

Interpersonal Communication Strategies for Mothers and Infants in Melati Room Care: Building Bonds and Supporting the Recovery Process of High-Risk Infants

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ABSTRACT:

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Based on news on the solopos.com page (Saputra, 2022), Central Java Province is the region with the highest infant mortality. In terms of health, infant mortality can be caused by the labor process or the condition of the mother experiencing preeclampsia. In this study, the focus in communication science is to provide an understanding of the importance of maintaining interpersonal communication between mothers and babies being treated in the high-risk infant room. The specific objective of this study is to provide an overview of interpersonal communication and the use of visiting time for mothers who have babies and receive care in the Melati room (high-risk infant care) at Prof. Margono Hospital. To answer the research objective, this study will use a qualitative approach with a descriptive qualitative method. Data collection techniques include in-depth interviews and documentation. The informants in this study are mothers with babies who receive care in the Melati room (high-risk infant care) at Prof. Margono Hospital. The benefit of this study is the availability of information regarding the description of the form/model of interpersonal communication between mothers and babies in the Melati Room. This communication ability is expected to create a close relationship between mother and baby, and the baby can recover more quickly.

Introduction

Based on the high maternal and infant mortality rates in Central Java Province, with Banyumas being the highest contributor to infant mortality (Imam Yuda Saputra, 2022), this study

will analyze the forms or models of interpersonal communication between mothers and infants during care in the Melati Room (a high-risk infant care unit). The joyous birth of a baby can be traumatic for a mother, requiring intensive care due to the symptoms. A mother does not readily accept this sudden situation after giving birth. The emotional turmoil within her, along with environmental pressures, can lead a mother to lament her fate and forget about the baby's well-being, which requires careful attention and her own emotions (Soedjatmiko, 2006).

The postpartum period is a particularly sensitive time due to hormonal changes in women. It can be said that postpartum is a transitional phase, which can cause some mothers to experience a life crisis. In general, postpartum mothers experience several physical and psychological changes. Physical changes include changes in the reproductive organs and other bodily changes such as enlarged hips, dark spots on the abdomen (stretch marks), swollen breasts, swollen feet, varicose veins, and weight gain (Tolongan et al., 2019).

During this transitional phase, accepting that the baby needs to be cared for also becomes an additional burden. This condition can certainly trigger the emergence of baby blues syndrome for some mothers who are unable to adjust to the many changes (Tolongan 2019). Baby blues itself is a condition characterized by feelings of confusion, anxiety, sadness, and worry that occur in the first day after giving birth and peak on the third to fifth day postpartum (Yetti Anggraini, 2010).

Among 283 mothers in Indonesia, postpartum depression rates increased to 18.37% and 15.19% in mothers who had given birth within 1 to 2 months, compared to 26.15% in mothers who had given birth within 3 months. Predicted factors include the stress of caring for a child, marital satisfaction, and a lack of acceptance of the baby's gender (Nurbaeti et al., 2018).

Mothers who experience postpartum depression are more susceptible to cognitive impairment (Meena et al., 2016), sleep disturbances (Okun, 2016), and fatigue (Badr & Zauszniewski, 2017b). Negative impacts on the infant include impaired intellectual and motor development, decreased social and emotional development during the first two years of life, decreased attachment to the mother, and decreased self-esteem (Smith-Nielsen et al., 2016).

Babies are human beings, and according to Paul Watzlawick, humans must communicate, using the concept of "we cannot not communicate," which includes babies and children. Parents have a significant influence in raising and educating children, so various problems can arise when parents and children do not manage/utilize interpersonal communication in their relationship (Fensi, 2017).

In a literature review, Arnita stated that mother-infant interactions significantly influence the infant's subsequent life (Arnita et al., n.d.). Furthermore, a lack of knowledge about initiating interactions ultimately limits the adaptation necessary for a stable transition to motherhood. Because mothers are insensitive to their infants' signals, infants become aggressive and angry toward caregivers. However, this study focuses more on the mother's stimuli and the infant's response.

Based on two approaches to communication theory, this study employed a subjective approach. Assuming that knowledge lack objective and permanent characteristics, social interactions in the real world (social reality) are considered forms or efforts of communication (Deddy Mulyana, 2018). Griffin considers communication to be like a game. Various games can be likened to a communication process (Rizal & Aesthetika, 2022). Griffin mentions three: ping-pong, bowling, and puzzles (charades). This study is more like a charades game. The communicator (mother) sends messages, and the communicator (baby) responds unpredictably.

The Melati Room is a special room for high-risk babies. This is due to factors other than infection and the mother's medical history. No one can predict the length of treatment, whether three days or ten days are sufficient. Each baby's recovery time varies, even with the same illness. The limited visiting time inevitably hogs the interpersonal communication process between mother and baby. This situation prompted researchers to investigate how mothers utilize this visiting time to communicate with their babies and the forms of interpersonal communication between mothers and babies in the Melati Room. This is especially true considering that mothers who are cared for together with their babies typically have more contact with their babies than when they are separated (mother at home, baby in care). Being separated makes it difficult for mothers to interact with their babies, making it difficult to build an effective bond during the sensitive postpartum period.

This study aims to explain the forms or models of interpersonal communication between mothers and babies in the Melati Room. It also explores the use of visiting time for bonding with babies. The benefits of this research include providing pregnant women with an overview of the forms or models of interpersonal communication between mother and baby in the care room. It also provides mothers and married couples with an overview of postpartum conditions and the intensive care their babies need, allowing them to maximize their visitation time.

Method

The research used qualitative methods. Qualitative research describes a situation consistent with the facts (Albi Anggito, 2018). Referring to the objectives of qualitative research, the sampling procedure requires careful consideration of identifying key informants with information relevant to the research focus. The selection of informants is based on various considerations, with the hope of obtaining a variety of qualitative information with in-depth and valuable descriptions, rather than simply stating numbers or frequencies (Deddy Mulyana, 2018). Therefore, the selection of informants was deliberate; the researchers selected informants, in this case, mothers whose babies were being treated in the Melati Room. In this study, 22 mothers and babies were divided into two groups: healthy mothers and babies in care, and the second group consisted of mothers and babies in care. Of the 22 mothers, eight agreed to participate as informants.

In this study, the researchers used source triangulation. Source triangulation is one of the four types of triangulations identified by Denzin (LEXY J. MOLEONG, 2017): source, method, investigator, and theory. Researchers use multiple data sources to collect the same data. The methods used are: (1) Comparing observational data with interview results. (2) Comparing interview results with the contents of related documents. The research is not harmful or uncomfortable. Respondents' confidentiality and safety will be maintained. The research emphasizes ethical issues, including informed consent, confidentiality, the right to full disclosure, and the right to self-determination.

Result and Discussion

Interpersonal Communication Between Mother and Baby in the Melati Room of Prof. Margono Soekarjo Regional Hospital

Communication is necessary everywhere, by everyone, and at all times. This is especially true in the health sector. One goal of communication is to influence changes in attitudes and behavior. This study focuses on communication between mothers and infants. The infants in this study ranged in age from 0 to 6 months. In-depth interviews revealed two groups of mothers' understandings. The first group already understands the importance of communication with their babies and engages in interactions during pregnancy. The communication mothers establish with their unborn child (fetus) involves stroking their belly, talking to them, and listening to music. An excerpt from the statement is as follows:

“Iya saya tahu kalo bayi di perut perlu diajak komunikasi. Katanya biar pinter nanti hehe. Seringlah saya ajak ngomong kalo lagi beberes rumah. pas umur 6 bulan biasanya jadi gerak-gerak tuh. Seneng banget di jawab sama utun hehe”

“Saya selalu ajak ngobrol, soalnya juga harus ada gerakan aktif kan mba, misal anteng aja itu tanda bahaya, harus segera periksa.”

“Saya elus, saya nyanyi, dengerin musik, katanya musik klasik biar pinter, tapi saya asal musik aja si mba, dangdut iya, pop iya, semualah, yang lagi rame aja lagu apa.”

"Yes, I know that babies in the womb need to be communicated with. They say it makes them smarter, hehe. I often talk to them when I'm cleaning the house. When they're 6 months old, they usually start moving around. I really enjoy being answered by Utun, hehe."

"I always talk to them, because there needs to be active movement, right, Ma'am. For example, being still is a danger sign, and they need to be checked out immediately."

"I stroke them, I sing to them, and I listen to music. They say classical music makes them smarter, but I just listen to whatever music they like, dangdut, pop, whatever, just whatever's popular."

The second group did not fully understand and only occasionally communicated with their babies during pregnancy. An excerpt from the interview is as follows:

“engga si, ya biasa aja. Siang kerja, malam capek ya tidur.”

“ini hamil pertama, saya masih kaku mungkin ya mba, rasanya masih aneh ngomong sendiri”

“paling kalo nendang, saya tanya kenapa, kalo engga ya ngerjain yang lain. Nanti kali ya kalo sudah lahir baru saya ajak ngobrol.”

"No, it's just normal. I work during the day, and when I'm tired, I sleep at night."

"This is my first pregnancy, so I'm probably still a bit awkward, and it feels strange talking to myself."

"At most, if it kicks, I ask why. If it doesn't, I'll do something else. Maybe I'll talk to you when the baby is born."

Pemahaman tersebut terbentuk dari literasi kesehatan masing-masing ibu hamil. Seperti petikan hasil wawancara yaitu,

“saya ikut kelas parenting di live instagram, kan suka ada itu mba, saya ikut, saya juga ikut kelas parenting yang berbayar.”

“ banyak yang saya follow mba akun instagram tentang bayi, jadi makin paham tentang mitos dan fakta. Soalnya saya sendiri masih suka nurut nurut aja apa kata orang. Alhamdulillah jadi banyak tahu mana yang cuma mitos.”

“saya aktif di instagram dan facebook. Saya harus belajar banyak karena banyak sekali mitos. Kalo kurang wawasan bisa bahaya nanti anak saya hehehe”

"I took a parenting class on Instagram Live. I often have those, so I joined. I also took a paid parenting class."

"I follow a lot of Instagram accounts about babies, so I understand more about myths and facts. I tend to just follow what people say. Thank God, I've learned a lot about which ones are just myths."

"I'm active on Instagram and Facebook. I have to learn a lot because there are so many myths. If I don't have enough knowledge, it could be dangerous for my child, hehe."

Research (Walker et al., 2017) also supports health literacy about pregnancy. Pregnant women tend to have favorite websites and seek information related to maternal and infant care. This has become increasingly easier with technological advances, as simply clicking "like" on a baby-related account automatically activates an algorithm and displays advertisements or other baby-related accounts.

Another finding is that narratives about the intensity of mother-baby interactions also provide positive feedback on the baby's recovery process. Interview excerpts serve as supporting data:

“saya dinasehatin untuk pasrah aja sama yang kuasa, yang penting anak ditengok, di bacain doa, nanti cepat sembuh, mohon doanya ya mba.”

"I was advised to just surrender to the Almighty, the important thing is that the child is visited, prayers are read, and he will get well soon, please pray for him, ma'am."

Unfortunately, there is no quantitative data on this matter.

Referring to Devito's concept (Suryadinata et al., 2016) regarding the initial stage of interpersonal communication, namely contact, the process of mother-infant encounters during care is included in the development of interpersonal communication. It is also important to understand that a mother's perception of her baby's temperament influences her behavior and interactions with her baby (Arnita et al., n.d.).

In the context of mother and baby, a stable emotional state and a supportive environment are essential for effective communication and a strong bond. This process needs to be supported by the partner and family. Internal support is a key factor in building a positive and stable

emotional state for the mother. This aligns with attachment theory, which states that a consistent and responsive figure will increase the baby's emotional security and strengthen the bond (Ainsworth et al., 2014).

A mother's touch and verbal communication with her baby, such as greeting them by name, also fosters interpersonal communication. The more frequently they communicate, the better mothers can understand their babies' language, even when separated. An excerpt from the interview is as follows:

“kalo berkunjung, selain setor ASIP, saya elus tangan anak saya mba, sedih rasanya, masih kecil sudah diinfus. Saya bilangin pelan, kalo anak saya itu hebat, anak kuat, jagoan lah pokoknya, ditunggu sama orang rumah.”
“ga mesti si mba, kadang pas waktu kunjung, anak saya lagi tidur, jadi paling elus-elus aja. Kalo pas bangun ya saya ajak ngobrol. Rasanya dia laporan ke saya mba kalo sakit, tatapan matanya itu, jadi saya bilang, yang kuat ya nak, sebentar lagi pulang”

"When I visit, besides depositing breast milk, I stroke my child's hand, Miss. It's sad, he's still so young and already on an IV. I tell him quietly, 'My child is great, strong, a hero, and everyone at home is waiting for him.'"

"It doesn't have to be Miss. Sometimes, when I visit, my child is sleeping, so I just stroke him. If he wakes up, I chat. I feel like he's telling me he's sick, Miss. That look in his eyes, so I say, 'Be strong, kid, he'll be home soon.'"

However, the limited visitation time means some mothers feel that simply delivering expressed breast milk is sufficient without meeting and interacting with their babies.

Observations before the interview, without documented evidence (given the smartphone ban), also revealed two distinct groups. The interaction between mothers and their babies revealed some stroking, whispering, staring pensively at their babies, and still others staring at them while crying. These adverse conditions can hinder mothers from building a bond with their babies.

Forms or Models of Interpersonal Communication Between Mother and Infant

There are three models of interpersonal communication (Nisa Zein Lubis et al., n.d.) : the linear model, the interactive model, and the transactional model. In the linear model, the mother, as the communicator, speaks or conveys messages using a lecture method. This can mean the baby never sends a message and passively absorbs what is said. In this case, the baby responds by smiling, appearing bored or interested, and frowning. The linear model is also misinterpreted as depicting communication as a series of actions, such as one step (listening) following the

previous step (speaking). However, speaking and listening often co-occur or overlap in genuine interactions. At any point in the interpersonal communication process, participants simultaneously send and receive messages and adapt to each other.

The linear model was found in the research observation process. The mother touched the baby, whispered, and cuddled her during breastfeeding. Supporting interview excerpts are as follows:

"kalo berkunjung, selain setor ASIP, saya elus tangan anak saya mba, sedih rasanya, masih kecil sudah diinfus. Saya bilangin pelan, kalo anak saya itu hebat, anak kuat, jagoan lah pokoknya, ditunggu sama orang rumah."

"When I visit, besides depositing breast milk, I stroke my child's hand, Miss. It's sad, he's still so young and already on an IV. I tell him quietly that my child is great, strong, a hero, and everyone at home is waiting for him."

The second model is interactive. During the communication process, the baby provides feedback/responses to the messages conveyed by the mother. Thus, the mother and baby have equal roles as the giver and receiver of reactions. The interactive model is an improvement on the linear model. However, the interactive model still depicts communication as a sequential process where one person is the sender and the other is the receiver. In reality, everyone involved in communication sends and receives messages. As the following excerpt illustrates:

"ga mesti si mba, kadang pas waktu kunjung, anak saya lagi tidur, jadi paling elus-elus aja. Kalo pas bangun ya saya ajak ngobrol. Rasanya dia laporan ke saya mba kalo sakit, tatapan matanya itu, jadi saya bilang, yang kuat ya nak, sebentar lagi pulang"

"It doesn't have to be Miss. Sometimes when I visit, my child is sleeping, so I just pet him. If he wakes up, I chat with him. I feel like he's telling me that he's sick, Miss. That look in his eyes, so I say, 'Be strong, son, he'll be home soon.'"

In the following interview, the baby uses nonverbal language to convey messages to its mother. Understanding baby language will only occur if the bond between mother and baby strengthens.

The third model is transactional. In this model, the communication process emphasizes the dynamics and multiple roles of the individuals involved. It is well known that women's emotions after childbirth are unstable. Therefore, the support of others, specifically their partners and family, helps the mother create healthy interpersonal communication with her baby. During

the interview, the mother consciously expressed her willingness to be an informant, having already been able to share and being stable. This also demonstrates the support of her husband and family, as shown in the following excerpt:

"Alhamdulillah, ga kaya di sinetron mba, apa-apa yang disalahin perempuan, suami dan keluarga bener-bener mendukung saya biar ga stress, ngaruh kan sama ASI buat dedek"

"Suami juga sedih kan mba, sama-sama orangtua, anak kami sedang berjuang, dukungan dari suami dan keluarga sangat berarti mba"

"Thank God, it's not like in soap operas, where the woman is blamed for everything. My husband and family really support me, so I don't get stressed. It also affects my breast milk supply for my baby."

"My husband is sad too, right? We're both parents. Our child is struggling. The support from my husband and family means a lot, right?"

The transactional model is the ideal model of interpersonal communication. The mother is not present alone; instead, many parties shape the mother's perception of the baby. Positive perceptions enable the mother to create positive messages during the visit. Conversely, if negative perceptions emerge, such as during the observation, some mothers stare blankly at their babies, and some shed tears without any communication process.

The research results indicate that communication between mothers and babies occurs within the transactional model, emphasizing that both parties actively and simultaneously influence each other in the communication process. This concept aligns with interpersonal communication theory, which emphasizes that communication is not a one-way process, but rather a complex dynamic in which both parties send and receive messages simultaneously.

The Influence of a Mother's Emotional and Psychological State on Communication and Bonding

A mother's emotional and psychological state plays a crucial role in shaping the quality of communication and bonding with her baby. According to Bowlby (1969), the founder of attachment theory, a secure attachment between mother and baby is greatly influenced by the mother's emotional availability. Mothers experiencing emotional disturbances such as stress, anxiety, or postpartum depression tend to have difficulty establishing responsive and consistent interactions, which can ultimately hinder the formation of a secure and warm mother-infant relationship.

Research shows that consciously engaging in affective communication by the mother, such as making eye contact with the baby, speaking gently, touching or hugging warmly, provides a sense of security and comfort to the baby and supports their social-emotional development (Feldman, 2007). This type of communication helps establish a secure attachment pattern, an important foundation for the child's future personality development and emotional regulation.

Conversely, negative emotional states such as feelings of inadequacy, excessive fear, or a lack of social support can interfere with a mother's responsiveness to her baby's needs. This is reflected in awkward, emotionally flat, or even avoidant interactions. Mothers with high levels of stress exhibit a decline in the quality of verbal and nonverbal interactions with their infants, which results in delayed bonding and reduced parenting effectiveness, including breastfeeding (Badr & Zauszniewski, 2017a). Suboptimal bonding can also impact a child's long-term physical growth and cognitive development (Numan & Insel, 2003).

Interventions such as lactation counseling, social support from partners and family, and early screening for postpartum depression can help mothers build healthy emotional relationships with their babies. Therefore, families and healthcare providers must create a supportive emotional environment for mothers after delivery.

The Role of Technology in Improving Health Literacy and Mother-Infant Interaction

Advances in information technology, particularly in digital and social media, have opened up new opportunities for mothers to learn about pregnancy, infant care, and the importance of early communication. In the digital era, health literacy relies on direct access to health workers and is greatly influenced by mothers' access to and participation in various online platforms. Mothers who actively access information through health apps, mother and child forums, and credible social media accounts tend to be more aware of the importance of verbal and emotional interaction during pregnancy (Walker & Wilging, 2000). This includes understanding the importance of greeting the fetus, reading stories, and providing gentle touch during pregnancy, as part of early communication that supports bonding.

Various studies have shown that digital technology can be an effective educational tool in strengthening maternal involvement in child development. For example, online parenting classes and digital mother communities provide a space for sharing experiences and informal consultations that positively impact mothers' emotional readiness and interaction skills. Mothers

exposed to this type of digital information showed improvements in direct communication practices such as maintaining eye contact, gentle tone of voice, returning infant smiles, and displaying warm facial expressions—essential to building a healthy emotional attachment.

More specifically, a *Journal of Advanced Nursing* study examined technology-based postpartum nursing interventions, such as electronic messaging and nurse consultation options (McCarter et al., 2019). The results showed that this digital support significantly reduced maternal stress and improved mood while enhancing the quality of bonding with their infants. These findings strengthen the argument that digital interventions serve as information providers and enhancers of psychological and emotional relationships after childbirth. Conversely, a study by Alvarez Gutierrez & Ventura (2021) and McDaniel and Radesky (2021) published in *Early Human Development* warns that excessive use of technology when interacting with infants, such as phubbing (phone snubbing), can negatively impact the quality of the mother-infant bond. This study emphasizes the importance of using technology wisely and proportionately in motherhood (Alvarez Gutierrez & Ventura, 2021).

While technology offers significant opportunities to improve literacy and the quality of parenting, its success depends on mothers' ability to select and utilize information appropriately and on policy support from health workers and the government in developing educational and inclusive digital media.

Barriers and Challenges in Building Bonding

Building a bond between mother and baby, especially in the early stages of life, does not always proceed smoothly. Physical and psychological barriers often arise, especially in situations involving premature birth, medical complications, or neonatal hospitalization.

A study by Flacking et al. (2012) highlighted the dynamics of closeness and separation in the neonatal intensive care unit (NICU). In the NICU, the presence of complex medical technology often acts as a significant barrier for mothers to touch, hold, or respond to their baby's emotional signals. The absence of direct contact, even temporary, can create feelings of isolation for the mother, reduce her confidence as a primary caregiver, and delay the formation of a healthy emotional bond. This situation emphasizes that the physical environment and healthcare system must be designed to facilitate closeness between mother and baby as early as possible, even in intensive care settings (Flacking et al., 2012).

Furthermore, psychological factors also play a significant role. Risk factors such as stress during pregnancy, lack of social support, a history of emotional distress, and traumatic birth experiences are closely associated with the development of postpartum depression (Beck, 2001). This depression not only affects the mother's well-being but also impairs her ability to respond to the baby's emotional needs optimally. Delayed or insensitive responses from the mother can reduce the quality of interactions and hinder the formation of a secure attachment.

This situation is further complicated by young or adolescent mothers, who often face limited information and social support. Educational interventions and support networks are crucial for this group, helping them build self-confidence and responsive parenting skills (Letourneau et al., 2004).

A multicenter study by Khasanah et al. (2024) also emphasized the crucial role of healthcare professionals in overcoming these barriers. Interventions by neonatal nurses, such as providing opportunities for skin-to-skin contact and a comfortable interaction space, have been shown to enhance positive emotional experiences for mothers and strengthen bonding, even amidst clinical limitations.

A comprehensive and sustainable approach is needed to address barriers to bonding. It is not enough to simply address the baby's medical aspects; it is also necessary to address the mother's emotional well-being, strengthen social support, and design humanistic services in healthcare facilities. Through this synergy, the quality of mother-infant interactions can be restored and significantly improved, even under challenging circumstances (Khasanah et al., 2024)

Conclusion

The results of this study indicate that interpersonal communication between mothers and infants in the Melati Ward of Prof. Margono Soekarjo Regional Hospital occurs within a transactional model, emphasizing that both parties actively and simultaneously influence each other during the communication process. This model is highly relevant to the dynamics of the mother-infant relationship, where messages are not simply sent or received one-way, but rather co-occur through ongoing verbal and non-verbal communication. This concept emphasizes that the communication process is not static but a dynamic interaction strongly influenced by the mother's emotional and psychological state.

The mother's emotional and psychological factors play a central role in determining the quality of communication and the bonding that is formed. Emotional instability, such as high stress, anxiety, guilt, or postpartum depression, can slow the bonding process and reduce the mother's responsiveness to the baby's needs. This condition can trigger flat, rigid, and even avoidant communication patterns, negatively impacting the baby's future emotional and social development. Therefore, attention to the mother's psychological aspects, including social support from partners and family, is fundamental to ensuring effective and meaningful communication. Furthermore, the importance of a supportive environment and the healthcare system's readiness are also determining factors in building and strengthening bonding. The physical and psychosocial conditions in the treatment room must be designed to facilitate closeness and direct interaction between mother and baby, even in limited intensive care settings. Implementing policies that prioritize the presence of mothers and babies and provide space for direct communication is expected to accelerate the bonding process and prevent long-term negative impacts associated with suboptimal bonding.

In addition to emotional aspects and the physical environment, appropriate communication strategies, such as greeting the baby during interactions, establishing attentive eye contact, gentle touch, and reassuring words, can improve the quality of communication. This communication not only provides a sense of security and comfort for the baby but also strengthens the mother's self-confidence and demonstrates that a positive emotional connection can be built even when the baby is undergoing treatment.

Equally important is the role of medical personnel as primary educators and supporters in assisting mothers throughout the neonatal care process. Healthcare workers must be able to provide education on the importance of early communication and bonding and identify emotional risk factors that can hinder this process. Providing psychological support, counseling, and clear information will help mothers feel calmer, more confident, and able to communicate effectively with their babies. Furthermore, involving the family in the care and support process also positively impacts strengthening emotional bonds.

The role of digital technology and social media is also increasingly becoming an important source for mothers to obtain information and psychosocial support. Through online platforms providing education on pregnancy, parenting, and baby care, mothers can more easily access accurate and reliable sources of information. This is crucial, given the prevalence of myths

and negative information circulating in society, which have the potential to hinder the bonding process and cause excessive anxiety.

Overall, the success of the communication and bonding process between mother and baby is greatly influenced by a combination of internal and external factors. The mother's emotional state, family and medical personnel support, a supportive physical environment, and access to accurate information are key pillars in building a strong emotional bond. Building this safe and warm relationship will provide a solid foundation for the baby's physical, cognitive, and social development and support the mother's mental health after delivery. More broadly, implementing this strategy is expected to reduce maternal and infant mortality rates and improve the overall health and well-being of the community.

By strengthening the synergy between medical personnel, families, and the community and integrating a holistic approach that focuses on emotional and psychological aspects, interpersonal communication and bonding between mothers and babies in high-care units can be optimized. This is a strategic step in improving the quality of neonatal healthcare services and ensuring that every mother and baby receives appropriate attention and treatment, leading to a healthy and happy future generation.

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