INTRODUCTION

Postpartum anxiety or postpartum mental disorders are often ignored and not treated properly. In diverse nations, there are 500–800 incidences of postpartum blues and postpartum anxiety for every 1,000 births, or 50–80%. According to the WHO research from 2009, women who give birth experience mild postpartum anxiety in the range of 10 per 100 live births, and moderate or severe postpartum anxiety in the range of 30 to 200 per 1000 live births. In Indonesia, it was discovered that 107,000,000 persons (28.7%) out of 373,000,000 postpartum women developed breastfeeding process abnormalities as a result of anxiety in the years 2012–2013. Multiparous moms experienced severe anxiety at 7%, moderate anxiety at 71.5%, and mild anxiety at 21.5%, compared to primiparous mothers who experienced severe anxiety at 83.4% and moderate anxiety at 16.6%. The prevalence of anxiety levels of primiparous postpartum mothers in Portugal (18.2%), Bangladesh (29%), Hong Kong (54%), and Pakistan (70%).

Knowledge, psychology, economics, experience, and family support are a few aspects that affect anxiety. A person's level of education may make them more susceptible to anxiety and stress. Economic factors, local traditions, and the gender of the baby are the main risk factors. Another study states that there is a relationship between age and anxiety levels of primiparous mothers during the puerperium. According to Kusumawati's (2015) research, postpartum mothers at the Kebumen District General Hospital have a correlation between their personal traits and postpartum depression.

Mothers require encouragement and assistance at the moment of delivery to support all activities and new duties. Therefore, postpartum mothers require more care from their family and friends, particularly their husbands. The mother now requires consideration, comprehension, and more focused devotion. Otherwise, the postpartum mother will struggle to cope, which will result in anxiety during the postpartum period. They sensed something was wrong but did not know what was happening. Mothers experiencing postpartum anxiety need real help. These mothers need psychological support and other physical needs that must be met. During the puerperium, the mother will go through physiologic, psychological, and social adaptations. However, not all postpartum women can successfully navigate the postpartum adjustment period. During the postpartum period, postpartum women may have psychological issues, such as anxiety. The early postpartum period is critical for the health and survival of mothers and babies. Previously, WHO reported that the puerperium and puerperium received less attention from health workers than during pregnancy and childbirth.

The main causes of emotional
disappointment, pain in the early postpartum period, fatigue from not getting enough sleep during childbirth, anxiety about her ability to care for her baby, and fear that she won’t be able to care for her baby better than her husband are sudden changes in postpartum mothers’ emotions, particularly three emotions in the first week of instability and mood swings in the first three to four days. The emphasis is mostly on the therapeutic method by offering assistance, sympathy, and encouragement during this phase, which is different and affected by numerous situations.

Midwives, as health workers, must be more active in providing counseling and explanations to family heads about the importance of husband support for postpartum mothers because, with psychological support, the mother will be better at dealing with problems and providing midwifery care to clients by involving the family with counseling or counseling. In addition, the physical and psychological health screening program for postpartum mothers can be implemented. Psychological health screening and population data collection on pregnant and postpartum women can prevent psychological disorders in pregnant and postpartum women.

As practitioners of midwifery care, midwives are in a unique position to contribute to initiatives aimed at accelerating the fall of both the maternal mortality rate (MMR) and infant mortality rate (IMR). Therefore, providing care in accordance with standards is insufficient for midwives. Qualifications for midwives must be founded on a care philosophy that prioritizes women’s needs. Applying a model of sustainable midwifery care (continuity of care/COC) in clinical education is one of the initiatives to improve midwifery. This effort can involve a variety of sectors to help pregnant women as a promotional and preventive effort, beginning with finding pregnant women to mothers during the postpartum period through counseling, information, and education, and having the ability to identify risks to pregnant women so that they can make referrals or those who are commonly referred to as prenatal and postnatal classes.16 Most deaths can be avoided if maternal health problems are intervened early on.

Pregnant women need ongoing support up until the postpartum period as part of the endeavor to improve the detection of pregnant women and high-risk infants. Therefore, in addition to community empowerment initiatives that have been put in place but have not synchronized with education, it is necessary to make a number of efforts involving educational institutions by integrating them into educational programs. The role of midwifery education in this stage is to actively visit clients in the neighborhood to bring the learning experience closer to scenarios that approach the cause of the problem.10 Thus, this study aimed to determine the effectiveness of the clinical skills model of continuity of care on the anxiety level of postpartum and breastfeeding mothers in the Paciran Public Health Center, Lamongan Regency.

METHODS

Materials
The subjects of this study were postpartum mothers (primipara) at the Paciran Public Health Center, Lamongan Regency, who met the research criteria and were willing to sign the consent form after being explained. The target population in this study was all postpartum mothers. The accessible population in this study were all postpartum mothers at the Paciran Lamongan Public Health Center, Lamongan Regency, from May until July 2022. The sampling technique was a consecutive sampling technique, taken from several postpartum mothers based on medical record data at the time of the study and adjusted to the predetermined inclusion and exclusion criteria. Inclusion criteria in this study are (1) primipara postpartum mothers, (2) having no comorbid in the pregnancy, and (3) being willing to participate in the study completely. The exclusion criteria in this study are subjects with incomplete medical record data. The number of research samples used in this study were postpartum mothers (primipara). The intervention group and the control group were each given a group of research participants. During the postpartum period, the intervention group received COC support while the control group received standard postpartum care.

Data collection procedure
The data used in this study came from two data sources, namely: a) secondary data, which was taken from the respondents’ medical records at the public health center and b) primary data, which was obtained directly from respondents through interview techniques using questionnaires that have been adapted to the aims and objectives of the study. The data collection instrument used a questionnaire in the form of a checklist. Quantitative data was collected directly using researchers filling out questionnaire sheets according to respondents’ answers. Research data processing after all data is collected, then it will be processed and presented in the form of tables and graphs.

Data analysis
Data analysis was done to assess the characteristics of respondents using the frequency distribution presented in the table. The data were examined to evaluate the proposition that postpartum maternal anxiety differs significantly with and without COC support. For data that were not normally distributed, an independent T-test or Mann-Whitney test was utilized. If the p-value is 0.05, either H0 or H1 are acceptable.

RESULTS
Research on the effect of applying the delivery assistance service model COC on the anxiety level of primiparous mothers during Postpartum at the Paciran Health Center was carried out from May until with Month July 2022 located in the Public Health Center Region Area Paciran, East Java Province met the inclusion and exclusion criteria, namely: has been established. This study was conducted on 130 postpartum mothers, who were divided into two groups, namely 65 postpartum mothers in the given group intervention in the form of accompaniment with COC and 65 person mothers pregnant without accompaniment COC. Following these results, the study describes different anxiety levels in postpartum mothers with COC and conventional help.

Table 1. Characteristics subject in both groups study

<table>
<thead>
<tr>
<th>No.</th>
<th>Characteristics</th>
<th>Group</th>
<th>Intervention (n=65)</th>
<th>Control (n=65)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;20 year</td>
<td>11 (6.5%)</td>
<td>14 (8.9%)</td>
<td></td>
<td>0.618</td>
</tr>
<tr>
<td></td>
<td>20-35 year</td>
<td>54 (43.5%)</td>
<td>51 (41.1%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt; Regional minimum wage</td>
<td>40 (46.0%)</td>
<td>47 (54.0%)</td>
<td></td>
<td>0.258</td>
</tr>
<tr>
<td></td>
<td>≥ Regional minimum wage</td>
<td>25 (59.5%)</td>
<td>18 (40.5%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Basic</td>
<td>32 (52.7%)</td>
<td>29 (47.3%)</td>
<td></td>
<td>0.729</td>
</tr>
<tr>
<td></td>
<td>Intermediate</td>
<td>33 (47.8%)</td>
<td>36 (52.2%)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: *p<0.05

Based on Table 1, the results show that the analysis of the different test age, income, and education characteristics in the second group study showed no significant difference (p>0.05), so the data is worth comparing. Distribution characteristics of postpartum mothers based on age, income, and education can be viewed in Table 1. The results of anxiety measurement in the second group study can be seen in Table 2.

Table 2. Anxiety analysis from the intervention and control group

<table>
<thead>
<tr>
<th>No.</th>
<th>Anxiety</th>
<th>Group</th>
<th>Total</th>
<th>OR (95% CI)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Intervention</td>
<td>Control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Mild anxiety</td>
<td>57 (60.6%)</td>
<td>37 (39.4%)</td>
<td>94(100%)</td>
<td>7.80 (2.70-21.91)</td>
</tr>
<tr>
<td>2</td>
<td>Severe anxiety</td>
<td>8 (16.7%)</td>
<td>28 (83.3%)</td>
<td>30 (100%)</td>
<td></td>
</tr>
</tbody>
</table>

Note: *p<0.05

DISCUSSION

Before receiving the intervention, the research subjects in this study had the following characteristics: maternal age, income, and education. The characteristics of the research subjects are shown in Table 1. In general, based on the traits of each group, specifically the intervention and control groups. The two research groups are regarded as homogeneous because there are no discernible disparities in any of the parameters examined, making comparisons between them worthwhile. 107 respondents, 54 of them are postpartum primiparous mothers, range in age from 20 to 35. 53 of them were postpartum primiparous women in the control group compared to 53 in the intervention group. It means that more than half of the respondents from each group are 20-35 years old. This shows the real shape of the Indonesian population pyramid, where most of the population is young and has a high birth rate. There were 25 respondents with an average age of 20 years, 11 of whom were in the intervention group, and 14 of whom were primiparous postpartum mothers. There were 54 participants in the intervention group and 51 participants in the control group, all of whom were between the ages of 20 and 35. There were no responders over the age of 35. Age is a measure of the development of a person's physiological, psychological, and intellectual functions, which change throughout the course of their life. Age is a factor in health behavior along with a person's capacity for self-management in a setting that involves a variety of perceptions, examples, and assessments. Therefore, it is expected that as a person gets older, they will judge things differently. As a person gets older, their psychology matures and they are better able to handle a variety of issues. At a healthy reproductive age of 20–35 years, childbirth is safe. Even if a woman is under the age of 20, she may not be emotionally or socially mature.

Based on income characteristics, out of 33 respondents, 25 were primiparous postpartum mothers in the intervention group, 18 were postpartum primiparous mothers in the control group, and 47 were in the control group who earned less than the regional minimum wage. There were also 40 primiparous postpartum mothers in the intervention group. The income of the husband and wife can be used to determine indicators of financial condition. The choice of the types and locations of health services, as well as the quality of health, are all significantly influenced by economic considerations that are tied to income. If the economy is strong enough, it will be simpler to access medical treatments. Mothers who work in the formal sector have access to good health information to receive good and clear information about health. Wulandari’s (2012) research indicates that a person’s anxiety level is also influenced by economic variables. Respondents with poor economic status are perplexed about all they need for themselves and their unborn children, which raises their anxiety levels. A prosperous economy, on the other hand, has respondents who are less concerned about the cost of childbirth and the baby’s daily expenses. According to Table 1, there were 32 participants in the intervention group and 29 participants in the control group.
respectively, for the 55 respondents with a basic education level, and 33 participants with a secondary education level and 36 participants in the control group. Furthermore, none of the respondents had a college degree. Respondents with a fairly high level of education are thought to be knowledgeable enough about pregnancy to deal with childbirth as best they can, especially the psychological aspects to reduce anxiety. In Law Number 33 of 2006 concerning National Education, it is stated that the level of education at the high school level is education at the secondary education level, where the graduates are people who have been equipped with problem-solving skills. A person’s level of knowledge is closely related to the education he has obtained, where the whole process of life with all forms of individual interaction in the environment, especially in the formal environment. The secondary education level affects the anxiety level of postpartum mothers, and this is due to the lack of the mother’s knowledge about the mother’s ability to carry out her new role. Less than optimal will cause stress and anxiety. With women’s increasing education and skills in Indonesia, their knowledge will also increase—more and more job opportunities for women in various fields. Self-motivation factors also influence the level of education.

The weakness of this study is that we only examined several aspects or variables that have a relationship with the emergence of anxiety in primiparous postpartum mothers. So that further research is needed, that examines more variables so that it can be seen which variables are stronger in influencing the emergence of anxiety.

CONCLUSION
Anxiety in primiparous women receiving COC versus traditional care differs significantly. Compared to unaccompanied primiparous women, COC-accompanied postpartum primiparous women were 7.80 times less likely to experience anxiety.

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AUTHOR CONTRIBUTION
RA was responsible for the study concept and design, participating in the experimental studies, and data acquisition. YA and IS were responsible for literature searching, study design and concepts, data and statistical analysis. RA did manuscript preparation. All authors participated in editing and reviewing the manuscript.

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CONFLICT OF INTEREST
All authors declare no conflict of interest in this study.

ETHICAL CLEARANCE
The study had been approved by the ethical committee with ethical approval No.231/EC/KEPK/UNUSA/2022. The study had been approved by the ethical committee with ethical approval No.231/EC/KEPK/UNUSA/2022. The study had been approved by the ethical committee with ethical approval No.231/EC/KEPK/UNUSA/2022.

REFERENCES