

The Influence of Anxiety Inprimiparity Postpartum on Mom's Skills Bath a Baby and Protect of the Umbilical Cord

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Abstract

The process of pregnancy, childbirth and the period of childbirth will cause anxiety, especially in primiparous mothers aged <20 years. This is because caring for a newborn baby is something new that will be experienced. This study aims to determine the effect of the level of anxiety of adolescent primiparous postpartum mothers on the ability to bathe and care for the baby's umbilical cord in the working area of the Narmada Community Health Center, West Lombok Regency, NTB. This type of research is observational with a cross-sectional design. The study population of all primiparous postpartum mothers gave birth in the Narmada Health Center Work Area from April to May 2015, the sampling technique used was purposive sampling the number of samples was 55 respondents. The statistical test used is Chi-Square. The results of Chi-Square analysis showed that on the 3rd day $p = 0.001$ $p < 0.05$ this meant that there was a significant influence between the level of anxiety and the ability to bathe and care for the newborn's umbilical cord on day 3 and the results of Chi-Square analysis showed on the day 7 obtained p -value = 0,000 $p < 0,05$ means that there is a significant influence between the level of anxiety and the ability to bathe and care for the newborn umbilical cord on day 7. The influence of anxiety in primiparity postpartum on mom's skills bathe a baby and Protect of the Umbilical Cord.

Keywords: anxiety; bathing ability; protect of the umbilical cord.

INTRODUCTION

The degree of public health in Indonesia is described through the Infant Mortality Rate (IMR) and is one of the main parameters of child health. According to the results of the 2012 Indonesian Demographic and Health Survey (IDHS) of Indonesia's IMR of 32 per 1,000 Births of Lifethe IMR achievement was less encouraging compared to the targets to be achieved by the 2015 Millennium Development Goals (MDG's) to reduce infant mortality by 23 per 1,000 KH. According to the 2012 IDHS data, the Infant Mortality Rate in West Nusa Tenggara Province is 57 per 1,000 KH (Indonesian Ministry of Health, 2013).

In West Nusa Tenggara Province, especially West Lombok District, the number and presentation of women according to the age of first marriage, a high percentage at the age of <16-19 years was 51.49%.

The phenomenon of married women at the age of <20 years is found in one sub-district in West Lombok Regency, namely the Narmada, according to 2012 statistical data of 22, 38% (Indonesian Central Bureau of Statistics, 2014)

The high age of early marriage or adolescence in the province of West Nusa Tenggara, especially Lombok, is caused by one of the social and cultural factors, the view that women who have experienced childbirth at the age of 12-15 years can marry. Lombok Community Sasak tribe in West Nusa Tenggara has a culture of "running away". Running marriage is a tradition practiced by a man who wants to marry a woman he chooses by escaping the girl without her women's and family's consent. If the girl has been taken away, the consequence is that the woman and the family must agree to a marriage. However, there are also marriages

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carried out by young couples who have planned to get married that are not approved by her and him parents (Handrika, 2014).

Based on the results of the 2012 IDHS Trend of Indonesia, Age Birth Rate (ASFR) the birth rate of the first child of a teenager age (15-19 years) was 48 per 1,000 births, while in West Nusa Tenggara the birth rate was quite high at 75 per 1,000 births (Indonesian Basic of Health Research, 2013). Based on preliminary studies conducted in the work area of the Narmada Community Health Center, the delivery of teenage primiparous mothers aged 10-19 years in 2014 there were 220 deliveries from 939 deliveries. Based on the data above, it illustrates the high age of women who marry adolescents and the high rate of childbirth from adolescent girls.

The process of pregnancy, childbirth and postpartum will cause anxiety, especially in primiparous mothers because caring for newborns is something new they experienced, some mothers who experience mild, moderate, severe anxiety and panic are found in primiparous adolescents <20 years, psychologically generally adolescents are not ready to carry out their roles as mothers so they will appear like mental tension, confusion about the social role that changes from a teenage girl and then a mother (Yunita & Mahpolah, 2013).

The transition to being parents will be difficult for parents who are still teenagers, teen primiparous mothers in the first week are still not ready to accept new tasks as mothers. This is in accordance with Rubin's opinion that the puerperal period is divided into stage I (Taking in), stage II (Taking hold), stage III (Letting go) at these stages mothers often experience anxiety, tend to be sensitive, feel not proficient and unable in performing baby care skills such as breastfeeding babies, bathing babies and carrying out cord care. Anxiety can cause various problems including postpartum depression (Thiruppathi et al., 2014).

Based on Sari's study (2011), in Banjarmasin which examined the description of the level of anxiety of adolescent primiparous mothers in the ability to care for newborns in the postpartum room of Dr.H.Moch Hospital. Ansari Saleh got the highest results on 53.3% mild anxiety and 6.7% severe anxiety.

Similar research conducted by Oliveira & Cordeiro (2014), in Fortugis Hospital. Oweis, Gharaibeh and

Aishee, the sample consisted of 100 adolescent primiparous postpartum mothers 1 month period related to the ability to care for newborns obtained results of adolescent primiparous postpartum mothers 80.55% experienced anxiety due to inability related to newborn care, especially umbilical cord care, bathing the baby, breastfeeding a baby.

The general purpose of this study was to determine the effect of anxiety levels on adolescent primiparous postpartum mothers on the ability to bathe and care for the umbilical cord of newborn babies in the working area of the Narmada Health Center in West Lombok, West Nusa Tenggara Indonesia.

METHOD

The data analysis technique used in a univariate analysis, aiming to see an overview of the frequency distribution of respondents' characteristics. The bivariate analysis aims to see the relationship of independent variables to the dependent variable using Chi-Square analysis.

The source of the research data was primary data, measurement of anxiety level was measured using the Hamilton Rating Scale for Anxiety questionnaire (HRS-A) given on day 3 and data on the ability to meet the needs of newborns (bathing babies and cord care) was obtained through direct observation using observation / checklist sheet on the 3rd and 7th days.

The population in this study were all women giving birth in the work area of the Narmada Health Center in the period April to May 2015. The study sample of adolescent primiparous postpartum mothers who met the inclusion criteria with a purposive sampling technique totaling 55 people.

DISCUSSION

Table 1. *Distribution of Respondent Anxiety Levels According to HRS-A in Postpartum Primiparity in the Work Area of Narmada Health Center West Lombok, West Nusa Tenggara*

	Category	Percentage	
		n	%
1	Normal	10	18,2
2	Mild	23	41,8
3	Moderate	14	25,5
4	Severe	8	14,5
	Total	55	100,0

Based on Table 1 shows the largest proportion of respondents experiencing mild anxiety is as much as 41.8%.

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Table 2. Distribution of Description of Ability of Mother Postpartum Primiparity in Meeting the Needs of Newborn Babies in the Work Area of Narmada Health Center West Lombok West Nusa Tenggara.

	Category	capable		Not capable	
		n	%	n	%
1	Bathing a baby				
	Days 3	31	56,4	24	43,6
	Days 7	34	61,8	21	38,2
2	Protect the umbilical cord				
	Days 3	39	70,9	16	29,1
	Days 7	15	53,6	13	46,4

Based on Table 2 shows the largest proportion of respondents experiencing mild anxiety is as much as 41.8%.

This study shows that the respondents' ability in meeting the needs of newborns who on the 3rd day to the 7th day remained largely incapacitated at 60%. Exposure to these results shows that both the ability of the 3rd and 7th days most of the respondents were still unable to fulfill the needs of newborns which included breastfeeding ability, bathing ability and cord care ability. In this study the ability of respondents to umbilical cord care has decreased from 70.9% to 53.6% on the 7th day, this is because many respondents who have removed the umbilical cord on their baby.

Table 3. Distribution of Changes in Ability of Mother Postpartum Primiparity in Fulfilling the Needs of New Babies Born from day 3 to day 7 in the Working Area of Narmada Health Center, West Lombok, West Nusa Tenggara

Capability	Days 3		Days 7	
	n	%	n	%
	Not Capable	35	63,6	33
Capable	20	36,4	22	40,0
Total	55	100,0	55	100,0

Table 4. Relationship between Anxiety Levels and Ability to Fulfill the Needs of Newborn Babies on Day 3 in the Work Area of Narmada Public Health Center WestNusa Tenggara

Anxiety	Capability on days 3				n	%	p
	capable		Not capable				
	n	%	n	%			
a. Normal	9	45,0	1	2,9	10	18,2	0,001
b. Mild	8	40,0	15	42,9	23	41,8	
c. Moderate	2	10,0	12	34,3	14	25,5	
d. Severe	1	5,0	7	20,0	8	14,5	
Total	20	100,0	35	100,0	55	100,0	

Table 4 shows that more than 10 respondents who did not experience anxiety were found to be able to meet the needs of newborns, namely 9 respondents (45%), whereas those who experienced anxiety, mild, moderate and severe anxiety were found more unable to meet the needs of new babies born 15 respondents (42.9%), 12 respondents (34.3%) and 7 respondents

(20.0%), it was also seen that the more anxious the more they did not have the ability to meet the needs of newborns. The results of statistical analysis using Chi-Square obtained p-value = 0.001 or p <0.05, meaning that there is a significant effect between the level of anxiety and the ability to meet the needs of newborns on day 3.

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Table 5. Relationship between Anxiety Levels and the Ability to Fulfill the Needs of Newborn Babies on Day 7 in the Work Area of Narmada Public Health Center West Nusa Tenggara

Anxiety	Ability						p
	Capable		Not Capable		n	%	
	n	%	n	%			
a. Normal	10	45,5	0	0,0	10	18,2	0,000
b. Mild	11	50,0	12	36,4	23	41,8	
c. Moderate	1	4,5	13	39,4	14	25,5	
d. Severe	0	0,0	8	24,2	8	14,5	
Total	33	100,0	22	100,0	55	100,0	

Table 5 shows that on the 7th day respondents who were not anxious were more able to meet the needs of newborns, as well as those who were lightly anxious each of 10 respondents (45.5%) and 11 respondents (50%), while those who were anxious were up more were found not to have the ability to meet the needs of newborns, 13 respondents (39.4%) and 8 respondents (24.2%), it was also seen that the more anxious the more they did not have the ability to meet the needs of newborns . From the results of statistical analysis using Chi Square obtained p value = 0,000 or $p < 0.05$, meaning that there is a significant effect between the level of anxiety and the ability to meet the needs of newborns on day 7.

This study shows the largest proportion of respondents experiencing mild anxiety as much as 41.8%, the incidence of anxiety is high because it describes that most respondents experience anxiety.

Yunita & Mahpolah (2013), revealed the period of puerperium or postpartum causes anxiety, especially in primiparous mothers, some women who experience mild, moderate and severe anxiety and even panic are also found in adolescents who are <20 years old, psychologically generally teenagers are not ready to carry out its role as a mother, what will emerge is mental tension, confusion over the social role that changes from a teenage girl to a mother.

Primiparous postpartum mothers who experience mild anxiety due to the age of a very young mother, the few skills that she masters relate to baby care, have not been able to accept changes in life patterns and fatigue caring for her baby, as well as what happens to mothers who experience moderate anxiety but mothers with anxiety the more complaints and fears he felt compared to mothers with mild anxiety such as increased fatigue, increased heart rate and breathing,

increased muscle tension, decreased concentration ability, easy forgetfulness, anger and crying. Mothers with severe anxiety who were encountered also experienced complaints such as those felt in mild and moderate anxiety as well but coupled with complaints -other complaints such as dizziness, headache, twitching of muscles, clenched teeth, trembling fingers, worry of not being a good and unable mother take good care of his child. This is feared to continue to postpartum depression.

The results of this study are in line with Sari's (2011) study, in Banjarmasin which examined the description of the level of anxiety of adolescent primiparous mothers in the ability to care for newborns in the postpartum room of Dr.H.Moch Hospital. Ansari Saleh got the highest results on 53.3% mild anxiety and 6.7% severe anxiety.

This study shows that the respondents' ability in meeting the needs of newborns who on the 3rd day to the 7th day remained largely incapacitated at 60%. Exposure to these results shows that both the ability of the 3rd and 7th days most of the respondents were still unable to fulfill the needs of newborns which included breastfeeding ability, bathing ability and cord care ability. In this study the ability of respondents to umbilical cord care has decreased from 70.9% to 53.6% on the 7th day, this is because many respondents who have removed the umbilical cord on their baby. According to Sodikin (2009), the umbilical cord is generally released within 5 days to 7 days although sometimes there are up to 14 days. In this study the care of newborn umbilical cord was carried out routinely, the mother continued to maintain the cleanliness of the area around the umbilical cord, the umbilical cord was left open and did not wrap the umbilical cord but was not given any substances

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such as the use of powdered medicines or leaves sprinkled on the rope center and do not apply any liquid or material to the umbilical stump which can cause infection so that the umbilical cord becomes dry quickly and loosens faster. (Ali, Ali, & Azam, 2009)

The formation of new behavioral patterns and the development of one's abilities occur through certain stages, starting from the formation of knowledge, attitude, to having new skills. The ability of mothers to care for newborns is also influenced by several factors, namely maternity experience (primiparous or multiparous), support of health workers, family support, continuous support of the husband. All support increases maternal self-confidence, provides comfort, provides success and ability to breastfeed, bathe babies and cord care. Another factor that influences the ability of mothers is the age of mothers who are teenagers during childbirth (Silaban, 2010).

This study is in line with the research of Herwani (2011), in Jambi the population of all adolescent primiparous postpartum women in September 2011, the sample size was 48 adolescent primiparous postpartum women. The results of the study showed that from 48 respondents, the ability to bathe the baby was 62.5% of the respondents were unable and 37.5% of respondents were able; on the ability to care for the umbilical cord 54.2% are not able and 45.8% of respondents are able; on the ability to breastfeed a baby 79.2% able and 20.8% unable to breastfeed a baby.

The results showed that on the 3rd day showed that based on the results of statistical tests using Chi Square obtained p value = 0.001 or $p < 0.05$, meaning that there was a significant effect between the level of anxiety and the ability to meet the needs of newborns on day 3. The results of statistical analysis using Chi Square on the 7th day obtained $p = 0,000$ or $p < 0.05$, meaning that there was a significant influence between the level of anxiety and the ability to meet the needs of newborns on day 7.

Biological studies show that the brain has a special response to benzodiazepin, these receptors help regulate anxiety. The regulation relates to the activity of gamma amino butyric acid (GABA) neurotransmitters which control the activity of neurons in the part of the brain responsible for producing anxiety

(Oltmans & Emery, 2013). The precipitation factor is all the tension that threatens the onset of anxiety, the precipitation of anxiety grouping on the threat to self-esteem includes adjusting to the new role as a mother during childbirth in meeting the needs of newborns. A person's self-esteem is an important factor associated with anxiety, people who have a predisposition to experience anxiety are people who are easily threatened, have negative opinions about themselves or doubt their ability to breastfeed babies, the ability to bathe the baby and the ability of cord care (Breitkopf et al., 2006). Behavioral theory states that anxiety is a frustrating result of everything that interferes with a person's ability to achieve goals such as getting a job, family, caring for children, success in school, etc. (Suliswati, 2012).

In this study researchers have criteria for taking respondents, one of them is postpartum mothers on the 3rd and 7th days, this is related to the period of postpartum psychology according to Rubin in stage II, namely taking hold period where there is a shift from a state of dependence to an independent state, mother tends experiencing anxiety, feeling worried about the inability and sense of responsibility in the care of the baby, the mother's feelings are more sensitive so that they are easily offended and feel not good at breastfeeding skills, baby bathing and cord care.

In a study that tracked 1,024 women during the first three months after they gave birth, researchers from the University of Heidelberg in Germany found that more than 11 percent were victims of postpartum anxiety disorder because of the inability of mothers to meet the needs of newborns. (Alehagen, Wijma, & Wijma, 2006)

This is in line with research conducted by Penny & Judith (2010), in North Carolina the United States research conducted on teen primiparous (aged 13-19 years) the number of samples of 50 respondents, carried out observation of mothers and infants carried out in a period of 1 month. The results showed that teenage primiparas were not able to fulfill the needs of newborns ($p = .0001$), teenagers showed significantly higher anxiety and depression ($p = 0.0074$).

Similar research conducted by Oliveira & Cordeiro (2014), in Fortugis Hospital. Oweis, Gharaibeh and Aishee samples consisted of 100 adolescent

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primiparous postpartum mothers for a period of 1 month related to the ability of newborn care to obtain results of adolescent primiparous postpartum mothers 80.55% experienced anxiety due to inability related to newborn care, especially the care of the umbilical cord, bathing the baby, breastfeeding baby.

CONCLUSION

There is an influence on the level of anxiety of adolescent primiparous postpartum mothers on the ability to meet the needs of newborns in the working area of Narmada Health Center, West Lombok Regency, West Nusa Tenggara. For health workers as input so that health workers improve midwifery care by continuing to assist during childbirth, direct training of newborn care skills, increase postpartum visits, reevaluate the skills of mothers to care for their babies, provide support, attention and help in carrying out their new roles as a parent so as to reduce the level of maternal anxiety and prevent increased anxiety into postpartum depression.

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