The Ratu’s Model: A prevention model of postpartum depression

Ratu Kusuma a,*, Budi Anna Keliat b, Yati Afiyanti b, Evi Martha b

a Department of Nursing, Baiturrahim School of Health, Indonesia
b Faculty of Nursing, Universitas Indonesia, Indonesia

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KEYWORDS
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Abstract

Introduction: The Ratu’s Model is a nursing model to prevent postpartum depression, is a product of Ratu’s dissertation. Depression is one of the common psychological problem experienced by postpartum women. The number is estimated to reach 20% in Indonesia, 15–20% in the Riau Province, and must to be pressed to 1%.

Objectives: This study aims to identify the effectiveness of Ratu’s Model to prevent postpartum depression.

Method: Quasi-experiment research alongside with pre–post test analysis of the control group, number of the respondents was undergone among 54 women pregnant and the spouses in each intervention and control group. Educational intervention was given toward intervention group for 3 times, with 3 times monitoring, and 3 times measurement.

Result: A significant correlation between Ratu’s Model with lowered postpartum depression incidence.

Conclusion: The Ratu’s Model is effective lowering the incidence of postpartum depression.
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Introduction

Postpartum depression is a psychological disorder that might occur after few days of postpartum, it usually occurs in the week 2 or 3 and it may last for 1–2 years. The symptom consists sadness, easily offended, crying, sleep disorder, decreased libido, easily exhausted, hard to concentrate,
guilty feeling, feeling unworthy, suspicious, lack interest to
the baby, feeling unable being a mother, and even poten-
tially harm the baby. The number is estimated to reach
20% in Indonesia, 15–20% in the Riau Province, postpartum
depression must to be pressed to 1%. The exact cause
of postpartum depression has not yet been identified, some
theorized that it is affected by biological, psychological, and
demographic factors. The biologic factor means physiologi-
cal changes occurred during pregnancy, labor, and postnatal,
nutritional deficiencies, metabolic disorder, anemia, hor-
monal changes, fatty acid changes, and obstetric-related
complications suffered by the pregnant women.

Some of psychosocial factors are past failure in marriage,
husband’s minimum support or any other significant others,
domestic violence, history of depression in past pregnancy,
history of depression in the family, and mood disorder during
period of menstruation. Demographic factor consists of
the age of the pregnant women, educational degree, work-
ing status, the number of children, and the norm and cultural
perspectives in the society. The other factors are socioeco-
omic factor and unhealthy lifestyle, such as smoking,
consuming alcohol and drugs for recreational purpose.

Previous studies conducted be the researcher shows that
the education provided in the in healthcare services has
not yet prioritized integrated prenatal care based on Roy
Adaptation Model contextualized among pregnant women,
including but not limited to the prioritization of nutrition
preventing postpartum depression. Henceforth, a brand new
Ratu’s Model needs to be established.

### Methods

This study is a quasi experimental pre–posttest with the
control group. The study was undergone by implementing
the model through providing education toward the pregnant
women and their husbands and identifying the impact of the
Ratu’s Model to prevent postpartum depression. The sam-
ple in this study were the pregnant women in the second
trimester (week 20–27). The intervention and the control
group were then divided into 54 participants. The instru-
ment used Edinburgh Postpartum Depression Scale (EPDS).
This research was done in 4 health center in Kabupaten
Kampar of Riau Province.

### The Ratu’s Model

The model involved four main components which were
developed based on Roy Adaptation Model, which were
education to enhance stimulus of pregnant women, educa-
tion to enhance coping mechanism, education to enhance
adaptive behavioral response, and education to enhance
social support of the husband. The more detailed of Ratu’s
Model is presented in Figure 1.

Education is provided toward the pregnant women and
the husbands. Of the intervention group for 3 times for
27 days, each of the sessions was held in 9 days and every
session was given 50–60 min period of time. After all the
intervention ended, the visit would then be executed three

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**Table 1** The changed frequency of depression before and after being intervened by the Ratu’s Model (n = 108).

<table>
<thead>
<tr>
<th>Depression incidence</th>
<th>Intervention (n = 54)</th>
<th>Control (n = 54)</th>
<th>Total (n = 108)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Pretest</td>
<td>10</td>
<td>18.52</td>
<td>7</td>
</tr>
<tr>
<td>Posttest</td>
<td>4</td>
<td>7.41</td>
<td>7</td>
</tr>
</tbody>
</table>
The consumption of carbohydrates, proteins, minerals, and antioxidants is crucial in lowering the incidence of postpartum depression. The results from Table 2 indicate that the Ratu’s Model, by lowering the postpartum depression score, can be an effective intervention strategy. The effectiveness of the Ratu’s Model toward the lowered score of postpartum depression (n = 108) is shown in Table 2.

Table 2: The effectiveness of the Ratu’s Model toward the lowered score of postpartum depression (n = 108).

<table>
<thead>
<tr>
<th>Group</th>
<th>B</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention and control</td>
<td>2.103</td>
<td>0.001</td>
</tr>
</tbody>
</table>

Conclusions

The Ratu’s Model is effective in lowering the incidence of postpartum depression. It is recommended that the Ratu’s Model may be utilized as more focus in maternity nursing service to prevent of postpartum depression in any healthcare services.

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