



Postpartum Maternal Mental Health: Identification of Risk Factors and Holistic Intervention Approaches

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ABSTRACT

Postpartum maternal mental health is a health issue that requires serious attention because of its direct impact on maternal well-being and child development. Postpartum Depression (PPD) is one of the most common mental disorders experienced by mothers after giving birth, accompanied by anxiety, stress, and other psychological disorders that can hinder parenting functions. Risk factors that contribute to postpartum mental health disorders vary, including stress due to changes in the role of mother, history of previous mental health problems, medical complications during childbirth, unplanned pregnancy, lack of social support, hormonal imbalance, and sleep disorders and fatigue. This study aims to identify risk factors that contribute to postpartum maternal mental health disorders and explore holistic intervention methods that can be applied to improve maternal well-being. The research method uses a qualitative approach with thematic analysis of various risk factors and interventions that have been applied in previous studies. The results of the study indicate that a holistic intervention approach is very important in overcoming postpartum maternal mental health problems. Some effective intervention methods include psychosocial support, cognitive and behavioral therapy (CBT), mindfulness, prenatal and postnatal education, a healthy diet that supports hormonal balance, and pharmacological therapy supervised by medical personnel if needed. The involvement of partners and families in supporting the mother is also important for the recovery process. In conclusion, postpartum mental health disorders require comprehensive interventions for the mother's physical and emotional recovery.

Keywords: Mental Health, Postpartum Mothers, Risk Factors, Holistic Approach, Intervention



INTRODUCTION

Often overlooked, maternal mental health impacts the well-being of the mother herself, her children, and the family as a whole. The risk of mental health disorders in mothers increases due to hormonal changes after childbirth, the demands of dual roles as a mother and worker (or homemaker), and social and cultural pressures.

Postpartum mental health disorders, such as postpartum depression (also known as postpartum depression), anxiety, and post-traumatic stress disorder, can impact the mother's health, the baby's development, and the overall family dynamic (Retno, 2020). The World Health Organization (WHO) says that between 10 and 20 percent of mothers experience mental health disorders after childbirth, and this is more common in low- and middle-income countries.

Previous mental health history, lack of social support, major hormonal changes, and stress during pregnancy or childbirth are risk factors for postpartum mental health. It is possible to prevent and address these issues early. Instead, intervention methods that include physical, emotional, social, and spiritual aspects, such as psychological therapy, social support, healthy diet, physical activity, and mindfulness and relaxation techniques, can provide extensive support for mothers.

The purpose of this article is to learn more about the risk factors that affect postpartum maternal mental health and various holistic intervention methods. A better understanding of these issues is expected to improve the quality of mental health care for new mothers and provide better support.

METHODS

This study used Focus Group Discussion (FGD) as a qualitative approach to explore holistic midwifery services for pregnant women. During the FGD process, respondents were asked about their views on the standard model of holistic midwifery services for pregnant women in the third trimester, the importance of these services, the time spent on implementing the model, and their opinion on the additional time required for effective implementation. In addition to the FGD, interviews were conducted with mothers both before and after childbirth to analyze their levels of anxiety and stress. This dual approach allowed for a comprehensive understanding of emotional challenges faced by mothers at different stages of pregnancy and postpartum, which is crucial for maximizing the results of the study. For data analysis, recordings of the discussions were transcribed and thematic analysis was used to analyze the responses, ensuring alignment with the study's objectives and providing deeper insights into the emotional and psychological aspects of the mothers' experiences.



RESULTS

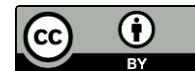
Midwives must care for pregnant women holistically (completely), starting by conducting research both objectively and subjectively, interpreting data to make a diagnosis, and then taking action.

- a. Midwives provide services in accordance with the 10 T midwifery service standards, where standards 1 to 9 cover clinical aspects, and standard 10 depends on the midwife's level of knowledge and understanding of the case being faced. The 10th midwifery service standard covers social, mental, and spiritual aspects. In this aspect of the conversation, midwives study the social and mental aspects comprehensively. When providing holistic midwifery services, spiritual elements must be included.
- b. Mental and psychological health of pregnant women can be provided according to the needs of pregnant women, such as by asking about their current pregnancy condition, such as whether they experience symptoms of anxiety or depression; how to get support from husband, family, or decision makers during pregnancy and after delivery; and a birth plan where the midwife shows the birth environment. To see the social aspect, a pregnant woman can be asked about her current age (to find out the mindset of pregnant women), the cost of pregnancy and childbirth, husband's income, and education. Asking how often you worship or believe in God during pregnancy and after delivery are some ways to see the spiritual aspect.
- c. The criteria for carrying out holistic midwifery services are that the assessment of social, mental and spiritual aspects must be more focused, using simple, easy to understand and concise language so that patients can enjoy it.

Based on the findings of the Focus Group Discussion (FGD), the holistic midwifery service model for pregnant women can be included in the 10 T midwifery service standards in terms of consultation. This holistic midwifery service model can be applied from assessment to analysis (diagnosis). Assessment of the social, mental, and spiritual life of pregnant women must be carried out in addition to physical and clinical examinations. Are pregnant women in a state of social, psychological, and spiritual health. Thus, midwives have the responsibility to carry out early detection. Midwives will make referrals to service facilities according to their authority if physical, social, mental, or spiritual problems are found.

DISCUSSION

Holistic midwifery services are an increasingly important approach in improving the quality of health of pregnant women, not only physically but also through social, mental, and spiritual support. The findings of the Focus Group Discussion (FGD) which proposes the integration of the holistic model into the 10 T Midwifery Service Standards in Indonesia confirm the need for a new paradigm in midwifery practice. This discussion will analyze the significance of the integration of non-clinical aspects (social, mental, spiritual) into service standards, their relevance to global practices, implementation challenges, and implications for midwives, health systems, and policies.



The 10 T Midwifery Service Standard, which has long been a reference in Indonesia, has traditionally focused on clinical aspects (standards 1–9) such as physical examination, labor management, and complication monitoring. However, the 10th standard expands the scope to social, mental, and spiritual dimensions. The findings of the FGD suggest that the integration of these three aspects into the interview phase allows midwives to comprehensively identify risk factors before establishing a diagnosis or planning an intervention. This is in line with the element of the interview in the 10 T obstetric service standard for pregnant women, where effective Communication, Information, and Education (KIE) can be used to conduct in-depth interviews.

KIE is carried out at every antenatal visit and covers various aspects, such as maternal health, clean and healthy living behaviors, the role of husband and family in pregnancy and childbirth planning, pregnancy and postpartum danger signs, and postpartum preparedness, as well as preparedness for complications. In addition, KIE also discusses balanced nutritional intake, symptoms of communicable and non-communicable diseases, as well as offering HIV counseling and testing in certain areas. In integrated antenatal services, midwives ask about complaints or problems that the mother is currently feeling, important signs related to pregnancy, and diseases that the mother may be suffering from. Midwives also evaluate the status of visits (old or new), current pregnancy history, history of previous pregnancy and childbirth, and history of diseases suffered by the mother. In addition, the midwife checked the TT immunization status, the number of iron tablets that the mother had consumed, and the number of Fe tablets consumed.

Although the clinical aspects have been well accommodated, psychological and spiritual problems do not yet have a systematic assessment method in the 10 T midwifery service standard. This suggests that although the 10th standard has expanded its scope to non-clinical aspects, further development is still needed to integrate comprehensive assessment methods against psychological and spiritual aspects. Thus, holistic obstetric services not only focus on physical health, but also provide balanced attention to social, mental, and spiritual aspects to achieve the overall well-being of pregnant women.

CONCLUSIONS

Postpartum maternal mental health is a major issue that requires extra attention. To improve the quality of life of mothers and children, identification of existing risk factors and implementation of holistic intervention strategies are essential. By involving multiple disciplines in care, hospitals and healthcare providers are expected to be more aware of the importance of providing holistic support for new mothers. The development of community-based intervention programs that can help prevent postpartum mental health disorders is a suggestion for further research.

Based on the findings, it is recommended that future research and midwifery programs incorporate structured emotional education for mothers, both before and after childbirth. This includes targeted counseling sessions, emotional support tools, and educational modules focused on managing anxiety and stress related to childbirth. Providing mothers with this kind of emotional preparation can contribute significantly to improving maternal well-being, enhancing the quality of



holistic care, and ensuring more specific and actionable outcomes for future research in maternal health services.

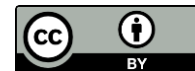
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