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The Relationship Between Pregnant Women's Knowledge of Pregnancy Emergencies and Compliance with Ante Natal Care (ANC) Checkups

Prana Citra*, Surmiasih

Aisyah Pringsewu University

Corresponding Author: *Email: pranac490@gmail.com

Abstract

Background: Pregnancy emergencies are pregnant women who may experience complications during their pregnancy. Lampung Province reported 105 maternal deaths (75.15%), while South Lampung reported 5 maternal deaths in 2023. ANC coverage in South Lampung is 81.5%. The lowest achievement is at the Merbau Mataram Community Health Center with an achievement of 43.8%.

Purpose: To determine the relationship between pregnant women's knowledge about pregnancy emergencies and compliance with antenatal care (ANC) in Mekar Jaya Village, Merbau Mataram Community Health Center.

Method: This study is quantitative with a cross-sectional approach. The study population consists of all pregnant women in their first to third trimesters in Mekar Jaya Village, Merbau Mataram Community Health Center working area, totaling 67 respondents. The sampling technique used total sampling. Data collection was conducted using questionnaires on maternal emergencies and ANC compliance. Data analysis was performed using the chi-square test.

Results: The results showed that the frequency distribution of ANC compliance indicated that most patients (61.2%) were non-compliant. Most (58.2%) had poor knowledge and a p-value of 0.001.

Conclusion: There was a relationship between pregnant women's knowledge about pregnancy emergencies and their compliance with antenatal care (ANC) in Mekar Jaya Village, Merbau Mataram Health Center. It is hoped that pregnant women will reduce pregnancy emergencies so that they are more compliant in attending antenatal care visits, with a minimum of 6 visits (2 in the first trimester, 1 in the second trimester, and 3 in the third trimester).

Keywords: Ante Natal Care (ANC); Emergency; Knowledge; Pregnant Women

INTRODUCTION

The Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) are key indicators of public health and have been set as one of the Sustainable Development Goals (SDGs) (Ministry of Health of the Republic of Indonesia, 2021). Maternal mortality (MMR) and infant mortality (IMR) are indicators that can show the welfare of a country's population, where the Maternal Mortality Rate (MMR) is the number of maternal deaths during pregnancy, childbirth, and postpartum, or due to treatment, not due to other causes such as accidents or falls, per 100,000 live births (LB). The infant mortality rate (IMR) is the

number of infant deaths under the age of one per thousand live births (LB) (Issabella, Guru, Jumhati, Idyawati, Mujahidah, Wulandari, I& Hidayatin, 2023).

The World Health Organization (WHO) states that maternal mortality rates are very high. Approximately 287,000 women died during and after pregnancy and childbirth in 2020, and nearly 95% of all maternal deaths occurred in low- and middle-income countries in 2020, most of which were actually preventable. Sub-Saharan Africa and South Asia accounted for about 87% (253,000) of live births from estimated global maternal deaths in 2020. Sub-Saharan Africa

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alone accounted for about 70% of maternal deaths (202,000). South Asia contributed about 16% of maternal deaths (47,000), and Southeast Asia varied between countries, with Cambodia and Myanmar having the highest MMR in 2022, at about 218 and 179 per 100,000 live births (World Health Organization, 2024).

In Indonesia in 2023, the average MMR across all regions of Indonesia still showed a rate above 100 deaths per 100,000 live births and an average IMR above 15 deaths per 1,000 live births. In Lampung Province, the number of maternal deaths in 2023 was 105 cases, with 75.15% reported (Lampung Province Health Profile, 2023). Meanwhile, in South Lampung, there were 7 maternal deaths in 2020, 11 cases in 2021, 5 cases in 2022, and 5 cases in 2023 (Lampung Province Health Office, 2024).

Antenatal Care (ANC) in Indonesia had coverage rates of 96.9% for K1, 68.1% for K4, and 17.6% for K6 in 2023. In Lampung, the coverage rates were 97.6% for K1, 71.2% for K4, and 15.3% for K6 (SKI, 2023). Pregnant women who comply with ANC by visiting six times, where the K6 achievement target for 2023 is 80% and the achievement in South Lampung Regency is 81.5%, but there are still 13 health centers that have not reached the target, with the lowest achievement being the Merbau Mataram Health Center with an achievement of 43.8%. (South Lampung Health Office, 2023)

Complications during pregnancy, childbirth, and the postpartum period that cause maternal mortality are categorized into direct and indirect causes. Other complications may exist before pregnancy but worsen during pregnancy, especially if not managed properly, so early detection of problems/complications during pregnancy is necessary from the time the mother is known to be pregnant or in the first trimester (TM I) until the second trimester (TM II) to obtain proper management to prevent emergencies in the third trimester (TM III) and maternal mortality. Pregnancy complications include conditions such as gestational hypertension and preeclampsia, gestational diabetes, anemia, infection, bleeding, miscarriage, premature labor, and placental abruption. These conditions can endanger the mother and fetus, so pregnant women are advised to undergo ANC and maintain a healthy

lifestyle to prevent complications (Galle, De Melo, Griffin, Osman, Roelens, & Degomme, 2020).

Globally, the WHO (2024) is working with partners to address the causes of maternal mortality from upstream to downstream. Health facilities are recommended to implement various measures to reduce maternal mortality through early detection in ANC services and early management of emergencies (Hutabarat, 2023).

Emergencies in pregnancy are identified when pregnant women may experience complications in their pregnancy so that immediate treatment can be provided. Emergencies and the provision of appropriate treatment can prevent complications and maternal mortality (Lestari & Winarsih, 2022).

Emergency situations during pregnancy require increased knowledge among pregnant women so that they can prevent complications and avoid maternal mortality. Management can be carried out through routine antenatal care (ANC) examinations by health workers. Antenatal Care (ANC) examinations aim to monitor and maintain the health and safety of the mother and fetus, detect all pregnancy complications and take necessary actions, respond to complaints, prepare for childbirth, and promote a healthy lifestyle. ANC visits are crucial for detecting and preventing unwanted events that may arise during pregnancy (Hijazi, Alyahya, Sindiani, Saqan, & Okour, 2018).

Irregularity in pregnancy checkups can lead to various maternal complications that can affect the pregnancy going undetected and therefore not being treated immediately. One of the factors that may contribute to irregularity in pregnancy checkups is the mother's lack of knowledge about her pregnancy. The latest ANC checkups are in accordance with service standards, which require a minimum of 6 checkups during pregnancy and a minimum of 2 checkups by a doctor in the first and third trimesters. Check-ups are conducted twice in the first trimester, once in the second trimester, and three times in the third trimester, with care standards that meet the 10T criteria. The results of the Chi Square test on the relationship between pregnant women's knowledge of emergency signs of pregnancy and compliance with antenatal care examinations obtained a p-value of 0.002, which is less than 0.05 or $0.002 < 0.05$. Therefore, it can be concluded that there is a

Prana Citra*, Surmiasih

Aisyah Pringsewu University
Corresponding Author: *Email: pranac490@gmail.com

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relationship between pregnant women's knowledge of emergency signs of pregnancy and compliance with antenatal care examinations (Ariesti & Sutiarsih, 2022).

A good level of knowledge among pregnant women about pregnancy, childbirth, and the postpartum period has an influence on the success of preventing and reducing maternal mortality rates. If a pregnant woman has good knowledge about emergencies, she will be able to think, act, and behave in a way that prevents emergencies from occurring, or if signs of an emergency appear, she will be able to immediately recognize them and seek ANC (Lestari & Winarsih, 2022).

The maternal mortality rate is one indicator of the success of health development. The high number of maternal deaths is caused by delays in early detection, late decision-making, late arrival at health services, and late treatment of maternal emergencies (Iswanti, Husnida, & Rumiatur, 2022). The causes of maternal mortality can be minimized by optimizing antenatal care (ANC) in accordance with prenatal care standards. ANC services are aimed at preventing complications and abnormalities during

pregnancy. For multigravida mothers, prenatal care remains as important as in previous pregnancies. Therefore, ANC visits are mandatory to properly monitor the development of the mother's pregnancy and the condition of the fetus, thereby reducing maternal and fetal morbidity and mortality (Kusumo & Yulian, 2016).

RESEARCH METHOD

This type of research is quantitative research, with a cross-sectional research design. The population in this study consisted of all pregnant women in their first to third trimesters who were registered for ANC in Mekar Jaya Village, Merbau Mataram Health Center Working Area, totaling 67 respondents. The sample used total sampling. The measurement tool in this study was a questionnaire adopted from Utomo's (2025) study with a validity test of $r\text{-count } 0.437\text{--}0.679 > r\text{ table } (0.3061)$ and a Cronbach's alpha value of $0.886 > 0.6$. Meanwhile, ANC from the Ministry of Health of the Republic of Indonesia (2020) analyzed the data using univariate analysis (frequency distribution) and bivariate analysis (chi-square test) with $P\text{Value} < \alpha (0.05)$.

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RESEARCH RESULTS

Table Distribution Frequency of Respondent (N=62)

Variable	Results	P-value	OR (CI 95%)
Education (n/%)			
Elementary school	1 /1.5		
Junior high school	12/18.0		
Senior High school	43/64.1		
Diploma	7/10.5		
Bachelor's degree	4/6.0		
Occupation (n/%)			
Farmer	19/28.4		
Housewife	17/25.4		
Entrepreneur	10/15.0		
Laborer	8/12.0		
Civil servant	7/10.2		
Private employee	6/9.0		
Parity (n/%)			
Primipara	18/27.0		
Multipara	46/68.5		
Grandemultipara	4/4.3		
Trimester (n/%)			
1	8/12.0		
2	42/63.0		
3	17/25.2		
ANC (n/%)			
No ANC	1/1.5		
K1	24/35.8		
K2	13/19.4		
K3	24/35.8		
K4	4/6.0		
K5	0/0		
K6	1/1.5		
Knowledge (n/%)			
Good	28/42.0	0.001	9.651 (3.089-30.152)
Poor	39/58.0		
ANC Compliance (n/%)			
Non-compliant	41/61.0		
Compliant	26/39.0		

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Based on the table above, it can be seen that most of the 67 respondents (64.2%) had a high school education. Based on occupation, most (28.4%) of the 67 respondents were farmers. The average parity of respondents was 2.39 with a standard deviation of 1.167 and the lowest parity was 1 and the highest parity was 5, with the majority being multiparous (68.6%) of the 67 respondents. The average trimester of respondents was 2.13 with a standard deviation of 0.600, the lowest trimester was 1, the highest parity was 3, and the most common trimester was 2 (62.7%) of the 67 respondents. The average ANC of respondents was 2.15 with a standard deviation of 1.118, the lowest ANC was 0, the highest parity was 6, and the most common were K1 and K3 (35.8%) of 67 respondents. It was found that the knowledge of most patients (58.2%) was poor and (41.8%) was good out of 67 respondents. Most patients (61.2%) were non-compliant and (38.8%) were compliant out of 67 respondent.

Based on the results of the chi-square statistical test, a p-value of 0.001 was obtained, which means that there is a relationship between pregnant women's knowledge about pregnancy emergencies and compliance with antenatal care (ANC), with an OR value of 9.651, meaning that respondents with poor knowledge have a 9.651 times higher risk of non-compliance with ANC visits compared to respondents with good knowledge.

DISCUSSION

Based on the study, most patients (58.2%) had poor knowledge and (41.8%) had good knowledge out of 67 respondents. In line with the other research it shows that pregnant women who were respondents mostly had good knowledge about pregnancy emergencies, totaling 14 people (46.7%), and the fewest pregnant women had poor knowledge about pregnancy emergencies, totaling 6 people (20%). Noftalina's (2021) research shows that the knowledge level of cadres increased by 30% in the high knowledge level, from 3% to 33%, while the moderate knowledge level increased by 7%, from 37% to 44% (Lestari & Winarsih, 2022).

Pregnant women's knowledge in recognizing danger signs can be one of the determinants of pregnancy care to prevent complications. Lack of knowledge about the danger signs of pregnancy, childbirth, and postpartum can cause mothers to be unable to identify the signs that appear so that they cannot anticipate them early (Situmorang, 2022). A good level of knowledge among pregnant women about pregnancy, childbirth, and the postpartum period influences the success of preventing and reducing maternal mortality rates. If a pregnant woman has good knowledge about emergencies, she will be able to think, act, and behave in a way that prevents emergencies from occurring, or if signs of an emergency appear, she will be able to immediately recognize them and undergo an ANC examination (Lestari & Winarsih, 2022).

The researchers argue that the majority (58.2%) of women with poor knowledge are farmers (28.4%)

who rarely visit the health center for antenatal care and pregnant women in their first trimester who still experience hyperemesis, making them reluctant to leave the house to have their pregnancy checked. Because mothers have poor knowledge about pregnancy emergencies, they will have less awareness to take care of their pregnancies. Most mothers' education is above high school level. Researchers argue that knowledge can be obtained from formal education as well as from personal and other people's experiences. Knowledge can also be obtained from books, social media, and so on. However, there are also cases where women have good knowledge but do not comply with ANC visits. This is because knowledge shapes individual actions, as good knowledge does not always guarantee a change in behavior or actions in terms of regular ANC visits.

Based on the ANC visit study, it was found that the majority of patients (61.2%) were non-compliant, (38.8%) were compliant out of 67 respondents, in line with Mahadew's (2018) research that the majority of respondents were non-compliant in attending ANC visits, namely 35 people (64.8%), and only 19 respondents (35.2%) were compliant in attending ANC visits. The factors influencing respondents' non-compliance in attending pregnancy check-ups include knowledge, attitude, education, age, parity, family support, socioeconomic status, and access to health services.

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The Indonesian Ministry of Health stipulates that pregnant women should undergo antenatal care (ANC) examinations at least 6 times during 9 months as a form of commitment to providing essential services for pregnant women. A minimum of 2 (two) visits during the first trimester (0–12 weeks) = K1 and K2. A minimum of 1 (one) visit during the second trimester (between weeks 13–24) = K3. At least three visits during the third trimester (between >24 weeks and delivery) = K4–K6 (Ministry of Health, 2020). Pregnant women who adhere to antenatal care will receive a wealth of information, including how to maintain a healthy pregnancy, seek professional help immediately if problems arise during pregnancy, and access healthcare services (Setiyarini, 2019).

According to the researcher, some respondents (61.2%) did not comply with ANC because most of them were multiparous and believed they could handle any pregnancy problems they faced, even though ANC checkups are very important for detecting abnormalities that may exist or arise during pregnancy. The relationship between pregnant women's knowledge of pregnancy emergencies and compliance with antenatal care (ANC).

The study showed that of the 39 respondents who had poor knowledge, 32 (82.1%) were non-compliant with ANC and 7 (17.9%) were compliant with ANC. Of the 28 respondents who had good knowledge, 9 (32.1%) were non-compliant with ANC and 19 (67.9%) were compliant with ANC. Based on the results of the chi-square statistical test, a p-value of 0.000 was obtained, which means that there is a relationship between pregnant women's knowledge about pregnancy emergencies and compliance with antenatal care (ANC), with an OR value of 9.651, which means that respondents with poor knowledge have a 9.651 times higher risk of not complying with ANC visits compared to respondents who have good knowledge.

Knowledge is a factor that can make it easier for a person or community to know what to do. Mothers who are going to have their pregnancies checked will find it easier if they know the benefits of having their pregnancies checked, who to check with, and where to have their pregnancies checked. A lack of understanding and knowledge among mothers and

families about the importance of pregnancy check-ups has an impact on pregnant women (Liana, 2019).

Emergency situations during pregnancy require an increase in the knowledge of pregnant women so that they can prevent complications and maternal mortality. Management can be carried out through routine antenatal care (ANC) check-ups by health workers. Antenatal Care (ANC) examinations aim to monitor and maintain the health and safety of the mother and fetus, detect all pregnancy complications and take necessary actions, respond to complaints, prepare for childbirth, and promote a healthy lifestyle. ANC visits are crucial for detecting and preventing unwanted events that may arise during pregnancy (Hijazi et al., 2018).

Irregularity in pregnancy check-ups can lead to the undetection of various maternal complications that can affect the pregnancy, preventing them from being addressed promptly. One of the factors influencing irregularity in pregnancy check-ups is the mother's lack of knowledge about her pregnancy. The latest ANC check-ups are in accordance with service standards, which require a minimum of 6 check-ups during pregnancy and a minimum of 2 check-ups by a doctor in the first and third trimesters. Check-ups are conducted twice in the first trimester, once in the second trimester, and three times in the third trimester, with care standards that meet the 10T criteria (Ariesti & Sutiarsih, 2022).

One of the factors influencing ANC is knowledge. Increased knowledge is not necessarily obtained from formal education alone, but can also be obtained through non-formal education. A person's knowledge about an object contains two aspects, namely positive and negative aspects. These two aspects will determine a person's attitude. The more positive aspects and objects known, the more positive the attitude towards a particular object will be. Thus, they will behave in accordance with the knowledge they have and influence their compliance with antenatal care visits (Liana, 2019).

Pregnant women who understand the signs of emergencies will be able to take action to prevent emergencies from occurring. If the following signs appear, they will be able to immediately recognize them and undergo early detection examinations to find out if they are experiencing complications in their

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pregnancy so that immediate treatment can be given. Early detection of emergencies and appropriate treatment can prevent complications and maternal mortality. Early detection management can be carried out through routine Antenatal Care (ANC) examinations by health workers. Antenatal Care (ANC) examinations aim to monitor and maintain the health and safety of the mother and fetus (Lestari & Winarsih, 2022).

Other research found that the Chi Square test results for the relationship between pregnant women's knowledge of emergency signs of pregnancy and compliance with antenatal care examinations yielded a p-value of 0.002, which is less than 0.05 or $0.002 < 0.05$. Therefore, it can be concluded that there is a relationship between pregnant women's knowledge of emergency signs of pregnancy and compliance with antenatal care (Lestari, Jahro, & Wulandari, 2022).

The results of previous studies stated that 17 people (54.8%) of pregnant women were compliant in making Antenatal Care visits. A total of 19 people (61.3%) of pregnant women had good knowledge. A total of 18 people (58.1%) of pregnant women had a positive attitude. The results of the Chi square test showed a relationship between the level of maternal knowledge and compliance with Antenatal Care visits (p-value 0.011), the results of the Chi square statistical test showed a relationship between attitudes and compliance with Antenatal Care visits (p-value 0.027), the results of the Chi square statistical test showed a relationship between attitudes and compliance with Antenatal Care visits (p-value 0.001). Based on the results of this study, it can be concluded that there is a significant relationship between knowledge, attitudes and family support on compliance with Antenatal Care visits (Siahaan, 2023).

According to the researchers, 39 respondents had poor knowledge, 32 (82.1%) respondents were not compliant with ANC, and 19 (67.9%) respondents with good knowledge were compliant with ANC. Mothers with good knowledge and sufficient experience with pregnancy had an impact on ANC compliance. Pregnant women with good knowledge had better compliance compared to pregnant women with poor knowledge. Good knowledge can influence

positive understanding, attitudes, and behavior, so that the better the knowledge of pregnant women, the more it will increase the awareness and willingness of respondents to undergo antenatal care for their pregnancy. Therefore, with good knowledge, pregnant women are expected to be more active in attending ANC visits for their pregnancy.

CONCLUSION

The frequency distribution of knowledge shows that most patients (58.2%) had poor knowledge and (41.8%) had good knowledge out of 67 respondents. The frequency distribution of ANC visits shows that most patients (61.2%) were non-compliant and (38.8%) were compliant out of 67 respondents and there is a relationship between pregnant women's knowledge about pregnancy emergencies and compliance with antenatal care (ANC) examinations with a p-value of 0.001.

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