The 6th Mitra Husada Health International Conference (MiHHICo) 2026
Volume 6 (2026) ISSN: 2988-3768

MCH HANDBOOK UTILIZATION AND PREGNANCY COMPLICATION PREVENTION BEHAVIOR: A LITERATURE REVIEW

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ABSTRACT

Background: Pregnancy complications remain a leading cause of maternal mortality in Indonesia. The Maternal and Child Health (MCH) Handbook has been identified as an important instrument with the potential to shape preventive behaviors against pregnancy complications; however, its utilization in practice remains suboptimal. **Objectives:** This review aimed to examine scientific evidence regarding the utilization of the MCH Handbook and its association with preventive behaviors against pregnancy complications. **Methods:** A systematic literature review was conducted on 15 research articles published between 2021–2026, retrieved from PubMed, Google Scholar, and Portal Garuda, using the keywords "MCH Handbook," "utilization of MCH Handbook," "pregnancy complications," "pregnancy prevention behavior," and "antenatal care." **Results:** Optimal utilization of the MCH Handbook was significantly associated with improved knowledge of pregnancy danger signs ($p<0.05$), the formation of positive attitudes toward antenatal examinations, and enhanced compliance with complication prevention measures. Correlation coefficients between MCH Handbook utilization and pregnancy complication prevention behavior ranged from $r=0.500$ to $r=0.721$. **Conclusions:** The MCH Handbook plays an essential role in shaping preventive behaviors against pregnancy complications. Optimization of MCH Handbook utilization through active education by healthcare professionals is needed to reduce the incidence of complications and maternal mortality.

Keywords: MCH Handbook; Pregnancy Complications; Preventive Behavior; Preventive Behavior **INTRODUCTION**

Pregnancy complications remain a primary challenge in efforts to reduce the maternal mortality rate (MMR) globally and nationally. A report by the World Health Organization (WHO, 2025) estimated that in 2023 approximately 260,000 maternal deaths occurred worldwide due to complications during pregnancy and childbirth, equivalent to approximately 712 deaths per day. This figure indicates that the pace of global maternal mortality reduction is not sufficient to achieve the Sustainable Development Goals (SDGs) target of reducing the maternal mortality ratio to below 70 per 100,000 live births by 2030.

Indonesia's situation remains challenging. According to WHO (2023) data, Indonesia's MMR ranks third highest in the ASEAN region, estimated at 173 per 100,000 live births. Data from the Indonesian Ministry of Health (2024) indicate that the leading causes of maternal death in Indonesia are non-obstetric complications (32.6%), hypertensive disorders in pregnancy (23.8%), and obstetric hemorrhage (23.0%). Most of these causes are, in fact, preventable

through early detection, regular pregnancy monitoring, and sound preventive behaviors by pregnant women themselves.

North Sumatra Province recorded an alarming increase in maternal deaths, rising from 131 cases in 2022 to 202 cases in 2023. The city of Medan has one of the highest maternal death rates in North Sumatra, with 18 cases in 2024 (North Sumatra Health Profile, 2024). In the service area of UPTD Puskesmas Sicanang, Medan, January 2026 data recorded that out of 719 targeted pregnant women, the K6 antenatal visit coverage reached only 8%, and MCH Handbook ownership was recorded at only 1.67%, far below the national standard.

The Maternal and Child Health (MCH) Handbook is an official instrument established through Indonesian Minister of Health Decree No. 284/MENKES/SK/III/2004, serving as a medium for education, documentation, and communication between healthcare providers and pregnant women and their families. The MCH Handbook contains comprehensive information on pregnancy monitoring, danger signs, iron supplementation, antenatal examinations, and various pregnancy care recommendations from the first trimester through childbirth. The MCH Handbook functions as both a supporting factor and a trigger for the formation of knowledge and positive attitudes that ultimately promote complication prevention behaviors. An empirical study by Lestari et al. (2023) found a strong correlation coefficient (r=0.721) between MCH Handbook utilization and pregnancy complication prevention behavior.

However, various studies have shown that MCH Handbook ownership does not always translate into optimal utilization. Many pregnant women who own the MCH Handbook do not read, understand, or use it as a guide for maintaining a healthy pregnancy. This situation necessitates a comprehensive literature review to synthesize existing scientific evidence, thereby providing a foundation for better antenatal care policy recommendations and service practices.

This literature review aims to systematically examine scientific evidence on the utilization of the MCH Handbook and its association with preventive behaviors against pregnancy complications encompassing the knowledge, attitude, and action domains of pregnant women, and to identify factors influencing MCH Handbook utilization in practice.

METHODS

This study employed a systematic literature review method with a narrative and analytical approach. The review examined research articles relevant to MCH Handbook utilization and preventive behaviors against pregnancy complications, published in national and international scientific journals. Literature searches were conducted on electronic databases including PubMed/MEDLINE, Google Scholar, and Portal Garuda. Keywords used in the search included “MCH Handbook,” “Buku Kesehatan Ibu dan Anak,” “utilization of MCH Handbook,” “pregnancy complications,” “prevention of pregnancy complications,” “pregnant women behavior,” “knowledge of pregnancy danger signs,” and “antenatal care.”

Articles were included if they met the following criteria: (1) published between 2021–2026; (2) written in Indonesian or English; (3) constituted primary research (quantitative, qualitative, or mixed-method) or a literature review; (4) discussed MCH Handbook utilization in relation to knowledge, attitudes, or behaviors of pregnant women; and (5) available in full

text. Articles were excluded if they were opinion pieces, editorials, or lacked a clear methodology.

The selection process was conducted in stages using the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) approach. From a total of 48 articles identified in the initial search, screening was performed based on titles and abstracts, followed by full-text selection according to the inclusion and exclusion criteria. A total of 15 articles ultimately met the criteria for further analysis. Extracted data included author name, year, research design, location, sample size, variables, instruments, and key findings.

Analysis was conducted in a descriptive, narrative, and thematic manner. Data extracted from each article were synthesized based on four main themes: (1) the association between MCH Handbook utilization and knowledge; (2) the association between MCH Handbook utilization and attitudes; (3) the association between MCH Handbook utilization and complication prevention actions; and (4) factors influencing MCH Handbook utilization. As this study is a literature review of previously published, publicly available research, no separate ethical approval was required for its conduct.

RESULTS AND DISCUSSIONS

Characteristics of Reviewed Articles

A total of 15 research articles met the inclusion criteria and were analyzed in this review. The characteristics of all reviewed articles are summarized in Table 1 below.

Table 1. Characteristics of Reviewed Articles (n=15)

No	Author/Year	Design	Location	Sample	Variables	Key Findings
1	Tyas et al. (2024)	Cross-sectional	Klaten	75 pregnant women	MCH Handbook utilization, Prevention Behavior	Significant association (p=0.000); OR=8.4
2	Yani et al. (2024)	Descriptive analytic	Murung Pudak	60 pregnant women	MCH Handbook utilization, Prevention of complications	Good knowledge (61.7%), good prevention behavior (55%); significant association
3	Santika & Alfitri (2025)	Cross-sectional	Matalok Clinic	40 pregnant women	MCH Handbook utilization, Knowledge of danger signs	Significant association (p=0.001); women who utilized the MCH Handbook had better knowledge
4	Guntara & Rahmannia (2024)	Analytic quantitative	West Java	120 respondents	MCH Handbook utilization, Knowledge, Behavior	Optimization of MCH Handbook use significantly improved knowledge, attitudes, and behavior of pregnant women
5	Wittiarika et al. (2023)	Analytic community service	Kediri	35 pregnant women	MCH Handbook optimization, Early detection of complications	MCH Handbook optimization had a significant impact on understanding of danger signs and early detection of complications

6	Chadaryanti & Harahap (2023)	Descriptive correlational	Medan	50 pregnant women	Knowledge of danger signs, MCH Handbook utilization	Majority owned MCH Handbook (88%), but knowledge of danger signs remained poor; ownership ≠ optimal utilization
7	Turiyani (2025)	Cross-sectional	Central Java	45 pregnant women	Knowledge, Compliance, MCH Handbook utilization	Significant association between knowledge and compliance with MCH Handbook utilization ($p<0.05$)
8	Suryanti et al. (2023)	Cross-sectional	South Sulawesi	55 pregnant women	Education, Age, Parity, MCH Handbook utilization	Education, age, and parity influenced MCH Handbook utilization behavior during ANC visits
9	Merben & Hidayanti (2024)	Quasi-experimental	Lombok	40 pregnant women	MCH Handbook + Pregnancy classes, Knowledge of danger signs	Combination of MCH Handbook and pregnancy classes significantly improved knowledge of danger signs ($p=0.001$)
10	Wulandari et al. (2025)	Cross-sectional	East Java	65 pregnant women	MCH Handbook utilization, Attitudes of pregnant women	Significant association between MCH Handbook utilization and positive attitudes toward ANC and alertness to danger signs ($p=0.000$)
11	Sari & Pratiwi (2024)	Correlational	West Sumatra	48 pregnant women	MCH Handbook utilization, Pregnancy health attitudes	MCH Handbook utilization was associated with attitudes that support health behavior during pregnancy
12	Rahmawati et al. (2025)	Cross-sectional	South Kalimantan	70 pregnant women	MCH Handbook, Attitudes toward early detection of complications	Active MCH Handbook use was associated with better attitudes toward early detection of pregnancy complications
13	Dewi (2025)	Descriptive analytic	Central Java	58 pregnant women	MCH Handbook utilization, Prevention of complications	MCH Handbook utilization as a determinant of complication prevention behavior ($r=0.532$, $p=0.000$)
14	Zaitun & Salamah (2024)	Cross-sectional	West Kalimantan	52 pregnant women	Knowledge, Danger signs, MCH Handbook utilization	Significant association between knowledge of danger signs and MCH Handbook utilization ($p=0.002$)
15	Lestari et al. (2023)	Correlational	West Java	63 pregnant women	MCH Handbook utilization, Complication Prevention Behavior	Strong positive correlation ($r=0.721$, $p=0.000$) between MCH Handbook utilization and complication prevention behavior

Literature Review Findings

Based on analysis of the 15 reviewed articles, four main themes were identified relating to MCH Handbook utilization and preventive behaviors against pregnancy complications. A summary of the review findings is presented in Table 2.

Table 2. Synthesis of Key Findings by Theme

Theme	Supporting Articles	Findings
MCH Handbook Utilization and Knowledge	Santika & Alfitri (2025); Merben & Hidayanti (2024); Chadaryanti & Harahap (2023); Zaitun & Salamah (2024)	Pregnant women who actively utilized the MCH Handbook demonstrated better knowledge of pregnancy danger signs and early detection of complications. The association was consistently significant ($p<0.05$) across various regions of Indonesia.
MCH Handbook Utilization and Attitudes	Wulandari et al. (2025); Sari & Pratiwi (2024); Rahmawati et al. (2025)	Active utilization of the MCH Handbook was correlated with positive attitudes toward antenatal examinations, alertness to danger signs, and adherence to recommendations from healthcare providers.
MCH Handbook Utilization and Prevention Actions	Tyas et al. (2024); Lestari et al. (2023); Dewi (2025); Guntara & Rahmannia (2024)	A strong association was found between MCH Handbook utilization and complication prevention actions ($r=0.532–0.721$). Women who optimally utilized the MCH Handbook were more compliant with ANC visits, iron tablet consumption, and recognition of danger signs.
Factors Influencing MCH Handbook Utilization	Suryanti et al. (2023); Turiyani (2025); Yani et al. (2024)	MCH Handbook ownership does not guarantee optimal utilization. Education level, age, parity, baseline knowledge, and the active role of healthcare providers are factors that influence the level of MCH Handbook utilization in practice.

MCH Handbook Utilization and Preventive Behavior

The findings of this literature review consistently demonstrate that MCH Handbook utilization has a significant and meaningful association with preventive behaviors against pregnancy complications among pregnant women. Of the 15 articles analyzed, all reported a positive association between MCH Handbook utilization and at least one aspect of maternal health behavior.

These findings are consistent with the Health Belief Model, which posits that an individual's perceived benefits of a health action will promote preventive behavior (Rosenstock, 1966, as cited in Notoatmodjo, 2018). The MCH Handbook, as a medium presenting health information visually and systematically, helps pregnant women develop an accurate understanding of the risks of pregnancy complications and the benefits of prevention measures. This is evidenced by Tyas et al. (2024), who found an Odds Ratio (OR) of 8.4, indicating that women who optimally utilized the MCH Handbook were 8.4 times more likely to exhibit good complication prevention behavior compared to those who did not use it optimally.

Correlation coefficients found across studies ranged from r=0.500 to r=0.721, reflecting a strong positive relationship. Lestari et al. (2023) reported the highest correlation (r=0.721, p=0.000), while Dewi (2025) found r=0.532 with equal significance. This consistency reinforces the conclusion that the MCH Handbook substantially contributes to the formation of preventive behaviors against pregnancy complications.

Knowledge, Attitude, and Action Domains

From a knowledge perspective, this review found that pregnant women who actively read and utilized the MCH Handbook had a better understanding of pregnancy danger signs, risk factors for complications, and the importance of antenatal care. Santika and Alfitri (2025) reported a significant association (p=0.001) between MCH Handbook utilization and knowledge of pregnancy danger signs. Merben and Hidayanti (2024) further demonstrated that the combination of MCH Handbook utilization and pregnancy classes resulted in more optimal knowledge improvement (p=0.001), indicating that active education by healthcare providers plays a crucial role in maximizing the MCH Handbook's function as a learning medium.

From an attitude perspective, Wulandari et al. (2025) and Sari and Pratiwi (2024) consistently found that women who actively utilized the MCH Handbook tended to hold more positive attitudes toward antenatal examinations, nutritional fulfillment, and alertness to pregnancy danger signs. Rahmawati et al. (2025) further noted that this positive attitude was also evident in health-seeking behavior when danger signs arose. The formation of these attitudes is consistent with Notoatmodjo's (2018) theory, which states that attitudes are formed through the interaction of knowledge, personal experience, and repeated information exposure, all of which the MCH Handbook provides in an integrated manner.

From an action perspective, the strongest evidence was observed in ANC visit compliance, iron tablet consumption, and recognition of pregnancy danger signs. Guntara and Rahmannia (2024) found that women who understood the contents of the MCH Handbook tended to be more disciplined in adhering to the ANC visit schedule of six visits throughout pregnancy. This is particularly significant given that ANC K6 coverage in Indonesia remains low, at approximately 17.6% according to the Indonesian Health Survey (2023). Increasing MCH Handbook utilization can serve as one strategy to improve ANC visit coverage and ultimately reduce the risk of pregnancy complications.

A noteworthy finding was reported by Chadaryanti and Harahap (2023), who showed that despite 88% of pregnant women owning the MCH Handbook, their knowledge of pregnancy danger signs remained inadequate. This indicates that MCH Handbook ownership alone is insufficient; what is needed is active utilization supported by guidance from healthcare providers. Turiyani (2025) reinforced this finding by showing that baseline knowledge and maternal motivation are important predictors of optimal MCH Handbook utilization.

Factors Influencing MCH Handbook Utilization

This review identified several factors influencing MCH Handbook utilization in practice. Sociodemographic factors such as education level, age, and parity were found to influence MCH Handbook utilization behavior (Suryanti et al., 2023). Women with higher education levels tended to better comprehend the information in the MCH Handbook and apply it in daily life. Multiparous women who had prior pregnancy experience also tended to be more

familiar with how to use the MCH Handbook, though there was a risk of underestimating certain danger signs.

The role of healthcare providers emerged as one of the most important factors in MCH Handbook utilization. Several studies indicated that pregnant women who received active explanations from midwives or doctors regarding the contents of the MCH Handbook were more motivated to read and utilize it. Conversely, when the MCH Handbook was merely distributed without adequate explanation, its educational function became suboptimal. This aligns with the concept of reinforcing factors in Notoatmodjo's (2018) health behavior theory, whereby healthcare provider support acts as a factor that reinforces and sustains positive health behaviors.

Accessibility and continuity of care also played a role. Pregnant women who regularly attended ANC visits had more opportunities to receive guidance on MCH Handbook use from healthcare providers, which in turn enhanced utilization of the handbook. Low ANC coverage, as observed in the UPTD Puskesmas Sicanang service area (K6 coverage at only 8%), creates a cycle that impedes optimal MCH Handbook utilization.

Clinical and Policy Implications

The findings of this literature review provide strong evidence that MCH Handbook utilization yields tangible impacts on pregnancy complication prevention behavior across three primary domains. First, in terms of knowledge, pregnant women who actively read and utilized the MCH Handbook were shown to have better understanding of pregnancy danger signs, including vaginal bleeding, facial and hand swelling, severe headache, blurred vision, and decreased fetal movement. Santika and Alfitri (2025) demonstrated that MCH Handbook utilization was significantly associated with knowledge of danger signs ($p=0.001$), while Merben and Hidayanti (2024) showed that combining the MCH Handbook with pregnancy classes yielded more optimal knowledge improvement. Second, in terms of attitudes, Wulandari et al. (2025), Sari and Pratiwi (2024), and Rahmawati et al. (2025) consistently found that women who utilized the MCH Handbook tended to hold more positive attitudes toward ANC visits, nutritional fulfillment, and alertness to pregnancy risks. Third, in terms of action, the impact of the MCH Handbook was most evident in ANC visit compliance and iron tablet consumption. Lestari et al. (2023) reported a strong positive correlation ($r=0.721$, $p=0.000$), and Tyas et al. (2024) found that women who optimally utilized the MCH Handbook were 8.4 times more likely to exhibit good complication prevention behavior than those who did not. Thus, the MCH Handbook has been proven to have a comprehensive impact on the formation of pregnancy complication prevention behavior, from risk comprehension to the concrete actions undertaken by pregnant women in their daily lives.

Given that the MCH Handbook has been shown to have a significant impact on pregnancy complication prevention behavior, policies and innovations capable of systematically optimizing its utilization are warranted. First, an Integrated MCH Handbook Education (IMHE) program should be developed at every ANC visit, in which healthcare providers not only distribute the MCH Handbook but also provide active and structured explanations of its contents at each encounter with pregnant women, through a two-way health communication approach that ensures pregnant women genuinely understand the information available rather than receiving it merely as an administrative document.

Second, a Community-Based MCH Handbook Class initiative should be introduced, a regular educational forum held at the sub-district or neighborhood level, facilitated by community health workers, that uses the MCH Handbook as an interactive learning medium addressing danger signs, iron tablet consumption, maternal nutrition, and birth preparedness thematically at each session. Third, health departments need to develop monitoring indicators based on active MCH Handbook utilization, not merely ownership for example, by integrating an MCH Handbook utilization checklist into MCH ANC reports as a performance indicator for primary health centers. Fourth, as a researcher-proposed innovation, development of an MCH Handbook Monitoring Card is recommended, a simple tracking card affixed to the front page of the MCH Handbook and completed jointly by midwives and pregnant women at each ANC visit, to record which sections of the MCH Handbook have been read, understood, and applied.

This card could serve as a concrete and readily implementable utilization monitoring tool at primary healthcare facilities. Implementation of these policies is expected to transform the function of the MCH Handbook from a mere documentation record into an active educational instrument that genuinely promotes pregnancy complication prevention behavior, particularly in areas with low ANC coverage such as the UPTD Puskesmas Sicanang service area in Medan.

CONCLUSIONS

This literature review consistently demonstrates that MCH Handbook utilization has a significant and positive association with preventive behaviors against pregnancy complications among pregnant women. Optimal MCH Handbook utilization is associated with improved maternal knowledge of pregnancy danger signs, the formation of positive attitudes toward antenatal examinations, and enhanced compliance with complication prevention measures including regularity of ANC visits, iron tablet consumption, and the ability to recognize and respond appropriately to pregnancy danger signs.

These findings affirm that the MCH Handbook is not merely an administrative documentation record, but rather a strategic educational instrument for shaping the health behavior of pregnant women. However, MCH Handbook ownership alone is insufficient; active utilization guided by healthcare providers is the key to its effectiveness.

Based on the findings of this review, it is recommended that: (1) healthcare providers at primary facilities deliver active and structured explanations of MCH Handbook content at every ANC visit; (2) Pregnancy Class programs be optimized by making the MCH Handbook the primary learning medium; (3) health departments develop indicators to monitor active MCH Handbook utilization (not merely ownership); and (4) future research employ cohort or interventional designs to directly test the effectiveness of MCH Handbook utilization optimization programs in reducing complication rates and maternal mortality.

ACKNOWLEDGEMENT

The authors would like to express their sincere gratitude to Sari Mutiara Indonesia University for the academic support provided during the preparation of this literature review, and to all parties who contributed to the completion of this article.

CONFLICT OF INTEREST AND FUNDING DISCLOSURE

The authors declare no conflict of interest in this article. This study did not receive any specific grant from funding agencies in the public, commercial, or non-profit sectors.

AUTHOR CONTRIBUTIONS

ADPP: conceptor, literature search, data extraction, data synthesis, writing original draft; AP: methodology, supervision, writing review and editing.

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