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Factors Associated with Daily Prenatal Care Practices: A Cross-Sectional Study at Berangas Public Health Center

Yenny Okvitasari[1*], Ruslinawati[1], Kristina Yuniarti[1], Hasbi Ash Shiddieqi[2], Pahliana[2], Hamsiah[2], Ni Putu Cindy Wulandari[1], Rabiatul Zinan[1]

[1] Bachelor of Nursing Study Program, Faculty of Nursing and Health Sciences, Universitas Muhammadiyah Banjarmasin, Indonesia
[2] UPTD Puskesmas Berangas, Kotabaru City, South Kalimantan, Indonesia

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[*]***Corresponding author***
Email:
okvitasari.yenny@gmail.com

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ABSTRACT
Daily prenatal care plays an essential role in maintaining maternal and fetal health and preventing pregnancy complications. However, its implementation remains suboptimal due to several influencing factors. This study aimed to examine the relationship between maternal age, education level, parity, and family support with daily prenatal care practices. A cross-sectional study was conducted from May to June 2024 at Berangas Public Health Center, involving 74 pregnant women selected using purposive sampling. Data were collected through structured questionnaires and analyzed using Spearman's rank correlation test. The research study shows that the majority of respondents were aged 20–35 years (86.5%), had education equivalent to senior high school or higher (56.8%), were in the at-risk parity group with 0, 1, and 3 live births (82.4%), and received adequate family support (82.4%). A total of 70.3% of respondents demonstrated good daily prenatal care practices. Significant positive correlations were found between age ($\rho = 0.435$, $p < 0.001$), education ($\rho = 0.506$, $p < 0.001$), and family support ($\rho = 0.321$, $p = 0.005$), while parity showed a significant negative correlation ($\rho = –0.321$, $p = 0.005$). These findings indicate that maternal education and family support are key factors influencing daily prenatal care behavior.

Keywords: Prenatal Care, Age, Education, Family Support, Pregnant Women.

ABSTRAK
Perawatan prenatal setiap hari memainkan peran penting dalam menjaga kesehatan ibu dan janin serta mencegah komplikasi kehamilan. Namun, pelaksanaannya masih belum optimal karena beberapa faktor yang mempengaruhinya. Penelitian ini bertujuan untuk mengetahui hubungan antara usia ibu, tingkat pendidikan, paritas, dan dukungan keluarga dengan praktik perawatan prenatal harian. Penelitian ini merupakan penelitian potong lintang yang dilakukan pada bulan Mei hingga Juni 2024 di Puskesmas Berangas, dengan melibatkan 74 ibu hamil yang dipilih secara purposive sampling. Data dikumpulkan melalui kuesioner terstruktur dan dianalisis menggunakan uji korelasi Rank Spearman. Hasil penelitian menunjukkan bahwa mayoritas responden berusia 20-35 tahun (86,5%), berpendidikan setara SMA atau lebih tinggi (56,8%), berada pada kelompok paritas berisiko dengan jumlah anak lahir hidup 0, 1, dan 3 (82,4%), dan mendapat dukungan keluarga yang memadai (82,4%). Sebanyak 70,3% responden menunjukkan praktik perawatan prenatal yang baik. Korelasi positif yang signifikan ditemukan antara usia ($\rho = 0,435$, $p <0,001$), pendidikan ($\rho = 0,506$, $p <0,001$), dan dukungan keluarga ($\rho = 0,321$, $p = 0,005$), sedangkan paritas menunjukkan korelasi negatif yang signifikan ($\rho = -0,321$, $p = 0,005$). Temuan ini menunjukkan bahwa pendidikan ibu dan dukungan keluarga merupakan faktor kunci yang mempengaruhi perilaku perawatan prenatal sehari-hari.

Kata Kunci: Perawatan Prenatal, Usia, Pendidikan, Dukungan Keluarga, Ibu Hamil.

INTRODUCTION

Maternal health is a critical indicator of a community's overall health status (McCauley, et al., 2022). One essential effort to support maternal and fetal health is the consistent implementation of daily prenatal care (McClure et al., 2020; Das, et al., 2021). This practice includes maintaining personal hygiene, consuming nutritious food, engaging in pregnancy exercises, receiving immunizations, taking iron supplements, and attending routine antenatal visits (Dewi et al., 2019). In addition, education regarding prenatal care plays a vital role in enhancing maternal knowledge and preventing pregnancy-related risks (Wahyuni et al., 2022).

Nevertheless, in daily life, not all pregnant women consistently apply these practices. Daily prenatal care also involves increased nutritional intake compared to the pre-pregnancy period, sufficient rest, maintaining hygiene, fetal stimulation with the husband, and safe sexual activity if the pregnancy is healthy (Kementerian Kesehatan Republik Indonesia, 2020). Therefore, the success of prenatal care does not depend solely on the mother but is also significantly influenced by family support, particularly from the husband. This support may be emotional, informational, instrumental, or appreciative (Hasanah & Fitriyah, 2019; Pattipeilohy, 2017).

Furthermore, according to Lawrence Green's theory, health behavior is influenced by three main factors: predisposing factors, enabling factors, and reinforcing factors (Padila, 2014; Healty, 2021). Predisposing factors include age, education, knowledge, occupation, parity, and attitude. Meanwhile, enabling factors refer to the availability of resources and access to information, while reinforcing factors involve social support from healthcare providers and family members.

A woman's age affects her physical and psychological readiness to undergo pregnancy (Govender, Naidoo, & Taylor, 2020; Preis et al., 2020; Ritonga et al., 2023). The early adulthood (22–40 years) is considered the ideal age range for pregnancy, as women are generally mature both biologically and emotionally. In addition, parity influences a mother's preparedness, with multiparous women generally better equipped than those who are primiparous or nulliparous (Rachmawati et al., 2017). On the other hand, education and knowledge play a crucial role in decision-making and self-care behaviors. The higher the level of education, the greater the ability to comprehend and apply health information independently (Padila, 2014).

Although these factors have been widely identified, daily prenatal care practices remain suboptimal. Most previous studies have focused on the utilization of antenatal care services, while limited research has specifically examined daily prenatal care practices and their associated factors, particularly at the primary healthcare level. In light of this, the present study aims to analyze the relationship between maternal age, education level, parity, and family support with daily prenatal care practices in the Berangas Public Health Center area. The findings are expected to inform family-based interventions that promote independent and sustainable maternal health behavior.

RESEARCH METHODS

This study employed a quantitative approach with a descriptive-analytic design using a cross-sectional method. This approach aimed to examine the relationships among the studied variables at a single point in time. The independent variables in this study included age, education, parity, and family support. Age refers to the pregnant woman's age in years, categorized according to reproductive age groups. Education refers to the respondent's highest completed level of formal education. Parity denotes the number of live births previously experienced by the respondent. Family support includes emotional, informational, and practical assistance provided by family members to the pregnant woman. The dependent variable was the daily prenatal care behavior of pregnant women. This care includes the mother's actions to maintain health during pregnancy, such as nutritional fulfillment, antenatal visits, personal hygiene, adequate rest, and appropriate physical activity.

The study was conducted in the working area of the Berangas Public Health Center from May to June 2024. The population consisted of all pregnant women in the Berangas Health Center area, totaling 216 individuals. The sample was selected using purposive sampling, a non-probability sampling technique based on specific criteria aligned with the study objectives. A total of 74 respondents were included in the sample.

The instrument used was a structured (closed-ended) questionnaire consisting of questions related to age, education level, parity, family support, and daily prenatal care behavior. This instrument was developed by the researcher based on relevant indicators for each variable and was tested for validity and reliability prior to use. Data processing involved several steps: editing, coding, data entry into statistical software (SPSS), and data analysis. Univariate analysis was used to describe the frequency distribution of each variable, while bivariate analysis employed the Chi-Square test to determine the relationships between independent and dependent variables.

RESULTS

Table 1. Characteristics of Respondents Based on Age, Education, Parity, Husband's Support, and Daily Antenatal Care Practices (N = 74)

Variable	Category	N	%
Maternal Age	Non-risk (20–35 years)	64	86.5 %
	At risk (<20 years or >35 years)	10	13.5 %
Educational Level	Less than senior high school	32	43.2 %
	Senior high school or higher	42	56.8 %
Parity	Non-risk (2 & 3 live births)	13	17.6 %
	At risk (0, 1, & 3 live births)	61	82.4 %
Husband's Support	Not Supportive	13	17.6 %
	Supportive	61	82.4 %
Daily Antenatal Care	Poor	22	29.7 %
	Good	52	70.3 %

Based on Table 1, it is shown that the majority of the 74 pregnant women were in the non-risk age group of 20–35 years (86.5%), with only 13.5% classified as at risk due to being younger than 20 or older than 35. Most respondents (56.8%) had completed at least senior high school, while 43.2% had lower educational attainment. In terms of parity, a significant proportion (82.4%) were in the at-risk group (0, 1, and 3 live births), with only 17.6% falling into the non-risk category (2 and 3 live births). Regarding husband's support, 82.4% of pregnant women reported receiving supportive behavior, while 17.6% did not. In terms of daily antenatal care practices, 70.3% of respondents demonstrated good behavior, whereas 29.7% showed poor practices.

Table 2. The Relationship Between Maternal Age and Daily Antenatal Care Practices.

Age Category	Daily Antenatal Care				Total	
	Good		Poor			
	f	%	f	%	f	%
Not at risk (20–35 years)	50	78.1 %	14	21.9%	64	100%
At risk (<20 & >35 years)	2	20%	8	80%	10	100%
Total	52	70.3%	22	29.7%	74	100%
Spearman Rank Test	p-value = 0.000 < α = 0.05				r = 0.435	

As presented in Table 2, of the 74 respondents in the working area of Berangas Community Health Center, the highest number of respondents who practiced good daily antenatal care were in the non-risk age group (20–35 years), totaling 50 respondents (78.1%). In contrast, only 2 respondents (20%) in the at-risk age group (<20 and >35 years) demonstrated good antenatal care practices. Based on the results of the Spearman rank test, the *p* value was 0.000, which is less than the significance level of 0.05. This indicates that the null hypothesis is rejected,

meaning there is a statistically significant relationship between maternal age and daily antenatal care practices among pregnant women in the working area of Berangas Community Health Center.

Table 3. The Relationship Between Maternal Education and Daily Antenatal Care Practices

Education Level	Daily Antenatal Care				Total	
	Good		Poor			
	f	%	f	%	F	%
High (High School/Equivalent & Higher Education)	38	90.5 %	4	9.5%	42	100%
Low (Junior High/Equivalent, Elementary & Not Schooling)	14	43.8%	18	56.3%	32	100%
Total	52	70.3%	22	29.7%	74	100%
Spearman Rank Test	p-value = 0.000 < α = 0.05				r = 0.506	

Table 3 shows that of the 74 respondents in the working area of Berangas Community Health Center, the highest number of respondents who practiced good daily antenatal care were in the high education category (High School/Equivalent & Higher Education) with 38 respondents (90.5%). The lowest number of respondents practicing poor antenatal care were in the low education category (Junior High/Equivalent, Elementary & Not Schooling), with 18 respondents (56.3%). Based on the results of the Spearman rank test, the *p* value was 0.000, which is less than the significance level of 0.05. This indicates that the null hypothesis is rejected, meaning there is a statistically significant relationship between maternal education and daily antenatal care practices among pregnant women in the working area of Berangas Community Health Center.

Table 4. The Relationship Between Parity and Daily Antenatal Care Practices

Parity Category	Daily Antenatal Care				Total	
	Good		Poor			
	f	%	f	%	f	%
Not at risk (2 & 3)	5	38.5 %	8	61.5%	13	100%
At risk (0, 1 & 3)	47	77%	14	23%	61	100%
Total	52	70.3%	22	29.7%	74	100%
Spearman Rank Test	p-value = 0.005 < α = 0.05				r = -0.321	

Table 4 shows that of the 74 respondents in the working area of Berangas Community Health Center, the highest number of respondents practising good daily antenatal care were in the at-risk parity category (0, 1, & 3) with 47 respondents (77%). The lowest number of respondents practising good antenatal care was in the non-risk parity category (2 & 3), with 5 respondents (38.5%). Based on the results of the Spearman rank test, the *p-value* was 0.005, which is less than the significance level of 0.05. This indicates that the null hypothesis is rejected, meaning there is a statistically significant relationship between parity and daily antenatal care practices among pregnant women in the working area of Berangas Community Health Center.

Table 5. The Relationship Between Spousal Support and Daily Antenatal Care Practices

Family Support	Daily Antenatal Care				Total	
	Good		Poor			
	f	%	f	%	f	%
Supports	47	77%	14	23%	61	100%
Does not support	5	38.5%	8	61.5%	13	100%
Total	52	70.3%	22	29.7%	74	100%
Spearman Rank Test	p-value = 0.005 < α = 0.05				r = 0.321	

Table 5 shows that of the 74 respondents in the working area of Berangas Community Health Center, the highest number of respondents who practiced good daily antenatal care were

those with spousal support, with 47 respondents (77%). The lowest number of respondents practicing good antenatal care were those without spousal support, with 5 respondents (38.5%). Based on the results of the Spearman rank test, the *p* value was 0.005, which is less than the significance level of 0.05. This indicates that the null hypothesis is rejected, meaning there is a statistically significant relationship between spousal support and daily antenatal care practices among pregnant women in the working area of Berangas Community Health Center.

DISCUSSION

The Relationship Between Maternal Age and Daily Antenatal Care Practices.

Based on the data in Table 2, it was found that among 74 respondents in the working area of Berangas Community Health Center, the majority who performed good daily antenatal care were within the non-risk age group (20–35 years), totaling 50 respondents (78.1%). Meanwhile, only 2 respondents (20%) in the high-risk age group (<20 and >35 years) practiced good daily antenatal care. The results of the Spearman rank analysis showed a *p* value of 0.000, indicating that the hypothesis is accepted. In other words, there is a statistically significant relationship between maternal age and daily antenatal care practices among pregnant women in the Berangas Health Center working area.

Age can be categorized into several groups, each representing a different stage of human development. Early marriage is defined as a marriage conducted under the age of sixteen. According to the Indonesian Ulema Council (Majelis Ulama Indonesia/MUI), early marriage refers to a marriage that is legally valid according to Islamic law but involves one or both partners who are not yet physically or psychologically mature to bear household responsibilities. Early marriage, also known as child marriage, occurs when one or both individuals are under the age of 18.

From a medical perspective, the safest maternal age for childbirth is between 20 and 35 years. Childbearing under the age of 20 or over the age of 35 is considered high-risk. Pregnant women under the age of 20 are more likely to experience complications such as prematurity (preterm birth), congenital abnormalities-both physical and mental-as well as risks of blindness and deafness (Azamti et al., 2018).

According to the researcher, being within the non-risk maternal age group contributes positively to the physical and psychological health of the mother during pregnancy. Mothers in this age range are generally more prepared for delivery planning and are more attentive to maintaining their health and that of their unborn babies by engaging in consistent daily antenatal care.

The Relationship Between Maternal Education and Daily Antenatal Care Practices.

Table 3 shows that among 74 respondents in the working area of Berangas Community Health Center, the highest number of respondents who engaged in good daily antenatal care were those with higher education (senior high school/equivalent and higher education), totaling 38 respondents (90.5%). Meanwhile, the lowest number was found among those with higher education who performed poor daily care, with only 4 respondents (9.5%).

Based on the results of the Spearman rank test, a p-value of 0.000 was obtained, indicating that the hypothesis is accepted. In other words, there is a statistically significant relationship between maternal education level and daily antenatal care practices among pregnant women in the Berangas Health Center working area.

According to Crow, education is a process by which experience or information is acquired through learning. The Dictionary of Education defines education as a process through which individuals develop abilities, attitudes, and behavioral patterns suitable for their society and culture (Padila, 2014). Education is thus a process of developing abilities and experiences acquired through learning activities throughout life.

According to Padila (2014), the levels of education in Indonesia include basic education (elementary school/Islamic elementary school/Package A), junior secondary education (junior high school/Islamic junior high school/Package B), senior secondary education (senior high school, vocational school), and higher education, which encompasses diploma, undergraduate, master's, doctoral, and specialist programs offered by universities.

The researcher assumes that the level of education influences the knowledge of pregnant women regarding antenatal care, as well as their daily care practices. Pregnant women with higher knowledge tend to pay more attention to the growth and development of their fetus and are more likely to take optimal care of both themselves and their unborn child.

The Relationship Between Maternal Parity and Daily Antenatal Care Practices.

Table 4 shows that among 75 respondents in the working area of the Berangas Community Health Center, the majority of those who practiced good daily antenatal care were in the high-risk parity group, specifically those with parity of zero, one, or four and above, with 47 respondents (77%). In contrast, the fewest were found in the non-risk parity group-those with parity of two or three-who practiced good care, totaling only 5 respondents (38.5%).

Based on the Spearman rank test, the result showed a p-value of 0.000, which indicates that the hypothesis is accepted. In other words, there is a statistically significant relationship between maternal parity and daily antenatal care practices among pregnant women in the Berangas Community Health Center area.

Parity refers to the number of live births a woman has experienced (Rachmawati et al., 2017). According to Padila (2014), parity includes several categories. A nullipara is a woman who has never given birth to a baby weighing more than 500 grams or at a gestational age exceeding 24 weeks. A primipara is a woman who has given birth once and may be classified as a young primipara (under 16 years old) or an older primipara (above 35 years old). A multipara is a woman who has given birth two to four times. A grandmultipara is a woman who has given birth five times or more and is typically at higher risk of complications during pregnancy.

The researcher assumes that pregnant women with more childbirth experience are more likely to adapt to the physical and emotional changes that occur during pregnancy. This experience contributes to better implementation of daily antenatal care practices.

The Relationship Between Husband Support and Daily Antenatal Care Practices.

Table 5 shows that among 74 respondents in the working area of the Berangas Community Health Center, the majority of pregnant women who performed good daily antenatal care received supportive family involvement, totaling 47 respondents (77%). The smallest proportion was found in those with good antenatal care but lacking family support, totaling only 5 respondents (38.5%).

Based on the Spearman rank test, the p-value was 0.000, indicating that the hypothesis is accepted. In other words, there is a statistically significant relationship between husband support and daily antenatal care practices among pregnant women in the Berangas Community Health Center area. According to Putra & Muttaqin (2020), family support is the assistance, concern, or willingness to share burdens provided by people who care and value one another. This support can be physical or psychological, such as feelings of love, appreciation, or acceptance. Rahmi (2019) states that such support often originates from marital or familial relationships.

Husband support is a part of social support, defined as genuine concern, recognition, or assistance from individuals or groups who accept the person’s condition (Hutabarat & Parisma, 2019). Pattipeilohy (2017) explains that husband support can take various forms. Informational support includes advice, guidance, and suggestions for problem-solving, with the husband acting as an information source and disseminator. Emotional or psychological support involves empathy, concern, trust, listening, and emotional regulation. Instrumental or financial support refers to tangible help, including funds, resources, time, and assistance provided by the husband or family to meet the pregnant woman’s physical needs (Rachmawati, Puspitasari, & Cania, 2017). Appraisal support refers to the ability of the husband to make proper decisions regarding his wife's pregnancy care.

Friedman et al., (2014) categorizes family support into four types. Instrumental support includes practical assistance, such as caregiving, fulfilling daily needs, and providing necessary facilities or financial aid. Informational support involves offering explanations and reminders about care procedures, complications, and health precautions. Emotional support encompasses empathy, concern, and the creation of a harmonious and understanding family environment. Appraisal support helps enhance a person's self-esteem through recognition and validation.

Latifah (2023) argues that family support may come from friends, relatives, physicians, psychologists, or psychiatrists. Latifah (2023) highlights that support typically comes from people who hold significant meaning for the individual, such as family members, close friends, partners, coworkers, neighbors, and siblings.

The researcher assumes that pregnant women who receive positive support from their husbands and families are more motivated to maintain the health of the fetus by regularly practicing daily antenatal care. This finding aligns with the study conducted by Elviere, which found a significant relationship between the husband's role and pregnancy care. Good support from the husband can provide strong motivation for pregnant women to attend antenatal care visits and consistently perform daily pregnancy care.

CONCLUSION

Based on the findings of this study conducted in the working area of Berangas Public Health Center, it can be concluded that daily prenatal care practices among pregnant women are significantly influenced by several factors. There were statistically significant relationships between maternal age, education level, parity, and family support with daily prenatal care behavior. Pregnant women within the non-risk age group (20–35 years), those with higher educational attainment, and those receiving adequate family support were more likely to engage in optimal daily prenatal care. Conversely, parity showed a negative correlation, suggesting that women with higher parity were less likely to consistently perform daily prenatal care.

These findings highlight the importance of improving maternal education, especially among at risk age groups and those with limited educational backgrounds, as well as the need to strengthen family involvement, particularly the role of the husband, in supporting maternal health during pregnancy. Therefore, preventive and promotive family based interventions should be developed to foster independent and sustainable maternal care behaviors..

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