



Pregnancy Class Model for High-Risk Pregnant Women (RESTIKOL)

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ABSTRACT

The main causes of maternal death in Indonesia are bleeding and hypertension in pregnancy. Maternal mortality can be prevented by strengthening health services and increasing knowledge of pregnant women about their pregnancy. To make the class of pregnant women effective, a strategy is needed by developing a class model for pregnant women that is intended for pregnant women who are at high risk, which is called "RESTIKOL". The purpose of this study is to obtain a class model that focused on high-risk pregnant women. This type of research is Research and development (R&D) developed by Borg and Gall. Data collection techniques are interviews, study documentation, and FGDs. The model trial was conducted on 100 pregnant women with 20-32 weeks in five classes of pregnant women in the South Lampung district. Qualitative data analysis with data validation, classification and triangulation, and quantitative data using analytical descriptive. The results of this study are RESTIKOL class development model for pregnant women, planning for implementing teams consisting of several health professions, in the implementation: screening of pregnant women, material provided in the form of audio-visual media, cross-sectoral collaboration and programs, and monitoring and mentoring for pregnant women at risk. The step-by-step procedure model for pregnant women for high-risk pregnant women RESTIKOL is ready to be used and feasible to be implemented in our health system. Recommendations for further research on pregnant women are implemented by application/online.

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Kata kunci:

model kelas ibu hamil

hamil resiko tinggi

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ABSTRAK

Penyebab utama kematian ibu di Indonesia oleh karena perdarahan dan hipertensi dalam kehamilan. Kematian ibu dapat di cegah dengan penguatan pelayanan kesehatan dan meningkatkan pengetahuan ibu hamil tentang kehamilannya. Untuk mengefektifkan kelas ibu hamil agar hasil yang didapat bisa mencapai optimal diperlukan strategi dengan mengembangkan model kelas ibu hamil yang diperutukan bagi ibu hamil yang beresiko Tinggi yang di beri nama kelas ibu hamil "RESTIKOL". Tujuan penelitian mendapatkan model kelas ibu hamil yang di fokuskan bagi ibu hamil yang beresiko tinggi. Jenis penelitian Reseach *and depelovment* (R&D) yang di kembangkan oleh Borg dan Gall. Teknik pengumpulan data dengan: wawancara, study dokumentasi, dan FGD. Uji coba model dilakukan pada 100 ibu hamil usia kehamilan 20-32 minggu di lima kelas ibu hamil wilayah kabupaten lampung selatan. Analisis data kualitatif dengan validasi data, klasifikasi dan triangulasi dan data kuantitatif menggunakan deskriptif analitik. Hasil model pengembangan Kelas ibu hamil RESTIKOL, perencanaan tiem pelaksana terdiri dari beberapa profesi

Kesehatan, pada pelaksanaan: dilakukan skrining ibu hamil, materi diberikan dalam bentuk media Audio-visual adanya kerjasama lintas sectoral dan program, serta dilakukan pemantaua da pendampingan pada ibu hamil yang beresiko. Kesimpulan Model prosedur langkah pelaksanaan kelas ibu hamil untuk ibu hamil beresiko tinggi RESTIKOL siap dimanfaatkan/layak untuk di laksanakan di lapangan. Rekomendasi untuk dilakukan penelitian lanjutan kelas ibu hamil di laksanakan secara aplikasi/online.

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INTRODUCTION

Maternal Mortality Rate (MMR) in Indonesia is high based on the Millennium Development Goals (MDGs) evaluation. MMR in Indonesia based on Survey Penduduk Antar Sensus (SUPAS) in 2015 is 305/100,000 live births. Total maternal deaths in Indonesia in 2021 according to Ministry of Health of the Republic of Indonesia, are 7.389 deaths, this number shows an increase compared to 2020 was 4,627 deaths. While in the Lampung province recorded 102 cases (Dinas Kesehatan Provinsi Lampung, 2020). The increase in maternal mortality in Indonesia is mostly due to Covid-19 was 2,982 cases and maternal mortality cases from diseases/complications related to pregnancy and childbirth which is 1320 cases because of bleeding, hypertension in pregnancy 1077 cases, heart disease 335 cases, infection 207 cases and others 1468 cases (Kementerian Kesehatan, 2022).

Low-quality healthcare services and inadequate government policies for maternal health are among the factors contributing to Indonesia's high MMR (BAPPENAS & Kementerian Kesehatan RI, 2013). Various health programs have been implemented to achieve the highest public health level and reduce MMR in Indonesia, including strengthening maternal and child health services in primary health care facilities or Puskesmas. Puskesmas is a health service facility that organizes public health efforts and first-level individual health efforts, by prioritizing promotive and preventive efforts to achieve the highest level of public health in its working area (Kementerian Kesehatan, 2014)

In general, the causes of maternal death in Indonesia are caused by 3T. Late making decisions, late in recognizing the danger signs of pregnancy, and being late in getting the right treatment (Kementerian Kesehatan, 2018). The Indonesian government's program to overcome delays in mothers and family recognizing the danger signs of pregnancy, by increasing mothers' knowledge about the danger signs of pregnancy, by opening a class for pregnant women in primary health care areas (Kementerian Kesehatan, 2014). Pregnant Women Class is a means to learn together about pregnancy care, childbirth, postpartum care, newborn care, and family planning in groups in the form of face-to-face, which aims to increase the knowledge and skills of mothers (Kementerian Kesehatan, 2014)

In carrying out the mother's class, which is specifically for high-risk pregnant women, involves various health teams that deal with maternal health problems. Availability of health workers in 2020 according to data from the Ministry of Health of the Republic of Indonesia (2019), the number of health workers spread across all healthcare facilities is 405.685 (21,368) with details of general practitioners 19,855, (936) nurses 138,197, (6793) midwives 174,224, (11,110) pharmacy 14,292, (445) public health. 11,821, (614)

environmental health 12,573. (536) nutrition 12,537 (330). When viewed from the potential of health workers available at primary health care, it allows the health professional team to collaborate regularly to provide education aimed at providing knowledge to pregnant women. Interprofessional collaboration (IPC), according to World Health Organization is when many health workers from different backgrounds work together with patients, families, caregivers, and communities to provide the highest quality of care (World Health Organization, 2013).

The number of Puskesmas that have implemented high-risk pregnancy class model in 2021 is 9,439 (93.14%) out of 10,292 Puskesmas in Indonesia (Kementerian Kesehatan, 2022). In Lampung Province there are 315 health centers, and all health centers have implemented pregnant classes. (Dinas Kesehatan Provinsi Lampung, 2020). The current pregnant women class is aimed at all conditions of pregnant women, both pregnant women who are classified as normal and pregnant women who are classified as high-risk pregnancies. By increasing awareness of pregnant women who have the potential to cause pregnancy and childbirth difficulties, the primary cause of maternal death, the author's class model for pregnant women is primarily targeted at pregnant women who are categorized as high risk (Basu et al., 2014).

Based on these issues mentioned above, the researcher will create a class model for pregnant mothers that focuses on those whose pregnancies are considered high-risk and who may face difficulties during labor and birth. Pregnancy class model for high-risk pregnant women is the development of the procedure for class activities for pregnant women, which is used at this time by developing procedures for activities ranging from planning, implementation, monitoring and evaluation. So that pregnant women get clear information about the signs and handling of high-risk pregnancy, by being detected early on, pregnant women who are classified as high risk, action and making the right decisions to deal with their health conditions can be carried out immediately.

METHODS

This research is development research with research and development (R&D) methods from Borg and Gall, from research and information to Dissemination and implementation (Gall et al., 1996). The cycle step, procedural model development, in this study applies ten steps of development research according to Sugiyono (2016). It is based on the R&D theory from Borg and Gall, starting from exploring potentials and problems to the model/design

production stage. The results of the pregnant class development model were tested on a class of pregnant women. The mother's gestational age was 20-32 weeks. The number of trial samples was 100 pregnant women taken from five sub-districts based on random allocation from 17 sub-districts in South Lampung district. All health workers are related to the class of pregnant women. The sampling technic used purposive sampling, based on certain criteria determined by the researchers themselves. Data collection techniques are study documentation, interviews (in-depth interviews), and Focus Group Discussions (FGDs) on 35 health workers involved in implementing classes for pregnant women, and expert opinion using a research protocol. Data analysis for qualitative data with data reduction, interpretation and triangulation (Miles et al., 2018; Sudjana, 2017) and quantitative data using descriptive analysis and data interpretation according to Sugiyono (2016) with a score range category of 90-100 (very good), 80- 90 (good), 70-80 (good enough), 60-70 (poor).) and < 60 (very bad). The research ethics protocol was approved by the Health Research Ethics Study (KEPK) Tanjungkarang Health Polytechnic No. 256/KEPK-TJK/IV/2020.

RESULT AND DISCUSSION

RESULT

Based on the guidelines for implementing classes for pregnant women by the Ministry of Health of the Republic of Indonesia, the RESTIKOL class model for pregnant women is a development of the class model for pregnant women currently being used. Following:

Assessment

The assessment includes an analysis of the potential availability of the number of health workers who will become facilitators for pregnant women's classes and the availability of cadres for pregnant women's class assistants. The following assessment is to collect data on the distribution of types of active/inactive mothers, the number of existing pregnant women, and the target of pregnant women who will take classes for pregnant women. The availability of materials to be delivered, aids, facilities, and infrastructure to support the implementation of classes for pregnant women, as well as the availability of funds and funding sources also need to be assessed.

RESTIKOL Pregnant Women Class Planning

a. Planning at the sub-district level

The first step in planning is the formation of a team, an implementing team for the RESTIKOL pregnant women class, consisting of the person in charge of the program (as team leader) and team members comprised of various professions, including: Doctors, Midwives, Nutritionists, Health Promoters, Laboratory Workers and Sanitarian. The next step is to create a Standard Operating Procedure (SOP) regarding the implementation steps and to implement a common perception of the procedure steps that will be carried out. Next is formulating objectives, setting targets and targets, preparing facilities and infrastructure, and preparing implementation schedules. The next plan is the division of tasks for the RESTIKOL pregnant women class

implementation team in dealing with high-risk pregnant women following the expertise of each profession.

b. Preparation for class for pregnant women RESTIKOL at the Village Level

The village midwife coordinates classroom preparation for pregnant women at the village level. Things that need to be prepared are identifying/listing all pregnant women in the village area. Divide the class of pregnant women by the number of participants per class; on average, ten pregnant women, the range is 7-15 pregnant women per class. Informing the implementation schedule and meeting place for the RESTIKOL class according to the agreement. Preparation of LCD infrastructure facilities, availability of materials in the form of Audiovisual, and preparing a team of facilitators for implementing classes for pregnant women/other resource persons if there is education from across programs/sectors.

Class socialization of pregnant women to religious leaders, community leaders, and stakeholders.

Class socialization of RESTIKOL pregnant women to the community at the Village/Kelurahan level, to community leaders, religious leaders, elements of village officials, PKK Kindergarten Village health cadres, relevant stakeholders, and all existing pregnant women. The socialization materials include an introduction, objectives, benefits, procedures, and the role of stakeholders in supporting the RESTIKOL pregnant women class.

Implementation of RESTIKOL Pregnant Women Class and Reporting

Steps for implementing the RESTIKOL class of pregnant women: At the first meeting, pregnant women screening was carried out using the Poedji Rochjati Score Card (KSPR). Pregnant women classified as at risk are identified, assessed, and given special treatment by the team according to the risks experienced by each mother. All pregnant women participate in four packages of class materials, namely material on pregnancy and its problems, childbirth and postpartum, infant care, breastfeeding, and family planning, as well as the addition of unique material discussing high-risk pregnancy, prevention, and how to overcome it. To standardize the content of the material that will be given, the material is explicitly made in the form of audio-visual. The husband/family is recommended at least once at the end of the meeting to be able to accompany the mother. The existence of cross-program and cross-sectoral collaboration, namely: Delivery Planning and Complication Prevention (P4K) Program, Dental Health Program for pregnant women, Nutrition Program (PMT) for pregnant women who experience SEZ, giving Fe tablets, Health promotion (Promkes) for pregnant women, the Prevention of Infectious Diseases program for pregnant women (P2M), as well as screening cases of HIV, Hepatitis and Sexually Transmitted Diseases (STD). The implementation of education is inserted in the schedule for the class meeting for pregnant women. At the end of the RESTIKOL class package, rewards are given in the form of certificates or other appreciation documents according to ability. Recording and Reporting the entire series of results from the implementation of the RESTIKOL class of pregnant women activities are recorded and reported in stages and periodically.

Monitoring and Assistance

Pregnant women classified as high-risk are monitored and assisted during pregnancy until the mother passes her delivery period. Monitoring and assistance are carried out by the RESTIKOL pregnant women class team in collaboration with cross-program, cross-sectoral teams, and village officials. Monitoring and service are focused on overcoming complaints or problems each mother faces according to the condition of her pregnancy. The implementation of monitoring involves the husband and closest family members with the aim that in an emergency, the mother can get immediate help and quickly make decisions for handling the mother. Monitoring and assistance can be carried out per individual or group using a home visit or communication via cell phone, WhatsApp, or other agreed methods. The purpose of monitoring and assisting pregnant women classified as high-risk is so that complications in pregnancy and childbirth can be prevented and overcome as early as possible.

Monitoring and Evaluation

Monitoring is carried out to see progress and achievements, as well as problems in implementing the RESTIKOL pregnant women class; the monitoring results can be used as reference material for improvement and development of the next course of pregnant women. Monitoring activities periodically and in stages starting from the Village, District, Regency/City, and Provincial levels. The evaluation was carried out to see the outputs and impacts, both positive and negative, of the implementation of the RESTIKOL pregnant women class based on the Input, Process, and Output Indicators.

The results of the research procedure for developing a class model for pregnant women obtained the final model for developing a class for pregnant women aimed at high-risk pregnant women (RESTIKOL) as shown below:

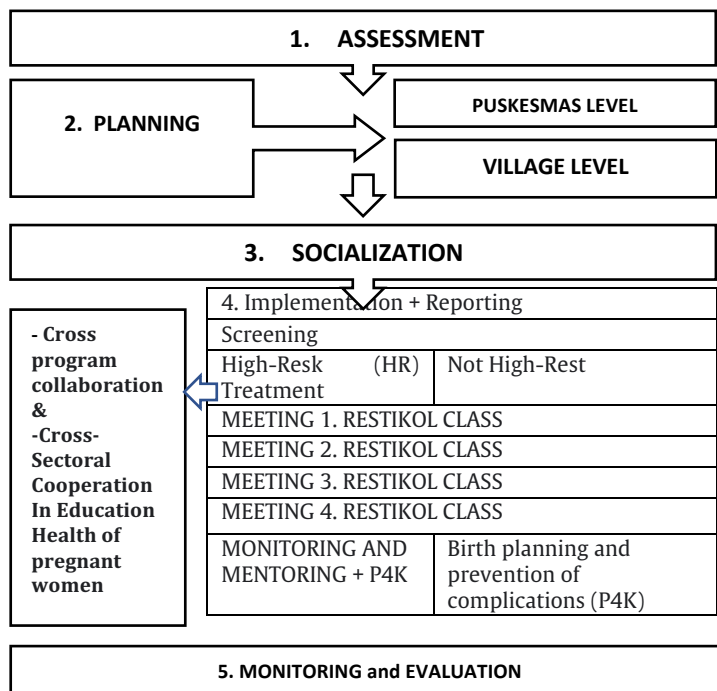


Figure 1. Model for high-risk pregnancy class (RESTIKOL)

Table 1
 Participants' responses about the feasibility of implementing a high-risk pregnancy class RESTIKOL

Indicator	N	Mean	Median	Modus	SD	Min	Max
Benefits	100	83.84	85	75	11.117	50	100
Socialisation	100	77.12	77.50	63	16.269	44	100
Screening	100	86.24	90	95	12.171	50	100
Content	100	85.85	88	88	11.159	50	100
Method	100	79.64	78	75 81	12.240	50	94
Facilitator' s skill	100	82.32	81	75	10.585	50	100
Utilities	100	81.94	83	83	12.960	50	100
Audio-Visual Media	100	78.52	81	81	10.408	50	100
Implementation	100	84.75	88	75	10.589	63	100
Mentoring.	100	84.26	88	88	11.279	50	100

TRIAL RESULTS USING HIGH-RISK PREGNANCY CLASS MODELS (RESTIKOL)

RESTIKOL pregnant women class activity procedure, RESTIKOL pregnant women class model tested try it on five classes of pregnant women. With a sample of 100 pregnant women and 35 implementers, correspondents were asked to assess the feasibility of the model based on several assessment indicators by filling out a questionnaire. The following results were obtained:

From the table 1, the responses of pregnant women about the overall implementation of the class for pregnant women are categorized as "good" and " good enough. " The highest score on The screening indicator is 86.14, with the score range (80-90) in the excellent category. As for the hands of the feasibility of socialization, audio-visual and methods are in a pretty good category, meaning that the socialization, audio-visual, and methods need a little technical revision.

Table 2
Responses of implementing officers regarding the Eligibility of High-Risk Pregnant Women Class (RESTIKOL)

Indicator	N	Mean	Median	Modus	SD	Min	Max
Benefits of RESTIKOL Pregnant women class	35	89.29	100	100	11.704	75	100
Clearance of model procedure	35	86.29	90	75	11.779	60	100
Goals	35	87.71	95	100	12.564	65	100
Analysis of needs	35	87.57	83	100	11.868	75	100
Planning	35	87.17	88	75	11.663	75	100
Socialisation	35	88.14	92	75	11.850	75	100
Implementation	35	89.29	100	100	12.094	75	100
Screening	35	89.66	100	100	12.307	75	100
Mentoring.	35	90.97	100	100	11.851	75	100
Monitoring and evaluation	35	88.29	95	75	11.372	75	100

From the table above, the responses of the implementing program activities regarding the implementation of the pregnant women class obtained an average score of 86.29-90.97 in the "good enough and good" category. The highest score on the mentoring indicator with an average score of 90.97, with a score range of 80-90 (good) and 90-100 (very good). This means that the procedural model product for pregnant women with the application of RESTIKOL is ready to be used in the actual field / does not need to be revised.

practice (Danielson & Willgerodt, 2018). Pregnant women who are classified as high-risk have complex health problems. For that, it is necessary to involve various teams of health professionals who will provide knowledge and overcome problems in pregnant women.

DISCUSSION

The RESTIKOL pregnant women class model, which is the development of the current mother class model, was developed in the planning and implementation of activities. Planning for developing the RESTIKOL pregnant women class implementation team consists of several health professionals collaborating regularly. In the implementation of screening actions for pregnant women, there is cross-sectoral collaboration and programs, the material is provided in the form of audio-visual, and there is monitoring and assistance for pregnant women classified as high risk.

The results of previous research also strengthen the development of collaborative interprofessional practice. The results showed that IPE-CP is very definitive for easing the knowledge and attitudes of pregnant women about balanced nutrition (S. Sudarmi et al., 2020). Putri et al., (2020) conducted similar research, which states that: There is an effect of practicing interprofessional education on the level of satisfaction of mothers who take classes for pregnant women. Reviewing the above study, collaboration interprofessional-interprofessional collaboration team in implementing education in the class of pregnant women RESTIKOL is very appropriate. With increasing knowledge of pregnant women about how to prevent the risk of early pregnancy and childbirth complications and with handlers from various health professions, it is hoped that complications in pregnancy and childbirth can be minimized.

Planning

Planning is an essential factor in the implementation of activities. Parast & Golmohammadi (2019) states that planning is the first function of activity; without good planning, activity will not be able to achieve its goals effectively and efficiently. According to Schermerhorn Jr et al., (2020), "Planning is setting objectives and determining how to accommodate them. The development in planning classes for pregnant women RESTIKOL is an implementing team of various professions that collaborate in providing education to pregnant women. Interprofessional Education-Collaborative Practice (IPE-CP) is an interactive, group-based learning method that is carried out by creating creates a collaborative learning atmosphere to realize collaborative

Implementation of RESTIKOL pregnant women class

At the beginning of the RESTIKOL pregnancy class, screening was carried out as an effort to see the health status of pregnant women to see pregnant women health status (Rochjati, 2011). High-risk pregnancies can increase the risk of abnormalities or threats to the mother and fetus. Coco (2014). With screening, maternal health can be detected early, prevented, and provided early treatment so that no further complications occur (Astuti, 2018). The results show response of pregnant women about the implementation of screening is in a good excellent category (86.24), meaning that the implementation of screening is beneficial for pregnant women. Implementing pregnancy screening will make it easier for interprofessional teams to collaborate in planning actions and providing the proper education needed by pregnant women by the case of pregnant women. This

research is in line with Sukarsih (2020) research which states that: screening activities to find pregnant women with risk factors and complications improve the health status of pregnant women so that they can play an active role in adequate treatment as early as possible.

Implementation of education in the class of pregnant women RESTIKOL, delivering material using Audio-Visual. Audio-visual media are attractive educational aids whose use stimulates the senses of hearing and sight and can be played repeatedly (Firmadani, 2020). According to the reference, audio-visual media is said to be good if the media is continually developed in various stages from the beginning to the end Submission of knowledge material about pregnancy, childbirth, family planning & postpartum, and high-risk pregnancy in every class of pregnant women; consistent and standardized material is needed so that all pregnant women who participate in the RESTIKOL class of pregnant women get the same information. Audio-visual media is very appropriate.

The response of pregnant women about the use of audio-visual media is average in the excellent category (86.24); this means that the use of audio-visual media is very preferred in delivering material. Lenczowski et al., (2018) suggests that audio-visual media is preferred because it is equipped with pictures so that respondents can know and understand clearly. This study's results align with researchers Sudarmi (2021) and Putri et al., (2020) that health promotion using audio-visual media leaflet media. Submission of material using audio-visual media in the RESTIKOL class of pregnant women will provide a faster understanding for mothers receiving the material. With the increased knowledge of mothers about pregnancy, childbirth, postpartum, family planning, and emergency management, it is expected that mothers will behave and act consistently to maintain their health and their baby.

The RESTIKOL pregnant women class model implements interprofessional teams' monitoring and mentoring process for pregnant women classified as at risk. The health professional team carries out the health of pregnant women from an early age to take preventive and therapeutic measures to overcome the problems found in pregnant women. Early detection and monitoring of pregnant women are essential for health workers to make follow-up plans to solve problems to minimize risks to the mother or fetus. Meanwhile, the assistance carried out by the team works together across programs and sectors in the Maternity Planning and Complications Prevention (P4K) Program. Khalifah, K (2017) stated that it is necessary to involve the community, namely cadres, community leaders, and religious leaders, in implementing health program assistance to maximize the achievement of health targets.

The response of pregnant women from monitoring and mentoring activities obtained an average score of 80.1%. (good category), this can be interpreted as the implementation of monitoring and assistance for pregnant women is necessary for women at high risk. The same study's results were carried out by Asparian et al., (2019). Assisting pregnant women through the Delivery Planning and Complications Prevention Program (P4K) on maternal visits to healthcare facilities is essential. In the same study by Purnamasari (2018), mentoring students and health cadres can increase mothers' knowledge about the contents of MCH books and the behavior of pregnant women and mothers of children under five in reading MCH books. In line with the results of a study conducted by a previous study, mentoring influenced the provision of local food (Seruit) on the nutritional status of pregnant women Sudarmi (2020). With

assistance, the health development of pregnant women will continue to be monitored. It will soon be able to be handled appropriately and quickly if pregnant women experience problems in their pregnancy. Monitoring the health of the mother and fetus will prevent complications that may occur during pregnancy and childbirth.

CONCLUSION AND SUGGESTION

The development model for high-risk pregnant women (RESTIKOL) is focused on high-risk pregnant women. By providing exceptional treatment for pregnant women who are classified as high-risk. The form of development is in planning; the implementing team consists of interprofessional who collaborate in providing education to pregnant women. In implementing the activity, screening for pregnant women at high risk is carried out at the beginning of the meeting. The material provided at every class meeting for pregnant women so that it is standardized and consistent is given in the form of audio-visual, and monitoring of pregnant women from the beginning is a risk factor for pregnant women. Assistance is carried out by involving cross-program and cross-sectoral collaboration in Delivery Planning and Complication Prevention (P4K) Program. The results of the trial using the RESTIKOL pregnant women class, responses from the implementers and participants of the RESTIKOL pregnant women class regarding the understanding of the procedure model for the implementation of the RESTIKOL pregnant women class, overall obtained an excellent category. In conclusion, the RESTIKOL pregnant women class procedure model is ready to be used/feasible to improve the quality of care.

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