

**SUSTAINABLE MIDWIFERY MANAGEMENT CARE  
Continuity Of Care (COC) IN NY. N AGE 29 YEARS  
AT THE PRATAMA NIAR CLINIC, DISTRICT  
SANDING MEDAN IN 2023**

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**ABSTRACT**

**BACKGROUND :** Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) are indicators that reflect the welfare of the people of a country. Development efforts in the health sector aim to achieve Sustainable Development Goals (SDGs) with a focus on improving the level of public health. The government is trying to improve the welfare of mothers and children.

**METHODOLOGY:** This research uses a descriptive method with a case study approach. Data was collected through direct interviews with Mrs. N at Pratama Niar Clinic, Jl. Pelita, throughout November 2022. The data obtained consists of primary and secondary data, then analyzed by reducing important data and providing a clear picture.

**RESULTS:** The research results show that there is a gap between practice and theory in the management of pregnancy, postpartum, newborn care and family planning programs.

**CONCLUSION:** During pregnancy, Mrs. N underwent 4 visits to the clinic and 1 visit to the doctor, which was not in accordance with the guidelines. During labor, the procedures are in accordance with the theory. During the postpartum period, 4 visits are carried out, and there are 3 visits for newborns. Mrs. N chose a 3-month family planning injection in the family planning program.

**Keywords:** *third trimester , baby birth , postpartum, and family planning*

**INTRODUCTION**

The maternal mortality rate (MMR) and infant mortality rate (IMR) are one illustration of the welfare of society in a country. The number of maternal deaths during pregnancy, childbirth and postpartum. It can be like accidents and falls, MMR and IMR in Indonesia are the

biggest problems. Development carried out in the health sector leads to efforts to increase the level of optimal society. Sustainable development goals (SDGs) are an activity program to continue the Millennium Development Goals (MDGs) agenda in the 2016-2030 period as well as to follow up on the MDGs program and the 169 targets that must be implemented.

achieved in 2023 (Ministry of Health of the Republic of Indonesia, 2021)

The aim of the SDGs is to improve the level of public health to achieve optimal levels of public health. The government is also making efforts to improve the welfare of mothers and children (Ministry of Health of the Republic of Indonesia, 2021). In line with the efforts made by the government, one of the targets in the SDGs is efforts to reduce the maternal mortality rate (MMR) and infant mortality rate (IMR) (DIY Health Service, 2022).

The maternal mortality rate (MMR) is caused by several complications during and after pregnancy and childbirth. 75% of the maternal mortality rate is bleeding, infection, high blood pressure during pregnancy, complications of childbirth such as unsafe abortion and also caused by chronic conditions such as heart disease and diabetes. (WHO, 2019). In ASEAN, it was recorded as 235 per 100,000 live births (ASEAN Secretariat, 2021)

The maternal mortality rate (MMR) in Indonesia in 2021 was 7,389 people. Compared with 2020, the maternal mortality rate shows a lot of increase. Where in 2020 the maternal mortality rate (MMR) in Indonesia was 4,627 people. There are several factors causing the increase in maternal mortality in 2021, including: 2982 cases related to COVID-19, 1,330 cases of bleeding and 1,077 cases of hypertension in pregnancy. There are several factors that cause many infant deaths in 2021, including: low birth weight (LBW) at 34.5% and asphyxia at 27.8%.

The causes of death in neonates aged 0-28 days are congenital abnormalities, infection, COVID-19, neonatal tetanus (Health Profile, 2021). The death rate in

North Sumatra throughout 2020 reached 187 cases out of 299.98 birth targets for a total of 715 infant deaths out of 198 live birth targets (Health Profile, 2020).

The number of MMR in Deli Serdang Regency has continued to decline since 2015. In 2020 the number of maternal deaths in Deli Serdang Regency was 12 people per 44,298 live births (KH). There are several factors causing maternal deaths in Deli Serdang Regency, including: namely due to bleeding, 6 (six) cases, due to infection in 1 (one) case and other consequences there were 5 (five) cases such as genetic disease, amniotic fluid embolism, placenta previa and suspected COVID-19. The MMR in Deli Serdang Regency was 40 babies and overall the number of deaths of babies and toddlers was 49 people in 2020. The cause of neonatal death was 0-28 days, 10 people experienced LBW (34.48%), 10 people had asphyxia (34, 48%), sepsis was 1 person (3.45%), and another 7 people (24.14%). IMR in Deli Serdang Regency decreased from 1.24 in 2019 to 0.9 in 2020 (Serdang Health Service , 2020).

Continuity of care (COC) is an effort to provide continuous care starting from pregnancy, childbirth, postpartum, newborn and family planning, care aims to monitor to meet the condition of the mother and baby as an effort to reduce

maternal mortality and infant mortality (Yulida, 2019).

During pregnancy there is a 10 T standard, namely measuring height, weight, measuring blood pressure, measuring upper arm circumference (LILA), measuring uterine fundal height (TFU), measuring fetal heart rate (DJJ), administering neonatal tetanus

immunization (TT) , giving 90 tablets of vitamin FE, carrying out laboratory tests, and counseling given when the mother has been given care. 2 visits to pregnant women. In the first trimester, 1 visit can be made to an ob-gyn doctor. In the second trimester, 1 visit to pregnant women can be made to a clinic midwife, health center and in the third trimester, 3 visits to pregnant women can be made to 1 doctor. and to midwives twice (Ministry of Health of the Republic of Indonesia, 2022).

In accordance with the 10 T standard at the Pratama Niar Clinic, this has been carried out. So here the author conducted a preliminary survey at the Pratama Niar Clinic, one of the clinics in the city of Medan, precisely in Deli Serdang Regency. The author first asked permission from the clinic lady to conduct research after the author's research was carried out. The number of pregnant women who visited was 580 pregnant women, 269 for postpartum mothers, 269 for KF 1 postpartum, 269 for babies, and 985 for family planning visits, after the

author conducted an initial survey on 20-28 November 2022, there were 30 pregnant women who made visits to antenatal care (ANC). There was one pregnant woman who visited on behalf of Mrs. N, aged 29 years 30 weeks 1 day and I provided continuous care.

#### **METHOD**

The method used for comprehensive care for Mrs. N is descriptive research, which systematically describes a phenomenon as it is. The type used is a case study, which is an observational study that obtains an

overview of health phenomena or current cases related to life, especially at the boundaries of unclear contexts and phenomena. In this case, the author wants to describe midwifery care for Mrs. N. (Riyanto, 2019).

The data collection method here uses an askeb format where we collect data by direct interviews (Setiawan & Saryono, 2018). Carrying out assessments with clients using the SOAP assessment and documentation format by following patients from the third trimester of pregnancy, childbirth, BBL, postpartum and family planning. This case study was carried out at the Pratama Niar clinic, Jl Pelita gg Mangga, from November 2022 until completion. In this research, two types of data were used, namely primary data, obtained from interviews, midwifery care management, and varney management. Meanwhile, secondary data was obtained from documentation (Registration book and KIA book).

Data analysis, which is the process of systematically searching and compiling

2. Labor Mrs. N gave birth January 3, 4 months

data from interviews and progress notes, as well as documenting and making conclusions that make it easier for yourself and others to understand, namely through: Data reduction in important matters, a clear picture that summarizes in order to make it easier for research to collect data, where the presentation of this data is in the form of quantitative research or in statements in the form of a description and a short narrative for data collection which will make it easier to understand everything that is happening. Where conclusions are drawn, all data is collected to form a temporary data conclusion (Riyanto, 2019).

### RESULTS AND DISCUSSION

Based on Continuing care has been provided to NY. N starting from the third trimester of pregnancy, maternity, postpartum, newborns, to family planning, one of the aims of which is to improve the quality of midwifery services in Indonesia by using an approach, namely continuity of care (Ristanti & Apriasih, 2021). Based on this, the results are obtained

- a. First period at 09.05 - 11.45 WIB
- b. Second stage of birth of the baby at 12.05 - 12.10
- c. Stage III of the placenta birth process at 12.10 -12.25
- d. In the IV stage at 12.25, the IV stage is monitored by monitoring blood pressure, pulse and bladder and checking the temperature every 2 hours, every 2-3 times every 15 minutes for the first 1 postpartum. Every 20-30 minutes in the second hour after delivery.

**Table 1. Results of Continuous Midwifery Management Care for Mrs. N at the Pratama Niar Clinic Jl Pelita gg Mangga**

No	Visit	Results
1.	Pregnancy	There is a gap between theory and facts, where Mrs. N had 4 examinations at the clinic and 1 visit to the doctor. If you follow the theory, you should go to the clinic 6 times and go to the doctor twice

3. Postpartum Postpartum visits were held 4 times, namely on 03 January 2023, 07 January 2023, 19 January 2023, and 08 February 2023.

4. Newborn baby For newborn babies, 3 visits will be made, namely on January 3 2023, January 7 2023 and January 19 2023.

5. Family planning On February 8, a visit was made to Mrs.



## Pregnancy

Based on subjective data review of case study Mrs. N 29 years G2P1A0 gestational age 30 weeks 1 day HPHT 03-28-2022. During pregnancy, Mrs. It is said that pregnant women visit to carry out pregnancy checks normally 6 times. In the first trimester there are 3 visits, in the

second trimester there is 1 visit and in the third trimester there are 2 visits.

According to Widiyani et al. (2022) Pregnant women's compliance with ANTENATAL CARE (ANC) visits during the COVID-19 pandemic, where routine pregnancy checks by visiting health service facilities are still recommended, only referring to the latest guidelines for ANC services provided that pregnant women wish to have ANC checks during the period. Covid-19 pandemic required 6 mandatory visits with 2 doctor visits. Based on the explanation above, the ANC visit carried out at the Pratama Niar clinic, Medan Amplas sub-district, Deli Serdang Regency in 2023, there is a gap between theory and fact. Where Mrs. N made 4 ANC visits during pregnancy, 3 times at the clinic and 1 at the doctor.

On November 27 2022 at 15.00 WIB Mrs. N G2P1A0 gestational age 30 weeks 1 day making 3<sup>rd</sup> ANC visit. Pregnancy history, previous birth, normal anamnesis results: the mother said that she urinated frequently, especially at night, which disturbed the mother's rest. According to the 2022 Windom of Journal, the discomfort of frequent urination can have side effects on the reproductive organs and can also affect the health of the baby when it is born. Try to overcome the discomfort of frequent urination, including

emptying your bladder when you feel like urinating. Drink more fluids during the day to maintain hydration balance. Based on this, there is no gap between the theory and the facts of Mrs. N.

On 23 December 2022 at 10.00 WIB Mrs. How to deal with maternal discomfort can be doing light exercise such as pregnancy exercises, wearing comfortable shoes, sitting with back support to reduce back pain, getting enough rest and not doing a lot of heavy work during the current gestational age (Yulizawati, 2019).

## Labor

When I Mrs. Based on the 2017 scientific journal Ainun, pain during labor is a manifestation of contractions (shortening) of the uterine muscles. These contractions can cause pain in the mother's waist during labor, which spreads from the abdominal area towards the thighs. These contractions cause the opening of the uterus (cervix) with the opening causing labor to occur (Diana, 2019).

Here the midwife teaches breathing relaxation techniques according to the journal (Juwita & Nicky, 2021). Relaxation breathing techniques are one way to reduce pain in mothers giving birth non-pharmacologically. By taking a deep breath when there is a contraction, using chest breathing through the nose, oxygen will flow into the blood, which will then circulate throughout the body, releasing endorphins which are natural pain relievers in the body. At 11.45 am, an examination was carried out on the mother's fetus to determine that the mother's DJJ was 146 x/I and she was still able to walk around, encouraging the mother to drink. At 11.30 another examination was carried out and

the dilation was already 9 cm. So there is no gap between theory and existing facts.

The second stage occurred at 12.05 WIB. The mother said there was a feeling of wanting to push, the vagina opened, the perineum protruded and the vulva opened. At this time the mother goes into labor, and the birth goes smoothly. Based on the midwifery journal owned by Ginting et al., (2022), there are several factors that support a smooth delivery, one of which is the correct menstrual position. The meneral position itself is a comfortable position for the mother giving birth. Laboring mothers can change positions regularly during the second stage of labor because this often speeds up the progress of labor and the mother may be able to push effectively in certain positions that are considered comfortable for the mother, in addition to appropriate instructions to lead the mother to push, as well as positions that facilitate progress preventing traumatized.

stage III at 12.10 WIB Enter active management stage III where here we will expel the placenta. According to (Tri Widyantari, 2021) stage III starts from the time the baby is born until the placenta is born, which lasts no more than 30 minutes. Active management of the third stage of labor is an intervention planned to accelerate the release of the placenta to prevent post-partum bleeding by increasing uterine contractions thereby avoiding uterine atony. One of the uterotonics that is often given to mothers when entering the third stage is an oxytocin injection. The hormone oxytocin is expected to stimulate the uterus to contract which also accelerates the release of the placenta. If oxytocin is not available, stimulate the mother's nipples.

The fourth stage at 12.25 is the time to monitor the mother's condition by monitoring blood pressure, pulse and bladder and checking temperature every 2 hours, every 2-3 times every 15 minutes for the first 1 postpartum. Every 20-30 minutes in the second hour after giving birth. After 1 hour of being given a vitamin K injection, give a hepatitis B injection. Anamnesis results: the mother said she was happy with the birth of her baby, examination results: it was found that the vital signs were within normal limits. BP: 110/70 mmHg, S: 36.4C, N: 84x/I, P: 20x/I, TFU 1 finger below the center, good contractions, empty bladder and bleeding 150 cc.

According to Badrus & Khairoh (2019) After two hours the mother was able to carry out early mobilization such as tilting left and right and sitting. Early ambulation is a policy so that as quickly as possible the midwife guides the postpartum mother to get out of bed and guides the mother as quickly as possible to walk. In normal labor, ambulation should be carried out after 2 hours (Aseb Nifas Module, 2016).

### **Postpartum**

1st postpartum visit (6-48 hours)  
One hour after the placenta was born Mrs. sterile gauze, then tell the mother how to breastfeed her baby by putting all the nipples and areola into the baby's mouth, tell the mother not to sleep in the next 2 hours because monitoring will be carried out for 2 hours. Keep checking the mother's general condition for vital signs. 110/80 mmHg, pulse 80x/i, respiration 21x/i. Temperature of 36.5C obtained during monitoring of the mother's condition is normal. Lochea discharge also looks normal. TFU 2. finger below the center. Advise the mother for early mobilization.

On January 4 2023 the mother can go home, before the mother goes home the mother is given counseling regarding exclusive breastfeeding, how to care for the umbilical cord, personal hygiene and good nutrition to consume, tell the mother not to let the umbilical cord become damp, this will slow down the umbilical cord drying out, advise the mother to Frequently change your underwear so they dry quickly. Tell the mother to eat nutritious food and drink water. 7-8 days. The mother's recovery can also be influenced by the mother's activities every day. Don't do too much housework such as sweeping, washing and don't wash first.

2nd postpartum visit (3-7 days)  
Mrs. breastfeeding, mother said there was still brownish blood coming out of her genitals and there were no complications. Examination results: vital signs BP: 110/80 mmHg, N: 80 x/I, P: 21x/I, S: 36.5C obtained during monitoring The mother's condition is normal. Lochial discharge also looks normal. TFU midway between the center and the symphysis

Based on the Mega Buana Journal of Midwifery in 2022. The scope of postpartum services is services to mothers and neonates from 6 hours to 42 days after delivery according to standards. Postpartum services according to standards are services to postpartum mothers at least three times, from six hours after delivery up to the third day, in the second week, and in the sixth week including administration of vitamin A twice as well as preparation and/or use of contraceptives after delivery (Imeldawati Situmorang et al. al., 2022).

3rd postpartum visit (8-28 days)  
Mrs. but it is yellowish and odorless. Examination results: BP: 110/80 mmHg, N: 80 x/IP: 21x/IS: 36.5C obtained during monitoring of the mother's condition were normal. Lochial discharge also looked normal. TFU was not palpable above the symphysis.

4th postpartum visit (29-42 days)  
Mrs. Mother said there were no more complaints. examination results: BP: 120/80 mmHg, N: 85 x/IP: 23x/IS: 36.5C obtained during monitoring of the mother's condition were normal. Lochial discharge also looked normal. TFU was not palpable above the symphysis.

### Newborn baby

On January 3 2022 at 12.05 WIB (1st visit) Mrs. When the baby was born, a general examination was carried out, the general condition was good, active movements, reddish skin color. According to the 2020 KIA book, the care that must be carried out on newborn babies at the 3rd visit is breath checks, skin color checks, possible seizure checks, baby activity and behavior checks, whether the baby is strong enough to breastfeed or not, check the baby's suction strength, check the urination pattern. / defecating in babies, checking body temperature, checking the umbilical cord, checking the eyes of babies, and checking white spots in the mouth.

1 hour after birth, a vit-K injection is given to prevent bleeding in the newborn baby's umbilical cord. 2 hours after that, hepatitis HB 0 is given. After 6 hours, the baby can be bathed with a stone. In newborn babies, after 6 hours then Bathing the baby aims to bathe the baby so that the baby is clean and removes dirt from the baby's body and provides comfort to the baby, improves blood circulation and prevents infection in the baby and increases the baby's immune system (Marmi, 2012).

On January 7, 2023 at 11.05 WIB (2nd visit). N neonate 4 days old anamnesis results: the mother said the baby was not fussy, breastfeeding strongly, there were no signs of infection in the umbilical cord. Examination results: good general condition, active movements, signs of viral S: 36.7 C, P: 40x/I BB: 3000



grams, PB: 49 cm, umbilical cord has fallen off, no signs of infection.

According to the latest obstetrics journal in 2022. The umbilical cord is the main route of entry for systemic infections in newborn babies. Umbilical cord care in general aims to prevent infection and speed up the breaking of the umbilical cord. Basically, umbilical cord infections can be prevented by carrying out good and correct umbilical cord care, namely using the principles of dry and clean care. There are many opinions about the best way to care for the umbilical cord. (Safmila et al., 2022)

On January 9, 2023 at 10.00 WIB (3rd visit) Mrs. N neonate 16 days old anamnesis results: the mother said the baby was healthy, the baby's movements were strong and the baby was breastfeeding well. Examination results: S: 36.7 c, P: 42 center, no bleeding, no signs of infection, BAK and defecation (+)

This is the standard of care for neonates starting from the 8th to the 28th day after birth. Many midwives are not yet able to carry out KN2 and KN3 according to time regulations because they are busy, recording and reporting are not yet orderly, and supervision from the leadership is not optimal. Based on the explanation for the neonatal visit, there was no gap between

theory and practice carried out on Mrs. N at the Pratama Niar clinic, Medan Amplas sub-district, Deli Serdang district in 2023.

### **Family planning**

On February 8, a visit was made to the house of Mrs. N, the purpose of which is to provide counseling to the mother

about choosing contraceptives, after that a TTV examination is carried out to determine the general condition of the mother, after explaining it to the mother, then asking the mother whether she wants to use birth control, the mother says she wants to use a 3-month injectable contraceptive. .

According to the 2019 scientific journal, the 3-month injectable contraceptive contains 150 mg of Depo Medroxyprogesterone Acetate (DMPA) or Norethindrone enanthate (NET-EN). These two ingredients only contain progestin effects. By administering it every 2-3 months, what needs to be paid attention to is that when this progestin is injected into the mother in depot form, the concentration will be very high, so transmission to the baby will also increase slightly (Ratnawati, 2019).

### **CONCLUSION**

After the author carried out continuous midwifery management care during the third trimester of pregnancy, childbirth, postpartum, newborns, and family planning (KB) for Mrs. Deli Serdang district in 2022 which can be concluded as follows:

1. Pregnancy Midwifery Care for Mrs. , namely Mrs. N experienced low back pain and the mother frequently urinated and the care given to Mrs.
2. Maternity Midwifery Care at the time of giving birth to Mrs. APN steps.
3. Postnatal midwifery care for Mrs. N has been carried out in accordance with theory and procedures in the field, accompanied by documentation in



the form of SOAP. Mrs. N was able to care for her baby well and the mother was more enthusiastic in facing the postpartum period and Mrs. N was able to breastfeed her baby using exclusive breast milk.

4. Midwifery care for newborn babies (BBL) has been carried out in theory and procedures in the field, and has been documented in the form of SOAP. Mrs. N's baby is in good health and is receiving newborn care.
5. Family planning (KB) midwifery care for Mrs. N chose to use postpartum injectable contraception in accordance with theory and documentation in the form of SOAP. Mrs.

### Suggestion

1. For Institutions

The author hopes that the results of this case study can be used by institutions to consider input in providing comprehensive midwifery care in the Pregnancy to Family Planning course.

2. For health workers

It can be used as a theoretical contribution or an application that can be used as input for independent practice midwives in improving the quality of sustainable midwifery care services and the community, in this case can be used as input for health workers

including midwifery care for pregnancy to family planning.

3. For Clients

Clients can detect early complications that can occur during pregnancy and family planning

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