



Need Assessment of Mothers's Education Needs about Physical and Psychological Changes of the Postpartum Period in RSUP dr. Soeradji Tirtonegoro, Klaten

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Abstract

Background: Maternal knowledge about physical and psychological changes during the postpartum period is still low. The results of the researcher's preliminary study also prove that many mothers still experience physical and psychological problems after childbirth, because they have not received effective education. The purpose of this study is To explore the educational needs of mothers related to physical changes and psychological changes in the postpartum period at RSUP dr. Soeradji Tirtonegoro, Klaten.

Methods: Qualitative study with descriptive phenomenological approach. Data was collected through in-depth interview. 10 participants in the polyclinic and postpartum ward were selected through purposive sampling and data analyzed using Colaizzi method.

Results: This study identified 2 major themes, there is mother's experience getting education about physical and psychological changes and postpartum mother's education needs with normal childbirth about physical and psychological changes in postpartum period. The mother's experience getting education about physical and psychological changes included materials, methods, media, technical, advantages, disadvantages, and educational resources. Postpartum mother's education needs with normal childbirth about physical and psychological changes in postpartum period are educational materials, educational methods, educational media, technical education, and educational barriers.

Conclusions: Postpartum mothers need educational materials about physical changes (postpartum effects, changes in the abdominal and breast area, breast milk, lochia, perineal wound care, vaginal examination) and psychological changes after childbirth. An effective method is face-to-face and the desired media is video. Education is provided during pregnancy with a duration \leq 30 minutes. Educational barriers are lacked of participants curiosity, feeling experienced, and fear if they get unpleasant information.

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INTRODUCTION

WHO data (2023) shows that around 287,000 women die during and after pregnancy and childbirth. 75% of these deaths are due to postpartum hemorrhage and infection. Based on data from the Klaten Regency health profile in 2020, the maternal mortality rate in Central Java increased to 305.98/100,000 live births in 2021, the majority of which occurred in postpartum mothers (51.1%) (Dinkes Klaten, 2021). Postpartum mothers will experience psychological changes that include the phases of taking in, taking hold, and letting go (Taviyanda, 2019). Mothers may experience stress due to emotional changes often known as postpartum depression (Ningrum, 2017). Postpartum depression can appear at 1-3 months, 3-6 months, more than 12 months, and most appear at 6-12 months after childbirth (Wang et al., 2021). The results of research by Wurisastuti & Mubasyirah (2020) from the 2018 Riskesdas data, the prevalence of depressive symptoms in mothers with babies aged 2-24 weeks was 5.4% and was almost close to the national prevalence in 2018 which was 6.1%. Research shows that most maternal deaths are caused by poor postnatal health care seeking behavior, such as only seeking information when there is a problem and only through social media (Tessema et al., 2023; Endriyani, 2020). The majority of postpartum women do not seek information to prepare for the postpartum period and lack understanding of the physical and emotional changes that may occur after childbirth (Endriyani, 2020; Martin et al., 2014). Assessing the experiences and needs of postpartum women is a key step to enriching healthcare providers' perspectives on personalizing education and identifying effective methods for delivering educational materials, thereby improving retention of the information provided (Martin et al., 2014; Almalik, 2017; Malagon-Maldonado et al., 2017). Health education is influenced by several factors such as the presenter, educational media, materials delivered, and methods used (Winancy et al., 2015). Based on the results of the researchers' preliminary study at Dr. Soeradji Tirtonegoro Klaten General Hospital, cases of postpartum complications during the 2021-2022 period have increased, namely preeclampsia,

postpartum hemorrhage, and depression. Mothers have not been given specific education on physical and psychological changes during the postpartum period. Education is provided directly in the treatment room during the action and in the polyclinic room, with different durations without using media. Research on need assessment of mothers' educational needs about physical and psychological changes in the postpartum period in Indonesia is still limited and not specific. Therefore, researchers are interested in conducting qualitative research with the aim of exploring the need assessment of mothers' educational needs about physical and psychological changes during the postpartum period.

METHODS

This study used a qualitative design with a descriptive phenomenological approach. The research was conducted from August 2023 - February 2024 in the polyclinic and postpartum inpatient rooms of Dr. Soeradji Tirtonegoro Hospital, Klaten. The research sampling used purposive sampling technique. The study sample amounted to 10 people who were postpartum mothers with inclusion criteria: postpartum mothers with vaginal delivery 12 hours - 2 weeks after delivery, willing to become research participants and sign informed consent, and willing to provide time to be interviewed in depth. Exclusion criteria included being unable to read, write, and discuss, and not suffering from severe complications that required longer hospitalization. Five participants refused to participate in the study due to psychological reasons. Data were collected through face-to-face in-depth interview techniques using semi-structured interview guidelines and recording devices, with the researcher as a human instrument whose function is to determine the focus of research, select informants, assess data quality, analyze and interpret data, make conclusions, and have no interest relationship with participants. The research process was assisted by a research assistant whose task was to help record the information provided by the participants, remind them if there were any missed questions, remind them of the duration of the interview, and help make field notes. Prior to data collection, respondents were given

a respondent information sheet and informed consent which had to be signed as consent to participate in the study. After contracting the time and place, in-depth interviews were conducted with greetings, introductions, requests for permission to record, and filling in data on respondent characteristics. The researcher then asked questions according to the prepared interview guide and developed other questions outside the interview guide to confirm and enrich the information for 30-60 minutes. The interview was stopped when no new information was found and all questions had been answered. The researcher took one respondent as a pilot test to test the completeness of the interview guide before further research was conducted. The results of the pilot test were also incorporated into the data analysis process. After completing the data collection, the researcher transcribed the interviews and analyzed the data. Of the 10 respondents, 1 respondent was interviewed twice at different times. This was due to the respondent's request to continue the interview on another day. The interview was then rescheduled to complete the unanswered questions. After interviewing 10 respondents, the research was stopped because it reached saturation or data saturation. The research was then continued with a member checking process with respondents and source triangulation with respondents' family members through the WhatsApp messenger application. The results of member checking showed that the majority of respondents agreed, but one respondent wanted improvements to add sentences in the interview transcript. Data analysis techniques adapted from Colaizzi (1978) in Praveena & Sasikumar (2021) which

consists of 7 steps as follows: (1) transcribing interviews, (2) extracting significant statements and coding based on participants and line numbers, (3) formulating the meaning of significant statements, (4) grouping similar meanings to form theme groups and formulating final themes, (5) creating a complete description by combining all meanings, theme groups, and final themes to form an overall structure, (6) producing a final description or basic structure of the phenomenon, (7) validating. The criteria for assessing the validity of research data consist of: credibility, transferability, dependability, and confirmability (Guba & Lincoln, 1989 in Syahran, 2020). To obtain credibility, researchers used the member checking method and the source triangulation method to ensure the truth of the data. Researchers included a supervisor to ensure dependability. In addition, researchers always check at every stage of analysis using interview transcripts and report the results as carefully and completely as possible in a systematic, detailed, and clear manner to ensure confirmability and transferability. An informed consent sheet and information on prospective respondents were given before data collection to explain the overall picture of the research process. This research has received a research permit from dr. Soeradji Tirtonegoro Hospital, Klaten and a research ethics permit from the Medical and Health Research Ethics Committee of FK-KMK UGM number: KE/FK/1195/EC/2023.

RESULTS AND DISCUSSIONS

There were 10 participants who gave birth vaginally and were in the early postpartum phase, ≤ 2 weeks postpartum. Participant characteristics are presented in Table 1.

Table 1. Participant characteristics

Initials	Age (years)	Parity	Last Education	Jobs
R1	25	P1A0	Vocational High School	Private employee
R2	30	P2A0	Vocational High School	Housewife
R3	39	P2A0	Vocational High School	Housewife
R4	36	P4A0	Junior High School	Housewife
R5	28	P1A0	Associate Degree	Civil Servant
R6	21	P1A0	Vocational High School	Housewife
R7	24	P1A0	Senior High School	Housewife
R8	36	P2A0	Senior High School	Housewife
R9	33	P2A1	Vocational High School	Housewife
R10	23	P2A0	Vocational High School	Private employee

Based on the results of the study, 87 codings were found which were identified into 2 major themes with theme 1, namely the experience of mothers getting education about physical and psychological changes, having 7 categories and 19 subcategories. Theme 2

namely the educational needs of postpartum mothers with normal labor about physical and psychological changes in the postpartum period, has 5 categories and 16 subcategories. The themes and categories are presented in table 2

Table 2. Themes and categories

Theme	Category	Subcategory	Coding
M a t e r n a l experience of material education on physical and psychological changes	Educational of material education on physical and psychological changes	Physical changes	Birth education
			Abdominal contractions before childbirth
			Uterine massage
			Abdominal changes
			Puerperium discharge
			Signs and monitoring postpartum hemorrhage
			Genital examination
			Suture wound care education
			Diapers use education
			Corset uses education
		Psychological changes	Moving exercises after birth
			Breast massage
			Body changes after birth education
			Timing of breast milk expenditure
			Not educated about physical changes
			Psychological support education
			Not educated about psychological changes
			Simultaneously with care
			Home visit services
Education method	Without media	Without media	
		Poster	
		Equipment care	
	Technical education	Time	At night
			In the morning
			3-4 days after birth
			Short duration
	Duration	Place	Inpatient room
			Polyclinic
			At home
Educational advantages	Effective and efficient	Education is given casually and not in a hurry	
		Effective education	
		Clear education	
Lack of education	Clearly understood	Education is understandable	
		Free to ask	
		When asking	
		Education is given only if a patient asks	
Educational resources	Free to ask	Education is long to understand	
		Long understood	
		Use mixed language	
		Using mixed language	
Educational resources	Friend Coass Educator officer Midwife	Friend experience	
		Education from coass	
		Education from educator officer	
		Home visit by the midwife	

The perspective of postpartum educational needs on postpartum physical and psychological changes seen from the supporting factors of education	Educational material	Postpartum physical changes	Postpartum effect Abdominal changes Breast changes Puerperium discharge Perineal suture wound care Vaginal examinations Breast milk expenditure
		Postpartum Psychological changes	Don't know cause has never been educated about postpartum psychological changes
		Face-to-face	Face-to-face Face-to-face more clearly Face-to-face can ask for contact Face-to-face is easier to accept and listen to Face-to-face can be hands-on practice and given examples
		Simultaneously with care	Education is simultaneously with care
		Prioritizing understanding	Educational methods that make patients understand
		Individual	Personal education
		Small groups	Education with limited participants
		Large groups	Education with large groups
		Using media	Education using media
		Video	Media video Videos are clearer and easier to understand Videos are more convenient
Educational method	Without media	Without media	
	Education time	Giving education during pregnancy Education given during antenatal care (ANC) Education giving after birth From the hospital can be after birth Education given in the morning	
	Duration of education	30 minutes 10-15 minutes 15-30 minutes 10 minutes 5/10-30 minutes 5-10 minutes 15 minutes Video duration is 3 minutes The duration is adjusted to the material	
	Place of education	Use the room A room special for education A place that have supporting images for education In a quiet room In nearby places In the polyclinic	
	Educational barriers	Maternal incuriosity	Lack of curiosity
		Feel experienced	Mom already feels experienced
		Personal fears	Fear of getting unpleasant information

Theme 1: Mothers' experience of being educated about physical and psychological changes

This theme is a theme derived from the data and found through the research results. It consists of 7 categories: educational materials, methods, media, techniques, advantages and disadvantages, and educational resources.

Educational materials

All participants reported receiving educational materials related to postpartum physical changes (education on uterine massage, abdominal area changes, postpartum blood discharge, suture wound care, recommendations for using pampers and corsets, movement exercises, breast massage, and milk release). However, rarely received material related to postpartum psychological changes.

"I was not told about that. Yesterday, after the birth, I was only told to rotate the uterus so that the blood would come out quickly (the mother practiced the movement of massaging the uterus by rotating)" ... "The doctor held the abdomen, then modeled it" (R1).

"No, no, about physical and psychological changes, no" (R5).

Educational method

The majority mentioned that education uses face-to-face methods, namely at the same time as performing actions and through hospital home visit services.

"Usually, if we have a blood pressure, we are briefed" (R3).

"...But there is this, what do you call it, from this hospital there is a home visit, but it depends on whether we want it or not, it's paid..." (R5)

Educational media

The media used were posters and care kits. However, the majority of participants mentioned that no media was used during education.

"No, directly. I'm busy too" (R1).

Technical education

Participants mentioned having received education at the clinic, inpatient ward, and at home in the 3-4 days after delivery.

"No, the home visit is only once. But for example, if we want to ask further

questions via WA or ... via WA we can still ... Between delivery and control so about 3-4 days after delivery (R5).

Educational advantages

The advantages of education include effective and efficient education, clear understanding, and freedom to ask questions.

"It's normal, relaxed, not fast, not tight, but we, he tries to make us understand" (R3).

Lack of education

There are still shortcomings in providing education, such as participants are only educated if they ask and education takes a long time to understand because it uses mixed language.

"Yes, if we don't ask, we don't tell" (R1).

Educational resources

In addition to nurses, education is provided by koas practitioners, educators, friends, and midwives.

"...only yesterday I learned about education from the older siblings who were coaches...I got quite a bit of eee what, learning too, ..." (R6)

Theme 2: Educational needs of postpartum women with normal delivery about physical and psychological changes in the postpartum period

This theme is one that researchers identified prior to the research. It consists of 5 categories, namely educational materials, educational methods, educational media, educational techniques, and educational barriers.

Educational materials

The majority of participants needed and wanted materials related to physical changes (postpartum effects, abdominal and breast area changes, breast milk expression, postpartum discharge, perineal suture wound care, birth canal condition check) and postpartum psychology.

"Eee, if a mother has given birth, if it's me, it's like "how come my stomach is like this, how come my breasts have tightened up so quickly", like that (chuckles). Well that's basic, but sometimes not everyone knows. That's it, the most basic education

is okay. Then ... the standard until breastfeeding, does it have to be every hour, does it wait as thirsty as she is, like that, we still don't know, if I, I still don't do that" (R5).

Educational method

The majority wanted a face-to-face method rather than just being given media, as it could help mothers understand the material provided. Another participant specifically mentioned that education can be provided at the same time as the health worker performs the action.

"For me, it's better if it's direct. It's easier to accept, you know. If through the media it's like for example given a paper, told to read while ... (one word inaudible), it's not necessarily read either. Well, if it's direct, it will definitely be heard. That's what I think" (R6).

"In this case, it's time, we're chasing time with work, right? So he does his best to deliver notifications, so that patients understand, shorten time, catch up with time...The important thing is that patients understand... With all the actions, it's okay." (R3)

Participants also mentioned that education can be done individually, in large groups or in small groups.

"Eee individually is good too, but together I think it's not good for too many people. But for just a few people it's still okay" (R6).

Educational media

According to participants, face-to-face methods are better when supplemented with media. 8 out of 10 participants preferred videos because they were practical, clear, and easy to understand. However, 3 participants refused because they found the media confusing.

"Emm, if it's a video maybe yes. If for example, in this poly, you can watch it. If it's a leaflet, I rarely miss it ehehe (chuckles). If the video while waiting, you can, whether you want it or not, watch it. If media yes, in my opinion, video..." (R5)

Maybe it's just flowing. I'm sometimes confused. Sometimes it takes a long time, the connection takes a long time (smiles). (R10)

Technical education

The technical implementation included the time, duration, and venue of the education. The majority wanted it during pregnancy in order to be prepared and a few wanted it after delivery. One respondent also specifically mentioned that it could be given in the morning.

"Eum, it would be nice before giving birth, yes, so you can know better, it will be like this, like this, like this..." (R6).

It's good after giving birth. The problem is that sometimes I think too much, and it affects the womb. (R10)

The effective duration according to the majority of participants is ≤ 30 minutes and is adjusted to the material. One participant also mentioned more specifically that the duration of video media is 3 minutes.

"As for the duration, it's more like not too long, but also not too fast. Because if it's too long, you'll get bored, and if it's too fast, sometimes it's hard to understand. So, eum...if it's in the middle, for example if it's only 5 minutes and 10 minutes, it's too short, while 30 minutes is too long, so in the middle (smiles slightly)" (R6).

"The duration...10 minutes is enough, right eee what yes, there are many queues too ehehe (chuckles). Well, 10 minutes of video too, 3 minutes of video anyway" (R5)

As for where to conduct the education, 4 out of 10 participants mentioned a special room for education, 2 participants mentioned a quiet room with pictures to support understanding, 2 participants wanted the education to take place at a polyclinic, and 1 suggested education at a place closer to home.

"If it's an educational place, it's more like something that can ... how is it ... make ... those who see it feel good, you know. For example, if it's educational about something like that, in a place where there are, for example, pictures or something, which is really about something like that. Or even in a place that is ... related to that anyway. It's also more comfortable, so it will be seen too, so" (R6)

Researchers found several barriers that can affect the provision of education including, lack of curiosity, already feeling experienced,

and fear of getting unpleasant information.

I already know, if I have a headache like that, I don't have money, I get emotional, right, most people in the world do, right? Emotions with children, husband, that's it, high blood pressure (laughs). It's all in a woman's nature. (R9)

Maternal experience of education on physical and psychological changes

Educational experiences obtained by mothers about physical and psychological changes include educational materials, methods, media, educational techniques, advantages, disadvantages, and educational sources. While in the hospital, all participants only received educational material related to postpartum physical changes, namely changes in the reproductive system and lactation system. In line with research by Gresh et. al. (2021), one of the components of postpartum care is preventive care and counseling, with counseling materials including infant feeding practices, HIV/STI testing, family planning, cervical screening, return of sexual activity and fertility, and maternal and infant danger signs. However, 7 respondents mentioned that they had never received education related to postpartum psychological changes. Other studies have revealed that health professionals have not been able to meet the social-emotional support needs of postpartum mothers and there are still gaps in postpartum care content, one of which is about mental health (Martin et al., 2014; Gresh et al., 2021).

The next participant's experience was related to the methods, media and technicalities of education. The method experienced was face-to-face, namely during pregnancy control at the polyclinic and the majority mentioned receiving education when the nurse performed actions in the inpatient room, without using media. This is possible because education has been integrated into nursing care and education can only focus on the most important needs (Suplee & Janke, 2020; McCarter & MacLeod, 2019). Participants also received education through the hospital home visit service, which was provided only once by a midwife 3-4 days after delivery. As directed by the WHO (2022), home visits are recommended for postpartum care, in addition to outpatient care. This service

is very instrumental in terms of education because mothers are more free to ask questions during the home visit. Another study revealed that home visits have the potential to improve healthcare-seeking behavior and recognize problems that arise in mothers and babies (Guenther et al., 2019; McConnell et al., 2016).

Educational needs of postpartum women with normal labor about physical and psychological changes in the postpartum period

The educational needs of postpartum women related to physical and psychological changes in the postpartum period include materials, methods, media, techniques, and barriers to the implementation of education. Participants wanted educational materials related to postpartum physical changes such as, postpartum effects, changes in the abdomen and breast area, breast milk production, postpartum discharge, perineal suture wound care, and checking the condition of the birth canal. In line with other studies, mothers' knowledge of postpartum danger signs is still low and mothers want to know more about self-care, such as recovery and physical discomfort and baby care, such as breastfeeding (Adams et al., 2023; Xiao et al., 2019).

All participants did not verbally mention wanting education regarding postpartum psychological changes, but they rarely received such education. This may be due to mothers not being able to understand and prepare for the physical and emotional changes they may face after giving birth (Martin et al., 2014).

The results of the analysis showed that of the 7 participants who needed educational materials related to postpartum physical and psychological changes, 4 of them were primiparous mothers, while multiparous mothers tended not to want educational materials. In line with previous research, primiparous mothers have a higher level of fear than multiparous mothers (Green et al., 2022).

The effective method according to the majority of participants was face-to-face. This method is clearer and easier to accept, as it provides hands-on examples and practice. Research by Kovala et al. (2016) mentioned that the majority of mothers preferred face-to-face education sessions. According to the participants, education can also be conducted

in person or in groups. Individual education scores higher than group education because it is more flexible and convenient for new mothers than being scheduled to attend an education class. Mothers also preferred to attend education sessions in small or limited classes, rather than in groups (Wagner & Washington, 2016).

The most effective and preferred media by 80% of participants was video because it was clearer, more practical, and easier to understand. The use of video is preferred by mothers, compared to verbal methods or brochures (Lambert et al., 2022). According to them, the use of media and cyberspace, video consultations, or YouTube can provide information support as well as psychosocial and emotional support (Sharifipour et al., 2023; Lee et al., 2022; Logsdon et al., 2015). Videos can also be viewed while the mother waits for a health worker to check on her condition. Video education, supported by question and answer sessions and reinforcement from health care providers, can be an alternative approach (Lambert et al., 2022).

The majority of participants wanted education to be provided during pregnancy to prepare for the labor and postpartum process, although a few mothers also mentioned that it could be provided after delivery. In line with other studies, the best time to provide postpartum recovery information is during pregnancy or the 3rd trimester, as there is plenty of free time during the visit (Martin et al., 2014; Nazari et al., 2021). The effective duration for the total implementation of education is \leq 30 minutes and video is 3 minutes, according to the amount of material presented. In line with Hartiningsih's research (2018) that the duration can affect participants' interest and absorption of information. Education can also be carried out in a special room, poly, or a quiet room that has pictorial properties that support understanding during education. Education provided in hospitalization is less effective due to the high pressure of nurses' work, which can affect the results of education (Tobiano et al., 2016).

Barriers to the implementation of education include lack of curiosity, feeling experienced, and fear of receiving unpleasant information. Lack of curiosity can be influenced

by the participant's environment and culture (Latifah et al., 2022). Pregnancy history is also very influential, because multiparous mothers are more experienced and have a higher level of knowledge than primiparous mothers, so they feel they do not need education (Wagner & Washington, 2016). In addition, maternal fear may be due to a lack of prior knowledge (Harrel et al., 2022).

The limitation of this study is that the sample is less varied, so it is less able to describe the perspective of all postpartum mothers in the hospital.

CONCLUSION

This study identified two key themes: mothers' experiences of receiving education on physical and psychological changes, and the educational needs of postpartum mothers with normal deliveries during the postpartum period.

Mothers' experiences included the content, methods, media, techniques, benefits, drawbacks, and sources of education they received. Educational needs focused on materials, methods, media, techniques, and barriers. Postpartum women wanted education on topics like physical changes (postpartum effects, breast and abdominal changes, milk production, postpartum bleeding, wound care, and psychological changes). Face-to-face education was preferred, either individually or in groups, with video as the most effective medium. Most mothers preferred education during pregnancy, lasting up to 30 minutes, with videos lasting about 3 minutes. Education was best conducted in quiet, supportive spaces like special education rooms or clinics. Barriers included lack of curiosity, overconfidence, and fear of unpleasant information.

This study can provide new insights from the mother's perspective regarding the development of education for postpartum mothers regarding physical and psychological changes during the postpartum period. It is hoped that health care providers can provide education effectively by paying attention to aspects of maternal needs.

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