



Women's Psychological Responses in Various Conditions of Obstetric Problems; Phenomenological Analysis of Postpartum Mothers, Miscarriages, and At-Risk Pregnancy Conditions

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Abstract: Pregnancy and childbirth are pivotal experiences in a woman's life that involve not only physiological transformations but also intricate psychological adjustments. This study aims to explore and understand women's psychological responses under various obstetric conditions, including postpartum, miscarriage, and high-risk pregnancies. A qualitative design with a phenomenological approach was employed to capture the essence of participants' lived experiences. Data were collected through in-depth interviews and participant observation involving a total of 73 participants, consisting of 37 postpartum mothers as primary informants and 36 key informants (partners, healthcare professionals, and family members) from several regions in West Java and Banten. Data were analyzed using Colaizzi's thematic analysis to identify patterns of emotional reactions and coping strategies among mothers facing different post-pregnancy conditions. The findings reveal distinct variations in psychological responses depending on the type of obstetric condition experienced. Mothers who underwent miscarriage or postpartum hemorrhage demonstrated higher levels of anxiety, sadness, and emotional distress compared to those with normal deliveries. Meanwhile, mothers with adequate social and familial support exhibited greater resilience and adaptability in managing emotional challenges. Problem-focused coping strategies were more prevalent among educated mothers with strong social networks, while emotion-focused coping was commonly found in those with limited support. In conclusion, this study emphasizes that social support and education play critical roles in shaping adaptive coping mechanisms and reducing psychological distress among women experiencing diverse obstetric conditions. Strengthening psychosocial interventions and community-based support systems is recommended to improve maternal mental health outcomes.

Keywords: Miscarriage; Obstetric complications; Phenomenological analysis; Postpartum; Psychological response

Introduction

Pregnancy and childbirth are critical life events that mark profound biological, psychological, and social transitions in a woman's life. These processes, while

natural, often involve multidimensional challenges that can influence maternal well-being. According to the biopsychosocial model proposed by Engel (2012), an individual's health is determined by the interaction between biological, psychological, and social factors.

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Applying this model to obstetric experiences, a woman's psychological response to pregnancy and childbirth is influenced not only by her physical condition but also by emotional stability, family support, and social environment. Therefore, understanding women's psychological responses across various obstetric conditions is essential for promoting holistic maternal care (Curren et al., 2022; Engel, 2012).

Psychologically, postpartum women may experience a range of emotional responses—from joy and satisfaction to stress, anxiety, and depression—depending on their individual experiences, perceived social support, and the presence of medical complications. Previous studies show that mothers who face difficult childbirth, miscarriage, or complications such as postpartum hemorrhage are more vulnerable to negative emotions (Bialas et al., 2025). Similarly, the stress-coping theory developed by Lazarus et al. (1984) explains that individuals experiencing stressful situations, such as childbirth or pregnancy loss, will attempt to manage these pressures through various coping mechanisms—either problem-focused (seeking solutions) or emotion-focused (managing emotional distress). The effectiveness of these coping strategies depends largely on available social support and personal resilience (Lazarus et al., 1984; Wartisa et al., 2025).

Empirical findings further reinforce these theoretical perspectives. Hoff et al. (2019) reported that mothers encountering breastfeeding difficulties often experience heightened anxiety, stress, and guilt, especially when lacking emotional support from partners or healthcare providers (Mannel et al., 2022). Similarly, mothers who deliver through Cesarean section may face emotional confusion and dependency challenges, as highlighted by Miovech et al. (1994), contributing to feelings of inadequacy and worry. These findings align with the concept of role transition theory, which suggests that adapting to new maternal roles can induce psychological tension, particularly in the absence of adequate support systems (Mercer, 2004).

In the case of miscarriage, studies by Alfinuha (2024) and Sulitiani et al. (2024) describe intense psychological distress—manifested in sadness, shock, guilt, and depressive symptoms. These reactions are shaped by factors such as maternal age, previous pregnancy loss, and partner support. Meanwhile, mothers of low birth weight (LBW) infants experience heightened anxiety related to uncertainty about their infant's health, which may lead to sleep disturbances, loss of appetite, and elevated stress levels (Sa'adah, 2024). Financial instability and lack of family support often exacerbate these feelings (Sa'adah, 2024; Mannel et al., 2022). Furthermore, postpartum hemorrhage, a life-threatening condition, has been associated with long-

term psychological trauma and even post-traumatic stress disorder (PTSD) in severe cases (Hidayah et al., 2021).

From a theoretical standpoint, attachment theory Bowlby (1988) also provides a lens to understand maternal emotions. Disruptions in the mother-infant bonding process, often caused by medical or emotional distress, can contribute to long-term psychological consequences such as anxiety, guilt, and feelings of detachment. The quality of maternal attachment is strongly influenced by the mother's emotional readiness and perceived competence in caring for the baby (Bowlby, 1988; Mercer, 2004). Hence, maternal mental health after childbirth should be viewed as part of a broader continuum that affects both the mother's and child's development (Anwar et al., 2024).

Conducting this research is crucial for several reasons. First, despite the increasing focus on maternal health, psychological aspects of obstetric conditions remain underexplored, particularly in developing countries such as Indonesia. Second, variations in cultural beliefs, social support systems, and healthcare accessibility significantly shape how women experience and cope with pregnancy-related stress (Aufar et al., 2024). Third, by employing a phenomenological approach, this study provides a deep and nuanced understanding of women's lived experiences, moving beyond statistical generalizations to capture emotional and existential dimensions of motherhood (Creswell et al., 2018).

Therefore, this study aims to comprehensively analyze women's psychological responses in various obstetric conditions—postpartum, miscarriage, and high-risk pregnancy—through a phenomenological lens. The results are expected to enrich the understanding of maternal mental health, guide healthcare professionals in delivering more empathetic and responsive care, and contribute to the development of integrated psychosocial support models in maternal health services (Bialas et al., 2025; Creswell et al., 2018; Hidayah et al., 2021).

Method

This study employed a qualitative research design with a phenomenological approach, aimed at exploring the lived experiences and psychological responses of women facing various obstetric conditions. The phenomenological approach was chosen because it allows researchers to understand the essence of participants' experiences through their subjective perspectives (Creswell et al., 2018). This approach is particularly relevant in exploring emotional and psychological dimensions that cannot be quantified through numerical data (Polit et al., 2021).

Research Participants

The study involved 37 primary informants, consisting of: 13 post-miscarriage mothers, 6 postpartum mothers who delivered via *sectio caesarea*, 6 mothers with low birth weight (LBW) infants, and 6 mothers who experienced postpartum hemorrhage.

Additionally, there were 36 key informants comprising husbands or partners, healthcare providers, and family members who were directly involved in the mothers' postpartum care. This resulted in a total of 73 participants. Participants were selected using purposive sampling, emphasizing their relevance and ability to provide rich, detailed information (Etikan, 2016).

Research Setting

The research was conducted in several regions across West Java and Banten, involving different types of healthcare facilities such as Private Midwifery Practices (PMB), Community Health Centers (Puskesmas), health clinics, and regional hospitals. These locations were selected to represent diverse social, cultural, and healthcare contexts in Indonesia.

Data Collection Techniques

Data were collected through in-depth interviews and participant observations. The in-depth interviews were conducted using semi-structured guides, allowing flexibility in exploring emotional nuances and coping experiences of each participant (Kvale et al., 2015). Participant observation was carried out to capture non-verbal behaviors, contextual factors, and emotional expressions during the postpartum period. Each interview lasted between 45 to 90 minutes and was audio-recorded with participant consent. Field notes and reflective memos were also maintained throughout the process (Nowell et al., 2017).

Result and Discussion

Obstetric Problems Experienced by Mothers

The information obtained from the results of the interview was obtained that mothers who experienced postpartum bleeding were caused by bleeding in the IV period with the main cause being atonia and the rest of

the placenta (*placenta rest*). The results of the interview also stated that the mother did not regularly take the blood supplement tablets given.

"When I was born, I was bleeding because when I was pregnant I rarely took vitamins." IU1

"was born at Midwife Alfa but was referred to the hospital because I was bleeding, I rarely took medicine because I didn't like it, that's why when I was in the hospital I was in a curettage because there was a remnant of her aris that had not come out yet, said the doctor." IU2

In mothers who have miscarriages, the causes of miscarriage that occur on average are caused by the fetus not developing, *Blighted Ovum*, do not know that she is pregnant and even have comorbidities. And in some informatics outpatient and curitase procedures are carried out.

"The cake is more of a cake that has failed to develop, right, at the moment of the doctor, oh that's why he has failed to develop, but his body also refuses." (IT-5)

"It seems that the cause of the miscarriage is odd, because I didn't travel long distances using a motorbike to go back and forth" (IU-3)

In mothers with cases of *sectio caesarean section* (SC), it is stated that SC action is carried out because the mother has *chorioamnionitis*, long partus and late pregnancy (*serotinus*)

"I was born by cesarean section because the doctor told me that the amniotic fluid was cloudy and could endanger the safety of my baby". (IU-1)

"At first I wanted a normal birth, but the doctor recommended a cesarean section because the month had passed and the baby's movements were also less active." (IU-5)

Breastfeeding difficulties experienced by mothers are caused by blistered milk nipples, breast milk dams and improper breastfeeding positions so that mothers experience difficulties in breastfeeding. Even the mother's psychological factors also affect breast milk production.

"Problems such as mastitis, breast milk dams, and improper attachment often make it difficult for mothers to breastfeed." (P4)

"My nipples were blistered because the baby couldn't breastfeed properly." (P6)

Table 1. Characteristics of the Main Informant

Conditions of Obstetric Problems	Number of Informants	Age (Years)	Last Education	Work
Postpartum mothers	6 people	22 – 38	Elementary – S1	Housewives, Employees
Post-Sectio Caesarea (SC) Mother	6 people	23 – 37	Elementary – High School	Housewives, Private Employees
Post-miscarriage mothers	13 people	18 – 43	Elementary – S1	Housewives, Employees
Mom with baby BBLR	6 people	19 – 42	Elementary – High School	Housewives, Factory Workers
Mothers with postpartum hemorrhage	6 people	19 – 37	Not Graduating From Elementary School – High School	Housewives, Employees

Table 2. Key Informant

Research Location	Conditions of Obstetric Problems	Number of Key Informants	Profession	Relationship with Mother
PMB Awidevti Pakpahan (Bogor)	Post-miscarriage mothers	5 people	Husband	Provides emotional support and psychological recovery
Pajagan Health Center (Lebak)	Post-miscarriage mothers	10 people	Husband, Coordinator midwife, village midwife	Provides emotional support and psychological recovery
Pajagan Health Center (Lebak)	Post-SC mother	9 people	Husband, Midwife, Family	Supports physical recovery and maternal readiness to care for babies
Curug Bitung Health Center (Lebak)	Mom with baby BBLR	6 people	Husband, Pediatrician, Midwife	Accompanying mothers in the care of premature babies
PMB Alfa Hasanah (Bogor)	Mothers with postpartum hemorrhage	7 people	Husband and Midwife	Providing medical and psychosocial support
Wili Medika Clinic (Lebak)	Mothers with breastfeeding difficulties	6 people	Lactation Consultant, Husband, Midwife	Assisting with breastfeeding education and support

Mother's Psychological Response

The results showed that mothers in various post-pregnancy conditions experienced diverse psychological responses, depending on the medical conditions they experienced, individual experiences, and social support received. High anxiety was found in mothers with Low Birth Weight Babies (BBLR), post-Sectio Caesarean (SC) mothers, and mothers with postpartum hemorrhage. Mothers with BBLR babies often experience sleep disturbances, loss of appetite, and excessive fear of their baby's health condition, as stated by some informants:

"I often feel sleep deprivation and headaches" (IU-1)

"I became easily anxious and had no appetite since the baby was born with a small weight" (IU-3).

In post-SC mothers, post-operative pain and limited mobility add to their anxiety in taking care of the baby.

"I felt worried about my health after SC, the worry arose because I had to take care of my newborn while my body condition had not recovered" (IU-1).

This is compounded by guilt and an inability to immediately provide optimal care to the baby as a result of a longer recovery. Meanwhile, mothers who experience postpartum bleeding experience more severe psychological trauma, such as fear of death and prolonged anxiety:

"Sometimes I feel really anxious.." (IU-1)

"I felt anxious but tried to stay calm to avoid further panic" (IU-3).

"Many mothers feel very anxious about their health condition and the safety of their babies after experiencing bleeding" (IT-1).

On the other hand, sadness and depression are more dominant in mothers who have had miscarriages, especially for those who have had repeated miscarriages or lost their long-awaited baby. The results of the interview revealed that the mother experienced feelings of guilt, depression, and fear of the next pregnancy:

"My feeling when I found out about the miscarriage felt sad. It's my first pregnancy, I feel so guilty I can't take care of my pregnancy" (IU-1).

Some mothers also experience severe psychological symptoms such as sudden crying and loss of interest in daily activities. This is reinforced by their family's confession that mothers seem to be more alone and cry when remembering their miscarriages.

Mothers who have difficulty breastfeeding show high levels of stress due to frustration and social pressure to give exclusive breastfeeding to their babies. The study found that mothers with breastfeeding difficulties often felt less confident and emotionally burdened, as presented in interviews:

"I feel like I'm failing as a mother because my breast milk doesn't come out smoothly" (IU-1).

The lack of support from health workers and families has worsened their condition, so that some mothers experience significant psychological pressure. Thus, this study confirms that social support from couples, families, and health workers has an important role in helping mothers overcome emotional stress after pregnancy. Mothers who have good support tend to be better able to develop adaptive coping strategies, while mothers who have less support are more at risk of prolonged stress and depression.

Post-Pregnancy Maternal Coping Response

Each post-pregnancy condition gives rise to different psychological reactions, depending on the individual's experience, medical condition, and social support received. Based on the results of interviews with the main informant, mothers who have babies with Low Birth Weight (BBLR) experience high anxiety because their babies are more susceptible to disease and grow slower than babies with normal birth weight.

"I was worried that my baby would get sick easily" (IU2),

"I often think that I am also afraid that later my child will get sick and have a big problem" (IU4).

Similar conditions are found in post-Section Caesarea (SC) mothers who experience excessive fear of surgical wound recovery and the inability to directly care for their babies. Some mothers with postpartum hemorrhage even experience deep trauma and anxiety.

"I feel more sensitive and irritable after giving birth" (IU2),

"The mother is easily offended when she is born" (IT4).

Meanwhile, mothers who have had a miscarriage show higher levels of grief and depression, especially for those who have lost a long-awaited baby. An informant stated,

"After having a miscarriage, I felt very sad and cried a lot. I also feel like I've lost hope of having another child" (IU1).

In addition, mothers who face breastfeeding difficulties experience frustration and guilt for not being able to provide exclusive breastfeeding to their babies. One of the mothers stated,

"I often feel guilty for not being able to breastfeed optimally" (IU6)

"The mother finds it difficult because she has to take care of the baby and recover after giving birth, she is afraid that she will not be able to take care of everything properly" (IT2).

Overall, the psychological distress experienced by post-pregnancy mothers is very diverse and requires adequate psychological intervention and social support to help them better cope with this transition.

The coping strategies used by post-pregnancy mothers depend heavily on the conditions they are experiencing as well as the level of social support they receive. The results of the study show that most mothers overcome anxiety by disclosing themselves to the closest people.

"Yes, I feel the need to talk to my partner and family to feel calmer and get emotional support" (IU1).

Mothers who have had a miscarriage tend to avoid talking about traumatic experiences or trying to calm down through worship. One of the mothers stated,

"To overcome anxiety, I do more dhikr and get closer to God" (IU4)

"To overcome anxiety, the wife is diligent in dhikr and participates in regular recitation to relieve anxiety" (IT5).

On the other hand, mothers with BBLR babies are more likely to use problem-focused coping by seeking information about caring for their babies and consulting with health professionals. One mother stated,

"I want to learn more about how to take care of my baby at home" (IT1),

"My wife is calmer after getting education from the midwife about BBLR baby care" (IT3).

Many mothers who face breastfeeding difficulties also use this strategy, by seeking additional education and trying various breastfeeding techniques.

"I was looking for information on the correct way to breastfeed, but I was still confused because there was so much different information" (IU3).

Based on the results of the study, the most effective coping strategy is a combination of problem-focused coping and emotion-focused coping, which is adjusted to the psychological condition and social support received by post-pregnancy mothers. Therefore, health workers and families need to understand the coping mechanisms used by mothers in order to provide appropriate interventions to help them face postpartum challenges.

Based on Table 3, it can be seen that seeking social support is the most common coping strategy used by mothers in various post-pregnancy conditions. This shows that the presence of spouses, families, and health workers plays a very important role in helping mothers overcome the anxiety and psychological pressure they experience. Mothers who have had a miscarriage or postpartum hemorrhage are more likely to use worship strategies or avoid talking about traumatic experiences as a form of self-protection against feelings of loss they experience. Meanwhile, mothers with breastfeeding difficulties, BBLR babies, and post-SC are more likely to seek solutions through consultation with health professionals to obtain clearer information about baby care and postpartum recovery. In addition, learning baby care techniques is a strategy used by almost all mothers, both to ensure the health of their babies and to increase their confidence in parenting. This emphasizes that education and psychological assistance are very important in helping mothers build more effective and adaptive coping strategies to face post-pregnancy challenges.

Table 3. Coping Strategies Used by Mothers

Coping Strategy	Post-Pregnancy Conditions
Seeking social support	All conditions
Worship and get closer to God	Miscarriage, Postpartum Bleeding
Avoid talking about traumatic experiences	Miscarriage, Postpartum Bleeding
Consultation with health professionals	Breastfeeding Difficulties, BBLR, SC
Learn baby care techniques	All conditions

Social Support for Mothers

Social support has a very important role in helping post-pregnancy mothers face psychological stress and the recovery process. The results of this study show that the form of support that mothers receive varies greatly depending on the post-pregnancy conditions they experience. Post-miscarriage and post-SC (Sectio Caesarean) mothers tend to rely heavily on their partner's support, both in the form of emotional and physical support. Some mothers revealed that the presence of their husbands in providing moral support really helps them to stay strong.

"Alhamdulillah, my husband helped me a lot, he was always there to take care of the baby and me, and support me so that I could recover quickly" (IU-1).

"I am always there for him, help him wake up or just nemenin" (IT-6).

In addition, mothers who have difficulty breastfeeding also get support from their spouse and family, but often experience emotional pressure due to criticism from extended family. Unconstructive criticism makes mothers feel insecure in the breastfeeding process.

"Families tend to criticize breastfeeding ability, which adds psychological pressure to the mother".

Support from health workers is also an important factor, especially for mothers with BBLR babies and mothers who experience postpartum bleeding. Health workers provide education and information related to baby care, better breastfeeding methods, and postpartum recovery strategies. A lead informant stated that she felt helped by information from midwives regarding BBLR baby care methods, including kangaroo methods to maintain the baby's body temperature. However, despite the fact that health workers provide quite good technical assistance, it is still found that emotional support from them tends to be limited. The lack of emotional support from health workers can be a challenge for mothers who experience post-pregnancy anxiety. Therefore, a more holistic approach from health workers is needed, not only in the aspect of medical education but also psychological support for post-pregnancy mothers.

"I felt calmer after the midwife explained how to care for a baby with a low birth weight" (IU-3),

"The midwife helped with the breastfeeding technique, but my emotions remained unstable" (P5).

Overall, strong social support from couples, families, and health workers plays a big role in reducing anxiety and stress experienced by mothers after pregnancy. However, a lack of support or the presence of unconstructive criticism can worsen the mother's psychological condition. Therefore, it is necessary to increase the awareness of families and health workers regarding the importance of providing more empathetic and constructive support for mothers in the post-pregnancy recovery period.

Maternal Physical Health

Based on the results of the study, the physical health condition of post-pregnancy mothers shows similarities in several aspects, but also has significant differences depending on the medical condition experienced. The main similarity found in all cases is that almost all mothers experience physical fatigue that impacts their psychological state. Whether mothers who give birth normally, through SC, have a miscarriage, have a BBLR baby, or are facing postpartum bleeding, they all experience sleep disturbances, fatigue, and physical limitations in caring for the baby. Another similarity is that the lack of social support and education from health workers worsens the health condition of mothers, both in the form of physical recovery and in overcoming postpartum stress and anxiety.

"I felt weak and sore after the surgery, but I still had to take care of the baby even though my condition had not fully recovered" (IU-2).

"I had to keep an eye on my baby every night, afraid that there would be a problem with his breathing, so I had trouble sleeping" (IU-1).

There is a striking difference in the severity of the physical condition experienced by mothers in various cases. Post-SC mothers and mothers with postpartum hemorrhage face a longer recovery compared to mothers who give birth normally or have a miscarriage, as they have to go through the healing phase of surgical wounds or recovery from serious medical conditions. Meanwhile, mothers who had miscarriages experienced more psychological disorders compared to physical disorders, although some mothers reported experiencing abdominal pain and prolonged bleeding. Mothers with breastfeeding difficulties face different challenges, where they do not experience as long recovery as post-SC mothers or mothers with

postpartum bleeding, but they do feel physical pain due to mastitis, nipple blisters, and breast pain that causes prolonged frustration and stress.

"I felt dizzy and weak all the time, even a week after giving birth I still had trouble waking up on my own" (IU-1)

"Every time I breastfeed, it feels like I'm being tortured. My breasts hurt so much, but I was afraid to stop breastfeeding because people said breast milk is the best for babies" (IU-3).

Based on these findings, it can be concluded that although all post-pregnancy mothers face fatigue and physical limitations, the severity and form of health challenges they face vary depending on the type of delivery and medical complications experienced. Therefore, every mother needs a treatment approach tailored to their specific condition to ensure optimal recovery, both physically and psychologically.

Characteristics of Informants and Key Informants

This study involved the main informants consisting of post-pregnancy mothers who experienced various conditions such as miscarriage, normal childbirth, childbirth with Sectio Caesarea (SC), breastfeeding difficulties, and postpartum bleeding. The main informants have an age range between 18 to 43 years old, with diverse educational backgrounds, ranging from elementary to S1. Key informants in this study include husbands, health workers (midwives and nurses), and family members who have a role in supporting post-pregnancy mothers. Previous study by Pratiwi et al. (2023) showed that the level of education of mothers can affect their understanding of mental health and postpartum coping strategies. Mothers with higher levels of education tend to have better access to information about post pregnancy care and strategies for coping with stress, while mothers with lower education rely more on social support in managing their anxiety. In this study, the majority of mothers were housewives, which showed that they had more time to take care of their children but also experienced stress due to limited social interaction.

Obstetric Problems Experienced

Each obstetric condition has a different impact on the post-pregnancy mother. Mothers who have had a miscarriage experience higher levels of stress and depression, especially for those who have had repeated miscarriages. Kusumawati et al. (2022) research also found that mothers with a history of miscarriage are more susceptible to post-traumatic stress disorder (PTSD) than mothers with normal childbirth. Meanwhile, mothers who undergo SC experience a longer physical recovery, which leads to limitations in caring for their own babies. Some mothers report guilt

for not being able to give birth normally, which is in line with research Setianingsih et al. (2023) which states that post-SC mothers are more prone to experiencing baby blues than mothers who give birth normally. Mothers with BBLR babies experience high anxiety because their babies have greater health risks, such as breathing problems and difficulty gaining weight. Study by Nisak et al. (2023) also emphasized that mothers with BBLR babies have a higher risk of experiencing sleep disturbances and excessive anxiety than mothers with babies born normally. Breastfeeding difficulties are also a common problem, where mothers experience mastitis, breast milk dams, or nipple blisters, which increase their stress and frustration levels.

Post-Pregnancy Maternal Psychological Response

The psychological response of mothers after childbirth varies greatly depending on their condition. Mothers who have had a miscarriage report a deep sense of loss, excessive anxiety, and depression. Research by Anggita et al. (2024) shows that 90% of mothers who have a miscarriage experience psychological disorders in the first three months after the incident. Mothers with BBLR babies experience higher levels of anxiety compared to post-SC mothers because they are concerned about their baby's development and health. This is different from research Sukirno (2024) which states that the highest anxiety is found in post-SC mothers because of their limitations in caring for their own babies. In the case of mothers who have difficulty breastfeeding, they show a high sense of guilt for not being able to breastfeed exclusively, which is exacerbated by social pressure from the family. Research by Annisa et al. (2023) suggests that breastfeeding difficulties are not always directly related to maternal anxiety, but in this study, it was found that mothers with breastfeeding problems were more prone to experiencing stress than other groups.

Post-Pregnancy Maternal Coping Response

The coping strategies used by post-pregnancy mothers differ depending on the condition they experience. Mothers with miscarriages and postpartum hemorrhages use emotion-focused coping more, such as worshipping, praying, and avoiding talking about traumatic experiences. This is in line with Sukirno (2024) research which shows that post-miscarriage mothers are more likely to use emotional coping than problem-focused coping. On the other hand, mothers with breastfeeding difficulties, BBLR babies, and post-SC mothers are more likely to use problem-focused coping, such as seeking information about breastfeeding techniques, consulting with health professionals, and learning baby care techniques. Study Kusumawati et al. (2022) emphasized that mothers with BBLR babies who

have access to health education are better able to manage their stress than mothers who do not receive education.

Social Support for Mothers

Social support has proven to be a major factor in reducing post-pregnancy maternal stress and anxiety. Post-SC mothers and mothers with miscarriages rely heavily on their partner's support for their emotional and physical recovery. Research by Amaliah et al. (2023) suggests that partner support can reduce the risk of postpartum depression by up to 70%. Family support, especially from the mother or in-laws, has been found to play a very important role in helping mothers overcome breastfeeding difficulties. However, in some cases, criticism from the family actually worsens the mother's psychological condition. Healthcare worker support is essential for mothers with postpartum hemorrhages and BBLR babies, who need guidance in infant health care and recovery. Study Achmad et al. (2024) emphasized that mothers with BBLR babies who received support from health workers were more likely to feel confident in caring for their babies.

Post-Pregnancy Maternal Physical Health

The physical health of post-pregnancy mothers plays a big role in their emotional well-being. Post-SC mothers experience postoperative pain that lasts up to several months, which hinders their activities. Mothers with postpartum haemorrhage report significant physical weakness and often feel dizzy. Meanwhile, mothers with BBLR babies experience sleep disturbances more often compared to other groups, as they have to constantly monitor their baby's condition. In the context of mothers with breastfeeding difficulties, they are more likely to experience mastitis and breast pain, which has an impact on their stress levels. Based on these findings, it can be concluded that social support and health education play an important role in helping mothers face post-pregnancy challenges. Each obstetric condition requires a different approach to treatment, both physically and psychologically.

Conclusion

This study concludes that post-pregnancy mothers experience diverse psychological responses depending on their obstetric conditions, with those facing miscarriage and postpartum hemorrhage showing the highest stress and anxiety levels, while mothers with Sectio Caesarea (SC) and low birth weight (LBW) babies experience anxiety related to recovery and infant health. Coping strategies also vary—mothers with severe conditions tend to rely on emotion-focused coping such as prayer and avoidance, whereas those with SC, LBW, or breastfeeding difficulties prefer problem-focused

approaches like seeking information and professional consultation. Social support from partners, families, and health workers plays a crucial role in promoting adaptive coping and psychological resilience. Therefore, comprehensive postnatal care integrating medical, psychological, and social support is essential to improve maternal well-being, which in turn benefits child development and family quality of life.

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Y.N., H.A., E.E., L.H. H.Y. Contributed to the conceptualization, data collection process, data processing, and article writing

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Conflicts of Interest

The authors declare no conflict of interest.

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