

An Implementation Of Postnatal Education Toward The Perception About Self Care On Immediately And Early Postpartum Period Of Postpartum Mothers And Their Families In Jember

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Abstract: Maternal Mortality Rate (MMR) is one of the important indicators for assessing the health of society rate in a country. MMR is considerably high in Indonesia compared with other ASEAN countries. One of the MMR factors is that the mothers' perception about self care during the postpartum period does not go optimally yet. To solve the problem, it requires one of the ways by giving postnatal education which focuses on the postpartum mothers by including their families as social support. This research was conducted in dr. Soebandi Hospital, Jember, and the area of Kaliwates Health Center, Jember on March 16 to June 30, 2015. Pre-experiment method was used for the research design to analyze the influences of postnatal education toward the perception about self care on immediately and early postpartum period to the postpartum mothers and their families. The data was collected by giving the intervention of education about postpartum self care to the postpartum mothers and their families through media of booklets and module to 100 respondents chosen by using purposive sampling. The result of this research confirmed that the perception of the postpartum mothers and their families about 'early and immediately period self care' with coefficient $\alpha = 0,05$ from 'p value' for each was 0,00. It means that there is a significant influence of postnatal education toward the perception about self care on early and immediately period of the postpartum mothers and their families. This research is highly recommended in accordance with postnatal education which can be applied as optimal strategy for 'competent mothering', especially for self care to prevent from sort of complications during postpartum.

Keywords: Postnatal Education, perception, self care, postpartum

I. Introduction

New postpartum care paradigm emphasizes that postpartum mothers is healthy mothers and is set of physiological event, so the principal care is based on mothers' independency orientation, early mobilization, the nutrition of breastfeeding, and adequate liquid, and optimal rest. The role of parents cannot be separated from the participation or cooperation between mothers and their families (husbands) and other family members (Sulistiyawati, 2009).

The obstacle found in postpartum mothers care is that society assumption about postpartum mothers is a sick mothers, the mobilization is barred, the food is restricted, the colostrum breastfeeding is barred, so the needs of postpartum mothers is prioritized for full rest. It makes the postpartum mothers who are supposed to be able to make self care, is not ready yet and failed to make self care. Thus, an education for postpartum period is important to adapt mothers and their families who participate to the postpartum mothers' care through postnatal education. The mothers with the support form their families is expected to have an optimal competency to adapt during postnatal period maternally. Some misperceptions in the condition will be very risky to mothers' health.

The Indonesian MMR was quite high compared with other ASEAN countries. Therefore, the government needed to establish an integrated and strategic way to accelerate a decreasing MMR in Indonesia, especially for enhancing Millenium Development Goals (MDGs) target in 2015 (Kemenkes Republik Indonesia, (2011). Some efforts had been done to decrease the MMR. It is extremely complex if it is identified the factors contributing the MMR (Saifuddin, 2004; Chapman, 2003). The cause of the maternal mortality was obviously found in postpartum period. Thus, it required to identify mothers' health problems during the postpartum period, one of them is postpartum.

In accordance with the problems noted previously, it can be attempted the problem solving, one of them is to give 'Postnatal Education' focusing on the postpartum mothers by including their families as the social support. The postnatal education is expected to be able to optimize mothers' understanding about self care during postpartum period, so the risk of postnatal complications can be decreased. This condition contributes to the optimalization of mothers' health status, so it can affect for emphasizing the MMR.

This research aims to: 1) analyze the influences of postnatal education toward the perception of immediately period of postpartum care to postpartum mothers and their families in Jember, 2) analyze the

influence of postnatal education toward the peception of early period of postpartum care to postpartum mothers and their families in Jember.

II. Postnatal Education

Postpartum period is six weeks period after the childbirth until the reproduction organs become normal like before the pregnancy. This period is sometimes called 'puerperium' or '4th day blue' (Bobak, 2005). Postpartum period is divided into three stages, immediately postpartum (first 24 hours period), early postpartum (first week period), and late postpartum (second to sixth week period). Postpartum care is started since kala uri by avoiding the possibility of postpartum bleeding and infection (Wikjosastro, 2005).

There are many things need to know by mothers in a normal postpartum period, early mobilization and body clean. Early mobilization needs to do so that it does not cause the swelling of blood vessels (Kasdu 2003 cited in Indriyani, 2013). According to Bobak, (2005) keeping body clean and self care during postpartum period is fully needed to prevent from the infection and to comfort mothers, including: clothes clean, skin and hair clean, urinating (miksi), defecating, perenium and vagina clean, soaking bath, breast care, nutrition on postpartum period, sexual activities and stretching training. Regarding the conditions related to mothers' competence in postpartum period, it had been conducted a current research by Herlina (2008) cited in Indriyani (2015). He found the correlations between social support from their families and the abstinence eating pattern of postpartum mothers. Another research as proposed by Nabuasa (2006) cited in Indriyani (2015), it was found that the husband's support to the wife while the postpartum period could help their house work, mother-child care, and wife's health cure. The research showed that family is an important supporter for the postpartum mothers in adapting the postpartum period. If there were no support from the family, it would be risky to the lack of adaptation competence. As a research by Laniwati and Indriyani (2012) found the result of the correlation between the husband's support and the 'postpartum blues' event to the primipara mothers. Neny (2010) also found the correlation between husband's support and the psychological maternal adaptation of the postpartum mothers.

One of the self care during the postpartum period can be applied by improving mothers' understanding with the intervention of health education. Various research raleted to the giving of health education had been conducted by some researchers, like what had done by Adinata (2009) who found the result that there was the influences between health education and the understanding about breast care of postpartum mothers. Based on the condition, building a perception cannot merely be done, but it had to be made certain appropriate strategy to become an optimal goal.

Postnatal education is a process of education given by paramedic workers to the postpartum mothers during postpartum period so that mothers' understanding can be increased in adapting with maternal changes occur during the postpartum period whether for physically changes or psychologically changes, and to improve mothers' understanding on how to care their babies (Sulistiyawati, 2009). The postlanal education has several goals including: 1) to add mothers' understanding and families' understanding about the care during postpartum period and the babies; 2) to improve the time for both mothers' physical and psychological discovery, 3) to improve mothers' competence of self care, and 4) to improve mothers' and families' competence in giving care to the babies (Bobak, 2005).

III. Method And Materials

The research design is pre-experiment as conducted in postpartum room in dr Soebandi Hospital, Jember and in the area of Kaliwates Health Center, Jember because the former place is the referral hospital in Besuki with the high postpartum rate, and the area of Kaliwates is the area with the highest MMR in Jember. The research stages include: 1) measuring the perception of postpartum mothers and their families about self care during early and immatiately period of postpartum (pretest), giving postnatal education by focusing on self care during the postpartum period (intervention), and they were continued by measuring again the perception of postpartum mothers and their families after they were given the postnatal education (posttest); 2) reviewing the result of data analysis; 3) making the result and the discussion of this research. The data collection was conducted by giving the intervention of postnatal education about self care during the postpartum period of the postpartum mothers and their families through module and booklets media conducted on March 16 to June 30, 2015.

This research included the postpartum mothers and their families as the samples combined with purposive sampling technique. The chosen samples was 50 people from dr. Soebandi Hospital and 50 people from the area of Kaliwates Health Center, so the total samples was 100 respondents. The data was analyzed by using quantitative approach for Univariat and Bivariat. Univariat data analysis was conducted to get numeric data in minimum, maximum, mean, median, mode, and deviation standart. Whereas the Bivariat analysis used in this research was 'Paired T-Test' (Dependent T-Test) with coeficien 'alpha ($\alpha=005$)', which aimed to analyze the influences of postnatal education toward the perception about self care during immediately and early

postpartum period of the postpartum mothers and their families. The intervention of postnatal education was used as a treatment by using postnatal education model with ‘family centered maternity care’ approach.

IV. Finding And Discussion

A. Postnatal Education Model with ‘Family Centered Maternity Care (FCMC)’ Approach

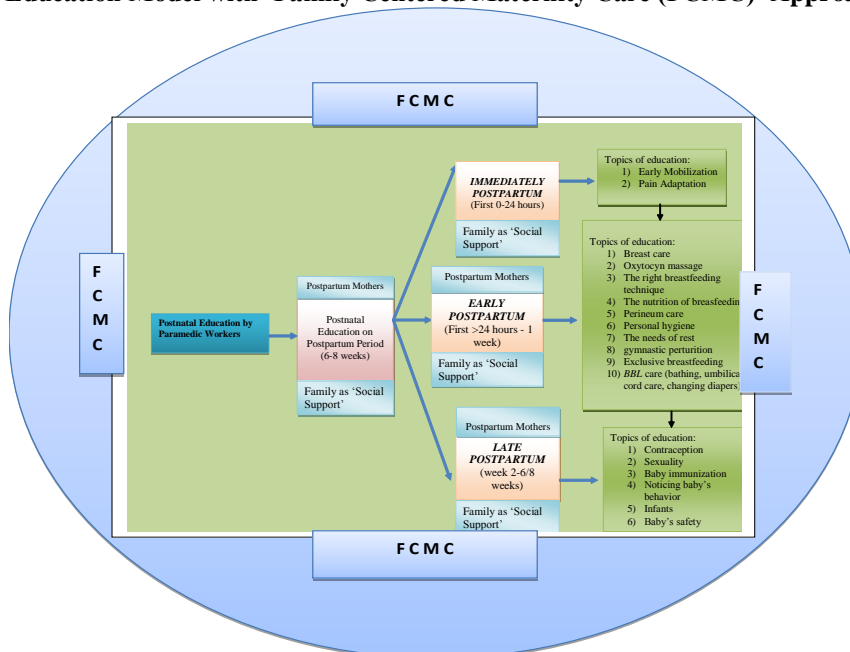


Figure 1. Postnatal Education Model with ‘Family Centered Maternity Care (FCMC)’ Approach

Based on the figure of postnatal education model with FCMC approach, it can be formulated: 1) The postnatal education was conducted by stipulating ‘Discharge Planning’ for each hospitalized postpartum mother (providing the discharge planning format). 2) The postnatal education by including the families of the postpartum mothers (i.e., their husbands, thier mothers, or their mother-in-law) as the social support. 3) The postnatal education was conducted by considering the stages of postpartum period consisting of immediately postpartum phase (firts 0-24 hours), early postpartum (first >24 hours-1 week) and late postpartum (>1 week-6/8 weeks). 4) Postnatal education topic given to the postpartum mothers based on their needs regarding the stages of postpartum period. It includede some main topics: a) ‘immediately postpartum’ phase including pain adaption, early mobilization; b) early postpartum phase including main topic: breast care, oxytocyn massage, the right breastfeeding technique, the nutrition of breastfeeding period, perineum care, personal hygiene, the needs of rest, gymnastic perturbation, exclusive breastfeeding, BBL care (bathing, umbilical cord care, changing diapers); and c) late postpartum phase including: contraception, sexuality, baby immunization, noticing baby’s behavior, infants, and baby’s safety. 5) The implementation of postnatal education by considering the characteristics of the postpartum mothers and their families, including the culture they used.

B. Data analysis of the perception of immediately and early postpartum self care of the postpartum mothers and their families.

Table 1. Distribution of the Perception about Self Care on Immediately and Early Postpartum of the Postpartum Mothers and Their Families as conducted in dr. Soebandi Hospital in 2015. n = 50

Value	Immediately Postpartum		Early Postpartum	
	Pretest	Posttest	pretest	Posttest
Mean	44.20	70.00	47.80	71.20
Median	45.00	70.00	50.00	70.00
Mode	40	70	50	70
Std. Deviation	14.441	9.476	12.171	7.990
Minimum	10	50	10	50
Maximum	70	90	70	90

Based on table 1, the perception of the postpartum mothers and their families in dr. Soebandi Hospital regarding immediately postpartum self care had the average of pretest was 44,20, while the average of posttest was 70. In addition, the perception about self care of early postpartum phase had the average of pretest 47,8 and the average of posttest 71,20.

Table 2. The distribution of the perception about self care on immediately postpartum, early postpartum, and late postpartum of the postpartum mothers and their families as conducted in the area of Kaliwates Health Center, Jember in 2015. N = 50

Value	Immediately Postpartum		Early Postpartum	
	Pretest	Posttest	pretest	Posttest
Mean	49.00	69.20	47.40	66.60
Median	50.00	70.00	50.00	70.00
Mode	50	70	50	60
Std. Deviation	9.530	6.652	13.219	12.715
Minimum	30	50	10	40
Maximum	70	80	70	90

Based on table 2, the perception of the postpartum mothers and their families in the area of Kaliwates Health Center regarding immediately postpartum self care had the average of pretest 49, while the average of posttest 69,2. In addition, the perception about self care of early postpartum phase had the average of pretest was 47,4 and the average of posttest was 66,60. Whereas late postpartum had the average of pretest 50,40 and the average of posttest 70.

C. The analysis of the influences of postnatal education toward the perception about self care on immediately and early postpartum period of the postpartum mothers and their families.

Table 3. The Influences of Postnatal Education toward the perception about self care on immediately and early postpartum period of the postpartum mothers and their families as conducted in dr. Soebandi Hospital, Jember in 2015. n = 50

Variable	Mean	Std. Deviation	Std. Error Mean	P Value
Perception of Immediately Postpartum Phase				
Pretest	44.20	14.441	2.042	0,00
Posttest	70.00	9.476	1.340	
Perception of Early Postpartum Phase				
Pretest	47.80	12.171	1.721	0,00
Posttest	71.20	7.990	1.130	

Based on table 3, it confirmed that there was the influences of the postnatal education toward the perception about self care on immediately and early postpartum period of the postpartum mothers and their families as conducted in dr. Soebandi Hospital regarding immediately postpartum self care and early postpartum phase with 'P value' for each was 0,00.

Table 4. The influences of Postnatal Education toward the Perception about Self Care on Immediately and Early Postpartum Period of the Postpartum Mothers and their Families As conducted in the area of Kaliwates Health Center Jember in 2015. n = 50.

Variable	Mean	Std. Deviation	Std. Error Mean	P Value
Perception of Immediately Postpartum Phase				
Pretest	49.00	9.530	1.348	0,00
Posttest	69.20	6.652	.941	
Perception of Early Postpartum Phase				
Pretest	47.40	13.219	1.869	0,00
Posttest	66.60	12.715	1.798	
Perception of Late Postpartum Phase				
Pretest	44.20	12.469	1.763	0,00
Posttest	68.40	8.657	1.224	

Based on table 4, it confirmed that there was the influences of the postnatal education toward the perception about self care on immediately and early postpartum period of the postpartum mothers and their families as conducted in the area of Kaliwates Health Center Jember regarding immediately postpartum self care. The 'P value' was 0,00; early postpartum phase with 'P value' 0,00 and late postpartum phase with 'P value' 0,00.

V. Discussion

By giving an intervention of postnatal education, it had been got the clear picture that the needs for information and learning of the postpartum mothers and their families required the integrated mentoring. The responsibility of the postpartum mothers was their competence in understanding maternity adaptation during the postpartum period, and the self care, too. The competence should be got by them will lead to the optimal strategy time by time in line with the postpartum period.

The intervention of postnatal education was conducted with the target including postpartum mothers and their families hospitalized in dr. Soebandi Hospital at Dahlia room. It relied on the needs of information about self care on immediately postpartum period that was got the 'P value 0,00', and the self care on early postpartum phase was got the 'P value 0,00'. Based on the result, it can be said that effective postnatal education was applied to strengthen the perception about the postpartum mothers and their families who got hospitalized whether in a hospital or in their house.

In addition, to make the implementation of postnatal education in the area of Kaliwates Health Center Jember, it had been applied with the postpartum mothers and their families as the main target. The researcher conducted the postnatal education on immediately and early postpartum phase approach by applying 'home care'. The result confirmed that the education about self care on immediately postpartum phase was 'P value 0,00,' about self care on early postpartum phase was 'P value 0,00'. Based on the result above, it can be said that the intervention of postnatal education in society become effective in improving the perception about the competence of the postpartum mothers' and their families' during the postpartum period, particularly in the form of 'self care'. Although its impact which relied on the perception about self care on both phase had the posttest value from each phase was still categorized 'medium' (with the average: 69,2 and 66,6), but it had improved the significant perception due to the average of pretest on 'less' category, 44 and 47,4. This condition was possibly because of the strong cultural factors developed in society.

The researcher argued that the choice of this appropriate topic of education with the phase of postpartum would be more effective in improving the competence of the postpartum mothers' because it was a need which should be had by them. Besides, the families' mentoring and support was very crucial due to the main supporter for the postpartum mothers in self care. It was so because the families had significant influences in giving their influences while other family member was still in the period of postpartum. When the postpartum mothers was in immediately postpartum phase, the appropriate topic needed by them was then about early mobilization and pain adaptation. Some research had proved that early mobilization was very important for recovering the physical condition of the postpartum mothers. Other research, as conducted by Mahdiyah (2013) proved that there was significant correlation between early mobilization and the high decline of fundus uteri of the postpartum mothers.

Despite the early mobilization, another topic ought to deliver to the postpartum mothers and their families is pain adaptation after childbirth. After the mothers experienced with the childbirth, they would get certain wound, especially in the area of perineum for the mothers with normal childbirth, and post surgery wound for the mothers with sectio caesarea childbirth. The pain responses in here is the physiologic that would occur on every postpartum mother. The researcher argued that this kind of pain responses was crucial to adapt, and to give the right information about the normality of the pain responses. There were several techniques for adapting the pain, one of them is technique of relaxation. Based on the result of Fitriani's (2013), there was a difference between the pain level and pain response adaptation of the patients of inpartu periode I of latent phase before and after being given the technique of inhealing relaxation.

The goal of postnatal education supported by the families had become a crucial thing in growing the competence and motivation of the postpartum mothers in applying early mobilization and pain adaptation after childbirth. It had been proven by Maharani's (2012) that one of the factors occurring their motivation to have a self care is the families' support. The researcher argued that the families' support, especially from the husband was able to give them a strong motivation because the mothers' needed some help in early mobilization, such as sitting at the first phase, so the families' help would be very important for the success of early mobilization for them. In accordance with the pain response, mothers' psychological condition highly influenced it. The families' support could give mothers' a calmness, so they would not focus on the pain itself. It also became mind distraction or diversion toward the pain. The presence of their families would comfort the postpartum mothers which meant that they had a family who had supported them in that kind of condition. It had been supported by Bobak's theory (2005) that spouse's support, family, and childbirth mentor could help to fulfill the needs of the

postpartum mothers, and to help in addressing the pain. The husband was expected to become the main support, so it could grow the close relationship with his wife and the love to lead to a solid family.

The second phase of postpartum is early postpartum phase (first >24 hours-1 week). Breast care, oxytocin massage, the right breastfeeding technique, the need of rest, gymnastic parturition, exclusive breastfeeding, perineum care, personal hygiene, and BBL care (bathing, umbilical cord care, changing diapers) is an appropriate education topic with the mothers' need while they were in this kind of phase. The overall education topic is an important information for both the postpartum mothers and their families. Good understanding completed by families' support can make the mothers become more competent in having the self care during this phase. Maharani et al., (2012) proved that the factors causing the mothers' innovation in having self care are knowledge, physical condition, and families' support. Some research had also proved regarding the effectivity of some of the topics. Like what Rahmawati, et al., (2013) had conducted, that families' support could enclose the success of exclusive breastfeeding. It was also supported by Anggorowati's (2011) that the families' support could enclose the success of their self care. By giving the families' mentoring as the social support, the mothers would be motivated and be more skillful in having their self care during the early postpartum phase. Besides, the physical and psychological readiness should be got by the mothers and their families so that they were able to make a self care in this phase. According to Friedman (2003), a solid family that support one another would grow a harmonious relationship and a warm love among the family members.

After the postpartum mothers and their families had an optimal competence for self care through the families' support, then the role of paramedic workers is also crucial. The paramedic workers as an educator for the mothers and their families should have appropriate perception about the strategy of postnatal education. The presence of the paramedic workers is crucial to include the families in giving the education due to the dependence of decision making based on society's culture, one of them is the decision to make a self care during the postpartum period. Thus, to optimize the postnatal education, it requires some suitable documents and facilities as explained perviously, such as 'rooming in' facilities and 'discharge planning' format as the continuing implementation of the education itself.

By giving an appropriate postnatal education to the postpartum mothers and their families on the postpartum period, it will gain good perception among them, so it will effect the further act of the postpartum mothers who is competent in making self care. The presence of families' support can grow the strong commitment in a family that had just experienced with the childbirth and the postpartum, and ready for experiencing the further family's phase. Mothers' skill in making self care during the postpartum period will highly contribute to decrease the pain rate and the MMR. The implementation of postnatal education is in line with the Milleneum Development Goals (MDGs) by using promotive and preventive efforts, so the postpartum mothers will have a positive act in preventing themselves from any postpartum complications which can contribute to the risk of pain and mothers' maternity.

VI. Conclusion

Postnatal education is a crucial intervention in building the perception of the postpartum mothers and their families in making a self care during the postpartum period. The result of this research confirmed that: 1) The perception of the postpartum mothers in dr. Soebandi Hospital Jember before and after being given the postnatal education by using module and booklets media about the self care on immediately and early postpartum has increased the average of the perception, 2) It has increased the average of the perception about the self care on immediately and early postpartum after and before being given the postnatal education by using module and booklets media, 3) There is a significant influence of the postnatal education toward the perception of the postpartum mothers and their families as conducted in dr. Soebandi Hospital about the self care on immediately and early postpartum phase with the 'P value' for each is 0,00, 4) there is a significant influence of the postnatal education toward the perception of the postpartum mothers and their families in the area of Kaliwates Health Center Jember about self care on immediately postpartum period (p value = 0,00) and early postpartum (p value = 0,00), and 5) the implementation of effective postnatal education used as the optimalization strategy of 'competent mothering' for the postpartum mothers and their families in improving the perception.

VII. Recommendation

The suggestions of this research: 1) for the postpartum mothers to follow the information given by the paramedic workers while experiencing postpartum period, then they can ask the questions to the paramedic workers related to the information while following up and it can be read from the booklets. 2) the families as the main social support for them is expected to actively join in the process of postnatal education and the implementation of the information while making self care during the postpartum period. Beside the social support, it also motivates the postpartum mothers to be able to act properly by the presence of the families who remind of something missed by the postpartum mothers while applying the information, 3) the paramedic

workers are expected to apply the postnatal education as the effort for improving the perception of postpartum mothers and their families in optimizing their role for self care. The key of this education is that it includes the families directly, consider the needs of information based on the postpartum period, stipulate 'discharge planning', and is able to use module and booklets. The paramedic workers are also expected to make an identification regarding the difficulties and obstacles level while applying this education, so it can become a primary suggestion for the management officers to give a solution regarding the obstacles. 4) it is suggested to Department of Health to be able to optimize the postnatal education as a way to make an authority for stipulating human resource and facilities for the education, following up the things related to the obstacles and the support in implementing their authority to evaluate the impact of this education model toward the MMR, 5) Hospital parties to use their authority in applying the postnatal education by including the families as a way to improve the health quality of the hospital, and 6) it is suggested to next researchers to develop the result of their research regarding the improvement of competent mothering in giving care to their babies after 1-12 months. It is so because the babies at the age of 1-12 months is considered as susceptible age to the morbidity and mortality onset.

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