
**THE EFFECT OF BIRTH PLAN ON INCIDENT POST PARTUM DEPRESSION IN
INDEPENDENT PRACTICE MIDWIFERY WORKING AREA OF DERWATI
COMMUNITY HEALTH CENTER BANDUNG CITY 2022**

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ABSTRACT

Introduction : Childbirth is an intense and also amazing process of transformation from a pregnant woman to a mother. This is the climax of a journey and will likely be remembered in detail years later. Childbirth with minimal trauma can be realized through good preparation and planning for childbirth. WHO reports that the birth plan serves to prepare for childbirth. Birth experience is a psychological aspect of postpartum whose psychological effects can adversely affect short-term and long-term health status, with negative childbirth experiences will cause Post Traumatic Stress Disorder (PTSD) and depression. Methodology : The research design used was a quasi-experimental with Post-test Only Control Group Design. The respondent were pregnant women from 34-35 weeks as many as 30 people who were divided into 15 case groups and 15 control groups who were selected using quota sampling followed by delivery until the puerperium. Data was collected through filling out the EPDS questionnaire. Bivariate data analysis with Mann Whitney Test. Research findings : The results of the study 50% of respondents had a birth plan, the rest did not have a birth plan. There were 2 respondents who experienced postpartum depression in the control group (13%) and 1 person in the experimental group (6.6%). There is a significant effect between birth plan on the incidence of postpartum depression. Conclusion : Midwives can provide quality antenatal services including informing matters relating to childbirth preparation so that women can undergo the labor phase comfortably with minimal trauma as an effort to prevent postpartum depression.

Keywords : Birth Plan, postpartum depressions

1. Introduction

The process of labour is a sacred event and certainly an experience that will never be forgotten throughout life for everyone. Everyone would want the birth process to be a beautiful moment that deserves to be remembered, therefore careful planning is needed for married couples to be able to undergo the delivery process safely and comfortably (Yessie, 2017). Childbirth with minimal trauma can be realized through good preparation and planning for childbirth (Hajjar, 2017).

The birth plans were developed as an approach for pregnant women to present their expectations for labour and childbirth (a written document in which pregnant women describe preferences about their care during labour and childbearing (Ahmadpour, 2020). Birth plans were developed with the intention of enhancing a woman's prepared decision-making in the labor and delivery process and to offer obstetric care providers with important details about those decisions. Through the use of birth plans, women can

reflect on their values and choices regarding what care practices and interventions they do and do not want in birth; they can communicate these values in advance to their care providers. However, birth plans are often ineffective at accomplishing their goals for a number of reasons (Baets., 2017).

The WHO recommends the use of birth plan and mostly emphasizes normal processes without interventions. Nevertheless, the birth plan should be beyond a checklist reflecting the preferences and emotions as well as understanding of women about the physiology of birth and women's need for safety and support. Support and communication during labor enhance the level of satisfaction with the delivery, and this effective communication should begin from the time of admission and constantly continue during labor; when not all things proceed as planned, the information should be actively given in women's decision-making process. Consequently, the extent of satisfaction with delivery in women grows with the birth plan and improves their delivery experience (Ahmadpour, 2020).

Based on research publications conducted in England, quoted from the results of research by Islamiyah & Wasil Sardjan (2021), postpartum depression is a major health problem for mothers in the early days after giving birth. The incidence of postpartum depression in mothers is around 13-40% (Dennis et al., 2017). The results of research from O'hara and Swain state that cases of postpartum depression still occur in many developed countries such as Canada (50-70%), the United States (8-26%) and the Netherlands (2%-10%) (Asmayanti, 2017). The incidence of postpartum depression in Asia is quite high and varies between 26-85%, while in Indonesia the incidence of postpartum depression is between 50-

70% of postpartum women (Tanganhito et al., 2020) (Islamiyah, 2021).

The birth plan as a tool that can contribute to reduced labour intervention. It provides guidance to the team of professionals responsible for their care during the hospital stay. In addition, it serves to improve the woman's satisfaction, promote participation in the birth process and allow her to make informed decisions. However, birth plans may be inflexible, unrealistic and can lead to conflicts and negative experiences that could affect obstetric outcomes (Hidalgo-Lopezosa, 2021) (Komariah, 2017).

The birth plan facilitates communication with health care staff, improves women's empowerment, and promotes childbirth outcomes. The Birth Plan favors the ethical principle of autonomy and enhances women's control over the childbirth process therefore; it contributes to a positive effect on women's empowerment (Soliman Abd El Aliem, 2020).

The experience of giving birth is a psychological aspect of postpartum whose psychological effects can adversely affect short-term and long-term health status, with a negative birth experience that will cause Post Traumatic Stress Disorder (PTSD) and depression. A birth that is negative is considered a detrimental event for some women. Generally, 5-20% of women report a traumatic event related to childbirth. According to a systematic review, the prevalence of post-traumatic stress disorder has been reported to be 25% among Iranian women. Research has shown that the birth experience can be influenced by a variety of conditions, including support, external and internal controls, and obstetric complications. Pregnancy, childbirth and the breastfeeding phase are among the most important events in a woman's life, namely: complex and important experiences for women, with

long-term effects throughout their lives. These experiences affect women's well-being and future, affecting their relationships with their children, as well as their relationships with their partners. If the conditions of childbirth are stressful for women, they may become fragile and vulnerable later in the reproductive period (Ahmadpour, 2020).

Recently, according to WHO (2018), the Global Strategy for Women, Children and Adolescent Health (2016-2030) emphasized "the importance of ensuring safe births from a clinical perspective, including the psychological and emotional needs of women, ensuring their involvement in decisions and fulfilling a sense of personal comfort, making the experience of pregnancy and childbirth more satisfying. This philosophy focuses women in the care process and is based on human rights, recognizing the importance of women's choices to the care process. These recommendations are all evidence-based, optimize health and well-being and have been shown to have a positive impact on women's birth experiences" (Sardo, 2018)

2. Method

The research design used was a quasi-experimental with Post-test Only Control Group Design. The population of all pregnant women in the third trimester and the sample were pregnant women from 34-35 weeks as many as 30 people who were divided into 15 case groups, who given educational class intervention to pregnant women to plan childbirth and 15 control groups who were selected using quota sampling followed by delivery until the puerperium. Data was collected through filling out the EPDS questionnaire. Bivariate data analysis with Mann Whitney Test to determine the effect of birth plan on postpartum depression.

3. Result

Characteristics of Pregnant Women Respondents in the Independent Practice of Midwives in the Derwati Community Health Center Work Area in 2022

Characteristics Category
Eksperimen Group Control

Characteristic	Category	Eksperimen Group		Total
		Control Group	Total	
Age	Risk (<20 years & >35 years)	1 (3,3%)	1 (3,3%)	2 (6,6%)
	No Risk (>20-35 years)	14 (46,7%)	14 (46,7%)	28 (93,4%)
Parity	Primipara	6 (20%)	7 (23,3%)	13 (43,3%)
	Multipara	9 (30%)	8 (28,6%)	17 (56,6%)
Education	Elementary School (SD-SMP)	1 (3,3%)	1 (3,3%)	2 (6,6%)
	High School (SMA-PT)	14 (46,7%)	14 (46,7%)	28 (93,4%)
Occupation	Occupation	5 (16,6%)	6 (20%)	11 (36,6%)
	No occupation	10 (33,3%)	9 (30%)	19 (63,3%)
Income	<UMR	4 (13,3%)	4 (13,3%)	8 26,6%)
	>UMR	11 (36,7%)	11 (36,7%)	22 (73,4%)

The Effect of Birth Plan On Incident Post Partum Depresion In Independent Practice Midwifery Work Area Of Derwati Community Health Center Bandung City 2022

Birth Plan	Depresi Post Partum Yes	n	Mean Rank	Sum of Rank	Sig. (2-tailed)	Alpha
Yes (Eksperimen group)	1 (3,3%)	14 (46,6%)	15 (50%)	11.93 179.00		
No (Control Group)	2 (6,6%)	13 (43,4%)	15 (50%)		0.019	0.05
Total	3 (9,9%)	27 (90,1%)	30 (100%)	19.07 286.00		

4. Discussion

A pregnant woman should not give up on herself in the process of giving birth. A natural normal delivery is strongly supported by the anatomical condition of the body, especially the mother's pelvis, her physiology and psychological readiness. In preparation for childbirth, a planning regarding physical, psychological, spiritual, material and support systems is needed to realize the delivery that is expected by every woman (Rahayu, 2017).

The common elements of the birth plan include requests to ambulate during labor, drink fluids as desired, to receive the baby to the abdomen after birth, and to have support persons in attendance. They also often contain a list of things that the woman wishes to avoid, such as continuous fetal monitoring, episiotomies, pain medications, and epidurals. Most women who write birth plans want an unmedicated birth with few interventions.

Adequate investment in preparation for birth is key to having an un medicated birth. has identified six evidence-based care practices that allow birth to unfold in a natural, physiological process. These six care practices are (1) labor begins on its own, (2) freedom of movement throughout labor, (3) continuous labor support, (4) no routine interventions, (5) spontaneous pushing in upright or gravity-neutral positions, and (6) no separation of mother and baby with unlimited opportunities for breastfeeding (Hussain Faraha, 2015).

Based on the results of interviews in most of the control group, preparation for childbirth was where the delivery center would be and who the birth attendant would be. From the experimental group, even though they had prepared a birth plan, 5 respondents said the birth did not match the birth plan, while from the case group who did not have a birth plan, 5 respondents felt that the birth was in line with expectations, of course this illustrates that the birth plan is just a birth plan. The ideal can be achieved by anyone and the human task is to try.

The experience of giving birth is a psychological aspect of postpartum whose psychological effects can adversely affect short-term and long-term health status, with a negative birth experience that will cause Post Traumatic Stress Disorder (PTSD) and depression. Research has shown that the birth experience can be influenced by a variety of conditions, including support, external and internal controls, and obstetric complications. Pregnancy, childbirth and the breastfeeding phase are among the most important events in a woman's life, namely: complex and important experiences for women, with long-term effects throughout their lives. These experiences affect women's well-being and future, affecting their relationships with their children, as well as their

relationships with their partners. If the conditions of childbirth are stressful for women, they may become fragile and vulnerable later in the reproductive period (Ahmadpour, 2020).

Birth Plan or birth planning is a form of concept or program that is in accordance with midwifery philosophy, namely it is a normal and natural child birth process, women Center care, continuity of care, empowering women, Informed choice and Informed consent birth plan (Komariah, 2017).

Antenatal birth preparation is often seen as the doorway to women's health through health education, communication and women's empowerment which are the main components of birth planning. The importance of ensuring a safe birth from a clinical perspective, including the psychological and emotional needs of women, ensuring their involvement in decisions and fulfilling a sense of personal comfort, makes the experience of pregnancy and childbirth more satisfying and prevents stress and depression during the postpartum period.

The aim of antenatal care is to maintain the mother's physical and mental health during pregnancy until after giving birth. One of the mental health disorders that arises after giving birth is postpartum depression. Globally, this disorder is the most common effect of childbirth, namely around 10-15% of women who give birth experience this, both the first time they give birth and the subsequent ones (Wurisastuti, 2020).

5. Conclusion

There is a significant effect between birth plan on the incidence of postpartum depression. It is hoped that midwives can provide quality antenatal services including providing counseling and education related to childbirth preparation so that mothers can undergo the birth phase in a healthy,

normal, comfortable and minimally traumatic manner as an effort to prevent postnatal depression.

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