

Mothers' antenatal care visits in Padang lawas reGENCY: A qualitative investigation

Putri Ayu Yessy Ariescha¹, Rizanda Machmud², Dwiana Ocviyanti³, Nur Afrainin Syah⁴, Yusrawati⁵, Adang Bachtiar⁶, Emeraldy Chatra⁷, Finny Fitry Yani⁸

^{1,2,4}Faculty of Medicine, Universitas Andalas, Limau Manis, Padang, West Sumatera, Indonesia

³Faculty of Medicine, Universitas Indonesia, Indonesia

⁵Department of Obstetrics and Gynecology, Faculty of Medicine, Universitas Andalas, Limau Manis, Padang, West Sumatera Barat, Indonesia

⁶Department of Health Policy and Administration, Faculty of Public Health, Universitas Indonesia, Depok, West Java, Indonesia

⁷Communications Science, Faculty of Social and Political Science, Universitas Andalas, Limau Manis, Padang, West Sumatera, Indonesia

⁸Department of Child Health, Faculty of Medicine, Universitas Andalas, Limau Manis, Padang, West Sumatera, Indonesia; Departement of Pediatric, Dr.M.Djamil General Hospital, Padang, Padang, West Sumatera, Indonesia

ARTICLE INFO

ABSTRACT

Article history:

Received Apr 19, 2025

Revised Apr 28, 2025

Accepted May 5, 2025

Keywords:

Antenatal Care Content Analysis Pregnant Mother Qualitative

Pregnant women should pay close attention to their health and the health of their fetuses. To prevent maternal and infant mortality, antenatal care visits are one of the actions that must be adhered to by pregnant women. This study aims to explore the perspectives of pregnant women in antenatal care visits in Padang Lawas Regency. The study was qualitative with a grounded theory approach. This study involved five mothers using purposive sampling. Data was collected through in-depth interviews and analyzed by content analysis. The results emerged namely: 1) support from husband and family, 2) accessibility, 3) health providers, and 4) mother's behavior. Health providers play a very important role in making antenatal care visits a success routinely and completely.

This is an open access article under the [CC BY-NC](https://creativecommons.org/licenses/by-nc/4.0/) license.



Corresponding Author:

Putri Ayu Yessy Ariescha,
Faculty of Medicine,
Universitas Andalas,
Limau Manis, Padang, West Sumatera, 25175, Indonesia
Email: yezikatwin@gmail.com

INTRODUCTION

Maternal Mortality Rate (MMR) is one indicator of the success of maternal health efforts. The MMR ratio is an important indicator of social development and is not only able to assess maternal health programs but is also able to assess the level of public health, the lower the MMR indicates the better the development in the health sector (Souza et al., 2024).

The MMR in Indonesia ranks third highest in ASEAN (Damayanti et al., 2023). Meanwhile, the number of maternal deaths in North Sumatra in 2020 was 187 cases out of 299,198 live births, so

when converted, the MMR in North Sumatra in 2020 was 62.50 per 100,000 live births. This figure shows a decrease in MMR when compared to 2019, which was 66.76 per 100,000 live births (202 cases out of 302,555 live birth targets). However, this achievement has not been reduced from the achievement in 2018, which was 60.8 per 100,000 live births (186 cases out of 305,935 live birth targets), and in 2017, which was 59.93 per 100,000 live births (180 cases out of 300,358 live birth targets) (Suwardi et al., 2024).

To hasten the decrease in the MMR, efforts are made to guarantee that all mothers have access to high-quality maternal health services. These services include post-natal care for mothers and babies, special care and referrals in case of complications, maternal health services, and postnatal family planning (WHO, 2024). Maternal mortality is caused by multidimensional factors, not only by access and quality of health services but maternal mortality is also influenced by indirect causes, individual/family behavior, and gender equality in education, social, cultural, and economic matters (Bagade et al., 2022). It is necessary to strengthen the commitment of local governments in making the maternal neonatal health program a success, as well as cross-program and sector collaboration to be able to reduce maternal mortality cases (Vallely et al., 2023).

Antenatal care is a medical service that involves multiple consultations with doctors, midwives, and nurses for women who are pregnant (Hsai et al., 2020). Antenatal care ensures the health status of the mother and improves the safety of the baby to be born (Gamberini et al., 2022). Antenatal care is a preventive measure aimed at pregnant women so that it does not harm the mother and her baby (Amponsah-Tabi et al., 2022). These preventive efforts can be carried out through education, talks, and various other interventions, because during antenatal care pregnant women are given important information about dangerous signs and symptoms during pregnancy (Gholami et al., 2022). In addition, during antenatal care, health providers also provide pregnant women with the opportunity to create good social relationships with health providers in preparing for normal delivery (Roro et al., 2022).

In line with the central government's health policy, the Padang Lawas district health office has been working to enhance the coverage of prenatal care visits; however, thus far, the program has not yielded significant results. One program that has been put into place is a home visit model run by health providers; midwives in the Padang Lawas area have been doing this "door to door" program, but it hasn't produced the best results because pregnant women are frequently not at home during home visits because they have other obligations, like work, and other commitments. Furthermore, the purpose of this study is to determine mothers' perceptions of antenatal care visits in Padang Lawas Regency

RESEARCH METHOD

The study was qualitative with a grounded theory approach. Grounded theory is a qualitative research method that uses a systematic set of procedures to inductively develop a theory about a phenomenon (Tie et al., 2019). This study involved five mothers using purposive sampling. Inclusion criteria: mothers who regularly attend antenatal care visits. Data was collected using semi-structured interviews.

Researchers provide interview guides according to the research topic. The list of questions will be used as the main guide when conducting interviews. Questions are arranged based on topic groups so that interviews with participants become more specific and conceptual, this also means that researchers can ask other questions outside the list of questions that have been made while within the scope of the topic. The equipment used during the study was in the form of stationery, tape recorders, and digital cameras or smartphones.

Interviews in this study were to explore: a) the regularity of mothers in making ANC visits during pregnancy; b) the irregularity of mothers in making ANC visits during pregnancy; c) everything that mothers know about antenatal care, initial visits and frequency of visits according to standards; d) mothers' knowledge about the benefits of USG in pregnancy; e) everything that

supports mothers to do pregnancy check-ups with health providers; f) everything that does not support mothers to do pregnancy check-ups with health providers; and g) myths, beliefs and local culture related to pregnancy.

In grounded theory research, there are four steps involved in data analysis: 1) open coding, which involves extracting keywords from all of the acquired data; 2) axial coding: gathering codes with similar content that enable data to be sorted into related categories and create concepts; 3) selective coding: grouping formed concepts and then choosing those that are associated with the development of a theory for the research problem; and 4) theoretical note: explaining the topic under investigation by bolstering it with extant theories and literature reviews.

The Research Ethics Commission of the Faculty of Medicine, Universitas Andalas, has granted ethical approval for this study (No.1100/UN.16.2/KEP-FK/2023)..

RESULTS AND DISCUSSIONS

A qualitative study with a grounded theory approach was conducted to explore information from informants in the study consisting of pregnant women. The mean age of pregnant women is 31.6 years. The education of pregnant women is high school (80%) and bachelor's (20%). The occupation of pregnant women is housewife (60%), employee (20%) and farmer (20%). Based on qualitative analysis data from interviews with all informants related to the number of ANC visits in Padang Lawas Regency, it was found that the results of interviews with informants found points of supporting factors for ANC visits in Padang Lawas Regency which are described below.

Human Resource Readiness

The survey revealed that staff understanding of the EMR system was still inconsistent. Many respondents reported limited training opportunities and a lack of ongoing support, which contributed to uncertainty and reluctance in using the digital system confidently. Although some staff, particularly younger professionals, demonstrated positive attitudes toward digitalization, others expressed concern about workload and fear of making errors in the system. This highlights the importance of tailored and continuous training to accommodate diverse digital competencies, aligning with earlier findings that staff preparedness plays a critical role in EMR adoption (Davis, Bagozzi, & Warshaw, 2020).

Husband and Family Support

Husband and family support plays an important role in increasing the regularity of pregnant women in conducting pregnancy check-ups. This support includes recognition of the importance of pregnancy check-ups, involvement in decision-making, and discussion of their benefits. The role of husband and family helps mothers feel supported and more confident, so they are more regular in conducting pregnancy check-ups. This is illustrated by the following interview excerpt:

"My husband is the one who supports me, because it's to keep me healthy, and to know the condition of the baby, every time I want to have a check-up, my husband takes me to the midwife's house..."(Informant 1)

"No, ma'am, I just don't believe it, I don't believe it when I go to a shaman to check my pregnancy... none of my family has ever checked their pregnancy with a shaman, ma'am... so I just go to a midwife..." (Informant 2)

"Yes.. I checked my pregnancy because I wanted to, ma'am. Sometimes my husband, my parents, my in-laws, everyone reminds me, ma'am. Because I'm pregnant, ma'am, many care, so I stay healthy..." (Informant 3)

"Oh... if my husband supports me, maybe he'll be the one to take me there, right, ma'am..." (Informant 3)

"My husband and family all recommend checking with a midwife, ma'am. Seeing a shaman is never recommended" (Informant 5).

Governance and Leadership

Findings from the governance dimension showed relatively strong readiness. The hospital had appointed a digital transformation task force, and leadership demonstrated commitment through policy support and resource allocation. However, gaps were observed in monitoring and feedback mechanisms. Respondents suggested that clearer guidance and consistent evaluation would make the leadership support more impactful. This aligns with research emphasizing that successful EMR implementation requires active leadership involvement throughout the process, not only at the initial launch phase (McGinn et al., 2021).

Accessibility

Accessibility, including distance, transportation, cost, and availability of health facilities, affects pregnant women's interest in conducting routine pregnancy check-ups. Long distances and limited access, especially in rural areas, can hinder mothers from accessing health services and reduce interest in pregnancy check-ups. This is illustrated by the following interview excerpt:

"It's close, ma'am... About 5 minutes, ma'am, if you ride a motorbike... because we are in the sub- district." (Informant 1)

" No ma'am.. it's close... about 10 minutes to get there.." (Informant 2)

"I usually go to the clinic by motorbike, ma'am...it's not far, ma'am, it takes about 5 minutes, ma'am..." (Informant 3)

"It's not far, ma'am, maybe 10 minutes at most, ma'am..." (Informant 4)

.."Not too far, at most 15 minutes to get there" (Informant 5).

Health Provider

Midwives' knowledge and skills, including communication skills and providing accurate information, greatly influence pregnant women's interest in undergoing pregnancy check-ups. Midwives who are trusted and able to explain the benefits of pregnancy check-ups well will increase mothers' trust and interest in routinely checking their pregnancies. This is illustrated by the following interview excerpt:

"If we go to the midwife, we can find out, ma'am... where the baby is... who knows, maybe we have a complaint, so if the midwife answers, for example, the midwife can explain... then we are satisfied.." (Informant 1)

"It's good, ma'am... the midwife's examination was detailed and the midwife was friendly to all the patients, ma'am..." (Informant 2)

"I have never moved around when checking up, ma'am. Since my first child, I have been with the midwife who is close to my house, just that one, ma'am... It's been comfortable, ma'am, she's also patient, ma'am, when she explains the condition of the baby, she's also very clear, ma'am." (Informant 3)

"Yeah... I'm just happy about that, right... because our midwives are senior midwives, ma'am... so it's safe, it feels comfortable, even if you ask any questions." (Informant 4)

"..because midwives are more skilled, ma'am. Because shamans are lacking something or other... I'm more satisfied hearing the results from the midwife, ma'am, because they have experience and there are also lessons to be learned." (Informant 5).

Mother's Behavior

The knowledge and attitude of pregnant women greatly influence their interest in undergoing pregnancy check-ups. Mothers who understand the importance of check-ups for the health of the mother and baby and have a positive attitude towards self-care are more motivated to undergo routine pregnancy check-ups. An open attitude towards information from medical personnel also increases the interest of mothers to follow the recommendations for pregnancy check-ups. The

results of interviews with informants also found that mothers were afraid to check with traditional healers and did not trust traditional healers to check their pregnancies. This is illustrated by the following interview excerpt:

"Because now, ma'am... in this modern era, ma'am, we don't need to use shamans anymore. In remote areas, there are still some, ma'am, but in this sub-district, ma'am, we rarely go to shamans anymore." (Informant 1)

"Well, I think it's important to check with a midwife, to know the condition of your pregnancy, and where the baby is inside..., if you go to a midwife, you'll feel calmer, ma'am,". I've never thought about going to a shaman, ma'am, I'm afraid of something happening, there have been times when someone said it was a shaman, but I've never been shamanized since my first child, ma'am, so it's okay, I won't get carried away by that person."(Informant 2).

"About 4 or 5 times if I'm not mistaken, ma'am. The first time I checked was when I found out my period was late, ma'am, I felt unwell, like I was nauseous, ma'am, so I immediately went to the midwife, ma'am..." "I was just afraid to go to the shaman, ma'am. The midwife has been to school, so I'm not afraid to be checked by the midwife, ma'am."(Informant 3)

"If it were me, because I was emotional and something like that, ma'am, I would vomit for nine months. So, yes, starting from the first month of pregnancy, I went to the midwife, ma'am. Until I was about to give birth. That was it, ma'am." (Informant 4)

"I trust midwives more because I have learned from the beginning, right ma'am, if it's a midwife... if it's a shaman, he's just a shaman, maybe he can do magic for something, but I trust midwives more, ma'am."(Informant 5).

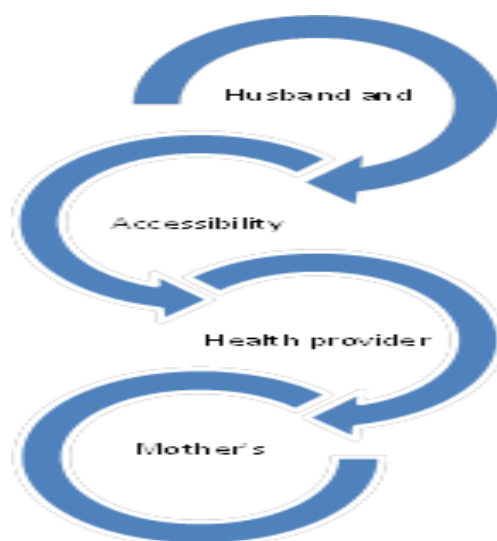


Figure 1. Themes revealed by the qualitative analysis of the interviews "mothers' antenatal care visits in Padang Lawas Regency"

The family who is most responsible for giving birth to pregnancy and labor is the husband. The husband must be active in looking after his wife. Active participation of the husband in accompanying his wife in the process of pregnancy and childbirth is one of the important factors, which helps the husband to make decisions related to the health of his wife (Laksono et al., 2022). Previous research stated that family support significantly influences maternal compliance in carrying out ANC visits (Irianti & Karlinah, 2021). In line with research conducted by Lisnawati et al. (2018), it was stated that family support (husband) influences ANC visits in pregnant women. This study shows that the husband's support plays an important role in the mother's behavior to undergo antenatal care. Mothers who are given good support will be more motivated to carry out

antenatal visits than mothers who do not get enough support from their husbands or families. This is also supported by previous research showing that the husband's support is related to the regularity of mothers in making ANC visits (Wati et al., 2023).

Family support plays an important role in increasing the mother's motivation so that she can make regular antenatal care visits (Siwi et al., 2023). Mothers who receive good support from their families have the opportunity to make ANC visits. This is possible because families who provide support to pregnant women consider pregnancy check-ups to be important so they need to motivate mothers to make regular ANC visits. Mothers will feel motivated to make ANC visits because they receive support from their families, for example when checking their pregnancy with health providers, mothers are accompanied by their families (Trisnawati, 2020).

In line with previous research, there is a relationship between accessibility and the motivation of pregnant women to make ANC visits. The results of the study showed that most respondents had sufficient accessibility with sufficient motivation, amounting to 20 respondents (57.1%) (Ekawati, 2022). Accessibility affects ANC practices, pregnant women who have easy access to services are more likely to have good antenatal care practices than those who have difficulty accessing ANC services (Penman et al., 2023). Yulianti et al. (2021) stated that there was a significant influence of accessibility and ANC on pregnant women (p-value = 0.011 and OR 10.557).

Accessibility is measured based on the distance and travel time required is supported by the means and transportation infrastructure used to reach the health service location and is not hindered by geographical conditions or other physical obstacles (Jamei et al., 2022). Accessibility is one of the factors that support the utilization of health services, such as the importance of the existence of village health posts and mobile health centers in each village so that pregnant women can easily reach health facilities. This is in line with previous research that travel distance influences the completeness of ANC visits (Ayu et al., 2024). The further the distance between the mother's house and the ANC service, the more reluctant the mother will be to visit (Steele et al., 2021). In line with previous research, the more difficult it is to access health facilities, the lower the motivation to make an ANC visit (Grand-Guillaume-Perrenoud et al., 2022).

Accessibility of the location is determined from the strategic location so that it creates interest to be visited because it is supported by transportation facilities that cross to the health service center (Mseke et al., 2024). Accessibility in terms of distance and time is not related to compliance in conducting ANC visits due to the unavailability of transportation to comply with conducting visits (Tanou et al., 2021).

Health providers play a role in ANC visits or pregnancy check-ups. ANC aims to ensure the health of pregnant women and fetuses during pregnancy (Downe et al., 2019). Harun (2021) reported that there was a significant relationship between health providers' support and ANC visits in pregnant women. This is related to the role of health provider, namely: information during pregnancy check-ups provided by health providers, such as information on consuming vitamins and additional food for mothers to improve nutrition during pregnancy, health education on caring for pregnancy while at home, a minimum of six pregnancy visits and a schedule for pregnancy check-ups and providing advice that changes that occur during pregnancy are normal, in addition, the health provider service is very friendly in providing health explanations and providing encouragement to maintain and control the pregnancy properly so that mothers are motivated to make complete ANC visits (Dewidar et al., 2023). Health providers are one of the things or factors that influence the success of a program or activity to have a role in facilitating and motivating the community in health programs (Smithwick et al., 2023).

Some factors that influence a person's behavior include knowledge, attitude, and motivation. Likewise with the behavior of mothers in checking their pregnancy. High knowledge and positive attitudes towards antenatal care will influence mothers to make ANC visits (Bashir et al., 2023). There was a significant relationship between knowledge and antenatal visits as well as attitudes related to antenatal visits (Eliani & Fitri, 2023). Attitude is the reaction or response of a

person who is still close to a stimulus or object. Attitude grows starting from knowledge which is interpreted as something good (positive) or bad (negative), then actualized into herself (Pieter et al., 2022). A positive maternal attitude will influence the mother's desire to perform antenatal care behavior. Conversely, a negative maternal attitude will be a problem in performing antenatal care because many mothers do not know the importance of performing antenatal care behavior during pregnancy (Escañuela Sánchez et al., 2022).

CONCLUSION

The results of interviews with pregnant women who routinely make antenatal care visits reveal the following themes: 1) support from husband and family, 2) accessibility, 3) health providers, and 4) mother's behavior. The themes that emerge indicate that pregnant women must make regular antenatal care visits by paying attention to the factors found in this study. Health providers play a very important role in making antenatal care visits a success routinely and completely.

References

- Amponsah-Tabi, S., Dassah, E. T., Asubonteng, G. O., Ankobea, F., Annan, J. J. K., Senu, E., Opoku, S., Opoku, E., & Opare-Addo, H. S. (2022). An assessment of the quality of antenatal care and pregnancy outcomes in a tertiary hospital in Ghana. *Plos one*, *17*(10), e0275933.
- Bagade, T., Chojenta, C., Harris, M., Oldmeadow, C., & Loxton, D. (2022). The human right to safely give birth: data from 193 countries show that gender equality does affect maternal mortality. *BMC Pregnancy and Childbirth*, *22*(1), 874.
- Bashir, S., Ansari, A. H., & Sultana, A. (2023). Knowledge, attitude, and practice on antenatal care among pregnant women and its association with sociodemographic factors: a hospital-based study. *Journal of patient experience*, *10*, 23743735231183576.
- Damayanti, N. A., Wulandari, R. D., & Ridlo, I. A. (2023). Maternal health care utilization behavior, local wisdom, and associated factors among women in urban and rural areas, Indonesia. *International Journal of Women's Health*, 665-677.
- Dewidar, O., John, J., Baqar, A., Madani, M. T., Saad, A., Riddle, A., Ota, E., Kung'u, J. K., Arabi, M., & Raut, M. K. (2023). DEWIDAR et al. *Campbell Systematic Reviews*, *19*(4).
- Downe, S., Finlayson, K., Tunçalp, Ö., & Gülmezoglu, A. M. (2019). Provision and uptake of routine antenatal services: a qualitative evidence synthesis. *Cochrane Database of Systematic Reviews*, 6.
- Ekawati, N. W. (2022). Aksesibilitas Dengan Motivasi Ibu Hamil Dalam Melakukan Kunjungan ANC K1 Murni: Accessibility with Pregnant Women's Motivation to Perform Pure ANC K1 Visit. *Jurnal Abdi Kesehatan dan Kedokteran*, *1*(1), 1-5.
- Eliani, L., & Fitri, C. D. (2023). The Relationship Of Women's Knowledge And Attitudes With Antenatal Care Visits At BPM Sukianti In 2023. *The International Science of Health Journal*, *1*(2), 26-32.
- Escañuela Sánchez, T., Linehan, L., O'Donoghue, K., Byrne, M., & Meaney, S. (2022). Facilitators and barriers to seeking and engaging with antenatal care in high-income countries: a meta-synthesis of qualitative research. *Health & Social Care in the Community*, *30*(6), e3810-e3828.
- Gholami, K., Norouzkhani, N., Kargar, M., Ghasemirad, H., Ashtiani, A. J., Kiani, S., Sajedi Far, M., Dianati, M., Salimi, Y., & Khalaji, A. (2022). Impact of Educational Interventions on Knowledge About Hypertensive Disorders of Pregnancy Among Pregnant Women: A Systematic Review. *Frontiers in cardiovascular medicine*, *9*, 886679.
- Grand-Guillaume-Perrenoud, J. A., Origlia, P., & Cignacco, E. (2022). Barriers and facilitators of maternal healthcare utilisation in the perinatal period among women with social disadvantage: a theory-guided systematic review. *Midwifery*, *105*, 103237.
- Hsai, N. M., Matsui, M., Ng, C. F. S., Khaing, C. T., Imoto, A., Sayed, A. M., Huy, N. T., Kamiya, Y., & Moji, K. (2020). Satisfaction of pregnant women with antenatal care services at women and children hospital in south okkalapa, Myanmar: a facility-based cross-sectional study triangulated with qualitative study. *Patient preference and adherence*, 2489-2499.
- Irianti, B., & Karlinah, N. (2021). Relationship between Knowledge and Family Support with pregnant women's Antenatal Care (ANC) Compliance. *Science Midwifery*, *10*(1, October), 525-529.
- Jamei, E., Chan, M., Chau, H. W., Gaisie, E., & Lättman, K. (2022). Perceived accessibility and key influencing

- factors in transportation. *Sustainability*, 14(17), 10806.
- Laksono, A. D., Wulandari, R. D., Widya Sukoco, N. E., & Suharmiati, S. (2022). Husband's involvement in wife's antenatal care visits in Indonesia: What factors are related? *Journal of Public Health Research*, 11(2), 22799036221104156.
- Mseke, E. P., Jessup, B., & Barnett, T. (2024). Impact of distance and/or travel time on healthcare service access in rural and remote areas: A scoping review. *Journal of Transport & Health*, 37, 101819.
- Penman, S. V., Beatson, R. M., Walker, E. H., Goldfeld, S., & Molloy, C. S. (2023). Barriers to accessing and receiving antenatal care: Findings from interviews with Australian women experiencing disadvantage. *Journal of Advanced Nursing*, 79(12), 4672-4686.
- Pieter, R., Nababan, D., Ariawan, S., Listio, S., & Ruben, S. (2022). Improving Intrapersonal Skills to Overcome the Negative Effects of Overthinking in the Disruption Era. *Budapest International Research and Critics Institute-Journal (BIRCI-Journal)*, 5(2), 10632-10642.
- Roro, M., Deressa, W., & Lindtjørn, B. (2022). Antenatal care utilization and compliance with national and WHO guidelines in rural Ethiopia: a cohort study. *BMC Pregnancy and Childbirth*, 22(1), 849.
- Siwi, R. P. Y., Wulandari, A., Retnaningtyas, E., & Astikasari, N. D. (2023). Analysis of Pregnant Women's Motivation and Family Support On Integrated Antenatal Care Participation. *Journal for Quality in Women's Health*, 6(1), 42-50.
- Smithwick, J., Nance, J., Covington-Kolb, S., Rodriguez, A., & Young, M. (2023). "Community health workers bring value and deserve to be valued too:" Key considerations in improving CHW career advancement opportunities. *Frontiers in Public Health*, 11, 1036481.
- Souza, J. P., Day, L. T., Rezende-Gomes, A. C., Zhang, J., Mori, R., Baguiya, A., Jayaratne, K., Osoti, A., Vogel, J. P., & Campbell, O. (2024). A global analysis of the determinants of maternal health and transitions in maternal mortality. *The Lancet Global Health*, 12(2), e306-e316.
- Steele, V., Patterson, K., Berrang-Ford, L., King, N., Kulkarni, M., Namanya, D., Kesande, C., Twesigomwe, S., Asaasira, G., & Harper, S. L. (2021). Factors influencing antenatal care attendance for Bakiga and Indigenous Batwa women in Kanungu District, Southwestern Uganda. *Rural and Remote Health*, 21(4), 1-12.
- Tanou, M., Kishida, T., & Kamiya, Y. (2021). The effects of geographical accessibility to health facilities on antenatal care and delivery services utilization in Benin: a cross-sectional study. *Reproductive health*, 18, 1-11.
- Tie, Y. C., Birks, M., & Francis, K. (2019). *Grounded theory research: A design framework for novice researchers*. SAGE open medicine.
- Trisnawati, R. E. (2020). Pengaruh dukungan keluarga terhadap kunjungan antenatal care k4 ibu hamil di wilayah kerja puskesmas dintor, kabupaten manggarai. *Jurnal Wawasan Kesehatan*, 5(1), 24-28.
- Vallely, L. M., Calvert, B., De Silva, M., Panisi, L., Babona, D., Bolnga, J., Duro-Aina, T., Noovao-Hill, A., Naidu, S., & Leisher, S. (2023). Improving maternal and newborn health and reducing stillbirths in the Western Pacific Region-current situation and the way forward. *The Lancet Regional Health-Western Pacific*, 32.
- Wati, D. S., Ekasari, W. U., & Putra, R. N. L. (2023). Effect Of Husband's Support On Pregnant Women's Compliance With Antenatal Care At Purwodadi 1 Community Health Center. *Jurnal Profesi Bidan Indonesia*, 3(2), 9-21.