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# EFFECTIVENESS OF AURICULAR ACUPRESSURE FOR MATERNITY BLUES

**Rovica Probowati[1]*, Andriani Mei Astuti[1], Hakim Anasulfalah[2], Dini Tri Wahyuni[1]**
[1]Universitas Duta Bangsa Surakarta, Jl. Bhayangkara No. 55, Serengan, Surakarta, Central Java 57154, Indonesia
[2]Sekolah Tinggi Ilmu Kesehatan Mamba'ul Ulum Surakarta, Jl. Sadewa No.14, Serengan, Surakarta, Central Java 57155, Indonesia
*rovica_probowati@udb.ac.id

## ABSTRACT

Postpartum blues refers to mood changes experienced in the first days after giving birth. This problem appears starting three days to four days after giving birth with several symptoms such as emotional instability, anxiety, fatigue, confusion, irritability and others. From this postpartum problem, the aim of this research is that by providing auricular acupressure nursing therapy to mothers who have signs of baby blues, it can prevent recurrent baby blues. Mothers with postpartum blues, postpartum depression can become a psychological problem in pregnant women if ignored. Although postpartum blues has no specific medical treatment, it must be monitored in connection with the occurrence of diagnostic criteria for postpartum depression. This type of research is quantitative with a one group pretest and posttest research design. The results of auricular acupressure given to the mother after giving birth can prevent subsequent baby blues after giving birth. Auricular acupressure is effective in reducing postnatal sadness and depression, reducing maternal fatigue, and improving mother-infant attachment in the short term after birth.

Keywords: auricular acupressure; baby blouse; postpartum

## INTRODUCTION

Postpartum blues refers to the mood changes experienced in the first days after giving birth(Sari & Anggorowati, 2020). It usually begins three to four days after delivery with maximum symptoms in the first five days, and often subsides by the tenth day (Suryati, 2008) . Symptoms include constant crying, emotional instability, fatigue, temporary anxiety and confusion, sleep and appetite disturbances, anxiety, and irritability (Wahyuni et al., 2023). The prevalence of postpartum blues varies from 30% to 85% in different countries (Wahyuni et al., 2023) . It is usually a self-limiting condition and improves with social and family support (and without treatment). However, if it lasts more than two weeks, more severe mental disorders, especially postpartum depression, can occur in 20% of postpartum blues sufferers (Suryati, 2008). Postpartum depression, the second most common psychological problem in the postpartum period, often occurs in the first three months after giving birth. Postnatal depression includes depressed mood, sleep and appetite disorders, low energy, anxiety, suicidal thoughts, feelings of guilt and inability to care for the baby, as well as not paying attention to the baby's welfare and safety (Wahyuni et al., 2023).

Others who experience postpartum blues, postpartum depression, or experience other mental health illnesses may have difficulty caring for their child and may have feelings of insecurity about their child. As a result, postpartum blues can become a psychological problem (e.g. postpartum depression) if ignored (Fatmawati, 2015). Although postpartum blues has no specific medical treatment, it should be monitored in conjunction with the occurrence of diagnostic criteria for postpartum depression (Machmudah, 2015). Administration of antidepressants is the conventional medical treatment for postnatal depression, although there are important concerns regarding the transition of metabolites to breast milk during breastfeeding (Sari & Anggorowati, 2020). Some mothers do not receive conventional medical interventions because of maternal side effects (e.g., dry mouth, palpitations, and possible loss of breast milk) while breastfeeding their infants(Pratiwi,

2023). Therefore, complementary therapy without the possibility of chemical secretions in breast milk, is a more acceptable therapeutic option for this group of women (Febriyanti, 2021) . There are several ways to reduce postnatal mood disorders and postnatal depression, including counseling, self-care, relaxation, music therapy, herbal medicine, acupuncture and acupressure (Rosidi & Kadir, 2019)(Tridiyawati & Wulandari, 2022). Auricular acupressure, a form of complementary and alternative medicine, uses the ear as the target point for acupressure(Manurung, 2008) . As one of the body's microsystems, the ear is related to various body organs and their functions, and can be used to diagnose, treat and prevent disease(Edianto et al., 2020) . Stimulation of acupuncture points increases natural biochemical pain relief from serum and cerebrospinal fluid neurotransmitters such as enkephalins and monoamines. Therefore, acupressure slowly returns the body to a state of harmony and helps in the treatment of diseases and health disorders (Edianto et al., 2020) (Fatmawati, 2015) . In addition, by stimulating ear points using acupressure, the benefits can be enjoyed for days or even weeks (Edianto et al., 2020) .

The promising effects of auricular acupressure on depression have been studied in different target groups including outpatient nurses, patients with poststroke depression, older adults in long-term care institutions, nursing students experiencing sleep disorders, and breast cancer patients (Manurung, 2008)(Kim et al., 2019)(Ariyadi et al., 2021). Very little research has been conducted on the effects of auricular acupressure on postpartum depression. A 2018 review and meta-analysis reported that three clinical trials compared the effects of acupuncture with fluoxetine and found the effects of acupuncture could be the same as fluoxetine in improving postpartum depression (Suryati, 2008) . Previous studies report significantly lower levels of anxiety, fatigue, and cortisol after auricular acupressure and other studies report positive effects of auricular acupressure in reducing depression and fatigue in early postpartum mothers(Manurung, 2008) . To the best of the author's knowledge, the effect of auricular acupressure on postpartum blues has never been studied before. Postpartum blues is an early condition that can get worse if ignored and can lead to postpartum depression(Ningrum, 2017). Trying to get rid of postpartum sadness at the right time can prevent the onset of postpartum depression. Therefore, this study investigates the effect of auricular acupressure on the severity of postpartum blues with the aim that postpartum pregnant women receive screening to prevent the occurrence of baby blues, by providing initial screening to identify signs of baby blues that may appear when postpartum mothers are born. days three to ten.

## METODE

This type of research is quantitative with a quasi-experimental research design, with a one group pretest posttest design. The sample in this study were mothers giving birth. Data analysis used univariate and bivariate using the dependent T test (paired T test). The population in this study was all mothers giving birth, totaling 58 respondents, with the inclusion criteria being women giving birth at least the 3rd day, postpartum mothers with healthy babies, willing to be respondents, mothers able to read and write. And the exclusion criteria for this research are postpartum mothers who are not willing to be respondents, postpartum mothers who cannot speak, cannot read and write.

## HASIL

Characteristics

The respondents in this study were 58 postpartum mothers. The characteristics of the respondents in this study can be seen in table 1.1 below:

Table 1.
Distribution of Respondent Characteristics (n=50)

| Respondent Characteristics | f | % |
|---|---|---|
| Age | | |
| < 20 years | 1 | 1.7 |
| 20-35 years | 56 | 96.6 |
| >35 years | 1 | 1.7 |
| Job status | | |
| Not successful | 48 | 82.8 |
| Work | 10 | 17.2 |
| Mother's Education | | |
| Finished elementary school | 0 | 0 |
| Finished high school | 0 | 0 |
| Finished high school | 27 | 46.6 |
| Campus | 31 | 53.4 |
| Pregnancy Status | | |
| Unplanned | 0 | 0 |
| Planned | 38 | 100 |

Table 1, it can be seen that the majority of respondents were in the 20-35 year age group, namely 96.6%, most of the respondents were also unemployed, namely 82.8%. The respondents' last education was a college graduate, namely 53.4% and all respondents had planned pregnancy status and were married.

**Postpartum Blouse Event**

The variable in this research is postpartum blush. The frequency distribution of postpartum blues obtained in the research can be seen in table 1.2 below:

Table 2.
Frequency Distribution of Postpartum Blues

| Postpartum Blues | f | % |
|---|---|---|
| Yes | 20 | 34.5 |
| NO | 38 | 65.5 |

Table 2, it can be seen that 20 out of 58 respondents experienced postpartum blues or around 34.5% experienced postpartum blues while the other 65.5% of respondents did not experience postpartum blues.

**Meaning of Acupressure**

The frequency distribution of articular acupressure obtained in this study can be seen in table 3 as follows:

Table 3.
Frequency Distribution of Articular Acupressure

| Research variable | Group | Pre | Post | Difference | Z(P) | t/z (F) |
|---|---|---|---|---|---|---|
| | | M+-SD | M+-SD | M+-SD | | |
| Postpartum Depression | Intervention | 7.20±5.51 | 5.90±5.14 | 1.30±2.49 | - 2.15 (.032) | - 2.51 (.012) |
| | Control | 6.55±3.83 | 6.75±3.60 | -0.20±2.19 | - 0.74 (.462) | |
| Postpartum fatigue | Intervention | 57.60±15.85 | 50.35±11.87 | 7.25±6.29 | 5.16 (.462) | 5.36 (<.001) |
| | Control | 51.70±9.70 | 55.15±10.26 | -3.45±6.33 | - 2.44 (.025) | |
| Physical exhaustion | Intervention | 22.05±9.47 | 18.30±3.50 | 3.75±2.55 | 6.57 <.001) | 5.40 (<.001 |
| | Control | 19.95±5.21 | 21.50±6.31 | -1.55±3.58 | - 1.94 (0.68) | |
| Mental fatigue | Intervention | 17.60±6.78 | 16.45±5.61 | 1.15±3.36 | - 2.33 (.020) | - 2.97 (0.003) |
| | Control | 16.20±3.94 | 16.85±3.90 | -0.65±2.25 | - 1.35 (.178) | |
| Neurosensory fatigue | Intervention | 17.95±5.57 | 15.60±3.89 | 2.35±2.80 | -3.15 (0.002) | - 3.80 (<.001) |
| | Control | 15.55±2.86 | 16.80±3.16 | - 1.25 ± | - 2.22 | |

## DISCUSSION

The results of this study stated that almost half of the respondents experienced postpartum blues. The results of this study are the same as the results of existing research which states that almost half of the respondents experienced postpartum blues, namely 45.5% (Indrayanti et al., 2022). The same results were also found in previous research which stated that the prevalence of postpartum blues was 39%, meaning that almost half of the respondents experienced postpartum blues (Indrayanti et al., 2022). Postpartum blues is a psychological disorder during the postpartum period which usually appears around 2 days to 2 weeks after giving birth and is characterized by feelings of sadness, fear, anxiety, frequent crying, sensitivity and lack of self-confidence(Magawa et al., 2022) . There are many factors that cause postpartum blues, such as lack of support from husband and family, lack of information about how to care for a baby, and lack of readiness to accept and carry out the role of mother(Magawa et al., 2022) . As well as other causes of postpartum blues such as lack of social support, marital disharmony, low socio- economic status and domestic violence.

Psychologically, mothers who have just given birth will experience mental stress, at first glance they will look happy, but at the same time they will also feel very sad, depressed and have mood disorders, which are symptoms of postpartum blues that must be watched out for. and pay more attention so that it does not develop into more serious conditions such as depression and psychosis in postpartum blues (Indrayanti et al., 2022). Providing therapy using acupressure to pregnant women and mothers giving birth has a good and effective impact if done. In mothers giving birth, this therapy is effective in the progress of the first stage of labor in the active phase (Febriyanti, 2021) , while the existing journal literature explains the provision of non-pharmacological therapy in reducing depression in postpartum mothers by providing pharmacological therapy, one of which is acupressure therapy, which is highly recommended for health workers. especially nurses (Heni Suryani1, Lidia Lushinta, 2023) . With the existence of various non-pharmacological therapies, previous research explains that modified acupressure therapy is also effective when given to postpartum mothers in reducing EPDS scores in mothers with baby blues problems (Khoirunnisa et al., 2022).

According to existing research, ear stimulation or auricular acupressure is a technique that involves neurological reflexes, neurotransmitters, cytokines, the immune system, and inflammation(Haerani & Bohari, 2022) . Auricular acupressure therapy is the application of acupressure to ear pressure points to help with stomach and intestinal movements. Previous research explains that fatigue is highly correlated with the level of postnatal depression which can possibly cause baby blues in the mother, and have a negative impact on the mother's quality of life (Indrayanti et al., 2022)(Machmudah, 2015) . In addition, looking at the results of previous research regarding postnatal intervention programs, many studies report that the application of foot massage can reduce postnatal fatigue, and ear pressure therapy in pregnant women reports that sleep quality can improve (Haerani & Bohari, 2022). And according to other research, the application of pressure therapy to the aural ear also has a high correlation not only in postpartum mothers but also in breast cancer patients, post-chemotherapy constipation patients and others (Manurung, 2008). Aural pressure therapy is based on auricular acupuncture in oriental medicine. This therapy has been developed since 1999 and is used in nursing interventions using oriental medicine called auricular pressure therapy. This intervention has been applied to a variety of subjects and its effectiveness has been recognized. By stimulating the ear, it can work on the entire body including organs, nerves, skeleton and muscles to prevent disease, maintain and improve health and improve quality of life (Rahmah Muthia, 2018) .

## CONCLUSION

This research verifies the effect of a nursing intervention program using aural pressure therapy on postnatal depression and fatigue in mothers after giving birth to their babies. This nursing intervention program uses an aural pressure therapy program which is applied to mothers in the early postpartum period who enter the postpartum service center after giving birth to their babies. As a result, depression or fatigue in pregnant women after giving birth can be reduced. The results of this research are expected to be useful in expanding the field of evidence-based alternative nursing practice, which can help improve the health of mothers and their families by reducing postnatal depression and postnatal fatigue levels in postpartum mothers. Therefore, this intervention can be further developed by future researchers for complex problems such as pregnant women who experience opening pain and mothers who experience postpartum pain.

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