Journal for Research in Public Health, Volume 1, Issue 2, January 2020, pp: 169–178
ISSN: 2685-5283 (print), ISSN: 2685-5275 (online)
DOI: 10.30994/jrph.v1i2.19

Pregnant Woman Class and Parity to Improving Mother's Health towards Success of SDG's 2030 at Sopaah Public Health Centre in Pamekasan District

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ABSTRACT

The high maternal mortality rate associated with pregnancy, childbirth, perinatal care and babies is one of the major problems in Indonesia. Because this mortality rate shows a picture of health status in an area, as an illustration of Indonesia's human development index. The aim of the study was to analyze the classes of pregnant women and parity in improving maternal health towards success in SDG's 2030 at the Sopaah Community Health Center in Pamekasan Regency. The research design was Cross Sectional. The population was all postpartum mothers. The sample size is 104 respondents using Simple Random sampling technique. Independent variables was classes of pregnant women and parity. Dependent variables are complications of pregnancy, postpartum care, and initiation of early breastfeeding. Data were collected using a questionnaire, data were analyzed using logistic regression test ($\alpha \leq 0.05$). The results showed that there were influences between the classes of pregnant women with complications of pregnant women ($p = 0.036$), and there was no effect of parity on complications of pregnant women ($p = 0.321$). There was no influence between the classes of pregnant women ($p = 0.997$) and Parity ($p = 0.379$) with postpartum care. There was no relationship between classes of pregnant women ($p = 0.059$) and Parity ($p = 0.447$) with early initiation of inclusion. Classes of pregnant women affect the complications of pregnant women, the full participation of pregnant women can be carried out in an effort to prevent pregnant women from reducing complications of pregnant women, so that the health of mothers and babies is getting better.

Keywords: Pregnancy classes, complications, parity

INTRODUCTION

Health Development is the implementation of health efforts to increase awareness, willingness and ability to live healthily for every resident in order to realize optimal health degrees. Definition of health development also includes development that has health insight, community and family empowerment, and community service. Health development in Indonesia is still prioritized on efforts to improve maternal and child health, especially in the most vulnerable groups of health, namely pregnant women, mothers of birth, infants and the perinatal period. (Indonesian Ministry of Health, 2015).

High maternal mortality rates related to pregnancy, childbirth, perinatal and infant is one of the major problems in Indonesia. Because this number of maturity shows a picture of health status in an area, as an illustration of Indonesia's human development index, so that maternal and child health services are a top priority in Indonesia's health development. The World Health Organization (WHO) reports that there are 500,000 maternal deaths every year, 99% of which occur in developing countries. Indicators of community health and welfare are maternal and perinatal mortality rates. While in Indonesia the figure is still high. The target of Maternal Mortality Rate (MMR) in Indonesia in 2015 is 102 / 100,000 live births (Astuti, 2017).

Maternal mortality according to the WHO definition is death during pregnancy or in the period 42 days after the end of pregnancy, due to all causes associated with or aggravated by

pregnancy or treatment, but not due to accidents / injuries (Ministry of Health, 2014). WHO estimates that around 15% of all pregnant women will develop complications related to pregnancy, childbirth and childbirth and can be life threatening.

Based on the results of the 2012 Indonesian Health Demographic Survey (IDHS), the maternal mortality rate (MMR) was recorded at 359 per 100,000 live births. In 2016, AKI East Java Province reached 91.00 per 100,000 live births. This number has increased compared to 2015 which reached 89.6 per 100,000 live births. SDG's target to reduce the MMR ratio to 72 per 100,000 live births is impossible (Yuwono, 2010).

Increased maternal mortality in East Java in 2016 was caused by Pre-eclampsia / Eclampsia which amounted to 30.90%, causes of bleeding 24.72%, Heart Disease 10.86%, infections amounted to 4.87% and others 28.65% .

Increased maternal mortality is influenced by several factors including the quality of health services, health referral systems, implementation of the National Health Insurance, and local government policies related to health. Apart from these factors, there are also cultural factors where gender inequality is still a problem when women want to give birth. Some regions in Indonesia even still hold the principle that women have no right to determine their own birth process. (Kompas, 2018) As a result or impact that will occur if maternal health decreases it will increase the incidence of mortality and morbidity in the mother and baby (Fathoni, 2012).

Besides maternal mortality, infant mortality in East Java is also relatively high. Infant mortality is an important indicator to reflect the state of health in a society, because a newborn is very sensitive to the environmental conditions in which the baby's parents live and is very closely related to the social status of the baby's parents.

The biggest infant mortality in Indonesia is neonatal death and two thirds of neonatal deaths are in the first week where the infant's immune power is still very low. There are also other factors that cause infant mortality to increase, namely due to premature birth, infection at birth, low nutrition at birth, congenital abnormalities (congenital) and low breastfeeding immediately after the baby is born (initiation of ASI) and exclusive breastfeeding for 6 months first baby's life. The initiation of breastfeeding and exclusive breastfeeding plays an important role in reducing infant mortality in Indonesia, so that the MDG target in 2030 can be achieved. (Riskesdas, 2013).

According to WHO (2015) the infant mortality rate (IMR) in Indonesia is 27%. This is still far from the target expected by the Sustainable Development Goals (SDGs), which amounts to 12 per 1,000 live births that must be achieved until 2030.

One effort to reduce IMR is breastfeeding. Breast milk is specifically designed for babies and is the best nutrition from other alternatives. At present the effort to increase the coverage of exclusive ASI has become a global goal. The Sustainable Development Goals (SDGs) in the second objective of ending hunger that has a target in the next 2030 are expected to end all forms of malnutrition, including achieving the international target of 2025 for reducing stunting and wasting in infants and addressing the nutritional needs of adolescent girls, pregnant and lactating women and the elderly (Nutrition KIA, 2015).

MATERIALS AND METHODS

Design used in the study was Cross Sectional. Population is all postpartum mothers in the Sopaah Community Health Center aged 0-40 days 141 people. The sample size is 104 Puskesmas respondents using Simple Random sampling technique. The independent variable of the study is the class of pregnant women and parity in the class of pregnant women. the dependent variable is complications of pregnancy, postpartum care, and initiation of early breastfeeding. Data was collected using a questionnaire, then the data were analyzed using logistic regression tests with a significance level of $\alpha \leq 0.05$.

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RESULTS

1) Logistic Regression Test: Class of pregnant women and Parity on Pregnancy Complications

a. Multivariate analysis with logistic regression simultaneously

Based on research data for multivariate data analysis with logistic regression simultaneously can be seen in table 4.36 below.

Table 4.36 Multivariate analysis with logistic regression simultaneously

Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 0	Constant	1,498	,254	34,857	1	,000	4,474

According to the table 4:36 multivariate logistic regression analysis to simultaneously show significant results 0,000. It can be concluded that all independent variables (Pregnancy and Parity Classes jointly affect the dependent variable (Pregnancy Complications).

b Multivariate Logistic Regression Analysis with Cox And Snell R Coefficient, Nagelkerke R Square

Based on research data for multivariate data analysis with Cox coefficient and Snell R, Nagelkerke R Square can be seen in table 4.46 below:

Table 4.37 Multivariate analysis with Cox and Snell R coefficient logistic regression, Nigelkerke R Square

Model Summary

Step	-2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	92,375[a]	,061	,099

a. Estimation terminated at iteration number 5 because parameter estimates changed by less than ,001

Based on table 4.36 above, it shows that the Cox and Snell coefficient R Square R is 0.061 or 6% and the Nagelkerke R Square coefficient is 0.099 or 10%. R Square of 10% means that the independent variables (class of pregnant women and parity) affect dependent vaiabel (co the implications of pregnancy in general by 10% are 90% influenced by other factors not included in the testing model.

c. Multivariate analysis with partial logistic regression

Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 1[a]	KIH	1,149	,549	4,382	1	,036	3,156

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	Paritas	-,280	,282	,986	1	,321	,756
	Constant	,376	1,048	,129	1	,720	1,457

a. Variable(s) entered on step 1: KIH, Paritas.

Based on the results of logistic regression analysis partially shows that:

1. Class variables of pregnant women obtained a value of p *value* of 0.036 <α = 0.05, so that H_0 is rejected and H_1 is accepted. It can be concluded that pregnant women class variables affect the maternal complications.

2. Variable Parity obtained p *value* of 0.321 <α = 0.05, so that H_0 is received and H_1 rejected. It can be concluded that the Parity variable does not affect the complications of pregnant women.

3. The *value of value is* lowest / smallest found in the class variable of pregnant women, where the value of p *value is* 0.036 <α = 0.05. It can be concluded that the class variable of pregnant women is the dominant factor that influences the complications of pregnant women.

2) Logistic Regression Test: Class of pregnant women and Parity in the Care of Postpartum

a. Multivariate Analysis Logistic Regression

Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 0	Constant	4,635	1,005	21,274	1	,000	103,000

Multivariate logistic regression analysis to simultaneously show significant results 0,000. It can be concluded that all independent variables (Pregnancy and Parity Classes jointly affect the dependent variable (postpartum care).

b. Multivariate logistics analysis with Koefision Cox and Snell R, Negelkerke R Square

The table shows the coefficient Cox and Snell R Square R 0,024 or 2% and the coefficient Nagelkerke R Square 0.230 or 23%. Nagelkerke R Square coefficient of 23% means that the independent variables (class of pregnant women and parity) affect the dependent variable (postpartum care) in general by 23% while 77% is influenced by other factors not included in the testing model.

Model Summary

Step	-2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	8,786[a]	,024	,230

a. Estimation terminated at iteration number 20 because maximum iterations has been reached. Final solution cannot be found.

c. Multivariate logistic regression analysis with partial

Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 1[a]	KIH	16,915	5134,589	,000	1	,997	22184537,929
	Paritas	-,912	1,038	,773	1	,379	,402

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	Constant	-10,808	5134,591	,000	1	,998	,000

a. Variable(s) entered on step 1: KIH, Paritas.

1. Class variable pregnant women obtained p *value* of 0.997> α = 0.05, so that H_0 is received and H_1 rejected. It can be concluded that pregnant women class variables did not affect the postnatal care.

2. Parity variable obtained p *value* of 0.379> α = 0.05, so that H_0 is received and H_1 rejected. It can be concluded that the Parity variable has no effect on postnatal care.

3) Logistic Regression Test: Class of pregnant women and Parity on Early Breastfeeding Initiations

a. Multivariate Analysis Silmatic Logistic Regression

Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 0	Constant	1,435	,249	33,268	1	,000	4,200

Multivariate logistic regression analysis to simultaneously show significant results 0,000. It can be concluded that all independent variables (Pregnant and Maternal Classes together affect the dependent variable (initiation of early breastfeeding).

b. Multivariate logistics analysis with Koefision Cox and Snell R, Negelkerke R Square

Model Summary

Step	-2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	96,924[a]	,046	,074

a. Estimation terminated at iteration number 5 because parameter estimates changed by less than ,001.

The table shows the coefficient Cox and Snell R Square R 0,046 or 5% and the coefficient Nagelkerke R Square .074 or 7 % The Nagelkerke R Square coefficient of 7% means that the independent variable (the class of pregnant and paternal mothers) affects the dependent variable (initiation of early breastfeeding) in general, 7% while 93% is influenced by other factors not included in the testing model.

c. Partially logistic regression

Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 1[a]	KIH	,994	,526	3,567	1	,059	2,703
	Paritas	-,211	,277	,579	1	,447	,810
	Constant	,381	1,024	,139	1	,710	1,464

a. Variable(s) entered on step 1: KIH, Paritas.

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1. Class variable pregnant women obtained p *value* of 0.59> α = 0.05, so that H_0 is received and H_1 rejected. It can be concluded that pregnant women class variables did not affect the early initiation of breastfeeding.

2. Parity variable obtained p *value* of 0.447> α = 0.05, so that H_0 is received and H_1 rejected. It can be concluded that the Parity variable does not affect the initiation of early breastfeeding.

DISCUSSION

Analyzing the implementation of the class of pregnant women on initiation of early breastfeeding at the Sopaah Health Center in Pamekasan Regency.

Based on the results of the study it was found that the value of α <0.05, obtained p = 0.059, which means that there was no relationship between classes of pregnant women with initiation of early inclusion. Based on the results of the study showed that out of 104 respondents, almost half of the respondents who attended the full class of pregnant women, carried out Early Breastfeeding Initiation as many as 51 respondents (49.0%).

Exclusive breastfeeding is only babies fed with breastmilk without additional fluids, such as formula milk, oranges, honey, tea water, water and without added solid foods such as bananas, papaya, milk porridge, biscuits, rice porridge, and the team. (Maryunani, 2015). Breastfeeding activities are not as easy as imagined. When breastfeeding mothers often encounter various obstacles. Actually, these obstacles may not occur if the mother gets adequate information, so it is important for the class of pregnant women to increase awareness in early breastfeeding initiation, the benefits of which one of the babies gets adequate nutrition. Internal factors greatly influence the success of breastfeeding a baby. Among them is the lack of knowledge related to breastfeeding. Because they do not have adequate knowledge, the mother does not understand how to breastfeed the right baby, the benefits of breastfeeding, the various impacts that will be encountered if the mother does not breastfeed her baby, and so forth.

Based on the results of the study showed that out of 104 respondents, almost half of the respondents who attended the full class of pregnant women, carried out Early Breastfeeding Initiation as many as 51 respondents (49.0%). There was no relationship between the classes of pregnant women with early initiation of probable possibility because IMD can be done and can be motivated even without taking classes in pregnant women. Pratiwi, (2012) said that the condition of one's adaptation of the environment can change according to the conditions of its internal and external environment. Mother adaptation is important to get the best benefit from the environment that will change the behavior of early breastfeeding. A negative perception that is often found in mothers, namely breast milk is lacking. In the case of ASI syndrome, the mother feels that the milk she produces is not enough to meet her baby's needs. Mothers often feel the breast is not producing milk because the tension is reduced. Classes of pregnant women can support breastfeeding and this is very important as nutrition, because it contains the right mix of various food ingredients that are good for babies and quality of baby's growth.

Analyzing of Improves the parity for pregnancy complications in Sopaah Public Health Center Pamekasan Regency

Based on the results of the study it is known that the value of α <0.05, p <0.321, which means that there is no relationship between parity and complications of pregnant women. The results showed that out of 104 respondents, almost half of the respondents in the first child parity did not experience pregnancy complications as many as 41 respondents (39.4%).

Parity is a condition of women related to the number of children born. Women with high parity are women who have> 2 children and low parity that is ≤2 children. Paragraphs 2 to 3 are safe parity in terms of maternal mortality. Parity 1 and high parity (more than 3) have maternal mortality rates (Walyani, 2015). In accordance with what was disclosed (Aisyah, 2010). That midwives and nurses have an important role in providing guidance and health knowledge about nutrition / nutrition

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for nursing or postpartum mothers. Pregnancy complications show an obstetric emergency condition that can cause death in mothers and infants (Prawirohardjo, 2014).

Based on the results of the study there was no relationship between parity and complications of pregnant women. Based on the results of the study showed that out of 104 respondents, almost half of the respondents Parity of the first child did not experience pregnancy complications. Under normal circumstances the placenta is removed within 30 minutes after the birth of the baby. Furthermore, uterine contractions will immediately stop bleeding. In theory, the higher the level of variety, the risk of pregnancy can occur. For various reasons the placenta is likely to fail in escaping as a result of bleeding will never stop as long as the placenta or its part remains in the uterus. The class of pregnant women can prevent pregnancy complications, and is very beneficial for pregnant women during the process in the class of pregnant women. Participation in the class of pregnant women must be continuously increased to increase the benefits of the class of pregnant women. Complications that occur in high parity mothers will affect the development of the fetus they contain. This is due to interference with the placenta and blood circulation to the fetus, so that fetal growth is inhibited. If this condition lasts a long time, it will affect the baby's birth weight and the likelihood of LBW occurring.

Analyze parity in the class of pregnant women for postpartum care in the Sopaah Community Health Center, Pamekasan Regency.

Based on the results of the study it was found that the value of $\alpha < 0.05$, $p = 0.379$, which means that there was no relationship between parity and postpartum care.

The results of Elvira (2017) study that increasing knowledge will determine attitudes towards postpartum care. Care for pregnancy (psychological readiness to face pregnancy, conjugal relations during pregnancy, drugs that may and may not be consumed by pregnant women, danger signs of pregnancy. Interaction in the class of pregnant women and sharing experiences between participants (pregnant women with pregnant women) and between pregnant women with health workers / midwives about pregnancy, body changes and complaints during pregnancy, care for pregnancy, childbirth, postpartum care, postpartum family planning, newborn care, local myths / beliefs / customs, infectious diseases and birth certificates and in the end can improve understanding, attitudes and behavior of pregnant women based on the results of the study shows that out of 104 respondents, almost half of the respondents from Parity, the first child to take care of the puerperium as many as 41 respondents (39.4%).

Analyzing parity towards early breastfeeding initiation at the Sopaah Health Center in Pamekasan Regency.

Based on the results of the study it is known that the value of $\alpha < 0.05$, obtained $p = 0.059$, which means that there is no relationship between parity and initiation of early breastfeeding.

Initiation of early breastfeeding (*early initiation / the best crawl*) or the beginning of early breastfeeding is the baby begins to suckle himself immediately after birth. Actually, human babies are also like other baby mammals that suckle themselves, provided that the skin is left to contact the baby with his mother's skin, at least for one hour immediately after birth (Roesli, 2010). Early Breastfeeding Initiation (IMD) is defined as the process of allowing the baby to suckle himself after birth. The baby is placed on the mother's breast and the baby itself with all its efforts to find the nipple to immediately breastfeed, the time period is as soon as possible after giving birth. IMD is important for increasing levels of the hormone prolactin, a hormone that stimulates the mammary glands to produce breast milk (Yuliarti, 2010). Knowledge gained results in changes in knowledge, attitudes and understanding to develop all its potential in initiating early breastfeeding. This will lead to positive changes in cognitive, affective, and psychomotor to achieve maternal and infant health goals.
Based on the results of the study, there was no relationship between parity in pregnant women and the initiation of early breastfeeding, possibly due to the physiological IMD that the mother would carry out breastfeeding normally. The fact that the results of the study explain, that a mother who is

experiencing second lactation and so on does not provide a guarantee that a mother is better at giving an IMD to her baby than the first. The results of this study are in line with the research conducted by Fahriyani et al. (2014), that there is no difference in exclusive breastfeeding between primipara and multipara. The proportion of exclusive breastfeeding is high in primiparous mothers because most have received ASI counseling since the pregnancy. The results of the analysis show that in fact most primiparous mothers also carry out IMD, as do multiparous mothers. Data from the research results provide empirical evidence there is no difference between parity in the implementation of the IMD. The findings of this study indicate that there are other factors that influence mothers in implementing IMD. A good mother's knowledge will allow mothers to more easily receive information related to IMD. In addition, mothers with good knowledge will try to find information through reliable sources that will be adapted to the experiences that occur around the mother. Provision of appropriate health education in the right subject has a significant effect on behavior change, one of which is the initiation of early breastfeeding. This is important because it is useful for improving the quality of maternal and infant health.

CONCLUSION

1. The results of the study showed that out of 104 respondents, most of the respondents attended the class of pregnant women as many as 58 respondents (55.8%).
2. The results showed that out of 104 respondents, almost half of the respondents had the first child as many as 41 respondents (39.4%).
3. The results showed that of the 104 respondents, almost all of the No complications in pregnancy were 85 respondents (81.7%).
4. The results showed that of the 104 respondents, almost all of the respondents did treatment for the puerperium as many as 103 respondents (99%) .
5. The results showed that out of 104 respondents, almost all of the respondents carried out early breastfeeding initiation as many as 84 respondents (80.8%).
6. The results showed that the value of $\alpha < 0.05$, obtained $p = 0.036$, which means that there is an influence between the classes of pregnant women with complications of pregnant women.
7. The results of the study show that the value of $\alpha < 0.05$, obtained $p = 0.997$, which means that there is no influence between the classes of pregnant women with postpartum stature.
8. The results of the study revealed that the value of $\alpha < 0.05$, obtained $p = 0.059$, which means that there was no relationship between classes of pregnant women with initiation of early inclusion.
9. The results showed that the value of $\alpha < 0.05$, obtained $p = 0.321$, which means that there was no relationship between parity and complications of pregnant women.
10. The results of the study revealed that the value of $\alpha < 0.05$, $p = 0.379$, which means that there is no relationship between parity and the postpartum period.
11. The results of the study show that the value of $\alpha < 0.05$, obtained $p = 0.447$, which means that there is no relationship between parity and initiation of early breastfeeding.

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