HOW TO COPE WITH BABY BLUES: A CASE REPORT

Herdian Fitrian Widyanto Putri\textsuperscript{1}; Frilya Rachma Putri\textsuperscript{2}

Correspondence: putriherdianf@gmail.com

\textsuperscript{1}Alumni S2 Kebidanan Medical Faculty University of Brawijaya; \textsuperscript{2}Psychiatry Department Medical Faculty University of Brawijaya, Indonesia

CASE REPORT

ABSTRACT

During parturition phase, usually mother cannot get through psychological adaptations well, it can cause something that you might not accept—postpartum mental disorders called baby blues. There are 30-75% of women after childbirth who experience the baby blues. Many factors affect baby blues. The symptoms that begin within a few days of delivery include mood lability, irritability, tearfulness, generalized anxiety, sleep, and appetite disturbance. The author reported a case of women with baby blues. The instrument uses Edinburgh Postnatal Depression Scale (EPDS) for screening. EPDS test on the patient showed a score of 13. The patient gets treatment with classical music therapy, a support system, and continued breastfeeding. After treatment, the patient can control her emotions, sleep well, and already breastfeed the baby. The husband also takes a role in caring for their baby. EPDS test on the patient showed a score of 8. Early detection and appropriate treatment from a midwife can decrease baby blues symptoms.

Keywords: post-partum mental disorder, baby blues, EPDS.

INTRODUCTION

Given birth is a fun thing for every woman. Where she will live a new role, to be a mother, the women will pass through the postpartum phases, taking in, taking hold, and letting go.\textsuperscript{1} The taking-in phase occurs from the first to the second day. The characteristics of this phase are passive mother and very dependent on husband/family, prioritizing her own needs: eating and sleeping, little contact with her baby. This is influenced by the birth process: physical and emotional.\textsuperscript{2} The taking hold phase may last for 3-10 days postpartum. In this phase, the mother begins to learn to care for her baby independently but is still assisted by her husband/family. There is a fear that the mother feels as to whether my milk is enough for the baby. This phase is prone to baby blues.\textsuperscript{3} Letting go may last for more than ten days. During this phase, the mother accepts responsibility for a new role as a mother. If the mother cannot get through psychological adaptation well, it can cause something that you might not accept-postpartum mental disorders.\textsuperscript{1}

A type of postpartum mental disorder: postpartum blues, nonpsychotic postpartum depression, and puerperal psychosis. Based on WHO data, 2020 women worldwide who experience mental disorders, especially depression, are 10% pregnant women and 13% postpartum women. The proportion of women with mental disorders is higher in developing countries, namely 15.6% pregnant women and 19.8% postpartum women. Based on a meta-analysis study, it was stated that 20% of mothers experienced postpartum clinical depression in developing countries.\textsuperscript{2}

Postpartum blues is a postpartum mood disorder occurring in 30-75%. It appears on the 3rd or fourth day after delivery and goes away within a few days without special treatment. The characteristics of postpartum blues are mood swings, easy crying, irritability, anxiety, and sleep and eating disorders.\textsuperscript{3} The worst result of the postpartum blues is suicidal thoughts. In addition, mothers with postpartum blues can harm child development. This disorder can be cured even by trained non-specialist healthcare providers. So the authors made this case report to find out how effective the interventions for women with baby blues.

CASE REPORT

Female, 32 years old, who had given birth to a third child in the primary health care facility (midwife). She was married, a
Symptoms felt by the mother were insomnia, fatigue, mood swings, and did not want to breastfeed. Baby blues have symptoms such as insomnia, frequent crying, anxiety, decreased concentration, and irritability. These symptoms are mild, appear within hours or days, and disappear within the first two weeks after delivery. Mothers who experience postpartum blues can also negatively impact their children if they were not treated immediately. The impacts that arise are behavioral problems such as sleep problems, tantrums, aggression, and hyperactivity, then disruption of children's cognitive development such as slow speaking and walking from the age of children in general and experiencing difficulties in learning school. Another impact for children is that children are difficult to socialize, make friends, and act harshly. A problem emotional such as feeling anxious and afraid, more passive, and less independent was a kind of impact which also can happen.

In this case, the patient was given music therapy. Music relaxation therapy was given through audio and succeeded in making a mother feel more comfortable. This happened because the music was allegedly influencing the brain’s limbic system. The sound stimulus is the music in the limbic system that will call out a memory or deep memories for someone, thus causing mood changes. Music will release brain waves: wave A (frequency 8-12 cps) stimulates the brain to produce serotonin. Serotonin is a happy neurotransmitter in the brain, so it can relax the body, promote deep sleep and stimulate the production of endorphins. This is in line with research (Santy & Wahid, 2019), which states a decrease in baby blues symptoms in 2 women who were given classical music therapy. The other therapy is a support system from the husband. The role or support of the husband is one of the factors that can trigger the risk of increased wife coping mechanics. One of the husband's roles is to maintain the wife's health both physically and psychologically. This can be done by helping care for the baby, letting him rest, providing nutritious food, praising him for being a mother.

The last therapy is breastfeeding. Breastfeeding has many benefits for both mother and baby. When breastfeeding, the mother's body produces the hormones oxytocin and prolactin. In previous studies, oxytocin and prolactin have an antidepressant effect, so mothers who breastfeed have a lower incidence of depression after giving birth than mothers who do not breastfeed. In addition, breastfeeding also affects the hypothalamus-pituitary-adrenal (HPA) system so that the stress response in nursing women is low.

At last session, mother looks can handle the new role as a mom. Further evaluation is warranted if symptoms persist for more than two weeks, suspecting postpartum depression.

**REFERENCES**


