IJH INTERNATIONAL JOURNAL OF HEALTH

Volume 01, Number 02 (November 2025)
p-ISSN: 000000000
e-ISSN: 000000000

Continuity of midwifery care for a patient (G2P1001, 32–33 weeks of gestation) with moderate anemia

Suci Agnanni Aisyiyah[1], Rahajeng Siti Nur Rahmawati[1], Ira Titisari[1]

[1]Midwife Professional Education, Poltekkes Kemenkes Malang, Indonesia

Corresponding Author: Suci Agnanni Aisyiyah; suciagnannia@gmail.com

***Abstract*:**
Pregnancy and childbirth are physiological events, but if not managed properly and correctly, they can become pathological. Continuity of Care includes integrated services for mothers and children from pre-pregnancy to childbirth, the postnatal period, and childhood. The purpose of this study was to provide continuous care to Mrs. L, aged 33, G2P1001, at TPMB Binti Mahmudah, S.ST., Bdn. The research design used was descriptive and case study. The results showed that the care provided from pregnancy, delivery, postpartum, and newborn care all went smoothly, and the condition of the mother and baby was good and healthy. In conclusion, after receiving continuity of care from pregnancy, childbirth, postpartum, and newborn care, everything went smoothly, and the mother and baby were in normal condition. Recommendations for health workers are to maintain the quality of health services and conduct early screening to determine continuous midwifery care and service quality.

***Keywords*:**
continuity of care; moderate anemia; miliaria

Article Info:
Submitted:
09-10-2025
Revised:
01-11-2025
Accepted:
03-11-2025

DOI: https://doi.org/10.53713/ijh.vxix.xxx

INTRODUCTION

Maternal and infant mortality rates (IMR) in Indonesia require comprehensive and continuous healthcare services, one of which is through Continuity of Care (COC). COC is a midwifery care approach that encompasses all stages of the reproductive cycle, including pregnancy, childbirth, postpartum, and family planning services. This approach prioritizes woman-centered care and respects individual choices (Widyasari, 2022).

The high maternal and infant mortality rates reflect the low level of public health in a country, including Indonesia (Ministry of Health RI, 2018). Complications during pregnancy and childbirth, such as hemorrhage, infection, hypertension, obstructed labor, and abortion, remain the leading causes of maternal death. These complications result in approximately 800 women dying every day (Kemenkes RI, 2018).

Volume 01, Number 02 (November 2025)
p-ISSN: 000000000
e-ISSN: 000000000

According to the World Health Organization (WHO) report in 2020, there were 289,000 maternal deaths worldwide. It is estimated that 99% of these occur in developing countries, and about 80% are caused by pregnancy, childbirth, and postpartum complications (WHO, 2020). The 2017 Indonesia Demographic and Health Survey (IDHS) reported that the infant mortality rate (IMR) was 24 per 1,000 live births, and the under-five mortality rate (U5MR) was 32 per 1,000 live births. The under-five mortality rate has reached the Sustainable Development Goals (SDGs) 2030 target of 25 per 1,000 live births (Kemenkes RI, 2018).

The Continuity of Care model has been proven to improve the early detection of health problems, increase treatment adherence, and reduce rates of preterm birth and infant mortality (Amelia & Marcel, 2024). COC has also been shown to reduce preterm births by 24%, decrease infant mortality by 16%, and minimize unnecessary medical interventions during childbirth (Homer et al., 2019). Family involvement in the care of pregnant women, particularly in high-risk cases such as anemia, can enhance the mother's motivation to follow health recommendations (A. F. Wulandari et al., 2021).

Beyond medical benefits, COC also supports maternal mental health by fostering strong relationships between the mother, family, and healthcare providers (Aprianti et al., 2023). Therefore, the implementation of COC midwifery care for Mrs. L is crucial to maintaining the optimal health of both mother and baby.

Based on the above discussion, implementing Continuity of Care midwifery management for Mrs. L, who has moderate anemia, is essential to ensure the optimal health of both the mother and baby. This care focuses not only on medical aspects but also includes education, psychosocial monitoring, and family empowerment. Thus, the COC model is expected to serve as a best practice example in midwifery services in Indonesia, particularly in efforts to reduce maternal and infant mortality rates and to improve family quality of life.

METHODS

The study was conducted using a case study approach at TPMB BM from November 2024 to March 2025, employing the SOAP-based midwifery management method. Data were collected through interviews, observations, and documentation. The research subject was Mrs. L, a third-trimester pregnant woman at 32–33 weeks of gestation diagnosed with moderate anemia.

Volume 01, Number 02 (November 2025)
p-ISSN: 000000000
e-ISSN: 000000000

RESULTS

Pregnancy

Table 1. Antenatal Visits of Mrs. L

Object	13-11-2025	22-11-2025	1-12-2025
Gestational Age	32-33 Weeks	33-34 Weeks	35-36 Weeks
Complaints	Lower back pain for the past 2 days	No complaints	No complaints
Body Weight	64,5 kg	65,5 kg	66 kg
Blood Pressure	112/73 mmhg	113/75 mmhg	105/70 mmhg
Fundal Height (FH)	29 cm	30 cm	30 cm
Fetal Heart Rate (FHR)	140 bpm	134 bpm	138 bpm
Hemoglobin (Hb)	8,0 gr/dL	7 gr/dL	9,7 gr/dL
Diagnosis	G2P1001, 33 years old, 32–33 weeks of gestation with moderate anemia, single live intrauterine fetus, KSPR = 6	G2P1001, 33 years old, 34 weeks of gestation with moderate anemia, single live intrauterine fetus, KSPR = 6	G2P1001, 33 years old, 35–36 weeks of gestation with moderate anemia, single live intrauterine fetus, KSPR = 6
Health Education	- Health education on consuming iron-rich foods - Routine consumption of iron supplement tablets - Consumption of beetroot supplement - Physiological changes in the third trimester and recommendation to attend pregnancy exercise classes - Follow-up visit in one week or sooner if complaints arise	- Health education on consuming iron-rich foods - Routine consumption of iron supplement tablets - Consumption of beetroot supplements - Follow-up visit in one week (scheduled for 1 December 2024)	- Health education on consuming iron-rich foods - Routine consumption of iron supplement tablets - Consumption of beetroot supplements - Follow-up visit in two weeks (scheduled for 22 December 2024)

Volume 01, Number 02 (November 2025)
p-ISSN: 000000000
e-ISSN: 000000000

Labor

Table 2. Labor Visit of Mrs. L

Object	23-12-2024 (23.30 WIB)
Complaints	Complained of abdominal tightening and cramping since 11:00 PM, accompanied by mucus mixed with blood.
Blood Pressure (BP)	120/70 mmhg
Fundal Height (FH)	32 cm
Contractions	4x10x30''
Fetal Presentation	Cephalic
Fetal Heart Rate (FHR)	144 bpm
Vaginal Examination	Cervical dilation: 4 cm
Diagnosis	G2P1001 at 38–39 weeks of gestation, in the first stage of labor, active phase, with prolonged active phase
Care Provided	- Monitoring of FHR, uterine contractions, and maternal vital signs (TTV) - Encouraged the mother to practice breathing relaxation - Advised the family to provide psychological support - Prepared for referral to the hospital

Postpartum Period

Table 3. Postpartum Visit of Mrs. L

Object	26-12-2024
Complaints	Stitches pain and discomfort while breastfeeding
Blood Pressure (BP)	110/70 mmhg
Breasts	Nipples protruding, clean, colostrum present (+)
Abdomen	No surgical scar, fundal height midway between umbilicus and symphysis pubis, good uterine contraction, bladder empty
Genetalia	Lochia sanguinolenta, no odor, no signs of REEDA (Redness, Edema, Ecchymosis, Discharge, Approximation)
Diagnosis	P2002 Postpartum day 3
Care Provided	- Health education on vulvar hygiene - Health education on consuming protein-rich foods - Health education on proper breastfeeding technique and position - Health education on follow-up visits if complaints occur

Volume 01, Number 02 (November 2025)
p-ISSN: 000000000
e-ISSN: 000000000

Neonatal Period

Table 4. Neonatal Visits of Mrs. L's Baby

Object	24/12/2024	26-12-2025	22 1-2025
Complaints	None	None	The mother reported that the baby developed a red rash with small spots on the right side of the neck three days ago, which has since spread.
Respiration	32 breaths/min	34 breaths/min	34 breaths/min
Temperature	36,3oC	36,5oC	36,3 o C
Body Weight	3.700 g	3.600 g	3.400 g
Body Length	49 cm	49 cm	51 cm
Diagnosis	Aterm neonate, age 0 days	Aterm neonate, age 2 days	Aterm neonate, age 28 days with miliaria
Care Provided	Routine newborn care management at the hospita	- Health education on exclusive breastfeeding - Health education on sun exposure in the morning (maximum 30 minutes between 7–10 a.m.) - Health education on newborn care - Follow-up visit if complaints occur	- Health education on exclusive breastfeeding - Health education for mothers to keep the baby's skin dry by using cotton clothing - Health education on using VCO (Virgin Coconut Oil) for skin rashes - Health education on using lotion containing calamine - Health education on routine immunization - Health education on home-based newborn care

Family Planning

Table 5. Family Planning Visit of Mrs. L

Object	27-3-2025
Complaints	Wanted to consult about condom use
Blood Pressure (BP)	100/70 mmhg
Respiration	18 breaths/min
Pulse	82 beats/min
Temperature	36,7 o C
Body Weight	62 kg
Diagnosis	P2002, 33 years old, long-term condom user
Care Provided	- Health education on the side effects of condom use - Health education on long-acting contraceptive methods - Health education on proper condom use to prevent failure

Volume 01, Number 02 (November 2025)
p-ISSN: 000000000
e-ISSN: 000000000

DISCUSSION

In the case of Mrs. L, a 33-year-old woman, G2P1001, care was provided from November 13, 2024, to February 22, 2025. The midwifery management included care during the third trimester of pregnancy, labor, the postpartum period, newborn care, and family planning services. The author compared theoretical perspectives with clinical practice. The discussion is based on a theoretical review and its relationship to the case and management implemented through Continuity of Care (COC) midwifery, illustrating the application of holistic and continuous care from pregnancy, childbirth, and the postpartum period to newborn care.

According to the theory of Continuity of Care, the continuous midwifery service approach aims to improve maternal and neonatal well-being by establishing a trusting relationship between the midwife and the client. This service encompasses holistic monitoring and management of the physical, psychological, social, and spiritual aspects of the client in every phase of her reproductive life.

Pregnancy

During the third trimester, Mrs. L, aged 33 years (G2P1001), with a gestational age of 32–33 weeks, received antenatal care at TPMB BM. The first visit, on November 13, 2024, revealed subjective data that the mother complained of lower back pain for the past two days. Objective findings included: general condition good, compos mentis consciousness, body weight 64.5 kg, height 162.5 cm, blood pressure 112/73 mmHg, fundal height 29 cm, fetal heart rate (FHR) 140 beats/minute, fetal presentation cephalic, and hemoglobin level (Hb) 8.0 g/dL, with a KSPR score of 6.

On the second visit (November 22, 2024), the mother had no complaints. Findings were as follows: general condition was good, weight was 65.5 kg, height was 162.5 cm, blood pressure was 113/75 mmHg, fundal height was 30 cm, cephalic presentation was noted, FHR was 134 beats/minute, and Hb was 7.0 g/dL. On the third visit (December 1, 2024), the mother again reported no complaints. On December 25, she underwent an intravenous iron infusion at the hospital, with Hb increasing to 8.7 g/dL. Objective examination showed: general condition good, weight 66 kg, height 162.5 cm, blood pressure 105/70 mmHg, fundal height 30 cm, cephalic presentation engaged in the pelvic inlet, and Hb 9.7 g/dL.

Based on subjective and objective findings, the mother was diagnosed with moderate anemia. Management included teaching pregnancy exercise (antenatal exercise) to relieve back pain. Back pain in the third trimester often occurs due to weight gain and hormonal changes. The hormone

Volume 01, Number 02 (November 2025)
p-ISSN: 000000000
e-ISSN: 000000000

relaxin causes joint laxity in the pelvic area, leading to instability and discomfort. According to Megasari (2015), antenatal exercise helps strengthen the abdominal wall muscles, ligaments, and pelvic floor muscles, thereby enhancing elasticity and promoting relaxation. The more frequently the mother performs these exercises, the better her muscle elasticity, which helps reduce back pain.

Anemia in pregnancy is defined as a hemoglobin level below 11.0 g/dL (Risnawati et al., 2021). Sulistyawati and Ayati Khasanah (2022) classify Hb levels of 7–8 g/dL as moderate anemia, consistent with the diagnosis. Management involved dietary counseling to increase intake of iron-rich foods, such as chicken liver, green vegetables, and beets, as well as consuming protein-rich foods and taking iron supplements. According to Nursela et al (2021), iron requirements increase during pregnancy, especially in the third trimester. Beetroot (Beta vulgaris), a plant rich in folate (108 mg per 100 g), copper, and iron, is beneficial for fetal brain development and the prevention of anemia.

Labor

During labor, Mrs. L gave birth spontaneously through normal delivery but experienced a prolonged first-stage active phase, requiring referral to a hospital for further management. Labor is defined as the process of expelling the fetus and placenta at term through the birth canal or other means, with or without assistance (Setiani et al., 2020). According to Dina, Altika, and Hastuti (2023), adequate progress during the active phase is marked by regular, progressively stronger contractions and cervical dilation of at least 1 cm per hour. In this case, however, cervical dilation from 4 cm to 10 cm took 10 hours longer than the normal 3 - 4 hours, indicating prolonged labor. Prolonged labor, characterized by slow or arrested cervical dilation and failure of fetal descent, increases the risk of maternal and fetal complications such as postpartum hemorrhage, infection, fetal distress, and maternal exhaustion (Lutfi et al., 2024).

Management included educating the family about the need for hospital referral. Labor complications can directly lead to maternal and neonatal morbidity or mortality, thus requiring prompt referral according to the level of emergency (Wandi, 2020). Before referral, progress monitoring was conducted, including evaluation of contraction frequency, fetal heart rate, and cervical dilation. According to Enkin et al (2020), monitoring labor progress is essential for early detection of emerging problems and preventing severe outcomes. Breathing relaxation techniques were also taught to Mrs. L to reduce labor pain. According to Nori et al (2023), breathing relaxation effectively diverts attention from pain and promotes relaxation.

Non-pharmacological pain management methods are cost-effective, safe, and non-invasive, empowering women in childbirth (Baljon et al., 2022). In conclusion, managing prolonged first-stage

Volume 01, Number 02 (November 2025)
p-ISSN: 000000000
e-ISSN: 000000000

labor requires early detection, close monitoring, and timely intervention. A fast and efficient referral system ensures the safety of both mother and fetus. The combination of clinical management and psychological support through breathing techniques reflects responsive and holistic midwifery care.

Postpartum Period

The postpartum period for Mrs. L lasted six weeks. This period begins after the delivery of the fetus and placenta and continues until six weeks postpartum (Rika, 2023). Subjective assessment revealed that the mother complained of mild perineal pain and discomfort during breastfeeding.

The uterine involution process is indicated by a reduction in fundal height. In this case, the fundal height was midway between the symphysis and umbilicus, consistent with Andriani Desi and Ardiani Yessi (2024), who stated that uterine fundal height decreases approximately 1 cm per day as the uterus contracts effectively. Uterine involution involves contraction and retraction of the uterine muscles, resulting in hemostasis at the placental site (Silfi et al., 2021).

Mrs. L experienced perineal pain on the third postpartum day. According to Asma, Evi Istiqamah, and Andi Masnilawati (2022), perineal pain results from tissue tears or episiotomy, triggering pain receptors in the perineal area. The midwife provided education on vulva hygiene to prevent infection, as infections during the puerperium often arise from birth canal injuries Ekasari, Yunita, 2022). Research by Aliyah and Insani (2023) found that proper vulva hygiene significantly reduces the risk of episiotomy wound infection. Nutritional counseling was provided to increase calorie and fluid intake, supporting milk production and wound healing. According to Savita et al. (2022), breastfeeding mothers require an additional 800 kcal and 3 liters of fluids daily. High-protein and fiber-rich diets are vital for tissue repair and recovery (Sulistyawati & Ayati Khasanah, 2022).

Health education on exclusive breastfeeding was provided. Exclusive breastfeeding from 30 minutes postpartum until six months without supplementary food is crucial, as colostrum strengthens the baby's immunity (Rika Widianita, 2023). Proper breastfeeding positioning prevents breast engorgement due to milk stasis (Suryanti et al., 2023). Overall, postpartum management focused on physical recovery, infection prevention, and long-term maternal health. Vulva hygiene, exclusive breastfeeding counseling, and nutritional education represent an integrated, preventive, and promotive approach to midwifery, supporting maternal and infant well-being.

Neonatal Care

Mrs. L's baby was born via normal vaginal delivery, weighing 3,700 g, measuring 49 cm in length, with a head circumference of 34 cm, chest circumference of 35 cm, and abdominal circumference of 39 cm. The baby cried immediately and appeared healthy. These findings align

Volume 01, Number 02 (November 2025)
p-ISSN: 000000000
e-ISSN: 000000000

with those of Mona Rian Manik et al. (2022) and Popang et al. (2024), who state that healthy newborns weigh 2,500–4,000 g, measure 48–52 cm in length, and have a head circumference of 33–35 cm. Health education was provided using the E-book “Peluk Baby” (Complete Guidelines for Newborn Care), emphasizing parental involvement in basic care such as bathing, dressing, and hygiene (Nursanti et al., 2024).

At one month old, the baby developed miliaria (prickly heat), a common skin condition caused by blocked sweat glands in hot, humid environments. Management included applying calamine lotion and Virgin Coconut Oil (VCO). According to Isahadis (2018), calamine lotion, menthol, or mild corticosteroids may be used. In contrast, Pramita and Mariyani (2023) found that VCO effectively reduces miliaria without the side effects associated with chemical-based powders.

VCO’s antimicrobial and anti-inflammatory properties promote healing and are safe for long-term use. Maintaining skin hygiene and dressing the baby in light, breathable cotton clothing helps prevent recurrence of the condition. Exclusive breastfeeding also supports skin hydration and immunity. A holistic neonatal approach that combines exclusive breastfeeding, appropriate skincare, and parental education enhances the baby’s health and strengthens the family's capacity in newborn care.

Family Planning

Before pregnancy, Mrs. L used condoms and expressed her intention to continue postpartum. Condoms are a male contraceptive method effective in preventing pregnancy and sexually transmitted infections (STIs), including HIV/AIDS (L. A. Wulandari, 2023). Counseling emphasized correct, consistent condom use for optimal protection (Ainun Hanifa, 2020). According to Ratu Matahari et al. (2018), contraceptive choice should consider health status, psychological readiness, and partner support. Discussion between Mrs. L, her husband, and the midwife demonstrated a participatory approach that enhances compliance and continuity.

Additional education covered postpartum fertility and the importance of spacing pregnancies at least two years apart (Hanifah Nur Astin et al., 2023). Open two-way communication during counseling increased Mrs. L’s confidence in her contraceptive choice. The midwife followed step VI of the midwifery management process (Arlenti & Zainal, 2021), ensuring safe and effective family planning tailored to the mother’s condition.

While condoms are practical and hormone-free, clients were informed about their limitations, including possible irritation or breakage. Education on proper storage and usage was emphasized. Furthermore, the mother was introduced to Long-Acting Reversible Contraception (LARC) options such as IUDs and implants for long-term pregnancy prevention. Comprehensive and personalized

Volume 01, Number 02 (November 2025)
p-ISSN: 000000000
e-ISSN: 000000000

counseling empowers mothers to choose the most suitable contraceptive method based on comfort, safety, and reproductive goals.

CONCLUSION

Based on the implementation of Continuity of Care (COC) midwifery services for Mrs. L, the care was carried out optimally and comprehensively in accordance with the principles of holistic midwifery management. All stages of care, ranging from antenatal to postpartum and family planning services, were implemented using a professional, empathetic, and client-centered approach. The evaluation showed an improvement in both maternal and neonatal health conditions, demonstrating that the COC approach is effective in enhancing health outcomes and promoting family independence in maintaining reproductive health.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest regarding the publication of this paper.

REFERENCES

Aliyah, I. L., & Insani, U. (2023). Pengaruh Penerapan Vulva Hygiene terhadap Risiko Infeksi Luka Episiotomi pada Ibu Post Partum di Ruang Mawar RSUD Kardinah Kota Tegal. *ASJN (Aisyiyah Surakarta Journal of Nursing)*, *4*(2), 46–54. https://doi.org/10.30787/asjn.v4i2.1193

Amelia, F., & Marcel. (2024). Asuhan Kebidanan Continuity Of Care. *Citra Delima Scientific Journal of Citra Internasional Institute*, *7*(2), 128–132.

Andriani Desi, & Ardiani Yessi. (2024). Hubungan Mobilisasi Dini Dengan Penurunan Tinggi Fundus Uteri PadaIbu Post Partum Di Bpm “F” Kabupaten Agam. *Jurnal Medical Health Science, Universitas Mohammad Natsir Bukittinggi*, *1*(No. 2), 1–7.

Aprianti, S. P., Arpa, M., Nur, F. W., Sulfi, S., & Maharani, M. (2023). Asuhan Kebidanan Berkelanjutan/Continuity Of Care. *Journal on Education*, *5*(4), 11990–11996. https://doi.org/10.31004/joe.v5i4.2159

Arlenti, L., & Zainal, E. (2021). *E-Book Modul Manajemen Pelayanan Kebidanan*. Elibrary Sekolah Tinggi Ilmu Kesehatan Griya Husada Surabaya.

Asma, Evi Istiqamah, & Andi Masnilawati. (2022). Asuhan Kebidanan Post Natal pada Ny. J dengan Nyeri Luka Perineum. *Window of Midwifery Journal*, *03*(02), 173–180. https://doi.org/10.33096/wom.vi.669

Baljon, K., Romli, M. H., Ismail, A. H., Khuan, L., & Chew, B. H. (2022). Effectiveness of Breathing Exercises, Foot Reflexology and Massage (BRM) on Maternal and Newborn Outcomes Among Primigravidae in Saudi Arabia: A Randomized Controlled Trial. *International Journal of*

Women's Health, *14*(February), 279–295. https://doi.org/10.2147/IJWH.S347971

Dina, K. F., Altika, S., & Hastuti, P. (2023). Hubungan Terapi Birth Ball Dengan Kemajuan Persalinan Kala I Fase Aktif Pada Ibu Primigravida Di Klinik Pratama Lidya Sifra Kudus. *Jurnal Ilmu Kebidanan Dan Kesehatan (Journal of Midwifery Science and Health)*, *14*(1), 35–41. https://doi.org/10.52299/jks.v14i1.149

Ekasari, Yunita, H. (2022). Penatalaksanaan Vulva Hygiene gengan Penyembuhan Luka Perineum. *Journal of Chemical Information and Modeling*, *12*(9), 45–54.

Enkin, M., Keirse, M. J. N. C., Neilson, J., Crowther, C., Duley, L., Hodnett, E., & Hofmeyr, J. (2020). Monitoring the progress of labor. In M. Enkin, M. Keirse, J. Neilson, C. Crowther, L. Duley, E. Hodnett, & J. Hofmeyr (Eds.), *A Guide to Effective Care in Pregnancy and Childbirth* (p. 0). Oxford University Press. https://doi.org/10.1093/med/9780192631732.003.0031

Isahadis, D. R. (2018). *Hubungan Pengetahuan Ibu Tentang Miliaria (Keringat Buntet) Dengan Kejadian Miliaria Pada Bayi Usia 0-12 Bulan Di Kelurahan Merjosari Kota Malang* [Universitas Brawijaya]. https://repository.ub.ac.id/id/eprint/167347/1/Dara Rizkita Isahadis.pdf

Kemenkes RI. (2018). *Laporan Nasional Riskesdas 2018*. https://dinkes.babelprov.go.id/sites/default/files/dokumen/bank_data/20181228 - Laporan Riskesdas 2018 Nasional-1.pdf

Lutfi, M. I., Dinda, R., Silitonga, S., Kedokteran, F., Lampung, U., Obstetri, B., & Moeloek, R. H. A. (2024). *Jarak Kehamilan terhadap Kejadian Kala 1 Fase Aktif Memanjang Relationship of Pregnancy Spacing to First Stage Event Prolonged Active*. *14*, 1150–1154.

Mona Rian Manik, Tetty Lumbantoruan, Hotma Bugis, Sara Widora Purba, Salda May Tantri, & Selfi Indah Saputri. (2022). Asuhan Kebidanan Bayi Baru Lahir Pada Bayi Ny.M Dengan Perawatan Tali Pusa Di Poliklinik Pt.Serdang Tengah Kec.Galang Kab.Deli Serdang Tahun 2020. *Jurnal Sains Dan Kesehatan*, *6*(2), 60–69. https://doi.org/10.57214/jusika.v6i2.240

Nori, W., Kassim, M. A. K., Helmi, Z. R., Pantazi, A. C., Brezeanu, D., Brezeanu, A. M., Penciu, R. C., & Serbanescu, L. (2023). Non-Pharmacological Pain Management in Labor: A Systematic Review. *Journal of Clinical Medicine*, *12*(23). https://doi.org/10.3390/jcm12237203

Nursanti, I., Anggraini, D., & Handayani, P. (2024). Edukasi pelaksanaan perawatan bayi baru lahir untuk meningkatkan kemandirian ibu post partum di jakarta pusat. *Prosiding Semunar Nasional LPMM UMJ*, *November 2024*.

Nursela, P., Syukri, D. M., Kurniasari, D., Evayanti, Y., & Isnaini, N. (2021). Pemberian Buah Bit Tpemberian Buah Bit Terhadap Kenaikan Kadar Hb Ibu Hamilerhadap Kenaikan Kadar Hb Ibu Hamil. *Jurnal Kebidanan Malahayati*, *7*(2), 257–264. https://doi.org/10.33024/jkm.v7i2.1728

Popang, T. C., Sulistyowati, A. N., Hayati, U., & Wardhani, Y. (2024). *Asuhan Kebidanan Neonatus, Bayi dan Balita* (E. Septiana (ed.); 1st ed.). CV. Literasi Nusantara Abadi.

PRAMITA, L., & MARIYANI, M. (2023). PERBANDINGAN PENGOBATAN MILIARIA SECARA KIMIAWI DENGAN BEDAK SALICYL DAN NON-KIMIAWI DENGAN VCO SR-12 PADA BAYI 0-12 BULAN (STUDI KASUS di UPT PUSKESMAS CIOMAS). *Jurnal Ners*, *7*(1), 116–120. https://doi.org/10.31004/jn.v7i1.12178

Rika, A. (2023). Pemberian Konseling Pada Ibu Nifas Hari Ke 29-42 Menggunakan Abpk Di Pmb Ernita Kota Pekanbaru Tahun 2022. *Jurnal Kebidanan Terkini (Current Midwifery Journal)*, *2*, 1–6. Downloads/Elza+Fitri.pdf

Rika Widianita, D. (2023). Edukasi Pemberian ASIEksklusif Pada Ibu Nifas: Studi Kasus Asuhan Kebidanan. *Media Kebidanan Politeknik Kesehatan Makassar*, *II*(1), 7.

Volume 01, Number 02 (November 2025)
p-ISSN: 000000000
e-ISSN: 000000000

Risnawati, I., Indanah, I., & Sukesih, S. (2021). Efektivitas Pemberian Jus Buah Bit Terhadap Kadar Hemoglobin Ibu Hamil Dengan Anemia Di Puskesmas Tayu I. *Indonesia Jurnal Kebidanan*, *5*(1), 36. https://doi.org/10.26751/ijb.v5i1.1334

Savita, R., Heryani, H., Jayanti, C., Suciana, S., Mursiti, T., & Fatmawati Diana, N. (2022). *Buku Ajar Nifas* (Tim MCU Group (ed.)). PT Mahakarya Citra Utama Group.

Setiani, C. D., Titisari, I., & Dwi Antono, S. (2020). Hubungan Tingkat Kecemasan Ibu dengan Terjadinya Persalinan Lama (Prolong) Pada Ibu Bersalin Kala 1 Fase Aktif Primigravida. *Jurnal Ilmu Kesehatan*, *8*(2), 168–173.

Silfi, S., Sriwenda, D., Widiawati, I., & Purwaningsih, D. (2021). Efektivitas Senam Nifas Terhadap Involusi Rahim. *Jurnal Kesehatan Siliwangi*, *2*(2), 399–404. https://doi.org/10.34011/jks.v2i2.738

Sulistyawati, W., & Ayati Khasanah, N. (2022). Asuhan Kebidanan Pada Ibu Hamil Dengan Anemia Dan Faktor Yang Melatarbelakangi. *Prosiding Seminar Nasional Hasil Penelitian Dan Pengabdian Masyarakat Seri Ke-3 Tahun 2019*, 201–207.

Suryanti, Y., Yuanita, V., & Handayani, S. (2023). Penyuluhan Perah ASI dan Posisi Menyusui pada Ibu Nifas. *Communnity DevelopmentJournal*, *4*(4), 7682–7686.

Wandi. (2020). Implementasi Sistem Rujukan Ibu Hamil Dan Bersalin Oleh Bidan Polindes Di Kecamatan Dampit. *Jurnal Informasi Kesehatan Indonesia (JIKI)*, *6*(1), 67–88. http://ojs.poltekkes-malang.ac.id/index.php/JIKI/article/view/43

Widyasari, F. E. (2022). *Gambaran Tingkat Pengetahuan Ibu Hamil Tentang Persalinan Operasi Caesar Dengan Metode Eracs*. Universitas Pendidikan Indonesia.

Wulandari, A. F., Sutrisminah, E., & Susiloningtyas, I. (2021). Literature Review: Dampak Anemia Defisiensi Besi Pada Ibu Hamil. *Jurnal Ilmiah PANNMED (Pharmacist, Analyst, Nurse, Nutrition, Midwivery, Environment, Dentist)*, *16*(3), 692–698. https://doi.org/10.36911/pannmed.v16i3.1219

Wulandari, L. A. (2023). Faktor-Faktor yang Berhubungan dengan Pemeriksaan Triple Eliminasi (HIV/ AIDS/ Sifilis dan Hepatitis B) di Kabupaten Lampung Timur. *Jurnal Bidan Mandira Cendikia* , *2*(1), 1–11.