



Article

Relationship Of Mother Characteristics, Support Support And The Role Of The Bidan With Mother's Participation Following The Pregnant Woman Class

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A B S T R A C T

Pregnant women classes are a group of co-learning that aims to increase maternal knowledge and skills about pregnancy, pregnancy care, childbirth, postnatal care, newborn care, myths and infectious diseases and birth certificates. The implementation of the pregnant mother class program has been going on for a long time but the results of preliminary studies conducted at the Guguak Puskesmas Panjang are only a few who attend classes for pregnant women.

This study aims to determine whether there was a relationship between maternal characteristics, husband support and the role of midwives with the participation of mothers following the class of pregnant women. The location of the research was conducted at Puskesmas Guguak Panjang with 74 samples. Data analysis included univariate, bivariate and multivariate analysis.

The results of the bivariate analysis showed that there was no correlation between maternal characteristics with maternal participation in maternal class while emotional support, instrumental support, information support and assessment support ($p = 0.0001$) had a relationship with maternal participation in the class of pregnant women. The role of external midwives ($p = 0.002$), the role of internal midwives ($p = 0.001$) related to maternal participation in the mother's class. Multivariate results show the role of internal midwives that greatly influences the participation of mothers who attend classes for pregnant women ($p = 0.001$).

The role of midwives and husband support greatly affects the participation of mothers following the class of pregnant women.

I. INTRODUCTION

Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) are important indicators of the degree of public health and the success of health services and health problems throughout the country. In 2010 it is estimated by the World Health Organization (WHO) that MMR reached 287 000 people and the largest contributor came from developing countries which reached 99% (284 000 people), so that the decline in MMR is a target that must be achieved in the Millennium Development Goal's (MDG's) in the year 2015 (WHO, 2012). But the MMR reduction target has not been achieved in 2015, so that starting in 2016, the goals of sustainable development in the year 2015-2030 was officially replaced by the Sustainable Development Goals (SDG's). The SDG's focuses on efforts of increasing the degree of maternal and child health, especially in the groups that are considered the most vulnerable and the largest contributors to MMR and IMR, they are pregnant women, maternity mothers, postpartum mothers and infants in the perinatal period (WHO, 2017).

Maternal Mortality Rate (MMR) in various regions in Indonesia is quite diverse. There are districts that are already good but there are some districts that far from expectations, depending on geographical conditions, poverty level, conflict areas and so on. Based on a survey conducted by the Medical Faculty of Universitas Andalas in 2008, it is known that MMR in West Sumatra Province amounting to 212 / 100,000 KH. It can be seen that the development of this number has decreased, but the figure is still far below the SDG's target that must be achieved by the year 2030 so that it still requires commitment and continuous effort (Provincial Health Office, 2014). Coverage of K1, K4 and childbirth by health workers in the province of West Sumatra also has not yet reached the target of MDG's so that in the Rakernas recommendation it was stated that for the province of West Sumatra in the year 2012 it

was suggested to increase the alert village again through classes of pregnant women.

Classes of pregnant women using interactive participatory methods accompanied by practices such as lectures, question and answer, demonstration and brainstorming are expected to be able to optimize the improvement of the knowledge and attitudes of pregnant women to prepare the prospective parents in undergoing pregnancy, childbirth, newborn care and parenting as parents (Fletcher et al., 2004; Croydon, 2006; Ministry of Health RI, 2011). This program class of pregnant women is definitely beneficial, in line with the results of Yanti's research (2013) that evaluates maternal class programs as well as the result of Purwarini's research (2012) also shows that granting of an interventions in the form of classes of pregnant women was able improve maternal and labor attitudes, maternal and pregnancy knowledge on pregnant women. Likewise the research of Hastuti et al. (2011) in addition to effectively improve the knowledge, attitudes, skills and also improve three times Antenatal Care (ANC) visits. Moreover, classes of pregnant women also help mothers choose decisions against their health. The many benefits of maternal class programs are very important for pregnant women on an ongoing basis (Ministry of Health RI, 2011).

The implementation of the class of pregnant women in the City of Bukittinggi was strengthened by the implementation of Health Operational Assistance (HOA) since the year 2010. However, the implementation of this class of pregnant women is still under development and has not yet achieved success. Based on the results of a study conducted at 7 *Puskesmas* in Bukittinggi, that all of the *Puskesmas* running a maternal class program, but at *Puskesmas* Guguak Panjang, on average only about four to five people who participated, whereas the maximum number of participants in each class of pregnant women are ten people. Midwives, cadres and community leaders were also involved every time to provide information that the existence of

classes of pregnant women every month. This shows the lack of participation of mothers so that research needs to be done. The highest number of pregnant women is in the region of *Puskesmas* Guguak Panjang in Bukittinggi City.

Based on the data above, it can be concluded that the development and utilization of classes of pregnant women is still low, while classes of pregnant women are very beneficial for pregnant women physically and mentally. The participation of mothers was influenced by maternal characteristics including age, education, work status, family income and parity were predictive factors of obstacles in the class of pregnant women and social support which also affect maternal participation, then the researchers were interested in examining the relationship of maternal characteristics and social support from husbands and also the role of midwives with the participation of pregnant women attending the classes in the City of Bukittinggi.

II. METHODS

The type of the research used is analytic with the design used is cross sectional with a quantitative approach. In this study researchers conducted a qualitative approach using in-depth interview methods. The research was conducted at the *Puskesmas* Guguak Panjang in Bukittinggi City. The population in this study were all pregnant women who performed ANC in the region of *Puskesmas* Guguak Panjang, Bukittinggi City. The sample in this study was the population that meets the inclusion and exclusion criteria. The statistical test used is regresilogistic test with the size of the association Ajusted Prevalence Ratio (PR).

III. RESULT

A. Univariate Analysis

Tabel 1 Frequency Distribution of Respondents Based on Mothers who Following Classes of Pregnant Women in the Region of Puskesmas Guguak Panjang in 2017

Class Participation of Pregnant Women	F	%
Less Participation	41	55,4
Good Participation	33	44,6
Total	74	100

Based on table 1, the number of mothers who attended classes of pregnant women in the work area of *Puskesmas* Guguak Panjang in Bukittinggi city in the year 2017 revealed that more than half of the respondents less participate in the classes of pregnant women as much as 55.4% or 41 people.

Tabel 2 Frequency Distribution of Respondents Based on Mother Characteristics in the Region of Puskesmas Guguak Panjang in 2017

Mother Characteristics	f	%
Age		
High Risk	13	17,6
Low Risk	61	82,4
Education		
Low Education	58	78,4
High Education	16	21,6
Working Status		
Work	9	12,2
Not Work	65	87,8
Maternal Parity		
Primipara	20	27
Multipara	39	52,7
Grandemultipara	15	20,3

Most respondents had a low risk age, which is 82.4%, whereas regarding maternal education it is known that the majority of respondents had low education as much as 78%. In a review from the working status of the respondents, it is known that most of the respondents have a non-working status, which is 87.8%. In contrast to maternal parity, more than half of mothers with parity status were multiparous as much as 52.7%.

Tabel 3 Frequency Distribution of Respondents Based on Husband's Support in the Region of Puskesmas Guguak Panjang in 2017

Husband's Support	F	%
Emotional Support		
Poor	17	23
Good	57	77
Instrumental Support		
Poor	14	18,9
Good	60	81,1
Informational Support		
Poor	44	59,5

Good	30	40,5
Appraisal Support		
Poor	31	41,9
Good	43	58,1

Based on table 3, it can be seen that most of the respondents have a good emotional support status as much as 77% and good instrumental support as much as 81.1%. As for informational support, more than half of mothers received good informational support at 40.5%. Appraisal support obtained more than half of the respondents had a good appraisal status as much as 58.1%.

Tabel 4 Frequency Distribution of Respondents Based on the Role of Midwives in the Region of Puskesmas Guguak Panjang in 2017

The Role of the Midwife	F	%
The Role of an External Midwife		
Poor	35	47,3
Good	49	52,7
The Role of an Internal Midwife		
Poor	29	39,2
Good	45	60,8

Based on the table above, it can be seen that more than half of the respondents with the role of an external midwife are 52.7% and the role of internal midwives is as many as 60.8%.

A. Bivariate Analysis

Tabel 5 The Relationship of Mothers Characteristics to Mothers Participation in the Following Classes of Pregnant Women in the Region of Puskesmas Guguak Panjang in 2017

Mother's	Maternal Participation in Classes of	Pvalue
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Characteristics	Pregnant Women						p value
	Poor		Good		Total		
	F	%	F	%	F	%	
Age							
High Risk	6	46,2	7	53,8	13	100	0,331
Low Risk	35	57,4	26	42,6	61	100	
Education							
Low	34	32,1	24	25,9	17	100	0,289
High	7	8,3	9	7,1	57	100	
Working Status							
Work	6	66,7	3	33,3	9	100	0,713
Not Work	35	53,8	30	46,2	65	100	
Paritas							
Poor	17	100	0	0	17	100	0,593
Good	24	42,1	33	57,9	57	100	

Respondents who had less participation in the following classes of pregnant women were the highest in the respondents who had the status of parity grande multipara 66.7 %% while those who had the status of primiparous and multiparous parity were 50% and 53.8%. The results of statistical tests obtained p value = 0.593. It can be concluded that there was no significant relationship between the status of maternal parity and the participation in the following classes of pregnant women.

Tabel 6 The Relationship of Husband's Support to Mother's Participation in the Following Classes of Pregnant Women in the Region of Puskesmas Guguak Panjang in 2017

Husband's Support	Maternal Participation in Classes of Pregnant Women						p value
	Poor		Good		Total		
	F	%	F	%	F	%	
Emotional Support							
Poor	17	100	0	0	17	100	0,001
Good	24	42,1	33	57,9	57	100	
Instrumental Support							
Poor	14	100	0	0	14	100	0,001
Good	27	45	33	55	60	100	
Informational Support							
Poor	32	72,7	12	27,3	44	100	0,001
Good	9	30	21	70	30	100	
Appraisal Support							
Poor	25	80,6	6	19,4	31	100	0,001
Good	16	37,2	27	62,8	43	100	

The results of statistical tests obtained all p values = 0.001, then it can be concluded that there was a significant relationship between husband's support and mother's participation in taking classes of pregnant women.

Tabel 7 The Relationship between the Role of Midwives to Mother’s Participation in the Following Classes of Pregnant Women in the Region of Puskesmas Guguak Panjang in 2017

The Role of the Midwife	Maternal Participation in Classes of Pregnant Women						p value
	Kurang		Baik		Total		
	f	%	F	%	F	%	
The Role of an External Midwife							0,002
Poor	26	74,3	9	25,7	35	100	
Good	15	38,5	24	61,5	39	100	
The Role of an Internal Midwife							0,001
Poor	28	95,6	1	3,4	29	100	
Good	13	28,9	32	71,7	45	100	

Statistical test results obtained p value = 0.002, then it can be concluded that there was a significant relationship between the role of external midwives and participation in attending classes of pregnant women. As well as p = 0.001, it can be concluded that there was a significant relationship between the role of internal midwives and participation in attending classes of pregnant women.

C.Multivariate Analysis

Tabel 6 The Results of Multivariate Analysis

Variable	p value
Emotional Support	0,998
Informational Support	0,565
Appraisal Support	0,162
The Role of External Midwives	0,823
The Role of Internal Midwives	0,000

Based on the table above, it was found that the role of internal midwives was strongly associated with mother’s participation in the classes of pregnant women, for the role of internal midwives obtained p value = 0.001.

D.Qualitative Data Results

The data collection is done by in-depth interview techniques. In-depth interviews were conducted with Midwives Coordinating Pregnant Women Classes (if.1), Pustu / Poskelkel Cadres (if.2), active

participating pregnant women (if.3) and pregnant women who did not participate (if.4). The following is the description of each informant:

IF CODE	Responden	Position	code
IF 1	Kurnia Safitri, Amd. Keb	Bidan	If 1
IF 2	Bu Amah	Kader	If 2
IF3	Nurhastikah	Ibu Hamil	If 3
IF 4	Sutiyem	Ibu Hamil	If 4

The results section is where you report the findings of your study based upon the methodology [or methodologies] you applied to gather information. The results section should simply state the findings of the research arranged in a logical sequence without bias or interpretation. A section describing results [or "findings"] is particularly necessary if your paper includes data generated from your own research.

As for the results of in-depth interviews with informants are as follows:

- a. Efforts were made to invite pregnant women to attend classes

As for the informant quote is as follows:
“ information for pregnant women is always provided at the time of pregnant women visit or every visit, and if there are pregnant women who did not get to make a visit to poskelkel, then the cadres will provide information to the patient's home or sent a message through her neighbors even to her husband through the community leaders in that place” (if.1)

“Cadres are given the task by the midwife to visit the homes of pregnant women in order to invite them to take classes of pregnant women, if pregnant women are not home, then they will leave a message to the neighbor of the pregnant woman, or if there is still time, cadres will return to contact pregnant women the day before the class started” (if.2)

- b. Obstacles encountered during pregnancy classes.

“The obstacles encountered during this class of pregnant women is that pregnant women

are often come late so that other women feel the boredom since almost one and half an hour wait because of the bustle of each pregnant woman. Moreover, the class always held in the morning around 09.00. In addition, pregnant women who brought their toddlers who caused the other pregnant women to be less focused when listening to the material" (if.1).

"the obstacle of the class is that the delay of pregnant women to come to the posyandu" (if.2).

- c. Materials and practices that are delivered during the execution of the class of pregnant women.

"The material given during the class varies from each meetings, the material provided is such as danger signs in young pregnancy and old pregnancy, preparation for childbirth, signs of giving birth, nutrition during pregnancy and breastfeeding, while the practice is given like practice good straining, pregnancy exercise, how to regulate breathing during childbirth, correct breastfeeding techniques, types of contraception and newborn care methods" (if.1).

- d. Efforts by cadres to invite mothers to carry out classes of pregnant women

"We ask the cadres to provide information a day before the classes of pregnant women are held and if there is still time, we ask the cadres to go to the homes of the pregnant women again" (if.1)

"Classes of pregnant women are informed directly to the mothers who are in the territory of each responsible cadre, information is given directly to the homes of mothers who have been recorded in Pustu or Poskelkel, or at the time the mothers are not home, then the message is left to their neighbors" (if.2)

- e. Husband's Support

"There was support from the husbands, it can be seen at the time of the antenatal visit, the husbands of the mothers agreed with the existence of a pregnant class but maybe because the classes of the pregnant women

were held in the morning so that the husbands could not deliver much less participate in the class especially because they had to go to work" (if. 1)

"The husbands of pregnant women support the class, but due to some wives who help their husbands work like selling so that the husband were less supportive about the class that held in the morning" (if.2)

IV. DISCUSSION

The implementation of a pregnant mother class program in the Working Area of the Puskesmas Guguak Panjang is conducted once a month and has been running since the year 2010 and the socialization had often been done, but the visits of pregnant women to participate is still low. Based on the results of data collection carried out by the Puskesmas Guguak Panjang, it shows that maternal class participation is only 4-5 people who come in each class which consisted of 10 people.

Class participation of pregnant women are low due to the lack of self-awareness on pregnant women that many benefits are derived from the class of pregnant women. In addition, it is also because not everyone was happy to do physical activities such as gymnastics. The thing that needs to be done to build self-awareness of pregnant women to participate is actively in participating in a pregnant mother's class program is the motivation of these pregnant women. Furthermore, it also required the support from the closest person, the spouse. Support can be given in the form of social support. This social support aimed to provide a personal reinforcement for pregnant women. Pregnant women who have high support would feel comfortable because of their physical and psychological needs can be fulfilled so they are motivated to participate in the class of pregnant women (Nopi, 2015).

Preparations for doing classes of pregnant women also required support from midwives and other health workers who involved in administering classes of pregnant

women. The role of midwives in administering classes of pregnant women is a service in the form of advocacy for the operation of pregnant women classes. After that, midwives collaborated with other professions such as nutritionists, to provide various materials and practices in the class activities of pregnant women. In this case the role of the midwife is as the implementer. With both of the roles, it is expected that pregnant women will be motivated to participate in classes of pregnant women.

Maternal participation in the class of pregnant women can be seen from the age of the mother. In this research, it showed that pregnant women aged 20-35 years were 82.4% higher than pregnant women aged <20 years or > 35 years, which is only 17.6 % class participation of pregnant women. The results of the bivariate analysis showed that there was no significant relationship between age and participation of mothers in the class of pregnant women in *Puskesmas Guguak Panjang*. The results of the interviews conducted on pregnant women aged > 35 years and their parity > 1 were that the mother felt she was experienced, besides that many of them were working so that it becomes obstacles to participate in the class. Unlike the case with early pregnancy (<20 years) that the mother emotionally unstable and the mother is prone to psychological disorders, so there is a sense of emotional rejection in pregnant women. If the psychological condition of pregnant women is not stable, the complications will happen very susceptible in pregnancy and childbirth.

Maternal participation in the class of pregnant women also can be seen from maternal education and in this research, it shows that mothers who are highly educated (high school) are known to have a lower participation rate of 8.3% compared to pregnant women with low education level (not graduating from elementary school - high school) that 32.1% in class participation of pregnant women. Based on the results of the bivariate analysis it is known that there is no significant relationship between the level of education and the participation of mothers

in the class of pregnant women. Based on this study that mothers who are highly educated generally have jobs that prevent their participation in the class of pregnant women. Educated people tend to have a good mindset in understanding health information and they will also be more aware that they will seek health information independently which is important for themselves when facing pregnancy. In addition, highly educated people also tend to be preferred to the higher health services.

Maternal participation in the class of pregnant women can be seen from the status of the working mothers, in this study showed that mothers who did not work were known to have a higher participation rate of 46.2% compared to pregnant women who worked (33.3%). Based on the results of the bivariate analysis note that here is no significant relationship between work and maternal participation in the class of pregnant women ($p > 0.05$). This is not in line with the research of Ratnawati and Utami (2010) which states that there is a connection between work and maternal participation in the class of pregnant women in RSUD Dr. Soetomo Surabaya.

In this study, maternal participation in the class of pregnant women can be seen from maternal parity showed that primiparous pregnant women had a higher participation (50%) compared to multiparous pregnant women (46.2%) but there was no significant relationship between parity and maternal participation following class of pregnant women. These results are in line with Sarminah's (2012) study that there is no relationship between parity in pregnant women with antenatal visits in Papua. The high participation of primiparous mothers is due to the fact that the mother was pregnant for the first time, so she has the motivation to increase the health of her pregnancy. Otherwise, multiparous mothers assumed that they are already experienced.

The existence of husband's support plays a very large role in determining maternal health status. If the husband expects a pregnancy, he will show support in various

ways that can affect the mother to be more confident, happier, demonstrate readiness and mentally stronger to deal with all matters of pregnancy, labor and childbirth. The involvement of family members or closest people, especially spouses / husbands can help the occurrence of changes to behave and also increase awareness to change toward healthy living (Sarafino & Smith, 2014). This is supported by the theory in Notoatmodjo (2003) which reveals that a husband is a person considered important for a wife, so that the husband is said to be someone who can be expected and asked for his opinion or agreement to take action. Lawrence Green's theory in Notoatmodjo (2010) states that support is one of the reinforcing factors that can affect a person in behaving, so that husband's support has the power as a preventive or can encourage someone to behave healthily.

The results of in-depth interviews with pregnant women about her husband's support stated that most husbands supported to do maternal class activities, but the husband of the pregnant woman herself could not entirely follow the class. It is certainly not in accordance with the guidelines for the implementation of a class of pregnant woman that the husband must be involved in the implementation of the class at least in one meeting. From the statements of pregnant women who were interviewed, the reason for the husband not being able to participate in the class is because of the employment factor. The husband had to work in the morning while the class of pregnant women is done every weekday in the morning. In spite of this, pregnant women get support from their husbands to attend classes of pregnant women, such as taking mothers to the *poskelkel* to attend classes of pregnant women and asking back activities that was conducted in the classroom.

Fletcher and friends in the year 2014 also added that out of 212 husbands who attended classes of pregnant women, most felt they were better prepared to become future fathers for their baby's birth and their

role as mother's companion. So, the presence of husband's participation in the classes of pregnant mother in the future at Bukittinggi city is expected to improve the support system for mothers and the role of the husbands in the health of the mother and the baby later.

Based on the results of interviews with pregnant women class coordinator midwives, that the role of midwives is not only at the time of delivering the material and practice but also at the moment when inviting pregnant women to participate in activities. When a pregnant woman makes a visit, then the midwife will always convey information about the class activities of the pregnant woman. The information was conveyed again by the cadre so that there was no reason for pregnant women to not know about the existence of this class of pregnant women.

In this study, the role of midwives greatly influenced with the participation of mothers to attend classes of pregnant women. This is evidenced by the statement of pregnant women that midwives always provide full support for this activity, even from the *Puskesmas*, it also facilitates the classroom activities of these pregnant women. The facilities provided by the government are in the form of transport for the return from the *Poskelkel*, facilities for learning, tools for doing pregnancy exercises and so on. Therefore, with the full support of midwives or local health workers, caused the motivation of pregnant women to attend classes of pregnant women will be higher.

V. CONCLUSION

Midwives and husbands had a very important influence toward maternal participation in implementing classes for pregnant women. Therefore, it is expected that the synergies of midwives and husbands to achieve this class of pregnant women so that the welfare of mothers and babies can be realized properly.

REFERENCES

- Croydon, D, Qualitative Evaluation Study of Teenage antenatal Classes and an Evaluation Review of Teenage Parent Support Groups Provided in Croydon Contents. *Croydon Primary Care Trust*, 1-35, 2006
- Dahlan, S, *Statistik Untuk Kedokteran Dan Kesehatan (Edisi 5)*. Jakarta : Salemba Medika, 2011
- Dahlan, S, *Besar Sampel dan cara Pengambilan Sampel dalam Penelitian Kedokteran dan Kesehatan (Edisi 3)*. Jakarta : Salemba Medika, 2011
- Dinas Kesehatan kota Padang, *Profil Kesehatan Kota Padang 2014*. Padang : Dinas Kesehatan Kota Padang, 2014
- Dinas Kesehatan Kota Bukittinggi, *Profil Kesehatan Kota Bukittinggi 2015*. Bukittinggi : Dinas Kesehatan Kota Bukittinggi, 2015
- Hastuti, P. S., Nugroho, H., Usnawati, N, Efektivitas Pelatihan Kelas Ibu Hamil untuk Meningkatkan Pengetahuan, Sikap, Keterampilan dan Kunjungan Antenatal Care. *Jurnal Penelitian Kesehatan Suara Forikes*, 2011, 2, 122-134
- Fletcher, R, Silberbeg, S., Galloway, D, New Farthers ‘ Postbirth Views of antenatal Classes : Satisfacio, Benefits, and Knowledge of Family Services. *Journal of Perinatal education*, 2004, 13(3), 18-26
- Kemenkes RI, *Angka Kematian Ibu (AKI) Tahun 1991-2012*. Kemenkes RI : Jakarta, 2014
- Kemenkes RI, *Pegangan Fasilitator Kelas Ibu Hamil Tahun 2012 (Edisi Revisi)*. Jakarta : Kementrian Kesehatan RI, 2012
- Kemenkes RI, *Pelatihan Bagi Pelatih Kelas Ibu Hamil dan Kelas Ibu Balita*. Jakarta : Kementrian Kesehatan RI. 2014
- Nopi, W, *Hubungan Dukungan Suami dengan Kelas Ibu Hamil di Puskesmas Denpasar*. Universitas Udayana, Denpasar, 2015
- Notoadmodjo, S, *Ilmu Kesehatan Masyarakat*. Jakarta : Rineka Cipta, 2003
- Notoadmodjo, S, *Pendidikan dan Perilaku Kesehatan*. Jakarta : Rineka Cipta. 2007
- Notoadmodjo, S, *Promosi Kesehatan Teori dan Aplikasi*. Jakarta : Rineka Cipta, 2010
- Notoadmodjo, S, *Metedologi Penelitian Kesehatan*. Jakarta : Rineka Cipta, 2005
- Sarafino, E. P., Smith, T. W, *Health psychology biopsychological interaction (8th ed)*. New York : Wiley, 2014
- Sastroasmoro sudigdo dan Ismael Sofyan, *Dasar-dasar Metodologi Penelitian Klinis*. Sagung Seto. Jakarta, 2002

- Sastrawinata, S, *Obstetri Patologi Ilmu Kesehatan Reproduksi*. Jakarta : EGC, 2004
- Sugiyono, *Metode Penelitian Kuantitatif, Kualitatif dan R&D*. Bandung : Alfabeta, 2016
- Prawirohardjo, S, *Buku Acuan Nasional Pelayanan Kesehatan Maternal dan Neonatal. In Cetakan ketiga*. Jakarta : Yayasan Bina Pustaka, 2002
- WHO. *World Health Statistics*, World Health Organization ; 2015
- WHO. *World Helath Organization. Angka Kematian Ibu dan Bayi* : 2012

BIOGRAPHY

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