



Yoga and Facial Acupressure to Support Emotional Well-Being Among Postpartum Mothers: A Qualitative Study in Bali

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Abstract

Background: Baby blues affect 5–25% of postpartum women and may progress to postpartum depression if not properly managed. Complementary interventions such as yoga and facial acupressure can support maternal mental health. **Objective:** This study focused primarily on a qualitative approach to present preliminary findings, particularly to explore factors that may reduce complaints associated with the baby blues and to understand participants' responses to the facial acupressure and yoga interventions they had received. In the following year, the research will be directed toward a quantitative study design. **Methods:** A qualitative study was conducted among 15 postpartum mothers who had received yoga and facial acupressure training during pregnancy classes (June–September 2025). Four midwives were also interviewed, including two maternal health coordinators and two independent practitioners affiliated with the Indonesian Midwives Association. Data were collected through in-depth interviews and observations, then analyzed through coding and theme development. **Results:** Mothers reported increased happiness, self-care, self-acceptance, bonding, role adaptation, and emotional calm. Midwives emphasized the effectiveness of interventions, the need for training, professional motivation, and competency development. **Conclusions:** Yoga combined with facial acupressure is a feasible and acceptable approach to enhance postpartum well-being, supported by strengthened midwifery competencies through structured training.

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INTRODUCTION

The postpartum period is a critical transition phase that requires support from families and healthcare providers because women may experience physical, psychological, social, and emotional challenges.¹ Emotional changes during this period are influenced by postpartum adaptation and maternal role adjustment. Approximately 50–80% of mothers experience symptoms commonly associated with baby blues, while 15–20% may develop postpartum depression.² These changes increase the risk of postpartum mood disorders, including baby blues and postpartum depression.³

Common symptoms include mood swings, anxiety, crying spells, sleep disturbances, and difficulties in mother–infant bonding.⁴ The World Health Organization (WHO) recommends psychosocial support and early identification of emotional distress in postpartum mothers. Complementary approaches such as yoga and acupressure have increasingly been used to support maternal comfort and emotional well-being during the postpartum period.⁵ Yoga combines physical movement, breathing exercises, and meditation that may promote relaxation and reduce stress responses.^{6–9}

Facial acupressure has also been reported to support relaxation, reduce anxiety, and improve sleep quality in postpartum women. Facial acupressure, on the other hand, has been reported to reduce anxiety and improve sleep quality, contributing to emotional stability in postpartum women.^{10–12}

Several studies in Indonesia, including Bali, have reported positive responses toward complementary postpartum services such as yoga, meditation, oxytocin massage, and acupressure.¹³ However, most previous studies have examined yoga and acupressure as separate interventions. Studies exploring the combined use of yoga and facial acupressure in postpartum care, particularly from the perspectives of postpartum mothers and midwives within the Indonesian cultural context, remain limited. This research gap is important because an integrated complementary approach may provide more holistic support for maternal emotional well-being and postpartum adaptation.¹⁴ In addition, Bali has a strong cultural tradition of holistic and family-centered maternal care, which may influence the acceptance and implementation of complementary practices in postpartum services.⁹ This gap highlights the need for a holistic, preventive approach that integrates both interventions into routine midwifery practice. Therefore, this study aimed to explore postpartum mothers' and midwives' perceptions, experiences, and recommendations regarding the implementation of yoga and facial acupressure as complementary approaches to support maternal emotional well-being during the postpartum period in Bali.

The findings of this study are expected to contribute to the development of evidence-based complementary care models in maternal health services, enhance midwifery competencies, and

support the integration of culturally appropriate interventions to improve postpartum mental health outcomes.

METHODS

This study used a qualitative descriptive design with thematic analysis to explore postpartum mothers' and midwives' perceptions and experiences of yoga and facial acupressure as complementary approaches to support maternal emotional well-being during the postpartum period. The study focused on participants' experiences and perceived benefits of these complementary practices rather than measuring the prevention of baby blues or postpartum depression. The research was conducted at the Tabanan III Community Health Center (UPT Puskesmas Tabanan III), Bali, Indonesia, from June to September 2025.

Participants were recruited using purposive sampling based on their relevance to the study objectives. The study involved 15 postpartum mothers and four midwives. The inclusion criteria for postpartum mothers were: being in the postpartum period from day 2 to week 4, having participated in pregnancy classes involving yoga and facial acupressure training, being willing to participate voluntarily, being able to communicate in Indonesian, and providing written informed consent. Mothers with severe postpartum complications or communication difficulties were excluded.

Midwives were recruited as key informants to provide professional perspectives regarding the implementation of complementary postpartum care. They consisted of one coordinating midwife, one implementing midwife from the community health center, and two representatives from the Indonesian Midwives Association (IMA) branch management in Tabanan Regency. All midwife participants were directly involved in maternal health and complementary care services.

Participant recruitment and data collection were conducted simultaneously until data saturation was achieved, indicated by repeated information and the absence of new themes during interviews. Saturation was reached after interviewing 15 postpartum mothers and 4 midwives.

Data were collected through semi-structured in-depth interviews using nine open-ended questions developed from the study objectives and related literature. The interview guide explored participants' experiences, perceived benefits, challenges, and recommendations regarding yoga and facial acupressure during the postpartum period. The interview guide was reviewed by experts in maternal health and qualitative research before data collection.

Interviews with postpartum mothers were conducted at community health centers, midwives' private practices, and participants' homes, at the participants' preference. Each interview lasted approximately 15–30 minutes, while interviews with midwives lasted 30–45 minutes. All interviews were conducted in private settings, audio-recorded with participant consent, and supported by field

notes documenting contextual observations and nonverbal responses. Interview recordings were transcribed verbatim for analysis.

Data collection was assisted by two trained midwives and two midwifery students who served as enumerators. Before data collection, the enumerators received training on qualitative interview techniques, probing methods, research ethics, informed consent procedures, confidentiality, and strategies to maintain consistency during interviews. Mock interview sessions were also conducted to improve data collection reliability.

The chart below shows the stages of thematic analysis:

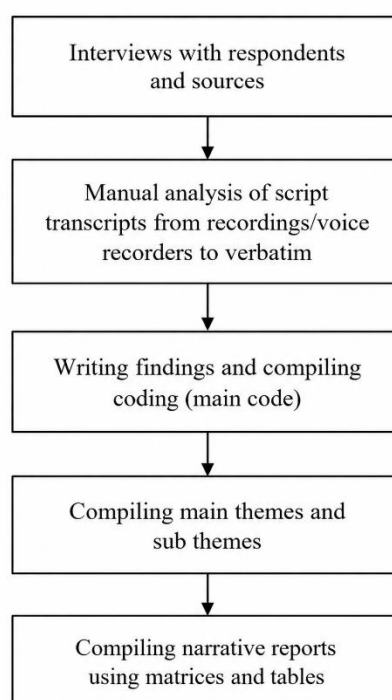


Figure 1. Steps of Thematic Analysis

Data were analyzed using thematic analysis through several stages, including familiarization with the transcripts, open coding, categorization, theme and subtheme development, and interpretation of findings. To ensure trustworthiness, peer discussions and cross-checking of coding among researchers were conducted. Representative participant quotations were used to support the findings.

This study adhered to ethical principles, including respect for persons, beneficence, confidentiality, and justice. Participants were informed about the study objectives, voluntary participation, confidentiality, and their right to withdraw at any time without consequences. Ethical approval was obtained from Polytechnic of Health of Denpasar ethics committee with approval number DP.04.02/F.XXXII.25/767/2025.

RESULTS

Characteristics of Respondents

The characteristics of the respondents are presented in the table below.

Table 1. Characteristics of respondents

No	Characteristics of respondents	Frequency (n=15 people)	Proportion (%)
1.	Age (in years):		
	≥20-<35	13	87.00
	≥35	2	13.00
2.	Education level:		
	Basic	1	6.66
	Midle	6	40.00
	High	8	53.34
3.	Partner/husband Income (in IDR million):		
	≥2-<2.5	3	20.00
	≥2.5-<3	7	46.67
	≥3-<3.5	4	26.67
	≥3.5	1	6.66
4.	Respondent Income (in IDR million):		
	<2-<2.5	13	87.00
	≥2.5-<3	2	13.00
5.	Gravida:		
	Primi	12	80.00
	Multi	3	20.00
6.	Delivery history:		
	vaginal	15	100.00
	cesarean section	0	0.00
7.	History of attending antenatal classes:		
	regular	12	80.00
	irregular practice	3	20.00
8.	History of consistent yoga practice:		
	Yes	10	66.67
	No	5	33.33
9.	History of consistent face acupressure practice:		
	Yes	10	66.67
	No	5	33.33

Thematic Analysis Results (Responses, Codes, Subthemes, and Themes) of Respondents

The results of the thematic analysis of the interviews with respondents/postpartum mothers found four main themes, namely: 1) happiness and self-care, (2) self-acceptance and bonding with the baby, (3) sincerity in embracing the role of mother, and (4) relaxation and emotional calm. Of the 15 postpartum mothers, 12 reported no difficulty practicing yoga at home, felt supported by their husbands or families, and practiced yoga regularly. Ten reported no symptoms, indicating baby blues

or postpartum depression. Almost all respondents reported feeling happy and comfortable doing yoga and facial acupressure at home during the postpartum period.

The table below displays the interview results, starting with the respondent responses and coding, then subthemes, and finally themes. Table 2 below displays the results of in-depth client interviews, along with codes, subthemes, and main themes.

Table 2. Thematic Analysis Results (Responses, Codes, Subthemes, and Main Themes)

No	Responds of Respondent	Code	Subtheme	Main Theme
1.	"Yoga makes me feel like I'm having some time for myself, even if it's short, but it's quite blissful." (R 1, 25 years old). "Facial acupressure makes me feel pampered, so I'm happier afterward" (R2, 28 years old). "Previously, when I gave birth to my first child, I felt sad, cried, regretful, and had mixed feelings. After I tried yoga and facial acupressure, I felt happier." (R6, 29 years old). "Facial acupressure seems to restore my spirit; I feel more refreshed and happy." (R7, 31 years old). "My energy returns after a yoga session or practice at home, and I feel more productive in caring for my baby and being a mother" (R11, 26 years old).	Simply blissful, feeling pampered, happier afterward, finding happiness, feeling fresher and happier.	Experience joy through yoga and acupressure	Happiness and self-care
2.	"With yoga, I feel closer to my baby because I've also become more patient." (R3, 30 years old) "I can breastfeed even though it's tiring, because I have moments to calm down, even though there's very little time." (R5, 24 years old) "I can accept my baby with love, even though I often felt overwhelmed at first." (R8, 30 years old) "Yoga helped me understand that accepting myself and my body also means being able to accept my baby better." (R10, 25 years old) "I learned to accept my body." "Stretching helped me feel comfortable with myself." (R12, 29 years old)	Feeling closer to the baby, more patient, moments to calm down, full love for the baby, understanding that they are accepting themselves.	Strong attachment to the baby, Acceptance of postpartum body changes	Self-acceptance and bonding with the baby
1.	"I've become more accepting of sleep deprivation, because I know it's part of being a mother." (R 11, 22 years old) "Yoga helps me accept the pain after childbirth more graciously." (R 7, 25 years old) "Before, I often compared myself to other mothers, but now I can accept my own condition with grace." (R 9, 29 years old) "I feel a sense of gratitude after yoga, which makes me more prepared to face the challenges of this postpartum period." (R 10, 25 years old)	Be more accepting of sleep deprivation, accept the pain, accept the condition, be willing to face postpartum challenges, and be grateful.	Cultivating patience and resilience, Gratitude for the journey of becoming a mother	Sincerity in carrying out the role of a mother

No	Responds of Respondent	Code	Subtheme	Main Theme
	I try to let go of sadness during yoga, especially meditation. I pray and express gratitude. I forgive myself for my weaknesses and limitations as a mother (R8, 30 years old).			
4.	“Yoga makes my body feel lighter and my mind calmer.” (R2, 28 years old). “Facial acupressure makes me feel very relaxed, like I'm falling into a deep sleep, even if it's only for a short time.” (R8, 30 years old). “This relaxation makes me cry less, unlike when I first gave birth.” (R9, 29 years old). “Yoga and facial massage make me feel like I've found the peace I've been longing for.” (R11, 22 years old). “I can sleep better, especially after meditation and facial acupressure.” (R10, 25 years old).	Body and mind are lighter and calmer, feel very relaxed, sleep better, and cry less often.	Reduce stress and anxiety, improve sleep quality, and cultivate inner peace and tranquility.	Relaxation and emotional calm

Thematic Analysis Results (Responses, Codes, Subthemes, and Themes) of Midwives

The findings demonstrate that respondents were predominantly within the optimal reproductive age (20–35 years), multiparous, and had prior exposure to antenatal education and complementary interventions. These characteristics are important determinants of the successful implementation of yoga and facial acupressure, as well as in preventing baby blues during the postpartum period.

From the thematic analysis above, initial coding was developed, focusing on the benefits of yoga and facial acupressure services, reviewed from several perspectives, including: obstacles, availability of facilities and infrastructure, service standards and references, service prospects, and client responses. The final coding consisted of service recommendations. More detailed coding is described in the figure 2.

The coding results, themes, and subthemes from the previous interviews can be summarized in the table below. The main themes that emerged from the seven questions include: 1) Completeness of service standards; 2) Implementation of SOPs; 3) Documentation of care; 4) Monitoring and evaluation; 5 Training and capacity building; 6) Service improvement needs; 7) Service quality. The findings indicate that the facilities for implementing yoga and facial acupressure services are generally adequate; however, documentation of care remains suboptimal. Standard operating procedures (SOPs) are not yet available and have not been implemented. There is a limited number of trained providers delivering yoga and facial acupressure services. Monitoring and evaluation (M&E) have not been conducted regularly and are not yet institutionalized. Furthermore, there is a need for standardized training and mentorship, as well as a noticeable gap between theoretical

knowledge and its practical application in healthcare settings. Table 3 below presents the results of the thematic analysis on the main themes and sub-themes of the implementation of yoga and facial acupressure services by midwives.

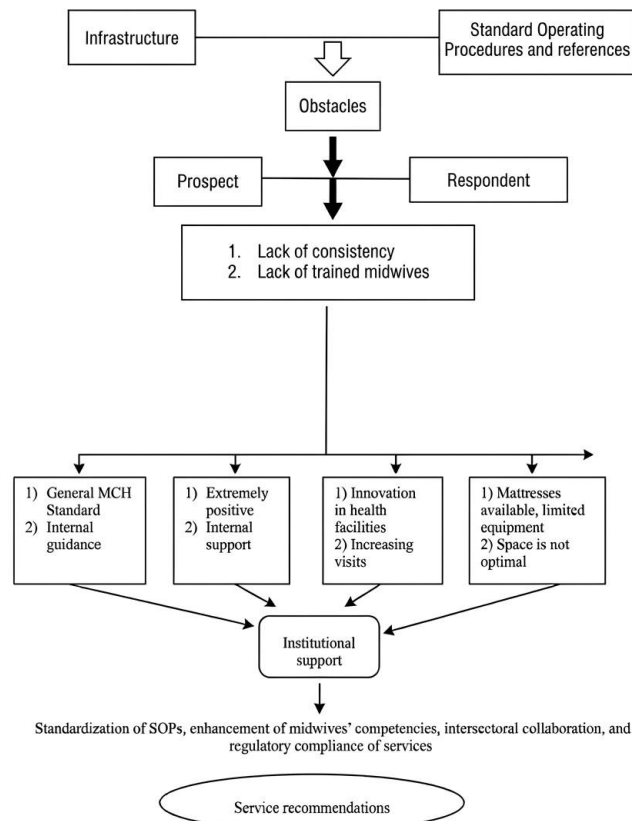


Figure 2. Coding results from the interview results using thematic analysis.

Table 3. Main themes, sub-themes, and main meaning of the implementation of yoga and facial acupressure services

No	Main Theme	Subtheme	Main Meaning
1.	Completeness of service standards	Infrastructure is adequate, but SOPs are not updated.	Facilities are good, but documentation is not optimal.
2.	Implementation of SOPs	Service implementation is inconsistent.	SOPs are not implemented as directed.
3.	Documentation of care	Documentation is incomplete.	Limited staff and time
4.	Monitoring and evaluation	Money is not routine.	Evaluation has not become part of the work culture.
5.	Training and capacity building	Training is rare and uneven.	Staff have not received competency development.
6.	Service improvement needs	Updated SOPs and training are needed.	Standardization and capacity building are needed.
7.	Service quality	Service is good, but documentation and SOPs still need improvement.	There is a gap between actual and ideal conditions.

DISCUSSION

Maternal age plays a crucial role in psychological readiness and emotional regulation. Women aged 20–35 years generally have better physiological resilience and coping capacity, which are protective against postpartum mood disturbances. Previous studies have shown that extreme maternal age (<20 or ≥35 years) is associated with a higher risk of postpartum depression and emotional instability.¹⁵ Therefore, the dominance of respondents in the optimal reproductive age group may facilitate better adaptation to motherhood and increase receptivity to interventions such as yoga and facial acupressure, which require engagement and self-regulation.^{13,16}

Parity is another significant factor influencing maternal adaptation. The majority of respondents were multigravida (80%), indicating prior experience with pregnancy and childbirth. Multiparous women tend to have higher self-efficacy, confidence, and coping strategies compared to primigravida mothers, thereby reducing anxiety and emotional distress. This experience may enhance adherence to complementary practices such as yoga and acupressure, as they are more familiar with postpartum recovery processes and self-care needs.^{17–19}

Socioeconomic characteristics also influence maternal mental health and health behavior. Although most respondents had lower personal income, financial support from husbands may serve as a protective factor by reducing economic stress and enabling access to healthcare services. Partner support has been consistently identified as a key determinant in reducing the risk of postpartum depression and improving maternal well-being. This supportive environment may encourage mothers to participate in antenatal classes and consistently practice yoga and facial acupressure at home.^{13,20–22}

Furthermore, the high levels of participation in antenatal classes (80%) and in yoga and facial acupressure training (80%) indicate good exposure to health education. Knowledge and skill acquisition are essential for behavior change and adherence to health interventions. According to health behavior theory, individuals who receive adequate information and perceive benefits are more likely to adopt and sustain healthy practices.²³ This is reflected in the finding that 83.33% of trained respondents regularly practiced yoga and facial acupressure, suggesting that training effectively translates into practice.

The interview findings revealed that all respondents had positive perceptions regarding the benefits of yoga and facial acupressure. The most prominent benefits included their ability to promote relaxation, reduce tension, support smoother labor, and decrease the risk of baby blues. Notably, over the past two years, several respondents reported no cases of baby blues among their patients. These findings are consistent with previous studies. Prenatal yoga can significantly reduce stress, anxiety, and the risk of postpartum depression. Mind–body interventions, such as yoga, can enhance emotional well-being during pregnancy.^{6,7,10,11} However, community understanding of these

complementary therapies remains uneven, indicating the need for broader dissemination and education. Repeated health education has been shown to improve maternal self-efficacy in performing independent health practices.

Facial acupressure stimulates specific points associated with neural relaxation, improved blood circulation, and the release of endorphins. The findings of this study indicate that postpartum mothers who received facial acupressure experienced reduced facial muscle tension, increased comfort, and a stronger motivation for self-care. Self-care during the postpartum period is often neglected because mothers' primary focus is on infant care.^{24–26} However, through facial acupressure, mothers reported becoming more attentive to their own needs, which, in turn, enhanced their positive self-image and personal well-being.

From a physiological perspective, yoga contributes to increased parasympathetic nervous system activity, reduced cortisol levels, and improved emotional regulation, thereby lowering the risk of anxiety and depressive symptoms.^{27–29} Similarly, facial acupressure stimulates endorphin release and improves circulation, leading to relaxation and better sleep quality, which are critical for preventing baby blues. The combination of these interventions may yield synergistic effects, enhancing maternal comfort and emotional stability.

The general mechanism of yoga is to lower cortisol levels, thereby reducing anxiety and increasing emotional stability in postpartum women. Another mechanism involves increasing serotonin and gamma-aminobutyric acid (GABA) levels, which are beneficial for improving mood and sleep quality. Finally, yoga can activate vagal tone, which helps regulate stress and promote emotional balance. Another study supporting these findings is a study by Line et al, which reported that 8 weeks of postpartum yoga significantly reduced EPDS scores and increased mother-infant bonding and self-compassion.³⁰

Respondents' perception of facial acupressure was that it was very enjoyable because it relaxes the body. Facial acupressure activates branches of the trigeminal and vagus nerves, improves facial blood circulation, triggers the release of endorphins, oxytocin, and serotonin, and increases facial muscle relaxation while reducing emotional tension. The combination of yoga and facial acupressure is an innovation that combines body-mind-neurophysiological healing mechanisms. This integrated model works through the following mechanisms, as outlined in Table 4.

Table 4. Mitigation model mechanisms of body–mind–neurophysiological healing

Mechanism	Yoga	Facial Accupressure	Outcome
Stress hormone regulation	√	√	Reduces anxiety
Neuroplasticity & mindfulness	√	–	Strengthens emotional coping
Vagus nerve activation	√	√	Stabilizes mood
Muscle and facial relaxation	–	√	Prevents emotional tension
Mother-baby bonding	√	–	Improves emotional well-being

This integration model is supported by the Polyvagal Theory, which emphasizes that vagus nerve stimulation can return the body to a safe state (rest-and-digest) from a fight-or-flight state.³¹ Thematic analysis results from four sources: midwives, administrators of the Indonesian Midwives Association (IMA) in Tabanan Regency, and practitioners and complementary educators. The results, related to the implementation of yoga and facial acupressure, the availability of facilities and infrastructure, the environment, obstacles, and recommendations, yielded four main themes: 1) the effectiveness of yoga and facial acupressure in improving maternal well-being; 2) training for midwives; 3) the need for outreach and motivation for midwives; and 4) developing midwife competencies in complementary services.

Understanding and benefits of the service were very positive, as evidenced by the absence of baby blues and increased maternal comfort. The biggest obstacles were human resources and consistency of training, both for midwives and patients. Infrastructure was adequate, but not yet uniform, and facial acupressure equipment was often used in limited practice settings and was available at clients' homes. There was no standardized standard operating procedure (SOP), resulting in inconsistent implementation. The service's prospects were excellent and could be an innovation to increase visits. Leadership support was strong, but legality and coordination with professional organizations were needed. Recommendations emphasized collaboration and improving midwife competency.³²

The results of qualitative analysis based on seven questions from interviews with informants (midwives) showed that field findings (positive client responses, relaxation, claims of reducing baby blues) are consistent with the literature showing that yoga/mind-body interventions (light postures, breathing, guided relaxation) have the potential to improve symptoms of anxiety, mood, and several indicators of maternal well-being during pregnancy/postpartum. Qualitative data indicate that Yoga and Facial Acupressure are considered beneficial and have development prospects in the context of midwifery services (improving well-being, relaxation, potential to reduce baby blues). However, long-term feasibility depends on standardization (SOP & infrastructure), midwife training and supervision, monitoring/follow-up, and socialization to mothers and families.

All respondents agreed that the service prospects are excellent. Yoga and facial acupressure not only support maternal health but also serve as strategic innovations to increase visits to health facilities. Mind-body interventions have attracted considerable interest among pregnant women because they are perceived as safe, natural, and calming approaches. This is supported by findings from Rahyani et al (2023-2025), who demonstrated that mindfulness-based interventions during pregnancy significantly reduced stress and improved psychological well-being among participants.^{8,33-36} Similarly, a systematic review highlighted that yoga and other mind-body

therapies are increasingly accepted in pregnancy due to their non-pharmacological nature and perceived safety, with potential benefits for both maternal mental health and birth outcomes.^{3,37}.

Support from health facility leaders is strong. However, strengthening is needed from professional organizations, health services, and educational institutions to provide regulations, supervision, and a legal framework for implementation. This aligns with the governance principles of complementary health services, which emphasize the need for competency standards and national regulations.

CONCLUSION

This study demonstrates that yoga and facial acupressure are well-accepted complementary interventions that can improve relaxation, emotional stability, and stress management among postpartum mothers, thereby helping prevent baby blues. Favorable maternal characteristics, antenatal education, and regular practice support their successful implementation. However, wider integration into routine maternal healthcare requires standardized guidelines, enhanced midwifery competencies, and continuous monitoring and evaluation.

The integration of yoga and facial acupressure into standard postpartum care should be supported by standardized operating procedures, competency-based training for midwives, and routine postpartum psychological screening using the EPDS. In addition, healthcare facilities should establish internal policies and conduct continuous outcome evaluations to ensure effective implementation. Further large-scale and controlled studies are recommended to strengthen the evidence base for these complementary interventions.

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Declarations

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