NERS Jurnal Keperawatan
https://ners.fkep.unand.ac.id/index.php/NJK
ISSN: 1907-686X (PRINT) 2461-0747 (ONLINE)

The Relationship between Fatigue and Poor Sleep Quality and the Incidence of Postpartum Blues among Postpartum Mothers

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Received: 30 September 2025
Accepted: 28 January 2026
Available online: 27 May 2026
DOI: https://doi.org/10.25077/njk.v22i1.378

Abstract

Postpartum blues is a common mood disorder experienced by mothers after childbirth and has a high prevalence in Indonesia, potentially affecting the well-being of both the mother and the infant. Although numerous studies have explored postpartum blues, research specifically examining postpartum maternal fatigue remains limited. This study aimed to identify the relationship between fatigue and sleep quality with the incidence of postpartum blues among postpartum mothers. A cross-sectional study design was employed, involving 120 respondents selected using a non-probability sampling method. The study was conducted at the Kalideres Sub-district Health Center, a primary health care facility located in the Kalideres sub-district, West Jakarta, Indonesia. Data were collected using standardized and validated instruments, namely the Postpartum Fatigue Scale (PFS) to assess fatigue, the Pittsburgh Sleep Quality Index (PSQI) to measure sleep quality, and Stein's Maternity Blues Scale (MBS) to evaluate the incidence of postpartum blues. Data were analyzed using univariate and bivariate statistical tests. The results showed that 71.7% of respondents experienced high fatigue, 69.2% had poor sleep quality, and 76.7% exhibited symptoms of postpartum blues. Statistical analysis demonstrated a significant association between fatigue and the incidence of postpartum blues ($p < 0.001$), as well as between sleep quality and postpartum blues ($p < 0.001$). This study concludes that high fatigue and poor sleep quality are significantly associated with the incidence of postpartum blues. Therefore, education and supportive interventions for postpartum mothers are recommended to help manage fatigue and improve sleep quality, with active involvement from families and health professionals to prevent postpartum blues.

Keywords: Fatigue, Postpartum Blues, Poor Sleep Quality.

INTRODUCTION

Indonesia's maternal mortality rate (MMR) remains a major health challenge. According to the most recent official data from the 2020 Population Census, Indonesia's Maternal Mortality Ratio (MMR) was recorded at 189 maternal deaths per 100,000 live births, reflecting a significant decline from 305 per 100,000 live births reported in 2015. However, this figure remains higher than the national target of 183 deaths per 100,000 live births set in the National Medium-Term Development Plan and far above the global Sustainable Development Goals (SDGs) target of less than 70 deaths per 100,000 live births by 2030 (Kemenkes RI, 2022). Although there are variations in reported figures depending on the data source and methodology, the 2020 census remains the most authoritative and widely cited indicator for national MMR statistics in Indonesia. In Several provinces, including DKI Jakarta, the MMR rate is

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still high, indicating the need for special attention to maternal care at critical times, one of which is in the postpartum period (Dinkes Jakarta, 2022).

The postpartum period is a very important transition phase for mothers. During this period, mothers face various physical, emotional and psychological chages due to their new role as parents. The process of maternal adaptation is often a major challenge, especially for mothers who lack adequate social and health support (Islamiyah & Rachmawati Wasil Sardjan, 2021). One of the common problems during this period is postpartum blues, which is a mild mood disorder characterised by feelings of sadness, crying easily, anxiety, and excessive fatigue. This condition usually appears in the first one to two weeks after giving birth and can affect the mother's ability to care for her baby (Setianingsih et al., 2024).

Fatigue is a multidimensional condition that differs conceptually from ordinary tiredness. While tiredness is a temporary and easily reversible state that improves with rest or sleep, fatigue is characterized by persistent physical, emotional, and cognitive exhaustion that is not fully relieved by rest (Febrina Fauziah et al., 2024). In the postpartum period, fatigue is a common condition resulting from a combination of physiological changes, hormonal fluctuations, sleep deprivation, and increased caregiving demands (Rahmawati, 2023). Prolonged postpartum fatigue has been shown to negatively affect maternal coping ability, emotional regulation, and psychological well-being, thereby increasing vulnerability to mood disturbances such as postpartum blues and postpartum depression. Therefore, understanding postpartum fatigue as a distinct clinical and psychological condition is essential when examining maternal mental health outcomes during the postpartum period (Septianingrum & Damawiyah, 2019).

The prevalence of postpartum blues in Indonesia remains high, affecting approximately 50–70% of postpartum mothers (Rosmanidar & Manurung Basaria, 2023). Postpartum blues is a transient mood disturbance characterized by emotional lability, irritability, tearfulness, anxiety, and feelings of being overwhelmed that typically occur within the first two weeks after childbirth. This condition is often perceived as a normal emotional response to childbirth, causing many mothers to fail to recognize it as a psychological health concern. If not identified and managed appropriately, postpartum blues may progress into postpartum depression, a more severe mental health disorder that can impair maternal functioning, weaken mother–infant bonding, and negatively affect infant growth and development (Samria & Haerunnisa, 2021). Therefore, identifying contributory factors of postpartum blues is essential to support early detection and preventive interventions.

One of the key contributing factors to postpartum blues is fatigue. Postpartum fatigue is defined as a persistent feeling of physical exhaustion, decreased energy, and reduced mental alertness that occurs following childbirth. This condition is multifactorial and may result from prolonged labor, blood loss, hormonal fluctuations, sleep deprivation, and the continuous demands of newborn care, such as breastfeeding, diaper changing, and soothing an infant. Fatigue is not merely a physical condition; it also affects cognitive and emotional regulation, reducing a mother's ability to cope with stressors during the postpartum period. When fatigue becomes prolonged or unmanaged, it can lower stress tolerance, increase emotional sensitivity, and impair adaptive coping mechanisms, thereby increasing vulnerability to postpartum blues (Purwati & Noviyana, 2020).

The relationship between fatigue and postpartum blues can be explained through both physiological and psychological mechanisms. Physiologically, postpartum fatigue is closely linked to hormonal changes, particularly fluctuations in estrogen and progesterone, which influence mood regulation. Psychologically, persistent exhaustion may lead to feelings of helplessness, loss of control, and decreased self-efficacy in performing maternal roles. These emotional responses can heighten negative mood states and increase the risk of postpartum blues. In addition, fatigue is strongly

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associated with poor sleep quality, which further disrupts emotional stability and increases susceptibility to mood disturbances (Windayanti et al., 2020).

Evidence from international studies supports the significant role of fatigue in postpartum emotional disorders. Research conducted in South Korea and Japan has demonstrated that postpartum fatigue and sleep deprivation are strong predictors of postpartum blues and early depressive symptoms, particularly among urban mothers with limited social support (Kawashima et al., 2022). Similarly, studies from the United States and several European countries report that mothers experiencing high levels of postpartum fatigue are more likely to develop mood disturbances due to cumulative physical exhaustion and psychological stress (Mc Evoy et al., 2019). These findings suggest that postpartum fatigue is a universal issue affecting maternal mental health across different cultural and healthcare contexts (Silalahi & Kurnia, 2021).

Despite extensive international evidence, research examining the relationship between fatigue, sleep quality, and postpartum blues in Indonesia, particularly in urban settings such as Jakarta, remains limited. Urban mothers often face unique challenges, including high population density, increased psychosocial stress, and reduced family support systems, which may exacerbate postpartum fatigue and emotional distress (Tarisa et al., 2020). Therefore, investigating the relationship between fatigue and sleep quality with the incidence of postpartum blues among postpartum mothers in urban Indonesian settings is a critical and relevant public health issue. This study is expected to contribute valuable evidence to support early screening and targeted interventions aimed at improving maternal mental health and preventing the progression of postpartum blues into more severe psychological conditions (Safithri Purnomo, 2024).

METHODS

This study employed a quantitative research approach with a cross-sectional study design. This study was conducted in Desember 2024 in the Kalideres District Health Centre area, West Jakarta. The study sample consisted of 120 postpartum mothers who were selected using non-probability sampling method with purposive sampling technique based on inclusion and exclusion criteria. The inclusion criteria for this study were postpartum mothers who were in the postpartum period (1–42 days after delivery), registered at the Kalideres Sub-district Health Center, able to communicate effectively in Indonesian, and willing to participate in the study by providing informed consent. Mothers were required to be in a stable physical condition and able to complete the questionnaires independently. The exclusion criteria included postpartum mothers who had a diagnosed psychiatric disorder prior to pregnancy, were currently receiving treatment for severe mental illness, experienced severe obstetric complications requiring intensive care, or had cognitive or communication impairments that could interfere with questionnaire completion. Mothers who declined to participate or provided incomplete questionnaire responses were also excluded from the study. The research variables included independent variables, namely fatigue and sleep quality, and the dependent variable, namely the incidence of postpartum blues.

The instruments used in this study included the Postpartum Fatigue Scale (PFS) to measure fatigue levels, the Pittsburgh Sleep Quality Index (PSQI) to assess sleep quality, and Stein's Maternity Blues Scale (MBS) to evaluate the incidence of postpartum blues. Prior to data collection, all instruments underwent validity and reliability testing to ensure their appropriateness for use in the study population. The validity test demonstrated that all questionnaire items had acceptable correlation values, indicating that each item adequately measured the intended construct. Reliability testing showed that all instruments achieved Cronbach's alpha values above the acceptable threshold of 0.70, indicating good internal consistency (Safithri Purnomo, 2024).

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Fatigue was measured using the Postpartum Fatigue Scale (PFS) and treated as a categorical variable in this study. The categorization of fatigue into low and high levels was based on the total PFS score using a predefined cut-off point derived from the instrument's scoring guidelines and supported by previous studies. Respondents with scores below the cut-off point were classified as having low fatigue, whereas those with scores equal to or above the cut-off point were categorized as having high fatigue (Yang & Chen, 2018). This dichotomization was applied to simplify data interpretation and to clearly distinguish mothers experiencing clinically meaningful levels of fatigue that may increase the risk of psychological disturbances in the postpartum period. Similar categorization approaches have been widely used in maternal health research to identify high-risk groups requiring early intervention (Liu et al., 2020).

Sleep quality in this study was measured using the Pittsburgh Sleep Quality Index (PSQI) and was analyzed as a categorical variable. The categorization into "Good Sleep Quality" and "Poor Sleep Quality" was based on the standard PSQI scoring guidelines. The PSQI generates a global score ranging from 0 to 21, where a total score of ≤5 indicates good sleep quality, and a score >5 indicates poor sleep quality. This cut-off point has been widely validated and is commonly used in both clinical practice and research to distinguish individuals with clinically significant sleep disturbances (Meyer et al., 2024). The dichotomization of sleep quality was applied to facilitate clearer interpretation of the findings and to identify postpartum mothers who are at higher risk of adverse psychological outcomes, including postpartum blues. Similar categorization methods using the PSQI cut-off score have been consistently employed in maternal and mental health studies to support early detection and targeted intervention for sleep-related problems (Sari Dewi & Laelatul Qomar, 2022).

In terms of implementation, respondents were asked to complete the questionnaires through a structured self-report process under the guidance of the researcher to ensure clarity and completeness of responses. The PFS was used to assess physical and emotional fatigue experienced during the postpartum period, the PSQI measured sleep quality over the previous month, and the MBS identified emotional changes related to postpartum blues. This systematic process ensured that data collection was conducted consistently and accurately, supporting the credibility of the study findings. Data were analysed using univariate statistical test to describe the characteristics of respondents and research variables, and bivariate tests with chi-square to test the relationship between fatigue and sleep quality with the incidence of postpartum blues. This study has obtained ethical approval by the research ethics committee of UPN 'Veteran' Jakarta' with number 508/XII/2024/KEP.

RESULTS

Table 1. Respondent Characteristics

Variable	n	%
Age		
Low Risk (20-35 years)	54	45
High Risk (<20 years or >35 years)	66	55
Education		
Low Education (SD-SMP)	43	35,8
Higher Education (SMA-College)	77	64,2
Jobs		
Work	17	14,2
Not Working	103	85,8
Income		
High ≥ UMP (IDR 5,067,381)	8	6,7
Low < UMP (IDR 5,067,381)	112	93,3

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Household Assistant (ART)		
Own	6	5
Do not have	114	95

Table 1 describes the characteristics of the respondents involved in this study. Based on age, most postpartum mothers were classified in the high-risk age group (<20 years or >35 years), accounting for 66 respondents (55%), while 54 respondents (45%) were in the low-risk age group (20–35 years). In terms of education level, the majority of respondents had higher education (senior high school to college), with 77 mothers (64.2%), whereas 43 mothers (35.8%) had lower education levels (elementary to junior high school). Regarding employment status, most respondents were not working. A total of 103 mothers (85.8%) were unemployed, while 17 mothers (14.2%) reported being employed. Based on income level, most postpartum mothers had incomes below the Provincial Minimum Wage (UMP). As many as 112 respondents (93.3%) earned less than the UMP, while only 8 respondents (6.7%) had incomes equal to or above the UMP. With regard to household assistance, the majority of respondents did not have a household assistant. A total of 114 mothers (95%) reported not having a household assistant, while 6 mothers (5%) reported having household assistance.

Table 2. Fatigue in Postpartum Mothers

Variable	n	%
Fatigue		
Low	34	28,3
High	86	71,7

The results of Table 2 indicate that the majority of postpartum mothers, namely 86 respondents (71.7%), experienced high levels of fatigue, while 34 respondents (28.3%) experienced low levels of fatigue. These findings are consistent with previous studies conducted in Indonesia. Oktafia and Deviana (2021) reported that 95.3% of postpartum mothers experienced high fatigue levels, while Viantika Kusumasari (2018) found that 80% of respondents experienced high fatigue and 20% experienced moderate fatigue. Similarly, Rahmawati (2023) reported that 82% of postpartum mothers experienced high fatigue.

International studies further support the use of categorical fatigue classification and highlight the high prevalence of postpartum fatigue. Research conducted in the United States and Canada demonstrated that more than two-thirds of postpartum mothers experienced moderate to high levels of fatigue during the first six weeks after childbirth, which was significantly associated with mood disturbances and reduced maternal functioning (Fatkhiyah et al., 2020). Studies from South Korea and Japan also reported that postpartum fatigue, when categorized into low and high levels, was a strong predictor of postpartum emotional disorders, including postpartum blues and early depressive symptoms. These findings suggest that postpartum fatigue is a global phenomenon and that categorizing fatigue into low and high levels is methodologically appropriate for identifying mothers at risk of adverse mental health outcomes (Ari Febriyanti et al., 2021).

High levels of fatigue among postpartum mothers are commonly attributed to increased physical and emotional demands, including infant care, breastfeeding, household responsibilities, and adaptation to the maternal role (Fatkhiyah et al., 2020). When fatigue persists, it may impair emotional resilience and increase susceptibility to postpartum blues, underscoring the importance of early identification and targeted interventions for mothers experiencing high postpartum fatigue (Safithri Purnomo, 2024).

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Table 3. Poor Sleep Quality and Postpartum Blues among Postpartum Mothers

Variable	n	%
Poor Sleep Quality		
Good Sleep Quality	37	30,8
Poor Sleep Quality	83	69,2
Postpartum Blues		
No Postpartum Blues	28	23,3
Experiencing Postpartum Blues	92	76,7

Table 3 presents the poor sleep quality and postpartum blues among postpartum mothers. The analysis shows that the majority of respondents, namely 83 mothers (69.2%), experienced poor sleep quality, while only 37 mothers (30.8%) reported good sleep quality. Similarly, most respondents experienced postpartum blues, with 92 mothers (76.7%) reporting symptoms, whereas only 28 mothers (23.3%) did not experience postpartum blues.

These findings indicate that sleep disturbance and postpartum blues are highly prevalent conditions among postpartum mothers. Previous studies support these results. Riski et al., (2024) reported that 80% of postpartum mothers experienced poor sleep quality, while Febrina Fauziah et al., (2024) found that 79% of respondents reported poor sleep quality. Although Setianingsih et al., (2024) reported a higher proportion of mothers with good sleep quality (66.7%), sleep disturbances remained a significant issue among postpartum women.

Poor sleep quality in the postpartum period is commonly influenced by frequent nighttime breastfeeding, hormonal fluctuations, and emotional stress related to the transition to motherhood. Persistent sleep disturbances may negatively affect maternal mental health and increase vulnerability to psychological conditions, including postpartum blues. The high prevalence of both poor sleep quality and postpartum blues observed in this study underscores the importance of early screening and intervention during the postpartum period.

Table 4. Fatigue Levels and Poor Sleep Quality among Postpartum Mothers

Variable	Postpartum Blues				Amount		P-Value	OR (95% CI)
	No Experience		Experience					
	n	%	n	%	n	%		
Fatigue								
Low	22	64,7	12	35,3	34	100	0,000	24,444 (8,238-72,534)
High	6	7	80	93	86	100		
Poor Sleep Quality								
Good	22	59,5	15	40,5	37	100	0,000	18,822 (6,530-54,257)
Bad	6	7,2	77	92,8	83	100		

Table 4 shows that mothers with high levels of fatigue are more likely to experince postpartum blues. Of the 86 respondents who experienced high fatigue, 93% of them exprienced postpartum blues, while only 7% did not experience it. In contrast, of the 34 respondents who experienced low fatigue, 64.7% did not experience postpartum blues. The results of statistical analysis showed p-value = 0.000 ($p<0.05$), indicating a significant association between fatigue and the incidence of postpartum blues. The (OR) value of 24.444 with (CI 95%) 8.238-72.534 indicates that mothers with high fatigue are 24.4 times more likely to experience postpartum blues than mothers with low fatigue.

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DISCUSSION

Postpartum fatigue is a multifactorial condition influenced by both physiological and psychological changes following childbirth. Physiologically, the sharp decline in estrogen and progesterone levels after delivery disrupts energy regulation and contributes to prolonged feelings of exhaustion. At the same time, physical recovery after labor, including uterine involution and tissue repair, requires substantial energy expenditure. Psychologically, the transition to motherhood, combined with increased caregiving responsibilities and emotional adjustment, further exacerbates fatigue. Disrupted sleep patterns due to frequent nighttime awakenings for infant care significantly compound this condition (Afrina & Rukiah, 2024). Consistent with these mechanisms, Afrina & Rukiah (2024) reported a significant association between high levels of fatigue and the incidence of postpartum blues, indicating that mothers experiencing severe fatigue are more vulnerable to emotional disturbances in the postpartum period.

Fatigue in postpartum mothers not only affects physical functioning but also has profound psychological consequences that interfere with a mother's ability to adapt to her new role. Persistent exhaustion may impair concentration, emotional regulation, and coping capacity, increasing susceptibility to mood disturbances. Furthermore, inadequate social support from partners or family members can intensify fatigue and heighten emotional stress, thereby elevating the risk of postpartum blues (Safithri Purnomo, 2024). International studies support these findings; research conducted in the United States and Australia has shown that postpartum fatigue is a significant predictor of depressive symptoms and emotional distress among new mothers, particularly when combined with limited social support (McBean & Montgomery-Downs, 2015).

The results of this study also demonstrated a strong and statistically significant relationship between sleep quality and the incidence of postpartum blues. Among mothers with poor sleep quality, the vast majority (92.8%) experienced postpartum blues, whereas more than half of mothers with good sleep quality did not experience the condition. Statistical analysis confirmed this association ($p < 0.05$), with an odds ratio of 18.822 (95% CI: 6.530–54.257), indicating that postpartum mothers with poor sleep quality were nearly 19 times more likely to experience postpartum blues compared to those with good sleep quality. These finding highlights sleep quality as a critical risk factor for emotional disturbances in the postpartum period.

Poor sleep quality in postpartum mothers is commonly caused by frequent nighttime awakenings for breastfeeding, infant care, and irregular sleep schedules, all of which reduce total sleep duration and sleep efficiency. Chronic sleep deprivation has been shown to impair emotional regulation, increase irritability, and heighten stress responses, thereby contributing to symptoms of postpartum blues (Fatmawati & Hidayah, 2019). These findings are consistent with international literature. A longitudinal study in Canada reported that mothers with persistent sleep disturbances during the postpartum period had a significantly higher risk of developing mood disorders, including postpartum depression and blues (Sari Dewi & Laelatul Qomar, 2022). Similarly, a study in South Korea found that poor sleep quality was strongly associated with increased anxiety and depressive symptoms among postpartum women (Park et al., 2018).

Conversely, adequate and restorative sleep plays a crucial role in the physical and emotional recovery of postpartum mothers. Good sleep quality supports hormonal balance, enhances stress coping mechanisms, and improves maternal confidence in infant care. Research by (Adiyani Putri et al., 2023) supports this conclusion, demonstrating that mothers who achieve sufficient sleep are better able to regulate emotions and are less likely to experience postpartum blues. These findings align with international evidence emphasizing sleep optimization as a key preventive strategy for postpartum mental health problems (Bei et al., 2015).

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Overall, the findings of this study reinforce existing national and international evidence that fatigue and poor sleep quality are significant and interrelated risk factors for postpartum blues. Given the high prevalence of sleep disturbances and fatigue among postpartum mothers, early screening and targeted interventions focusing on sleep management and fatigue reduction are essential. Addressing these factors through postpartum education, family support, and nursing interventions may help reduce the incidence of postpartum blues and promote maternal mental well-being.

The findings of this study demonstrate a statistically significant association between sleep quality and the incidence of postpartum blues among postpartum mothers. Mothers with poor sleep quality were significantly more likely to experience postpartum blues compared to those with good sleep quality, with an odds ratio of 18.822 (95% CI: 6.530–54.257; $p < 0.001$). This result indicates that postpartum mothers who experience poor sleep quality have nearly nineteen times higher odds of developing postpartum blues, underscoring sleep disturbance as a critical risk factor during the postpartum period.

The strong association observed in this study can be explained by the physiological and psychological consequences of sleep deprivation. During the postpartum period, mothers frequently experience disrupted sleep due to infant care demands, irregular sleep–wake cycles, and hormonal fluctuations. Poor sleep quality impairs emotional regulation, increases fatigue, and heightens stress responsiveness, all of which contribute to mood instability and vulnerability to postpartum blues. These mechanisms help explain why inadequate sleep is closely linked to emotional disturbances in postpartum mothers.

The results of this study are consistent with previous findings reported by Fatmawati & Hidayah (2019), who identified poor sleep quality as a significant contributor to maternal fatigue, stress, and anxiety during the postpartum period. Similarly, Marwiyah et al., (2022) found that mothers with inadequate sleep were more likely to experience symptoms of postpartum blues and emotional distress. International studies have also reported comparable findings, indicating that sleep disturbances in the early postpartum period are strongly associated with mood disorders, including postpartum blues and postpartum depression (Lewis et al., 2018). The consistency between the present findings and earlier national and international studies strengthens the evidence that sleep quality plays a pivotal role in maternal mental health after childbirth.

A notable contribution of this study lies in the magnitude of the association identified between poor sleep quality and postpartum blues. The high odds ratio observed suggests that sleep quality is not merely a contributing factor but a substantial determinant of postpartum emotional well-being. This finding adds important empirical evidence from a primary health care setting in Indonesia, where data on postpartum sleep quality and its mental health impact remain limited. By quantifying this relationship, the study provides locally relevant evidence that can inform maternal health interventions at the community and primary care levels.

From a practical and clinical perspective, these findings highlight the importance of early screening for sleep disturbances during the postpartum period. Health workers at primary health care facilities should routinely assess sleep quality as part of postnatal care and provide education on sleep hygiene, coping strategies, and infant care practices that support maternal rest. In addition, involving family members, particularly partners, in postpartum care may help reduce nighttime caregiving burdens and improve maternal sleep quality.

At the service level, integrating sleep quality assessment into maternal and child health programs could enhance early detection of mothers at risk for postpartum blues. Community-based

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interventions, such as postpartum counseling, peer support groups, and home visit programs, may also be beneficial in addressing sleep-related problems and preventing adverse mental health outcomes.

Future research is recommended to explore longitudinal relationships between sleep quality and postpartum mood disorders, as well as to examine the effectiveness of sleep-focused interventions in reducing the incidence of postpartum blues. Further studies should also consider other contributing factors, such as social support, cultural practices, and economic conditions, to develop a more comprehensive understanding of postpartum mental health.

CONCLUSION

This study concludes that fatigue and sleep quality are significantly associated with the incidence of postpartum blues among postpartum mothers. High levels of fatigue and poor sleep quality were identified as key contributing factors to the development of emotional disturbances during the postpartum period. These findings emphasize the importance of addressing both physical and psychological conditions of mothers after childbirth as part of comprehensive postpartum care.

The results highlight the need for increased attention from health professionals and families in supporting postpartum mothers, particularly in managing fatigue and improving sleep quality. Strengthening education, counselling, and social support during the postpartum period may help reduce the risk of postpartum blues and facilitate better maternal adaptation to the new role of motherhood. Future research is recommended to explore additional factors, including psychosocial support, economic conditions, and cultural influences, to provide a more comprehensive understanding of postpartum blues and to inform the development of effective preventive and intervention strategies at the community level.

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