



## Factors Associated with Visit Postpartum Based Continuum of Care

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### Abstract

The low number of postpartum visits in postpartum mothers' results in complications. Continuum of Care is defined as a model of midwifery care that provides effective services for mothers during pregnancy, birth and the puerperium period. This study aims to determine the Factors Related to Postpartum Visits based on Continuum of Care at Mungka Community Health Center Working Area, Mungka District, Fifty City District in 2020. The type of this study was descriptive analytic with cross-sectional study. The population was all mothers who gave birth on November at Mungka Community Health Center. They were 43 respondents. Total sampling technique had been used to select the samples. The data were collected through a questionnaire and it was analyzed by univariate and bivariate analysis. Based on the results of the study it was found that 58.1% of the respondents had lack of knowledge, 58.1% of them received good husband's support, 51.2% of the respondents were multiparity parity, 53.3% of them did not accept the good role of midwives, and 60.5% of postpartum visits were in the bad category. From the results of statistical tests, it was found that there was no relationship between parity ( $p = 0.445$ ), knowledge ( $p\_value 0.0320$  OR = 4.976), husband's support ( $p\_value 0.022$  OR 6.364), the role of midwives ( $p\_value = 0.025$  OR = 5.400) toward the continuum of care based postnatal visits postpartum visits. Lastly, it suggests to inform the public, especially postpartum mothers to make regular postpartum visits based on the Continuum of Care in order to avoid unwanted complications later.

### Introduction

The postpartum period (*puerperium*) is assessed after delivery of the placenta and ends when the tool content return like circumstances before getting pregnant. Puerperium or puerperium begins 2 hours after delivery of the placenta until with 6 Sunday (42 day) after That. In period This care period childbirth needed Because period critical Good Mother nor her baby. It is estimated that 60% death Mother including pregnancy happen postpartum and 50% of mass deaths childbirth occurs within the first 24 hours (Vivian, 2012).

Based on data *World Health Organization (WHO)* , Number Mother's Death in world on year 2015 is 216 per 100,000 birth life or estimated amount death Mother is 303,000 the highest number of deaths are at country develop that is as big 302,000 death. Number Death Mother in country develop 20 time more tall compared to the maternal mortality rate, which is 239 per 100,000 birth life whereas in developed countries only 12 per 100,000 births life on year 2015 And on country

Indonesia, Maternal Mortality Rate is still high from on country Asia Southeast other (WHO, 2015).

Strict monitoring during counseling by health workers to mothers and families very helpful in preventing death Mother. All postpartum mothers are recommended to do this postnatal examination to a health facility or visit House, although help Delivery is performed by a dukun or midwife. Visit childbirth done For evaluate circumstances Mother, detect And handle problems Which Possible happened (Ministry of Health, 2009).

Efforts to reduce maternal mortality can done with enhancement service antenatal quality, effort enhancement labor help power health in facility service health, effort prevention And handling complications maternal, Wrong only one can done through care Which continuous (*Continuum of care*) (Budiharja 2011). *Continuum of Care* is service integrated For maternal and child health from pre-pregnancy, pregnancy, childbirth, and the postnatal period and infants for whom care is provided by family And public through service take care



road, clinic And facility health others (WHO, 2005) *Continuum of Care* Also defined as a model of midwifery care Which give service Which effective for mothers during pregnancy, birth And period childbirth on location main from House ladder And public throughaffordable interventions such as outpatient careand health facilities where they can access with easy service midwifery. The female partner is very important as a component of *the Continuum of Care* And Which most important For reduce Number Death Mother Which covers quality antenatal care, personnel trained health care provider at the time of delivery And maintenance post birth (UNICEF, 2018).

According to research conducted entitled *Continuity of Caregivers for Care During Pregnancy and Childbirth* Which compare between woman carry out *Continuity of Care* together midwife with *non-Continuity of Care* with combination between doctor And midwife, state that woman Which carry out *Continuity of Care* with midwife own A little possibility Formust treated in House Sick on period antenatal care and are more likely to follow education antenatal. They not enough tend own drug for relieve pain during labour And possibility For resuscitation low and they tend to be happy and comfortable antenatal, intrapartum and postnatal care.

Postpartum care is carried out by 3 visit where this will assess the situation Mother Good from physique nor psychological Mother. Some of these changes may only A little disturbing Mother new, although Serious complications can also occur. Year 2016 scope visit postpartum in Indonesiadecreased from 2015 which as big 87.06 %, become 84,41 %. Decline the caused Because many factor, Wrong only one that islack of awareness and knowledge Mother And family about importance health checks during the puerperium, from 34 Provinces in Indonesia Sumatra Province West is at in order to 20 Lowest with scope visit childbirth as big 78.48% (RI Ministry of Health, 2016).

Number Death Mother in Sumatra WestYear 2013 as big 95 per 100,000 birth life, Year 2014 increase become 125 per 100,000 birth life. Year 2015death Mother decrease become 116 per 100,000 birth life. Data deathabove has not shown to occur decrease in real terms, because every year Maternal mortality is increasing and decreasing alternately. Hence service health properly and quickly, is expected can overcome part big problemhealth Mother And baby. Wrong One effort service health the is service health Mother

childbirth.

Service Mother childbirth is standard health services for mothers from 6 hours to 42 days postpartum by power health. On Mother childbirth needed exists detection early that is visit childbirth minimum as much 4 time with time distribution: (KF1) 6 hours to3 day after labor, (KF2) on day to3 to 6 days after delivery, (KF3) in the 2nd week after delivery, (KF4) done Sunday to 6 after labor (Vivian, 2012).

Study This done by Tri Pinaringsih et al on year 2017 Whichtitle “Factors Which Relatewith Intention Visit Mother Postpartum to Service Health in Region Work Public health center Tlogosari Kulon, Semarang”, show that exists connection level knowledge, attitude, perception, distance pregnancy on postpartum mother visits health service.

Research conducted by (Wahyuni, 2018) with title study “Factors Which InfluenceCompliance with Postpartum Visits at the Health Center Pandak 1 Bantul Yogyakarta. With result study exists connection between level education And attitude to visit period postpartum, whereas factor Which No related to the age of the visit postpartum period.

Meanwhile, from the results of the initial survey, done in Public health center Maybe obtained data on postpartum mothers as many as 602 in 2019 with visit data as much as 48%. And in 2020 in January to Junethere is 285 person Mother pregnant with datapostpartum visits as much as 41%. Whereas data on pregnant women who are currently recorded as much 43 people who will be expected to give birth on month November. On year 2019, found exists 2 person Mother childbirth Which experience Infection Wound Operation (ILO), 1 person infection wound perineal, 3 person experience bleeding post partum, And 3person experience breast milk dam. (Wahyuni 2018).

Based on background behind in on, researcher feel interested For know Factors Which Relate with Visit Postpartum based *Continuum ofCare* in the Working Area of the Mungka Health Center Mungka District, Fifty District City of the Year 2020.

## Method Study

On study This researcher researching about Factors Which Relate with Postpartum Visits based on *Continuumof Care* in Region Work Public health center Maybe Subdistrict Maybe Regency Five tens City. Study This has held on month December-January2021 in region



Work Public health center Maybe subdistrict Maybe regency Five tens City. Population in study This is all pregnant women registered at the puskesmas Maybe Which will give birth to in month November 2020 that is 43 person. Taking sample done with technique *Random Sampling* where respondents fit the criteria Which set by researcher, study use method study Which is *descriptive*. Research design that used is *Cross sectional Study* that

is know factors Which relate with visit childbirth (Notoatmodjo, 2010).

### Results and Discussion

Process study This done on 15 December 2020 – 6 January 2021 with amount respondent 43 respondent Which in accordance with criteria sample Which has determined:

**Table 5.1**  
**Knowledge Relationship with Visit Postpartum Based *Continuum of care***

Pengetahuan	Kunjungan Nifas				Total		p-value	OR (95% CI)
	Tidak Baik		Baik					
	n	%	n	%	n	%		
Rendah	19	73.1	6	35.3	25	58.1	0.032	4.976
Tinggi	7	26.9	11	64.7	18	41.9		

Based on table 5.1 can seen is known from total 25 respondent with knowledge category low there is 19 person (73.1%) Visit Postpartum Which based *Continuum of Care* category NoGood. Whereas from 18 person respondent with knowledge category tall there is 7 person (26.9%) with visit childbirth based *Continuum of Care* category NoGood.

Results test statistics obtained mark  $p.s = 0.032$  ( $p < 0.05$ ), so in a manner statistics called meaning. In conclusion is There is connection between Knowledge Mother with Postpartum Visits based on *Continuum of Care*. The *Odds Ratio* value is 4.976, meaning mother childbirth with knowledge category low chance 4,976 time For do postpartum visits based on *Continuum of Care* not good category, compared to mothers childbirth with knowledge category tall.

Same with study Which done, with title study "Connection level knowledge, level of education, and age with implementation visit childbirth in Public health center Jetis Jogjakarta". Where obtained results respondents with knowledge good category that do visit childbirth complete only 13 person (38.2%) of a total of 52 respondents who researched. Where test statistics obtained values  $p\_value 0.000 < \alpha 0.05$ . So concluded exists connection between knowledge to postpartum

visit.

And study Which done by (Rahmawati 2015) with title related factors research By visiting postpartum mothers in the work area Jelbuk Health Center, Jember Regency 2015". Where to get the results of Respondents with knowledge category Good. Which did a complete postnatal visit of 16 people (31.4%) and respondents with knowledge not enough there is 18 person (35.5%) No do visit childbirth complete from total 51 people respondent Which researched. Where is the statistical test obtained  $p\_value 0.029 < \alpha 0.05$ . So concluded exists connection between knowledge to visit childbirth.

According to Researcher based on results obtained from the questionnaire given to postpartum mothers in the work area public health center Maybe obtained results, knowledge Mother childbirth moment done study part big own low knowledge, this is due by lack of information Which obtained by the mother during pregnancy, and lack mother's interest in finding information about *Continuum-* based postnatal visits of *care*. Mother only knows the visit childbirth Which done only in moment experience problem health after give birth to just And no needed moment No experience nothing problem.

**Table 5.2 Husband Support Relationship with Visit Postpartum Based *Continuum of care***

Husband Support	Postpasrtum Visit				Total		p-value	OR (95% CI)
	Not Good		Good					
	n	%	n	%	n	%		
Not good	15	57.7	3	17.6	18	41.9	0.022	6.364
Good	11	42.3	14	82.4	25	58.1		

From Table 5.2 it is known that out of a total of 18 respondents with Husband Support category not enough Good there is 15 person (57.7%) Postpartum Visit based *Continuum of Care* category is not good. Meanwhile from 25 respondents with Husband Support category Good there is 11 person (42.3%) with *Continuum-based postpartum visits of Care* category not good.

Results test statistics obtained mark  $p.s = 0.022$  ( $p < 0.05$ ), so in a manner statistics called meaning. In conclusion is There isn't any relationship between Husband Support with Visit childbirth based *Continuum of Care*. Mark Odds Ratio 6,364, It means Mother childbirth with Support Husband category Good chance 6,364 times to do visit childbirth based *Continuum of Care* category Good, compared to with Mother childbirth with Husband Support category is not good. Results study This The same with study Which done by (Uswatun, 2014) with title study Connection support Husband with incident visit repeated childbirth in the region Work Public health center Purwoyoso City Semarang year 2014. With results study from 31 person respondent with support husband

category support there is 27 person (61.4%) Which do visit childbirth complete, And 13 respondent with support husband category No support there is 8 person (18.2%) who did not make postpartum visits complete, with results test statistics  $p\_value = 0.002$ , where can in conclude exists connection Which means between supports husband with obedience visit childbirth.

According to Researcher based on results obtained from the questionnaire given to postpartum mothers in the work area Public health center Maybe obtained results, support husband on Mother childbirth so that do visit childbirth to service health is very necessary, because a Mothers in the puerperium have physical conditions weak postpartum, repair or period recovery on Mother need right other special attention required from people around, especially from husband. Continuous inspection (*Continuum of care*) complete is Wrong One objective that must be achieved by a postpartum mother, this Can done with support husband, who can accompany and remind will timetable Which must done a Mother childbirth.

**Table 5.3 Connection Parity with Visit Postpartum Based *Continuum of care***

Parity	Postpasrtrum Visit				Total		p-value
	Not Good		Good				
	n	%	n	%	n	%	
Multiparas	15	55.7	7	41.2	22	51.2	0.455
Primiparas	11	42.3	10	50.8	21	48.8	

From Table 5.3 above it is clear from total 24 respondents with category Parity Multipara there is 15 person (55.7%) Postpartum Visit based *Continuum of Care* category is not good. Meanwhile from 21 respondents with category parity primipara there were 11 people (42.3%) with

postpartum visits based on *Continuum of Care* bad category.

Results test statistics obtained mark  $p.s = 0.455$  ( $p > 0.05$ ), so in a manner statistics called No meaning. In conclusion is there is no relationship between Mother



Parity with Postpartum Visits based on *Continuum of Care*.

In another study conducted by (Wita, 2017) with the title of research Connection between Education Age And parity with the implementation of postpartum visits in sumah Sick Muhammadiyah Palembang year 2017. There is that is 37 respondent high parity there is 15 respondent (40.5%) who do visit childbirth. And from 47 respondent with parity low there is 15 person (31.9%) Which do visit childbirth from total 84 person respondent. With results test statistics *Chi-square* obtained  $p\_value = 0.455$ , can concluded that there is no parity relationship with visit childbirth.

Results study compared backwards with theory Which in said that parity is amount child Which born to mother and died, number of children in One family Enough influence Mother to make postpartum visits, mother Which First

time give birth to have big enough motivation to do visit period postpartum, For know various information health , on the contrary Mother Which Already give birth to more from One lazy For do visit Because has feel experienced.

According to Researcher based on results Which obtained from study Whichdone, part big respondent have a history of multiparity parity, where mothers who have more than 2 children own experience labor more from very, feel more understand with method maintenance after give birth to so that feel No need For do another postpartum visit. That should be motherwho have more birthing experience more than once more familiar with the examination sustainable (*Continuum of care*) but onin fact Which obtained from results study, the more tall history parity a Mother so possibility For do visit childbirth the more small.

**Table 5.4 Connection Role Midwife with Visit Postpartum Based *Continuum of care***

Role Midwife	Postpasrtrum Visit				Total		p- value	OR (95% CI)
	Not Good		Good					
	n	%	n	%	n	%		
Not good	18	69.2	5	29.4	23	53.5	0.025	5.4
Good	8	30.8	12	70.6	20	46.5		

Based on table 5.4 it can be seen out of a total of 23 respondents with the Midwife Role category No There is there is 18 person (69.2%) Visit Postpartum Which based *Continuum of Care* category No Good. Meanwhile, from 20 respondents with the role of midwives in the category There are 8 people (30.8%) with visit child birth based *Continuum of Care* bad category.

Results test statistics obtained mark  $p.s = 0.022$  ( $p < 0.05$ ), so in a manner statistics called meaning. In conclusion is There is connection between Role Midwife with Visit childbirth based *Continuum of Care*. The Odds Ratio value is 5,400, meaning mother postpartum with the role of midwives category None chance 5,4 time For do postpartum visits based on *Continuum of Care* not good category, compared to mothers childbirth with Role Category midwives exist.

And study Which done by (Lailatul, 2015) with title related factors research By visiting postpartum mothers

in the work area Jelbuk Health Center, Jember Regency 2015". Where obtained results from 34 Respondents with role midwife category Good Which do visit childbirth complete 22 people (43.1%) and from 23 people respondent with role midwife category not enough there is 12 person (23.5%) No do visit childbirth complete from total 51 person respondent Which researched. Where is the statistical test obtained  $p\_value 0.037 < \alpha$  (0.05).

So concluded exists connection between role midwife to visit childbirth. Role midwife very needed into change nutrition And health in life daily in middle public. Role midwife on period childbirth is to provide ongoing support during childbirth Which Good And accordingly with the mother's need to reduce tension physique And psychological during labor And puerperium, as a promoter of close relationships so that mothers and babies are physically and psychologically, condition the





mother to breastfeed her baby with method increase flavor comfortable (Saleha, 2019). This is in accordance with (Ministry of Health, 2009) midwives own task tree among them give help labor, visit House, maintenance childbirth And perinal as well as give family planning services. And according (Baliyun, 2009) that role midwife during postpartum period is to accompany mother and baby during 2 O'clock First after give birth to, give counseling on Mother For provide early breastfeeding, ensure that the mother Mother get Enough fluid, Eat as well as Rest, study about complication And give counseling Which needed during breast-feed.

According to Researcher based on results Which obtained from study Which done, respondent say part big midwife role not enough incompleteness of postnatal visits based on *Continuum of care*. It is disclosed by respondents caused by a lack information Which accepted by respondent about visit complete moment childbirth. Meanwhile, if you look at it from the point of view of the village midwife Which There is in place study, time And distance travel become reason for midwife For No got it do visit House, not enough Which time Which owned by midwife For can give counseling on period postpartum only relying on posyandu time or mother's time visit examination pregnancy.

## Conclusion

In this study obtained conclusion that exists connection between knowledge, support husband And role midwife to visit Postpartum based *Continuum of care*. Currently No exists connection between parity with visit child birth in region health center work Maybe.

## Announcement

Accept love researcher say to institutions and agencies related to this research, namely the Mungka Health Center and the staff and cadre Which help researcher in carry out study This. To Respondents and families who are ready become respondent in this study.

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