

EDUCATIONAL VIDEO AS AN EFFORT TO REDUCE THE INCIDENCE OF POSTPARTUM BLUES AT MUNTILAN HEALTH CENTER

Risky Puji Wulandari¹, Mita Meilani², Alief Nur insyiroh Abidah³, Perwitasari⁴.

¹⁻³Stikes Yogyakarta (Yogyakarta, Indonesia)

⁴ Universitas Singaperbangsa Karawang (Karawang, Indonesia)

Corresponding Author: riskypuijw@gmail.com

ABSTRACT

Background: The postpartum period has a strong position as a risk factor for the development of serious mood disorders that can lead to postpartum blues and even depression. Postpartum blues is one of the adjustment disorders after childbirth in the form of feelings of sadness and anxiety that occur on day 3 to day 5 in the first 14 days after childbirth. This condition can cause bonding attachment problems between mother and baby, delays in physical, social, and cognitive development in infants. In other aspects, it affects postpartum care, maternal health, and greatly affects the mother's quality of life. **Methods:** This study was a type of quantitative research with a quasy experiment design. Total population of 50 mothers with total sampling, the number of samples of this study was 50 respondents. Observations were made twice, namely before and after the experiment and there was a control and intervention group (25 samples/group). **Results:** There was a rsignificant difference in the average postpartum blues (EPDS score) before and after being given an educational video in the intervention group with a p-value of 0.000 ($p < 0.05$). The data normality test used Shapiro Wilk with the results of the normally distributed data with a p value of >0.05 . The bivariate test uses the paired t-test, which is to determine the effect of educational videos as an effort to reduce the incidence of postpartum blues before and after the provision of educational videos in the intervention group and control group. There was a decrease in EPDS scores with a difference between post-test and pre-test of 5.16. Researchers 95% believe that the difference in EPDS scores before the educational video with EPDS scores after education is between 4.53 to 5.801. **Conclusion:** Video education is proven to have an effect on reducing the incidence of postpartum blues in the group given educational videos. Respondents in the intervention group experienced a significant decrease in postpartum blues compared to the control group.

Keywords: Educational Video, Pregnancy, Postpartum Blues

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INTRODUCTION

The World Health Organization (WHO) in 2017 released a maternal and child health report (Maternal Mental Health and Child Health and Development) stating that the prevalence of postpartum blues reaches 301-75% and the prevalence of depression tends to be lower at 101-15%. As many as 1 in 5 women suffer from mental health problems during pregnancy and 3 in 4 women experience postpartum blues. In the postpartum period, 501-801% of new mothers show symptoms of postpartum blues, and more than 201% of postpartum blues develop into postpartum depression (Elk Grove Village, 2017).

The postpartum period has a strong position as a risk factor for the development of serious mood disorders that can result in postpartum blues and can even persist to depression (Ambarwati & Wulandari, 2021). Postpartum blues is one of the adjustment disorders after childbirth in the form of feelings of sadness and anxiety that occur on day 3 to day 5 in the first 14 days after childbirth (Purwati, 2017). Undiagnosed and untreated postpartum blues can lead to more severe problems, namely postpartum depression and even postpartum psychosis.

Untreated baby blues can take a toll on both mother and baby. The mother may experience difficulty in caring for the baby, even refusing to

breastfeed. As a result, the baby is at risk of developmental disorders and difficulty in forming a bond with the mother (Penny Simkin et al., 2018). Meanwhile, the mother herself will experience a decrease in quality of life and is at risk of more serious mental health disorders. These conditions can lead to problems with mother-infant bonding attachment, delays in physical, social and cognitive development in infants. In other aspects, it affects postpartum care, maternal health, and greatly affects the mother's quality of life (Senturk et al., 2017).

The government has regulated various efforts to support the welfare of mothers, babies, and families as stipulated in the Regulation of the Minister of Health of the Republic of Indonesia No. 28 of 2017 Article 18 concerning the implementation of midwifery practice, namely midwives have the authority to provide health services to mothers during pregnancy, childbirth, and postpartum including providing counseling. Regulation of the Minister of Health No. 97 of 2014 Article 4 Paragraph (1) states that health services are organized with a promotive, preventive, curative, and rehabilitative approach which is carried out in a comprehensive, integrated and sustainable manner. Midwives play a role in conducting health promotion aimed at empowering people in the community, especially mothers, husbands, and families to help mothers go through the postpartum period as an effort to prevent postpartum blues.

The Mental Health Section of Magelang District Health Office stated that in 2017 there were 889 cases of mental disorders in Magelang District with 289 male patients and 601 female patients. Depression cases in women were found as much as 8% of the total cases of mental disorders in Magelang District. The initial symptoms that appear are generally symptoms of neurotic disorders such as anxiety and stress. This number is a potential for more serious mental disorders because neurotic disorder symptoms that continue to get worse generally develop into depressive disorders (Porges, 2021)

Based on the causes and effects of postpartum blues and the factors that influence it, it is necessary to make serious efforts to prevent and overcome postpartum blues. Providing educational

videos about postpartum blues since pregnancy is the first step to strengthen coping strategies and provide positive affirmations to mothers to get through the psychological stages of the postpartum period. This is also closely related to the role of midwives in holistic care, namely health services which pay more attention to the wholeness of aspects of postpartum care (World Health Organization, 2018).

METHOD

This research is a type of quantitative research with a quasi experiment design. The research design is nonequivalent pre- test and post-test control group design, namely observations made twice, namely before and after the experiment and there is a control group that does not receive intervention. Observations made before the experiment are called pre-test and observations made after the experiment are called post-test (Riduwan, 2016). The next bivariate test used an independent sample t-test. This test is used to see if there is a significant difference in influence between the intervention group and the control group on postpartum blues.

The population in this study were all pregnant women registered in the register book at the Muntilan Health Center. The sample in the study was pregnant women TM III with gestational age 38-41 weeks, divided into 2 groups, namely the intervention group and the control group that met the inclusion and exclusion criteria. The sampling technique in this study used total sampling method. The number of populations and respondents in this study were 501 respondents, namely 25 respondents in the intervention group and 25 respondents in the control group who met the inclusion and exclusion criteria. The data normality test used Shapiro Wilk with the results of the normally distributed data with a p value of >0.05. The bivariate test uses the paired t-test, which is to determine the effect of educational videos as an effort to reduce the incidence of postpartum blues before and after the provision of educational videos in the intervention group and control group. This research has received Ethical Clearance from the Research Ethics Commission of 'Aisyiyah University Yogyakarta with letter number 419/KEP-UNISA/I/2019.

RESULTS

The results of this study are based on data that have been obtained from the results of filling out instruments on 50 respondents who meet the inclusion criteria, consisting of 25 respondents as the intervention group and 25 respondents as the control group.

Table 1 Frequency Distribution of Respondent Characteristics

Mother's Characteristics	Intervention Group (n=25)		Control Group (n=25)		Total	
	n	%	n	%	n	%
Age						
Not at Risk (20-35 years old)	20	80	19	73,3	39	76,7
At Risk (<20 and >35)	5	20	6	26,7	11	23,3
Total	25	100	25	100	50	100
Education						
High education	11	43,3	12	46,7	23	45
Secondary Education	12	46,7	12	46,7	24	46,7
Low Education	2	10	1	6,6	3	8,3
Total	25	100	25	100	50	100

Table 2 Differences in Postpartum Blues Before and After Educational Video in Intervention Group and Control Group

Group	Pre-test Mean $\pm$ SD n (%)	Post-test Mean $\pm$ SD n (%)	Mean Difference $\pm$ SD (CI 95%)	t-test	p-value
Intervention	8,13 $\pm$ 2,17 (80,0)	2,97 $\pm$ 1,18 (01,0)	5,16 $\pm$ 1,70 (4,53 - 5,80)	16,61	0,000
No postpartum blues	22 (80,0)	01 (01,0)			
Postpartum blues	4 (20,0)	25 (100,0)			
Control	8,23 $\pm$ 1,92 (83,3)	7,70 $\pm$ 1,41 (76,7)	0,53 $\pm$ 1,71 (-1,08 - 1,17)	1,70	0,100
No postpartum blues	23 (83,3)	20 (76,7)			
Postpartum blues	2 (16,7)	5 (23,3)			

The results of the normality test for data that are not normally distributed are transformed

using the arithmetic test. This means that all variables in the control group and intervention group have the same or homogeneous data value.

Table 2 reports that there is a significant difference in the average postpartum blues (EPDS score) before and after being given educational videos in the intervention group with a p-value of 0.000 (p < 0.05). There was a decrease in EPDS scores with a difference between post-test and pre-test of 5.16. Researchers 95% believe that the difference in EPDS scores before the educational video with EPDS scores after education is between 4.53 to 5.80. There was no difference in postpartum blues (EPDS score) before and after in the control group with a p-value of 0.100 (p > 0.05).

DISCUSSION

The results showed a significant difference in postpartum blues (EPDS score) before and after giving educational videos in the intervention group with a p-value of 0.000 (p < 0.05). In the control group, there was no significant difference in postpartum blues (EPDS score) with a p-value of 0.100 (p > 0.05). The average difference in score reduction in the intervention group was 5.16 and the control group had an average score reduction of 0.53. The results of the independent t-test test obtained a p-value of 0.000 (p-value < 0.05). These results state that there is an effect of providing educational videos on reducing the incidence of postpartum blues after being given educational videos in the intervention group. Both groups experienced a decrease in EPDS scores in the 2-week postpartum post-test results, but the group of respondents who received educational videos had a higher score decrease. This means that statistically educational videos can prevent postpartum blues as measured by a decrease in EPDS scores.

The results of this study are supported by Ryain's (2013) research in a systematic review which showed significant results in reducing EPDS scores after giving educational videos and IEC videos to respondents. ALCPG (2017) states that health education is not limited to providing health information but is a concept centered on fostering motivation, skills, and beliefs to improve physical

and mental health. Providing psychosocial education is very important given the good benefits to mental health and the quality and well-being of mothers. The purpose of providing educational videos is to increase knowledge for individuals and families so that it is expected to reduce anxiety levels and improve family function (Berman et al., 2021). Providing educational videos that focus on interpersonal therapy is very effective for relieving symptoms of depression and improving psychosocial functioning and quality of life of mothers during the postpartum period (Özden et al., 2022).

Supported by several studies which state that Health Education through maternal-fetal attachment (MFA) videos has an effect on the incidence of postpartum blues. The research by Perwitasari (2019) statistically proven that there is an increase in the average score in aspects of mental health and attachment to the fetus in the intervention group and the provision of MFA can reduce the risk of psychological stress during pregnancy (Perwitasari et al., 2019). The results of this study are related to the current digital era, health education through audio and visual in the form of videos is considered to have several advantages, namely the messages conveyed are clearer and attract attention and visual images can help arouse the motivation of the target subjects.

The results of bivariate analysis statistically variable maternal age has no effect on postpartum blues with a p-value of 0.2701 (p-value > 0.05). Age is the period of a person's life journey, starting from birth until the data collection limit. The level of physical and emotional maturity of an adult is more reliable than young age. The difference in developmental stages between the adult age group and the young age group affects the response to mood disorders as a risk of postpartum blues.

The results of this study are in line with Burgut's (2013) study which reported that age was not significantly associated with symptoms of postpartum depression or postpartum blues due to differences in the level of heterogeneity between research sites and differences in the methodology underlying the study. Reproductive age increases the physical and mental readiness of mothers in

child care so that they have the ability to solve problems with emotional calmness (Murray, 2019). Mothers are healthier and more prepared physically, emotionally, psychologically, socially, and economically so as to reduce the precipitating factors of postpartum blues. Whereas women aged <20 years are vulnerable to the risk of suffering from postpartum blues due to lack of readiness to have children, the pressure of anxiety about the ability to care for babies (Gabbe et al., 2016).

Education has no effect on postpartum blues with a p-value of 0.314 (p-value > 0.05). This study is in accordance with the results of research identifying risk factors for postpartum depression symptoms that socio-demographic characteristics such as education are not associated with postpartum depression symptoms (Tang et al., 2019). This study reported that education had no effect on postpartum blues because the majority of mothers' education was in the high and middle education category (91.7%) of the total respondents. The average respondent in this study is able to operate the internet and social media so that knowledge and information about postpartum blues can be accessed easily by mothers. Supported by research by Oliveira (2015) stated that 59.1% of respondents with high education and 40.9% of respondents with low education experienced symptoms of postpartum depression, meaning that both high and low education have the same chance of postpartum depression (Oliveira et al., 2015).

Poor mental health during the postpartum period will interfere with the interaction between the mother, baby and family. In the results of the study, a significant difference in postpartum blues (EPDS score) before and after the provision of educational videos in the intervention group with a p-value of 0.000 (p < 0.05) was obtained. Increasing knowledge through educational videos creates a positive psychological condition so that it has an impact on improving the physical and mental health of mothers (Jodi S Dashe et al., 2018).

CONCLUSION

Educational videos are proven to have an effect on reducing the incidence of postpartum blues in groups that are given educational videos. Respondents in the intervention group experienced a significant decrease in postpartum blues compared to the control group seen from the average pre-test and post-test scores after being given educational videos. The average postpartum blues post-test in the intervention group experienced a higher decline after receiving educational videos than the decline in postpartum blues in the control group.

Based on the results of this study, it is hoped that midwives can practice early screening skills with EPDS mental health disorder instruments and develop maternal and child health services through the provision of educational videos to optimize the positive experience of mothers during the perinatal period.

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