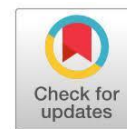


Holparti (Holistic Postpartum Class Murti) to increase the self-efficacy of postpartum mothers



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ABSTRACT

The postpartum period is a time when mothers are required to be able to start their new duties and roles. Holistic care is needed for postpartum mothers, including care for physical, and psychological needs, and support for the social, spiritual, and cultural environment. The purpose of this study was to determine the effectiveness of Holparti (Holistic Postpartum Class Murti) on the self-efficacy of postpartum mothers. This research is a quasi-experiment with a Posttest Only Control Group Design with a cross-sectional sampling technique using simple random sampling, with a sample size of 31 for the control group and 31 for the treatment group. Measurement of self-efficacy was carried out on the 7th day of postpartum using a questionnaire. The validity and reliability test using Product Moment Test and Cronbach's Alpha. Analysis of research data using independent t-test. The result of the independent t-test obtained a p-value of 0.000 (<0.05), so there was an effect of Holparti on the self-efficacy of postpartum mothers. Holparti is effective in increasing the self-efficacy of postpartum mothers.

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INTRODUCTION

Childbirth is the greatest gift for women and a very happy moment, but in some cases, it can be a scary moment, this is because women who give birth often experience feelings of sadness and fear that affect the mother's emotions and sensitivity.(1) For mothers, the postpartum period is a period where they are required to be able to start their new tasks and roles, therefore at the beginning of the postpartum period the mother is vulnerable to anxiety about not being confident in caring for her baby and trauma from the pain experienced during childbirth.(2)

Many mothers during the first six weeks after the birth of a child experience a kind of distress characterized by mild sleeplessness, fatigue, poor concentration, and depression affects the so-called postpartum blues, and most of them manage to overcome and overcome this suffering. Anxiety can cause various problems, including postpartum depression in mothers, where the mother's psychosis state is disturbed.(3)

Data from WHO (2018) noted the general prevalence of postpartum blues in the world population is 3-8% with 50% of cases occurring in the productive age of 20-50 years. WHO also states that postpartum disorders these blues affect about 20% of women and

12% of men at some point in their lives.(4) While the prevalence of postpartum blues in Asian countries is quite high and varied between 26-85% of postpartum women.(5) The incidence of postpartum blues in Indonesia according to USAID (United States Agency for International Development)(6) there are 31 births per 1000 population. Indonesia occupied ranked fourth highest in ASEAN after Laos, namely 26 births per 1000 population, and Cambodia, namely 25 births per 1000 population.

There are several reasons for this, including an unsupportive environment in which to give birth, rapid hormonal changes, and doubts about a new role.(7) Most mothers recover quickly and achieve stability, but 13% of them will experience postpartum depression. For mothers who experience postpartum depression, interest and interest in the baby are reduced. Mothers are also not able to take care of their babies optimally and are not enthusiastic about breastfeeding so the cleanliness, health, and growth of babies are also not optimal.(8)

Mothers' experience in newborn care, conditions during pre-delivery, and pre-delivery education are important for self-care and newborn readiness.(9) Mothers' negative perceptions of their health can also harm their infant care behavior. Information and customs/customs in the community tend to be irrational and confuse postpartum mothers. Misinformation and lack of knowledge occur especially in first-time mothers (primiparous). With the independence of parents in caring for newborns, it can make it easier for postpartum mothers to undergo the period during the postpartum period to prevent maternal psychological disorders.(10)

The postpartum period is a vulnerable period that is open to guidance and learning.⁷ Based research in providing midwifery services not only emphasize the physical aspect, but also the psychological aspect including mental and emotional readiness, involving the role of husband and family so that mothers can adapt to increased emotional changes and can through pregnancy, childbirth, and the postpartum period, with a full sense of happiness and well-being.(11) Providing holistic care is known to be more effective and beneficial in reducing pain intensity, fatigue, reducing pain, nausea, and anxiety and improving quality of life in post-breast cancer patients.(12)

Postpartum care is a form of action or practice carried out by postpartum mothers that describes the mother's health behavior during the postpartum period. In a person's behavior, there are three important parts, namely cognitive, affective, and psychomotor. Cognitive can be measured from knowledge, affective can be measured from attitudes or responses and psychomotor can be measured through actions (practices) taken.(13) With the knowledge, attitudes, and good skills of the mother, it is expected to increase the mother's self-efficacy in dealing with the postpartum period.

Efforts to improve the quality of life of postpartum mothers have been launched by the government since 2009, through a class program for pregnant women. Based on research about the description of the implementation of the pregnant women class, namely there is no rejection from the community regarding the class activities of pregnant women, it's just that most people do not understand and understand about the class, because of the lack of socialization to the community about the class for pregnant women.(14)

The COVID-19 pandemic has had a significant impact on maternal and child health services. The Ministry of Health of the Republic of Indonesia has shown a decrease in the number of visits for antenatal care, as well as health services for infants, toddlers, and children since the announcement of the pandemic. Health status that is not monitored for a long time can trigger new health problems for mothers and children. Health workers and cadres must immediately provide health services for mothers and children. The public is asked to continue to access maternal and child health services while still observing health protocols, such as using masks and maintaining distance. Healthcare facilities also ensure that infection prevention and control protocols are implemented properly, by providing

appropriate personal protective equipment for officers, requiring the use of masks, providing hand washing facilities, and arranging service schedules that minimize queues of visitors.(15)

The development of technology in the digital direction is currently growing rapidly. In this digital era, humans in general have a new lifestyle that cannot be separated from all-electronic devices. Technology has become a tool that can help most human needs. Technology has been used by humans to make it easier to do any task and work. Based on the latest We Are Social report, in 2020 it was stated that there were 175.4 million internet users in Indonesia. Based on the total population of Indonesia, which is 272.1 million people, it means that 64% and half of Indonesia's population has experienced access to cyberspace. Currently, there are 338.2 million Indonesian people who have cell phones and 160 million active users of social media. The social media most used by Indonesian internet users from the top are YouTube, WhatsApp, Facebook, Instagram, Twitter, Line, FB Messenger, LinkedIn, Pinterest, WeChat, Snapchat, Skype, Tik Tok, Tumblr, Reddit, Sina Weibo.(16)

Based on research it is known that social media is effective in increasing knowledge of postpartum care. Developing social media as a means of education for the community that is easy and affordable, such as making applications and directing people to use social media to be wiser, so that they can change their behavior. One of the efforts made to increase this success is to increase information with health education. Information is an aspect that connects the health control center and a person's behavior. This means that a person's knowledge about the postpartum period will increase his control over health problems.(17)

Holistic care is needed for postpartum mothers. The care provided includes care for physical needs, psychological needs, and social, spiritual, and cultural environmental support.(18) Cultural beliefs and beliefs about postpartum maternal care are still widely encountered in the community. They believe that the culture of maternal care after giving birth can have a positive and beneficial impact on them. This is evident from research on the benefits of postpartum care including traditional family planning, the skin becomes beautiful and clean, and the body becomes thin. Customs in postpartum care are part of the traditions, heredity, and culture of the local area.(19)

Training is one way to strengthen new mothers' confidence (self-efficacy) that they are capable of self-care and newborn care. A person who is trained will have the ability to mobilize and sustain behavior, rather than if they concentrate on personal shortcomings and self-doubt when problems arise. Training facilitates parenthood, namely support, and confidence in partners in their abilities as parents, efforts to learn to care for babies, mental and material preparation because children are a gift as well as a mandate that must be cared for as well as possible, changes in daily patterns and habits, for example, rest time, attention to partner, communication, demands, and responsibilities of parents as educators for children.(20)

So that researchers are interested in compiling a form of training or class for pregnant women, namely Holpart (Holistic Postpartum Class Murti). Holpart is an online class that consists of a series of activities to improve the knowledge, attitudes, and skills of mothers to increase self-efficacy. Holpart (Holistic Postpartum Class Murti) is an online class for postpartum mothers starting in the third trimester of pregnancy through zoom and WhatsApp groups for 14 days with the delivery of theoretical material using the lecture method which is carried out by zoom and practical material is carried out through the WhatsApp group with demonstration and discussion methods. Classes are conducted using audio-visual media. The material in Holpart is in the form of post-partum care videos and e-modules that are packaged practically and attractively. The material in Holpart (Holistic Postpartum Class Murti) contains holistic midwifery care during the puerperium including

biological, psychological, sociological, and spiritual care following midwifery service standards.

METHOD

This study used a posttest control group design (Posttest Only Control Group Design). The control group was pregnant women who attended 3 meetings of pregnant women classes. The treatment group was pregnant women who attended 3 meetings of pregnant women and attended holparti classes. Holparti (Holistic Postpartum Class Murti) is an online class through zoom and WhatsApp groups for 14 days. On the first and second days, the class begins with the delivery of theoretical material using the lecture method which is carried out by zoom for 120 minutes each day. The material presented includes the basic concepts of the postpartum period, adaptation after giving birth, things that need to be considered during the postpartum period, and the needs of the postpartum period (biological, psychological, sociological, and spiritual). On the third to the fourteenth day, practical material is carried out through the WhatsApp group with demonstration and discussion methods. Practical material in the WhatsApp group is provided in the form of modules and videos, including umbilical cord care, bathing the baby, swaddling the baby, proper breastfeeding techniques, oxytocin massage, and postpartum exercise with one day one topic of practice material. For each topic of practice material, a discussion and question and answer session was opened and ended by sending a practice video from each participant to the WhatsApp group.

The study was conducted in Blora Regency in 2021. The population in this study were all third-trimester pregnant women in the Blora Regency area. The sample in this study was calculated using the Lemeshow formula with a sample size of 31 respondents in the control group and 31 in the treatment group through simple random sampling. The inclusion criteria in this study were: 1) Pregnant women with a minimum gestational age of 36 weeks, and 2) Pregnant women with physiological pregnancies. The exclusion criteria in this study were: 1) Pregnant women who met the inclusion criteria but refused to become respondents. The instrument used in this study was a Holparti training class (Holistic Postpartum Class Murti), which contained videos, e-modules, and self-efficacy questionnaires for postpartum mothers. Self-efficacy measurements were carried out on the 7th day postpartum. The mother's self-efficacy questionnaire in this study consisted of 20 statements which were divided into favorable (positive) and unfavorable (negative) statements. Validity test using person product moment correlation and reliability test using Cronbach Alpha on 20 respondents of third-trimester pregnant women at Blora Health Center. Analysis of research data using independent t-test.

RESULTS

The initial conditions of the subjects between the treatment group and the control group need to be compared to determine the homogeneity of the subjects between the two groups. The distribution of respondents' characteristics is shown in table 1 below.

Table 1. Characteristics of respondents

Variable	Control (n=31)		Treatment (n=31)	
	N	%	N	%
Mother's age				
<20 years	4	12,90	9	29,03
20-35 years	25	80,65	21	67,74
>35 years	2	6,45	1	3,23

Variable	Control (n=31)		Treatment (n=31)	
	N	%	N	%
Education				
Basic	0	0	0	0
Middle	22	70,97	17	54,84
High	9	29,03	14	45,16
Employment				
Work	12	38,71	14	45,16
Doesn't work	19	61,29	17	54,83
Parity				
Primipara	21	67,74	26	83,87
Multipara	10	32,26	5	16,13

Based on table 1, shows that most of the respondents' ages are 20-35 years, namely in the control group as many as 25 people (80.65%), and in the treatment group 21 people (67.74%). Most of the respondents' education was secondary education, namely in the control group as many as 22 people (70.97%), and in the treatment group as many as 17 people (54.84%). Most of the respondents did not work, namely in the control group as many as 19 people (61.29%), and in the treatment group as many as 17 people (54.83%). Most of the respondents had P1 parity in the control group as many as 21 people (67.74%) and in the treatment group as many as 26 people (83.87%). The distribution of the characteristics of the subjects showed that there was no difference in age, education, occupation, or parity between the control group and the treatment group.

The normality test of the data used in this study was Kolmogorov-Smirnov. The normality test of the efficacy data in the control and treatment groups obtained a significant result of $0.057 > 0.05$, so it can be concluded that the data is normally distributed so that the data analysis test uses parametric tests. In the homogeneity test of efficacy in the control and treatment groups, the results were $0.132 > 0.05$, it can be concluded that the data variance in the control and treatment groups was homogeneous. Different tests to determine self-efficacy in the control and treatment groups using the independent t-test, the results obtained a p-value of $0.000 < 0.05$ so H_a is accepted and H_0 is rejected. Thus, it means that there is an effect of Holparti (Holistik Postpartum Class Murti) on the self-efficacy of postpartum mothers. The data analysis test can be seen in table 2 below.

Table.2 Independent t-test test of postpartum mother's self-efficacy in the control group and the treatment group

Variable	Group	n	Mean	P value
Self-efficacy	Control	31	46.20	0.000
	Treatment	31	59.08	

DISCUSSION

The results showed that most of the respondents were 20-35 years old, namely in the control group as many as 25 people (80.65%), and in the treatment group 21 people (67.74%). The characteristics of the mother's age are on average 20-35 years, which is the age category that is not at risk. Healthy reproduction is known that the safe age for pregnancy and childbirth is 20-35 years. Maternal mortality in pregnant women giving birth at the age of under 20 years is 2-5 times higher than maternal deaths that occur at the age of 20-29 years. Maternal mortality increases again after the age of 30-35 years. The risk of pregnancy at the age of < 20 years and > 35 years can cause anemia and other

complications because at the age of pregnancy < 20 years it is not biologically optimal and tends to be emotionally unstable so it is easy to experience shocks resulting in a lack of attention to the fulfillment of nutritional needs during pregnancy.(17) Meanwhile, at the age of > 35 years, it is associated with a decline and decrease in body resistance and various diseases that often afflict this age.(21) With a healthy reproductive age of 20-35 years, it is hoped that the mother will be able to be in good health both physically and psychologically during pregnancy, childbirth, and postpartum.

The results showed that most of the respondents' education was secondary education, namely in the control group as many as 22 people (70.97%), and in the treatment group as many as 17 people (54.84%). The level of education is one of the important factors that can affect the level of knowledge. A person's level of education will affect responding to something that comes from outside, highly educated people will give a more rational response to incoming information and will think about the extent of the benefits that might be obtained from the idea. In this case, the lower a person's education level, the smaller the opportunity to obtain information and knowledge of something. However, increasing knowledge can not only be obtained from formal education, but also from non-formal education such as attending seminars, classes, or training.(22)

The results showed that most of the respondents did not work, namely in the control group as many as 19 people (61.29%), and in the treatment group as many as 17 people (54.83%). Work is an activity carried out by a person to earn income to meet his needs and the needs of his family. Two assessment criteria were used, namely working and not working. It is said to work when a person performs an activity to earn income regularly. Meanwhile, it is said not to work if someone does activities that cannot generate income. Occupation (demographic factors) is a predisposing factor for behavior change.

The results showed that most of the respondents had P1 parity in the control group as many as 21 people (67.74%) and in the treatment group as many as 26 people (83.87%). Parity can show the experience that has been experienced by a mother related to pregnancy, childbirth, and postpartum, be it before, now, or in the next. Parity is defined as the condition of giving birth to a child, either alive or dead, but not abortion, regardless of the number of children. Parity is the status of a woman about the number of children ever born. Where this can cause conditions that affect the optimization of the mother and fetus in pregnancy, childbirth, and the postpartum period.

Different tests to determine self-efficacy in the control and treatment groups using the independent t-test, the results obtained a p-value of 0.000 < 0.05 so H_a is accepted and H_0 is rejected. Thus, it means that there is an effect of Holparti (Holistik Postpartum Class Murti) on the self-efficacy of postpartum mothers. This is in line with research that postpartum preparation training is effective in increasing postpartum mothers' self-efficacy. Previous experience with child care before becoming a mother will contribute to building a strong belief in building one's self-efficacy. The act of reinforcing experiences can make comparisons with self-like people who have succeeded in certain tasks or situations. One's similarity is considered to be able to increase one's self-efficacy in one situation. For example, to increase the efficacy of postpartum mothers, mothers can spend time with other mothers under the same conditions.(23)

Pregnant women who attend classes for pregnant women are more ready to face childbirth and vice versa, the less active they are, the less ready they are to face childbirth. The COVID-19 pandemic has had a significant impact on maternal and child health services. The Ministry of Health of the Republic of Indonesia has shown a decrease in the number of visits for antenatal care, as well as health services for infants, toddlers, and children since the announcement of the pandemic. Health status that is not monitored for a long time can trigger new health problems for mothers and children. The existence of the COVID-19 pandemic has caused class services for pregnant women to be temporarily

suspended for the sake of mutual safety and security to prevent the spread of COVID-19. So holistic and online-based health services are needed.

Holistic services include biological, psychological, sociological, and spiritual services. Holistic nursing services can increase physical, emotional, and spiritual strength. The holistic care model can increase patient satisfaction and safety. Midwifery services are an integral part of the health care system provided by registered (registered) midwives, which are carried out independently, collaboratively, or by referral. These services are directed at realizing family health and following the authority to achieve a happy and prosperous small family.

Based on the results of the study, it was shown that pregnant women who participated in Holpartu had higher self-efficacy in dealing with the postpartum period than those who did not. Holpartu is an online class that consists of a series of activities to improve the knowledge, attitudes, and skills of mothers to increase self-efficacy. Classes are conducted online using the WA group and zoom using audio-visual media for 2 weeks. The material in Holpartu is in the form of postpartum care videos and e-modules that are packaged practically and interestingly. The material in Holpartu (Holistic Postpartum Class Murti) contains holistic midwifery care during the puerperium including biological, psychological, sociological, and spiritual care following midwifery service standards. The material studied includes the practice of breastfeeding babies, oxytocin massage, postpartum exercises, bathing babies, swaddling, and care of the umbilical cord.

Significant increase in parenting self-efficacy following a parenting program.(24) Verbal persuasion is one way of strengthening people's beliefs that they have what it takes to succeed. People who are verbally persuaded that they can master activities are likely to mobilize and sustain greater effort than if they concentrate on personal shortcomings and self-doubt when problems arise.

Mother's self-efficacy in dealing with the postpartum period is very important because it is the mother's belief in her ability to face the postpartum period, especially for primigravida mothers who have never given birth. Social cognitive theory is a theory that emphasizes the idea that most human learning occurs in a social environment. By observing other people, humans acquire knowledge, rules, skills, strategies, beliefs, and attitudes. Behavior is presented by the model. The model is noticed by postpartum mothers (there is reinforcement by the model) behavior (the ability is coded and stored by the learner). Processing of symbolic codes. Schematic of the triangular relationship between the environment, personal factors, and behavior.(25)

The postpartum mother's self-efficacy is the postpartum mother's belief in her abilities competently and effectively as a mother.(23) Some phenomenological approaches to well-being emphasize the importance of a person's subjective perception in the functioning of their abilities and compare it with the standard of internal abilities they have to make things more ideal and follow what they want. Well-being is formed by an idea that consists of cognitive and affective aspects because an individual's assessment of a cognitive condition effectively affects and causes reactions to that individual's emotional state.

CONCLUSION

The average self-efficacy of postpartum mothers in the control group is low. The average self-efficacy of postpartum mothers in the treatment group is high. Based on the independent t-test and the p-value means that there is an effect of Holpartu (Holistic Postpartum Class Murti) on the self-efficacy of postpartum mothers.

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