

Conference Paper

Analysis of Mother's Pregnancy Knowledge at Az-Zahra Primary Clinic Tangerang

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Abstract.

The prevalence of cesarean sections as much as 80% have exceeded the figure recommended by WHO, about 10-15%, supported by several factors. One of them is self-autonomy which is not owned by the mother causing a lack of knowledge about pregnancy.

Knowledge has an effect of 1.8 times on readiness for pregnancy, childbirth, and postpartum. Antenatal education is a service requested by most pregnant women worldwide such as childbirth education programs or birth preparation classes. This research uses a qualitative research design. Data collection was done through in-depth interviews using a sample of 9 main informants (pregnant women). The primary and secondary qualitative data were collected through data processing and analysis techniques, imported into NVivo and classified according to the type of data to facilitate the processing and analysis of data in NVivo 12 Plus. Knowledge of the pregnancy process of pregnant women with low results; Knowledge of pregnancy signs of pregnant women with low results; Knowledge of the benefits of pregnancy examination with high results; Knowledge of the examination schedule of pregnant women is high; Knowledge of physical changes of pregnant women with low results; Knowledge of gestational age with high results; Knowledge of pregnancy danger signs with low results. Knowledge of pregnant women about pregnancy with results is still lacking, namely the knowledge of the pregnancy process, signs of pregnancy, physical changes, and signs of danger of pregna Therefore, it is necessary to provide educational services at Pratama Az-Zahra Tangerang Clinic.

Keywords: section caesarea, knowledge, pregnant women, pregnancy

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1. Introduction

are a determining factors in mortality, although there are still many factors that must be considered to deal with this problem [1]

The knowledge possessed by pregnant women and their companions affects various risks that may occur during pregnancy and childbirth such as anxiety, prolonged labor, and many more. The anxiety of third-trimester primigravida mothers in facing childbirth is not only determined by knowledge but also determined by attitudes, beliefs, traditions, previous experiences, and so on from the person or society concerned. Anxiety about prolonged labor and fear of having a baby with defects can affect maternal anxiety during childbirth [2,3].

The results showed that of the 36 respondents who were primigravida, pregnant women, [4]. World Health Organization (2015) established an average standard caesarean section delivery in a country is about 5-15 percent every 1000 delivery in the world. According to WHO, the increasing number of caesarean section delivery in across the country happened since 2007-2008, that is 110.000 every delivery in across Asia. Based on Indonesian Demography and Health Survey Data or SDKI (2017), there is an increasing trend of caesarean section delivery in Indonesia since 1991 until 2007 1.3-6.8 percent. Caesarean section delivery in the urban city is also higher than suburban city, respectively 11 percent and 3.9 percent.

The result of RISKESDAS (2013) showed that caesarean section delivery is about 9.8 percent from 49,603 delivery from 2010 to 2013, with the highest proportion in Jakarta (19.9%), and lowest proportion in South East Sulawesi (3.3%). Generally caesarean section delivery based on their characteristic shows highest proportion on top ownership index quintile (18.9%), lives in urban city (13.8%), work as a employee (20.9%), and have bachelor degree (25.1%).

A systematic review of 137 articles concluded that involvement in decision-making, relationship quality between health workers and their patients, and supports from health care providers are the 3 key factors that influence a woman's decision on their delivery method [5]. One of the supporting factors in decision-making are knowledge and spiritual aspects. Kabakyenga et al, [5] stated that knowledge influenced as much as 1.8 times the pregnancy, delivery, and postpartum readiness. Antenatal education is a service that is asked by the majority of pregnant women across the world like a childbirth education program or childbirth preparation class.

Based on the interview with 10 pregnant mothers who were examined in Primary Health Care, 8 out of 10 mothers said that the information given about pregnancy is still limited to the examination result, for the other information related to the pregnancy and delivery knowledge is still lacking.

Naariyong and Poudel [6] stated that the weak relationship between the use of antenatal care and to mother's health results is caused by the lack of attention to the content and quality of the antenatal service. The success of basic health services primarily promotive and preventive is expected to reduce the burden of follow-up services [7]. The mother's expectation before taking the advantage of antenatal service is to get an antenatal service from health workers that have competence, assurance, responsiveness, and communication [8].

2. Methods

The method in this study uses a qualitative method. Data were collected through in-depth interviews to explore and explore the information needed to build dimensions or indicators and instruments of knowledge of pregnant women with midwifery services.

The informants in this study were (pregnant women) at the Az-Zahra Primary Clinic, Tangerang City. Using purposive sampling as a data source in this study with the criteria of mastering the problem, having data, being domiciled in Tangerang City, and being willing to provide complete and accurate information.

The data collection stage was carried out from April to May 2020 using a sample of 9 main informants (pregnant women) at the Az-Zahra Primary Clinic, Tangerang City. Data collection techniques carried out in this study used: a) Structured Interviews, b) Documents. In the interview guide research to informants, namely a) Determining qualitative research informants, b) Taking a personal approach to ask for willingness to become an informant, c) Setting time to conduct in-depth interviews, d) Conducting interviews with predetermined informants.

Data Processing and Analysis Techniques in this study are all qualitative data collected, both primary and secondary data, imported into NVivo and classified according to the type of data to facilitate data processing and analysis in NVivo 12 Plus. The data that is imported into NVivo is in the form of a data transcript. After all, data is imported and classified in NVivo, the data is processed or processed according to the purpose of this study. The three types of coding used in this study are open

coding, axial coding, and selective coding. Then triangulation of data is carried out, namely exploring the truth of certain information by using various data sources such as documents, archives, interviews, observations or also by interviewing more than one subject who is considered to have different points of view.

3. Results

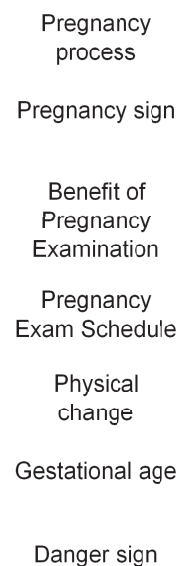


Figure 1: Qualitative Result of Pregnancy Knowledge.

The data processing result shows the knowledge of pregnant mothers on process variables of pregnancy, pregnancy signs, physical changes that occurred during pregnancy, and dangerous signs of pregnancy is still low. While on the variable of examination benefits, examination schedule, and gestational age is in the high category.

The result of the interview with 9 informants about the pregnancy process, there are 6 informants with low knowledge, and 3 informants with high knowledge because they can mention 2 assessment indicators on the process of pregnancy.

The result of the interview with 9 informants about pregnancy signs, all of the informants has low knowledge. The pregnancy signs stated still cannot represent at least 2 of the pregnancy signs which must be known by mothers.

The result of the interview with 9 informants about the examination benefits, there are 3 informants with low knowledge, and 6 informants with high knowledge because they can mention more than 2 benefits of pregnancy examination.

TABLE 1: Results of In-Depth Interviews of Mothers' Knowledge about Pregnancy.

NO	Question	Informant 1 Answers	Informant 2 Answers	Informant 3 Answers	Informant 4 Answers	Informant 5 Answers	Informant 6 Answers	Informant 7 Answers	Informant 8 Answers	Informant 9 Answers
1.	Pregnancy Process	The process of pregnancy occurs when the sperm cell meets the egg Reference 1 - 0,31% Coverage	It is remarkable the power of God from the sperm and then the egg and the fetus Reference 2 - 0,35% Coverage	Meet him eggs and sperm Reference 3 - 0,14% Coverage	Fertilization process when sperm cells meet the egg in the uterus Reference 4 - 0,34% Coverage	Conception Reference 5 - 0,04% Coverage	The pregnancy process indicates the occurrence of fertilization in the fertile period Reference 6 - 0,30% Coverage	If the sperm has met the egg, then this is where the fertilization process continues into pregnancy Reference 7 - 0,51% Coverage	Begins with a husband and wife relationship, where the husband ejaculates and millions of sperm are released into the ovum that has matured to be fertilized. When successfully fertilized, an embryo is formed which will then develop into a fetus. Reference 8 - 1,06% Coverage	Fertilization of the egg by sperm cells which then develops from the embryo, into a fetus until it is ready to be born with a normal period of about 37-42 weeks to be fertilized. Reference 9 - 0,73% Coverage
2.	Sign Pregnancy	It's late for the month Reference 1 - 0,12% Coverage	Abdominal cramps, spots, dizziness & nausea Reference 2 - 0,15% Coverage	Not menstruating Reference 3 - 0,05% Coverage	Nausea, dizziness, breast pain, and drowsiness. Can find out about early pregnancy and fetal development and the condition of the mother. Reference 4 - 0,55% Coverage	Nausea Reference 5 - 0,03% Coverage	Hormonal changes nausea vomiting Health of the mother and baby Reference 6 - 0,24% Coverage	Mood changes, physical (lethargy, quick fatigue), unwellness Reference 7 - 0,27% Coverage	No menstruation Some mothers also experience discomfort due to hormonal changes. Reference 8 - 0,40% Coverage	Late menstruation, change of mood Reference 9 - 0,13% Coverage

The result of the interview with 9 informants about the examination schedule, there is an informant with low knowledge, and 8 informants with high knowledge. The answer from the 9 informants regarding the examination schedule is at least 4 times during pregnancy.

The result of the interview with 9 informants about the physical changes is: during the pregnancy period they still have low knowledge. The physical changes mentioned

TABLE 1: (Continued).

NO	Question	Informant 1 Answers	Informant 2 Answers	Informant 3 Answers	Informant 4 Answers	Informant 5 Answers	Informant 6 Answers	Informant 7 Answers	Informant 8 Answers	Informant 9 Answers
3.	Benefit Examination Pregnancy	To find out the condition of the baby in the womb <i>Reference 1 - 0,21% Coverage</i>	I can find out the condition of the baby in the stomach <i>Reference 2 - 0,26% Coverage</i>	Knowing the growth and development of babies <i>Reference 3 - 0,15% Coverage</i>	At age 1-month baby is still embryo-shaped, age 2 months organs and body tissues such as the basic structures of the brain, mouth, eyes, and nose begin to form. At age 3 months all bones and all vital organs are fully formed and can function properly, use 4 months baby has begun to be able to move, listen to sounds, until falling asleep and sdh can be predicted gender, age 5 months body weight and height size of the fetus has been very developed <i>Reference 1 - 2,09% Coverage</i>	To keep the pregnancy healthy, mothers and babies are also healthy <i>Reference 2 - 0,28% Coverage</i>	To know Maternal and infant health <i>Reference 3 - 0,10% Coverage</i>	To control the condition of the mother & baby in the womb to minimize the risks that can harm the mother and baby during pregnancy until delivery. <i>Reference 4 - 0,71% Coverage</i>	Knowing the health condition of the mother and fetus <i>Reference 5 - 0,20% Coverage</i>	The condition of the fetus, our condition, what should be done and not done <i>Reference 6 - 0,35% Coverage</i>
4.	Schedule Examination	once every 2 weeks <i>Reference 1 - 0,07% Coverage</i>	Once a month, if it has entered the 9th month then it takes one week of examination <i>Reference 1 - 0,44% Coverage</i>	Once a month you have to check up and approach the labor should be checked frequently <i>Reference 2 - 0,30% Coverage</i>	1x/month <i>Reference 3 - 0,04% Coverage</i>	once every 1 month <i>Reference 4 - 0,06% Coverage</i>	Once a month <i>Reference 5 - 0,06% Coverage</i>	At least once per trimester means at least 3-4 times during pregnancy <i>Reference 6 - 0,31% Coverage</i>	Minimum 3-4x, once every trimester, 2x during the 3rd trimester <i>Reference 7 - 0,28% Coverage</i>	Once a month <i>Reference 8 - 0,06% Coverage</i>

still cannot represent at least 2 of the physical changes that occurred during pregnancy. The knowledge of physical changes in a pregnant woman is information that is noticed, understood, and remembered.

TABLE 1: (Continued).

NO	Question	Informant 1 Answers	Informant 2 Answers	Informant 3 Answers	Informant 4 Answers	Informant 5 Answers	Informant 6 Answers	Informant 7 Answers	Informant 8 Answers	Informant 9 Answers
5.	Change Physical	The body is getting bigger and the hormones are changing drastically <i>Reference</i> 1 - 0,24% <i>Coverage</i>	Every month he gains weight and his physical condition <i>Reference</i> 2 - 0,27% <i>Coverage</i>	Weight gain, enlarged breasts <i>Reference</i> 3 - 0,16% <i>Coverage</i>	Become fatter, bigger than before pregnancy <i>Reference</i> 4 - 0,24% <i>Coverage</i>	Body gets fat <i>Reference</i> 5 - 0,09% <i>Coverage</i>	Fat <i>Reference</i> 6 - 0,02% <i>Coverage</i>	Abdominal changes for sure, weight, some are experiencing stretch-marks in some parts of the body, and enlargement of the breasts. <i>Reference</i> 7 - 0,58% <i>Coverage</i>	Enlarged abdomen and breasts, Areola dilates and blackens <i>Reference</i> 8 - 0,27% <i>Coverage</i>	Weight gain, enlarged belly <i>Reference</i> 9 - 0,15% <i>Coverage</i>
6.	Gestational Age	Gestational age > 9 to 10 months <i>Reference</i> 1 - 0,16% <i>Coverage</i>	Gestational age > 9 to 10 months <i>Reference</i> 2 - 0,16% <i>Coverage</i>	Gestational age > 9 to 10 months <i>Reference</i> 3 - 0,15% <i>Coverage</i>	Gestational age > 9 to 10 months <i>Reference</i> 4 - 0,15% <i>Coverage</i>	Gestational age > 9 to 10 months <i>Reference</i> 5 - 0,15% <i>Coverage</i>	Gestational age > 9 to 10 months <i>Reference</i> 6 - 0,15% <i>Coverage</i>	Gestational age > 9 to 10 months <i>Reference</i> 7 - 0,15% <i>Coverage</i>	Gestational age < 8 Months, Gestational age > 9 to 10 <i>Reference</i> 8 - 0,24% <i>Coverage</i>	Gestational age > 9 to 10 months <i>Reference</i> 9 - 0,15% <i>Coverage</i>
7.	Danger Signs Pregnancy	The occurrence of heavy bleeding and reduced fetal movement <i>Reference</i> 1 - 0,28% <i>Coverage</i>	Danger if not checked with a gynecologist or midwife <i>Reference</i> 2 - 0,27% <i>Coverage</i>	The discharge of amniotic water and blood with a large volume <i>Reference</i> 3 - 0,23% <i>Coverage</i>	Blood and fluid discharge from the urination hole <i>Reference</i> 4 - 0,24% <i>Coverage</i>	Bleeding <i>Reference</i> 5 - 0,05% <i>Coverage</i>	Fetal distress <i>Reference</i> 6 - 0,06% <i>Coverage</i>	Profuse bleeding, varicose veins <i>Reference</i> 7 - 0,14% <i>Coverage</i>	Seizures, bleeding, no pronounced fetal movement during a few days at gestational age above 5 months <i>Reference</i> 8 - 0,47% <i>Coverage</i>	The fetus is not developed. <i>Reference</i> 9 - 0,11% <i>Coverage</i>

The result of the interview with 9 informants about the gestational age to be ready to give birth have high knowledge. The informant's answer about the gestational age is: the gestational age to be ready to give birth is ≥ 9 or 10 months.

The result of the interview with 9 informants about the dangerous sign of pregnancy is still low. The pregnancy signs stated still cannot represent at least 4 of the dangerous sign of pregnancy which must be known by the pregnant mother.

4. Discussion

The results of interviews with nine informants of pregnant women about the knowledge of the pregnancy process, six informants had low knowledge. Studies show that (pregnant women) informants have lower concerns about birth, higher levels of knowledge, and faster adaptation to the process of pregnancy and postpartum, they can also provide positive feedback about pain and labor measures and can start breastfeeding at an earlier stage.

The results of interviews with nine pregnant women informants about knowledge of pregnancy signs were obtained by low knowledge. The signs of pregnancy mentioned do not yet represent at least two of the few signs of pregnancy that mothers must know about. According to Annisa and Natalia [9], out of 57 respondents, the majority of respondents have good knowledge, namely as many as 42 respondents (73.7%) that with higher education, the knowledge they have will be better and will affect a person in applying it to actions. Low knowledge of pregnant women can be concluded that there has not been educated knowledge about the signs of pregnancy. For this reason, health workers play a role in providing education in the form of information to patients.

According to Hartati [10], in the results of her research involving 122 respondents, it was found that mothers with pregnancy for the first time need good knowledge in knowing the complications of pregnancy so that mothers can comply and complete ANC visits to find out early about the health status of mothers and babies.

The results of an interview at the Pratama Az-Zahra Clinic in Tangerang in 2021 on Nine informants of pregnant women about the benefits of conducting a pregnancy examination, three informants have low knowledge, and six informants have high knowledge can mention more than two benefits of pregnancy examination. This literature review conducted by Ali et al., [11] identified several sociodemographic, reproduction, and access-related factors that affect the utilization of antenatal services in pregnant women in other countries. Several studies conducted in various countries have shown that factors such as maternal age, number of surviving children, education, socioeconomic status, poor previous history of obstetrics, support from spouses, quality of care, and distance from healthcare facilities are significantly associated with the use of antenatal services.

The results of interviews with nine informants of pregnant women about the knowledge of pregnancy examination schedules are: 1 informant has low knowledge and

eight informants have high knowledge. According to Sumangkut [12], the results of her research shows that pregnant women want to check their pregnancy because of the intention (want to know the development of their fetus, follow the examination schedule and avoid curettage and abortion), social support (get support from the community, family, and husband), health information (knowledge of pregnant women about ANC), personal autonomy (behavior of pregnant women and motivators for other pregnant women), the situation for action (actions of the expectant mother to conduct an ANC examination). Meanwhile, pregnant women who do not want to have their pregnancy checked are caused by a lack of individual encouragement such as intentions, health information, personal autonomy, acting situations, and social support from the environment, family, and husband. Pregnant women who have good knowledge tend to be more obedient in checking their pregnancy because the knowledge that is received consciously can increase compliance where the mother can explain the known material and interpret it correctly [13].

Assessing the knowledge of pregnant women about the time of pregnancy examination, pregnant women conduct pregnancy check-ups at midwives or public health centers after having a late period. Pregnant women have realized the importance of pregnancy checkups or antenatal care, pregnant women know the schedule or time of pregnancy checkups, and pregnant women get information about the schedule of pregnancy checkups from midwives. However, pregnant women do not know about the focus of care provided by pregnant women at each pregnancy checkup [14].

The results of interviews with nine informants of pregnant women about the knowledge of physical changes, namely: during pregnancy still have low knowledge. The mentioned signs of physical changes do not yet represent two of the few physical changes that occur during pregnancy. All pregnant women and husbands interviewed still do not know about physiological changes in pregnancy such as changes in the uterus enlarged, varicose veins and edema, frequent urination, nausea, and vomiting at the beginning of pregnancy, and enlarged abdomen cracked cracks and there are longitudinal black lines, enlarged and tense breasts, and weight gain, while psychological changes in pregnancy such as discomfort reappear, found himself ugly, weird, and unattractive. Mothers feel unpleasant when the baby is not born on time. Mothers are afraid of the pain and physical danger that arises at the time of childbirth, worrying about their safety. Mothers are worried that the baby will be born in an abnormal state. Feeling sad about being separated from the baby. Mom felt disregarded. Mothers have

easily injured (sensitive) feelings and decreased libido. From the above background, researchers are interested in researching maternal and husband knowledge about physical and psychological changes during pregnancy [15].

The results of interviews with nine informants of pregnant women about the knowledge of gestational age, namely ready for childbirth, have high knowledge. The informant's answer (Pregnant Women) regarding the knowledge of gestational age is: Mentioning that the gestational age ready for delivery is ≥ 9 months or 10 months. Towards childbirth in the third trimester, the question usually arises whether it is possible to give birth and how it will deal with childbirth later, when the abdomen and breasts are enlarged, the anxiety that is felt arises again, and it will also cause its anxiety. At 7 months gestation, the mother's level of anxiety will increase and intensify as the moments of delivery of her first baby approach. In the 2nd trimester, the psychological life of the expectant mother seems calmer, but attention begins to turn to changes in the shape of the body, family, and psychological relationship with the fetus. In this phase, the nature of the dependence of pregnant women on their partners is increasing in line with the growth of the fetus [16]. But pregnant women already know about the gestational age of maternity ready which is between 37-42 weeks.

The results of interviews with nine pregnant women informants about the knowledge of danger signs of pregnancy are still low knowledgeable. Knowledge about the danger signs of pregnancy for pregnant women is necessary to know because by knowing the danger signs of pregnancy, all the risks that will occur can be well anticipated. Danger signs are signs or symptoms that pregnant women feel in the baby they are carrying, if there are danger signs, the mother needs to get help immediately at the hospital. The factors most related to maternal knowledge about the danger signs of pregnancy in successive health centers are maternal age, parity, and work [17].

All variables tested are determinants of knowledge about the danger signs of pregnancy in Indonesian pregnant women. These include the place of residence, age, education, occupation, marital status, wealth, parity, health autonomy, current pregnancy status, and media exposure [18].

Notoatmodjo, [19] defines knowledge as the form of the result of knowing after a person has received information from a certain object, namely the senses of sight, hearing, smell, feeling, and touch. The majority of knowledge is obtained from the sense of sight and the sense of hearing. The importance of knowledge for a person is to be able to build one's character. Behavior-based on knowledge will be more sedentary than

those that are not. In pregnancy, the mother and family must have sufficient knowledge, some basic things in pregnancy that the mother needs to know include; the process of occurrence of pregnancy, signs of pregnancy, benefits of pregnancy examination, schedule of pregnancy examinations, physical changes that occur during pregnancy, gestational age, danger signs in pregnancy. All of the things mentioned above need to be known as a basis for knowledge. So that the risks that may occur during pregnancy and childbirth such as anxiety, long-lasting maternity processes, and others can be reduced.

The knowledge mentioned above affects the obstetric care carried out, in the educational process carried out in obstetric services in primary health services, mothers and midwives have limited time. This is due to several things including the queue of pregnant women who will check their pregnancy, limited resources for midwives who perform services, and the competence of midwives who perform services. Mothers who have good knowledge of pregnancy will be more receptive to the advice given by midwives, one example is nutrition education in pregnancy, where nutrition during pregnancy is a necessity not only for mothers but also affects the development of the fetus in the womb.

Mothers who lack knowledge about pregnancy can result in high risks of the mother; anemia, the incidence of hypertension in pregnancy, pre-eclampsia, eclampsia, and matters related to the health of pregnant women. Mothers in such conditions can endanger the survival of both mother and baby; the occurrence of premature childbirth where the baby is born not enough months, the baby is born in a state of congenital abnormalities, and bleeding, up to death of the baby in pregnancy or ordinary which is IUFD (Intra Uteri Fetal Death) or the death of the mother herself. This is in line with Windiyati's research [20], which says there is a relationship between knowledge about the high risk of pregnancy.

5. Conclusion

The knowledge of pregnant mothers is still lacking on the pregnancy process, pregnancy signs, benefits of check-ups, check-up schedule, physical changes, and danger signs of pregnancy. education during antenatal care could increase the knowledge of the mother and their partner about the pregnancy so a healthy and prosperous pregnancy could be achieved. Thus the importance of maternal knowledge about

pregnancy so that it is hoped that mothers can obtain sufficient knowledge so that the pregnancy process and the development of pregnancy go well, and the baby in the womb can be born with health conditions. And can also minimize the risks that occur in pregnant women. So that the optimal health of the baby, mother, and family is obtained.

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Conflict of Interest

We have no conflict of interest to declare

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