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Scoping Review



POSTPARTUM EXPERIENCE IN YOUNG MOTHERS

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ABSTRAK

Introduction : The puerperium or postpartum period is considered a vulnerable time for mothers, especially new mothers or young mothers because they are simultaneously faced with the demands of caring for their babies and experience the physical, emotional, and social changes that occur.

Objective : This study aims to determine the experience of childbirth in young mothers.

Method : The subjects in this scoping review were young mothers in the postpartum period. The method used was adapted from Arskey and O'Malley with 5 stages such as identifying the scoping review question, identifying relevant articles, selecting articles, data charting, result data presentation, discussion, and conclusion. Search for relevant articles through 4 databases, namely PubMed, ScienceDirect, Wiley, and Grey Literature through Google Scholar published from 2009-2019. This study is qualitative research.

Results : The results after selecting articles obtained 7 relevant articles and obtained 3 themes that emerged, namely obstacles (both from meeting nutritional needs, physical changes, and baby care, family planning, economy and stigma), the support needed (from partners, families and health workers), and the psychology of young mothers during the postpartum period, psychology positive (happy, ready to become mothers) and negative (anxiety, sadness, unpreparedness and emotional instability)

Conclusion : Young mothers in the postpartum period need high social support to prepare mother physically, psychologically, and socially. There is a need for more in-depth research regarding the conditions and psychology of young mothers in this period to provide recommendations for improving the health and well-being of young mothers and babies.

INTRODUCTION

The postpartum period is defined as the first six weeks after delivery [1]. This period is a critical transition period for mothers, babies, and families and must be considered because it can contribute to adverse health problems [2]. According to data, the number of marriages in adolescence continues to increase every year. According to the data, more than 700 million women get married before reaching adulthood, that is, around 250 million children marry before the age of 15, which allows childbirth and postpartum in adolescence [3].

After giving birth, common changes occur in the mother's life, including changes in roles, relationships, abilities and behaviour. The changes require the mother's adaptation to her new role and this situation may be particularly challenging for adolescent mothers, as they face physical, mental, psychological and social challenges. Adolescent mothers aged 15–19 years simultaneously encounter multiple developmental challenges

related to transition into adulthood, marriage, pregnancy and mothering responsibilities. Furthermore, they need to manage their economic stability. [4]. This is due to changes in the role of the mother and demands in caring for babies [5]. The inability to care for babies, lack of access to health services, and health care needs during the transition period of mothers, [6], as well as problems in breastfeeding, are often faced by young mothers in the postpartum period because mothers are still experiencing adjustments related to the physical changes they experience [7]. Lack of knowledge about proper and correct breastfeeding also contributes to those problems [8]. Another problem that is often experienced in the postpartum period is the lack of information regarding contraceptives and further family planning. It can impact the proximity of pregnancies to young mothers [9]. Psychological disorders in the postpartum period include anxiety, post-traumatic stress syndrome [10], and susceptibility to postpartum depression [11]. If it is not handled properly, it can have an impact on the interaction of mother and baby, husband and wife, family, and child development [12]. The

importance of support from family and health workers can affect the readiness of mothers to undergo the transition period in the postpartum period and can minimize the occurrence of health problems, the psychological pressure that mothers often feel [13]. Support can be in the form of practical support, as well as emotional and social supports[14]. Several studies suggest that adolescent mothers in western countries have a higher potential for psychological disorders [6], while many studies have focused on breastfeeding and the needs of babies compared to psychological problems that mothers experience [15]. The various developmental challenges of adolescent or young mothers in the postpartum period should be considered by health care providers to offer comprehensive and age-appropriate health services for successful transition to maternal roles. Appropriate health care services should be offered to mothers as part of pregnancy, childbirth and the postpartum period [15].

Therefore, to improve the clinical care of adolescent mothers, more information is needed about their experiences of healthcare and needs in transition becoming young mothers. This background of the study encourages the writers to conduct a scoping review of the experiences of postpartum period in young mothers.

METODE

Scoping review aims to map the literature, explore information about research activities related to the topic under study and also investigate any problems or gaps in the research area to be studied. Therefore, scoping review can provide basic information about the need for possible research [16].

The following scoping review framework is adapted from Arksey and O'Malley. The stages taken in a scoping review consist of: (1) Identifying the coping review questions, (2) Identifying relevant articles, (3) Selection of articles, (4) Data Charting, (5) Presentation of result data, discussion, and conclusion [16].

Step 1 Identifying the Scoping Review Questions

Identifying scoping review questions with PEOS helps to identify key concepts in focus questions on postpartum experiences in young mothers [17]. The results are presented in Table 1.

Step 2 Identifying the Relevant Articles

In the review process, the writers found relevant articles through searches on the database of PubMed, Science Direct, and Wiley. As a database that cannot be accessed for free, the author accesses it through the national library, for articles that are not available in full text, the author contacts via email. The Writers also searched through gray literature through Google Scholar. The keywords used in search engine searches were as follows: (1) literature written in English, published between 2009-2019, (2) postpartum mothers aged 16-24 years, (3) specific experiences of postpartum for young mothers, (4) original research articles. The criteria of the exclusions were: (1) opinion articles, (2) book reviews, (3) literature reviews.

Table 1. Research Question Framework/ PEOS

<i>Element</i>	<i>Inclusion Criteria</i>	<i>Exclusion Criteria</i>	<i>Rationalization</i>
<i>Population</i>	Teenage mother Young mother	Mothers aged > 25 years	Mothers between the ages of 16 to 24
<i>Exposure/ Event</i>	Puerperium Postpartum	Adolescent/young mothers who have a history of complications	To see the mother's experience
<i>Outcomes</i>	To see the quality of life of the mother after childbirth or the postpartum period		
<i>Study Design</i>	Exploratory studies, descriptive qualitative, historical research		Qualitative method
<i>Article</i>	Article published from 2009-2019, in English or Indonesian This can be in the form of a document/ report from WHO or an official organization, discussing the experiences of mothers during the postpartum period	Opinion article Book review Systematic review	Articles from the last 10 years are chosen because they are dynamic and up to date based on the latest evidence. Use English and Indonesian because of language limitations from the writers and use original articles because the writers focused on articles that have not been reviewed.

Step 3 Selection of Article

From a search of 3 databases and gray literature, there were 258 articles. After screening, 234 articles were excluded because 145 topics were irrelevant, 1 article book review, 85 duplicate articles, and 3 articles were not in English. Of the 51 articles that looked at the relevance of the abstract, 44 were irrelevant and 7 were left with full text which was then poured out in the form of a PRISMA flowchart. After that, a "critical appraisal" was carried out and mapping was prepared for the discussion chapter. The data screening process used preferred Reporting Items for Systematic Reviews and Meta-Analyzes (PRISMA). PRISMA describes the stages of information through various phases of a systematic review. PRISMA maps the number of records identified, included, and excluded, the reasons for exclusion [18]. It is considered appropriate because its use can improve the quality of publication reporting [19]. PRISMA can be visualized as follows:

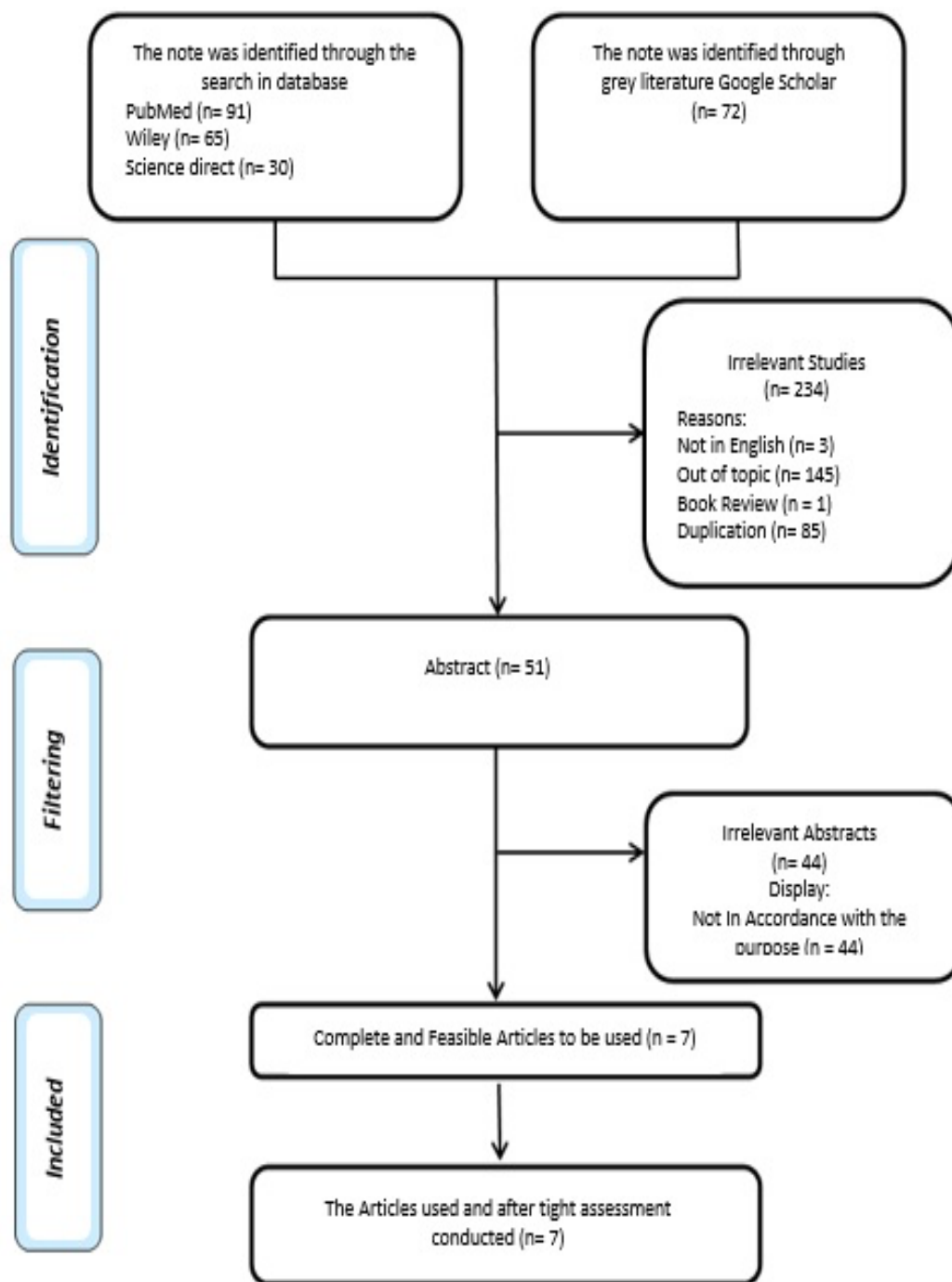


Figure 1. Prism Flowchar

Step 4 Data Charting

Data from 7 articles were selected and then performed critical appraisal to determine the quality of an article. The article assessment was performed using Hawker, S et al tools to assess the research objectives, methods, sampling, data analysis, and reporting of relevant empirical study results found transparently and strictly. Indicators allow the writers to assess the quality of a determination in an article [20]. The writers independently wrote down the information and then compared it with the extracted data before being consulted with the supervisors until all content was analyzed and used as a theme. The data chart is presented in table 2. data charting.

Table 2. Data Charting

No	Title/ Author/ Year/ Grade	Country	Aim	Type of Research	Data Collection	Participants/ Sample Size	Result
1.	Joy, struggle and support: Postpartum experiences of first-time mothers in a Tanzanian suburb (Columba K. Mbekenga, Kyllike Christensson, Helen I. Lugina, Pia Olsson, 2010)/A	Tanzania Africa	To explore and describes mothers' experiences for the first time postpartum.	Qualitative study	Data collection was through semi-structured in-depth interview	10 participants Postpartum mothers aged 16 – 19 years old	The perspective of postpartum mothers reveals that they are actively seeking ways/knowledge to achieve the health needs of mothers, babies, and family health in general. Prolonged sexual abstinence is seen as a risk for partners and there are concerns that they have another sexual partner and are infected with HIV. Mothers rely heavily on informal support networks.
2.	Exploring Indonesian adolescent women's healthcare needs as they transition to motherhood: A qualitative study (Erfina Erfina, Widyawati Widyawati, Lisa McKenna, Sonia Reisenhofer, Djauhar Ismail, 2019)/ A	Asia Indonesia	To explore the experience of postpartum maternal inpatient care and health care needs in transition as mothers to adolescents	Qualitative study	Data collection used deep interview by using semi-structured questionnaire	11 participants Postpartum mothers age 20 – 27 years old	Four main themes emerged: (1) breastfeeding problems, (2) powerlessness in caring for babies, (3) health care encounters, and (4) health care needs for transitional adolescent mothers. The results of this study suggest that adolescent mothers need loving health education, support, and psychological care from midwives in the puerperal ward before going home from the hospital.
3.	Experiences From The Puerperal Period According to The Viewpoint of Adolescent Women (Luiza Cremonese, Lais Antunes Wilhelm, Carolina Carbonell Demori, Lisie Alende Prates, Camila Nunes Barreto, Lúcia Beatriz Ressel, 2019)/A	Brazil America	To find out how the experiences of teenage women from pregnancy to childbirth	Qualitative Study	Data collection was conducted through interview Semi-structured	11 participants Adolescents who were in postpartum period	The findings reveal that women feel insecure, fearful, and rejected during the early stages of pregnancy and the puerperium. The face neglect. They also have to rearrange their life plans. Their studies are put aside and postponed. However, they feel happy after having children.
4.	Women's experiences of pregnancy, childbirth, and the postnatal period in The Gambia: A qualitative study (Alexandra Sawyer, Susan Ayers, Helen Smith, Lamin Sidibeh, Ousman)/A	Africa	To explore maternal experiences of pregnancy, childbirth, postnatal period, and maternal psychological distress	Qualitative study	Through semi-structured interview	55 participants Primipara mothers	The thematic analysis identified five themes: (1) transition to adulthood, (2) physical difficulties, (3) the value of a child concerning others, (4) the child as stress, and (5) doing everything by themselves. The results suggest that having children is a defining point in a woman's life associated with happiness and joy.
5.	Social support from the perspective of postpartum adolescents (Jennifer L. Barkin, Joan R. Bloch, Kristina C. Hawkins, and Tiffany Stanfill Thomas, 2014)/ A	Brazil America	To determine the social support received during pregnancy and postpartum	Qualitative study	Through semi-structured interview	11 participants The adolescents who were experiencing postpartum period	Social support received by postpartum adolescents has a predominance of instrumental support, provided mainly by family members. They also report a lack of social support, which is reflected in alienation and disillusionment.
6.	Experience and social support needs of becoming a mother on adolescent in Yogyakarta City (Cut Oktaviyana, Intansari Nurjannah, Wenny Artanty Nisman, 2018)/ B	Indonesia	To ding out the experience and social support that teenage mothers need	Qualitative study with phenomenology approach	Through deep interview Semi structured	7 participants Adolescent mothers age 18 – 19 years old	Five themes emerged from the results of the data analysis: (1) variations in feelings experienced from pregnancy to delivery, (2) freedom from routine baby care, (3) early experiences of infant care, (4) significant social support from midwives, and (5) increased trust in baby care.
7.	How Adolescent Mothers Feel About Becoming a Parent (Josephine DeVito, PhD, RN, 2010)/ B	New Jersey America	To explore and better understand adolescent mothers' experience of first-time parenting during the 4-to-6 week postpartum period	Qualitative study Descriptive Correlational	Data were collected by conducting interview	126 participants Adolescent mothers age 19 years old In postpartum period 4 – 6 weeks	Three themes emerged from the content analysis: 'being trapped between two worlds,' 'feeling alone and desperate,' and 'if I know then do know now.' The findings reveal that many adolescent mothers are not ready to become parents. Therefore, they need additional guidance, instruction, and support from health care providers and educators.

Step 5 Compiling, Summarizing, and Reporting the results

In compiling, summarizing, and reporting the results of the researchers, there were several stages. The first thing to do was the characteristics of the article based on the method, country, and grade. Second, compiling a theme where the theme might bring up one or more themes. From these themes, sub-themes might be brought up.

HASIL DAN PEMBAHASAN

A. Characteristics of Articles Based on Research Design

Based on the literature, all articles were taken using a qualitative research design to find out and conduct an in-depth examination about the experiences of young mothers during childbirth using the interview method.

B. Characteristics of Articles by Grade

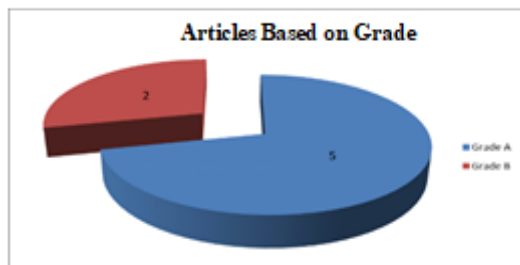


Figure 1. Article Diagram Based on Grade Score

The diagram shows the value of articles that have been assessed using critical appraisal with Hawker, S. et al. There were 5 Grade A articles with a score of 28-36 and 2 Grade B articles with a score of 19-27.

C. Characteristics of Articles by Continent or Country

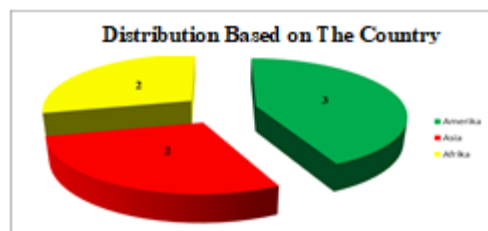
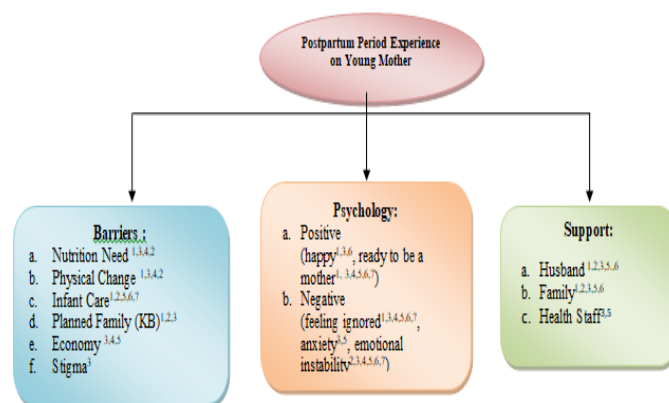


Figure 2. Article Diagram Based on The Continent or The Country

The diagram showed that there were 3 articles from the American continent (2 from Brazil and 1 from New Jersey), while 2 articles came from the African continent and the last 2 articles from the Asian continent (2 articles from Indonesia).

D. Themes and Sub Themes

From the findings of the collection of literature studies, there were three categories or themes that merge as experiences of young mothers during childbirth, as follows:



1. Barriers

The early postpartum period in young mothers is not a few who experience complaints and obstacles. There are also concerns about increased maternal and child re-care, women lose confidence in child care, dissatisfaction with postpartum care, or an increased risk of maternal depression (Johansson, Aarts, and Darj, 2010). The lack of information, experience, and trust of new parents during the early postnatal period in dealing with postnatal problems is still difficult [22]. Some of the obstacles that are often faced by young mothers during the postpartum period include:

a. Nutritional needs

Lack of knowledge and information for young mothers regarding nutrition that must be fulfilled during the postpartum period causes many mothers to neglect their nutritional needs. Meanwhile, [23] the adequacy and the need for nutrition during the postpartum period are aimed at the recovery process after giving birth and for the breastfeeding process [24]. As stated by a mother that:

“After I came home, I felt I did not know anything related to [...] what foods I can and should eat...” [1]

b. Physical Changes

Physical changes during the puerperium are often complained about by young mothers, including vaginal changes, rupture, sutures in the perineum, discharge of lochea [1]. Moreover, they feel frequent pain and blister on the nipples of their breast. Mothers with Caesarean surgery usually feel pain and have limited mobility [6]. As a mother said:

“[...] U thought the bleeding was only for a day after delivery, but after three days I decided to ask whether I was sick or not?”[1]

c. Baby Care

The lack of knowledge of young mothers regarding newborn care such as proper breastfeeding, time to provide food for babies, how to bathe, the care of baby’s umbilical cord, how to carry babies, et cetera [6]. The

lack of knowledge often causes problems during the mother's transition, such as expressed by a mother:

"After being discharged from the hospital, I felt confused and afraid in caring for the baby, how to breastfeed, caring for the umbilical cord which is so risky, holding, and bathing the baby" (Oktaviyana, Nurjannah, and Nisman, 2018)

d. Contraception

There is a lack of knowledge of adolescent mothers regarding contraceptives both of their types and uses [1]. Meanwhile, adolescent mothers have a high potential for having children with close and unplanned distances that can cause problems for young mothers [26]. One of the mothers stated:

"In the case of contraception; what, how, and should be started before or after a year after giving birth [...]" [1]

e. Economic condition

Unstable financial readiness can affect the fulfillment of family needs, especially for daily needs, maternal needs, and baby care [26]. Therefore, in meeting their needs, young couples still often get financial assistance from parents or other family members [11].

"This is why there are certain things that are very difficult, It can have a negative impact on the family not being able to provide everything for them, but they have to do it, because there are certain things one cannot say no, such as education. Since they want to have qualified children, they need money." [26].

f. Stigma

A teenager which becomes a mom gets a lot of criticism, prejudice, or stigma from society. Teenage mothers are considered failures and do not have a bright future. Young mothers are considered unable to care for and take care of their babies. This can result in adolescent mothers becoming closed [26]. As stated by a mother:

"Being a young mother has a lot of criticism, prejudice [...] not only from my family but also from people outside. They think I do not have a bright future. They considered me as a kid who does not know how to take care of myself, let alone taking care of my baby" [26].

g. Lack of Support

Low levels of involvement or a lack of support both psychologically and physically from health workers, families [6], and partners can cause emotional distress to

produce unpleasant experiences to the possibility of health complications [11].

"During the pregnancy and after giving birth, my husband was not there. I had no family around me. It was my first baby. Thus, it was very difficult when I had a baby. Most of the time, I was alone at home taking care of babies and taking care of household chores. Thus, I felt tired and became depressed. I would cry for some nights." [27]

2. Support

The postpartum period is a time of crisis experienced by young mothers. The role of health workers and those closest to the mother in providing social, emotional, and practical support is needed [27]. The need for social, emotional, and psychological support for young mothers is an important aspect for the success of midwifery care during the puerperium and breastfeeding. Therefore, complications can be avoided. Every young mother as a new parent has different needs. The followings are some of the support that mothers need [28]:

a. Spouse/husband

Husband support during childbirth for adolescent mothers is needed [1]. Emotional support such as giving love and affection, with positive words is needed to increase the self-esteem of adolescent mothers [11]. The husband can also act kind, provide practical support by helping mothers with house chores, [27], and assist in the process of babysitting, as well as follow the growth and development of the baby [11].

"Sometimes when my baby does not stop crying, I wake up my husband and he takes the baby and starts talking. Then my baby stopped crying [...] my husband accompanied me and gave me everything I needed when I was breastfeeding. He always gave me kind words and encouragement to grow my self-confidence. When I was not at home, he helped me to look after my child and giving the baby milk using bottles" [11].

b. Family

The social and emotional support provided by the closest person can provide a good impact to increase mother's self-confidence, improve mother-baby relationships, maintain in young mothers [11].

"I said to them (mother and grandmother) to support me. My brother gave me help when I went to a shop. They take care of the baby for me [...] my mother helps with baby care. She teaches me how to bathe, how to dress, how to take care of my baby. They give me advice" [11].

c. Health Workers

Support from the professional staff is needed by adolescent mothers in accessing information and knowledge related to baby care and needs during the puerperium. Thus, they can plan the more needed follow-up [26]. The role of health workers can provide input to those closest to the mother to always provide advice and how to provide needed support to adolescent mothers in facing childbirth [11].

"I got help from people at the health center. They explained how to breastfeed, how to avoid sore nipples, how and what position needed when breastfeeding the baby [...] the health service told me to do a prenatal checkup because it is important for me and my baby. I think the health center is very important because I always bring babies to get vaccinated and see nurses and pediatricians [...] I really like this service. The midwife is very good. One of them was very sweet and explained everything to me in a very well manner. I asked her and she answered patiently" [11]

3. Psychology

The psychological condition of postpartum mothers undergoes changes that are psychological conditions or changes or role transition can bring positive or negative coping [1]. There are many relevant psychological theories about developmental crises, such as adaptation to change, coping processes, and resolution of stress, anxiety, and internal conflicts. The psychological paradigm with the psychoanalytic approach of Erikson 1995 is useful in increasing understanding of changes, adjustments, and general transitional phases that occur when a mother experiences and overcomes conflicts that arise from important events in life, for example being a mother. Psychological adjustments during the puerperium (Anggraini, 2010) are as follows:

a. Positive

1) Happiness

Having a baby or child for the first time is a joy, showing maturity, and making adolescents into complete women [1]. Having a baby gives life changes which is a very extraordinary and valuable thing [26]. A mother in the Gambia expressed her happiness when having a baby:

"[...] experiencing pregnancy and having a child makes me happy because a child is what a marriage is waiting for and I feel honored to have one"[26]

2) Readiness to be Mother

The transition to maturity for women, pregnancy, and childbirth indicates a change in status [27]. Women begin to understand their roles such as starting to do housework, getting up early, taking care of husband and children, limiting joining events, and doing the jobs [1]. Making a child a top priority, making young mothers more responsible for their roles [26].

"[...] having a baby is perfect for being a woman [...] In fact, it makes me really think seriously about life. I plan more to do what is okay and what is not because I know that my baby really needs me. So, I really am responsible for what I do. I have to think about my baby, in terms of financial plans, in terms of future plans about family problems, about the school, you know [...]. This really makes me be a more responsible person." [27].

b. Negative

1) Feeling Neglected

Big changes occur in the psychology of adolescent mothers. Usually, new mothers become more sensitive and often feel neglected by their parents because they are more focused on the baby [1]. Moreover, they rarely communicate with the friends [26]. They feel the people around them do not want to listen to complaints, the fatigue that mothers feel at this period [29].

"My husband and everyone only care for my child. I feel neglected" [1] "I get less communication with my friends. It makes me feel that my friends are being away and disappearing" [26]

2) Anxiety

In many cases, adolescents reported feeling confused, anxious, and afraid when they saw their baby cries and they could not calm the baby down. They felt inadequate to care for the baby properly. Thus, to avoid the demands of their new role as a parent and depend on their mother or grandmother to support the main responsibility of their baby care [29]

"I am afraid, worried, and anxious because I feel I cannot care for, calm, and give the best for my child. When my baby cries, I am confused and sometimes also cry as well"[29]

3) Emotional Instability

The transitional period of teenage mothers can cause feelings of insecurity, fear, rejection because they feel unprepared for the role of mother. Emotional instability in adolescent mothers can also lead to crises and conflicts in the family [26]. Unplanned childbirth can make adolescent mothers experience depression [27].

Unfortunately, I was unlucky because my family (mother, sister, and father) did not support me. My in-laws did not help as well [...]. I thought if I had more support from my husband, I would rarely cry because I always cry at night. After my children sleep, I cry. I wait for them to sleep so they do not see it.”[11] “I feel after having children, there is no time to just relax and walk around. I feel bored. Sometimes, I feel annoyed and angry because I cannot take care of the baby optimally while I do not have time to spend for myself.” (Oktaviyana, Nurjannah, and Nisman, 2018)

SIMPULAN

Young mothers who have higher social support have the readiness to face the postpartum period physically, psychologically, socially, and emotionally to minimize problems for the health of both mother and baby. More research is needed on the experiences, constraints, and needs of mothers during the puerperium or postpartum period. Thus, the discussion about the needs of the postpartum period can be met and minimize the occurrence of health problems for mothers and babies, as well as reduces the occurrence of further psychological disorders.

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