



The inclination of psychological disorder of post sectio caesarean based on characteristic

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ABSTRAK

Latar Belakang: Masalah psikologis pada ibu nifas baik postpartum pervaginam maupun post SC dapat berdampak buruk pada perkembangan kognitif bayi dan dapat menurunkan bonding ibu dan bayi. Pada post SC memiliki risiko depresi pasca melahirkan empat kali lebih besar dibandingkan ibu dengan persalinan normal. Namun penelitian sebelumnya mengamati ibu nifas secara umum, tidak mengkhusus pada post SC yang memiliki risiko yang lebih tinggi. Penelitian terkait deteksi dini risiko gangguan psikologis pada post SC cukup terbatas. Ibu dengan gejala depresi postpartum di Denpasar tahun 2019 sebesar 25,4%. Deteksi dini dapat dilakukan dengan menggunakan Edinburgh Postpartum Depression Scale (EPDS).

Tujuan: Penelitian ini bertujuan untuk mengidentifikasi gambaran psikologis ibu Post SC berdasarkan karakteristik meliputi usia, ras/etnis, pendidikan terakhir, pendapatan, status kehamilan, paritas, tinggal dengan keluarga inti atau besar, masalah laktasi dan jenis SC di Dr.dr. I Nyoman Hariyasa Sanjaya, SpOG(K)-KFM.MARS tahun 2022.

Metode: Rancangan penelitian deskriptif dengan model pendekatan subyek cross sectional. Sampel penelitian ini sebesar 34 sampel dengan teknik Consecutive Sampling. Jenis data primer. Analisis menggunakan univariat.

Hasil: Prevalensi Post SC yang mengindikasikan gangguan psikologis sebesar 44,12%. Post SC yang lebih banyak mengindikasikan gangguan psikologis adalah ibu dengan rentang usia produktif 20-35 tahun sebesar 26,47%, ras Asia 41,18%, jenjang pendidikan tinggi yaitu sebesar 38,24%, pendapatan sangat tinggi 38,24%, status kehamilan diinginkan 35,29%, multipara 29,41%, ibu yang tinggal dengan keluarga besar 23,53%, yang mengalami masalah laktasi 38,24%, dan jenis SC elective 26,47%.

Kesimpulan: Hasil penelitian ditemukan 44,12% Post SC mengindikasikan mengalami gangguan psikologis, mayoritas adalah Post SC pada usia 20-35 tahun, ras Asia, pendidikan tinggi, pendapatan sangat tinggi, status kehamilan diinginkan, multipara, ibu yang tinggal dengan keluarga besar, yang mengalami masalah laktasi, dan jenis SC elective. Diharapkan lingkungan dan petugas kesehatan dapat melakukan skrining sedini mungkin agar dampak gangguan psikologis ini dapat dicegah.

KATA KUNCI: psikologis; karakteristik; post sectio caesarea; EPDS

ABSTRACT

Background: Psychological problems in postpartum mothers, both vaginal postpartum and post SC, can have a negative impact on the cognitive development of babies and can reduce maternal and infant bonding. Post SC have a risk of postpartum depression four times greater than mothers with vaginal deliveries. However, previous studies looked at

postpartum mothers in general, not specifically in post-SC who had a higher risk. Research related to early detection of the risk of post-SC psychological disorders is quite limited. The prevalence of mothers with postpartum depression symptoms in Denpasar in 2019 was 25.4%. Early detection can be done using the Edinburgh Postpartum Depression Scale (EPDS).

Objectives: The aims of this research to identify the psychology of post SC mothers based on characteristics including age, race/ethnicity, last education, income, pregnancy status, parity, living with a nuclear or large family, lactation problems, and type of SC in the Dr.dr. I Nyoman Hariyasa Sanjaya, SpOG(K)-KFM.MARS 2022.

Methods: Descriptive research design with a cross-sectional subject approach model. The sample of this research is 34 samples with the Consecutive Sampling technique. Types of primary data taken by EPDS and characteristic questionnaire. This study uses quantitative descriptive univariate analysis.

Results: The prevalence of Post SC which indicates a psychological disorder is 44.12%. Post SC which indicates more psychological disorders are mothers with a productive age range of 20-35 years by 26.47%, Asian race 41.18%, higher education level which is 38.24%, very high revenue 38.24%, desired pregnancies status 35.29%, 29.41% multiparas, 23.53% mothers living with large families, 38.24% experiencing lactation problems, and 26,47% elective SC types.

Conclusions: This study found that 44.12% of Post SC indicated experiencing psychological disorders, the majority were Post SC at the age of 20-35 years, Asian race, good education, very high revenue, desired pregnancy status, multipara, mothers living with large families, mothers with lactation problems, and elective cesarean section. The environment and health workers can conduct screening as early as possible so that the impact of this psychological disorder can be prevented.

KEYWORD: *psychological; characteristics; post sectio caesarea; EPDS*

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INTRODUCTION

During the puerperium, there are physical and psychological changes that occur physiologically. These changes can occur in postpartum vaginal or post-section cesarean. According to Reva Rubin's Concept of Puerperal, psychological changes in postpartum mothers have three phases in the adaptation period of the mother's role during the postpartum period, namely: "Taking In", "Taking Hold" and "Letting Go". This phase change is greatly influenced by the time and attention given to the family. Mothers are responsible for the care of the baby and must adapt to all the needs of the baby who is very dependent on him (1). This adaptation process

sometimes does not run normally, causing psychological problems for postpartum mothers. It varies greatly from mild to severe including: postpartum blues, postpartum depression, postpartum psychosis. The prevalence of postpartum depressive symptoms in Denpasar City in 2019 was 25.4% (2). Psychological problems in postpartum mothers, both vaginal postpartum and Post SC, can have a negative impact on the development of the baby and can reduce the bonding of mother and baby. The risk of depression after cesarean section is 3.716 times or four times greater than mothers with normal or vaginal deliveries (3). However, previous studies looked at postpartum mothers

in general, not specifically in post-SC who had a higher risk. Research related to early detection of the risk of post-SC psychological disorders is quite limited.

Based on 2018 National Basic Health Research data, the proportion of delivery methods by cesarean section in Indonesia is 17.6%, in Bali it is 30.2%(4) (5). Post SC will experience a higher risk of pain in the surgical wound, risk of infection and risk of bleeding compared to normal delivery. The high rate of cesarean section delivery and the level of prolonged maternal dependence in the first days after delivery due to side effects caused by cesarean section, one of which is an increased risk of psychological disorders in Post SC mothers, researchers are interested in studying the description psychological Post SC based on characteristics, including age, race/ethnicity, last education, income, pregnancy status, parity, living with a nuclear or large family, lactation problems and type of SC.

MATERIAL AND METHODS

This study uses a descriptive research design and a cross sectional subject approach model. The research was conducted in the private practice of Dr.dr. I Nyoman Hariyasa Sanjaya, SpOG(K)-KFM.MARS from 18 February to 17 April 2022. The number of samples in this study were 34 post SC who met the inclusion criteria by taking non-probability sampling with Consecutive Sampling. The type of data used is primary data. This study uses 2 instruments, namely; 1. Edinburgh Postnatal Depression Scale (EPDS) questionnaire, 2. Characteristics questionnaire. EPDS to measure the Post SC depression scale. This questionnaire consists of 10 questions, each question is measured with a Likert scale with a value of 0-3 so that the total score ranges from 0-30. For question no. 1,2 and 4 are scored with the top box given a score of 0 and the bottom box given a score of 3. Question 3, the score 5-10 is

reversed, where the top box is given a score of 3 and the bottom box is given a score of 0 and is marked (*) on question number. It is said to have the possibility of depression if it scores 10 or more and always looks at item number 10, namely thoughts of hurting yourself. The second instrument is to identify the characteristics of the respondent which contains 10 questions by ticking the appropriate answer about the respondent's name in the form of initials, age, race/ethnicity, last education, income, desired pregnancy status or not, number of babies born, living in the family. small or large, breastfeeding problems and types of SC. This study uses quantitative descriptive univariate analysis This research was submitted to the research ethics commission to obtain ethical clearance.

RESULTS AND DISCUSSION

RESULTS

Post SC psychology is divided into two categories, such as indicates a psychological disorder and unindicates a psychological disorder. This category is based on references from the standard Edinburgh Postnatal Depression Scale (EPDS) Questionnaire.

Tabel 1. Psychological distribution of post sectio caesarea

Post SC psychology	f	%
Unindicates a psychological disorder	19	55.88
Indicates a psychological disorder	15	44.12
Total	34	100.00

Table 1 The result of the study on 34 samples showed that there were 15 people or (44.12%) Post SC who were indicated to have psychological disorders. This figure is greater than the results of research conducted by Lindayani and Marhaeni in 2019, where the study was conducted on 67 postpartum mothers in 3 (three) Primary Health Care in the Denpasar City Region as a whole, both vaginal and Post SC with the observation method, the

sample obtained Prevalence The incidence of postpartum depression symptoms in Denpasar City is 25.4%. This difference in results was due to the different types of samples, namely in this study the focus was on Post SC only and in this study it was conducted only in one specialist practice. This is in accordance with the results of Ariyanti's study in 2015 where mothers with caesarean sections had a 3,716 times greater chance of experiencing the risk of postpartum depression than mothers with normal or vaginal deliveries (3). A population-based prospective register study was conducted in Sweden to investigate psychiatric illnesses in mothers who underwent elective caesarean section. The burden of psychiatric illness was significantly higher in women who delivered by caesarean section at the mother's request (6).

Table 2 showed that of the 34 samples used as research subjects, 20 people were in the age range of 20-35 years. When viewed from the healthy reproductive age, 32.35% did not experience psychological disorders and 26.47% of them showed psychological disorders. This is in line with the results of research from Kusuma, 2017(7) which states that age does not have a significant relationship with the incidence of postpartum depression in primiparous and multiparous mothers. Even

at a healthy reproductive age, psychological disorders can also be experienced due to other factors, such as the number of children, activities, environmental interventions and lack of support from partners.

Race/ethnicity/continent of respondents **Table 3** who were involved in the study were mostly Asian/Pacific race of 82.35% and 17.65% of them were Hispanic or white race. Of the 28 respondents who were of Asian race, a balanced result was obtained which indicated a psychological disorder or not, which was 41.18%. These results are in line with a study in Pennsylvania where the independent variables associated with postpartum depression included anxiety/depression before pregnancy, Asian race, and Hispanic ethnicity(8). This study is inconsistent with the results of a 2008–2012 California study which showed that compared to white women, hospital-based treatment for postpartum depression affected black women more frequently(9). These different results may be due to differences in patient culture and the study was conducted in Asia.

Table 4 showed that the dominant respondents indicating psychological disorders were respondents with higher education levels (38.24%). The level of education is one of the factors that affect a person's psychology. This

Table 2. Psychological distribution of post sectio caesarea by age

Post SC psychology	n	Age					
		Age <20		Age 20-35		Age >35	
		f	%	f	%	f	%
Unindicates a psychological disorder	19	0	0,00	11	32,35	8	23.53
Indicates a psychological disorder	15	0	0,00	9	26,47	6	17.65
Total	34	0	0,00	20	58,82	14	41.18

Table 3. Psychological distribution of post sc by race/ ethnicity/ continent

Post SC psychology	n	Race/ Ethnicity/ Continent					
		Black women		White women		Asia/ Fasifik	
		f	%	f	%	f	%
Unindicates a psychological disorder	19	0	0.00	5	14.71	14	41.18
Indicates a psychological disorder	15	0	0.00	1	2.94	14	41.18
Total	34	0	0.00	6	17.65	28	82.35

Table 4. Psychological distribution of post sectio caesarea by education level

Post SC psychology	n	Last Education							
		Primary School		Junior High School		Senior High School		College	
		f	%	f	%	f	%	f	%
Unindicates a psychological disorder	19	1	2.94	0	0.00	1	2.94	17	50.00
Indicates a psychological disorder	15	0	0.00	0	0.00	2	5.88	13	38.24
Total	34	1	2.94	0	0.00	3	8.82	30	88.24

Table 5. Psychological distribution of post sectio caesarea by revenue

Post SC psychology	n	Revenue							
		Low Revenue		Medium Revenue		High Revenue		Very High Revenue	
		f	%	f	%	f	%	f	%
Unindicates a psychological disorder	19	1	2.94	1	2.94	0	0.00	17	50.00
Indicates a psychological disorder	15	1	2.94	0	0.00	1	2.94	13	38.24
Total	34	2	5.88	1	2.94	1	2.94	30	88.24

Table 6. Psychological distribution of post sectio caesarea by pregnancy status

Post SC psychology	n	Pregnancy Status			
		Intended		Unintended	
		f	%	f	%
Unindicates a psychological disorder	19	14	41.18	5	24.7
Indicates a psychological disorder	15	12	35.29	3	8.82
Total	34	26	76.47	8	23.53

is due to a person's ability to perform coping mechanisms. The higher a person's level of education, tolerance and control of stressors are usually better, Siswanto, 2007 in (10). This result is in line with the results of Ariyanti's research (2016), showing that high maternal education has a significant influence on the risk of postpartum depression with an OR value of 1.490. This shows that mothers with higher education have a 1.490 times greater risk of postpartum depression than mothers with low levels of education(11). This is due to the ability of someone who has a high level of education to explore as much information as possible through social media without good filtering.

Based on the results of this study, **Table 5** showed that most of the respondents involved in the study have very high revenue, as many as 13 people, 38.24% of whom indicated psychological disorders. This is due to the lack of physical and psychological support from partners who are

busy working or harmful interventions from the environment around the family. The results of this study are not in line with research in Arkansas, their research are found that experiencing financial stressors was an essential correlate of Postpartum Depressions symptoms (12). In this study, we did not delve deeper into how parenting techniques were used, whether mothers cared for their babies on their own or with the help of others.

Table 6 showed the results were 35.29% Post SC which indicated psychological disorders were the intended pregnancy. This happens because the mother only prepares everything about pregnancy and childbirth, the lack of information from health workers about postpartum maternal preparation is also one of the contributing factors. The results of this study are in line with a study conducted in Pennsylvania of 2972 first-time mothers, who found that an unwanted pregnancy outcome was no longer

Table 7. Psychological distribution of post sectio caesarea by parity

Post SC psychology	n	Parity					
		Primiparous		Multiparous		Grandemultiparous	
		f	%	f	%	f	%
Unindicates a psychological disorder	19	8	23.53	10	29.41	1	2.94
Indicates a psychological disorder	15	5	14.71	10	29.41	0	0.00
Total	34	13	38.24	20	58.82	1	2.94

Table 8. Psychological distribution of post sectio caesarea by family type

Post SC psychology	n	Family Type			
		Nuclear Family		Large Family	
		f	%	f	%
Unindicates a psychological disorder	19	11	32.35	8	23.53
Indicates a psychological disorder	15	7	20.59	8	23.53
Total	34	18	52.94	16	47.06

associated with postpartum depression (adjusted OR 1.41; 95% CI 0.91–2.18)(8).

Table 7 showed that 29.41% of Post SC indicated psychological disorders are multiparous. This is related to the mother who has to take care of her baby and in conjunction with the previous child care. Different things were found in the results of research conducted by Soep (2011) which stated that there were significant differences between primiparous and multiparous mothers on the risk of postpartum depression with the Edinburgh scale. Soep stated that primiparous mothers had a higher chance of experiencing depression in (11).

In this study it was found that Post SC showed more psychological disorders, in **Table 8** mothers who lived with large families (23.53%). This result is in line with research conducted in Denpasar City by (Lindayani & Marhaeni, 2019) which shows that respondents who live in large family conditions are more likely to experience postpartum depression. The results of the analysis showed there was a significant relationship between family type and the incidence of postpartum depression symptoms This result is in line with research conducted in Denpasar City by (Lindayani & Marhaeni, 2019) which shows that respondents who live in large family conditions are more

likely to experience postpartum depression with a value (P-value = 0.001). The results of the analysis showed P value of 0.001 ($\alpha < 0.05$) so that there was a significant relationship between family type and the incidence of postpartum depression symptoms(2). The presence of excessive intervention in mothers from a large family environment related to breastfeeding and infant care is suspected to be a factor causing psychological disorders in mothers. Different things were found in research (Desiana & Tarsikah, 2021), mothers who experienced depression in the nuclear family type were caused by social support provided only from their husbands(13). The link between perceptions of social support and feelings of depression was examined in a study conducted in Istanbul, Turkey. It may be deduced from the large negative association that was found that as social support is perceived as being more frequent, depression is perceived to be less prevalent (14).

Based on the results of this study obtained from 27 respondents who experienced lactation problems, 38.24% of them indicated psychological disorders **Table 9**. In line with a study conducted in Melbourne Australia involving 229 nulliparous mothers found that there was a significant association between breastfeeding problems and mothers' poorer mood at 8 weeks (15) . Various

Table 9. Psychological distribution of post sectio caesarea by lactation problem

Post SC psychology	n	Lactation Problem			
		With		Without	
		f	%	f	%
Unindicates a psychological disorder	19	14	41.18	5	14.71
Indicates a psychological disorder	15	13	38.24	2	5.88
Total	34	27	79.41	7	20.59

Table 10. Psychological distribution of post sectio caesarea by type of sectio caesarea

Post SC psychology	n	Type of SC			
		Emergency		Elective	
		f	%	f	%
Unindicates a psychological disorder	19	12	35.3	7	20.6
Indicates a psychological disorder	15	6	17.6	9	26.5
Total	34	18	52.9	16	47.1

problems during breastfeeding such as sore nipples, nipple confusion, damming of breast milk and even mastitis are very burdensome for the mother both physically and mentally, so this can be associated with the emergence of psychological disorders during the puerperium or Post SC. With breastfeeding problems and psychological disorders that are not immediately addressed, the bonding between mother and baby will be reduced so that the exclusive breastfeeding program will fail.

The results of this study were obtained from 16 people who did elective SC. 26.47% of them indicated psychological disorders **Table 10**. The effects of increased pain. use of technological interventions, insensitive and disrespectful treatments have been shown to be very stressful and frightening. A meta-analysis of 532,630 participants in 28 studies found that mothers who underwent emergency cesarean section had a 2 times risk of developing postpartum depression (OR: 1.47 (95% CI: 1.33-1.62) and mothers who had elective cesarean section also had twice the risk of developing postpartum depression (OR: 1.15 (95% CI: 0.92–1.43) (16).

One study of good quality examined the effect of vaginal delivery in women preferring ECS: These women had significantly higher symptom levels of post-traumatic stress disorder (PTSD) and depression than women with normal vaginal delivery (17). Both emergency and elective SC cause discomfort in the form of aches and pains from injury. surgery that can affect the psychological condition of the mother.

DISCUSSION

The results of the study on 34 samples showed that there were 15 people or (44.12%) Post SC which indicated they had psychological disorders. This figure is greater than the results of a study conducted by Lindayani and Marhaeni in 2019, where the study was conducted on 67 postpartum mothers in 3 (three) health centers in the Denpasar City Region as a whole, both vaginal postpartum and Post SC with the observational method, the sample obtained prevalence. The incidence of Postpartum Depression symptoms in Denpasar City was 25.4%. This difference in results is due to the different types of samples, namely in this study it focuses on Post SC only and in this study it was carried out only at one specialist doctor's practice. This is in accordance with the results of Ariyanti's study in 2015 where mothers with caesarean sections had a 3.716 times greater chance of postnatal depression risk than mothers with normal or vaginal deliveries (Ariyanti, et al 2015). This is in accordance with the theory that giving birth with SC takes a long time to restore organs to the way they were before pregnancy. SC surgery requires a longer treatment compared to childbirth that is carried out naturally, which is around 4-6 weeks (10). Many discomfort factors in the form of pain and pain due to surgical wounds can affect psychological conditions in the form of anxiety, disappointment, fear, frustration due to loss of control, and loss of self-esteem related to changes in self-image Kasdu, 2003 in (10).

Dramatic changes in steroid and peptide hormone levels during pregnancy and after delivery affect the mothers' hypothalamic – pituitary – adrenal (HPA) and hypothalamic pituitary gonadal (HPG) axes. As disorders in these endocrine axes are linked to mood disorders, it should not be shocking that pregnancy and the postpartum period can have a significant impact on a mother's mood. Indeed, women are more likely to have depressive symptoms during pregnancy and after childbirth. About 10 to 15 percent of women experience postpartum depression, which interferes with mother-infant relationships, which are crucial for a child's development (18). Seeing the high risk of psychological disorders in post-SC mothers, active screening should be carried out as early as possible. Given the adverse effects of postpartum depression such as low attachment, sensitivity and disturbed parenting behavior by depressed mothers that contribute to adverse child development (18). Post SC mothers who have a tendency for this psychological disorder are mothers with a productive age range of 20-35 years by 26.47%, Asian race 41.18%, higher education level by 38.24%, very high income 38.24%, the desired pregnancy status was 35.29%, multipara 29.41%, mothers who lived with a large family 23.53%, who experienced lactation problems 38.24%, and type of elective SC 26, 47%.

CONCLUSION AND RECOMMENDATION

The results showed the prevalence of Post SC which indicates psychological disorders in Dr. private practice. dr. I Nyoman Hariyasa Sanjaya. SpOG(K)-KFM.MARS in 2022 is 44.12%. Post SC who showed psychological disorders were mothers with a productive age range of 20-35 years. Asian race, higher education level, very high revenue, desired pregnancy status, multiparous, mothers who live with large families,

who experience lactation problems and elective SC type.

Considering that there are still many post SC mothers with indications of psychological disorders. Optimal education is needed for mothers and their partners to prepare for pregnancy. The environment and health workers can conduct active screening as early as possible so that the impact of this psychological disorder can be prevented and need cooperation between gynecology-obstetrics and psychiatry is the major method of postpartum depression prevention (19).

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