



Determinant Factors of Baby Blues Syndrome among Postpartum Mothers: A Literature Review

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ABSTRACT

Baby blues is a common psychological condition experienced by postpartum mothers, with a prevalence of 33%, indicating that maternal mental health still receives insufficient attention despite being a crucial aspect of recovery and early parenting. This study aims to identify the factors contributing to baby blues in postpartum mothers. A literature review method was used by searching scientific articles through Google Scholar, Garuda, and PubMed. The inclusion criteria focused on qualitative and quantitative studies on baby blues published within the last five years, following the PRISMA approach. Selected articles were those relevant to the topic and aligned with the study's objectives. The review findings show that baby blues syndrome is influenced by multiple determinant factors categorized into internal and external factors. Internal factors include hormonal changes that lead to emotional instability and certain types of childbirth, such as Sectio Caesarea, which may trigger post-traumatic stress responses. External factors involve inadequate emotional and social support from husbands, families, and health workers; demographic and socioeconomic conditions of the mother; and the quality of care provided by health workers, particularly their responsiveness and support during delivery and postpartum periods. In conclusion, several factors hormonal instability, traumatic childbirth experiences, limited social support, and suboptimal roles of health professionals contribute significantly to the occurrence of baby blues syndrome. Therefore, strengthening maternal mental health programs, enhancing family involvement, and optimizing the role of health professionals in postpartum care are essential strategies for preventing and managing baby blues more effectively. (243 words)

Keywords : Baby blues ; Mental health ; Risk factor ; Support.

Published by:
Tadulako University

Address:
Jl. Soekarno Hatta KM 9. Kota Palu, Sulawesi Tengah,
Indonesia.

Phone: +6282197505707

Email: preventifjournal.fkm@gmail.com

Article history :

Received : 14 07 2025

Accepted : 24 12 2025

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INTRODUCTION

Baby blues syndrome is a condition after giving birth for about two to three days, a mother experiences feelings of depression, anxiety, crying without cause, difficulty sleeping, or questioning the ability to care for her newborn baby (1). This syndrome is usually experienced by mothers within the first two weeks postpartum in the first year (2). Baby blues is usually characterized by emotional reactions in mothers that reflect five basic human emotions such as anger, sadness, disgust, happiness, and fear. This condition is accompanied by changes in lifestyle, behavior, and emotional instability, such as crying easily, fatigue, disappointment, worry, stress, confusion, loneliness, and feelings of abandonment (3).

The World Health Organization states that nearly 1 in 5 women globally will experience a mental health condition during pregnancy or a year after giving birth. Among women with perinatal mental health conditions, 20% will experience suicidal thoughts or self-harm. The incidence of baby blues in developing countries is 15.8% during pregnancy and 19.8% after childbirth. In some severe cases, mothers may experience such severe distress that they even contemplate suicide (4). In France, the prevalence of baby blues is 33% based on a prospective cohort study with a sample of mothers who have given birth (5).

Baby blues have a significant impact on the emotional state of mothers after giving birth, characterized by feelings of insecurity, inability to perform the role of caregiver, and a tendency to withdraw from interaction with the baby including breastfeeding, thereby reducing the quality of the relationship between mother and baby (6). Infants who lack optimal breastmilk intake tend to cry more often, sleep problems, and are at risk of delays in their physical, social, and cognitive development (7). In addition, baby blues can also affect the mother's physical activity and limit her ability to maintain social relationships with people around her (8). In the long term, if not treated appropriately, baby blues can

develop into postpartum depression which can disrupt the mother's caregiving function and overall well-being (9).

Therefore, a deeper understanding of the various factors that cause baby blues in postpartum mothers is needed. Understanding the multiple factors is very important to anticipate the risk of baby blues, minimize its negative impact on maternal mental health, and prevent the development of this condition into a more serious disorder, namely postpartum depression. This literature review aims to identify the various factors that cause baby blues in mothers after childbirth. The focus of this review includes both internal and external factors that affect the psychological and emotional state of mothers in the postpartum period.

METHODS

This article uses the literature review writing method, commonly called Literature Review. This method was chosen to deeply analyze various previous studies, theoretical concepts, and relevant findings related to baby blues. The literature collection process was conducted through multiple scientific database searches using Google Scholar, Garuda, and PubMed.

The inclusion criteria used were: 1) Qualitative and quantitative research on baby blues in postpartum mothers. 2) Articles published within the last 5 years. 3) Articles in accordance with the topic and purpose of the literature review. 4) Articles were freely accessible, free of charge, and in the form of full articles or full text. The keywords used for journal searches on the Google Scholar and Garuda databases were "baby blues," "postpartum blues," "factors," and "prevention." Meanwhile, the PubMed database used the keywords "baby blues" and "postpartum blues ." The literature selection process uses the Boolean method, namely by using "AND" and "OR," which aims to combine keywords to narrow and exclude articles that will be obtained.

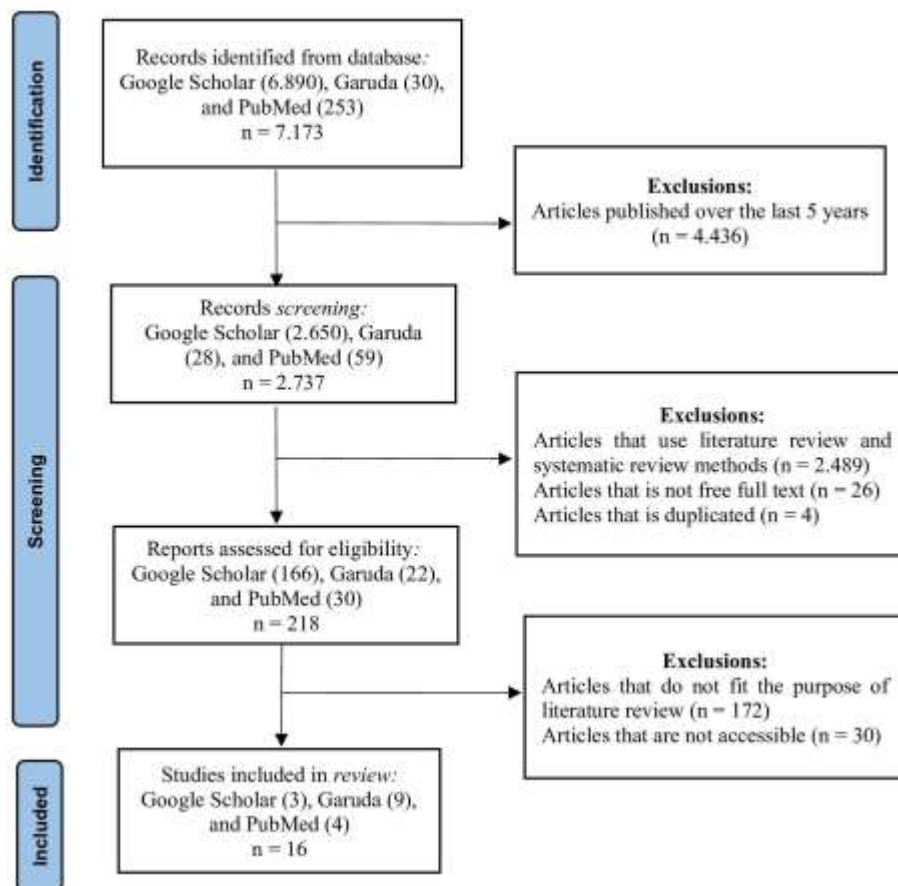


Figure 1. PRISMA Flowchart

RESULTS

After searching for literature and collecting articles by filtering through compiled keywords, the author identified 218 journal articles, which were then reselected based on inclusion criteria using database sources from Google Scholar, Garuda, and PubMed. From this number, the articles were reselected based on the inclusion criteria, resulting in 16 journal articles, comprising 3 international journals and 13 national journals, which were used as references for the literature review.

Table 1
Article Review Results

Author and Year	Place	Article Title	Design Study	Results
Ginting, A. S. B. (2024).	Bengkulu Utara.	Faktor-Faktor yang Memengaruhi Post partum Blues di TPMB 1 Tahun 2024.	<i>Cross-Sectional</i>	The study reveals that postpartum blues are significantly influenced by husband support, with mothers who lack emotional support more likely to experience mood swings. Personal readiness, such as mental preparation, does not significantly impact postpartum blues emergence (10).
Illahi, G. R., Ma'rifah, U., & Anifah, F.(2024).	Surabaya.	Pengaruh Terapi Murottal Surat Ar-Rahman Pada Ibu Dengan Postpartum Blues Di TpmB Siti Alfiyah Dan Muarofah Kota Surabaya.	<i>Cross-Sectional</i>	Baby Blues is a hormonal phenomenon triggered by a decrease in estrogen, progesterone, thyroid hormones, and endorphins levels post-childbirth, affecting emotional stability and causing mothers to cry or feel anxious (11).



Author and Year	Place	Article Title	Design Study	Results
Bagherzadeh. R.dkk. (2025).	Iran	<i>Investigating impact of consulting midwives on maternal rights charter on perception of respectful maternity care and postpartum blues among postpartum women: a quasi experimental study.</i>	<i>Quasi-experimental study</i>	Disrespectful maternity services, lack of privacy, poor communication, inadequate education, emotional support, fatigue, stress, and hormonal changes cause baby blues. Preventing it requires empathy and adequate education(12).
Anggraini.D. (2024).	Jakarta	Hubungan Dukungan Suami, Peran Bidan, dan Pengetahuan Ibu terhadap Kejadian Baby Blues pada Ibu Nifas di BPM Bidan Lena Jakarta.	<i>Descriptive Analytics with Cross-Sectional</i>	Baby blues in postpartum mothers is influenced by three factors: lack of husband support, suboptimal midwife role, and the mother's knowledge. Lack of emotional and childcare support, suboptimal midwife education, and low knowledge about postpartum psychological changes increase the risk of emotional disturbance (13).

Author and Year	Place	Article Title	Design Study	Results
Wahyuni, N. W. E., Rahyani, N. K. Y., & Senjaya, A. A. (2023).	Petang.	Karakteristik Ibu Postpartum dengan Baby Blues Syndrome.	<i>Cross-Sectional</i>	Postpartum mothers' age, education, occupation, and husband support significantly influence the risk of baby blues syndrome. Despite good husband support, some mothers still experience symptoms, highlighting the importance of emotional support and information from husbands and health workers (14).
Almida, E. N., Dahlia, Y., Ronanarasafa, & Shammakh, A. A. (2023).	Sambeli a, Lombok Timur.	Hubungan Usia dan Paritas Terhadap Kejadian Baby Blues Syndrome pada Ibu Postpartum di Kecamatan Sambelia, Lombok Timur.	<i>Cross-Sectional.</i>	The study reveals parity as the most significant risk factor for baby blues syndrome in postpartum mothers, alongside age, education, employment, childbirth type, unwanted pregnancy, and family economic status (15).
Apriyanti, A., Krismiadi, D., & Dina, H.(2023).	Bungku Tengah	<i>The Factors Related To The Event Baby Blues In Postpartum Mothers: Postpartum</i>	<i>Cross-Sectional</i>	Baby blues can be caused by factors such as the mother's age, lack of husband support, inexperience, and anxiety about their new role. First-time mothers are



Author and Year	Place	Article Title	Design Study	Results
		<i>Mothers.</i>		also more prone to inexperience and anxiety. Employment status also influences the risk (16).
Landman, A., Ngameni, E. G., Dubreucq, M., Dubreucq, J., IGEDEPP Groups, Tebeka, S., & Dubertret, C. (2024).	Paris.	<i>Postpartum blues: a predictor of postpartum depression, from the IGEDEPP Cohort.</i>	<i>Cohort.</i>	Baby Blues can be triggered by psychiatric disorders, childhood trauma, obstetric conditions, and stressful life events during pregnancy, with higher risk factors increasing the likelihood to 31%, according to a study. (5)
Manurung S, Setyowati S.(2021).	Jakarta.	<i>Development and validation of the maternal blues scale through bonding attachments in predicting postpartum blues.</i>	Qualitative with a Cross-Sectional study design	Baby blues are triggered by internal and external factors, including physical exhaustion, anxiety, and lack of emotional bonding, as well as cultural pressures, economic conditions, and lack of support from family (17).

Author and Year	Place	Article Title	Design Study	Results
Dewi, R., Nuha, K., Kurniawati, P., Safitri, A., Yasmita, H., & Ani, F. (2024).	Banda Aceh.	Pengaruh Dukungan Suami dan Karakteristik Ibu Postpartum dengan Kejadian Baby Blues di Wilayah Kerja Puskesmas Baiturrahman Kota Banda Aceh Tahun 2024.	Descriptive analytic with a cross-sectional study design	The study reveals that factors influencing baby blues include the type of childbirth, education level, and parity. Cesarean mothers are more susceptible due to recovery and caregiving limitations, while primiparous mothers are more likely due to lack of experience (18).
Wulan, N., Mawati, I. P., & Sutandi, A. (2023).	Kuningan.	Analisis faktor yang berhubungan dengan kejadian baby blues syndrome pada ibu postpartum.	Quantitative with a Cross-Sectional study design	Postpartum mothers' age, parity, and social support significantly influence baby blues incidence. Multiparous mothers have a lower risk, while social support during postpartum can reduce or increase the likelihood (19).
Purwati, A. I., Fitria, N., & Aifa, W. E. (2023).	Pekanbaru.	Faktor-faktor yang mempengaruhi postpartum blues di BPM Pekanbaru.	Quantitative with a Cross-Sectional study design	Postpartum blues are more common in mothers under 20 or over 35 due to emotional unpreparedness, increased psychological burden, demanding work, lack of family support, and low income, which

Author and Year	Place	Article Title	Design Study	Results
				can lead to physical exhaustion and mood disorders (20).
Sormin, R. E. M., Atok, Y. S., Manek, B. D., Palalangan, D., & Babis, I. Y. (2025).	Kupang.	<i>Risk factor analysis of baby blues symptoms in postpartum women with a history of complications during childbirth.</i>	<i>Cross-Sectional.</i>	Baby blues are influenced by factors such as the type of childbirth, maternal employment, and family income. Cesarean mothers are more susceptible, while those with lower incomes experience anxiety due to economic pressures, increasing the mental burden during postpartum periods (21).
Komariah. (2023).	Bekasi.	Hubungan Perubahan Psikologis Pada Ibu Postpartum, Dukungan Suami Dan Dukungan Bidan Dengan Kejadian Baby Blues Di TPMB Siti Asiah Bekasi Tahun 2023.	<i>Cross-Sectional.</i>	The study reveals that baby blues are triggered by psychological disturbances and lack of support from husbands and midwives, with emotional changes increasing the risk (22).
Rohmah, Y., Fitrihanur, W.	Gresik	<i>The Relationship</i>	<i>Cross-Sectional</i>	The study reveals that a lack of husband support

Author and Year	Place	Article Title	Design Study	Results
L., Zuhroh, D. F., & Sari, D. J. E. (2024).		<i>Between Husband's Support and Coping with the Occurrence of Baby Blues Syndrome in Postpartum Mothers.</i>		increases the likelihood of a mother experiencing baby blues post-childbirth, and poor coping skills can lead to emotional distress, suggesting that husband support is crucial (23).
S. Mlambo & H. J. Amukugo.(2024).	Namibia.	<i>Facilitating childbirth choice for positive postnatal mental health well-being among women: a Namibian case study.</i>	<i>Qualitative design with an exploratory descriptive approach</i>	Baby blues are caused by a lack of empowerment, limited information, and inadequate healthcare, leading to stress, anxiety, and loss of control, negatively impacting postpartum mental health (24).

DISCUSSION

Based on the results of the literature review, baby blues syndrome in postpartum mothers is a psychological condition influenced by multiple determinants, encompassing both internal and external factors. Internal determinants include hormonal and biological changes and the type of childbirth; external determinants include social and emotional support, demographic and socioeconomic characteristics, and the role of healthcare workers in maternal care services.

A total of 16 journal articles were reviewed, with 13 studies (81%) conducted in Indonesia and 3 studies (19%) from international sources. Most articles used a quantitative

approach, with 12 studies (75%) employing analytical or cross-sectional survey designs. Additionally, 2 qualitative studies (12.5%) explored mothers' emotional experiences and sociocultural contexts, while 2 other studies (12.5%) used quasi-experimental or interventional methods. Overall, the predominance of national quantitative research suggests that mapping risk factors for baby blues is more often conducted statistically, while fewer qualitative and experimental studies provide in-depth understanding of mothers' emotional experiences and the effectiveness of interventions in supporting postpartum mental health.

Internal Factors

Biological and Hormonal Factors

Postpartum hormonal changes are one of the primary triggers for emotional instability in mothers. Based on the results of research that has been conducted, there has been a significant decline in estrogen, progesterone, and thyroid hormone levels following childbirth. This decrease in hormones not only affects the body's physiological functions but also causes significant changes in the neuroendocrine system that regulates mood and emotional balance in mothers. Specifically, the decrease in endorphin levels, which act as regulators of feelings of joy and emotional comfort, makes mothers more susceptible to feelings of anxiety, irritability, and even emotional emptiness or void.

In addition to hormonal changes, obstetric factors such as childbirth complications, premature birth, and low birth weight also contribute to increased physical and emotional stress in mothers. These conditions can exacerbate mood instability and increase the risk of postpartum psychological disorders such as baby blues or postpartum depression. Therefore, early recognition and management of these risk factors are crucial for maintaining maternal mental health during the postpartum period (5,20).

Type of Childbirth

The type of delivery is one of the factors that significantly influences the risk of baby blues in mothers. Mothers who give birth via cesarean section tend to be more prone to baby blues than those who undergo vaginal birth. This vulnerability is related to the more difficult post-operative recovery process, physical limitations in caring for the baby, and the risk of complications such as severe bleeding. Additionally, suppose the surgical procedure is performed urgently or without prior planning. In that case, it can cause significant psychological stress for the mother, including symptoms such as nightmares, flashbacks, or excessive fear of future pregnancies.

Although some mothers accept the outcome of the surgery well, negative feelings resulting from physical or emotional trauma may still arise during the recovery period. Research indicates that the higher the level of intervention during childbirth, such as induction, vacuum extraction, forceps, or cesarean section, the greater the potential for psychological trauma. The stressful or frightening experiences during childbirth can trigger emotional stress that contributes to an increased risk of postpartum depression during the postpartum period (27).

External Factors

Social and Emotional Support

One of the factors contributing to baby blues is social support, particularly from husbands, close friends, and family. This social support refers to the emotional, instrumental, or physical support provided by people close to the mother, which offers emotional benefits or influences the recipient's behavior (25). In postpartum mothers, social support plays a vital role as a protective factor against the risk of baby blues. Based on research that has been conducted, there is a lack of social support, both emotional and instrumental, from a partner can trigger feelings of isolation, overwhelm, and inability to fulfill the role of a mother. Conversely, the presence of a supportive husband has been

proven to enhance a mother's emotional resilience and expedite the adaptation process after childbirth (10,13,23).

Adequate social support can come from various close relationships, such as those with a spouse, family members, or friends. This support encompasses several aspects, including emotional support in the form of empathy, attention, and encouragement; instrumental support, such as helping with household chores or caring for the baby; informational support that provides knowledge and advice related to maternal and infant care; and physical presence that brings a sense of calm and security. Social support plays a crucial role in reducing the risk of baby blues, as it can alleviate the mother's emotional burden, make her feel valued, and facilitate her adaptation to her new role as a mother. The presence of close people such as husbands, family, and friends can stabilize the mother's psychological condition by providing practical help, information, and emotional comfort. This consistent support strengthens the mother's mental resilience so she does not feel alone and is better prepared to face postpartum challenges.

Demographic and Socioeconomic Factors

Maternal characteristics, such as age, educational level, employment status, and family income, have been shown to influence vulnerability to the baby blues. Very young mothers (<20 years old) are generally not yet psychologically and socially mature in fulfilling their role as mothers. Meanwhile, older mothers (>35 years old) are at higher risk of physical stress and fatigue, as explained by Apriyanti et al. (2023). Postpartum mothers with low education levels are at higher risk of postpartum blues compared to those with higher education levels (26).

Low educational attainment limits access to information about pregnancy, childbirth, and infant care, which can leave mothers feeling unprepared to face the realities of the postpartum period. Meanwhile, working mothers may face conflicts between their role as mothers and their professional responsibilities. On the other hand, stay-at-home

mothers are also at risk of experiencing boredom and social isolation if they do not receive sufficient support. Limited family economic conditions also contribute to significant stress.

Mothers from low-income families often face significant psychological pressure due to financial constraints. These limitations raise concerns about the ability to meet basic household needs, childbirth costs, and the increasing expenses of infant care. This situation can trigger prolonged stress and excessive anxiety, which ultimately have a negative impact on the mother's mental health during the postpartum period (20,21).

The Role of Healthcare Workers in Childbirth Services

The role of healthcare workers, particularly midwives, is equally important. Education, accompaniment, and empathetic communication from medical staff throughout pregnancy and the postpartum period can help mothers understand and cope with the psychological changes occurring. Emphasizes that proactive healthcare workers, by providing information and support, can reduce the risk of Baby Blues (22).

The quality of healthcare services during pregnancy, childbirth, and the postpartum period also influences the mental health of mothers. Unresponsive care, ineffective communication, and inhumane treatment by healthcare workers have been reported to have a negative impact on mothers' childbirth experiences (12,22,24). When mothers feel unappreciated, ignored, or treated without empathy during the childbirth process, this can lead to emotional trauma that persists into the postpartum period in the form of baby blues. Conversely, supportive, informative, and dignified care can serve as an important protective factor.

CONCLUSIONS AND RECOMMENDATIONS

Based on the analysis conducted by the author, it can be concluded that several factors contribute to the development of baby blues. Some of the main factors include social and emotional support, postpartum hormonal changes, type of childbirth, maternal

characteristics (such as age, education level, and income), and the role of healthcare workers in healthcare services. The factor considered most influential in the occurrence of baby blues is the lack of social and emotional support, particularly from husbands and health workers, as the presence and support are proven to increase the mother's ability to manage emotions and accelerate postpartum adaptation. In addition, the type of childbirth, such as Sectio Caesarean, is also a factor that can affect the emotional condition of the mother due to post-traumatic stress reactions, pain, and physical trauma experienced.

Thus, social and emotional support from family, especially husbands, as well as the active role of health workers, are crucial in enhancing maternal well-being during pregnancy and postpartum. Husband should be encouraged to participate in prenatal education classes and postpartum counseling sessions to strengthen emotional bonds and provide effective support. Health workers, on the other hand, should receive continuous training in empathetic communication, early detection of postpartum mood disorders, and referral mechanisms for mothers at risk. Furthermore, healthcare facilities should integrate routine mental health screening into antenatal and postnatal care, supported by community-based programs that raise awareness about maternal mental health.

Future research is recommended to develop and evaluate targeted interventions that improve maternal emotional resilience such as peer support groups, counseling programs, or digital mental health tools as well as to explore the influence of cultural norms and health policies in promoting the mental well-being of postpartum mothers.

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