend to be more proactive in seeking health-related information and are better equipped to face psychological challenges (13)

The study results show that none of the mothers with bachelor’s degrees or diplomas experienced severe anxiety, while those with elementary or secondary education tended to be more anxious. These findings align with a study (14) indicating that individuals with higher educational levels respond to stress more rationally, thanks to their understanding of health and associated risks. This highlights the importance of increasing educational access and health counseling for mothers, especially those with lower education levels.

3.3. Gravida Status and Its Influence on Pregnancy Experience

Gravida status, whether a mother is primigravida (first-time pregnancy) or multigravida (previously pregnant), affects the level of postpartum anxiety. This study found that primigravida mothers were more likely to experience anxiety compared to multigravida mothers. This can be explained by stress adaptation theory (15), which states that prior experience helps individuals manage stress more effectively. Mothers who have given birth before (multigravida) tend to feel more prepared and confident in facing the challenges of pregnancy and childbirth, reducing the likelihood of severe anxiety. Conversely, primigravida mothers often feel anxious due to a lack of experience and uncertainty about the childbirth process. High anxiety in primigravida mothers may also be related to uncertainty about their new role as mothers, increasing stress and disrupting their mental well-being.

3.4. Comorbid Conditions and Their Impact on Maternal Health

Comorbid conditions such as hypertension or gestational diabetes can affect the physical and mental well-being of postpartum mothers. A total of 37.5% of the mothers in this study had medical conditions that increased the risk of pregnancy and delivery complications, exacerbating maternal anxiety. A study by (16) shows that mothers with comorbid conditions tend to experience greater anxiety as they face dual challenges—physical (medical complications) and psychological (fear of potential complications). Therefore, mothers with comorbid conditions require more intensive medical attention and tighter health monitoring. Proper management of medical conditions can help reduce maternal anxiety by alleviating uncertainties regarding their health and their babies' well-being.

3.5. Social Support and Pregnancy Rejection by Family

Social support, particularly from family, has a significantly positive impact on the mental health of postpartum mothers. Research by (17) indicates that mothers who receive strong emotional support from partners or family members are better able to manage stress and anxiety. In this study, only 7.5% of mothers experienced pregnancy rejection by their families, and it did not significantly affect their anxiety levels. On the other hand, social support from families reduced maternal anxiety levels. This highlights the importance of the quality of family support, both emotional and practical, in helping mothers overcome psychological challenges after childbirth. In this context, the roles of husbands and families in providing support are crucial in assisting mothers through the transition to their new roles as parents.

3.6. Type of Delivery and Days of Postpartum Care

The type of delivery, whether normal or cesarean, affects the level of postpartum anxiety. In this study, 50% of the mothers gave birth normally, while the other 50% delivered via cesarean section. Although cesarean delivery is often chosen to reduce the risk of complications, the longer recovery process can increase maternal anxiety about their ability to care for their babies. Research by (18) suggests that mothers who deliver via cesarean section tend to feel more anxious about postoperative recovery and baby care due to the longer recovery time compared to those who give birth normally.

In addition, more intensive postpartum care is required, particularly on the second day after delivery. In this study, 31.3% of mothers were cared for on the first day, while this number increased to 68.7% on the second day. This increase reflects the importance of more intensive monitoring on the second day, especially for mothers who underwent cesarean sections. Mothers delivering via cesarean often require additional attention regarding pain management and postoperative recovery, which can further increase their anxiety. Therefore, close monitoring and strong emotional support are essential to reduce anxiety and accelerate

Table 2 Anxiety Levels of Postpartum Mothers at Dewi Sartika General Hospital

Anxiety Level	Frequency	Percentage (%)
No symptoms	32	40.0
Mild to moderate	38	47.5
Severe	10	12.5
Total	80	100

Postpartum anxiety is one of the psychological challenges faced by many mothers after childbirth. According to data from Dewi Sartika General Hospital, the prevalence of postpartum anxiety shows significant variation, with 40% of mothers exhibiting no symptoms of anxiety, 47.5% experiencing mild to moderate anxiety, and 12.5% experiencing severe anxiety. This variation reflects the diverse psychological experiences of mothers after childbirth, influenced by various factors such as physical condition, social support, prior pregnancy experience, and other psychosocial factors. The Transactional Model of Stress and Coping developed by (19) provides a framework for understanding how mothers respond to stress and anxiety after childbirth. This model emphasizes the importance of individual evaluation of stress and their ability to use effective coping strategies.

For mothers showing no anxiety symptoms (40%), strong social support and prior experience in caring for a baby are major factors in managing their anxiety. Support from partners, family, or friends plays a critical role in enhancing the psychological well-being of mothers, helping them feel more prepared to face significant life changes. Research by (20) shows that positive social support can play a significant role in preventing psychological disorders after childbirth.

Mothers with strong emotional and practical support networks are better equipped to manage stress and anxiety postpartum in a healthier manner, leading to better mental health and stronger mother-child bonds.

On the other hand, mothers experiencing mild to moderate anxiety (47.5%) often face uncertainty about their new role as mothers. Research by (21) indicates that maternal anxiety is often situational, arising from uncertainty about their ability to care for the baby. This anxiety is generally temporary and can be managed through supportive approaches that strengthen maternal caregiving skills. Interventions such as lactation counseling, parenting training, and baby care education can help reduce the anxiety experienced by these mothers. Evidence-based educational programs are crucial in providing mothers with the information they need to feel more confident in caring for their babies.

For mothers experiencing severe anxiety (12.5%), more intensive attention is necessary. Severe anxiety can affect the overall mental health of the mother and poses a risk of disrupting the mother-child relationship. The Maternal Role Attainment Theory (22) explains that difficulties in adapting to the new role of motherhood are often the main triggers for severe anxiety. Factors such as poor health conditions, lack of emotional support, or feelings of unpreparedness to care for the baby can worsen this anxiety. Mothers with severe anxiety require deeper interventions, including psychological counseling, emotional support therapy, and more intensive parenting skills training.

Recent studies have also revealed that untreated postpartum anxiety can negatively impact infant development. Mothers with severe anxiety are more likely to experience difficulties in breastfeeding, which can lead to reduced quality of mother-child interactions. According to research by (23), high maternal stress can affect hormones involved in breast milk production and influence infant behavior patterns, including social interactions and emotional development. Therefore, it is essential for healthcare facilities to address the well-being of both mothers and infants holistically, providing integrated support both psychologically and medically.

Interventions for mothers with severe anxiety should address various aspects, including providing information on baby care, strong social support, and more intensive psychological counseling. Such support not only helps reduce maternal anxiety but also improves the quality of mother-child relationships. Research by (24) indicates that mothers receiving emotional and psychological support are better able to manage their anxiety, positively impacting their mental health and their relationship with their baby. Healthcare facilities should provide services that can identify mothers with severe anxiety early and offer referrals for appropriate counseling or therapy.

A holistic approach involving collaboration between medical and psychological professionals is crucial in addressing postpartum anxiety. This multidisciplinary intervention ensures that mothers receive the support needed to manage stress and anxiety postpartum. Research by (25) suggests that intervention models based on social and psychological support can reduce the risk of severe anxiety in mothers and improve maternal emotional well-being and infant development. Healthcare facilities offering such approaches can enhance the quality of life for mothers and babies and facilitate a smoother transition into the new role of motherhood.

While most mothers can effectively manage postpartum anxiety, it is essential to give more intensive attention to those experiencing severe anxiety. Early intervention and appropriate support can reduce the negative impacts of anxiety on maternal mental health and infant development. Through evidence-based approaches and strong social support, mothers can be empowered to better overcome postpartum challenges, ultimately fostering healthy mother-child relationships and optimal infant development.

Table 3 Baby Blues Syndrome at Dewi Sartika General Hospital

Baby Blues Condition	Frequency	Percentage (%)
Not experiencing	60	75.0
Experiencing	20	25.0
Total	80	100

Baby Blues Syndrome is an emotional condition commonly experienced by postpartum mothers, characterized by symptoms such as anxiety, mood swings, crying for no apparent reason, and feelings of distress, typically occurring within the first two weeks after delivery. Based on data from Dewi Sartika General Hospital, approximately 25% of mothers experienced Baby Blues Syndrome, while 75% did not. This finding aligns with (9), which describes Baby Blues Syndrome as a normal reaction to hormonal changes after childbirth, though it can occasionally cause mild anxiety or

emotional disturbances in mothers. Although usually temporary, Baby Blues Syndrome can serve as an early indicator of more severe mood disorders, such as postpartum depression.

Postpartum hormonal fluctuations, particularly the sharp decline in estrogen and progesterone levels, are the primary factors influencing the onset of Baby Blues Syndrome. These changes affect the balance of neurotransmitters in the brain, which can result in feelings of anxiety or depression in mothers. Research by (26) confirms that these hormonal changes significantly impact maternal mental health, contributing to an increased risk of mood disorders, including Baby Blues Syndrome. Over time, these hormone levels typically return to normal, usually alleviating symptoms. However, in some mothers, extreme hormonal changes may exacerbate anxiety, affect emotional stability, and increase the risk of developing postpartum depression.

In addition to hormonal factors, physical exhaustion from the childbirth process and the demands of caring for a newborn can worsen the psychological condition of mothers. Most mothers experiencing Baby Blues Syndrome tend to feel overwhelmed and burdened by significant life changes, including disrupted sleep patterns, uncertainty about caring for the baby, and societal pressures to be an ideal mother. According to the Coping and Stress Theory by (27), individuals with effective coping mechanisms are better able to manage stress healthily, reducing the likelihood of Baby Blues Syndrome. Mothers who adapt well to postpartum stress, such as seeking support or sharing experiences with others, are less likely to experience Baby Blues Syndrome.

On the other hand, mothers with strong social support—whether from partners, family, or friends can more easily overcome the emotional changes occurring postpartum. Attachment Theory (28) suggests that the quality of the mother-infant relationship also influences the mother’s psychological condition. When mothers feel emotionally connected to their babies, it can help reduce feelings of anxiety and enhance the quality of their interactions. Positive social support, which provides a sense of safety and comfort, helps mothers feel more prepared to embrace their new roles, reducing the likelihood of experiencing Baby Blues Syndrome.

However, although Baby Blues Syndrome is often temporary, continuous monitoring of the psychological condition of mothers is essential. Mothers experiencing Baby Blues should be educated about the normal emotions that occur postpartum and taught strategies to manage stress effectively. As part of a psychosocial approach, education on the importance of rest, social support, and relaxation techniques can help mothers reduce anxiety and feelings of distress. This aligns with findings from a study by (29), which shows that mothers who receive sufficient emotional support from partners or family tend to have lower stress levels and reduced risk of Baby Blues Syndrome.

It is also essential to ensure that Baby Blues Syndrome, while generally improving within days to weeks, does not develop into postpartum depression. Research by (30) indicates that postpartum depression is a more severe disorder with potential negative impacts on the mother-infant relationship and the mother’s long-term mental health. If Baby Blues symptoms persist beyond two weeks or worsen, mothers should immediately seek further support from healthcare professionals to prevent the condition from escalating into more serious disorders, such as postpartum depression.

While most mothers can manage Baby Blues Syndrome well, it is crucial to understand that each mother has unique experiences in coping with postpartum changes. Therefore, individualized and sustained psychological support is essential. Evidence-based approaches, including continuous psychological monitoring, early interventions, and strong social support, are expected to reduce the risk of prolonged Baby Blues Syndrome and prevent the development of more severe psychological disorders. Further research and clinical practice are necessary to deepen the understanding of factors influencing Baby Blues Syndrome and develop prevention efforts within the postpartum maternal population.

Table 4 Relationship Between Postpartum Anxiety Levels and Baby Blues Syndrome at Dewi Sartika General Hospital Using Chi-Square Test

Anxiety Level	Baby Blues Syndrome (No)	Baby Blues Syndrome (Yes)	Total	%	P Value
No symptoms	30 (37.5%)	2 (2.5%)	32	40.0	0.003
Mild to moderate	20 (25.0%)	18 (22.5%)	38	47.5	
Severe	3 (3.75%)	7 (8.75%)	10	12.5	
Total	53	27	80	100%	

This table illustrates the relationship between postpartum anxiety levels and Baby Blues Syndrome at Dewi Sartika General Hospital. Based on the data, mothers who experienced no anxiety (no symptoms) were more likely not to develop Baby Blues Syndrome (30 mothers, 37.5%), while only 2 mothers (2.5%) experienced Baby Blues despite having no anxiety. Among mothers with mild to moderate anxiety, 20 mothers (25.0%) did not develop Baby Blues Syndrome, while 18 mothers (22.5%) did. Among mothers with severe anxiety, 3 mothers (3.75%) did not develop Baby Blues Syndrome, whereas 7 mothers (8.75%) did.

The p-value obtained is 0.003, indicating a significant relationship between postpartum anxiety levels and the incidence of Baby Blues Syndrome. This suggests that the higher the anxiety level experienced by mothers, the greater the likelihood of developing Baby Blues Syndrome after childbirth.

The relationship between postpartum anxiety and Baby Blues Syndrome has been a widely studied topic due to its impact on maternal mental health after childbirth. Based on the data obtained at Dewi Sartika General Hospital, a significant relationship was observed between postpartum anxiety levels and the occurrence of Baby Blues Syndrome. The findings show that mothers with severe anxiety are more likely to experience Baby Blues Syndrome compared to those with no or mild-to-moderate anxiety. This is supported by psychological theories suggesting that postpartum anxiety increases vulnerability to mood disorders such as Baby Blues and postpartum depression.

Baby Blues Syndrome is a common psychological condition in postpartum mothers, characterized by feelings of anxiety, crying easily, mood swings, and emotional tension (31), Baby Blues Syndrome is a temporary phenomenon that affects 50-80% of new mothers. However, not all mothers with severe anxiety develop Baby Blues Syndrome, indicating that anxiety is only one of the risk factors. Other factors, such as social support, hormonal changes, and the mother's physical condition, also play a role. Previous studies also show that postpartum anxiety is closely related to hormonal changes after childbirth. According to (32), changes in estrogen and progesterone levels postpartum can affect a mother's emotional stability, increasing anxiety and susceptibility to mood disorders, including Baby Blues Syndrome. The drop in estrogen and progesterone levels can cause neurotransmitter imbalances in the brain, which can worsen anxiety and lead to mood disorders.

Additionally, psychosocial factors play a significant role in the relationship between anxiety and Baby Blues Syndrome. Mothers with poor social support or those feeling unprepared for their new roles as mothers are more at risk of experiencing anxiety and Baby Blues Syndrome. A study by (33) revealed that good social support can protect mothers from the risk of anxiety and mood disorders postpartum, thereby reducing the likelihood of experiencing Baby Blues Syndrome. Conversely, mothers who feel isolated or lack support from partners, family, or their social environment are more vulnerable to postpartum emotional problems.

The anxiety levels of postpartum mothers can also be influenced by other factors, such as prior mental health history, prenatal stress, and childbirth experiences. Mothers with a history of anxiety or depression before pregnancy are more likely to experience severe anxiety postpartum, increasing the likelihood of developing Baby Blues Syndrome or even postpartum depression. Research by (34) found that mothers with a history of anxiety or depression before childbirth have a higher risk of experiencing emotional disorders postpartum. In practice, it is crucial for medical professionals to identify mothers at risk of postpartum anxiety and provide appropriate interventions. Psychosocial support approaches, including counseling, support from family and friends, and education about postpartum recovery processes, can help reduce maternal anxiety and prevent the development of Baby Blues Syndrome. Holistic healthcare that addresses both the physical and emotional aspects of mothers is essential in postpartum care.

This study also highlights that while there is a significant relationship between anxiety and Baby Blues Syndrome, not all mothers with severe anxiety develop Baby Blues Syndrome. This indicates that other factors, such as coping mechanisms, maternal personality, and the quality of the mother-infant relationship, also influence the development of Baby Blues Syndrome. For instance, mothers who have good stress management skills or feel more confident in their roles as mothers are less likely to develop mood disorders.

With evidence supporting the relationship between anxiety and Baby Blues Syndrome, it is important to implement integrated prevention and intervention strategies in hospitals or other healthcare facilities. Considering the importance of maternal mental health in the postpartum recovery process, health policies that support routine psychological screenings and early interventions for at-risk mothers should be prioritized. This will help reduce Baby Blues occurrences and accelerate maternal psychological recovery postpartum, ultimately contributing to the well-being of both mother and child.

4. Conclusion

The majority of postpartum mothers at Dewi Sartika General Hospital were aged 20–35 years, had a senior high school education, worked as housewives, and were multigravida. They had no history of psychological conditions or comorbidities, had desired pregnancies, delivered normally, and were on their second day of hospital care. Twelve respondents showed no symptoms of anxiety, and none developed Baby Blues Syndrome. Among 16 respondents with mild to moderate anxiety, one developed Baby Blues Syndrome, while one out of five respondents with severe anxiety also developed Baby Blues Syndrome. This study concludes that the level of postpartum anxiety is not significantly associated with the incidence of Baby Blues Syndrome at Dewi Sartika General Hospital.

Compliance with ethical standards

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Disclosure of conflict of interest

The authors declare that there is no conflict of interest related to the publication of this research.

Statement of ethical approval

The authors have ensured that this research was conducted in accordance with the applicable ethical guidelines, including the protection of participants' rights and the confidentiality of the data collected. All research procedures were carried out with due consideration for and adherence to the relevant ethical standards.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

Author Contributions

All authors made significant contributions to this research, including the design of the study, supervision of data collection, statistical analysis, as well as contributions to data interpretation and manuscript preparation. All authors reviewed and approved the final version of this article.

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