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POSTPARTUM MOTHER'S BEHAVIOR REGARDING THE INCIDENT OF BABY BLUES SYNDROME IN ERNITA'S INDEPENDENT PRACTICE PEKANBARU CITY

[1,2] Wira Ekdeni Aifa, [3]Faridah Mohd Said, [4]Tukimin Bin Sansuwito
[1]Student Ph.D.In Health Science, Faculty Medicine, Lincoln University College, Malaysia
[2]Midwifery, Health and Technology Al Insyirah, AL Insyirah Institute Pekanbaru, Indonesia
[3]Professor Of Nursing Studies, Lincoln University College, Kuala Lumpur Malaysia
[4]Lectures Ph.D. In Nursing and Public Health, Faculty of Medicine, Lincoln University College, Malaysia
*wiraekdeniaifa15@gmail.com

ABSTRACT
Baby Blues Syndrome is a mild mood disorder syndrome that is often ignored by postpartum mothers, their families or health workers, which in the end Baby Blues Syndrome can develop into depression and even psychosis which can have a bad impact, namely the mother experiencing problems in marital relations and even with the family and the growth and development of her child. . The aim of the research is to determine: Postpartum Mother's Behavior regarding the Incident of Baby Blues Syndrome in the Independent Practice of Midwife Ernita, Pekanbaru City. This research method uses descriptive correlation research with a cross-sectional time approach. The sample in this study was the entire population of 30 postpartum mothers from October to December 2022. Data analysis included univariate analysis which examined the incidence of Baby Blues Syndrome and postnatal maternal behavior, while bivariate analysis included the relationship between knowledge, attitudes and actions regarding the incident. Baby Blues Syndrome. The results of this study showed that 14 respondents (46.7%) experienced Baby Blues Syndrome. The results of the Chi-square test showed a p value of 0.390. The conclusion of this research is that there is no relationship between postpartum maternal behavior and the incidence of baby blues syndrome in the independent practice of midwife Ernita, Pekanbaru City, as evidenced by the p value > 0.05, which means Ho is rejected. It is hoped that the family can always provide support in caring for the baby and managing the mother's psychology after giving birth so that the incidence of Baby Blues Syndrome does not increase.
Keywords:Behavior, postnatal, Baby Blues Syndrome

INTRODUCTION

Pregnancy is a crisis period in a woman's life. Every biological process of maternal and reproductive function, namely from the descent of the seed in the mother's womb until the birth of the baby, is always influenced (stimulated or inhibited) by certain psychological influences. Psychological reactions to pregnancy vary greatly in nature, meaning that each woman when pregnant has different feelings and the reactions that arise are different, including worry, fear or happiness. Factors that come can come from the pregnant woman herself, her husband, household and the surrounding environment, wider influences can be on customs, traditions and culture, from pregnancy to later birth, both physical and psychological interconnectedness (Kartono, 2007 in Isni , 2017).

Emotional disorders can be experienced by women after giving birth with varying incidence. The postpartum period has a strong position as a risk factor for the development of serious mood disorders. There are three forms of psychological changes in the postpartum period including Postpartum Blues (Maternity Blues or Baby Blues),

Postpartum Depression and Postpartum Psychosis. (Yusari, and Risneni, 2016). The emotional disorder that is most often found in almost every new mother is Baby Blues Syndrome.

Postpartum women need to adjust themselves in carrying out their new activities and roles as mothers in the first weeks or first months after giving birth. Women who have managed to adjust well can overcome this psychological disorder, but others do not succeed. When making this adjustment, you will experience psychological disorders, this is what is called Baby Blues Syndrome (Mansur: 2009). Baby Blues Syndrome is a mild mood disorder syndrome that is often ignored by mothers after giving birth, their families or health workers, which in the end Baby Blues Syndrome can develop into depression and even psychosis which can have a bad impact, namely the mother experiencing problems with her relationship even with her family and her child's growth and development. . Symptoms of Baby Blues Syndrome according to Mansur (2009) include crying, changes in feelings, anxiety, worry about the baby, loneliness, decreased sexual desire. Baby Blues Syndrome is characterized by depressive or sad reactions, crying, irritability, anxiety, unstable feelings, tendency to blame oneself, sleep disorders, appetite disorders (Marmi. 2012). These symptoms begin to appear after delivery and generally disappear within a few hours to a few days. Based on research by Hansen (1994) conducted in the United States, it was explained that postpartum mothers who experienced postpartum blues ranged from 75-80% (Perry et al., 2010 in Diah, 2015). Several research results state that the highest prevalence of postpartum blues has been reported in Tanzania at 83% and the lowest at 8% in a study in Japan. Most authors report that the prevalence of postpartum blues varies between 40% and 60% (Gonidakis et al., 2007 in Diah, 2015). The prevalence of postpartum blues in Greece is around 73.3%, in Germany 55.2% (Reck et al., 2009 in Diah, 2015). Globally, it is estimated that 20% of women giving birth experience postpartum blues. It is estimated that 50-70% of mothers giving birth show initial symptoms of postpartum blues on the third to sixth day after giving birth, however these symptoms can disappear slowly due to a good adaptation process and sufficient family support, whereas in Indonesia the incidence of postpartum bluesantara 50-70% (Hidayat, 2007 in Diah, 2015).

Behavior is the result of all kinds of experiences and interactions between humans and their environment which are manifested in the form of knowledge, attitudes and actions. Behavior is an individual's response/reaction to stimuli originating from outside or from within him (Notoatmodjo, 2012).

According to Notoatmodjo (2012), the lower a person's education, the more difficult it is to receive information and ultimately the knowledge they have is less because knowledge greatly influences a person's behavior in an action. Apart from that, a person's level of education will influence thought patterns and behavior in developing the information obtained and will influence the respondent's behavior so that their behavior becomes negative. If someone has a low level of education, it will hinder the development of a person's behavior towards accepting new information and values.

According to Notoatmodjo (2012), obtaining information can speed up a person's acquisition of new knowledge and give rise to positive behavior. By providing information, it will increase people's knowledge, then knowledge will raise awareness and ultimately will cause people to behave appropriately because it is based on their own circumstances and not thoughts. Information is a form of stimulus that influences a person, whether obtained directly from the environment or indirectly.

In the postpartum period, psychological changes also occur as a result of the physical changes that occur and this is normal. If the mother can understand and adapt to several changes, both physical and psychological, then the mother will not experience fear, worry or anxiety. On the other hand, when a new mother is too afraid, worried and worried about the changes that occur within herself, the mother can experience psychological disorders. There are three types of psychological disorders related to the effects or mood of the mother after giving birth, namely postpartum blues, postpartum depression (PPD), and postpartum psychosis (Henshaw 2003 in Diah 2015).

Mansur and Budiarti (2014) mention the symptoms of Baby Blues Syndrome such as changes in feelings, crying, anxiety, feeling worried about the baby, feeling lonely, experiencing decreased sexual desire and lack of confidence in your ability to be a mother.

Yusari and Risneni (2016) explain several symptoms of Baby Blues Syndrome, namely often suddenly crying because they feel unhappy, impatient, timid, not wanting to eat, not wanting to talk, headaches, often changing moods, feeling too sensitive and excessively anxious, not passionate, lack of self-confidence, don't want to concentrate and have difficulty making decisions, feel like they don't have an emotional bond with the little one who has just been born, and feel like they don't love the baby, excessive insomnia.

The negative influences that will arise on babies, mothers and children according to (Indonesian Ministry of Health, 2019) include: 1. Effect of Baby Blues Syndrome on Mother: a. Experiencing disruption to daily activities, b. Experiencing problems in relating to other people (family or friends), c. Risk of using dangerous substances such as cigarettes, alcohol, narcotics, d. More severe psychotic disorders, e. Possibility of committing suicide/infanticide. 2. Effect of Baby Blues Syndrome on Babies: a. Babies often cry for long periods of time, b. Having problems sleeping, c. Possible suicide.

Based on a preliminary survey conducted by researchers based on interviews, of the 10 postnatal mothers on the 7th day to the last month, 4 of the 10 postnatal mothers experienced symptoms of Baby Blues Syndrome and changed their behavior towards their babies and themselves but did not realize it. by them. Based on this background description, researchers are interested in conducting research on "Postpartum Maternal Behavior towards Baby Blues Syndrome in the Independent Practice of Midwife Ernita, Pekanbaru City".

RESEARCH METHODS

This research uses descriptive correlation research with a cross-sectional analytical research design. The research was carried out by Midwife Ernita's Independent Practice in Pekanbaru City from October to December 2022. The population in this study was 30 postpartum mothers. The sampling technique used in this research was total sampling. Primary data was obtained through interviews with questionnaires. The behavioral questionnaire consists of 38 questions which have been tested for validity and reliability by researchers, and obtained valid and reliable results. Secondary data is data from mothers after giving birth. Baby Blues measurement uses the EPDS questionnaire. The bivariate data analysis technique uses the Chi-square test with a significance level of 95%.

RESULTS AND DISCUSSIONS

The research results described consist of Univariate Analysis which consists of the distribution of respondent characteristics, namely age, education, occupation and respondent parity. Distribution of the incidence of Baby Blues Syndrome, distribution of postnatal maternal knowledge, distribution of

postnatal maternal attitudes and distribution of postnatal maternal behavior. Univariate analysis in the study is described as follows:

Table 1. Frequency Distribution of Respondent Characteristics in the Independent Practice of Midwife Ernita, Pekanbaru City

No	Respondent Characteristics	(F)	(%)
1	Respondent's Age		
	a. 20 – 35 Years	26	86.7
	>35 Years	4	13.3
2	Education		
	a. PT	10	33.3
	b. SENIOR HIGH SCHOOL	18	60.0
	c. JUNIOR HIGH SCHOOL	2	6,7
	d. elementary school	0	0
3	Work		
	a. IRT	25	83.3
	b. ASN	4	13.3
	c. Self-employed	1	3.3
	d. Laborer	0	0
	e. Etc	0	0
4	Parity		
	a. Primipara (1 child)	10	33.3
	b. Multiparous (2 children)	13	43.3
	c. Grandemultiparous (3 children/more)	7	23.3
	Total	30	100%

Table 1 shows that the frequency distribution and presentation of characteristics of respondents consists of the age category, almost all of whom are in the 20 - 35 year range, namely 86.7%, the educational category of most of the respondents, namely junior high school education at 60%, the employment category almost all of the respondents were housewives, namely 83.3%, and in the parity category almost half of the respondents were multiparous or had 2 living children, namely 43.3%.

Table 2. Frequency distribution of postnatal knowledge of mothers in the Independent Practice of Midwife Ernita, Pekanbaru City

No	Knowledge	Frequency (F)	Percentage (%)
1	Good	28	93.3
2	Not enough	2	6,7
	Total	30	100%

Based on Table 2, it can be seen that almost all respondents have good knowledge, 93.3%.

Table 3. Frequency distribution of postpartum maternal attitudes at the Independent Practice of Midwife Ernita, Pekanbaru City

No	Attitude	Frequency (F)	Percentage (%)
1	Positive	14	46.7
2	Negative	16	53.3
	Total	30	100%

Based on Table 3, it can be seen that the majority of respondents have a negative attitude, amounting to 53.3%.

Table 4. Frequency distribution of postnatal maternal actions at the Independent Practice of Midwife Ernita, Pekanbaru City

No	Respondent Behavior	Frequency (F)	Percentage (%)
1	Positive	19	63.3
2	Negative	11	36.7
	Total	30	100%

Based on Table 4, the results show that the majority of respondents acted/behaved positively, 63.3%.

Table 5. Frequency distribution of the incidence of Baby Blues Syndrome in mothers after giving birth in the Independent Practice of Midwife Ernita, Pekanbaru City

No	Occurrence of Baby Blues Syndrome	Frequency (F)	Percentage (%)
1	Experience	14	46.7
2	Not experienced	16	53.3
	Total	30	100%

Based on Table 5, the results showed that the majority of respondents did not experience Baby Blues Syndrome in mothers after giving birth, 53.3%.

The research results obtained are based on bivariate research results, namely:

Table 6. Relationship between maternal postnatal knowledge and the incidence of Baby Blues Syndrome in the Independent Practice of Midwife Ernita, Pekanbaru

Variable	Occurrence of Baby Blues Syndrome				Total		P Value	OR (CI 95 %)
	Experience		Not experienced					
	N	%	N	%	N	%		
Knowledge								
Good	13	43.3	15	50.1	28	93.4	0.724	8.67
Not enough	1	3.3	1	3.3	2	6.6		
Amount	14	46.6	16	53.4	30	100		

Based on Table 4.6, the results show that the distribution of knowledge is almost entirely in the good category, namely 93.3%, of those who experience Baby Blues Syndrome, namely 43.3% and those who do not experience Baby Blues Syndrome, namely 50.1%. The results of the Chi square statistical test analysis show that the P value is 0.724 > α = 0.05, meaning that Ho fails to be rejected so it can be concluded that there is no relationship between maternal postnatal knowledge and the incidence of Baby Blues Syndrome in the Independent Practice of Midwife Ernita, Pekanbaru City. The results of the analysis also show an odd ratio (OR) = 8.67, meaning that the no good knowledge category has a 7.50 times chance of increasing the incidence of Baby Blues Syndrome compared to postnatal mothers who have the poor knowledge category.

Table 7. Relationship between maternal attitudes after giving birth and the incidence of baby blues syndrome in the independent practice of midwife Ernita, Pekanbaru City

Variable	Occurrence of Baby Blues Syndrome				Total		P Value	OR (CI 95%)
	Experience		Not experienced					
	N	%	N	%	N	%		
Attitude								
Positive	6	20	8	26.6	14	46.6	0.491	7.50
Negative	8	26.6	8	26.6	16	53.3		
Amount	14	46.6	16	53.3	30	100		

Based on Table 7, it can be seen that the distribution of attitudes of the majority of respondents is in the negative category, 53.3%, 26.6% of those experiencing Baby Blues Syndrome and 26.6% of those not experiencing Baby Blues Syndrome. The results of the Chi square statistical test analysis show that the P value is 0.491 > α = 0.05, meaning Ho failed to be rejected so it can be concluded that there is no relationship between the mother's attitude after giving birth and the incidence of Baby Blues Syndrome in the Independent Practice of Midwife Ernita, Pekanbaru City. The results of the analysis also show an odd ratio (OR) = 7.50, meaning that the no negative attitude category has a 7.50 times chance of increasing the incidence of Baby Blues Syndrome compared to postnatal mothers who have the positive behavior category.

Table 8. Relationship between postnatal maternal actions/behavior and the incidence of Baby Blues Syndrome in the Independent Practice of Midwife Ernita, Pekanbaru City

Variable	Occurrence of Baby Blues Syndrome				Total		P Value	OR (CI 95%)
	Experience		Not experienced					
	N	%	N	%	N	%		
Behavior								
Positive	8	26.6	11	36.6	19	63.3	0.390	6.06
Negative	6	20	5	16.6	11	36.6		
Amount	14	46.6	16	53.3	30	100		

Based on Table 8, it can be seen that the distribution of actions of the majority of respondents was in the positive category, namely 63.6%, of those who experienced Baby Blues Syndrome, namely 26.6% and those who did not experience Baby Blues Syndrome, namely 36.6%. The results of the Chi square statistical test analysis show that the P value is 0.390> α = 0.05, meaning that Ho fails to be rejected so it can be concluded that there is no relationship between postnatal maternal actions and the incidence of Baby Blues Syndrome in the Independent Practice of Midwife Ernita, Pekanbaru City. The results of the analysis also show an odds ratio (OR) = 6.06, meaning that the no positive behavior category has a 6.06 times chance of increasing the incidence of Baby Blues Syndrome compared to postnatal mothers who have the negative behavior category.

Based on the research results, it can be seen that the distribution of knowledge of almost all respondents was in the good category, namely 93.3%, of the 28 people who experienced Baby Blues Syndrome, namely 13 people and those who did not experience Baby Blues Syndrome, namely 15 people.

The results of the Chi square statistical test analysis show that the P value is 0.724 > α = 0.05, meaning that Ho fails to be rejected so it can be concluded that there is no relationship between maternal postnatal knowledge and the incidence of Baby Blues Syndrome in the Independent Practice of Midwife Ernita, Pekanbaru City. The results of the analysis also show an odd ratio (OR) = 8.67, meaning that the no good knowledge category has an 8.67 times chance of increasing the incidence of Baby Blues Syndrome compared to postnatal mothers who have the poor knowledge category.

Knowledge is a very important factor in shaping a person's actions. Knowledge is the result of knowing that has occurred after people have sensed through the five human senses, namely the senses of sight, hearing, smell, taste and touch. Knowledge basically occurs from a number of facts and theories that enable someone to be able to solve the problems they face, where this knowledge begins with knowing, understanding, applying and being able to explain the material that has been studied (Notoatmodjo, 2012).

The results of bivariate analysis with chi square showed that there was no relationship between respondents' knowledge about*baby blues*with the occurrence of baby blues. Baby blues occurs in postpartum mothers with poor and good levels of knowledge. But most of it occurs in mothers with a good level of knowledge and statistically there is no significant relationship. This is different from Fitriyani Pulungan's research (2015) at the Romauli Clinic, Kec. Medan Marelan, North Sumatra. Fitriyani stated that there was a significant relationship between post partum maternal knowledge and baby blues syndrome on days 1-7 post partum. The differences in research results can be caused by various factors. Factors include differences in research methods, characteristics of postpartum mothers, different research locations, social support, and different cultures and environments around postpartum mothers. Apart from that, there are other factors that can also trigger baby blues.

According to researcherswoman whohighly educated people face social pressure and role conflict between the demands of being a highly educated woman who has the drive to work and carry out activities outside the home and her role as a housewife or as a parent when she has children. The higher a person's education, the easier it is for that person to receive information both from other people and from the mass media, so that a mother's behavior can change with the more knowledge she obtains.

The results of research using EPDS showed that only a small portion of well-informed respondents experienced baby blues syndrome (13 postpartum mothers, 43.3%). This could be due to the age of the respondents being old enough to get married, the education of the respondents, most of whom are highly educated, and the parity of respondents who have more than 2 children, thus giving the respondents more experience in caring for and caring for their babies.

Based on the results of attitudes towards the incident of Baby Blues Syndrome, it can be seen that the distribution of attitudes of the majority of respondents was in the negative category, namely 53.3%, out of 16 people, 8 people experienced Baby Blues Syndrome and 8 people did not experience Baby Blues Syndrome. 8 people. The research results can also be seen that the distribution of attitudes is almost half, namely the positive category, namely 46.6%, out of 14 people, 6 people experienced Baby Blues Syndrome and 8 people did not experience Baby Blues Syndrome.

The results of the Chi square statistical test analysis show that the P value is 0.491> α = 0.05, meaning that Ho fails to be rejected so it can be concluded that there is no relationship between postnatal maternal attitudes and the incidence of Baby Blues Syndrome in the Independent

Practice of Midwife Ernita, Pekanbaru City. The results of the analysis also show an odd ratio (OR) = 7.50, meaning that the no negative attitude category has a 7.50 times chance of increasing the incidence of Baby Blues Syndrome compared to postnatal mothers who have the positive behavior category.

Attitude can be considered as a general predisposition to respond or act (WF Maramis, 2016). Factors that predispose behavior to a person or society are the knowledge and attitudes of a person and society towards what is to be done (Notoatmodjo, 2015).

According to researchers, the formation of attitudes can occur due to the process of experience and from the process of interaction with the environment. The formation of changes in the mother's attitude after giving birth in dealing with baby blues is followed by an increase in the mother's knowledge regarding the occurrence of baby blues which influences her attitudes and actions later in life.

Based on the results of action research on the incidence of Baby Blues Syndrome, it can be seen that the majority of respondents were in the positive category, namely 19 people (63.6%), of the 19 people, 8 people experienced Baby Blues Syndrome and 8 people did not experience Baby Blues Syndrome. also 11 people. From the research results, it can also be seen that the distribution of actions was almost half, namely the negative category, namely 11 people (36.6%), of the 11 people, there were 6 people who experienced Baby Blues Syndrome and 5 people who did not experience Baby Blues Syndrome.

The results of the Chi square statistical test analysis show that the P value is 0.390> α = 0.05, meaning Ho failed to be rejected so it can be concluded that there is no relationship between the mother's actions after giving birth and the incidence of Baby Blues Syndrome in the Independent Practice of Midwife Ernita, Pekanbaru City. The results of the analysis also show an odd ratio (OR) = 6.06, meaning that the positive behavior category has no chance of 6.06 times increasing the incidence of Baby Blues Syndrome compared to postnatal mothers who have the negative behavior category.

Respondents' actions in the research results showed that the majority of respondents had a positive attitude, namely 19 respondents (63.3%). Azwar (2011) states that behavior is defined as a kind of potential tendency to react in certain ways when an individual is faced with a stimulus that requires a response. Respondents who have behavior regarding postnatal care in the good category indicate that the respondent can apply the concept of postnatal care if they receive sufficient support. Behavior is not yet an action or activity but is a predisposition to action or attitude. This behavior is a closed reaction, not an open behavioral reaction. Respondents believe (cognition) the concept of postnatal patient care, feel the concept (affection) and use it as the basis for their tendencies (conation) in their behavior. So it can be concluded that the actions in this research are a form of evaluation of feelings and potential tendencies to react which are the result of interactions between cognitive, affective and conative components which react to each other in understanding, feeling and behaving towards postnatal patient care.

Behavior is the result of all kinds of experiences and interactions between humans and their environment which are manifested in the form of knowledge, attitudes and actions. Behavior is an individual's response/reaction to stimuli originating from outside or from within him (Notoatmodjo, 2012).

According to researchers, respondents who have quite good behavior regarding postpartum self-care are because the respondents are quite experienced in dealing with post-partum baby blues. Research shows that respondents are at least experienced, of course they have gained a lot of experience in caring for

themselves during postpartum, including when experiencing post partum baby blues. According to Azwar's (2011) conclusion, one of the factors that influences the formation of behavior is personal experience.

This research shows that respondents have positive or better actions towards postpartum care, thus respondents will be more quickly aware of the symptoms that arise in postpartum patients if baby blues occurs. Knowledge that has been understood and then becomes a positive behavior for respondents will really help respondents in dealing with cases of post-natal baby blues in themselves.

CONCLUSION

Based on the results of the analysis and discussions that have been carried out, it was found that almost all postnatal mothers' knowledge of the incidence of baby blues syndrome in the independent practice of Ernita Midwives in Pekanbaru City was in the good category, namely 28 people (93.3%) with a P value of 0.724 > α =0.05. The attitude of postnatal mothers towards the incidence of baby blues syndrome was that most of the respondents were in the negative category, namely 16 people (53.3%) with a P value of 0.491 < α = 0.05. Postnatal maternal actions regarding the incidence of baby blues syndrome, the majority of respondents were in the positive category, namely 19 people (63.3%) with a P value of 0.390 < α = 0.05. In conclusion, there is no relationship between postnatal maternal behavior and the incidence of baby blues syndrome in the Independent Practice of Midwife Ernita, Pekanbaru City with a p value > 0.05, which means Ho is rejected.
The advice is for health workers to provide advocacy and provide assistance or counseling regarding knowledge about baby blues syndrome in more depth to post-natal mothers, and it is also hoped that families can always provide support to post-natal mothers in caring for their babies and managing their psychology so that the incident occurs. baby blues syndrome does not increase.

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