

Analysis of Factors Affecting Public Visit (KF) and Neonatus (KN) During the Covid-19 Pandemic in Area Martubung Health Center in 2021

Sartika Nasution¹, Sarma Lumban Raja², Rina Hanum³

^{1,2,3} Ilmu Kesehatan Masyarakat, Institut Kesehatan Helvetia, Medan, Indonesia

ARTICLE INFO

Article history:

Received Sep 19, 2022

Revised Oct 8, 2022

Accepted Oct 23, 2022

Keywords:

Postpartum Visits

Neonates

Covid-19 Pandemic

ABSTRACT

The Covid-19 pandemic presents considerable challenges for maternal and newborn health services, resulting in a decrease in postpartum and neonatal visits. Data on postpartum and neonatal visits at the Martbung Health Center has decreased since the Covid-19 outbreak. To analyze the factors that influence postpartum and neonatal visits during the Covid-19 pandemic. Methods: This type of research is a mix method research. The total population is 34 people and all of them are used as samples. There were 10 research informants. Qualitative data analysis was carried out by means of data reduction, data presentation, and drawing conclusions. Results: Qualitatively, mothers have poor knowledge because they do not get health information about postpartum visits, have low education (SD/SMP), have just had their first child. Anxiety postpartum mothers are afraid of contracting Covid-19 because the virus spreads very quickly, postpartum mothers and babies are vulnerable to infection because their bodies are recovering. Postpartum mothers do not agree with the health protocol rules because they find it difficult to breathe using a mask. Postpartum and neonatal visits during the Covid-19 pandemic were influenced by knowledge, anxiety, and health protocol rules. It is recommended that village midwives carry out continuous counseling and intensify home visits during the Covid-19 pandemic so that the target for postpartum and neonatal visits is achieved.

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Corresponding Author:

Sartika Nasution,
Ilmu Kesehatan Masyarakat,
Helvetia Institute Of Health, Medan, Indonesia,
Jl. Kapten Sumarsono No. 105, Helvetia,
Email: s4rtik4nst95@gmail.com

INTRODUCTION

Maternal and Child Health and Reproductive Health are the focus of health development, especially those related to the health welfare of mothers and children in the future. One of the reproductive health problems that often occurs is during the puerperium (Kemenkes,207). The postpartum period is a recovery period from nine months of pregnancy and the birth process. The puerperium begins after the birth of the placenta and ends when the uterine organs return to their pre-pregnancy state. The postpartum period includes a critical transition period for mothers and babies because the risk

of maternal and infant morbidity and mortality is more common during the puerperium. Postpartum and neonatal visits have a major influence on the prevention of complications during the puerperium and the health of the neonate. At the postpartum and neonatal visits, postnatal and infant health checks are carried out to improve the health status of mothers and children (Wahyuni, 2012).

Postpartum mothers and their families must understand the danger signs during the postpartum period, if there are risks or danger signs, the postpartum and neonatal mothers need to check with health workers even during the Covid-19 pandemic. The implementation of the first postpartum visit was carried out at a health service facility (Fasyankes). The second, third and fourth postpartum visits can be carried out by means of home visits by health workers or monitoring using online media (adjusted to the conditions of areas affected by Covid-19), by making efforts to prevent Covid-19 transmission from officers, mothers and families (Kemenkes RI, 2020). As regulated in Law (UU) Number 6 of 2018 concerning Health Quarantine. (State Institution of the Republic of Indonesia Year 2018 Number 128, Supplement to State Institution of the Republic of Indonesia Year 2018 Number 6236). Where at the time of large-scale social restrictions, local governments are obliged to implement and pay attention to the provisions of health services. The government regulates restrictions in the implementation of activities which is then followed by the issuance of the Instruction of the Minister of Home Affairs (Mendagri) which determines priority areas and regulates the implementation of restrictions on activities that have the potential to transmit Covid-19 (Pemerintah RI, 2018).

According to the United Nations International Children's Emergency Fund (UNICEF), the COVID-19 pandemic presents significant challenges for countries to maintain the provision of high-quality and essential maternal and newborn health services. Countries grappling with the pandemic will need to shift significant resources, including midwives, from regular service delivery to response efforts. Postpartum mothers with newborns may have difficulty accessing services due to transportation disruptions and lock down measures or are reluctant to come to health facilities for fear of contracting Covid-19. This can have an impact on the occurrence of complications and death (UNICEF, 2020). Around 830 pregnant women die every day due to complications related to pregnancy and childbirth. The main complications that cause almost 75% of all maternal deaths in the world are bleeding, infection, preeclampsia and unsafe abortion (Pusdatin, 2020).

Based on data from the Task Force for the Acceleration of Handling Covid-19 as of September 14, 2020, the number of confirmed Covid-19 patients was 5,316 people (2.4%) were children aged 0-5 years and 1.3% of them died. For the group of pregnant / postpartum women, there were 4.9% of pregnant / postpartum women who were confirmed positive for Covid-19 from 1,483 confirmed cases that had accompanying condition data. These data indicate that pregnant women, childbirth, postpartum and newborns are also vulnerable targets for Covid-19 infection and this condition is feared to increase maternal and newborn morbidity and mortality (Kemenkes ri, 2020).

WHO recommends 4 visits during the puerperium, namely within 24 hours after birth so that there is a high chance of saving the mother and baby through quality postpartum visits, treating anemia, detecting and managing postnatal infections. Postpartum visit (KF) is carried out according to the specified schedule, namely KF-1 at 6 hours to 2 (two) days postpartum, KF-2 is carried out 3 days to 7 (seven) days after delivery KF-3 at 8 days until with 28 (twenty eight) days postpartum KF-4 at 29 to 42 days postpartum (Sukma F, 2017). The types of postpartum maternal health services provided consist of: examination of vital signs (blood pressure, pulse, breath, and temperature), examination of the height of the top of the uterus (fundus uteri), examination of lochia and other vaginal fluids, examination of the breast and giving advice on exclusive breastfeeding, giving communication, information, and education (KIE) on the health of postpartum mothers and newborns, including postnatal family planning, postnatal family planning services (Kemenkes RI, 2020).

Based on Indonesia's 2019 health profile, the coverage of postpartum maternal visits (KF3) is 85.92%. And the coverage of postpartum visits (KF3) decreased in 2019 to 78.78% (Noviyanti, 2020). The decrease in the number of presentations from postpartum visits was due to restrictions on health service activities to prevent the spread of Covid-19, as well as concerns for postpartum mothers to come to health services during the pandemic. There are problems related to preventing the spread of the Covid-19 virus, so midwives and health workers recommend postpartum mothers if they don't have complaints to hold back during postpartum visits. A study revealed that 57.1% of MCH books have a good communication function in providing education, and 61.5% of MCH books can be a source of knowledge for mothers (Dinas Provsu, 2021).

The coverage of complete postpartum maternal health services (KF3) in North Sumatra Province in 2019 was 81.50%. When compared with the target set in the Strategic Plan of the North Sumatra Provincial Health Office for 2019 of 84%, this coverage is close to the target that has been set. The highest coverage of postpartum maternal services (KF3) is in Langkat District (99.91%), Binjai City (98.88%) and Tebing Tinggi City (92.24%). Meanwhile, the lowest coverage of postpartum maternal services (KF3) was in Gunungsitoli City (50.33%), North Tapanuli District (54.87%) and West Nias District (58.25%) (Dinkes Medan, 2020). Based on the Medan City Health Office in 2019, the coverage of complete maternal and neonatal visits was 82.60% in 2018.

An understanding of how to prevent exposure/transmission of Covid-19 does not only need to be done for people who are infected, but everyone including postpartum mothers and families must understand so that they are able to take appropriate actions to protect themselves, their children and others, as for how to prevent exposure to Covid-19 as follows: Always use a mask while in public areas, Maintain hand hygiene 4 by frequently washing hands with soap and running water or using hand sanitizer, Avoid touching face areas such as eyes, nose and mouth, Keep paying attention to maintaining a minimum distance of 1 meter from other people, Staying away from crowds by reducing mobility. Based on the results of the Preliminary Survey that the researchers conducted in the Martubung Public Health Center, Medan Labuhan Subdistrict, the number of mothers giving birth at the Poned Health Center during August-December was 20 people, where the coverage of postpartum maternal visits and Neonatal visits were 15 people. Of the 15 people who made postpartum visits and neonatal visits in the Martubung Community Health Center, Medan Labuhan District, 5 of them made a postpartum visit with the reason that the mother said this was the 4th visit and the 3rd visit of the neonate by making a visit in accordance with the implementation of the Covid-19 protocol. 6 of them made the 3rd postpartum visit and 3rd neonatal visit but did not implement the health protocol on the grounds that the mother had difficulty breathing when wearing a mask and when sitting did not practice physical distancing. A total of 4 of them made the 4th postpartum visit and did not make the 2nd postpartum visit and made the 3rd neonatal visit and did not make the 2nd neonatal visit, none of them applied the health protocol at all, the reason being that the mother said there was no mask, and did washing hands but not using soap and not doing physical distancing and the reason mothers don't make visits is because there are no complaints, postpartum visits and neonatal visits are still being carried out as before the pandemic, but with the implementation of health protocols.

RESEARCH METHOD

This research is an explanatory research that uses mix method research, which is a research approach that combines or associates quantitative and then qualitative forms. In quantitative research the type of research used is an analytical survey with a cross sectional study design, while in qualitative research it is a descriptive type of research (19). This research was conducted in the working area of Martubung Public Health Center, Medan Labuhan District. Activities in this study were carried out from December 2021 to January 2022. The population in this study were all postpartum mothers >29 days in the working area of the Martubung Public Health Center, Medan Labuhan District, with a total of 34 people. The sample in this study used the total population, so that the entire population

was used as a sample (total sampling) as many as 34 people (20). The key informants in this study were 1 MCH health officer, 1 village midwife at the Martubung Public Health Center, Medan Labuhan District. The main informants in this study were 4 postpartum mothers consisting of 2 postpartum mothers who did complete KF and KN visits, and 2 postpartum mothers who did incomplete KF and KN. The supporting informants in this study were the husbands/families of the main informants, as many as 4 people.

The data analysis in this research is quantitative and qualitative analysis. Quantitative analysis is presented with univariate, bivariate, and multivariate (21). Univariate analysis is used to describe the data performed on each research variable, the data is presented in a frequency distribution table. Bivariate analysis aims to see the relationship between the dependent variable and the independent variable. This multivariate analysis was used to see the most influential factors on postpartum visits and neonatal visits during the Covid-19 pandemic (19). While qualitative analysis is presented in: data reduction, data presentation, and drawing conclusions (22). Data reduction is defined as the process of selecting, separating, paying attention to simplification, abstracting and transforming rough data that emerges from written records in the field. The presentation of data is done with the aim of making it easier for researchers to see the overall picture or a particular part of the research. Conclusion Drawing is conducting verification continuously throughout the research process, namely during the data collection process (23).

RESEARCH METHOD

Result

Univariate Analysis

Table 1. Frequency Distribution Of Respondents By Age, Education, Occupation And Number Of Children

| Characteristics of Respondents | Frekuensi (f) | Persentase (%) |
|--------------------------------|---------------|----------------|
| Age | | |
| <20 years | 1 | 2,9 |
| 20-35 years old | 27 | 79,4 |
| >35 years old | 6 | 17,6 |
| Education | | |
| Elementary (SD and SMP) | 10 | 29,4 |
| Intermediate (high school) | 18 | 52,9 |
| Height (D3/S1) | 6 | 17,6 |
| Work | | |
| Working | 11 | 32,4 |
| Doesn't work | 23 | 67,6 |
| Number of children | | |
| 1 person | 11 | 32,4 |
| 2 persons | 11 | 32,4 |
| 3 people | 7 | 20,6 |
| 4 people | 5 | 14,7 |
| Total | 34 | 100 |

Based on the table above, respondents aged <20 years were 1 person (2.9%), aged 20-35 years were 27 people (79.4%), and aged >35 years were 6 people (17.6%). Based on education, respondents with basic education (SD and SMP) as many as 10 people (29.4%), secondary education (SMA) as many as 18 people (52.9%) and higher education (D3/S1) as many as 6 people (17, 6%). Based on occupation, respondents who work are 11 people (32.4%) and 23 people are not working (67.6%). Based on the number of children, respondents with 1 child as many as 11 people (32.4%), 2 children as many as 11 people (32.4%), 3 children as many as 7 people (20.6%) and 4 children as many as 5 people (14.7%).

Tabel 2. Frequency Distribution Of Respondents Based On Knowledge In The Working Area Of The Martubung Public Health Center, Medan Labuhan Subdistrict In 2021

| Variable | Frekuensi | Persentase |
|--|-----------|------------|
| Knowledge | | |
| Well | 19 | 55,9 |
| Not enough | 15 | 44,1 |
| Attitude | | |
| Positive | 13 | 38,2 |
| Negative | 21 | 61,8 |
| Worry | | |
| Positive | 14 | 41,2 |
| Negative | 20 | 58,8 |
| Accessibility (Distance) | | |
| Easy | 14 | 41,2 |
| Difficult | 20 | 58,2 |
| Health Worker Support | | |
| Support | 23 | 67,6 |
| Not supportive | 11 | 32,4 |
| Health Protocol Rules | | |
| Agree | 19 | 55,9 |
| Don't agree | 15 | 44,1 |
| Postpartum (KF) and Neonate (KN) Visits | | |
| Complete | 16 | 47,1 |
| Incomplete | 18 | 52,9 |
| Total | 34 | 100 |

Univariate Analysis:

Based on the table above, it shows that most of the respondents have good knowledge as many as 19 people (55.9%), a small proportion of respondents have poor knowledge as many as 15 people (44.1%). Most respondents had a negative attitude as many as 21 people (61.8%), a small number of respondents had a positive attitude as many as 13 people (38.2%). Most of the respondents felt severe anxiety as many as 20 people (58.8%), a small proportion of respondents felt mild anxiety as many as 14 people (41.2%). Most of the respondents stated accessibility in the difficult category as many as 20 people (58.8%), a small proportion of respondents stated accessibility in the easy category as many as 14 people (41.2%). Most of the respondents agreed about the health protocol rules during the Covid-19 pandemic as many as 19 people (55.9%), a small portion disagreed about the health protocol rules as many as 15 people (44.1%). Most of the postpartum visits (KF) and neonates (KN) during the Covid-19 pandemic were incomplete as many as 18 people (52.9%), a small proportion were in the complete category in the postpartum visit (KF) and neonates (KN) during the Covid pandemic -19 as many as 16 people (47.1%).

Table 3. Cross Tabulation Of Knowledge Relationships On Postpartum (Kf) And Neonate (Kn) Visits During The Covid-19 Pandemic Period In The Work Area Of The Martubung Public Health Center, Medan Labuhan Sub-District In 2021

| Variable | Postpartum (KF) and Neonate (KN) Visits during the Covid-19 Pandemic | | | | Total | | p-value |
|------------------|--|------|------------|------|-------|------|---------|
| | Complete | | Incomplete | | F | % | |
| | f | % | f | % | | | |
| Knowledge | | | | | | | |
| Well | 12 | 35,3 | 7 | 20,6 | 19 | 55,9 | 0,077 |
| Not enough | 4 | 11,8 | 11 | 32,4 | 15 | 44,1 | |
| Attitude | | | | | | | |
| Positive | 9 | 26,5 | 4 | 11,8 | 13 | 38,2 | 0,092 |
| Negative | 7 | 20,6 | 14 | 41,2 | 21 | 61,8 | |
| Worry | | | | | | | |
| Light | 11 | 32,4 | 3 | 8,8 | 14 | 41,2 | 0,006 |

| | | | | | | | |
|---------------------------------|-----------|-------------|-----------|-------------|-----------|--------------|-------|
| Heavy | 5 | 14,7 | 15 | 44,1 | 20 | 58,8 | |
| Accessibility (Distance) | | | | | | | |
| Easy | 10 | 29,4 | 4 | 11,8 | 14 | 41,2 | 0,042 |
| Difficult | 6 | 17,7 | 14 | 41,1 | 20 | 58,8 | |
| Total | 16 | 47,1 | 18 | 52,9 | 34 | 100,0 | |

Advanced Table

| Variable | Postpartum (KF) and Neonate (KN) Visits during the Covid-19 Pandemic | | | | Total | | p-value |
|------------------------------|--|-------------|------------|-------------|-----------|--------------|---------|
| | Complete | | Incomplete | | F | % | |
| | f | % | f | % | | | |
| Health Worker Support | | | | | | | |
| Support | 15 | 44,1 | 8 | 23,5 | 23 | 67,6 | 0,007 |
| Not supportive | 1 | 2,9 | 10 | 29,4 | 11 | 32,4 | |
| Health Protocol Rules | | | | | | | |
| Agree | 13 | 38,2 | 6 | 17,6 | 19 | 55,9 | 0,014 |
| Don't agree | 3 | 8,8 | 12 | 35,3 | 15 | 44,1 | |
| Total | 16 | 47,1 | 18 | 52,9 | 34 | 100,0 | |

Based on the table above, it shows that of the 19 respondents with good knowledge, the majority of postpartum (KF) and neonatal (KN) visits during the Covid-19 pandemic were in the complete category, namely 12 people (35.3%). Of the 15 respondents who had poor knowledge, the majority of postpartum visits (KF) and neonates (KN) during the Covid-19 pandemic were in the incomplete category, namely 11 people (32.4%). The results of the statistical test in bivariate analysis using Chi-Square obtained p-value with the provisions of the table 2 x 2, and there is no expected value ($E < 5$), then the test used "continuity correction" is $0.077 > 0.05$, meaning that there is no effect Knowledge of postpartum visits (KF) and neonates (KN) during the Covid-19 pandemic in the Martubung Public Health Center, Medan Labuhan Subdistrict in 2021.

Of the 13 respondents who stated that their families supported the majority of postpartum (KF) and neonatal (KN) visits during the Covid-19 pandemic, 10 people (29.4%) were in the complete category. Of the 21 who stated that their families did not support the majority of postpartum visits (KF) and neonates (KN) during the Covid-19 pandemic, 15 people (44.1%). The results of statistical tests on bivariate analysis using Chi-Square obtained p-value with the provisions of the table 2 x 2, and there is no expected value ($E < 5$), then the test used "continuity correction" is $0.017 < 0.05$, meaning that there is a support effect family for postpartum (KF) and neonate (KN) visits during the Covid-19 pandemic in the Martubung Health Center Work Area, Medan Labuhan Sub-district in 2021.

Of the 23 respondents who stated that health workers supported the majority of postpartum (KF) and neonatal (KN) visits during the Covid-19 pandemic in the complete category, 15 people (44.1%). Of the 11 who stated that health workers did not support the majority of postpartum visits (KF) and neonates (KN) during the Covid-19 pandemic, 10 were in the incomplete category (29.4%). The results of statistical tests on bivariate analysis using Chi-Square obtained p-value with the provisions of the table 2 x 2, and there is no expected value ($E < 5$), then the test used "continuity correction" is $0.007 < 0.05$, meaning that there is an effect of support health workers for postpartum (KF) and neonate (KN) visits during the Covid-19 pandemic in the Martubung Health Center Work Area, Medan Labuhan Sub-district in 2021.

Of the 19 respondents who agreed with the health protocol rules, the majority of postpartum (KF) and neonatal (KN) visits during the Covid-19 pandemic were in the complete category, namely 13 people (38.2%). Of the 15 who did not agree with the health protocol rules, the majority of postnatal visits (KF) and neonates (KN) during the Covid-19 pandemic were in the incomplete category, namely 12 people (35.3%). The results of statistical tests on bivariate analysis using Chi Square obtained p-value with the provisions of the table 2 x 2, and there is no expected value ($E < 5$), then the test used "continuity correction" is $0.014 < 0.05$, meaning that there is an influence of the

rules health protocol for postpartum visits (KF) and neonates (KN) during the Covid-19 pandemic in the Martubung Health Center Work Area, Medan Labuhan District in 2021.

The results of the multiple logistic regression test showed that of the 8 variables as candidate models, 3 variables were found that had an effect on postpartum visits (KF) and neonates (KN) during the Covid-19 pandemic. More details can be seen in the following table.

Table 4. Multiple Logistics Regression Test Results Significant Variables

| Variable | B | Sig. | Exp(B)/ OR | 95%CI for Exp(B) |
|-----------------------|---------|-------|------------|------------------|
| Knowledge | 2,709 | 0,042 | 5,011 | 1,108-23,420 |
| Worry | 3,447 | 0,012 | 7,407 | 2,160-56,756 |
| Health protocol rules | 3,645 | 0,015 | 8,267 | 2,020-74,973 |
| Constant | -14,099 | 0,004 | | |

Based on the results of the multiple logistic regression test, it also shows that the variables that have no effect on postpartum (KF) and neonatal (KN) visits during the Covid-19 pandemic because they have a significant value > 0.05 are the variables of attitude, accessibility, means of communication, family support, and support for health workers. More details can be seen in the following table.

Table 5. Non-significant Multiple Logistics Regression Test Results

| Variable | Sig. (p-value) |
|-----------------------|----------------|
| Attitude | 0,789 |
| Accessibility | 0,787 |
| Health worker support | 0,726 |

Discussion

The Relationship between Education Level and Maternal Care during the Postpartum Period in Padang Sari Village, Tinggi Raja District, Asahan Regency

Based on the results of the study, it showed that from 71 respondents there were 44 respondents (62%) with secondary education level who carried out postpartum care in the sufficient category, and 18 respondents (25%) carried out postpartum care in the good category. Of the 71 respondents, there were 2 respondents (3%) with a high level of education who carried out postpartum care in the sufficient category, and 7 respondents (10%) carried out postpartum care in the good category. From the results of statistical tests, Chi-square obtained a significance value of $p = 0.007 (<0.05)$, it can be concluded that there is a relationship between education level and maternal care during the postpartum period. The results of this study are in accordance with Satukhilmiyah who said that based on the Chi-square test there is a relationship between education and postpartum care (p value = 0.001). Mothers with low education were found to have poor postpartum care, on the contrary, mothers with higher education did good postpartum care (Astuti, 2017). The results of another relevant study related to postpartum care were carried out by Aded Pratiwi Prisma (2019), with the results of the study, there was a relationship between maternal education and postpartum mother's vitamin A consumption ($p = 0.028$) (25). Different research results were stated by Khasanah, et al. Based on the Chi-square test, it shows that there is no significant relationship between maternal education and postpartum care practices in Ngraji Village, the working area of Purwodadi II Health Center. According to the assumption of Khasanah, et al, the results of the study are stated to be unrelated because the education taken by postpartum mothers is formal education. However, in his research, on average, postpartum mothers are multiparous mothers who have previously had children, so it can be said that previously they have had experience with postpartum care practices so that their education is not related to their postpartum care practices and it can be said that experience is more related when compared to postnatal care. with education (26). Other different results were found by Akhenan in his research which said that there was no relationship between

education and postpartum care with the Chi-square test results obtained p value = 0.829 (Susanti, 2020).

According to the researcher's assumptions based on theory and research results on the analysis of maternal care during the puerperium, it can be said that what was stated by the experts in some of the theories stated above is indeed true, that the level of education is closely related to behavior. In this study, it was found that the majority of highly educated mothers performed postpartum care in good categories. This of course is closely related to the maturity they have gained from the level of education they have gone through, which ultimately forms a more rational mindset. The higher the level of individual education, the more experience and information obtained from both the educational bench and the social environment, so that the more knowledge one has about various things, and in this case knowledge about postpartum care.

Relationship between Knowledge and Maternal Care during the Postpartum Period in Padang Sari Village, Tinggi Raja District, Asahan Regency

Based on the results of the research above, it shows that of the 71 respondents there are 43 respondents (61%) with sufficient knowledge to carry out postpartum care in the sufficient category, and there are no respondents with sufficient knowledge level who perform mass care care in the good category. Of the 71 respondents, there were 3 respondents (4%) with good knowledge of postnatal care in sufficient category, and 25 respondents (35%) with good category of postpartum care. From the results of statistical tests, Chi-square obtained a significance value of $p = 0.000$ (<0.05), it can be concluded that there is a relationship between the level of knowledge and maternal care during the postpartum period.

The results of this study are in line with the results of research proposed by Eldawati S, whose research results show a relationship between knowledge of postpartum mothers about postpartum care and postpartum care practices, it is obtained that the percentage of 53 total respondents who have a good level of education, almost two thirds have good practice. good postpartum care (63.6%), while for respondents who have a poor level of knowledge almost three quarters have poor postpartum care practices (71.0%), and the results of statistical tests using the continuity method and a significance level of 5 % obtained p value = 0.026 (p value <0.05), which means that there is a significant relationship between knowledge of postpartum mothers and postpartum care practices (Matianingsih, 2019). research conducted by Nova Arami (2020). In this study, a p -value of 0.000 ($p < 0.005$) was obtained, which means that there is a significant relationship between postpartum mother's knowledge and perineal wound care (Zuraida, 2018).

The results of this study indicate that the majority of postpartum care in the good category are carried out by respondents with a good level of knowledge. This is in accordance with the various theories put forward by the experts above. Qualitatively, it is known that the knowledge of informant 1 about the postpartum period is good, the knowledge of informant 2 is also good. Informants 1 and 2 who control their health during the puerperium are midwives. Informant 1's knowledge of how many times at least health workers monitor maternal health during childbirth is sufficient, as well as informant 2, this can be assessed from the answers of respondent 1 and respondent 2 who said that health worker visits during the puerperium are carried out every day until the umbilical cord is detached from its insertion. Daily visits by health workers that are also related to umbilical cord care are a good thing, but health workers need to make return visits according to the time set by the Program and Technical Policy in Postpartum Care.

During the puerperium at least 4 visits, the first visit, the first visit, were carried out 6-8 hours after delivery. This visit was carried out with the aim of preventing postpartum bleeding due to uterine atony. Detect and treat other causes of bleeding, and refer if bleeding persists. Provide counseling to the mother or a family member how to prevent postpartum bleeding due to uterine atony. Early breastfeeding helps establish the relationship between mother and newborn, and also keeps the baby healthy by preventing hypothermia.

According to the researcher's assumptions, the knowledge that a person has about postpartum care and others will ultimately have an impact on that person's behavior. The better a person's knowledge, the better his behavior in dealing with what he knows. This also applies to nursing care during the puerperium. Mothers who are well-informed, have a high probability of doing proper postpartum care. On the other hand, mothers who have sufficient knowledge are very at risk of doing postpartum care incorrectly. The postpartum care that is carried out correctly must be guided by the principles of health science. As it is known that postpartum care is an important thing to do.

In addition to preventing puerperal infections, postpartum care also aims to speed up the process of returning the mother to her pre-pregnancy state, as well as improving the quality of life of the mother and baby. Mothers must know which form of self-care will be carried out with sincerity and in a healthy way in order to obtain health welfare during the postpartum period and after, both for the postpartum mother herself and for the baby born. The fatal thing that is feared if postpartum care is not carried out according to health rules is the occurrence of infections during the puerperium which can cause maternal death.

The Relationship between Parity and Maternal Care during the Postpartum Period in Padang Sari Village, Tinggi Raja District, Asahan Regency

Based on the results of the study, it was shown that from 71 respondents there were 11 respondents (16%) with primiparous parity who did postnatal care in sufficient category, and 1 respondent (1%) gave good category of postpartum care. Of the 71 respondents there were 35 respondents (49%) with multiparity parity who carried out postpartum care in the sufficient category, and 24 respondents (34%) carried out postpartum care in the good category. From the results of statistical tests, Chi-square obtained a significance value of $p = 0.046 (<0.05)$, it can be concluded that there is a relationship between parity and maternal care during the puerperium.

Another relevant research that is related to postpartum care is the research conducted by Risa Devita, et al (2019), regarding the Relationship Between Knowledge and Maternal Parity with Perineal Wound Care at Ratna Wilis Palembang Independent Practice Midwife in 2018. From the results of the study, respondents obtained with high parity who performed perineal wound care well, 15 respondents (100%) and respondents with high parity did not perform perineal wound care poorly (%), while of the 17 low parity respondents who did good perineal wound care, it was 9 respondents (52.9%) and respondents with low parity who performed perineal wound care less well were 8 respondents (47.1%). The results of the Chi-square test obtained a p value of 0.003 (<0.05), which means that there is a relationship between parity and perineal wound care (Martono, 2018).

Another relevant study, conducted by Indriani Andi Wolio, et al (2017), with the results of the study "there is a relationship between parity and postpartum visits in mothers who have babies aged 2-12 months in the working area of the Nambo Health Center, Kendari City in 2017. With the results statistical test $p = 0.005 (<0.05)$ (Roflin, 2018).

Qualitatively, it is known that informant 1 is multipara and informant 2 is primipara. According to the assumptions of the informants with multiparity parity, the majority have good knowledge because the informants with multiparity parity better understand postpartum care care, which is possible because of the experience from the previous postpartum period. This is different from informants with primiparous parity who do not have experience in postpartum care, so that in the absence of provisions from previous experience, they do not understand postpartum care care.

Relationship between Health Checkpoints During Pregnancy and Maternal Care During the Postpartum Period in Padang Sari Village, Tinggi Raja District, Asahan Regency

Based on the results of the study above, it shows that from 71 respondents there are 8 respondents (11%) whose health check-ups during their pregnancy in government-owned facilities provide postpartum care in the adequate category, and 11 respondents (15%) perform postpartum care in the category good. Of the 71 respondents, there were 38 respondents (54%) whose health

check-ups during pregnancy in private practice were providing adequate postpartum care, and 14 respondents (20%) providing good postpartum care. From the results of statistical tests, Chi-square obtained a significance value of $p = 0.032 (<0.05)$, it can be concluded that there is a relationship between health check-up places during pregnancy and maternal care during the puerperium.

The results of this study are slightly relevant to the research conducted by Andam Ar-Rahmi, with the research title Factors Associated with the Behavior of Mothers Not Performing Postnatal Care in Indonesia (Advanced Analysis of the Indonesian Demographic and Health Survey). In his research, data showed that there was no factor in antenatal consultation with the behavior of the mother not doing postpartum care (Winarni, 2021).

Qualitatively, it is known that respondent 1 chose a midwife's house (private practice place) as a place for health checks during pregnancy, as well as informant 2. Both respondents admitted that they did not receive any health education/advice related to postpartum care during pregnancy from where they did check her health during her pregnancy.

Health services during pregnancy aim to optimize the mental and physical health of pregnant women, so that they are able to face childbirth, postpartum, prepare for breastfeeding, and return to normal reproductive health (Miles, 2014). According to the researcher's assumption, according to the results of this study, there is a relationship between health check-up places during pregnancy and maternal care during the puerperium because even though the informants have checked their health during pregnancy to health care facilities, if the officers serving at the health care facilities do not provide Counseling/health education about nursing care during the puerperium of course will not have a positive effect on the behavior of informants in carrying out nursing care during the puerperium and vice versa.

CONCLUSION

Based on the results of research that has been carried out and presented in the discussion in the previous chapter, it can be concluded that: 1) Knowledge affects postpartum visits (KF) and neonates (KN) during the Covid-19 pandemic in the Martubung Public Health Center, Medan Labuhan Subdistrict in 2021, $p=0.042$. Qualitatively, postpartum mothers who have poor knowledge because they do not get health information about postpartum visits, have low education (SD / SMP), have just had their first child (primipara) so they do not have experience during the postpartum period. 2) Attitudes do not affect postpartum (KF) and neonate (KN) visits during the Covid-19 pandemic in the Martbung Health Center Work Area, Medan Labuhan Sub-district in 2021, $p=0.789$. Qualitatively, the attitude of postpartum mothers is not too enthusiastic about visiting postpartum and neonates because they are not comfortable having to always wear masks and are worried about contracting Covid-19. 3) Anxiety affects postpartum (KF) and neonate (KN) visits during the Covid-19 pandemic in the Martbung Health Center Work Area, Medan Labuhan Sub-district in 2021, $p=0.012$. Qualitatively, anxiety arises because of the fear of contracting Covid-19 because the virus spreads very quickly, postpartum mothers and babies are vulnerable to infection because their bodies are recovering. 4) Accessibility (distance) has no effect on postpartum (KF) and neonatal (KN) visits during the Covid-19 pandemic in the Martbung Health Center Work Area, Medan Labuhan Sub-district in 2021, $p=0.787$. Qualitatively, that the house is far away and the condition of the potholes affects the desire to visit the postpartum and neonate. 5) The support of health workers has no effect on postpartum (KF) and neonatal (KN) visits during the Covid-19 pandemic in the Martbung Health Center Work Area, Medan Labuhan Sub-district in 2021, $p=0.726$. Qualitatively, health workers provide support by providing information (penkes) or visiting homes (home visits). 6) Health protocol rules have an effect on postpartum (KF) and neonatal (KN) visits during the Covid-19 pandemic in the Martbung Health Center Work Area, Medan Labuhan Sub-district in 2021, $p=0.015$. Qualitatively, postpartum women who agree with the health protocol rules because they are more confident that they can prevent contracting Covid-19, while postpartum women who do not agree because they find it difficult to breathe using a mask. 7) The dominant variable or variable

that has the greatest influence on postpartum and neonatal visits during the Covid-19 pandemic is the health protocol rule variable having a value of $\text{Exp}(B)/\text{OR} = 8.267$, meaning that postpartum mothers agree with the protocol rules. For health, the chance of postpartum (KF) and neonate (KN) visits during the Covid-19 pandemic in the complete category is 8.2 times higher than postpartum mothers who do not agree with the health protocol rules.

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