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## MIDWIFERY POLICY AND ITS IMPACT ON MATERNAL HEALTH SERVICES: A REVIEW OF GLOBAL POLICY LITERATURE

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### Abstract

Maternal mortality remains a significant challenge globally, and addressing this issue requires effective maternal health policies, particularly in midwifery care. This literature review examines the impact of midwifery policies on maternal health services across different countries. It explores how various policy interventions, such as improving access to antenatal care, enhancing the quality of maternal services, and training health workers, have contributed to reducing maternal mortality rates. The review identifies the factors influencing the implementation of these policies, including socioeconomic conditions, cultural influences, and infrastructure challenges. Additionally, the study highlights successful policy models from countries like Malaysia, Indonesia, and Nordic nations, offering evidence-based recommendations for improving maternal health services. The findings emphasize the need for a comprehensive, culturally sensitive approach to midwifery policies to ensure better maternal health outcomes.

**Keywords:** *Maternal mortality, maternal morbidity, global health policies, policy impact, maternal health programs, health equity.*

### INTRODUCTION

Maternal mortality is one of the crucial indicators in measuring the degree of women's health in a country (Utami & Rachmawati, 2020). Maternal mortality is defined as the death of a woman during pregnancy, childbirth, or the postpartum period, caused by various complications or diseases that occur during these periods (Rabiatunnisa & Mujahadatuljannah, 2024). In Indonesia, despite various efforts, maternal mortality remains a significant challenge (Azyanti et al., 2022). Based on data from the 2012 Indonesian Demographic Health Survey, the maternal mortality rate increased to 359 per 100,000 live births, compared to 220 per 100,000 live births in 2010 (Sauli et al., 2018). Indonesia, as a country, faces challenges in reducing maternal mortality, which is still far from the Sustainable Development Goals target of 70 per 100,000 live births by 2030 (Lestari et al., 2022). The complexity of this problem involves various factors, both direct and indirect, that interact with each other and affect maternal health. The main causes of maternal mortality in Indonesia include bleeding, infection, pre-eclampsia and eclampsia, and prolonged labor. In addition, unsafe abortion is also one of the risk factors that contribute to maternal mortality (Komariah & Wahyuni, 2021).

In addition, socioeconomic conditions also play an important role in maternal health. The level of education, access to clean water and proper sanitation, and the nutritional status of pregnant women influence the risk of pregnancy and childbirth complications. Geographical disparities are also an important issue, where remote areas and regions with limited access to health services tend to have higher maternal mortality rates compared to urban areas with better equipped health facilities. Cultural factors and customs can also influence prenatal care and delivery practices, which in turn can impact maternal health. In this context, midwifery policy plays a central role in efforts to reduce maternal mortality and improve overall maternal health (Sauli et al., 2018). Midwifery policy covers various aspects, ranging from increasing access

to maternal health services, improving the quality of services, improving the competence of health workers, to empowering communities in pregnancy and childbirth care (Sauli et al., 2018).

Hypertension in pregnancy, including preeclampsia/eclampsia, is one of the significant causes of maternal mortality (SASTRI, 2022). Preeclampsia is defined as gestational hypertension associated with organ dysfunction in the pregnant woman or uteroplacental dysfunction in pregnancies beyond 20 weeks. WHO data shows that gestational hypertension is associated with 14% of maternal deaths, and is the second highest cause of maternal death in Sub-Saharan Africa, and contributes to 16% of maternal deaths in the region (Yuriah & Kartini, 2022). In Indonesia, the prevalence of preeclampsia is estimated at 2-8% of all pregnancies (Utami & Rachmawati, 2020). This rate is higher than in developed countries, indicating a gap in the quality of maternal health services. Risk factors for preeclampsia include maternal age, parity (number of children ever born), previous history of hypertension, multiple pregnancies, obesity, and diabetes mellitus (Tinta et al., 2020; Veri et al., 2024). In addition, psychological problems in pregnant women, especially in adolescence, are also of particular concern. The psychological aspects of pregnant women have direct implications for physical health (Machdum et al., 2017).

This study aims to analyze and evaluate the impact of midwifery policies on maternal health services globally. The purpose of this literature review is to identify midwifery policies that are effective in improving maternal health, as well as identify factors that influence the implementation of these policies. The literature review will also examine approaches and strategies that have been implemented in various countries in an effort to increase access to quality maternal health services, reduce maternal mortality, and improve women's overall reproductive health. This study also aims to provide evidence-based policy recommendations to improve maternal health services in Indonesia.

## **LITERATURE REVIEW**

### **Global Midwifery Policy**

The importance of antenatal care services in detecting early pregnancy complications and providing timely interventions is undeniable. WHO recommends that pregnant women receive a minimum of eight antenatal visits during pregnancy to monitor maternal and fetal health, provide information on pregnancy, delivery, and postpartum care, and provide necessary immunizations and nutritional supplementation. Adequate coverage of antenatal care is one of the important indicators in assessing the quality of maternal health care. However, in many developing countries, access to antenatal care is still limited, especially in remote and resource-limited areas. On the other hand, the provision of repeated health education is crucial due to diverse community acceptance factors (Baharuddin & Kongkoli, 2023). In addition, health workers often lack adequate information, leading to pregnant women not fully understanding the importance of safe pregnancy and delivery care.

Unintended pregnancy also has a significant impact on maternal and child health (Widowati & Damayanti, 2022). The high rate of teenage pregnancy, especially in developing countries, is a serious concern because pregnancy at a young age can increase the risk of pregnancy and childbirth complications, as well as negatively impact women's education and socioeconomics. Therefore, policies that support access to comprehensive reproductive health services, including contraception, are essential to prevent unwanted pregnancies and improve women's reproductive health.

### **Policy Impact on Maternal Health Services**

Safe and quality delivery services are an important component of efforts to reduce maternal mortality. WHO recommends that all deliveries be attended by trained health personnel in adequate health facilities. However, in many developing countries, home deliveries with the

help of traditional birth attendants are still common, especially in remote areas and regions with limited access to health services. Delays in seeking medical attention, delays in transportation to health facilities, and delays in receiving appropriate medical treatment are all factors that contribute to maternal mortality. The Program for Planning for Childbirth and Prevention of Complications (P4K) is one initiative that aims to improve the preparedness of pregnant women and their families for childbirth.

Improving pregnant women's knowledge of the danger signs of pregnancy, childbirth, and postpartum is also crucial to reduce the risk of maternal complications and death. In addition, the installation of stickers in the homes of pregnant women as part of the P4K program is expected to increase public awareness and provide support to pregnant women to get the health services needed (Himalaya & Maryani, 2020). Postnatal health services are very important to monitor the health of mothers and babies after delivery, provide information on newborn care, exclusive breastfeeding, and provide counseling on contraception. Exclusive breastfeeding for the first six months of a baby's life has many benefits for the health of both mother and baby. However, coverage of postnatal care remains low in many developing countries, especially in remote and resource-limited areas. Including health insurance can overcome cost constraints on delivery at health facilities (Mukhlisa & Pujiyanto, 2018).

### **Factors Affecting Policy Implementation**

The availability of trained and competent health workers is a key factor in improving the quality of maternal health services (Ramadhan, 2025). The quality of health services is strongly influenced by the availability of competent human resources, including obstetricians, midwives, and nurses. In addition, adequate health facilities and infrastructure are also very important to support quality maternal health services. Well-equipped health facilities with modern medical equipment and adequate medicines can improve the ability of health workers to provide effective and efficient services. Effective health policies must be supported by an adequate and sustainable health financing system.

### **Theoretical Framework**

The effectiveness of midwifery policies depends on the complex interactions between various factors, including the knowledge of health care providers, the application of appropriate care methods, the availability and quality of resources, and the infrastructure that supports maternal health services. Comprehensive education plays a central role in stunting prevention (Baharuddin & Kongkoli, 2023). Psychoeducational approaches can improve pregnant women's knowledge and understanding of stunting (Purnamasari et al., 2023). Interventions that focus on increasing knowledge and changing community behavior are essential to prevent stunting (Amalia et al., 2023; Santi et al., 2020). Specific nutrition interventions, such as iron and folic acid supplementation for pregnant women and supplementary feeding for infants and children, have been shown to be effective in preventing stunting (Fitriani et al., 2021). These programs aim to ensure that pregnant women and children receive adequate nutrition to support optimal growth and development (Yuda et al., 2023).

## **METHODOLOGY**

This literature review adopted a comprehensive approach to analyze midwifery policies and their impact on maternal health globally. Data were collected through a systematic search of various sources, including scientific publications, international organization reports, government policy documents, and news articles. Keywords used in the search included "midwifery policy", "maternal health", "maternal mortality", "reproductive health services", "access to health services", "quality of health services", and "factors affecting maternal health".

The article selection process was conducted in stages, starting with screening by title and abstract to identify studies relevant to the research topic. Articles that met the inclusion criteria were then evaluated in depth to identify information relevant to the study objectives.

Information extracted from the articles included the type of midwifery policy implemented, maternal health indicators measured, research methods used, and key findings. The collected data were then analyzed descriptively and interpretively to identify common patterns, trends, and gaps in midwifery policies and their impact on maternal health across countries.

## **RESULTS AND DISCUSSION**

### **Analysis of Midwifery Policies in Different Countries**

Several countries have successfully reduced maternal mortality through the implementation of comprehensive midwifery policies. However, many countries still face challenges in improving maternal health due to limited resources, poor infrastructure, and social disparities. Pregnancy check-ups are important to know the condition of pregnant women and early treatment can be done if complications occur (Kadir et al., 2019) (Sari et al., 2018). In addition, supplementary feeding of infants and children is also an important specific nutrition intervention to prevent stunting. This research uses the literature study method to collect and analyze data from various sources (Yuda et al., 2023). The implementation of the KIBBLA policy in Bandung Regency has not been optimal due to several factors, such as the lack of guidance for health workers and not optimal activities related to maternal and child health (Hegantara et al., 2021).

Analysis of midwifery policies in various countries provides a clear picture of the effectiveness and challenges in improving maternal and child health services. Policies implemented in the field of obstetric health often reflect the social, economic and cultural priorities of each country. In this context, we can analyze several countries with different approaches and diverse outcomes. In Indonesia, one of the main policies focusing on maternal and child health is the Maternal and Child Health (MCH) Program. Research shows that although this policy has been designed to reduce maternal and child mortality, there are still challenges in implementation that cause the mortality rate to remain high, at 359 per 100,000 live births in 2012 (Yuningsih, 2016). Efforts to improve the professionalism of midwives and health care providers are essential in this context (Yuningsih, 2016). Research shows the need to integrate better education and training for midwives, which can improve the quality of health services (Yuningsih, 2016). In addition, policies that support accessibility of services, such as management of hypertension in pregnancy, are needed to reduce the risk of maternal morbidity and mortality. In Malaysia, the health policy approach to maternal health has shown success in reducing maternal mortality. In this country, the health system is built on a model that ensures higher standards of health services, including better access to antenatal care. These programs are often complemented by educational initiatives to raise public awareness about the importance of antenatal visits and post-natal care. These evidence-based health programs aim to tailor health interventions to the needs of the population (Fuat & Solomon, 2023). From the perspective of other countries, such as Egypt, the implementation of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) shows that despite efforts to improve maternal health, active policies supporting women's rights in the context of health have not been fully effective (Putri et al., 2022). Egypt shows deficiencies in the implementation of policies oriented towards gender protection and equality in health, which impacts women's access to quality obstetric services.

Furthermore, benchmarking with Nordic countries, sometimes referred to as the best models in maternal and child health services, shows that a holistic and collaborative approach, involving multiple stakeholders and strong support from the government, can significantly reduce maternal mortality. Policies in Nordic countries often include comprehensive health services, mental support for mothers, and proactive education systems on reproductive health (Fuat & Solomon, 2023). Thus, the analysis of midwifery policies shows that success depends on political commitment, collective public awareness, and the quality of training for health

workers, as well as the need for a comprehensive and sustainable approach to improving maternal and child health services. Evidence-based and inclusive policies, as well as integration of various sectors, including education and culture, are needed to improve health outcomes.

### **Policy Impact on Maternal Mortality and Morbidity**

Implementing social protection is not easy due to Indonesia's cultural and regional complexities. Mothers have internal factors that prevent them from being aware of and/or willing to optimally utilize social protection programs in the health sector, resulting in the 2015 maternal mortality rate not decreasing (Machdum et al., 2017). Health policies that focus on maternal care have a significant impact on maternal mortality and morbidity. Many factors contribute to this issue, especially during critical situations such as the COVID-19 pandemic or during pregnancy itself. Policies directed at improving access to and quality of maternal health services have the potential to reduce maternal and perinatal mortality.

One of the main factors in maternal mortality is the delay in reaching health facilities. Ermawailis et al. showed that the COVID-19 pandemic caused barriers in access to maternal health services, leading to increased mortality and morbidity due to delays in recognizing health problems and making decisions to go to the hospital (Ermawailis et al., 2023). This delay is associated with four main factors: delay in recognizing the problem, the decision to seek help, the journey to the health facility, and the care received upon arrival at the hospital (Ermawailis et al., 2023). This suggests that improvements in referral systems and administrative handling can reduce the burden of maternal morbidity and mortality. Maternal health factors such as anemia also contribute significantly to the risk of death. Anemia in pregnant women can lead to various complications, including preeclampsia and the risk of bleeding, which are strongly associated with increased mortality (Utomo et al., 2023; Fatkhiyah et al., 2022; . Research shows that poor nutritional status can increase the incidence of anemia, which in turn has the potential to result in death for both mother and fetus (Fatkhiyah et al., 2022; Yunita, 2021). Therefore, policies that improve nutrition education and access to supplements for pregnant women are highly relevant to reduce morbidity and mortality.

Support from health workers also plays an important role in increasing antenatal visits that can detect complications earlier (Lisca & Damayanti, 2023; Murni & Nurjanah, 2020). Husband involvement and good social support can increase antenatal visit participation, which has a direct effect on maternal and infant health outcomes (Lisca & Damayanti, 2023). Increased Antenatal Care (ANC) coverage is expected to reduce maternal mortality, by detecting and treating health problems earlier (Mawarni et al., 2021).

Health policies such as the Maternal and Child Health (MCH) program at Puskesmas are expected to target and reduce maternal mortality (Hidayah & Rahaju, 2022). The implementation of this program should include health education to improve pregnant women's knowledge about good practices to maintain health during pregnancy, especially related to early detection and management of risks such as hypertension or infection (Laksono & Masrie, 2022). Good awareness and knowledge of maternal health has the potential to reduce morbidity-both from pregnancy complications and from non-adherence to ANC visits. Overall, the success of policies in addressing maternal mortality and morbidity depends on the cooperation of various parties-from policy makers to medical personnel and communities. The delivery of appropriate information, improved access to services, and education on maternal health will lead to better health outcomes for mothers and children.

### **Policy Effectiveness Comparison**

In analyzing the effectiveness of midwifery policies, cross-country comparisons provide important insights into successful strategies and remaining challenges. In countries with low maternal mortality rates, maternal health services are often comprehensively integrated within the primary health care system, ensuring universal access and quality. For example, Nordic countries such as Iceland and Norway, which have some of the lowest maternal mortality rates

in the world, provide comprehensive antenatal and postnatal services, emphasizing preventive care and early detection of complications (Wau & Razella, 2020).

In contrast, developing countries often face challenges in terms of health infrastructure, shortages of trained health workers, and cultural or economic barriers that hinder women's access to maternal health services. In these countries, policies that focus on improving access to antenatal care, safe delivery, and postpartum care can have a significant impact on reducing maternal mortality. For example, initiatives such as the "Delivery Planning and Complication Prevention" program in Indonesia aim to register pregnant women, provide adequate antenatal care, and raise awareness about danger signs during pregnancy.

In addition, the effectiveness of midwifery policies is also influenced by factors such as governance, funding, and accountability. A strong policy framework, supported by adequate investment and effective monitoring and evaluation mechanisms, is essential to ensure that maternal health services reach those in need and have the desired impact. Finally, it is important to consider the role of the socio-cultural context in shaping the effectiveness of midwifery policies. Factors such as gender norms, women's education levels, and community power structures can influence women's access to health services and decision-making. Therefore, policies that are culturally sensitive and tailored to the needs and priorities of local communities are more likely to be successful in improving maternal health outcomes.

## **CONCLUSION**

In closing, an in-depth analysis of midwifery policy and its impact on maternal health reveals several important points to consider for continuous improvement. The role of policy in improving maternal health services is significant, but its implementation must be comprehensive, consider various aspects from accessibility to quality of care, and always be tailored to the local context. It is important to underline that improving maternal health depends not only on medical interventions, but also on broader social, economic and cultural factors. Therefore, an effective policy approach should be holistic, incorporating strategies to address broader determinants of health such as poverty, gender inequality, and lack of education. Policies should be supported by robust research and data, as well as rigorous monitoring and evaluation mechanisms, to ensure effectiveness and accountability. In addition, collaboration and coordination between various stakeholders, including the government, health service providers, civil society organizations, and communities, are essential for successful policy implementation. Ultimately, the goal of midwifery policy should be to empower women and families, providing them with the resources and support they need to make informed decisions about their own health and the health of their children.

Based on this review, several recommendations are put forward including The government should prioritize investment in a strong health system that provides comprehensive and quality maternal health services, including antenatal care, safe delivery, and postpartum care. Intervention programs should focus on promoting women's education and empowerment, reducing poverty and gender inequality, and addressing cultural norms and barriers that impede women's access to health services. Policymakers and health service providers should work together to ensure that maternal health policies and programs are responsive to local community needs and priorities, and that women and families are involved in the decision-making process.

## **REFERENCES**

Amalia, I. S., Ropii, A., Mutiara, A. S., Sukmawati, E., & Diyanti, E. (2023). Penyuluhan stunting dan pembuatan mp-asi berbasis pangan lokal pada ibu yang memiliki balita pada daerah lokus stunting di desa kutawaringin kecamatan selajambe kabupaten

- kuningan. *Jurnal Pemberdayaan Dan Pendidikan Kesehatan (JPPK)*, 2(2), 68. <https://doi.org/10.34305/jppk.v2i02.739>
- Azyanti, A. F., Ningtyas, W. S., & Utomo, M. T. (2022). Implementasi dan Pemanfaatan Continuity of Maternal Healthcare di Indonesia (Literature Review). *Jurnal Ilmiah Universitas Batanghari Jambi*, 22(2), 917. <https://doi.org/10.33087/jiubj.v22i2.2086>
- Baharuddin, B., & Kongkoli, E. Y. (2023). Pemberian Edukasi dalam Upaya Pencegahan Stunting di Kelurahan Karang Anyar Kecamatan Mamajang Kota Makassar. *Bhakti Persada*, 9(1), 10. <https://doi.org/10.31940/bp.v9i1.10-15>
- Ermawailis, E., Nisak, M., Mainiati, M., & Murniyenti, M. (2023). Faktor- faktor yang berhubungan dengan keterlambatan ibu hamil dengan covid-19 mencapai fasilitas rumah sakit rujukan di rsup dr. m. djamil padang. *Jik Jurnal Ilmu Kesehatan*, 7(1), 199. <https://doi.org/10.33757/jik.v7i1.655>
- Fatkhiyah, N., Salamah, U., Indrastuti, A., & Nurfiati, L. (2022). Studi korelasi status gizi dengan kejadian anemia pada ibu hamil. *Jurnal Kesehatan Komunitas (Journal of Community Health)*, 8(3), 569-575. <https://doi.org/10.25311/keskom.vol8.iss3.1295>
- Fitriani, D., Astuti, A. W., & Utami, F. S. (2021). Dukungan tenaga kesehatan dalam keberhasilan ASI eksklusif: A scoping review [Review of Dukungan tenaga kesehatan dalam keberhasilan ASI eksklusif: A scoping review]. *Jurnal Riset Kebidanan Indonesia*, 5(1), 26. <https://doi.org/10.32536/jrki.v5i1.176>
- Hartiningrum dan Fitriani "Efektivitas penggunaan catatan kehamilan digital sebagai media komunikasi dalam pelayanan kebidanan" *Jurnal bimtas jurnal kebidanan umtas* (2021). doi:10.35568/bimtas.v5i2.1861
- Hegantara, A., Sumadinata, W. S., & Alexandri, M. B. (2021). Implementasi kebijakan kesehatan ibu, bayi, bayi baru lahir dan anak (kibbla) di kabupaten bandung. *Responsive*, 4(3), 163. <https://doi.org/10.24198/responsive.v4i3.34743>
- Hidayah, U. and Rahaju, T. (2022). Implementasi program pelayanan kesehatan ibu dan anak (kia) di puskesmas dupak kecamatan krengangan kota surabaya. *Publika*, 1317-1330. <https://doi.org/10.26740/publika.v10n4.p1317-1330>
- Himalaya, D., & Maryani, D. (2020). Penerapan program perencanaan persalinan dan pencegahan komplikasi (P4K). *Journal Of Midwifery*, 8(1), 1. <https://doi.org/10.37676/jm.v8i1.1027>
- Kadir, I. N., Saleha, S., & Nadyah, N. (2019). Manajemen Asuhan Kebidanan Antenatal Care pada Ny "N" dengan Hiperemesis Gravidarum Tingkat III di Rsud Syekh Yusuf Gowa Tanggal 3 Juni-12 Juli 2019. *Jurnal Midwifery*, 1(2). <https://doi.org/10.24252/jmw.v1i2.10832>
- Komariah, N., & Wahyuni, S. (2021). The Relation Between Labor Pain with Maternal Anxiety. *Advances in Social Science, Education and Humanities Research/Advances in Social Science, Education and Humanities Research*. <https://doi.org/10.2991/assehr.k.210415.043>
- Laksono, S. and Masrie, M. (2022). Hipertensi dalam kehamilan: tinjauan narasi. *Herb-Medicine Journal Terbitan Berkala Ilmiah Herbal Kedokteran Dan Kesehatan*, 5(2), 27. <https://doi.org/10.30595/hmj.v5i2.13043>
- Lestari, I., Saudah, N., & Dewi, C. P. L. (2022). Literature Review: Analysis to Reduce Maternal Mortality. *Jurnal Ners Dan Kebidanan (Journal of Ners and Midwifery)*, 9(2), 261. <https://doi.org/10.26699/jnk.v9i2.art.p261-269>
- Lisca, S. and Damayanti, R. (2023). Hubungan pengetahuan, peran tenaga kesehatan dan dukungan suami terhadap kunjungan anc pada ibu hamil di puskesmas cikalong kabupaten tasikmalaya tahun 2023. *Sentri Jurnal Riset Ilmiah*, 2(10), 4250-4264. <https://doi.org/10.55681/sentri.v2i10.1666>

- Machdum, S. V., Cholid, S., Annisah, A., & Imelda, J. D. (2017). Restorasi Tingkat Mikro Dalam Sistem Sosial Budaya Indonesia Untuk Mencegah Kematian Ibu. *Antropologi Indonesia*, 37(2). <https://doi.org/10.7454/ai.v37i2.8771>
- Mawarni, D., Sulistyani, R., & Adi, S. (2021). Faktor-faktor yang mempengaruhi pelayanan antenatal di daerah perdesaan. *Ikesma*, 17(1), 6. <https://doi.org/10.19184/ikesma.v17i1.22444>
- Mukhlisa, M. N., & Pujiyanto, P. (2018). The Effect of Health Insurance on Institutional Delivery in Indonesia. *Kesmas National Public Health Journal*, 12(3). <https://doi.org/10.21109/kesmas.v12i3.1099>
- Murni, F. and Nurjanah, I. (2020). Ibu hamil dengan kepatuhan kunjungan antenatal care (anc) k4 di puskesmas. *Jurnal Ilmiah Kebidanan Indonesia*, 10(01), 9-12. <https://doi.org/10.33221/jiki.v10i01.423>
- Purnamasari, I., Mundakir, M., Nasrullah, D., Firman, F., Hasanah, U., & Susanty, A. I. (2023). Pendampingan ibu hamil melalui pendekatan psikoedukasi sebagai upaya pencegahan stunting bersama pimpinan daerah aisyiyah kota surabaya. *Selaparang Jurnal Pengabdian Masyarakat Berkemajuan*, 7(2), 1114. <https://doi.org/10.31764/jpmb.v7i2.14153>
- Putri et al. "Kepatuhan Mesir Terhadap Convention on The Elimination of All Forms of Discrimination Against Women (CEDAW) Paska Revolusi Mesir 2011" *Jurnal pir power in international relations* (2022) doi:10.22303/pir.7.1.2022.13-30.
- Rabiatunnisa, R., & Mujahadatuljannah, M. (2024). Analisis Tingkat Kepatuhan Konsumsi Tablet FE pada Ibu Hamil Trimester III di DAS. *Jurnal Surya Medika*, 10(2), 236. <https://doi.org/10.33084/jsm.v10i2.7748>
- Ramadhan, D. D. F. (2025). "Pengembangan pakan yang efektif dan inovasi metode perawatan dalam operasi peternakan kambing pe di tulungagung."
- Santi, M. W., Triwidiarto, C., Syahniar, T. M., Firgiyanto, R., & Andriani, M. (2020). Peningkatan Pengetahuan Kader Posyandu dalam Pembuatan PMT Berbahan Dasar Kelor sebagai Upaya Percepatan Pencegahan Stunting. *Dharma Raflesia Jurnal Ilmiah Pengembangan Dan Penerapan IPTEKS*, 18(2), 77. <https://doi.org/10.33369/dr.v18i2.12056>
- Sari, N. N. I., Ramani, A., & Baroya, N. (2018). Perbedaan kunjungan antenatal care antara ibu hamil peserta progam keluarga harapan (pkh) dan bukan peserta pkh di kecamatan kalisat kabupaten jember. *IKESMA*, 14(1), 34. <https://doi.org/10.19184/ikesma.v14i1.10405>
- SASTRI, N. (2022). Faktor–faktor yang berhubungan dengan hipertensi dalam kehamilan pada ibu hamil di pmb dewi angraini. *Masker Medika*, 9(2), 521. <https://doi.org/10.52523/maskermedika.v9i2.465>
- Sauli, B., Lanyumba, F. S., Sattu, M., Balebu, D. W., Syahrir, M., & Tongko, M. (2018). Pelaksanaan Program Perencanaan Persalinan dan Pencegahan Komplikasi (P4K) di Wilayah Kerja Puskesmas Bualemo Kabupaten Banggai. *Jurnal Kesmas Untika Luwuk Public Health Journal*, 9(2), 27. <https://doi.org/10.51888/phj.v9i2.11>
- Tinta, Y., Polopadang, V., Rais, Muh. K., & Sudirman. (2020). Related Factors to Preeclampsia Incidence in Pregnant Women at Lasinrang Regional Hospital Pinrang. *South Asian Research Journal of Nursing and Healthcare*, 2(1), 12. <https://doi.org/10.36346/sarjnhc.2020.v02i01.002>
- Utami, N., & Rachmawati, I. N. (2020). Persepsi Masyarakat dan Tenaga Kesehatan tentang Kehamilan Pre-eklampsia : Literature Revie. *Dunia Keperawatan Jurnal Keperawatan Dan Kesehatan*, 8(2), 277. <https://doi.org/10.20527/dk.v8i2.8151>

- Utomo, D., Cuciati, C., & Risnanto, R. (2023). Faktor yang berhubungan dengan kejadian anemia pada ibu hamil. *Jik Jurnal Ilmu Kesehatan*, 7(2), 303. <https://doi.org/10.33757/jik.v7i2.733>
- Veri, N., Lajuna, L., Mutiah, C., Halimatussakdiah, H., & Dewita, D. (2024). Preeklamsia: patofisiologi, diagnosis, skrining, pencegahan dan penatalaksanaan. *Femina.*, 4(1), 283. <https://doi.org/10.30867/femina.v4i1.588>
- Wau, H., & Razella, N. (2020). Utilization of Antenatal Care (ANC) Services by Pregnant Women in Binjai City and Factors Affecting. *Jurnal Kesehatan Masyarakat*, 15(3), 390. <https://doi.org/10.15294/kemas.v15i3.20613>
- Widowati, L. P., & Damayanti, R. (2022). Unintended pregnancy and antenatal care behavior in Indonesia. *JNKI (Jurnal Ners Dan Kebidanan Indonesia) (Indonesian Journal of Nursing and Midwifery)*, 10(3), 214. [https://doi.org/10.21927/jnki.2022.10\(3\).214-223](https://doi.org/10.21927/jnki.2022.10(3).214-223)
- Yuda, A., Septina, Z., Maharani, A., & Nurdiantami, Y. (2023). Tinjauan Literatur: Perkembangan Program Penanggulangan Stunting di Indonesia. *Jurnal Epidemiologi Kesehatan Indonesia*, 6(2). <https://doi.org/10.7454/epidkes.v6i2.6049>
- Yuningsih "Pengembangan Kebijakan Profesi Bidan dalam Upaya Meningkatkan Pelayanan Kesehatan Ibu dan Anak" *Aspirasi jurnal masalah-masalah sosial* (2016) doi:10.46807/aspirasi.v7i1.1280.
- Yunita, I. (2021). Penguatan kader kesehatan melalui edukasi gizi dalam mengatasi anemia pada ibu hamil.. <https://doi.org/10.31219/osf.io/hkz54>
- Yuriah, S., & Kartini, F. (2022). Factors affecting with the prevalence of hypertension in pregnancy: Scoping review. *PLACENTUM Jurnal Ilmiah Kesehatan Dan Aplikasinya*, 10(1), 1. <https://doi.org/10.20961/placentum.v10i1.54822>