

RELATIONSHIP BETWEEN PARITY AND LABOR WITH BABY BLUES EVENTS IN CLINIC YOSTAVAN MEDIKA SIDOARJO

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ABSTRACT

Introduction: Parity is the number of children born to the mother and able to live outside the womb. Labor is the birth of the fetus and placenta in sufficient number of month. Maternity blues or post partum blues or baby blues is a depressive syndrome that occurs within 14 days which is not too long and will disappear over time without treatment. Risk factors in the form of labor due to physical exhaustion during the labor process, and bleeding that can affect the activity of the mother after childbirth. The risk factor is parity due to their lack of experience as primiparous mothers and their inability to properly care for their babies, primiparous mother are more likely to experience the baby blues than multiparous mother. Researchers are interested in conducting research on "The Relationship between Parity and Labor with the Incidence of baby blues at the Clinic Yostavan Medika Prambon, Sidoarjo".

Purpose: Knowing the relationship between parity and labor with the incidence of baby blues in Clinic Yostavan Medika Sidoarjo

Method: Cross sectional is used in this research and the sampling method was purposive sampling. This study used the EPDS questionnaire with logistic regression analysis techniques.

Result: In the univariate analysis using the bivariate logistic regression test, significant results were obtained with a value of 0,011 which means that parity and delivery are related to the incidence of *baby blues*. Respondents who experienced the baby blues with primipara parity were as many as 57,6%. Respondents with a normal delivery process who experienced the baby blues 56,7%. Based on the multivariate logistic regression analysis test, the results showed no significant p value = 0.460 which means that parity and delivery have no effect on baby blues.

Conclusion: There is not relationship between parity and labor with the incidence of baby blues at Clinic Yostavan Medika, Sidoarjo

Keyword: Labor, Parity, Baby blues

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INTRODUCTION

Labor and delivery refer to the process of expelling the products of conception - fullterm fetus and placenta, which can live outside the womb through the birth canal or through other means with or without intervention. Delivery process starts with contractions which are characterized by progressive cervical dilation and ends with placenta delivery¹. Parity is the term that shows the number of children born alive outside the womb². Maternity blues or post partum blues or baby blues is a temporary syndrome of depression that appears during postpartum period for 14 days that will disappear over time without any treatment³.

WHO (2018) reported an increase in baby blues prevalence from 3% to 8% in the global population, 50% of which were experienced by mothers aged between 20-50 years. WHO also mentioned that baby blues affects about 20% of women at some time in life⁴. Around 26-85% of women in Asia experience the baby blues syndrome after giving birth⁵. In Indonesia, 31 people in every 1,000 childbirth experienced baby blues syndrome. Indonesia names the fourth most populous country in ASEAN.

Parity is one of the risk factor affecting the occurrence of baby blues syndrome. Primiparous mothers' lack of experience makes them more vulnerable to experience baby blues syndrome than multiparous mothers⁶. Baby blues syndrome mostly hits primiparous mothers (91%) compared to multiparous mothers (66.7%). Experiences during childbirth such as labor pains and complication affect mother's psychological condition. If trauma occurs during childbirth, primiparous mothers are likely to experience more severe baby blues syndrome⁷.

Baby blues syndrome often disrupts mothers' daily activities. Mothers who experience baby blues syndrome often find problems in social life (relationship with family or friends) and they are at higher risk of consuming hazardous substances such as cigarette, alcohol,

drugs. They are also prone to more severe psychotic disorders and suicidal. Baby blues syndrome also affects the babies as shown by frequent cry within long period, sleep disruption, vulnerability to suicidal actions and nutritional deficiency for not consuming breastmilk⁸.

METHOD

This analytical observational study was performed using cross sectional approach to investigate the relationship between parity and childbirth delivery in relation to baby blues syndrome occurrence. Data were collected from 33 respondents selected using purposive random sampling technique whomet the predetermined inclusion and exclusion criteria. EPDS questionnaire was used as data collection instrument, and the collected data were analysed in logistic regression test.

RESULTS

Table 1. Respondents' Demographic Data.

Characteristic	Frequency	Percentage
Age		
< 20 years old	6	18.2%
20-35 years old	24	72.8%
>35 years old	3	9.0%
Occupation		
Housewife	11	33.3%
Entrepreneur	18	54.5%
Civil servant	4	12.2%
Education Background		
Basic (Primary, Junior High School)		
High School	9	27.3%
High School	14	42.4%
Higher Education		
Higher Education	10	30.3%
Parity		
Primiparous	16	48.5%
Multiparous	17	51.5%
Labor method		
Vaginal	16	48.5%
Intervention	17	51.5%

The majority of respondents participating in this study aged between 20-35 years, worked as entrepreneur, and were

high school graduates. There are more multiparous mothers than primiparous one, and intervened childbirth dominated by 51.5% than vaginal birth.

Table 2. Frequency Distribution between Parity and Baby blues Syndrome Occurrence

Parity	Baby blues				Total	Percentage
	Occurred		Not Occurred			
	Frequency	Percentage	Frequency	Percentage		
Primiparous	13	39.4%	3	9.1%	16	48.5%
Multipara	6	18.3%	11	33.3%	17	51.5%
Total	19	57.6%	14	42.4%	33	100%

As seen in Table 2, there were more primiparous respondents who experienced baby blues syndrome (39.4%)

Table 3. Frequency Distribution between Delivery and Baby blues Syndrome Occurrence

Delivery	Baby blues				Total	Percentage
	Occurred		Not Occurred			
	Frequency	Percentage	Frequency	Percentage		
Normal	13	39.4%	3	9.1%	16	48.5%
Intervention	6	18.3%	11	33.3%	17	51.5%
Total	19	57.6%	14	42.4%	33	100%

Table 3 shows there are more respondents undergoing normal vaginal delivery who experienced baby blues syndrome (39.4%).

Table 4. Results of Bivariate Logistic Regression Test on the Relationship between Parity and Baby blues Syndrome Occurrence

Variable	Baby blues				Total	Percentage	Sig Value
	Occurred		Not Occurred				
	Frequency	Percentage	Frequency	Percentage			
Parity	13	39.4%	3	9.1%	16	48.5%	p=0.011
	6	18.3%	11	33.3%	17	51.5%	
Total	19	57.6%	14	42.4%	33	100%	

Analysis shows significant result, with 0,011 that means there is a relationship between parity and baby blues syndrome.

Table 5. Results of Bivariate Logistic Regression Test on the Relationship between Mode of Delivery and Baby blues Syndrome Occurrence

Variable	Baby blues				Total	Percentage	Sig Value
	Occurred		Not Occurred				
	Frequency	Percentage	Frequency	Percentage			
Delivery	13	39.4%	3	9.1%	16	48.5%	p=0.011
	6	18.3%	11	33.3%	17	51.5%	
Total	19	57.6%	14	42.4%	33	100%	

A significant value of 0.011 was found, indicating that the mode of delivery affects the occurrence of baby blues syndrome.

Table 6. Results of Multivariate Logistic Regression Test on the Relationship between Parity and Mode of Delivery on Baby blues Syndrome Occurrence

Parity	Baby blues				Total	Percentage	Sig Value
	Occurred		Not Occurred				
	Frequency	Percentage	Frequency	Percentage			
Delivery	19	57.6%	14	42.4%	16	100%	p=0.460
	19	57.6%	14	42.4%	17	100%	

The multivariate logistic regression showed insignificant influence of parity and mode of delivery on Baby blues syndrome occurrence with p value = 0.460.

DISCUSSIONS

The relationship between parity and baby blues occurrence

The results of bivariate parity logistic regression analysis showed significant relationship with a value of 0.011. The value indicates that parity is significantly associated with baby blues occurrence.

Baby blues syndrome occurs more common in primiparous mothers during the postpartum period. Status. However, baby blues can also occur to multiparous mothers with baby blues history⁹. Harini (2017) stated that postpartum mothers with multiparous status can suffer from baby blues syndrome. In this study, 39.4% of

mothers experiencing baby blues were primiparous mothers¹⁰.

Paramastya (2018) found that the number of primiparous mothers who experienced the baby blues syndrome reached 70%, which percentage is higher than primiparous mothers who did not experience the baby blues syndrome 55%¹¹.

The relationship between childbirth method and Baby blues occurrence

Vaginal birth can trigger baby blues symptoms due to physical fatigue during labor which drains mothers' stamina after delivery. During vaginal birth, large amounts of blood loss can also affect mothers ability to do daily activities after delivery. After the delivery, hormone levels often drop significantly in large amounts which include estrogen, progesterone, prolactin, and estriol. Estrogen inhibits the activity of non-adrenaline and serotonin enzymes which cause mood changes¹².

Data analysis showed significant results with a value of 0.011 for the relationship between childbirth delivery method and the baby blues syndrome prevalence.

In this study, respondents who underwent vaginal delivery at Yostavan Clinic experienced more severe baby blues due to physical fatigue during labor which drained their stamina. In addition, blood loss during labor also triggered it. Some other factors have also been identified influential, including psychological support from health workers, support from husbands and closest people, and habits of the surrounding community.

The relationship between parity and Baby blues occurrence

The results of the multivariate logistic regression analysis showed insignificant result with a value of 0.460, indicating that parity and method of delivery had no effect on Baby blues occurrence.

During postpartum, the method of childbirth delivery had no statistical significance on the occurrence of baby blues syndrome as shown by p value (0.500) > (0.05) which goes in line with Paramastya's research (2018)¹². However, the result is contradictory to the ones found by Chairunnisa (2013) found with a p-value (0.024) < (0.05) which indicated that method of childbirth delivery significantly affected the prevalence of baby blues syndrome. The baby blues syndrome can be triggered by other factors, including the style of delivery, social support, preparation for pregnancy, and preparation for motherhood¹³.

CONCLUSIONS

In this study, no relationship was found between parity and mode of delivery with the incidence of baby blues because there might be other factors that also affect it such as social and family support, different childbirth delivery experience, different capability of midwives or doctors, and support during postpartum. This finding encourages the health workers at the Yostavan Medika clinic, Klampisan Village, Wirobiting Village, RT. 02 RW. 01 Prambon District, Sidoarjo Regency to provide adequate support during the delivery in order to prevent the occurrence of baby blues syndrome. The research that was done at Yostavan Medika Clinic involving 33 respondents from September – October 2021 resulted in these following findings.

Parity significantly affects baby blues syndrome occurrence with a value of $p = 0.011$.

Delivery process significantly affects the occurrence of baby blues syndrome with $p\text{value} = 0.011$.

Multivariate analysis of Parity and resulted in p value of 0.460. The value indicates that parity does not affect the occurrence of baby blues syndrome

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