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Disparity Knowledge and Implementation Postpartum Depression Policy at RSJ Mutiara Sukma Mataram

Shindy Fajriani Fasha[1*], Sastrawan[1]

[1] Faculty of Health, Qamarul Huda Badaruddin University, Central Lombok, Indonesia.

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Corresponding Author:
Shindy Fajriani Fasha
shindyfasha127@gmail.com

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Abstract: Postpartum depression remains a significant mental health problem, with policies not yet adequately implemented in healthcare practice. Postpartum depression can disrupt children's growth and development, cause pain and disability, and make it difficult for them to meet their needs. Postpartum depression (PPD) is a mental health condition experienced by mothers after childbirth, which can negatively impact the mother, baby, and family. Current policies for managing PPP still adhere to the general PPP policy. The purpose of this study was to determine the disparity between knowledge and implementation of postpartum depression management policies at Mutiara Sukma Mental Hospital, Mataram. The research method was descriptive quantitative, and this study involved 32 respondents, including nurses and management staff. Data were collected through a structured questionnaire and analyzed using univariate statistics. The results showed that 62.5% of respondents were unaware of the policy, 65.6% had not implemented it in clinical practice, and 43.8% faced challenges during implementation. These findings reflect a gap between policy design and field application. The implementation of policies related to PPP is ineffective and requires strategic intervention by hospital management and healthcare professionals. The conclusion is that the disparity between knowledge and implementation of postpartum depression management policies at Mutiara Sukma Mental Hospital, Mataram, is still lacking, so special training is needed for health workers.

Keywords: Knowledge; Postpartum depression; Policy implementation.

Introduction

Childbirth is a frightening time, marked by emotional changes in preparation for the postpartum period and motherhood after pregnancy (Marbun & Irnawati, 2023). After delivery, the most challenging and risky stage of emotional transformation occurs, and if ignored, it can lead to postpartum depression (Saharoy et al., 2023). These emotional changes include unexplained crying, irritability and impatience, poor sleep, tearfulness, anxiety, loneliness, and feelings of vulnerability (Slomian et al., 2019).

Postpartum depression can disrupt a child's growth and development, cause pain and disability, and make it difficult for them to meet their needs (Saharoy et al., 2023). Newborns are susceptible to environmental influences. Consequently, babies may be easily affected by mothers suffering from postpartum depression (Gao et al., 2010; Saharoy et al., 2023). Long-term mental illness can make it difficult for mothers to bond, breastfeed, and care for their babies (Winston & Chicot, 2016). Infant growth and development can be improved by addressing postpartum depression in mothers.

Postpartum depression is crucial because it affects both the mother and child. Through integrated antenatal care services, which include early detection, mental health education, and appropriate management to ensure pregnant women are prepared for a safe and clean delivery, the Indonesian government has strived to prevent postpartum depression. Furthermore, e-health

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services have been adopted through websites, apps, email, and phone calls. These services have been proven successful in reducing postpartum depression (Emalia & Nilasari, 2021; Heim et al., 2002).

Postpartum depression (PPD) is a mental health condition experienced by mothers after childbirth, which can negatively impact the mother, baby, and family (Sadat et al., 2014; Saharoy et al., 2023). Globally, the WHO (2022) estimates that approximately 10–20% of mothers experience symptoms of depression after childbirth. In Indonesia, a 2023 report from the Ministry of Health noted that the prevalence of PPD reached 22%. The Centers for Disease Control (CDC) estimates that postpartum depression affects 11.5% of women worldwide (9,10).

The prevalence of postpartum depression in Asia varies between 3.5% and 63.3%. Postpartum depression affects 1.9% to 82.1% of live newborns in low-income countries (Sun et al., 2024; Wang et al., 2015). The prevalence of postpartum depression varies between 5.2% and 74% in developed countries (Amna & Khairani, 2024; Norhayati et al., 2015). Postpartum depression is estimated to affect 27% of the population in Southeast Asia, with Indonesia having the highest rate at around 3.7% (Dira & Wahyuni, 2016; Mutiar & Wang, 2025).

The government has responded to this by issuing policies such as Presidential Regulation No. 72 of 2021 concerning the Acceleration of Nutrition Improvement and Ministerial Regulation No. 18 of 2020 concerning mental health services. However, the effectiveness of this policy's implementation in service facilities, particularly mental hospitals, remains a challenge. The current policy for managing postpartum depression (PDP) still adheres to the general PDP policy. The purpose of this study was to describe the knowledge and implementation of postpartum depression management policies from the perspective of nurses and management at Mutiara Sukma Mental Hospital, Mataram. The introduction should provide background information on the topic of the review. This section aims to set the stage for the research questions, the relevance of the topic, and the purpose of the review.

Method

Time and place of research

The study was conducted at Mutiara Sukma Mental Hospital in Mataram in May 2025. Thirty-two nurses and hospital management were selected using a total sampling technique.

Research design

This study used a descriptive quantitative approach to analyze six key variables influencing the implementation of postpartum depression management policies: policy knowledge, policy implementation, implementation barriers, policy socialization, the existence of written SOPs, and health worker training.

Data collection and analysis

The instrument used was a closed-ended questionnaire designed based on indicators for each variable. The collected data were analyzed using descriptive statistics and presented in the form of frequency distributions and percentages.

Result and Discussion

The study results showed that the majority of respondents (62.5%) were unaware of specific postpartum depression management policies. This is because Mutiara Sukma Mental Hospital does not yet have a separate policy on postpartum depression, but instead refers to the general Clinical Practice Guidelines (PPK) for depression management developed by the hospital's Medical Committee. In terms of implementation, 65.6% of respondents have not systematically implemented the policy in their work practices, as the guidelines are general and have not been specifically translated into interventions for postpartum cases.

Regarding implementation barriers, 43.8% of respondents reported facing challenges such as limited resources and time, and the lack of a specific SOP for postpartum depression. Furthermore, 59.4% of respondents had never attended official outreach regarding the use of PPK as a reference for postpartum depression management, and 71.9% stated they were unaware of any relevant written SOPs. Finally, 65.6% of respondents admitted to having never attended training specifically addressing postpartum depression.

Mechanisms of Postpartum Depression

After delivery, there is a drastic decrease in the hormones estrogen and progesterone, which are very high during pregnancy. This decrease in hormones affects neurotransmitters in the brain, such as serotonin and dopamine, which play a role in regulating mood and emotions (Jiang et al., 2022). An imbalance in these neurotransmitters can trigger a depressive mood. The process of childbirth and postpartum recovery causes significant physical stress (Baghirzada et al., 2018). The significant change in life roles as a new mother also causes psychological stress, especially if there is uncertainty, concerns about the ability to care for the baby, or feelings of loss of independence.

Postpartum depression occurs because the hypothalamic-pituitary-adrenal axis (HPA) system, which regulates the stress response, also undergoes changes during pregnancy and postpartum (Garcia-Leal

et al., 2017). Dysregulation in this system can lead to an exaggerated stress response, which can trigger depression (Juruena, 2014). A personal or family history of mood disorders or depression increases the risk of postpartum depression. Genetics influence sensitivity to hormonal changes and stress. In addition, lack of social support, economic problems, family conflict, or traumatic events can exacerbate stress and increase the risk of depression.

Policy Knowledge

The lack of a specific written policy or guideline regarding postpartum depression is a major contributing factor to the lack of knowledge among healthcare workers. Although there is a PPK (Community Health Committee) from the Medical Committee that discusses depression in general, not all healthcare workers understand that this document can be adapted to postpartum cases. This highlights the importance of clarifying its content and expanding the distribution of information within the hospital environment.

A comprehensive understanding of operational policies is crucial for effective implementation in the field. As a follow-up to this knowledge and the existence of a specific DPP policy, it must be developed and established as an SOP for the direct management of DPP. 62.5% of respondents were unaware of the specific postpartum depression management policy at Mutiara Sukma Mental Hospital. This is in line with research (Jannati et al., 2021), which found that a lack of healthcare worker knowledge impacts the identification of depressive symptoms, and the lack of visible symptoms makes the diagnosis of postpartum depression difficult. A significant opportunity to further screen mothers for postpartum depression is lost if healthcare services fail to discuss or educate the public about depression.

Policy Implementation

The lack of clarity in specific clinical guidelines results in uneven policy implementation. The majority of healthcare workers implement interventions based on personal experience or the general course of depression, which may not be relevant to the psychosocial conditions of postpartum mothers. The strength of the policy lies in the clarity of implementation instructions, which remains a structural weakness (Minarni et al., 2020).

The study found that 65.6% of respondents had not systematically implemented the policy in their work practice. This finding aligns with (Rahmatina et al., n.d.). finding that implementing postpartum depression policies presents a barrier for patients. This contrasts with research by(Segre et al., 2010) in Iowa City, USA, which found that healthcare workers had excellent implementation of postpartum depression policies. Another study by (Darmayanti et al., 2022) found that 76.1% of respondents had implemented postpartum depression policies, categorized as excellent. Improving the capacity of healthcare professionals to provide quality care and satisfactory outcomes is crucial (Jawed et al., 2021).

A person's knowledge has a significant impact on how they act. A person's level of education is a general indicator of their educational attainment. This level of education will influence how policies are implemented. Health workers have experience because they have worked for more than six months. This experience guides them in carrying out their duties. Someone with extensive work experience is considered more competent than a new employee. Long-serving employees are considered to have the capacity to conduct screening more effectively than those who are new to the job, and they are indirectly assigned tasks and responsibilities.

Implementation Barriers

The main obstacle is the lack of SOPs and specific instruments for handling postpartum depression cases. Furthermore, workload, lack of training, and the lack of cross-professional involvement in the development of the PPK also exacerbate implementation barriers. These structural barriers require administrative improvements and comprehensive organizational support. This is in line with research by (Rahmatina et al., n.d.), which found that the limited quantity and capacity of health workers prevent mothers with postpartum depression from receiving adequate care.

Large patient volumes, time constraints, and administrative tasks limit healthcare workers' ability to build strong relationships with patients. Healthcare systems can also be barriers to managing postpartum depression. Research by (Rahmatina et al., n.d.). found that healthcare workers were unable to refer mothers to mental health services directly. Furthermore, (Johansson et al., 2023) confirmed that healthcare workers did not properly address maternal health issues.

Policy Socialization

The Medical Committee has not distributed the PPK evenly, particularly regarding its application to postpartum depression. This activity is crucial for aligning perceptions across professions. Findings by(Fitriah et al., 2024) suggest that cross-sector involvement in policy socialization can improve understanding and compliance among implementers.

According to several studies, only general practitioners are qualified to diagnose postpartum depression. No single professional body, such as general

practitioners or other health workers, holds the primary responsibility for facilitating maternal access to psychological interventions. This highlights the importance of an integrated strategy for caring for mothers with postpartum depression (24).

Existence of Written SOPs

Despite the existence of PPKs from the Medical Committee, the lack of specific SOPs leaves healthcare workers without practical operational resources. Detailed SOPs relevant to daily practice are crucial for ensuring the accuracy and efficiency of clinical interventions (25). One study found that addressing maternal mental health and helping healthcare providers screen for postpartum depression, address maternal psychological issues, and provide appropriate management requires evidence-based policies, clinical pathways, and practice guidelines (26). This allows nurses to confidently and competently address psychological issues.

Research by (Higgins et al., 2018)also highlighted the importance of creating formal strategies to address barriers related to systems and service providers, such as creating services and care pathways and offering culturally sensitive maternal mental health education. Mothers desire accessible mental health services that enable them to make informed choices. Mothers seeking information about mental health, particularly postpartum depression, are believed to benefit from web-based interventions (28).

Health Worker Training

Available training focuses more on mental disorders in general, without a specific focus on postpartum depression. However, approaching postpartum mothers requires communication skills, empathy, and an understanding of hormonal and psychosocial issues. The research results of(Kustiarini et al., 2025) suggest real case-based training so that health workers are ready to handle complex situations professionally and sensitively.

Providing health education can improve the knowledge of healthcare workers. Expensive equipment or supplies are not required for health education. A person's knowledge increases with their educational level because they are exposed to more information. Healthcare workers with extensive knowledge typically act and behave by that knowledge.

The impact of providing health knowledge is that medical personnel at Udayana Class II Regional General Hospital will be better prepared to recognize and treat postpartum depression. This will expedite the provision of preventive education to postpartum mothers diagnosed with depression to prevent further complications (30). Knowledge and the prevalence of depression in postpartum mothers are significantly correlated (Solama et al., 2023). Another study found a relationship between healthcare worker awareness and the importance of depression screening in postpartum mothers to prevent further complications (Wurisastuti & Mubasyiroh, 2020).

Postpartum Depression Management

Non-medical Treatment

Support from family, especially partners, is crucial to help mothers feel heard and less alone. Involvement in support groups for new mothers allows for sharing experiences and motivation. Talk therapy, such as cognitive behavioral therapy (CBT), helps change negative thought patterns and manage stress (Diachkova et al., 2024). Individual or group counseling facilitated by a psychologist or counselor is recommended. Educate the mother and family about postpartum depression to better understand the condition and reduce feelings of shame (Sampson et al., 2021). Encourage the mother to maintain a healthy lifestyle: adequate sleep, nutritious diet, and light exercise. Relaxation techniques, meditation, and mindfulness can help reduce anxiety and improve mood.

Medical Treatment

Prescription of antidepressants that are safe for breastfeeding mothers (e.g., SSRIs like sertraline) is given under a doctor's supervision. Medication is only used if non-medical therapy is insufficient or symptoms are severe. If symptoms are severe or there is a risk to the mother and baby, referral to a psychiatrist is strongly recommended for further evaluation and intensive therapy.

Conclusion

This study shows that the absence of a specific policy regarding postpartum depression management at Mutiara Sukma Mental Hospital (RSJ Mutiara Sukma) results in implementation relying on general PPK guidelines from the Medical Committee. This results in low knowledge, non-standardized implementation, and minimal training and outreach. Therefore, it is recommended that the hospital develop and establish specific SOPs for PPP, conduct focused training, and re-socialize the existing PPK to adapt it to the context of postpartum cases. These efforts are crucial to ensure responsive, integrated, and evidence-based services in the management of postpartum depression. Suggestions for further research, researchers are expected to conduct further research related to the quality of postpartum depression treatment at Mutiara Sukma Mataram Mental Hospital.

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The authors declare no conflict of interest.

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