

**COMPREHENSIVE MIDWIFERY CARE FOR A PRIMIPAROUS POSTPARTUM MOTHER WITH
POSTPARTUM BLUES: A CASE REPORT**

Dinda Prastika Devi Laila Agustin¹, Nuryani¹, Tutiek Herlina¹, Teta Puji Rahayu¹

¹*Department of Midwifery, Poltekkes Kemenkes Surabaya, Indonesia*

Email: dindaprastika19@gmail.com

Abstract

Background: Postpartum blues is the most common psychological disorder experienced by women during the first two weeks after childbirth. Primiparous women are more vulnerable because they experience physical, psychological, and social adaptation for the first time.

Objective: To describe comprehensive midwifery care for a primiparous postpartum mother experiencing postpartum blues.

Methods: This study used a descriptive case report design involving one primiparous postpartum woman aged 27 years (P10001) diagnosed with postpartum blues at an Independent Midwifery Practice in Lembayan, Magetan, Indonesia, in February 2026. Data were collected using the SOAP approach through interviews, physical examinations, psychological assessment using the Edinburgh Postnatal Depression Scale (EPDS), implementation of midwifery care, and evaluation of outcomes.

Results: Initial assessment showed an EPDS score of 11 indicating mild postpartum blues. The mother experienced sadness, crying episodes, sleep disturbances, fatigue, anxiety, and low confidence in caring for her baby. Comprehensive midwifery care included psychological monitoring, counseling, health education, family involvement, adequate nutrition and rest, breastfeeding support, and lemon aromatherapy as a complementary intervention. Follow-up visits demonstrated improvement in emotional stability, increased maternal confidence, successful breastfeeding, and decreased psychological symptoms.

Conclusion: Comprehensive midwifery care involving early psychological screening, education, emotional support, family participation, and complementary therapy contributed to improvement of postpartum blues symptoms in a primiparous postpartum mother.

Keywords: postpartum blues; primipara; postpartum mother; midwifery care

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INTRODUCTION

Postpartum blues is the most common psychological disturbance experienced by women during the early postpartum period. It generally occurs between the third and fourteenth day after childbirth and is characterized by mood swings, sadness, frequent crying, irritability, anxiety, fatigue, sleep disturbances, and emotional instability. Although postpartum blues is usually transient, failure to recognize and manage this condition may increase the risk of postpartum depression, impair maternal-infant bonding, reduce breastfeeding success, and negatively affect infant growth and development.

The World Health Organization (WHO) recognizes maternal mental health as an important component of maternal care because psychological disorders during the postpartum period remain common worldwide. Previous studies have reported that postpartum blues affects approximately 30-80% of postpartum mothers, with higher prevalence among primiparous women due to their first experience of childbirth and adaptation to motherhood. In Indonesia, postpartum blues remains one of the most frequently encountered postpartum psychological problems and often receives less attention than physical postpartum complications.

The etiology of postpartum blues is multifactorial. Physiological hormonal changes occurring immediately after childbirth interact with psychosocial factors, including unplanned pregnancy, lack of social support, marital problems, fatigue, sleep deprivation, economic difficulties, and anxiety regarding infant care. Primiparous women are particularly vulnerable because they must simultaneously adapt to physical recovery, breastfeeding, and their new maternal responsibilities. Without adequate emotional support, these factors may contribute to psychological distress during the postpartum period.

Early detection of postpartum blues is essential to prevent progression into postpartum depression. One of the most widely used screening instruments is the Edinburgh Postnatal Depression Scale (EPDS), which has demonstrated good validity and reliability for identifying postpartum emotional disorders. Early psychological assessment enables healthcare providers to provide timely counseling, education, emotional support, and referral when necessary.

Midwives play an important role in promoting maternal psychological well-being through comprehensive postpartum care. Besides routine physical assessment, midwives are responsible for evaluating maternal emotional adaptation, providing counseling, strengthening family involvement, supporting successful breastfeeding, and encouraging healthy postpartum lifestyles. Comprehensive midwifery care is expected to improve maternal adaptation and reduce psychological symptoms experienced during the postpartum period.

Complementary interventions have also been increasingly implemented to support maternal psychological health. Lemon (*Citrus limon*) essential oil contains limonene, which stimulates the olfactory pathway and limbic system, producing relaxation and reducing anxiety. Previous studies have demonstrated that lemon aromatherapy may improve mood and decrease anxiety among postpartum mothers when combined with education and psychosocial support.

The present case involved a 27-year-old primiparous postpartum woman who experienced postpartum blues at PMB "J", Lembeyan, Magetan. Psychological assessment using the Edinburgh Postnatal Depression Scale revealed emotional disturbances during the early postpartum period. Comprehensive midwifery care, including psychological monitoring, counseling, breastfeeding support, family empowerment, and lemon aromatherapy, was implemented during postpartum follow-up visits.

This case report aims to describe the implementation of comprehensive midwifery care in managing postpartum blues in a primiparous postpartum mother and to evaluate maternal psychological improvement following holistic postpartum interventions.

METHODS

Study Design

This study employed a descriptive case report design to describe the implementation of comprehensive midwifery care for a primiparous postpartum mother experiencing postpartum blues. The case report followed the midwifery management process using the SOAP approach, including assessment, diagnosis, intervention, implementation, and evaluation.

Case Description

The subject was a 27-year-old primiparous postpartum woman (P10001) who delivered a healthy infant through spontaneous vaginal birth at PMB “J”, Lembeyan, Magetan, East Java, Indonesia, in February 2026. The patient fulfilled the criteria for postpartum blues based on clinical manifestations and psychological assessment using the Edinburgh Postnatal Depression Scale (EPDS).

The mother complained of persistent sadness, frequent crying, anxiety, fatigue, sleep disturbances, emotional instability, and lack of confidence in caring for her newborn. She also reported that the pregnancy had been unplanned and experienced limited emotional support because her husband worked outside the city. These psychosocial conditions were considered contributing factors to her emotional disturbance during the postpartum period.

Data Collection

Data were collected through comprehensive midwifery assessment, including interviews, observation, physical examination, obstetric examination, psychological assessment, and documentation review. Subjective and objective data were recorded using the SOAP documentation format during three postpartum visits.

Psychological status was assessed using the **Edinburgh Postnatal Depression Scale (EPDS)**. Physical examination included assessment of vital signs, uterine involution, lochia, breast condition, breastfeeding process, perineal healing, and general maternal condition.

Midwifery Intervention

Comprehensive midwifery care was provided according to the Indonesian Ministry of Health postpartum care guidelines. Interventions included:

- psychological assessment and monitoring;
- therapeutic communication;
- supportive counseling;
- health education regarding postpartum emotional adaptation;
- breastfeeding counseling;
- nutritional counseling;
- education regarding adequate rest and sleep hygiene;
- involvement of the husband and family in maternal support;
- complementary lemon (*Citrus limon*) aromatherapy using an electric diffuser (3-5 drops diluted in water for approximately 20 minutes once daily);
- continuous evaluation during postpartum follow-up visits.

The patient received three postpartum follow-up visits to evaluate both physical recovery and psychological adaptation.

Outcome Measurement

Clinical outcomes were evaluated by comparing maternal psychological status before and after the interventions. Improvement indicators included:

- reduction of sadness and crying episodes;
- decreased anxiety;
- improved sleep quality;
- increased maternal confidence;
- successful breastfeeding;
- improved mother-infant interaction;
- reduction in EPDS score during follow-up.

Ethical Consideration

Written informed consent was obtained from the patient before data collection and publication of this case report. Patient confidentiality was maintained by anonymizing all identifying information. This study adhered to the ethical principles of autonomy, beneficence, non-maleficence, and confidentiality.

RESULT AND DISCUSSION

Patient Characteristics

A 27-year-old primiparous postpartum woman (P10001) attended the first postpartum visit on the fourth day after spontaneous vaginal delivery at PMB “J”, Lembeyan, Magetan. The pregnancy was unplanned, and the patient reported experiencing psychological stress due to limited emotional support. She lived with her mother-in-law, while her husband worked outside the city. These circumstances made the patient feel lonely and overwhelmed in adapting to her new maternal role.

The patient complained of sadness, frequent crying without an apparent reason, anxiety, fatigue, sleep disturbances, and lack of confidence in caring for her newborn. Psychological screening using the Edinburgh Postnatal Depression Scale (EPDS) resulted in a score of 11, indicating mild postpartum blues.

Physical examination revealed that the patient's general condition was good. Blood pressure, pulse, respiratory rate, and body temperature were within normal limits. Uterine involution was appropriate for the postpartum period, lochia was normal, perineal wound healing was good, and breastfeeding had been established successfully.

Midwifery Interventions

Comprehensive midwifery care was implemented through three postpartum visits. During the first visit, the patient received therapeutic communication, supportive counseling, education regarding postpartum blues, breastfeeding counseling, nutritional education, advice on adequate rest, family empowerment, and lemon aromatherapy.

During the second visit, the patient's emotional condition had improved. Crying episodes became less frequent, anxiety was reduced, and the patient expressed greater confidence in caring for her baby. Counseling and family support were continued, while breastfeeding techniques and maternal nutrition were reinforced.

At the third visit, the patient no longer reported sadness or spontaneous crying. She demonstrated confidence in performing newborn care independently, maintained exclusive breastfeeding, and showed positive interaction with her infant. No clinical signs suggesting progression to postpartum depression were identified.

CONCLUSION

This case illustrates that postpartum blues is a multifactorial condition influenced by biological, psychological, and social factors. The patient was a primiparous mother with an unplanned pregnancy and limited emotional support because her husband worked outside the city. These conditions have been consistently identified as major risk factors for postpartum blues in previous studies.

Primiparity is recognized as one of the strongest predictors of postpartum blues because first-time mothers experience significant psychological adaptation while simultaneously recovering physically after childbirth. Lack of experience in newborn care often leads to anxiety and reduced maternal self-confidence. Similar findings were reported by Astri et al. (2020), who found that primiparous women were more likely to experience postpartum blues due to inadequate maternal adaptation and insufficient family support.

The patient's EPDS score of 11 at the first postpartum visit indicated mild emotional disturbance requiring close monitoring. Although the EPDS was originally developed to screen for postpartum depression, it has also been widely used to identify mothers at risk of postpartum blues, allowing healthcare providers to implement early interventions before symptoms worsen.

Comprehensive midwifery care played a significant role in improving the patient's psychological condition. Therapeutic communication allowed the mother to express her emotions openly, while counseling increased her understanding that postpartum blues is a temporary emotional response commonly experienced after childbirth. This understanding reduced feelings of guilt and fear, enabling the patient to cope more effectively with emotional changes.

Family involvement was another important component of care. Emotional support from family members has been shown to enhance maternal confidence, reduce stress, and facilitate successful adaptation to motherhood. In this case, increased family participation during postpartum care was associated with gradual improvement in emotional wellbeing and stronger mother-infant bonding.

Breastfeeding counseling also contributed positively to maternal adaptation. Successful breastfeeding not only fulfills the infant's nutritional needs but also stimulates oxytocin release, promoting relaxation and emotional stability in postpartum mothers. The patient's increased confidence in breastfeeding was accompanied by improvement in her overall psychological condition.

Lemon (*Citrus limon*) aromatherapy was used as a complementary intervention to reduce anxiety. Lemon essential oil contains limonene, which stimulates the olfactory system and limbic pathway, producing calming effects and improving mood. Previous studies have demonstrated that inhalation of lemon essential oil may decrease anxiety among postpartum mothers. Nevertheless, improvement in this case should not be attributed solely to aromatherapy. The favorable outcome likely resulted from the combination of counseling, continuous psychological monitoring, family support, breastfeeding assistance, health education, and complementary therapy.

Overall, this case demonstrates the importance of holistic postpartum care integrating physical assessment, psychological screening, counseling, family empowerment, breastfeeding support, and evidence-based complementary therapy. Early identification and comprehensive management may prevent progression from postpartum blues to postpartum depression and improve maternal quality of life.

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interest regarding the publication of this article.

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AI USE IN SUBMISSION

Artificial intelligence (AI) was used only to assist language improvement and manuscript editing. All scientific content, clinical interpretation, analysis, and final approval of the manuscript remain the sole responsibility of the authors.

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