



The Effect of Development of a Psychoeducation Guidebook in the Management on Postpartum Depression Symptoms

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Abstract. Postpartum depression that often occurs after childbirth is a mental health problem related to behavioral and physical health. With the diversity of midwives in providing counseling to postpartum mothers, it is necessary to have a psychoeducation guidebook. The purpose of this research was to determine the effect of the development of a psychoeducation guidebook in the management of postpartum depression symptoms in Banyu Putih Situbondo. This is an R&D research with the mean score of pre-conference and post-conference that increased by 38%. In conclusion, a psychoeducation manual is developed in the handling of symptoms of postpartum depression in the pustu sumberejo region in 2020 as an educational medium for midwives. Pregnant women deserve to be used and can have a good impact when given counseling. Further study needs to measure the family of pregnant women to provide a pleasant postpartum period.

Keywords: Postpartum depression, psychoeducation, guidebook.



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INTRODUCTION

The transition period to motherhood is a time full of challenges involving significant changes in psychological, social, and biological aspects. These changes can contribute to happiness but can also provide emotional distress. After childbirth, emotional disturbance in women varies in nature and severity, which relates directly to women's individuals, families, and health system. It is generally agreed that in addition to treatment, a comprehensive mental approach can provide health services, including mental health programs and preventing mental

disorders in the postpartum period. The problem of postpartum depression is significant to study because postpartum mood disorders are not trivial issues. The impact can devastate the lives of mothers, their families, babies, and other children because of the complications they cause (1)

WHO stated that 10% of pregnant women and 13% of postpartum mothers experienced mental disorders, especially depression. Between 1 and 2 of 1,000 women experienced *postpartum* psychosis. This kind of depression is prevalent in women of reproductive age. About 14%-23% of pregnant women experienced depression during pregnancy, and 5%-25% experienced postpartum depression (2). Based on the results of Basic Health Research, the prevalence of psychotic mental disorders in East Java was as much as 6.0, while Indonesia's target was 7.0. It means cases with mental illnesses were still not resolved in East Java (3). In 2019, the coverage of obstetric complications was managed as much as 100.4%, experiencing a slight decrease, but it was qualified. With the better detection of obstetric complications, it is hoped that the management will be easier to reduce the number of maternal and infant deaths. In Situbondo regency, it was 118.00, which was much better than the target of East Java Province of 100.40 (4). In 2019 in Situbondo, the coverage of postpartum services was 91.7%. This coverage has slightly increased compared to the previous year.

The problems that often encountered were patients give birth helped by a traditional birth attendant so that they do not have access to health workers. Patients give birth at the Hospital and or at the Independent Practice Midwife clinic so that the regional midwife did not record it. In addition, control according to standards was also not done by postpartum mothers. Thus, a partnership of midwife and traditional birth attendant, volunteers, Maternity Planning and Complications Prevention Program implementation. The coverage of childbirth health personnel and visiting postpartum mothers who do not have access to health workers were needed to be improved. In Banyuputih District, there were two maternal deaths during the postpartum period (5). So far, the Situbondo Health Office has not implemented a screening program to conduct early detection of mental disorders in postpartum mothers. Therefore, there could be more cases in the field.

Janiwarty & Pieter estimated that almost 50-70% of all postpartum women experience baby blues or postnatal syndrome, which occurs on days 4-10 postpartum or during breastfeeding. At the same time, the cause of postpartum blues is experienced by 80% of women after giving birth. Jennifer Fenwick explained the results of her first RCT research, which reported that counseling by midwives on women's anxiety could reduce symptoms of postpartum trauma. This is very important because it can increase the number of regular deliveries and the emotional well-being of women. This research supports the role of midwives in assisting women with high birth anxiety levels (6). The government has arranged various efforts to support the well-being of mothers, babies, and families as stipulated in the Regulation. Ministry of Health of the Republic of Indonesia Number 28 of 2017 Article 18 concerns the implementation of midwifery practices to provide health services to mothers during pregnancy, childbirth, and postpartum, including counseling (3). Midwives play a role in promoting health in a promotive, preventive, curative, and rehabilitative manner that aims to empower people in the community, especially mothers, husbands, and families, to help mothers through the postpartum period to prevent *postpartum* depression. In addition, the practical and emotional support provided by a father greatly helps the success of the whole breastfeeding process (7).

Based on the causes and impacts of *postpartum* depression and the factors that influence it, serious treatment efforts are needed to prevent and overcome the symptoms of *postpartum* depression. Giving psychoeducation from pregnancy is the first step required to get through the postpartum stage as a mother's coping strategy. This is also closely related to the role of midwives in *holistic care* that is health services that pay more attention to the integrity of life as a human being, including physical, mental, social, and spiritual energy, which influence each other. Due to the diversity of midwives in providing counseling to postpartum mothers, it

was necessary to have a psycho-educational guidebook to suit the needs of the postpartum mothers as a whole.

OBJECTIVE

The study aimed to examine the effect of the Psychoeducation Guidebook on Managing Depression Symptoms among Postpartum in Banyuputih Situbondo.

METHOD

In this *R&D* research, the steps taken in developing a psychoeducation guidebook to manage postpartum depression symptoms were conducting *focus group discussion activities* to obtain data from interviewees consisting of midwife (coordinator), village midwife, cadre representative, midwifery lecturer, and breastfeeding mothers in the research area. A needs analysis was used as a reference in developing a product in the form of a handbook. Furthermore, the researchers conducted a feasibility test of the handbook by administering questionnaires in the form of a Validation questionnaire by a media expert, a validation questionnaire by a material expert, and a validation questionnaire by users. This research used a quasi-experimental research method (one group pre-test and post-test design) conducted in August 2019-February 2020. Using the purposive sampling method, the researchers chose as many as 37 pregnant women who live in Banyuputih Health Center of Banyuputih district, Situbondo.

The criteria for inclusion of this study are pregnant women trimester II and III gestational age 24 weeks to 30 weeks. The exclusion criteria of this study are pregnant women who are not willing to participate in this study and drop Out criteria that are mothers who move house before the study is completed. Pregnant women who resign before the research is conducted. Data analysis used is univariate to describe the characteristic data of respondents. The data will be processed and analyzed statistically. Presentation of the data in a frequency distribution, percentage, average, median, and range and bivariate analysis to determine the interrelationship of two variables, namely free variables (application of manuals) and free variables (maternal knowledge).

RESULTS

Table 1. Characteristics of Pregnant Women in Sumberejo Village

Age Category	Frequency	Percentage
17-25 Years	13	35
26-35 Years	21	57
>35 Years	3	8
Total	37	100

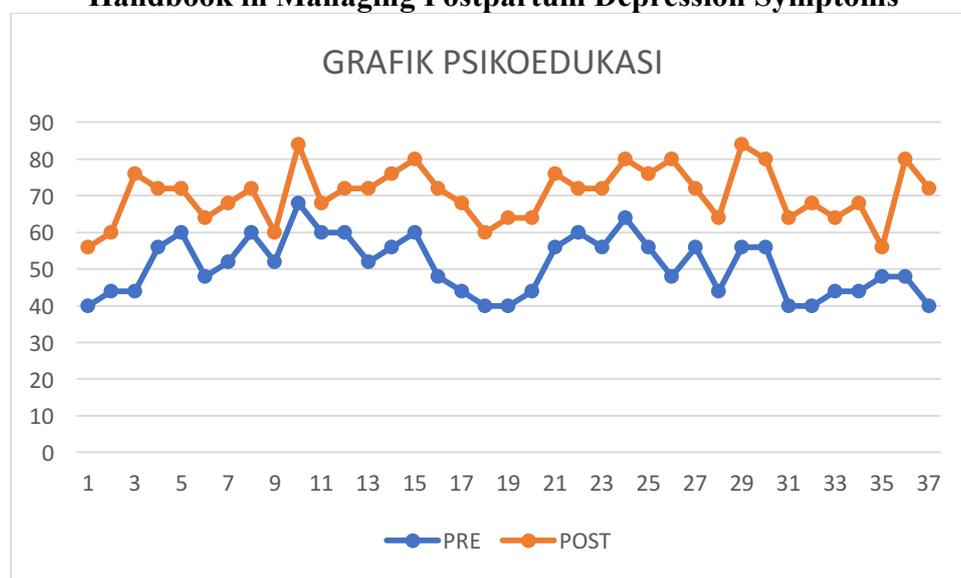
Education	Frequency	Percentage
Elementary School	5	14
Junior High School	6	16
Senior High School	14	38
University	12	32
Total	37	100

Occupation	Frequency	Percentage
Teacher	2	5
Entrepreneur	11	30
Farmer	1	3
Housewife	23	62
Total	37	100

Gestational Age (Trimester)	Frequency	Percentage
II	7	19
III	30	81
Total	37	100

Tabel 1 explained the characteristic of respondents. The findings showed more than half of the respondents were 26-35 years (57%). Some of the respondents graduated from high school (38%), and some from university-level (32%). Regarding the occupation of the respondents, 62% of them were housewives. Most of them were trimester of three (81%).

Graph 1 Changes in knowledge before and after the implementation of Psychoeducation Handbook in Managing Postpartum Depression Symptoms



Based on graph two shows that the mean score of pre-conference and post-conference increased by 38%.

Phase 1. Testing of Feasibility

Table 2. The test results of handbook components by a material expert of Psychoeducation Guidelines

COMPONENTS	EXPERT I	EXPERT II	MEAN SCORE
Content Feasibility Aspects	3.25	3.2	3.22
1 Material Suitability	3.4	3.6	3.5
2 Material Accuracy	3.2	3.0	3.1
3 Material Novelty	3.0	3.2	3.1

4	Encouraging Curiosity	3.4	3.2	3.3
Presentation Feasibility Aspects		3.25	3.45	3.3
1	Presentation Technique	3.0	3.2	3.1
2	Presentation Support	3.2	3.0	3.1
3	Learning Presentation	3.6	4.0	3.8
4	Coherence And Cohesion Of Ideas	3.2	3.6	3.4
Language Feasibility Aspects		3,5	3,44	3.4
1	Preciseness	3.2	3.6	3.4
2	Communicative	3.8	3.2	3.5
3	Diagnostic And Interactive	4.0	3.6	3.8
4	Suitability With The Development	3.2	3.4	3.3
5	Compliance With Language Rules	3.6	3.4	3.5
Contextual Feasibility Aspects		3.9	4	3.9
1	Contextual Nature	3.8	3.8	3.8
2	Contextual Component	4.0	4.4	4.2
Mean				3.46 (Excellent)

Based on the result of the material test, it was known that the quality and suitability of the psychoeducation guide book that has been developed was categorized as excellent. This can be seen from the average percentage of the four aspects of the book's components in handling the postpartum depression symptoms of 3.46%.

Phase 2. Testing for the quality and suitability

Table 3. The Test Result by Media Expert on the Components of the Psychoeducation Handbook in Managing Postpartum Depression Symptoms

COMPONENTS		EXPERT I	EXPERT II	MEAN SCORE
Handbook Size		3.5	3.5	3.5
1	Suitability of handbook size with ISO standards	3.4	3.8	3.6
2	Size suitability with the handbook content	3.6	3.2	3.4
Cover Design		3.35	3.4	3.37
3	Layout elements appearance	3.4	3.2	3.3
4	Color layout elements	3.2	3.4	3.3
5	Eye-catching and readable letters	3.4	3.4	3.4
6	Cover illustration of handbook	3.4	3.6	3.5
Content Design of Handbook		3.4	3.4	3.4
7	Appearance layout consistency	3.4	3.2	3.3
8	Print area and space layout elements	3.6	3.4	3.5
9	Title and illustration layout elements	3.2	3.4	3.3
10	Layout	3.4	3.4	3.4
11	Simple content typography	3.6	3.6	3.6

12	Typography of the contents of the handbook is helpful.	3.6	3.4	3.5
13	Content illustration	3.4	3.4	3.4
Mean				3.42 (Excellent)

According to the media expert, Fauzah C.H.I, the lecturer of the Associate degree of the midwifery study program, the quality and suitability of the book was categorized as excellent, and it can be seen from the average percentage obtained by the books' components that were 3.42%. The validation by experts covered the size of the book, the cover design, and the content of the book. The following is the recapitulation of the validation by the expert.

Effectiveness test of Psycho-education handbook

Phase 3. Testing the effect of the Psychoeducation Guidebook on Managing Depression Symptoms

Table 4. The result of the pre-test and post-test of the book "How to express breast milk."

Variable	Mean of Knowledge before implementation	Mean of knowledge after implementation	% increase	p-value
Development of a Psychoeducation Guidebook in the Management on Postpartum Depression Symptoms	50.91892	70.48649	38%	0.000

Based on the result of the Wilcoxon test, it was known that the positive ranks indicated the respondents' increase knowledge after the intervention. Since the $p\text{-value} = 0,000 < 0,05$, the H_0 was rejected, and it can be concluded that there was a significant difference before and after giving the psychoeducation guidebook in handling postpartum depression symptoms.

DISCUSSION

Pregnancy, which occurs before 20 years old, is precarious toward complications. It is due to human body physiology follows its development stage, which gradually changes to be mature, including the reproduction system. The maturity of the reproduction organ becomes one of the factors affecting pregnancy in the range of age. Therefore, it is crucial to decide when to expect a baby.

Physiologically, it can be seen that a particular age criterion becomes the sign of sexual organs' maturity and the age categorization is the determinant of the maximum limit for pregnancy at risk. Therefore, it can be assumed that the pregnancy age can be the cause of maternal death during delivery. There are two types of age criterion which is at risk toward the delivery and might cause death. It is a pregnancy under 20 years old and after 35 years old. The incidence of postpartum blues is closely related to age because it affects the condition of the uterus. Women under 20 years old have very little knowledge of caring for children. They will experience adaptation difficulty, so they need help from health workers to assist them through the postpartum period. The appropriate time for a woman to give birth is between 20-30 years, which supports the problem of optimal periods for baby care by a mother (8). The age factor dramatically influences pregnancy and childbirth because it relates to the mental readiness of the woman to become a mother. If the mother is too young (<20 years), it might affect her enthusiasm

and role. If the mother's age is more than 35 years, she might risk fatigue and an anatomical condition no longer suitable for pregnancy and childbirth (9). In the previous research conducted by Devi Kurniasari and Yetti Amir Astuti 2015, the data obtained an OR value of 2,700, which means that the respondents with a risky age had a 2.700 times greater chance of experiencing postpartum blues.

The distribution based on the mother's education level was classified into elementary school, junior high school, senior high school, and higher education. The data showed that the highest percentage of respondents' education level at the old high school was 38% (14 people), and the lowest rate was an elementary school of 14% (5 people). Education can improve someone's ability to think in a directed and rational manner. High education allows someone to have extensive knowledge. Knowledge is a critical domain in shaping behavior. The higher the education, the higher the ability, and the more various skills someone has. The higher someone's education level, the wider his or her mindset, and behavior. The women's different levels of education caused different tendencies in understanding and reacting to their health. It can be seen that education was one of the most important and influential things in making a decision. It can be said that having sufficient knowledge can influence someone to decide the right action. The mother's low education influenced her way of taking action, including overcoming the symptoms of postpartum depression. Mothers with low education levels were likely to have minimal knowledge about how to treat symptoms of postpartum depression.

The problem with the effectiveness of an intervention to prevent most of the postpartum depression symptoms lied in the health system's ability to cope with it. This situation was also influenced by the level of understanding and knowledge about preventing postpartum depression symptoms. The most fundamental factors underlying postpartum depression were the women and society's ignorance and apathy. Most women ignored the initial signs due to the lack of knowledge and information about dangerous signals during pregnancy and childbirth and the delay in getting health services. Therefore, there needed new strategies to help achieve postpartum depression reduction innovatively and dynamically. The achievement targets were implemented based on the scale to address the various causes and conditions of postpartum depression. The first step was to collect data about the causes and conditions of each postpartum depression event through monitoring and the causal relationship of the incident. They needed critical obstetric care to improve the quality and examinations and provide information about planning and implementing the Safe Motherhood program to reduce the incidence of postpartum depression. A mother who had sufficient knowledge will be able to determine a good plan for her childbirth period. She will plan and determine what facilities were used to deliver the delivery, particularly the health service facilities. The most urgent service facilities are first-level health service facilities that play an essential role in maternal physical and psychological safety.

The distribution based on occupation was divided into Teachers, Entrepreneurs, Farmers, and homemakers. The highest percentage of the respondents was housewives of private employer of 62% (23 people), and the lowest rate was teachers of 5% (2 people).

The giving of psychoeducation in this study used media in the form of a guidebook created by the researcher. According to Guideline, Australian Clinical Practice, it is essential to provide psychosocial education considering its impact on mental health and the quality and welfare of mothers and their children (2). All women must be provided with educational information to prevent postpartum depression. Early intervention can be done through education and discussion about the risk factors, mental-emotional health, daily coping mechanisms, family support, and social support (10). Based on the research by Top, Ekin Dila; Karaçam, Zekiye, structured educational information that can be given to mothers covering sadness, psychosis, depression, frequency, prevalence, symptoms, risk factors, effects of depression on mothers, babies, and families as well as prevention and treatment of postpartum depression. This information provides recommendations for mothers to be able to prevent and treat postpartum

depression. This is in line with Jennifer Fenwick (6), who reported the first RCT method of psychoeducation given by midwives to women anxious before childbirth. In this study, women who received psychoeducation from a midwife had lower anxiety levels than the control group, which was associated with fewer emergencies at the delivery time. Also, participants reported that midwives' psychoeducation could reduce the symptoms of trauma, so this finding was important because it was associated with increased regular birth rates and women's emotional well-being. This study also supports midwives' role in assisting women with a certain level of fear during the birth process.

Verreault, 2014 in Canada revealed that as many as 28.3% of pregnant women in the third trimester experienced depression symptoms. High depressive symptoms during pregnancy were a risk factor that can develop as depression predictors in the early postpartum period. Depression was estimated to be about 20% more in pregnant women and giving birth mothers in developing countries (11). The focus of clinical attention on depression was not only because it affects women's social functioning but also affects the partner, family, and mother-baby interactions.

Based on the research results (12), Giving IEC preparation of childbirth and postpartum mothers made them more confident and ready to respond to the problems or drastic changes in their bodies. They felt more prepared, and their coping was also getting better. IEC referred to a health promotion method whose objective was to encourage behavior change for the better. The changes were expected to happen when IEC was given, but some succeeded, and some did not. IEC also became the inhibiting factor regarding the communicators themselves, covering inexperience, lack of mastery of material and skills, the message given was unclear, and the media used. The success of IEC was also affected by the place and atmosphere that able to grab the mother's attention or even not at all.

Postpartum depression became one of the most common mental disorders suffered by women during the postpartum period. Most of the available data and policies on antenatal mental disorders were found on postpartum depression (13). Postpartum depression brought both mother and baby in a disadvantageous state. On the other hand, it delayed the physical, social, and cognitive development of the children; besides, postpartum care, maternal health, and the mother's quality of life were also greatly affected. Maternal mental disorders were easy to treat. Thus, an effective intervention provided by the professional trained-health care was needed to prevent the development of depression symptoms.

Concerning Islam, mental health was defined as a state in which optimal and harmonious physical, intellectual, emotional, and spiritual development has existed within a person. The definition of mental health referred to harmonious characteristics. The attention was all emphasized to all aspects of human life regarding Allah SWT, fellow humans, and the natural environment. The heart also played a vital role in human life as a pure heart means a pure soul; humans have to always adhere to and obey the commands given by Allah SWT. Al Qur'an Surah Ali 'Imran verse 164 states that:

لَقَدْ مَنَّ اللَّهُ عَلَى الْمُؤْمِنِينَ إِذْ بَعَثَ فِيهِمْ رَسُولًا مِّنْ أَنفُسِهِمْ
يَتْلُوا عَلَيْهِمْ آيَاتِهِ وَيُزَكِّيهِمْ وَيُعَلِّمُهُمُ الْكِتَابَ وَالْحِكْمَةَ
وَإِنْ كَانُوا مِن قَبْلُ لَفِي ضَلَالٍ مُّبِينٍ ﴿١٦٤﴾

The results of multivariate analysis showed the relationship between supports of husband and postpartum depression at Puskesmas *Rumbia* and Puskesmas *Putra Rumbia* (Community Health Center) in 2013 ($p = 0,000$). Based on the results of research done by Martini

Fairus et al., it revealed that 27 of 59 (45.76%) depressed postpartum mothers did not get any supports from their husbands. Postpartum mothers who did not get enough supports from their husbands were 6,013 times at higher risk of suffering postpartum depression if compared to the ones whose husbands were supportive (14). Postpartum depression was due to the lack of supports given by the husband. It happened as the husband was the closest person responsible for making their wives comfortable, secure, becoming a sense of respect, a sense of worth, need, strength, and enthusiasm to enjoy themselves during pregnancy and childbirth. As a result, mothers were able to adapt to emotional changes and get the depression away. This research was in line with another one done by (15) which pointed out that the importance of partners and families in overcoming postpartum blues. About 50% of postpartum mothers experienced psychosis, which was the first expression that severely affected a woman's psyche and made the people close to the sad and confused. This qualitative research showed that postpartum psychosis was treated by giving them information and full support during the postpartum period.

The sadness felt during pregnancy affected about 50-80% of women during the puerperium, as about 20% of women experiencing symptoms of postpartum depression (16). Diagnosis, screening, and treatment of depression were essential for the prevention of more severe postpartum depression. Preventive efforts and psychosocial assessments which were not carried out universally to pregnant women and postpartum mothers in various health services, were related to symptoms of depression. Concerning this case, increasing the knowledge of pregnant women deal with postpartum symptoms; in particular, a guidebook was needed as an educational medium. The results of several types of research suggested that books were practical to enrich the knowledge. Defined books as independent teaching materials which were systematically designed so that they were able to foster the expertise and interests of students. This research (17) showed that psycho-educational interviews as an intervention to assess maternal stress and anxiety levels in the postpartum period while in the care room benefited staff and new mothers. Through the interview technique, the care staff revealed that their job satisfaction was increased while their frustration level was decreased. The caregiver's re-involvement proved it as the interview was more valuable and purposeful to the new mother and positive feelings they experienced.

Furthermore, the psycho-educational interview was a very easy-to-use tool for caregivers, progressively integrated into standard care procedures. The psycho-educational discussion also increased the satisfaction level of mothers, especially in psychological well-being; women felt less stressed and less anxious after being involved in this interview. This research reported that the effectiveness of psychoeducation in preventing postpartum depression in women at risk was effective. The strength of this research was taking the pregnant women who were at risk of experiencing depressive disorders as the samples according to the reviewed literature. The implementation of prevention programs focused on the mental health of women during pregnancy and childbirth became an essential aspect as it had relation to babies and the female reproductive system and the treatment of health problems, excluding the prevention. Through this research, focusing attention on women's overall well-being, including their mental health, was important, especially the high-risk women. The implementation of prevention programs focusing on women's mental health during pregnancy and the puerperium period was an essential aspect of the research as existing postpartum care programs were related to infant and female systems and the treatment of health problems but did not involve prevention. This research emphasized that it was paying attention to the total well-being of women, including their mental health, as needed, especially in women with known risk factors (10)

The research carried out by Rowe & Fisher, 2010 (18) described the development of innovative education to prevent common disorder occurred during the puerperium including depression, anxiety and adjustment disorders in primiparous women in a very structured booklet, psychological education programs for mothers, fathers and first babies. They informed how

parents took care of their babies and family abilities and functions and reduced women's common postpartum mental disorders. The material was included in the facilitator's handbook, creatively designed and accessible for couples to refer to, and a website was also provided as another alternative way to access postpartum. Mental health interventions contributed to the puerperium, and they were psychologically informed to prevent general mental disorders in women during their puerperium.

The results of the pre-test and post-test increased after the book was given. The strength of this research was that it made the pregnant women's study psychoeducation handbooks in the management of postpartum depression symptoms easier, as this book could be used anytime, anywhere, and by anyone. The research on developing a psychoeducation guidebook in handling postpartum depression symptoms, the Focus Group Discussion activity were the initial activities and the preliminary study. This handbook was packed the knowledge of Anxiety in Pre-Pregnancy and Pregnancy, Anxiety Level, Management of Anxiety in Pre and Pregnancy, the Risk of Untreated Anxiety and Depression during pregnancy. After childbirth, they were covering the assistance of the husband, pain during delivery. During the postpartum period, suitable actions were done for routine postpartum care to mothers at home, postpartum psychological adaptation, postpartum anxiety and breastfeeding, postpartum psychological disorders, and psychological disorders during breastfeeding. The books were beneficial since they acted as the source of information, but nowadays, readers tend to be less interested in reading if the book was thick and less attractive. There needed to be an effort to make books enjoyable. They gave readers pleasure in seeing books and reading them like a psycho-educational manual in handling postpartum depression symptoms developed Trianto 2012. Before the experts validated the application of the guidebook, the study material consisted of aspects of content feasibility, aspects of presentation feasibility, aspects of language feasibility, aspects of the intellectual feasibility of the average obtained 3.42%, which means that the feasibility and quality of the handbooks were excellent.

Anderson (In Sardiman et al.: 1996; Hamalik, 1994; Miarso et al.: 1986) classified books as printed media used in learning. Anderson mentioned three types of printed media, covering programmed textbooks, handbooks/manuals, and task books. Based on Anderson's opinion, the book referred to this research was included in the handbook/manual. To be more explicit, this book developed had the following characteristics: Developed by using the principles of learning technology whose objective was to make the students learn easier. It also has an advantage on content created in the book, contain the messages of learning guidance and counseling that were easy to understand and practical to apply by the students. It happened as the messages were developed in simple, clear, concise, and practical language. They were made in small form, so they were easy to carry and read at any time. The book looked attractive as its cover, letters, and colors were well-designed. The results of this research were in accordance with the research done by Dewi Andariya Ningsih, 2020 (19), which claimed that most respondents experienced an increase in knowledge and the one whose application of modules that Abah Umi (good at taking care) increased the knowledge after being given the intervention (20).

CONCLUSION

The conclusion of this research showed that there was a development on a psycho-educational guidebook as an educational medium in handling postpartum depression symptoms at Pustu Sumberejo area in 2020 for midwives and pregnant women to prepare for the postpartum period; the book was very feasible to use and brought a good impact in providing psychoeducation.

REFERENCES

- (1) Ningsih DA. Persiapan Masa Nifas Yang Menyenangkan Berdasarkan Evidence Based. Serang: CV. AA RIZKY; 2020.
- Centre of Perinatal Excellence. (2) Guideline ACP. The guideline, Australian Clinical Practice. 2017.
- (3) Menkes. Peraturan Menteri Kesehatan Republik Indonesia Nomor 28. Jakarta; 2017.
- (4) Dinkes. Profil Kesehatan Provinsi Jawa Timur. 2020.
- (5) Situbondo D. Profil Kesehatan Kabupaten Situbondo. 2019.
- (6) Fenwick J, Toohill J, Gamble J, Creedy DK, Buist A, Turkstra E, et al. Effects of a midwife psychoeducation intervention to reduce childbirth fear on women's birth outcomes postpartum psychological well-being. Vol. 15, BMC Pregnancy and Childbirth. 2015.
- (7) Ningsih DA. Dukungan Ayah Dalam Pemberian Air Susu Ibu. Oksitosin J Ilm Kebidanan. 2018;50-7.
- (8) Ersan A. Hubungan Post Partum Blues pada Ibu Dewasa awal pasca melahirkan. Universitas Kristen Satya Wacana; 2015.
- (9) Hasdianah R. Buku Ajar Kesehatan Reproduksi. Yogyakarta; 2013.
- (10) Ugarte AU, López-Peña P, Vangeneberg CS, Royo JGT, Ugarte MAA, Complaints MTZ, et al. Psycho-educational preventive treatment women at risk of postpartum depression: Study protocol for a randomized controlled trial, PROGEA [Internet]. Vol. 17, BMC Psychiatry. 2017. Available from: <https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-016-1162-5>
- (11) Fiona A, Jenny, Fiona L. A systematic review of systematic reviews of interventions to improve maternal mental health and well-being. Midwifery [Internet]. 2013;29(4):389-99. Available from: <https://www.sciencedirect.com/science/article/abs/pii/S0266613812000885>
- (12) Winarni, Dwi; Wijayanti, Krisdiana ; Ngadiyono N. Pengaruh Pemberian Kie (Komunikasi Informasi Edukasi) Persiapan Persalinan Dan Nifas Terhadap Kejadian Postpartum Blues. J Kebidanan. 2017;1-8.
- (13) Molyneaux, Emma; Howard, Louise M; McGeown, Helen R; Karia, Amar M; Trevillion K. Antidepressant treatment for postnatal depression. Cochrane Rev. 2014;1-56.
- (14) Fairus, Martini, Widiyanti, Septi. Hubungan Dukungan Suami Dengan Kejadian Depresi Postpartum Pada Ibu Nifas. J Kesehat Metro Sai Wawai. 2014;11-8.
- (15) Jones, Ian; Chandra, Praba S; Dazzam, Paola; Howard L. Bipolar disorder, affective psychosis, and schizophrenia in pregnancy and postpartum. Lancet. 2014;1789-99.
- (16) Zubaran, Carlos ; Foresti K. Investigating quality of life and depressive symptoms in the postpartum period. Elsevier. 2011;10-6. J Nurs Educ Pract. 2017;1-9. (17) Razurel, Chantal; Valerie, Avignon; Jocelyn B. Postpartum psycho-educational interviews to promote adaptation in new mothers : a preliminary study.
- (18) Rowe, H. J., Fisher JR. Development of a universal psycho-educational intervention to prevent common postpartum mental disorders in primiparous women: a multiple method approach. BMC Public Health. :1-15.
- (19) Ningsih DA. Pengembangan Modul “Peduli Ibu Hamil” Di Desa Sumberejo Banyuputih Situbondo. JOMIS (Journal Midwifery Sci. 2020;4:55-62.
- (20) Ningsih DA. Penerapan Modul Abah Umi “Mahir Merawat” untuk Deteksi Faktor Resiko BBLR terhadap Pengetahuan Ibu Hamil. J Ilmu Keperawatan dan Kebidanan [Internet]. 2021;12(1):91-6. Available from: <https://ejr.stikesmuhkudus.ac.id/index.php/jikk/article/view/884/585>