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Postpartum Mothers' Perceptions about Yoga and Facial Acupressure Services to Prevent Baby Blues and Postpartum Depression at the Sawan II Community Health Center, Buleleng Regency, Bali.

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ABSTRACT

Introduction: There are several problems commonly experienced by women during the postpartum period, in the form of physical, psychological, social and sexual problems due to drastic hormonal changes. The aim of the research was to explore the perceptions of postpartum mothers regarding efforts to prevent baby blues and postpartum depression through yoga and facial acupressure at the Sawan II Community Health Center, Buleleng, Bali.
Method: qualitative research type, with narrative analysis. The informants or resource persons involved were 15 pregnant women in the third trimester (gestational age >36 weeks), and are willing to become informants, without any pregnancy complications until the 42nd day of postpartum. The research instrument uses in-depth interview guidelines and Edinburgh Postnatal Depression Scale (EDPS). Research from May-August 2024 in the work area of Sawan II Community Health Center.
Results: It was found that 12 people (80%) of informants were aged between ≥20 years - <35 years, two people (13.33%) were <20 years old and one respondent was > 35 years old (6.67%). A total of 8 informants were multigravida (53.33%), and one person was grandemulti gravida (6.67%). Informants admitted that yoga was very useful, especially during meditation, to reduce anxiety, sadness, increase feelings of gratitude and peace. The perception of facial acupressure is that it feels very relaxed, comfortable, even calming.
Conclusion: The informant's perception regarding the yoga and facial acupressure efforts that have been provided through antenatal classes is that they are very useful and can be applied at home.

INTRODUCTION

The postpartum period is a critical period in a woman's life. Periods require serious attention from the family, especially parents, husband/partner, and health workers. There are several problems commonly experienced by women during the postpartum period, in the form of physical, psychological, social and sexual problems. Psychological problems during the postpartum or postpartum period due to drastic hormonal changes, especially decreased levels of the Hormones Progesterone and Estrogen and the Hormone Chorionic Gonadotropin (HCG) (Kripa Balaram. & Marwaha., 2023). Definition of postpartum "Blues" according to Howard et al (2014), as a bad mood and symptoms of mild depression that are temporary and resolve on themself (Howard et al., 2014).

In 2022, the World Health Organization (WHO) has recommended screening efforts related to mental health in postpartum mothers in health service facilities (World Health Organization, 2015). Psychological problems during the postpartum period have not been implemented optimally and evenly by health workers. This condition is very different from screening during the pregnancy period. It is assumed that >50% of postpartum mothers experience baby blues in the first few weeks after giving birth. Meanwhile, if the baby blues incident is not identified and gets proper and fast treatment, it can lead to postpartum depression. Perinatal depression and anxiety are common, with prevalence rates for major and mild depression of nearly 20% during pregnancy and the first 3 months postpartum (Abdollahi et al., 2014; Brealey, Hewitt, Green, Morrell, & Gilbody, 2010; O'Hara, Wisner, O'Hara, & Wisner., 2014; Organization, 2022). Risk factors for baby blues and postpartum depression are psychological stress, type of delivery, unexpected pregnancy, parity, age, socioeconomic status, and family support (Abdollahi et al., 2014; Battulga, Benjamin, Chen, & Bat-Enkh, 2021; Brealey et al., 2010).

The study of perinatal mental health has also been influenced by concepts that have emerged over the last two decades that have been linked to the important influence of environmental factors (Vismara et al., 2016; Wang, Liang, & Sun, 2022; World Health Organization, 2015; Yunitasari & Suryani, 2020). Perinatal psychiatric disorders interfere with a woman's role and function as a mother to care for her children. Risk factors for women's psychological/mental problems in the postpartum period include a history of depression, anxiety, or bipolar disorder, as well as psychosocial factors, such as ongoing conflict with partners, weak social support, and stressful life events (Howard et al., 2014; Levis, Negeri, Sun, Benedetti, & Thombs, 2020).

Various studies related to efforts to prevent and reduce the incidence of baby blues and postpartum depression through complementary services have been carried out in several countries. A study by Rahyani et al (2021, 2022, 2023) regarding complementary services targeting pregnant women until the postpartum period has been carried out. Responses from informants regarding complementary services in health facilities were positive (Rahyani. & Astiti, 2024; Rahyani., Astuti, & Somoyani, 2021; Rahyani., Gusti Made Ayu, & Wayan Armini, 2023; Rahyani, Wahyuni, Endah, & ..., 2022). Midwives have implemented service packages for women from preconception to postpartum, including yoga for normal pregnant women, especially at >28 weeks' gestation, perineal massage at term (>36 weeks), pregnancy exercises using a birthing ball, aromatherapy, effleurage massage, facial acupressurse and oxytocin massage for postpartum mothers (Muhammad & Khowaja, 2021; Nurdewi Sulymbona. Suryani As'ad. et al., 2020; Okamoto, Manabe, & Mizukami, 2021; Prianti, A. T., & Handayani, 2020; Putri et al., 2021; Ragil, Wulandari, & Putriningrum., 2017; Rahayu, 2020; Rahyani. & Astiti, 2024; Rahyani., Astuti, & Somoyani, 2022; Rahyani. et al., 2023, 2021; Rahyani et al., 2022).

Yoga is known to have an effect on the body and soul. Yoga movements provide exercises to strengthen muscles, especially in certain body parts and certain functions. Yoga is an effort to restrain the seeds of the mind (citta) from taking various forms (change; wrtti). Yoga is a comprehensive system of physical (asana), breathing exercises (pranayama), concentration and meditation (dharana and dhyana) and contemplative practices (Zuhrotunida, 2020). After a labor period that is quite long and tiring and painful, facial acupressure is felt to really help the mother feel comfortable and light touch accompanied by aroma therapy from essential oils when facial acupressure is performed (Rahyani. et al., 2021, 2023).

Based on this, the aim of this research was to explore the perceptions of postpartum mothers regarding efforts to prevent baby blues and postpartum depression through yoga and facial acupressure at the Sawan II Community Health Center, Buleleng, Bali. Research at this location is a continuation of previous studies related to the implementation of yoga and facial acupressure for pregnant and postpartum women, as well as complementary efforts that have been implemented in traditional health programs. Efforts to monitor and evaluate previously implemented programs can be a step in preparing better future plans, especially regarding the transformation of primary services in the health sector.

METHODS

This study is qualitative research, analysis uses narrative. The time for data collection was carried out from preparation to preparation of the report from May to August 2024. The sources or informants involved were 15 pregnant women in the final third trimester, namely gestational age >36 weeks until the second week postpartum. The research was conducted at the Sawan II Health Center, Buleleng Regency, Bali with the consideration that the study health center provided complementary and traditional services in addition to regularly running pregnant women's class activities. The informants involved in this study had been trained in doing yoga and facial acupressure since gestational age ≥36 weeks. Activities are carried out during antenatal classes in the building at the community health center and at the village hall. Antenatal classes have been attended 1-2 times. Then, informants were asked to practice yoga and facial acupressure at home until the postpartum period. Monitoring and evaluation of activities is carried out with the assistance of midwives at community health centers and in clinics or independent practice midwives. During a postpartum visit to the community health center, the midwife asked the informant about her impressions and opinions regarding the results of yoga and facial acupressure that had been practiced in relation to the signs that lead to baby blues and postpartum depression.

Monitoring and evaluation has not been carried out regarding the results of yoga and facial acupressure services for informants who have been given these services in classes for pregnant women. Research activities taken place from May to August 2024. Data collection instruments use in-depth interview guides and Edinburgh Postnatal Depression Score (EPDS) for screening of postnatal depression. The validity of the in-depth interview is carried out by requesting a review from experts.

The researcher was assisted by two enumerators who were tasked with assisting during the interviews, namely recording and translating verbatim. The time required to interview informants ranges from 20-30 minutes. In-depth interviews were carried out at the community health center during visits to pregnant women and postpartum women. Data analysis uses narrative analysis. In the picture below, the stages of qualitative research activities are shown.

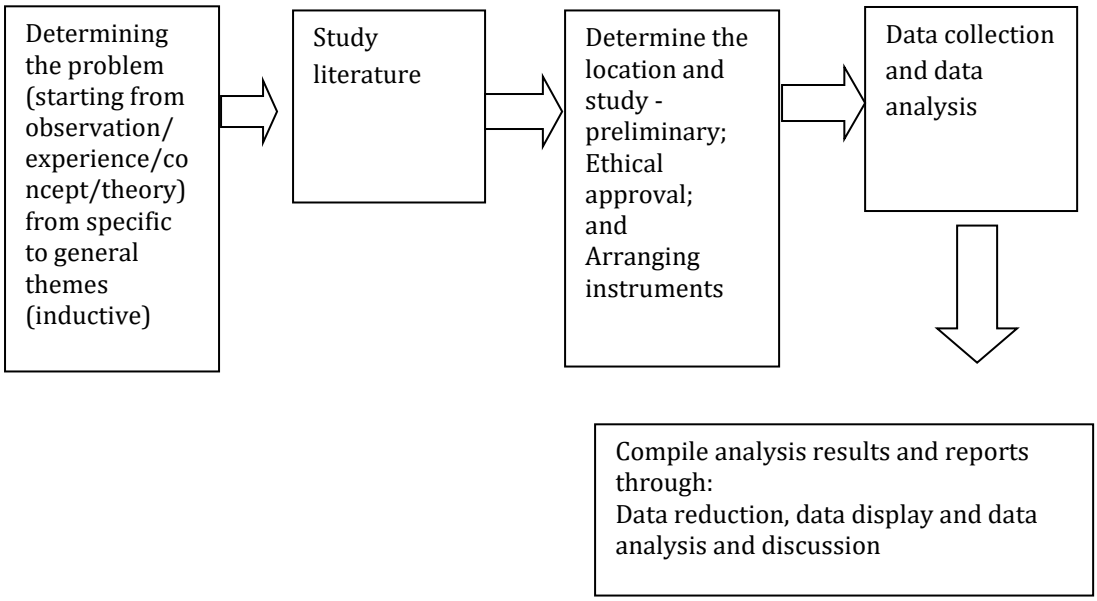

Figure 1. Stages of qualitative research (Creswell & Creswell, 2018)

RESULTS

Description of Respondent Characteristics

The characteristics of informants explored were age, education level, occupation, income, parity and family type. A total of 12 informants (80%) were between the ages of ≥20-<35 years. Most of the informants had secondary education (9 people/60%), amount of 53.33% of the informants were multigravida, all of the informants' husbands had occupation (100%), most of the informants did not have jobs (9 people/60%), and most of the husbands' income was (66.67%) and informants (100%) below the Regional Minimum Wage (RMW) standard. More than 66% informants' family types were nuclear families and 5 people were extended families (33.33%). In the picture below, a description of the characteristics of the informants is shown.

Table 1. Description of respondent characteristics according to age, education, parity, employment, income, and type of family.

Variables	n (f)	Percent (%)
Age (year)		
<20	2	13.33
≥20-<35	12	80.00
≥35	1	6.67
Women Educational level		
Elementary	5	33.33
Middle	9	60.00
Higher	1	6.67
Parity		
Primipara	6	40.00
Multiparity	8	53.33
Grande multy	1	6.67
Partner/husband occupation		
Yes	15	100.00
No	0	0.00
Women occupation		
Yes	6	40.00
No	9	60.00
Husband income level		
<Regional minimum standard	10	66.67
>Regional minimum standard	5	33.33
Women income level		
<Regional minimum standard	15	100.00
>Regional minimum standard	0	0.00
Types of family		
Nuclear	10	66.67
Extended	5	33.33

Description of Complaints Experienced by Informants in the First 1 Week Postpartum

Questions asked related to complaints experienced during the 1 week postpartum period provided with EPDS, we found that the most frequently expressed complaints were frequent crying suddenly without a definite cause (5 people/33.33%), difficulty sleeping (4 people/26.67%), feeling very sad, tired (3 people/20%), feeling alone, unable to care for the baby (2 people/13.33%), and feeling depressed (1 person/6.67%). In the picture below, several complaints experienced by informants are shown in the first week postpartum.

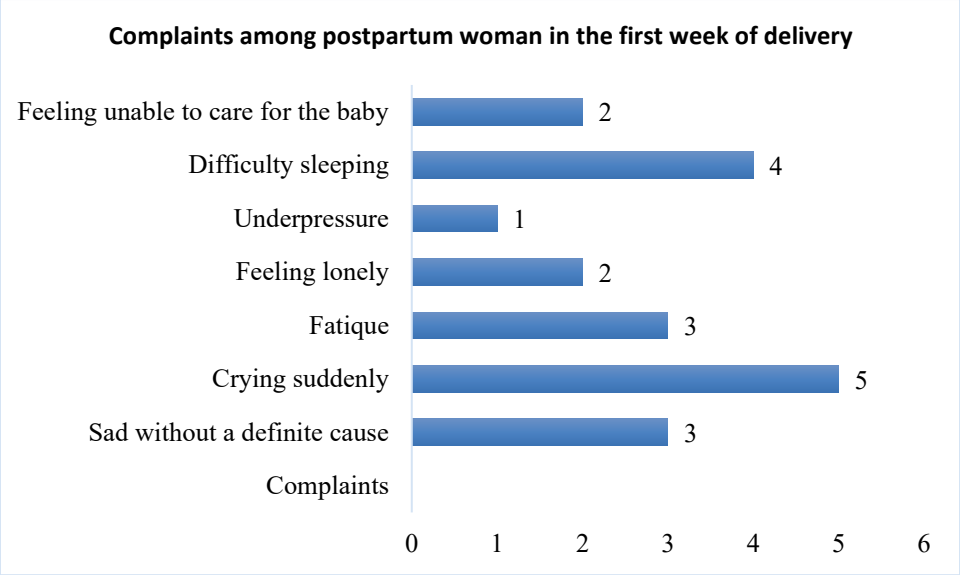

Figure 2. Overview of various complaints related to Baby Blues and Postpartum Depression

Results of In-depth Interviews Regarding Yoga and Facial Acupressure Services in Preventing Baby Blues and Postpartum Depression

Based on the results of in-depth interviews with respondents regarding complaints or problems felt in the first week postpartum or when the respondent was at home, responses were obtained that suddenly feeling sad or wanting to cry was accompanied by a feeling of fatigue and not being able to sleep at night. Below are postpartum mothers' responses regarding problems in the first week postpartum:

> "*At night I couldn't sleep, I was shocked because my baby was crying, I tried to check whether the diaper was full or something. "Breastfeeding has become quite intense, so my body feels a bit feverish and my breasts feel full. In the morning I find it difficult to get up, if I don't remember that my other child wants to go to school, I have to get ready first*" (R10, 30 years old, Multiparity).

> "*Before I became pregnant, I asked my sister, who had already given birth, how she would feel after having a child. It turns out that now I'm experiencing it, I'm tired, very tired. I forgot to eat and shower. Luckily my parents were there to help me from morning to evening. So I can rest for a while*" (R2, Age 22 years old, Primiparity).

> *"I live at my in-laws' house, I am still very young. Sometimes it's not good because you're still being helped economically. My husband also doesn't have a steady income. I'm not really ready, I'm not sure whether I'll be able to look after a baby, especially since I'm still small like this"* (R13, 15 years old, Primiparity).

Respondents who had been given yoga and facial acupressure guidance during pregnancy classes were then asked to provide responses regarding the perceived benefits and their influence on the incidence of baby blues and postpartum depression. Pregnant women have been given guidance and practice regarding yoga and facial acupressure since gestational age >36 weeks through pregnancy class activities. Classes for pregnant women are held in the community health center building and at the village hall. Responses from postpartum mothers who had previously been trained in doing yoga during pregnancy, gave the impression that yoga was very beneficial, especially during childbirth. Childbirth becomes smoother and stays healthy. Likewise with implementation of facial acupressure is also felt to be very pleasant because it makes the

mother feel calmer, relaxed and the mother can rest even for a moment. A similar impression was also conveyed by the midwife who assisted with the birth in the clinic or midwive private practice, saying that the facial acupressure performed before the patient went home made the mother more relaxed and brighter when she was sent home. Below are the responses from respondents regarding yoga and facial acupressure.

> "*I've tried doing yoga at home 2-3 times a week, after that I started having stomach aches. I went from opening 4 to complete opening quite quickly. It's just that after giving birth, it's a little difficult for me to schedule time for yoga. I do facial acupressure before showering. It also makes me relax*" (R6, Age 24 years, Multiparity).

> "*I didn't expect that regularly doing yoga would make my labor process smoother. When I came home from class for pregnant women, in less than a week I already had stomach aches like signs of giving birth. "When I came home from the birthplace, I tried it and watched the video that was sent about facial acupressure, it felt good, made me feel more relaxed, especially using the fragrance (essential oil)"* (R10, Age 29 years old, Multiparity).

> *"Thank you, midwife, I have been taught yoga and facial acupressure, it makes me feel healthier. I only taught it two days ago, then when I got home, I took a break. The next day I gave birth, very smoothly. I wanted to go home for a few hours, I had a massage, eh... a face blow from the midwife. I came home bright, calm and fragrant. I also do it at home"* (R1, Age 23 years old, Multiparity).

> *"I gave birth on the 10th day today. I was reminded by the midwife to keep doing yoga at home. I tried doing yoga twice, and facial acupressure 3-4 times. My husband often reminds me to rest. So, I feel very grateful to have new experiences so I can stay healthy and there is no fear or anxiety"* (R14, Age 25 years old, Primiparity).

DISCUSSION

Characteristics of Informants and Scores of the Edinburgh Postpartum Depression Score (EDPS)

Respondent characteristics including age, education level, income, family type and parity are known to contribute to the success of becoming a mother. Education and counseling is needed for women and men to become parents. According to the results of a systematic review study, it is known that there are various determinants and theoretical frameworks related to maternal and child health globally. These determinants include: the role of the social environment, individual characteristics, and various features of the women's health and welfare system. Maternal health is influenced by various or multifactorial factors from micro to macro, including biomedical complications during pregnancy, childbirth, postpartum and gaps in the quality of services (Souza et al., 2024).

The factor of maternal age and the incidence of baby blues and postpartum depression is very clearly related. Emotional maturity, personality and readiness to become parents are positively correlated with age. The younger a woman is, the lower her readiness to become a parent, on the other hand, as she matures, her readiness in various aspects including economic, psychological/mental increases her readiness to become a parent (Smorti, Ponti, & Pancetti, 2019; Souza et al., 2024). Individual factors that reduce the level of health and well-being include: very young or old age (<20 years and >35 years), multi-parity, marital status (pregnancy outside of marriage, unplanned pregnancy), no support from husband/partner /family, low socio-economic status, living in rural areas, unhealthy lifestyle (Skalkidou, Hellgren, Comasco, Sylvén, & Sundström Poromaa, 2012; Souza et al., 2024). Similar results by Sharma et al (2022), that the risk factors for postpartum depression include sleep disorders, weak support system from the

family, poverty, lack of resources such as health insurance, geographical conditions, distance factors, and stigma associated with going to health care facilities and history. with mental illness (Sharma, 2022).

Furthermore, the mother's mental health condition can be improved through several complementary efforts that are simple, easy and cheap. Utilization of complementary services is quite high among the general public, as well as among women during the pregnancy, maternity, postpartum, newborn and preconception periods. Previous studies stated that the use of complementary services had a positive impact on women. Studies by Rahyani, et al (2021, 2022, 2023), show that informants feel that the effects of yoga and facial acupressure provide a relaxing effect. Massage during labor by the husband has a bonding effect on the couple (Rahyani. & Astiti, 2024; Rahyani. et al., 2021, 2023; Rahyani, Purwanto, & Marthias, 2015).

Informants' perceptions regarding Yoga and facial acupressure to prevent baby blues and postpartum depression

Efforts to prevent anxiety, emotions, and even self-control through yoga have been proven through various evidence. Yoga is known to increase focus and self-control, especially through meditation. Yoga movements require concentration and focus, so they require more energy and effort. These results are strengthened from the results of in-depth interviews with informants who have done yoga. The information strongly agrees and supports yoga's efforts to provide calm, train concentration and feel comfortable.

The effect felt by the informant regarding facial acupressure was also very positive. Informants who have had facial acupressure admitted that they really enjoy doing it at home because the movement is easy to do, cheap, but can give a feeling of relaxation, especially getting support from their husband. The informants liked the effect of facial acupressure added with aromatherapy in the form of essential oils. After doing facial acupressure, the informant felt fresher, her face was brighter and slept better.

A study by Buttner et al (2015) found that if the yoga group experienced significantly greater rate of improvement in depression, anxiety, and HRQOL, relative to the control group with moderate to large effects (Buttner, Brock, O'Hara, & Stuart., 2015). Yoga movements that focus on breathing and concentration can have a calming effect, increase concentration and increase the strength of the muscles of the stomach, chest, hips and other parts of the body. There was a decrease in the Edinburgh Postnatal Depression Scale (EDPS) score between before and after the yoga intervention was given to the group of postpartum mothers (Rahyani. et al., 2023).

Facial acupressure given to postpartum mothers also has a positive effect, especially increasing feelings of comfort and relaxation. Pregnant and postpartum mothers who were given yoga and facial acupressure said that the intervention strengthened the bond and attachment between husband and wife. Mother feels more confident and loved, feels cared for. These feelings increase the mother's sense of confidence in becoming a mother. Feeling calm, relaxed and comfortable helps women to rest and sleep better. By fulfilling the mother's need for adequate rest and sleep, the mother's fitness increases, so she is able to care for the baby well (Gururaja, Harano, Toyotake, & Kobayashi, 2011; Rahyani. et al., 2023).

Informants gave a positive perception of yoga and facial acupressure efforts. Yoga is believed to have a significant effect on uterine involution in postpartum mothers. Several study results on the effect of yoga and postpartum exercise on uterine involution include studies by Rao et al (2015) and Sharma et al (2022), that Yoga, which originated in ancient India, is recognized as an alternative medicine practice that incorporates mind-body practices. Yoga philosophy is divided into eight parts, or limbs: Yama (ethical guidelines), Niyama (spiritual observances), Asana (Physical poses), Pranayama (breathing exercises), Pratyahara (control of the senses), Dharana (concentration), Dhyana (meditation), and Samadhi (State of bliss). s system of yoga integrates three basic components: Yoga postures (Asanas), Breathing exercises (Pranayama), and Mindfulness and Meditation (Dhyana). Several aspects of yoga (such as Dhyana, Asana, and Pranayama, etc.) can significantly reduce depressive symptoms in postpartum mothers (Sharma, 2022).

Limitations and Cautions

Obstacles and limitations in this study are related to the long follow-up of informants, namely from the end of the third trimester of pregnancy to the postpartum period. Researchers must develop strategies to continue monitoring informants. so that contact loss does not occur. During the data collection period there were several religious celebrations which caused several activities to be postponed. Researchers and enumerators as well as informants must rearrange schedules for interviews and observations.

Recommendation for future research

The next study will be an evaluation of complementary services related to financing policies as well as a study of the establishment of a pilot center for complementary services for women at community health centers.

CONCLUSION

The conclusion that can be drawn from the results obtained is that the incidence of baby blues and postpartum depression can be detected early, namely since pregnancy, taking into account the presence of risk factors. Women's characteristics related to the issue of the appearance of baby blues symptoms need to receive serious attention by midwives and other health workers. Complementary services in the form of yoga and facial acupressure provide positive effects for women, especially the feeling of being cared for, loved and providing a sense of comfort. The delivery experience is smoother, and maintains body fitness.

Based on this, midwives provide complementary services, especially yoga and facial acupressure, in an integrated manner in basic health service facilities. It is necessary to consider adequate infrastructure for the continuity of the service program during classes for pregnant women and postpartum visits. Yoga and facial acupressure service packages are included in postpartum service packages at community health centers and at midwives' independent practices.

AUTHOR'S CONTRIBUTION STATEMENT

The first author has a more crucial role in preparing the manuscript, especially in compiling the results and discussion. The role of the co-author is also quite large in selecting libraries or references. The collaboration between the first author and co-author is quite balanced and complementary.

CONFLICTS OF INTEREST

The researcher has no conflict of interest with any party.

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