



Self Awareness During the Baby Blues Condition: Support, Emotional Balance, and Coping Strategies

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ABSTRACT

Baby blues is a negative emotional condition often experienced by mothers after giving birth, which can affect their mental health. The global prevalence of postpartum blues is 3-8% of the population, with 50% of cases occurring in productive age groups, 20-50 years old. This study aims to explore in depth the experiences and coping strategies employed by mothers experiencing baby blues. The study used a qualitative approach with data collected through in-depth interviews with mothers who experienced baby blues after childbirth. Data were analyzed using content analysis. The results indicate that mothers experiencing baby blues face significant emotional challenges such as hormonal changes and excessive emotions, pain from the birthing process, and adjusting to their new role as mothers. They employed various coping strategies such as seeking social support, talking about their feelings, getting enough rest, engaging in physical activity, and maintaining a healthy diet.

Keywords: Baby Blues, Coping Strategies, Postpartum

1. Introduction

Postpartum blues or baby blues is a condition that often occurs in mothers after childbirth and can affect their mental health. Baby blues is a negative emotional condition that can have a significant impact on a mother's mental health post-delivery. If this condition persists, it can develop into postpartum psychiatric disorders or postpartum depression (Santi & Wahid, 2019).

According to WHO (2018), the global prevalence of postpartum blues in the general population is 3-8%, with 50% of cases occurring in the productive age group of 20-50 years. WHO also states that postpartum blues affects about 20% of women and 12% of men at some point in their lives (Hutagaol, 2019). Globally, postpartum blues occurs in 300-750 mothers per 1000 postpartum mothers (Stewart et al., 2003; Upadhyay et al., 2017). A meta-analysis study found the incidence of postpartum blues to range from 13.7% to 76%, with Africa showing the highest prevalence, where 49.6% of mothers experience postpartum blues (Keikhaie, 2020).

The increase in violence cases committed by mothers toward their children is often attributed to the poor mental health of the mother. Several studies have indicated that this phenomenon occurs in mothers who have experienced baby blues under the age of 20. According to Mulyati (2019), mothers under 20 years old, primiparous, who gave birth via medical procedures, and working mothers are at higher risk of experiencing baby blues. This is attributed to the fact that mothers under 20 are not mentally prepared, primiparous mothers lack experience, mothers who deliver through procedures feel incapable of having a natural birth, and working mothers feel overwhelmed by balancing work and home responsibilities.

During the uncertain wait and limitations, most mothers will experience fatigue after childbirth due to the immense physical and mental effort required, as well as the preparation for the child. After months of pregnancy and intense labor contractions, mothers experience pain equivalent to 20 broken bones, requiring great strength to push the baby out. Childbirth is a life-and-death struggle for a mother.

The struggle does not end there. Women must continue adjusting to their new roles and activities as mothers. New mothers often experience hormonal and emotional changes, ranging from sadness to crying without reason, increased sensitivity, and difficulty resting. Some still feel the pain from the delivery process. Most mothers prefer to suppress these feelings and let them linger. Mothers will not experience psychological disturbances if they successfully adapt.

Although baby blues tends to disappear within a few weeks, it can still affect a mother's ability to care for her baby and interact with family and friends. This study aims to explore the experiences of mothers experiencing baby blues and the coping strategies they use to overcome this condition.

According to Lazarus and Folkman (1984), coping strategies are the actions or methods used by individuals to deal with stressful situations that negatively affect them, both physically and psychologically. Individuals will try to overcome the negative impacts by implementing coping strategies.

These strategies can vary depending on individual characteristics, past experiences, social support, and environmental conditions (Maryam, 2017). Similarly, mothers experiencing baby blues will employ different coping strategies to manage the stress caused by their condition.

Previous studies have identified several factors contributing to the occurrence of baby blues, such as a history of depression or anxiety, lack of social support, and stress in adjusting to the new role as a parent. However, little is known about the experiences and coping strategies of mothers in facing baby blues.

Therefore, this research aims to explore the experiences and coping strategies of mothers experiencing baby blues after childbirth. Understanding these experiences and strategies is expected to provide useful information for medical professionals in providing appropriate support and care for mothers facing this condition, as well as for mothers experiencing similar conditions. Additionally, the findings from this study may contribute to the development of effective intervention programs and health education to address baby blues in postpartum mothers.

2. Research Methodology

2.1 Approach

This research uses a qualitative approach with a case study method. The focus is on understanding in depth how individuals comprehensively experience and cope with baby blues after childbirth. The design of this study is flexible and develops based on field findings. This is due to the use of purposive sampling, and the data collection and analysis are conducted interactively and dynamically.

2.2 Participants

The study involved 5 female participants aged 20-35 years, residing in Gresik and Malang, who had experienced baby blues. The snowball sampling technique was used, starting with screening and gaining informed consent from the participants.

2.3 Procedure

Data collection was conducted through interviews and observations, with the data analyzed using an interactive data analysis method. This method allows for repeated analysis to obtain credible data.

3. Results

3.1 Participant Description

This research is a qualitative case study involving female participants who have experienced baby blues, where their emotional state affected their daily activities post-childbirth. All participants were female and lived in Gresik, East Java. To maintain confidentiality and safeguard the psychological well-being of the participants, their names were anonymized. The profile of the subjects is as follows:

Table 1. Participant Data

Name	Age	Residence	Occupation
S	38	Gresik	Housewife
AC	39	Gresik	Entrepreneur
P	35	Gresik	Housewife
R	29	Malang	Lecturer
Z	38	Gresik	Housewife

4. Findings

The focus of this study is to understand the experiences of women who have experienced baby blues and the coping strategies they have developed. As outlined earlier, this research used a data analysis technique involving data reduction, data presentation, and drawing conclusions. The data were obtained through interviews with three participants selected according to the research criteria.

Based on the interviews with the three participants, the following data were gathered:

- **Order of Children:** Baby blues experienced by mothers after childbirth does not only occur with the first child, but can also happen with subsequent children.
- **Method of Childbirth:** Experiences of childbirth through a cesarean section were identified as a cause of baby blues, as it involves a less pleasant birthing process.
- **Age:** The age of participants during pregnancy ranged from 28 to 33 years, with varying ages for their first pregnancies.
- **Condition:**
The condition of the participants during pregnancy affected how they adapted to the changes they experienced. These changes included feelings of joy due to the birth of the first child, heightened anxiety and sadness, extreme mood swings, a need for attention from those around them, especially their partners, and intense pain post-surgery, requiring full rest.
- **Reactions:**
The researcher found several reactions from participants after childbirth, which appeared in emotional (psychological) and physical forms. After childbirth, the five participants often daydreamed, felt empty, and sometimes cried without knowing why. They also experienced sadness that couldn't be explained, especially when reflecting on the physical changes such as weight gain, fatigue, and decreased physical functioning (e.g., worsening eyesight after childbirth). They had increased desires for attention and understanding, but struggled to express these feelings due to guilt about burdening their partners or others. Stress often emerged not immediately after childbirth but several months later, due to the growing demands of caring for the baby, leading to exhaustion and emotional distress.
- **Thoughts:**
In addition to the emotions and psychological effects, participants also had specific thoughts after childbirth. Some mothers felt disappointed that they couldn't have a natural birth, while others were concerned about their ability to care for their baby. However, for participants who already had children, they realized the responsibilities they would face ahead.
- **Behaviors:**
The study found that participants, especially first-time mothers, were extra cautious in caring for their babies. Some lacked confidence, felt low self-esteem, or even cried alone. There were moments when they wanted to isolate themselves by staying in their rooms. Difficulties in breastfeeding for the first time also led to stress, and fatigue sometimes caused participants to ignore their crying babies.
- **Duration:**
The emotional symptoms of baby blues in participants lasted less than a year, with the longest-lasting effects being psychological, though not in the form of prolonged emotional distress.
- **Support System:**
The presence of a support system, especially from the partner, parents, and in-laws, was significant in helping participants before, during, and after childbirth. Partners were particularly essential in helping with tasks and providing emotional support.
- **Partner's..Support:**
Not all partners had time to accompany the mothers before childbirth due to work commitments. However, after childbirth, most partners were able to take leave for a day to support the mother. Once back from work, partners helped take care of the baby at night.
- **Coping..Strategy:**
Participants developed coping strategies to deal with discomfort after childbirth. Participants who did not have full support from their partners before and after childbirth tended to be more independent, while those who had constant support relied more on their partners. The coping strategies identified included self-motivation and focusing on their child's future.

5. Discussion

5.1 Baby Blues Condition

The baby blues syndrome is a condition where mothers feel sad and powerless after childbirth, characterized by crying without reason, irritability, sensitivity, anxiety, guilt, worthlessness, and disinterest in the baby, among other symptoms (Sambas, 2022). The findings of this study align with this definition, as all three participants experienced baby blues syndrome. They reported feelings of sadness without reason, loneliness, increased sensitivity, and frequent crying after childbirth.

Previous studies on mothers who experienced baby blues suggest that the feelings of sadness and loneliness may arise because they feel they are not receiving enough positive support from those around them, leading them to think they have to face the postpartum period alone (Pir et al., 2021).

Moreover, there are several factors known to contribute to baby blues syndrome, one of which is the type of delivery. In this study, all three participants had undergone cesarean sections. This finding is supported by research conducted by Susanti & Sulistiyanti (2017), which found that the type of delivery has a significant effect on the occurrence of baby blues. Additionally, the participants' ages during pregnancy ranged from 28 to 33 years,

which are considered lower-risk ages for experiencing baby blues syndrome. According to Irawati (2010), the risk factors for baby blues include maternal age below 20 or above 35, which are associated with a higher risk of pregnancy complications. These factors are likely the most significant contributors to the baby blues syndrome experienced by the participants.

5.2 Partner Support

Partner support for mothers experiencing baby blues can take various forms, including verbal or nonverbal support, advice, practical assistance, or behaviors that provide emotional or behavioral benefits. Support may also mean the presence, willingness, and care of those who are close to the mother, who value and love her (Syamsiah & Suriyani, 2018).

In this context, the partner, who is the closest person to the participant post-childbirth, should naturally provide support to the mother. Based on the results, participants received support from those around them, such as parents, in-laws, and especially their partners. Most of the post-childbirth support participants received came from their partners.

Partner support can positively influence the condition of mothers post-childbirth. If the support provided by the partner is good and positive, it can reduce the risk of baby blues syndrome or speed up the recovery of mothers experiencing this condition. This statement is supported by research by Hasanah (2017), which found that the involvement and support of partners, such as active communication, attention, physical assistance, and emotional support, can reduce the symptoms of baby blues syndrome in postpartum mothers.

The forms of partner support provided to participants in this study included directly helping with childcare, assisting with household chores, providing comfort, and listening to the mother's complaints. Although the level and significance of partner support varied among participants, all reported feeling supported and not alone in facing their condition. The partner's actions helped alleviate the symptoms of baby blues, which gradually improved due to the support provided (Pir et al., 2021).

6. Conclusion

Baby blues syndrome is a condition of sadness experienced by mothers after childbirth, which is a common psychological issue for women who have just given birth. This condition typically lasts for about two to three weeks postpartum. One of the main factors contributing to this condition is the type of delivery, such as cesarean sections. Mothers experiencing this condition will gradually improve with the help and support provided by their partners. Forms of support identified in this study include assisting with childcare, fostering positive communication with the mother, listening to her complaints, and helping with household chores.

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