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DESCRIPTION OF POST-PARTUM VISITS (KF1-KF4) FOR POSTPARTUM MOTHERS AT PAGEDONGAN COMMUNITY HEALTH CENTER IN 2025

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ABSTRACT

Background: The postpartum period is a recovery phase after childbirth that requires continuous monitoring through postpartum visits to detect complications early and ensure maternal well-being. According to health service standards, postpartum visits are conducted four times, namely KF1, KF2, KF3, and KF4. These visits aim to monitor maternal health, support the recovery process, and provide health education and services during the postpartum period. **Objective:** To describe the coverage of postpartum visits (KF1–KF4) among postpartum mothers at the Pagedongan Community Health Center in 2025. **Method:** This study employed a quantitative descriptive design with a retrospective approach. The sample consisted of 410 postpartum mothers selected using a total sampling technique. Data were obtained from Maternal and Child Health (KIA) reports and maternal cohort registers. Data analysis was conducted using univariate analysis and presented as frequency distributions and percentages. **Results:** Most postpartum mothers were of healthy reproductive age (20–35 years), accounting for 313 respondents (76.3%), while 97 respondents (23.7%) were of unhealthy reproductive age (<20 years and >35 years). Based on parity, the majority were multiparous mothers (65.1%), followed by primiparous (24.1%) and grandemultiparous mothers (10.7%). Regarding education level, most respondents had primary education (62.9%), followed by secondary education (31.0%) and higher education (6.1%). The coverage of postpartum visits was very high, with KF1 attended by 410 mothers (100%), KF2 by 404 mothers (98.5%), KF3 by 403 mothers (98.3%), and KF4 by 400 mothers (97.6%). **Conclusion:** The coverage of postpartum visits among postpartum mothers at the Pagedongan Community Health Center in 2025 was classified as very good. High participation was observed at every stage of postpartum visits (KF1–KF4), indicating strong utilization of postpartum health services.

Keywords: Postpartum visits, KF1–KF4, Postpartum mothers.

INTRODUCTION

The postpartum period, a 42-day recovery period after childbirth, is a crucial period for maternal health. During this period, the mother experiences various physical and psychological changes, requiring optimal monitoring. Most maternal deaths occur during the postpartum period, primarily due to hemorrhage and infection. Therefore, health services through postpartum visits are essential for early detection of complications and ensuring the health of the mother and baby (Rismawati & Nurvita, sss2024). Postpartum visits are conducted four times: KF1, KF2, KF3, and KF4, in accordance with health care standards. During these visits, health workers can check vital signs, monitor uterine involution, evaluate bleeding, assess the condition of the birth wound, assess breastfeeding success, and provide maternal and infant health counseling. Furthermore, postpartum visits play a crucial role in preventing complications that can increase maternal and infant morbidity and mortality (Tanjung et al., 2024). The coverage of complete postpartum visits in Indonesia reached 77.63% in 2024, while in Banjarnegara Regency it was 95.1% (Ministry of Health, 2024). Pagedongan Community Health Center, as a first-level health care facility, plays a crucial role in improving the quality of postpartum care. Based on 2025 data, the number of postpartum visits at each stage was considered good and relatively even. This indicates that postpartum mothers' compliance with visits remains high, allowing for ongoing maternal health monitoring. This study aims to describe postpartum visits (KF1–KF4) among postpartum mothers at Pagedongan Community Health Center in 2025 based on age, parity, and education. During the postpartum period, mothers learn to build relationships with their babies, meet nutritional needs, and maintain their own and their babies' health to avoid infection. The postpartum period is divided into three stages: early puerperium, intermedial puerperium, and remote puerperium. These stages describe the process of recovery of the mother's body from the beginning after delivery until full recovery (Rukmawati et al., 2024). During the postpartum period, various physiological changes occur, such as uterine involution, lochia discharge, breast milk production, and hormonal changes. Uterine involution is the process of the uterus shrinking back to its normal size after delivery. This process is aided by uterine contractions influenced by the hormone oxytocin. In addition to aiding involution, oxytocin also plays a role in milk letdown during breastfeeding. The hormone prolactin also increases after delivery to support milk production, ensuring the baby's nutritional needs are met properly. In addition to physical changes, postpartum mothers also need to be aware of postpartum danger signs, such as postpartum hemorrhage, infection, postpartum preeclampsia, and postpartum depression. KF1 is performed 6 to 48 hours postpartum to monitor bleeding and the general condition of the mother and baby. KF2 is performed on days 3 to 7 postpartum, focusing on uterine involution, lochia, signs of infection, and breastfeeding success. KF3 is performed on days 8 to 28 postpartum to assess the mother's recovery process and emotional well-being. Meanwhile, KF4 is conducted from day 29 to day 42 postpartum to ensure proper recovery and provide postpartum family planning counseling (Ratna Sari et al., 2024). In providing postpartum care, midwives play a crucial role as caregivers, educators, and companions for mothers. Midwives provide communication, information, and education regarding the importance of postpartum visits, exclusive breastfeeding, infant care, and family planning. Support from midwives and families significantly assists mothers in experiencing the postpartum period more safely and comfortably (Wati et al., 2022).

METHODS

This study employed a quantitative descriptive research design with a retrospective approach. The research was conducted at Pagedongan Community Health Center, Banjarnegara Regency, Indonesia. Data collection was performed in January 2026 using records from January to December 2025.

The study population consisted of all postpartum mothers who attended postpartum services at Pagedongan Community Health Center during the study period. A total sampling technique was used, resulting in 410 postpartum mothers as research respondents.

Secondary data were obtained from Maternal and Child Health (MCH) reports and maternal cohort registers. Variables included maternal age, parity, educational level, and postpartum visit attendance (KF1, KF2, KF3, and KF4). Data were collected using an observation checklist developed from maternal health records.

Ethical approval for this study was obtained from Universitas Harapan Bangsa with approval number B.LPPM-UHB/600/05/2026. Data were analyzed using univariate statistical analysis and presented as frequencies and percentages.

RESULTS

The results of the study on "Description of Postpartum Visits (KF1-KF4) in Postpartum Mothers at Pagedongan Health Center in 2025" which was conducted on January 5-30, 2026 at Pagedongan Health Center with a sample of 410 respondents obtained the following results.

Table 1 Characteristics of Postpartum Mothers at Pagedongan Community Health Center in 2025

Postpartum Mother Characteristics	f	%
Age		
<20 years	36	8.8
20-35 years	313	76.3
>35 years	61	14.9
Total	410	100
Parity		
Primiparous	78	19
Multiparous	288	70.2
Grandemultiparous	44	10.7
Total	410	100
Education		
Elementary School	137	33.4
Junior High	134	32.7
High School	98	23.9
University	41	10
Total	410	100

Based on Table 1the characteristics of postpartum mothers in the Pagedongan Community Health Center working area in 2025 show that most respondents were in the 20–35 years age group, as many as 313 respondents (76.3%), while those aged <20 years were as many as 36 respondents (8.8%) and >35 years were as many as 61 respondents (14.9%). Based on parity, the majority of respondents were multiparas as many as 288 respondents (70.2%), followed by primiparas 78 respondents (19.0%) and grandemultiparas 44 respondents (10.7%). Based on education level, most respondents had basic education, namely elementary school as many as 137 respondents (33.4%) and junior high school as many as 134 respondents (32.7%), while high school as many as 98 respondents (23.9%) and college as many as 41 respondents (10.0%).

Table 2 Postpartum Visit Coverage (KF1–KF4) Among Postpartum Mothers

Kunjungan Nifas	Melakukan Kunjungan Nifas		Tidak Melakukan Kunjungan Nifas	
	f	%	f	%
Kunjungan Nifas (KF1)	410	100	0	0
Kunjungan Nifas (KF2)	404	98.5	6	1.5
Kunjungan Nifas 3 (KF3)	403	98.3	7	1.7
Kunjungan Nifas 4 (KF4)	400	97.6	10	2.4

Based on Table 2 postpartum visit coverage in the Pagedongan Community Health Center work area in 2025 was considered good. All respondents completed visits in KF1 (100%), then coverage decreased slightly in KF2 to 404 respondents (98.5%), KF3 to 403 respondents (98.3%), and KF4 to 400 respondents (97.6%). Despite the decrease at each visit stage, the majority of postpartum mothers continued to attend visits as scheduled.

DISCUSSIONS

1. Characteristics of postpartum mothers in the Pagedongan Community Health Center work area in 2025 based on age, parity, and education.

Based on the results of a study of 410 postpartum mothers in the Pagedongan Community Health Center work area in 2025, it was found that the majority of respondents were in the 20–35 age group, totaling 313 (76.3%). The age group <20 years old was 36 (8.8%), while the age group >35 years old was 61 (14.9%). These results indicate that the majority of postpartum mothers are of healthy reproductive age, generally having optimal physical condition and reproductive function for pregnancy, childbirth, and the postpartum period.

However, 97 (23.7%) were of unhealthy reproductive age (<20 years old and >35 years old), putting them at higher risk of complications during pregnancy, childbirth, and the postpartum period. Based on parity, the majority of respondents were multiparas (288 respondents) (70.2%), followed by primiparas (78 respondents) (19.0%), and grandemultiparas (44 respondents) (10.7%). The high proportion of multiparas indicates that most mothers have had previous pregnancy and childbirth experience. However, the presence of grandemultiparas still requires attention, as high parity can increase the risk of complications, such as postpartum hemorrhage and other health problems during the postpartum period.

Based on education level, the majority of respondents had an elementary school education (137 respondents) (33.4%), a junior high school education (134 respondents) (32.7%), and a college education (98 respondents) (23.9%), while 41 respondents (10.0%) had a college education. These results indicate that the majority of postpartum mothers have a basic education. While education can influence understanding of health information, maternal compliance in utilizing health services is also influenced by other factors, such as family support, the role of health workers, previous experience, and ease of access to health facilities. Therefore, easy-to-understand health education remains essential for all postpartum mothers. Differences in parity influence mothers' experiences and information needs during the postpartum period. Primiparous mothers generally require more explanations, while multiparous and grandemultiparous mothers are more concerned with comfort and quality of care (Anis et al., 2026).

Education also plays a role in postpartum visits. Mothers with higher education tend to better understand health information and recognize the importance of postpartum visits to prevent complications (Nurani et al., 2025).

Furthermore, age influences maturity in thinking and decision-making regarding health. Mothers of healthy reproductive age are generally better able to understand the benefits of health services and are therefore more motivated to attend regular postpartum visits (Porgasari et al., 2026).

2. Description of postpartum visits (KF1, KF2, KF3, KF4) for postpartum mothers at Pagedongan Community Health Center in 2025.

Based on the research results, the coverage of postpartum visits for postpartum mothers in the Pagedongan Community Health Center's work area in 2025 was high at each visit stage. All 410 respondents (100%) made KF1 visits. In KF2, the number of visits decreased slightly to 404 respondents (98.5%), with 6 respondents (1.5%) not making any visits. Furthermore, in KF3, 403 respondents (98.3%) made visits and 7 respondents (1.7%) did not make any visits. In KF4, the number of visits increased to 400 respondents (97.6%), while 10 respondents (2.4%) did not make any visits. The high coverage of postpartum visits indicates that most mothers utilized health services during the postpartum period. Postnatal visits are crucial for monitoring maternal recovery, detecting complications, supporting breastfeeding success, and providing counseling on maternal and infant care. The decline in visits in KF2, KF3, and KF4 is thought to be due to some mothers delivering within the Pagedongan Community Health Center's coverage area and then returning to their original residence or following family after delivery. Despite this, the overall coverage of postnatal visits remains relatively high.

This is due to low maternal awareness of the importance of postnatal care (PNC), as well as the presence of mothers who move or live temporarily outside the area, preventing them from

attending regular postnatal visits. Furthermore, suboptimal monitoring and follow-up by health workers can also impact the sustainability of postnatal visits (Iswanti et al., 2025).
Therefore, health workers need to improve education, communication, and active monitoring of postnatal mothers to motivate them to complete postnatal visits as scheduled. This will ensure high-quality and sustainable postnatal care, ensuring the health of both mother and baby during the postpartum period (Sihombing et al., 2025).

CONCLUSIONS

1. Postpartum Visits by Age, Parity, and Education at Pagedongan Community Health Center in 2025

Based on the results of a study of 410 postpartum women in the Pagedongan Community Health Center's work area in 2025, it can be concluded that the majority of postpartum women were in the 20–35 age group (76.3%), were multiparous (70.2%), and had a basic education level of elementary school to junior high school (66.1%). These results indicate that most women were of healthy reproductive age and had previous pregnancy and childbirth experience, making them better prepared for the postpartum period.
However, there were still postpartum women in at-risk groups, namely those aged <20 and >35 (23.7%), as well as grandemultiparas (10.7%), who required more optimal monitoring during the postpartum period. Furthermore, the predominance of primary education levels demonstrates the importance of providing simple and easy-to-understand health education to ensure optimal health care for all postpartum women.

2. Postpartum Visits Based on KF1, KF2, KF3, and KF4 at Pagedongan Community Health Center in 2025

Based on the results of a study of 410 postpartum mothers in the Pagedongan Community Health Center's work area in 2025, it can be concluded that postpartum visit coverage was classified as very good. All postpartum mothers completed KF1 visits (100%), with a slight decrease in KF2 (98.5%), KF3 (98.3%), and KF4 (97.6%). These results indicate that the majority of mothers utilized health services during the postpartum period, enabling effective health monitoring and early detection of complications. Although there was a decrease in KF2 (1.5%), KF3 (1.7%), and KF4 (2.4%), the percentage was relatively small and did not impact the overall high postpartum visit coverage. This decrease is likely related to maternal relocation after delivery. Therefore, monitoring and follow-up are still needed to ensure that all mothers complete postpartum visits up to KF4.

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CONFLICT OF INTEREST AND FUNDING DISCLOSURE

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AUTHOR CONTRIBUTIONS

Write a description regarding the role of each author in writing this article. Author contribution roles: conceptor, data curation, formal analysis, funding acquisition, investigation, methodology, project administration, resources, software, supervision, validation, visualization, roles/writing original draft, writing review & editing.

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