



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

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ABSTRACT

Postpartum maternal mental health is a critical issue that directly affects maternal well-being and child development. Postpartum Depression (PPD) is the most common disorder, often accompanied by anxiety, stress, and other psychological problems that can hinder recovery, bonding, and parenting. Risk factors for postpartum mental health disorders include role adjustment stress, previous mental health history, childbirth complications, unplanned pregnancy, hormonal imbalance, limited social support, fatigue, and sleep disturbances. Identifying these factors is essential to guide prevention and intervention strategies. This study applies a qualitative review with thematic analysis of existing findings. Results highlight the effectiveness of holistic interventions, such as psychosocial support, cognitive behavioral therapy (CBT), mindfulness, prenatal and postnatal education, balanced nutrition for hormonal stability, and pharmacological treatment when necessary. Partner and family involvement also play a crucial role in maternal recovery. In conclusion, comprehensive and holistic approaches are needed to address postpartum maternal mental health, ensuring optimal physical and emotional outcomes for mothers and children.

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INTRODUCTION

Maternal mental health is a critical yet often overlooked aspect of overall public health, despite its significant impact on the well-being of mothers, their children, and the family unit as a whole. The transition into motherhood is accompanied by profound physical, psychological, and social changes that can increase vulnerability to mental health disorders. Following childbirth,



mothers experience substantial hormonal fluctuations, adjustments to new roles and responsibilities, sleep disturbances, and, in many cases, increased social and economic pressures. These factors are further compounded for women who must balance dual roles as caregivers and workers, or who face limited support within their social and cultural environments.

Postpartum mental health disorders, including postpartum depression, anxiety disorders, and post-traumatic stress disorder (PTSD), represent some of the most common complications during the postnatal period. These conditions not only affect the mother's emotional and physical health but also have far-reaching consequences on infant development, mother-child bonding, and overall family dynamics (Retno, 2020). Infants of mothers experiencing untreated mental health issues are at higher risk of developmental delays, behavioral problems, and impaired emotional regulation. At the family level, maternal mental health challenges can contribute to increased stress, reduced family functioning, and long-term psychosocial difficulties.

According to the World Health Organization (WHO), approximately 10–20% of women experience mental health disorders during the postpartum period, with higher prevalence rates reported in low- and middle-income countries. These figures may even underestimate the true burden due to underreporting, stigma, and limited access to mental health services. Several risk factors have been consistently identified, including a history of mental health disorders, lack of social and familial support, significant hormonal changes, stressful life events, and complications during pregnancy or childbirth. Cultural expectations and societal norms may also influence how mothers perceive and respond to mental health challenges, often leading to delayed recognition and treatment.

Despite the high prevalence and serious consequences, postpartum mental health disorders are preventable and manageable when identified early. A holistic and integrative approach is increasingly recognized as essential in addressing maternal mental health. Such approaches encompass not only psychological interventions—such as counseling and cognitive-behavioral therapy—but also the promotion of social support systems, balanced nutrition, regular physical activity, and mindfulness-based practices including relaxation and stress management techniques. These interventions aim to address the multifaceted nature of maternal mental health by considering biological, psychological, social, and spiritual dimensions.

Therefore, this article aims to explore the various risk factors influencing postpartum maternal mental health and to examine holistic intervention strategies that can be implemented to support mothers during the postnatal period. By enhancing understanding of these factors and interventions, it is expected that healthcare providers, policymakers, and families can contribute more effectively to improving the quality of mental health care for new mothers and fostering healthier family environments.

METHODS

This study employed a qualitative research design using a Focus Group Discussion (FGD) approach to explore perceptions and experiences related to holistic midwifery services for pregnant women. The qualitative approach was selected to gain an in-depth understanding of participants'



views, opinions, and emotional experiences, particularly regarding the implementation of holistic care during pregnancy and postpartum periods.

The study participants consisted of pregnant women in the third trimester and postpartum mothers. Participants were selected using a purposive sampling technique based on specific inclusion criteria, such as willingness to participate, ability to communicate effectively, and experience in receiving maternal health services. This approach ensured that the data collected were relevant and rich in information.

The primary data collection method was Focus Group Discussion (FGD), which was conducted in a structured yet flexible manner to encourage open and interactive discussions among participants. During the FGD sessions, respondents were asked a series of guiding questions related to: (1) their understanding and perceptions of the standard model of holistic midwifery services for third-trimester pregnant women, (2) the perceived importance and benefits of such services, (3) the duration of time required to implement the holistic care model, and (4) their opinions regarding the adequacy or need for additional time to ensure effective service delivery. Each FGD session was facilitated by a trained moderator and supported by a note-taker to ensure accurate documentation of the discussion process.

In addition to FGDs, in-depth interviews were conducted with mothers both before and after childbirth. These interviews aimed to assess and explore the levels of anxiety and stress experienced by participants at different stages, including late pregnancy and the postpartum period. This dual data collection approach enabled the researchers to capture a comprehensive picture of the emotional and psychological challenges faced by mothers, as well as changes that occurred over time.

All FGD sessions and interviews were audio-recorded with participants' consent to ensure data accuracy. The recordings were then transcribed verbatim to facilitate detailed analysis. Data analysis was performed using thematic analysis, which involved several steps, including data familiarization, coding, identification of themes, and interpretation of findings. The analysis process was conducted systematically to ensure that the emerging themes were aligned with the research objectives and reflected the participants' experiences accurately.

To ensure the trustworthiness of the data, several strategies were applied, including data triangulation through the use of multiple data collection methods (FGD and interviews), member checking to validate participants' responses, and peer debriefing among researchers to minimize bias. Ethical considerations were also strictly followed, including obtaining informed consent from all participants, ensuring confidentiality of personal information, and allowing participants the right to withdraw from the study at any time.

Through this comprehensive methodological approach, the study aimed to generate in-depth insights into the implementation and effectiveness of holistic midwifery services, particularly in addressing the emotional and psychological needs of pregnant and postpartum women.



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.

1. Implementation of the 10 T Midwifery Service Standards in Holistic Maternal Care

Midwives provide maternal health services based on the 10 T midwifery service standards, which function as a comprehensive framework to ensure the quality and continuity of care for pregnant women. Standards 1 to 9 are primarily focused on clinical and physical aspects, including routine antenatal examinations, monitoring maternal and fetal health, identifying potential complications, and providing appropriate medical interventions. These standards are essential in addressing the biological needs of the mother and fetus, ensuring safe pregnancy outcomes through early detection and management of risks.

However, the findings of this study highlight that Standard 10 plays a crucial and complementary role in achieving truly holistic maternal care. Unlike the previous standards, Standard 10 emphasizes the integration of social, mental, and spiritual dimensions of health, which are often not fully addressed in routine clinical practice. The implementation of this standard is highly dependent on the midwife's level of knowledge, clinical experience, communication skills, and sensitivity in understanding the individual circumstances of each pregnant woman. Therefore, this standard requires a more personalized and patient-centered approach.

From the social aspect, midwives are expected to explore the background and living conditions of pregnant women, including their age, educational level, economic status, family support systems, and decision-making dynamics within the household. These factors can significantly influence a woman's access to healthcare services, adherence to medical advice, and overall pregnancy experience. By understanding the social context, midwives can tailor their care and provide more appropriate support and guidance.

From the mental or psychological aspect, midwives play an important role in identifying emotional conditions such as anxiety, stress, or depression that may arise during pregnancy. Hormonal changes, fear of childbirth, and changing life roles can contribute to psychological distress. Therefore, midwives must actively engage in effective communication, ask open-ended questions, and create a safe environment where pregnant women feel comfortable expressing their concerns. Early identification of psychological issues allows for timely intervention, which can prevent more serious mental health problems.

In addition, the spiritual aspect is an integral component of holistic midwifery care that should not be overlooked. Spiritual well-being often influences how pregnant women cope with stress, perceive their pregnancy, and maintain emotional balance. Midwives can assess this aspect by understanding the patient's beliefs, religious practices, and sources of inner strength.

The study findings also indicate that during the consultation process, midwives must be able to integrate these three aspects (social, mental, and spiritual) in a comprehensive manner. This involves not only gathering information but also interpreting it effectively to form a holistic understanding of the patient's condition. Communication should be delivered using simple, clear,



and empathetic language to ensure that patients can easily understand and feel comfortable during the interaction.

Overall, the inclusion of Standard 10 within the 10 T framework reinforces the importance of shifting from a purely biomedical model to a holistic, woman-centered care approach. By addressing not only physical health but also psychosocial and spiritual needs, midwives can provide more comprehensive care that supports the overall well-being of pregnant women. This approach ultimately contributes to better maternal outcomes, improved emotional readiness for childbirth, and enhanced quality of life for both mother and family

2. Holistic Assessment of Pregnant Women: Psychological, Social, and Spiritual Aspects

The findings of this study indicate that the assessment of pregnant women within a holistic midwifery care framework involves a comprehensive exploration of their physical, psychological, social, and spiritual conditions. From the mental and psychological perspective, midwives actively assess the emotional well-being of pregnant women by asking about their current pregnancy experiences, including whether they are experiencing symptoms of anxiety, stress, or depression. These emotional conditions are important to identify early, as they may affect both maternal health and fetal development. Midwives also explore coping mechanisms and emotional readiness for childbirth, as well as concerns or fears related to pregnancy and delivery.

In addition, midwives assess the level of social support available to pregnant women, particularly from husbands, family members, and other key decision-makers within the household. This support plays a crucial role in influencing maternal confidence, adherence to health recommendations, and overall well-being during pregnancy and postpartum. Discussions regarding birth planning are also included, where midwives introduce the expected delivery environment, explain procedures, and help mothers prepare both physically and emotionally for childbirth. This approach aims to reduce uncertainty and improve maternal preparedness.

From the social aspect, the assessment includes identifying key background characteristics such as maternal age, which can provide insight into the maturity, mindset, and readiness of the pregnant woman in facing pregnancy and childbirth. Economic factors are also explored, including the cost of pregnancy care and delivery, the husband's income, and the overall financial stability of the family. These factors are important in determining access to healthcare services and the ability to meet nutritional and medical needs. Educational background is also assessed, as it influences the mother's level of understanding of health information and her ability to make informed decisions.

Furthermore, the spiritual aspect is considered an essential component of holistic care. Midwives explore the religious beliefs and practices of pregnant women, including how often they engage in worship, prayer, or other spiritual activities during pregnancy and after childbirth. Spiritual beliefs can serve as a source of strength, comfort, and resilience, especially during periods of stress or uncertainty. By understanding this dimension, midwives can provide more culturally sensitive and supportive care that aligns with the patient's values and beliefs.

Overall, the findings demonstrate that holistic assessment in midwifery is not limited to physical examination but extends to a deeper understanding of the emotional, social, and spiritual



needs of pregnant women. This comprehensive approach enables midwives to deliver more personalized, empathetic, and effective care, ultimately contributing to improved maternal and neonatal outcomes.

3. Implementation Criteria and Integration of Holistic Midwifery Services in the 10 T Standards.

The findings of this study indicate that the successful implementation of holistic midwifery services requires clear and well-defined criteria, particularly in assessing the social, mental, and spiritual aspects of pregnant women. One of the key elements identified is the need for a focused and in-depth assessment approach, where midwives do not only gather general information but actively explore the emotional, social, and spiritual conditions of the patient in a structured manner. This ensures that all relevant aspects influencing maternal health are properly identified and addressed.

An important factor in this process is the use of simple, clear, and easily understandable language during communication between midwives and pregnant women. The study findings highlight that effective communication plays a significant role in creating a comfortable and supportive environment, allowing patients to express their feelings and concerns openly. When information is delivered in a concise and patient-friendly manner, pregnant women are more likely to engage actively in consultations, understand their health conditions, and follow the recommendations provided by midwives.

Based on the results of the Focus Group Discussion (FGD), it was found that the holistic midwifery service model can be effectively integrated into the 10 T midwifery service standards, particularly within the consultation component. This integration allows midwives to incorporate not only clinical examinations but also psychosocial and spiritual assessments as part of routine maternal care. The holistic model is applied continuously, starting from the initial assessment stage, followed by analysis and diagnosis, ensuring that all aspects of the mother's condition are considered in decision-making.

The assessment process must include a comprehensive evaluation of the pregnant woman's social environment, psychological condition, and spiritual well-being, in addition to standard physical and clinical examinations. This multidimensional assessment helps determine whether the pregnant woman is in a stable condition across all aspects of health. If imbalances or risks are identified—such as psychological distress, lack of social support, or spiritual concerns—appropriate interventions can be planned accordingly.

Furthermore, the study emphasizes the critical responsibility of midwives in conducting early detection of potential problems. Early identification of issues in physical, social, mental, or spiritual domains allows for timely intervention, which can prevent complications and improve overall maternal outcomes. Midwives are expected to act within their professional scope and authority, and when necessary, provide referrals to appropriate healthcare facilities or specialists. This referral system ensures that pregnant women receive comprehensive care, especially in cases requiring multidisciplinary management.



Overall, the findings confirm that the integration of holistic midwifery services into the 10 T standards enhances the quality of maternal care by promoting a patient-centered, comprehensive, and preventive approach. By combining effective communication, thorough assessment, and timely intervention, midwives can better support the overall well-being of pregnant women, ultimately contributing to improved maternal and neonatal health outcomes.

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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