IAMSPH 3 (2) (2022) Pages:. 63-73

Journal homepage:https://pcijournal.org/index.php/iamsph

International Archives of Medical Sciences and Public Health

Published: Pen Scholar Human

# Relationship of Parity and Age with Post Delivery Primary Blooding

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[1]Sekolah Tinggi Ilmu Kesehatan Sehati

## Article Info

***Article history:***

Received :31 Maret October 2022
Revised : 10 April 2022
Accepted : 05 June 2022

***Keywords:***

Age, Haemorrhage, Parity, puerperium.

## ABSTRACT

Effort enhancement health is something activity or series activities carried out for maintain and increase degrees health especially to mother and child. height number dead mother and child caused the influence is high parity and age mother pregnancy that results in many risk to childbirth. Destination study this is For knowing connection parity and age with incident post primary haemorrhage labor in the region work Public health center Cape Morawa . Type study this is analytic with approach cross sectional. Amount population on study this is whole mother maternity in April-July in Public health center Cape Morawa as many as 31 people . With taking sample use technique total population that is whole population made sample. Test used is use test Chi-square. Tool data collection on study this with use questionnaire. From result study connection Among parity with post primary haemorrhage labor obtained results chisquare i.e. 0.017 < 0.05 where 0.017 is more small from 0.05 which states there is connection Among second variable, and connection Among age with incident post primary haemorrhage labor obtained results chisquare i.e. 0.000 < 0.05 where p<0.001 is more small from 0.05 which states there is connection Among second variable. Conclusion on results study this is that there is connection parity with incident post primary haemorrhage childbirth, and there is connection age with incident post primary haemorrhage labor in accordance with results chisquare, so that could recommended to power health for more often to do counseling sign danger pregnancy for mother could increase understanding about sign danger During time pregnancy and labor consequence influence parity and age.



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## 1. INTRODUCTION

Efforts to improve health are an activity or series of activities carried out in an integrated, integrated and sustainable manner to maintain and improve the degree of health in the form of disease prevention, health promotion, disease treatment and health restoration by the government and the community, especially for mothers and children (Angin, 2022). One form of efforts to improve maternal health is to reduce maternal mortality and increase maternal health rates, especially during the puerperium (Siregar, 2019). Indicators of public health and welfare are marked by infant mortality and life expectancy (Yanti, 2022). Until now, maternal mortality is still one of the priority problems in the field of maternal and child health in Indonesia (Simbolon, 2022).

The maternal mortality rate in developing countries is a big problem, this can be seen from data obtained from the *World Health Organization* (WHO) where the total maternal mortality rate is 450 per 100,000. (2) Based on data from the Indonesian Demographic Health Survey (IDHS) the number the maternal mortality rate is 359 per 100,000 live births. In North Sumatra the maternal mortality rate is still relatively high, namely 249/100,000 live births, and this makes North Sumatra one of the largest contributors to MMR in this country. In fact, MMR is targeted to decrease to 102/100,000 live births by the end of 2015 (World Health Organization, 2019).

In developing countries, at least a quarter of all maternal deaths are caused by bleeding. The proportions range from less than 10% to nearly 60%. Maternal mortality in Indonesia is among the highest in Southeast Asia and more maternal deaths occur after delivery, precisely in the first 24 hours postpartum, the main cause of which is bleeding.

Maternal mortality in young mothers (< 20 years) is 2-5 times higher than those aged 20-29 years and these deaths increase again after age > 35 years. This is because mothers aged < 20 years or > 35 years have a 3.3 times greater risk of postpartum hemorrhage compared to mothers aged 20-30 years because older mothers and have high parity have an influence on postpartum hemorrhage. due to reduced uterine function .(Adhikari, 2017; Siregar, 2021a)

Globally, 80% of maternal deaths are classified as direct maternal deaths. The pattern of direct causes everywhere is the same, namely bleeding (25%), sepsis (15%), hypertension in pregnancy (12%), obstructed labor (8%), complications of unsafe abortion (13%), and other causes another (8%). It is estimated that for every mother who dies in pregnancy, childbirth, or the puerperium, 100 out of 16 – 17 mothers suffer from complications that affect their health, most of which are permanent. The main causes of maternal death have been described above, namely bleeding, infection, hypertension in pregnancy, obstructed labor, and abortion.

The puerperium (puerperium) is the period of time or period in which the reproductive organs return to a non-pregnant state (Siregar, 2021; Nurwita, 2019). This period is sometimes called the puerperium or fourth trimester of pregnancy (Eldawati, 2015; Katmini, 2020). The physiological changes that occur are very clear, although considered normal, where the processes in pregnancy run in reverse. When entering the puerperium, or rather after the birth of the placenta, there can be disorders or pathological abnormalities in the form of postpartum hemorrhage. Postpartum hemorrhage is a major cause of maternal morbidity .

In addition to causing death, postpartum hemorrhage increases the possibility of puerperal infection because the patient's resistance decreases. Maternal deaths due to postpartum hemorrhage, 17% were in mothers who gave birth for the first time compared with 44% of mothers who had given birth four or more times. Higher parity higher maternal mortality rate. Mothers with more than one pregnancy or who are multiparous have a higher risk of postpartum hemorrhage compared to women who are primiparous (Simbolon, 2022).

Postpartum bleeding can occur suddenly and even be very massive. Moderate but persistent bleeding may continue for days or weeks. Postpartum haemorrhage can occur early or late. Early or primary postpartum hemorrhage can occur in the first 24 hours after delivery which is a loss of 500ml of blood or more. Primary postpartum hemorrhage is indeed more life-threatening. More than half of all maternal deaths occur within 24 hours of delivery, mostly due to excessive bleeding.

Based on the report of the Puskesmas in the working area of the Tanjung Morawa Health Center, several problems were found for postpartum mothers, seen from the profile report of the Tanjung Morawa Health Center in 2015 the number of maternal mortality reached 3.7% of all deaths, where one of the causes of maternal death was bleeding. . Based on data obtained from January to May, 31 mothers experienced bleeding events. Bleeding is also caused by parity factors and maternal age so that it can result in primary postpartum hemorrhage. Based on the results of interviews conducted by researchers, it was found 5 postpartum mothers, there were 3 people who had children more than 5 and aged more than 30 years experienced primary postpartum hemorrhage and 2 mothers had children less than 5 and aged less than 30 years did not experience bleeding. postnatal primary.

Based on the data and description above, the researcher is interested in examining the relationship between parity and age with the incidence of primary postpartum hemorrhage in the Tanjung Morawa Public Health Center working area. The purpose of this research is for knowing The relationship between parity and age with the incidence of postnatal primary bleeding in the working area of Tanjung Morawa Health Center.

## 2. RESEARCH METHOD

The type of research design carried out is an analytical survey, namely research that tries to explore how and why the phenomenon occurs. Then analyze the dynamics of the correlation between phenomena, both risk factors and effects. (10 )

This research is a descriptive correlation research. Where this research is *cross sectional,* namely data concerning the independent variable or risk and the dependent variable or consequent variable, will be collected at the same time.(11) This means that each research subject is only observed once and the measurement is carried out on the status of the character or subject variable at the time. examination, namely the author wants to know how to see the relationship between parity and age with the incidence of primary postpartum hemorrhage in the Tanjung Morawa Health Center work area.

The location of this research is in the working area of Tanjung Morawa Health Center. With the number of women of childbearing age as many as 64,404 people (9). The population in this study is the entire research subject. The population in this study were 31 mothers who gave birth in the Tanjung Morawa Public Health Center working area.

The sample is part or representative of the population under study which can represent the entire population. Sampling in this study was the entire population, namely mothers giving birth in the Tanjung Morawa Health Center work area from April to June as many as 31 people with the *total sampling technique* , namely the entire population was sampled. The sample in this research is mothers who give birth. The time needed for this research is from February to April.

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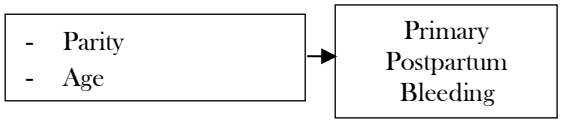
Conceptual framework is a research flow that shows the variables that influence and are influenced. Variables that affect and are influenced. The conceptual framework of the study entitled "the relationship between parity and age with the incidence of primary postpartum hemorrhage in the Tanjung Morawa Health Center work area." can be seen below.




Picture 1. Conceptual Framework

Secondary data is data obtained from the results of documentation by other parties, for example medical records, recapitulation of values, patient visit data, and others (11). Secondary data in this study were data obtained from the working area of the Tanjung Morawa Health Center, namely all pregnant women as many as 31 people. Secondary data is data obtained from the results of documentation by other parties, for example medical records, recapitulation of values, patient visit data, and others. (11) Secondary data in this study were data obtained from the working area of the Tanjung Morawa Health Center, namely all pregnant women as many as 31 people..

Data analysis was carried out by correlation by looking at the percentage of data collected and presented in the frequency table and discussing the results of research based on existing theories and literature using SPSS. Univariate analysis was used to describe the data performed on each variable from the research results. In this study, univariate analysis was conducted to determine the frequency distribution of maternal behavior and the frequency distribution of the incidence of jaundice .

Bivariate analysis was carried out on two variables that were thought to be related or correlated. After knowing the characteristics of each variable in this study, the analysis was continued at the bivariate level. To determine the relationship (correlation) between the independent variable (behavior) and the dependent variable (jaundice). To prove the existence of a significant relationship between the independent variable and the dependent variable, *Chi-square analysis was used,* at the limit of the statistical significance of the p *value* (0.05). If the calculation results show the p value < p *value* (0.05) then it is said that ho is rejected, meaning that the two variables have a statistically significant relationship. Then to explain the association (relationship) between the dependent variable and the independent variable used cross tabulation analysis.(12)

## 3. RESULT AND ANALYSIS

### Univariate Analysis

Univariate analysis aims to determine the frequency distribution of a respondent's answer to the variable based on the research problem as outlined in the form of a frequency distribution. Then the following results are obtained:

**Table 1. Frequency Distribution Based on Number of Parity**

| No. | Parity | Amount | |
|---|---|---|---|
| | | F | % |
| 1. | Child 1 ( primipara ) | 8 | 25.8 |
| 2. | Children 2-5 ( multipara ) | 18 | 58.1 |
| 3. | Children >5 ( grandpara ) | 5 | 16.1 |
| | **Total** | **31** | **100** |

Based on table 1. it can be seen that of the 31 respondents, there were 8 mothers with 1 child (25.8%), 18 mothers with 2-5 children (58.1%), and 5 mothers with >5 children (16.1%) .

**Table 2. Frequency Distribution by Mother's Age**

| No. | Age | Amount | |
|---|---|---|---|
| | | F | % |
| 1. | < 25 years old | 8 | 25.8 |
| 2. | 26-30 years old | 6 | 19.3 |
| 3. | >30 years | 17 | 54.8 |
| | **Total** | **31** | **100** |

Based on table 2 it can be seen that from 31 respondents the majority of respondents aged > 30 years were 17 people (54.8%), minority respondents aged 26-30 years were 6 people (19.3%), and respondents aged < 25 years were 8 people (25.8%).

**Table 3. Distribution of Primary Postpartum Bleeding Frequency**

| No. | Bleeding | Amount | |
|---|---|---|---|
| | | F | % |
| 1. | Occur | 23 | 74.1 |
| 2. | Not Occur | 8 | 25.8 |
| | **Total** | **31** | **100** |

Based on table 3 it can be seen that of the 31 respondents, there were 23 mothers who had primary postpartum hemorrhage (74.1%), and 8 mothers who did not experience primary postpartum hemorrhage (25.8%).

**Bivariate Analysis**

Bivariate analysis aims to determine whether there is a relationship between the independent variable and the dependent variable. The following results are obtained: :

**Table 4. Cross Tabulation Between Parity and Primary Postpartum Bleeding**

| No | Parity | Primary Bleeding | | | | Total | | *p* |
|---|---|---|---|---|---|---|---|---|
| | | Occur | | Not occur | | | | |
| | | f | % | f | % | F | % | |
| 1. | Child 1 (primipara) | 3 | 9.7 | 5 | 16.1 | 8 | 25.8 | |
| 2. | Children 2-5 (multipara) | 15 | 48.3 | 3 | 9.7 | 18 | 58.1 | 0.017 |
| 3. | Children >5 (grandpara) | 5 | 16.1 | 0 | 0 | 5 | 16.1 | |
| | **Amount** | **23** | **74.2** | **8** | **25.8** | **31** | **100** | |

Based on the cross tabulation , it can be seen that of the 31 respondents, there were 8 mothers who had 1 child (25.8%), including with experienced primary postpartum hemorrhage as many as 3 people ( 16.1 %) and did not experience bleeding postnatal primary 5 18 people (20.4 % ) , mothers who have children 2-5 (58.1%), with primary postpartum hemorrhage as many as 15 people (48.3%) and 3 people without primary postpartum hemorrhage (9.7%) , and Mothers who have children >5 as many as 5 people, with primary postpartum hemorrhage as many as 5 people (16.1%) and no experienced primary postpartum hemorrhage as much as 0.

**Table 5 Cross Tabulation Between Age and Postpartum Primary Bleeding**

| No | Parity | Primary Bleeding | | | | Total | | *p* |
|---|---|---|---|---|---|---|---|---|
| | | Occur | | Not occur | | | | |
| | | f | % | f | % | F | % | |
| 1. | <25 | 1 | 3.2 | 7 | 22.6 | 8 | 25.8 | |
| 2. | 26-30 | 6 | 19.3 | 0 | 0 | 6 | 19.3 | <0.001 |
| 3. | >30 | 16 | 51.6 | 1 | 3.2 | 17 | 54.8 | |
| | **Amount** | **23** | **74.1** | **8** | **25.8** | **31** | **100** | |

Based on the cross tabulation between maternal age and the incidence of primary postpartum hemorrhage, from 31 respondents, mothers aged > 30 years were 17 people ( 54.8%) with primary postpartum hemorrhage as many as 16 people (51.6%) and did not experience primary bleeding after delivery as many as 1 person (3.2%), mothers aged <25 years were 8 1 person (25.8%) experienced primary postpartum hemorrhage (3.2%) and did not experience primary postpartum hemorrhage as many as 7 people (22.6%) . And mothers aged 26-30 years as many as 6 people, with primary postpartum hemorrhage as many as 6 people (19.3%) and who did not experience primary postpartum hemorrhage as many as 0.

## 4. DISCUSSION

### 1. The Relationship Between Parity and Primary Postpartum Hemorrhage

Postpartum haemorrhage is bleeding when a woman loses more than 500 ml of blood after giving birth. Postpartum haemorrhage in impoverished nations can be as high as 6% for cesarean section deliveries and as low as 4% for vaginal births (Rodiani, 2019).

Based on statistical tests using the *Chi-Square test,* the cross tabulation of parity age with primary postpartum hemorrhage was 0.017, where 0.01 < 0.05 so that there was a relationship between maternal age and primary postpartum hemorrhage. The results of the Pitriani (2017) research revealed a significant link between maternal parity and postpartum haemorrhage with a p-value value of 0.000 0.05, indicating that women with high parity (>3) had a risk of bleeding that is 0.2 times that of mothers with low parity (3). The Chi-Square test revealed a p-value of 0.004 (p0.05) for the Rodiani (2019) research, indicating the existence of a significant correlation between the duration of pregnancy and the incidence of postpartum haemorrhage.

Parity is a risk factor for primary postpartum haemorrhage. At low parity (parity 1), the mother may be unprepared for childbirth, rendering her incapable of handling difficulties that arise throughout pregnancy, labour, and puerperium (Wulandatika, 2017; Handayani, 2017). However, the larger a woman's parity (number of pregnancies and births), the weaker her uterus becomes, increasing the likelihood of pregnancy problems (Mulatsih, 2017; Ainy Q., 2015).

According to the researcher's assumption, based on the results of this study and the results of previous researchers, the number of children has an effect on the occurrence of primary postpartum hemorrhage. Where as we know the more the number of children, the more it will affect the mother's reproductive organs to become inelastic and tend to be more sensitive and can trigger primary postpartum hemorrhage.

## 2. The Relationship of Maternal Age With Primary Postpartum Bleeding

When the time between pregnancies exceeds the mother's age, which rises with age, the uterine and pelvic muscles become weaker during delivery. The impact of intervals in remote pregnancies is nearly identical to that of primiparous births (Rodiani, 2019).

Postpartum haemorrhage is the bleeding or loss of more than 500 ml of blood that happens before, during, or after the delivery of the placenta, after the birth of the infant. Due to the mingling of blood with amniotic fluid and the absorption of clothing and bedding textiles during birthing, it is difficult to establish the quantity of blood loss (Anggriani, 2020).

Based on statistical tests using the *Chi-Square test* on the cross tabulation the relationship between maternal age and primary bleeding was 0.000 , where 0.000 < 0.05 so that there was a relationship between maternal age and primary postpartum hemorrhage.

The health service should be more proactive in disseminating information about postpartum bleeding by distributing brochures and posters to all women and other visitors to hospital, particularly in the obstetrics poly department, in the hope that they will learn about postpartum bleeding (Lihu, 2015). The insufficient time between pregnancies is two years for the uterus to recuperate physiologically from the previous pregnancy (Harahap, 2018; Tizazu, 2020). Conditions in which the uterus at a short gestational distance has been unable to effectively produce nutritional reserves for the mother and fetus, resulting in nutritional problems and anaemia in the mother and poor fetal development.

Pregnancy before the age of 20 and beyond the age of 35 can result in anaemia, since before the age of 20 physiologically it is not ideal, and emotions are still prone to instability, and after the age of 35, it is related to a decline in endurance and different chronic conditions that cause anaemia. Anaemia causes weak uterine contractions at the moment of birth, and the placenta is more attached due to anaemia's compensation, resulting in difficulties in separation, which can lead to postpartum haemorrhage (Ariestanti, 2020).

According to the research assumptions, based on the results of this study, and the majority of the results of previous researchers that maternal age has an effect on the occurrence of primary postpartum hemorrhage. The reproductive age for giving birth will

affect the reproductive organs during the delivery process so that fatal events such as bleeding are unlikely to occur.

## 5. CONCLUSION

After conducting research on the relationship between parity and age with the incidence of postpartum primary bleeding in the Tanjung Morawa Health Center work area, the authors can draw the following conclusions:

1. Based on the parity category, the majority of mothers have children from 2-5 as many as 18 people (58.1%), and the minority of mothers have children 1 as many as 8 people (25.8%).
2. Based on age category, the majority of respondents aged >30 years were 17 people (54.8%), and the minority of respondents aged 26-30 years were 6 people (19.3%).
3. Based on the category of primary postpartum hemorrhage, there were 23 mothers who had primary postpartum hemorrhage (74.1%), and 8 mothers who did not experience primary postpartum hemorrhage (25.8%).
4. There is a relationship between parity and primary postpartum hemorrhage with a *Chi Square result of* 0.017, where 0.017 <0.05 so there is a parity relationship with postpartum bleeding.
5. There is a relationship between maternal age and primary postpartum hemorrhage with *Chi Square results of* 0.00 0 , where 0.00 0 < 0.05 so that there is a relationship between maternal age with primary postpartum hemorrhage.

1. For Maternity Mothers

   It is hoped that mothers can understand the risks of pregnancy based on age and number of children in order to prevent primary postpartum hemorrhage and be more active in participating in counseling, especially about pregnancy provided by health workers.
2. For Researchers

   It is hoped that researchers as health workers who are directly involved in services are expected to be more active in providing counseling about the risks of pregnancy based on age and number of children so that people understand and can prevent risks during childbirth.
3. For Educational Institutions STIKES Helvetia

   It is hoped that the lecturers at Stikes Helvetia will be able to use the results of this study as reading material for students who are more interested in attending lectures given by lecturers and can add learning references.
4. For Further Researchers

   Considering that this study still has many shortcomings and weaknesses, it is recommended for further researchers to examine maternal age and parity with primary postpartum hemorrhage.

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