

## Comprehensive Midwifery Care in Mrs. S with the Application of Back Massage at the Johan Pahlawan Health Center

Tiara Fernanda<sup>1</sup>, Fitra Ermila Basri<sup>2</sup>, Nanda Norisa<sup>3</sup>, Satrinawati<sup>4</sup>, Evi Zahara<sup>5</sup>

<sup>1,2,3,4,5</sup> Prodi Kebidanan Meulaboh, Poltekkes Kemenkes Aceh, Indonesia

e-mail : [Fernandatiara620@gmail.com](mailto:Fernandatiara620@gmail.com), [fitra.eb@poltekkesaceh.ac.id](mailto:fitra.eb@poltekkesaceh.ac.id), [nanda.norisa@poltekkesaceh.ac.id](mailto:nanda.norisa@poltekkesaceh.ac.id),  
[satrinawati@poltekkesaceh.ac.id](mailto:satrinawati@poltekkesaceh.ac.id), [evi.zahara@poltekkesaceh.ac.id](mailto:evi.zahara@poltekkesaceh.ac.id)

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### ABSTRACT

*A mother who has children has breastfeeding problems with a lack of knowledge because she is busy taking care of other children. One of the actions that midwives can take to help maximize breast milk production by increasing the hormone oxytocin in the body. In postpartum mothers. The purpose of this report is to implement comprehensive midwifery care management according to midwifery care standards with the application of back massage during the postpartum period. This report uses the case report method with primary and secondary data collection techniques. Comprehensive obstetric care is provided to Mrs. S starting from 38 weeks of pregnancy, childbirth, postpartum, family planning, neonates and babies at the Johan Pahlawan Health Center in West Aceh Regency from July 22 to September 2, 2024. During pregnancy, it was found that the problem of discomfort was often BAK, after an assessment was carried out that the problem faced by Mrs. S was physiological because there was an emphasis on the bladder and the head had begun to go down under the pelvis. During childbirth, it is normal and there are no complications or complications. In postpartum care, back injection is carried out to facilitate breast milk. Newborn care was not found to be a problem, the baby had received HBO, BCG and polio immunizations and family planning care was given sterile care. Comprehensive midwifery care has an impact on improving maternal and infant health, so it is important to do it in every care. The application of back massage carried out during the postpartum period can provide benefits to breast milk production.*

**Keywords :** Comprehensive obstetric care, back massage, midwifery

### BACKGROUND

Breastfeeding is an important activity in child care and preparation for future generations. An analysis explains that breastfeeding in the first hour of birth can save 1.3 million lives worldwide, including a 22% reduction in Maternal Mortality (MMR). According to UNICEF, as many as 30,000 AKI and 10 million deaths of toddlers every year can be prevented through exclusive breastfeeding for 6 months from the hour of birth, without having to give additional food and drinks to the baby. Based on the results of Riskesdas in 2015, breastfeeding alone in the first 24 hours with a percentage of 36%. Early breastfeeding is the initial

key to the success of breastfeeding practice, where breast milk is given immediately within 3 minutes after birth. Breast milk production and low milk ejection in the first days after childbirth are obstacles to early breastfeeding. Factors that affect the smooth production and production of breast milk are breast care, parity, stress, fatigue, nutritional intake and husband support. One way to increase breast milk production is by doing a massage which is a touch therapy or light massage that stimulates the body to release *endorphin* compounds which are pain relievers and can create a feeling of comfort.

Midwives play a very important role in dealing with various health problems related to maternal and child health. Midwives as professionals who are responsible for providing support, advice, and care starting from pregnancy, childbirth, postpartum and babies born in *continuity of care*. Midwifery management is also part of the problem-solving process of various problems as a method to harmonize thoughts and actions based on scientific theories, findings, and skills of needs that the main focus in this case is the client. Midwives have a very important function in independent care, collaboration and proper referrals. In accordance with their role, midwives are required to always be able to detect early signs and symptoms of pregnancy complications, provide obstetric emergency assistance and management according to the case.

The results showed that there was a relationship of continuous parenting with increased satisfaction with continuous pregnancy care, intrapartum and postpartum periods and increased duration of exclusive breastfeeding. Women who receive *continuity of care* services tend not to get interventions due to complications and are more satisfied with the care provided by midwives than women who receive services with other models of care. Actions that can be taken by midwives to help maximize breast milk production are to increase breast milk production, namely the hormone oxytocin in the body. Back massage is a massage along the spine (vertebrae) to the sixth fifth costae bone to stimulate the hormones prolactin and oxytocin after childbirth. This massage functions to increase the hormone oxytocin which can calm the mother, so that breast milk comes out. Back massage provides calmness, makes mothers not stressed and increases confidence and thinks positively about their ability to breastfeed.

Measures of maternal and perinatal health can be seen from morbidity (pain) and mortality (death). Maternal and perinatal health problems affect the quality of maternal and perinatal health. Efforts to improve the degree of maternal and perinatal health are one of the human resources of a nation. The success of maternal and neonatal health efforts is influenced by maternal and perinatal mortality rates. One of the things that causes high AKI and AKB is complications in pregnancy such as abnormalities in the location of the oblique fetus, where this shows that the fetal length axis is not the same as the mother's long axis, which can cause complications in childbirth. One of the efforts that can be made to reduce AKI and AKB is the existence of Comprehensive Midwifery Care which is carried out continuously during pregnancy, childbirth, postpartum, newborns, to the use of contraception to detect early complications

that may be experienced by mothers and fetuses with the aim of getting services in accordance with service standards.

Efforts to accelerate the reduction of maternal health can be carried out by ensuring that every mother is able to access quality maternal health services, such as health services for pregnant women, childbirth assistance by trained health workers at health care facilities, postpartum care for mothers and babies, special care and referrals in case of complications, and family planning services. Therefore, to help accelerate efforts to reduce AKI, one of them is to carry out continuous care or *Continuity of care*. *Continuity of care* is a service achieved when there is a continuous relationship between a woman and a midwife. Continuous care related to health professionals, midwifery services are carried out from preconception, early pregnancy, during all trimesters, birth and childbirth until the first 6 weeks postpartum.

## METHODOLOGY

This case report is a form of comprehensive midwifery care study that aims to document the process of assisting mothers during pregnancy, childbirth, postpartum, and newborn care. This research was carried out with a standard approach to midwifery care and the application of back massage interventions that aim to help increase breast milk production in postpartum mothers. This case study was conducted on a mother, Mrs. S, who was a multigravida with parity five (G5P4A0) and was 38 weeks old at the time of pregnancy. Assistance is carried out from the pregnancy period to the 14th day of the postpartum period in the Johan Pahlawan Health Center area, which starts from July 22 to September 2, 2024. During pregnancy, Mrs. S was given standard care, including monitoring the health condition of the mother and fetus, education about the signs of childbirth, and preparing for birth. During childbirth, the interventions carried out include actions to support a safe normal childbirth process and maintain the comfort of the mother. Furthermore, during the postpartum period, attention is paid to maternal recovery, newborn health, as well as efforts to facilitate breast milk production, one of which is with back massage techniques.

The application of this back massage is an intervention designed to help relax and stimulate the release of breast milk through stimulation of the mother's back. This method is expected to help increase milk flow and reduce the risk of breastfeeding problems, such as unsmooth breast milk or low production. This report provides an overview of the importance of comprehensive and continuous obstetric care for mothers and babies, as well as the positive impact of non-pharmacological interventions such as back massage in supporting breastfeeding. The results of this case study can be a reference for midwifery practices in other health service areas, especially in providing optimal support for breastfeeding mothers in the postpartum period.

## RESULT AND DISCUSSION

### 1. Pregnancy Care

The first examination results obtained were Mrs. S aged 24 years G5P4A0 Gestational age 38 weeks, single living fetus with normal pregnancy, this is supported by subjective data of mothers complaining of frequent bowel movements. while the objective data of the mother TD: 110/70 mmHg, TFU: 30 cm, a supporting examination was carried out on January 18, 2024 with negative urine protein and urine glucose results. Hb: 11.2 gr%, blood type O. Management given, namely: Inform the mother that frequent diarrhea is a normal thing to happen to pregnant women in the last trimester. Tell mom how to deal with frequent diarrhea: Advise mom to drink less before bed, but make sure mom gets enough fluids during the day. Encourage mothers to reduce their intake of caffeinated beverages such as tea, alcohol and coffee. Tell the mother to empty her bladder while in the toilet. Encourage mothers to do light exercise by doing morning walks. Encourage mothers to continue to consume nutritious foods such as fruits, vegetables, breast milk and folic acid. Mothers often complain about BAK. Based on the results of the examination, the mother's gestational age was 37 weeks and 5 days, the complaints felt by mothers in the third trimester were frequent bowel movements according to Lilis et al. (2023). Often BAK is caused by increased bladder sensitivity. In the third trimester, the bladder is pulled upwards and exits the true pelvis towards the abdomen. The urethra extends to 7.5 cm as the bladder shifts upwards. Pelvic congestion during pregnancy is manifested by hyperemia of the bladder and urethra. This increase in vascularization makes the bladder mucosa easily bleeding wounds. Bladder muscle tone may decrease. This allows the bladder to be diluted up to about 1500 ml.

When you want to urinate even though the bladder only contains a small amount of urine. How to deal with frequent diarrhea according to ernawati (2022) It is recommended not to drink during sleep, but make sure the body gets enough fluid intake during the day, avoid consuming caffeinated drinks because this substance can make frequent pee, when in the bathroom make sure you empty the bladder completely, don't try to hold back when the urge to urinate appears, doing kegel exercises can also help tighten the muscles that regulate the release of urine. According to the researcher's assumption, there is no gap between theory and practice where mothers experience frequent diarrhea in the third trimester and this is a natural thing experienced by pregnant women in the third trimester and mothers follow the advice given, namely not drinking during sleep, but mothers have enough water during the day.

The results of the analysis obtained at the second visit were Mrs. S aged 24 years G1P0A0 at 39 weeks gestation, single living fetus with normal pregnancy. This is supported by subjective data, mothers say that they still often have diarrhea and mothers do the recommendations given, such as getting enough rest during the day  $\pm$  2 hours and nights  $\pm$  8 hours, and mothers also reduce drinking caffeinated drinks such as tea and coffee. Meanwhile, the results of the mother's objective data are: TD: 120/80 mmHg, TFU: 30 cm, Leopold I: as tall as

Procesus Xiphoideus (PX), Leopold II back on the left, Leopold III: head presentation, Leopold IV: the bottom part of the fetus has entered PAP (divergent), TBBJ: 2,945 grams, DJJ: 152 x/m. The management provided is: Reviewing the mother's understanding of overcoming BAK, Notifying the mother of the signs of childbirth: Regular heartburn in the abdomen, the onset of which is more frequent and longer. Mucus mixed with blood comes out of the birth canal. Amniotic fluid comes out of the birth canal. There are contractions.

Pregnant women's health services or antenatal services must meet the frequency of at least six pregnancy examinations and two examinations by doctors. Health checks for pregnant women are carried out at least once in the first trimester (gestational age 0-12 weeks), twice in the second trimester (gestational age 12-24 weeks), and three times in the third trimester (gestational age 24 weeks until before delivery), and at least twice checked by a doctor during the first visit in the first trimester and during the fifth visit in the third trimester. The standard service time is recommended to ensure the protection of pregnant women and fetuses in the form of early detection of risk factors, prevention, and early treatment of pregnancy complications. The mother said that she checked her pregnancy to health workers 8 times, thus the mother had met the frequency of at least six pregnancy checks and two examinations by doctors. Based on the results of the examination, there was no gap between theory and practice, pregnancy care ran normally and no problems or complications were found.

#### 1. Childbirth Care

The results of the examination obtained were Mrs. S G5P4A0 gestational age 39 weeks 3 days single live fetus intrauterine active phase, Normal, this is supported by subjective data The mother complained of a mule stomach, low back pain, lower abdominal pain and mucus mixed with blood. While the objective data of the TFU mother: 31 cm, contraction 4 x in 10 minutes for 40 seconds, DJJ: 154 x/m, opening 6 cm, soft portion, head drop 3/5, hodge I, intact amniotic membrane. The management provided is: Guiding mothers to relax when there is his. Mother understood and she took a deep breath, held it for a moment and exhaled it through her mouth slowly. Encourage the mother to empty the bladder to accelerate the baby's head drop. Encourage mothers to tilt their wives. Phase I or the opening of this stage starts from his first delivery until the opening of the cervix becomes complete. Based on the progress of the opening, phase I is divided into the following. The latent phase is a very slow opening phase that is from 0 to 3 cm which takes 8 hours. The active phase is the faster opening phase which is further divided into the following. The acceleration phase (acceleration phase) is the opening phase from 3 cm to 4 cm of opening which is achieved in 2 hours. The maximum dilatation phase, which is the opening phase from 4 cm to 9 cm which is achieved in 2 hours. The deceleration phase (lack of speed) is the opening phase from 9 cm to 10 cm for 2 hours.

In Mother S G5P4A0, the term pregnancy of stage II fetus is single. head presentation. This is supported by subjective data that the mother feels that the contractions are getting stronger and more frequent, there is a desire to defecate and tighten and the pressure on the anus increases in her vagina. While the

mother's objective data was 10 cm opening, head drop 0/5 hodge IV, amniotic fluid rupture at 08.05 WIB and clear amniotic fluids, contractions 5 times in 10 minutes for 45 seconds, empty bladder, there was an urge to stretch, the vulva opened, the perineum protruded and the anus expanded. The management provided is: Encouraging mothers to strain if there are contractions and rest if there are no contractions. Lead and carry out childbirth assistance to the mother and encourage the mother to cry when there are contractions, If it is seen that the baby's head with a diameter of 5-6 cm opens the vulva then do the help.

Kala III or Kala Uri The stage of delivery in stage III starts from the birth of the baby to the birth of the placenta, which lasts no more than 30 minutes. Clinical signs of placental discharge are: Spurts of blood. Cord elongation. Change in the shape of the uterus: from a dioxoid to a round shape (globular). Changes in the position of the uterus: the uterus rises in the abdomen. According to the researcher's assumption there is no gap between theory and practice where the mother's third period lasts for 15 minutes and this is normal and there are signs of placental release, namely blood spurts, elongated umbilical cords and changes in the shape of the uterus. Phase IV is the period 1-2 hours after the placenta is born. In the clinic for practical considerations, it is recognized that there is a period IV of childbirth, even though the period after the placenta is born is the period when the puerperium begins, bleeding often occurs during this period At the IV period the care given to Mrs. S is in accordance with APN standards to monitor bleeding, vital signs, contractions and bladder in the first hour monitoring is carried out every 15 minutes, in the second hour every 30 minutes. Uterine fundus height 2 fingers below the center, lochea rubra expulsion, empty bladder, according to 20. According to the author's assumption that there are no complications and there is no gap between theory and practice.

## 2. Postpartum Care

Obstetric care during the postpartum period at 6 hours postpartum the mother is given oxytocin massage care to stimulate and facilitate breast milk production, and also given education on how to do uterine massage. After that, the mother was given fe drug therapy 1x60mg, vitamin A 200,000 IU 1x1, amoxicilin 3x500mg and paracetamol 3x500mg. During the postpartum period, home visits are carried out to ensure the health of the mother during the postpartum period. The care provided is the supervision of uterine involution, evaluation of the success of back massage, monitoring of nutritional and hydration needs, elimination needs, as well as personal hygiene and contraceptive planning. During the monitoring of the mother's health which was carried out 4 visits, Mrs. S did not experience complications or complications. Uterine involution went well, breast milk production was sufficient, and the mother did not experience postpartum blues or postpartum depression. During this 6 hours, the mother looked happy after being given a back massage because it provided comfort to the mother and the mother could see the colostrum coming out so that the mother was excited when breastfeeding her baby. The author also reminds families to help and support mothers during the breastfeeding process, by being able to help mothers to do oxytocin massage at home, mothers and

families are also happy and willing to do it at home. Antibiotics are given to the mother, given with the aim of preventing infection after childbirth. However, mothers with laser-free deliveries should not need to be given antibiotics. Antibiotics are only given for childbirth that has complications or indications because they are more at risk of being exposed to infection. Administering antibiotics to uncomplicated patients has the potential to produce substantial benefits in terms of reducing infections but can also cause both direct and indirect harm to such patients. This second visit was the 7th day of the postpartum.

On the 7th day of the postpartum, subjective data was reviewed, the mother said there were no complaints. The mother's nutritional and hydration needs have been met, but the mother feels a lack of rest because she often wakes up in the middle of the night when the baby cries, and the mother does not take a nap. So, the author provides educational counseling about the need for rest for mothers, where the adequacy of the mother's rest must be fulfilled so that the mother remains healthy in taking care of her baby and the mother's milk production remains good. It can be seen at the time of the second postpartum visit, which is 7 days postpartum, the height of the mother's uterine fundus is 1 finger above the symphysis. Meanwhile, according to the theory, the decrease in TFU in the postpartum of 1 week is in the middle of the symphytic center. It can be said that mothers experience better uterine involution, this is because mothers like to do back massages for 5 days after childbirth, assisted by their husbands. Currently, the mother's breast milk has started to be a lot and there are no signs of breast milk blockage or breast blisters, this can be interpreted that the mother has breastfed her baby in the correct position. The mother said that by doing a back massage by her husband, the mother felt more comfortable and happy when breastfeeding her baby. The third visit was carried out on the 10th day and she was able to do her own work, but the support of her husband and family was still felt by her, because her husband and family still always helped her mother in taking care of her baby.

The need for nutrition and hydration is good as well as the need for rest has been met according to the author's advice on the previous visit. Currently, the mother does not feel any signs and symptoms of danger during the postpartum period, supported by objective examinations, namely vital sign examinations and physical examinations within normal limits. On the 14th day, the mother experienced involution that was getting better, and the mother's TFU was no longer palpable. On this third visit, the author also provided counseling about contraception, and the mother was confident in choosing long-term contraception, which was sterile. The mother and husband have discussed choosing sterile birth control (tubectomy) because they feel that it is enough with 5 children.

### 3. Newborn Care

The results of the examination obtained were that the newborn Mother S was born normally, full-term. This is supported by subjective data of the mother of Baby Mother S with a normal birth female gender. The baby is active, doing IMD is successful, the baby has defecated and the baby cries constantly. Vit K and eye ointment were given at 09.00 WIB. Early Breastfeeding Initiation (IMD) is the process of giving breast milk immediately after the baby is born, which is usually done within 30 minutes and 1 hour after delivery. IMD or early initiation of breastfeeding is the right start for mothers and babies to start exclusive breastfeeding or before starting the actual breastfeeding process. The care provided is: Inform the mother that now HB0 will be used in 1/3 of the outer left thigh. Providing counseling on danger signs in babies. Encourage mothers to take their babies to health workers if there are any of the danger signs in the babies above. Encourage mothers to take their babies to posyandu to get complete immunizations: BCG, DPT, Polio and Measles. Encourage mothers to give exclusive breastfeeding for 0-6 months without other complementary foods. I understand and want to do it.

### 4. Family Planning Care

Based on the counseling about contraceptives given to Mrs. S, which is explaining to the mother the various contraceptives, advantages, disadvantages and side effects of each type of contraception. There are several choices of contraceptive methods that can be chosen by Mrs. S that are suitable for breastfeeding mothers, including lactation methods, condoms, birth control pills, injectable birth control pills, implants and IUDs. Based on the counseling that has been given, Mrs. S chose a Sterile birth control device. The reason Mrs. S chose Birth Control Implant was because it was in accordance with the planned agreement with her husband. According to the researcher's assumption, the decision of Mrs. S and Mr. M to participate in the Family Planning program is very appropriate. Family planning services for Mrs. S and Mr. M do not have a gap between theory and practice in the field. Family planning care services have been provided to the couple Mrs. S and Mr. M in accordance with the theory that the purpose of family planning is to shorten births so that a prosperous, healthy, advanced and independent family is created, family planning also has the purpose of preventing maternal pain and death. In the family planning care carried out on Mrs. S. The researcher concluded that there were no obstacles or problems in the use of contraceptives for mothers, mothers and husbands were willing to use contraceptives after the end of the postpartum period of the next 44 days. However, the researcher has also explained to the mother and advised the mother to do the lactation amenorrhea method before the mother does the sterile birth control program and the mother is willing to follow the researcher's advice.



## CONCLUSION

After carrying out comprehensive care for Mrs. S during pregnancy, childbirth, postpartum and newborn with a varney management approach and documentation in the form of SOAP, conclusions can be drawn, namely: During the third trimester of pregnancy, the mother experienced constipation complaints and lower abdominal pain that radiated to the vagina. The care provided is counseling for discomfort in the third trimester. In childbirth care, there are no complications and complications. The delivery took place spontaneously and there were no lacerations. In postpartum care, 2 visits were carried out with good results and no complaints. Back massage applied to mothers has a good impact as can be seen from the rapid discharge of breast milk and uterine involution of the mother. There is a gap between theory and practice in the administration of antibiotics, in this case there is no risk of complications of childbirth so there is no need to give antibiotics. Because the administration of antibiotics must be according to the indications. Newborn care was carried out 2 visits, the baby did not experience any danger signs or complications. The baby is breastfeeding strong and in good health. Babies receive exclusive breastfeeding and have received BCG and polio1 immunizations. The back massage given to the mother makes the mother have enough breast milk so that the baby can get enough milk, this can be seen from the baby's weight gain, urination patterns, bowel movements, and also rest patterns in the baby. Family planning care is carried out on the 14th day of the postpartum. The mother chose sterile birth control because she was 38 years old and already had 5 children.

## BIBLIOGRAPHY

- Abdullah, V.I., Vitania, W.F.I.P. Buku Ajar Konsep Kebidanan. Cetakan I. (Nasrudin M, ed.). PT. Nasya Expanding Management; 2021.
- Aji, S.P., Prbasari, S.N., Kartikasari, N.D., dkk. Asuhan Kebidanan Pada Persalinan. Cetakan I. (Mila Sari RMS, ed.). PT Global Eksekutif Teknologi; 2022.
- Amalia R, Sutirini E, Lavida T, Nurlayina N. Asuhan Kebidanan Komprehensif Ny. X di Tempat Praktik Mandiri Bidan (TPMB). J Kebidanan dan Kesehatan Reproduksi. 2023;2(1):15-20. doi:10.61633/jkkr.v2i1.17
- Anggraini, D.D., Aninora, N.R., Ningsih, D.A. D. Asuhan Kebidanan Nifas Dan Menyusui. Cetakan I. (Sari M, ed.). PT Global Eksekutif Teknologi; 2022.
- Elyasari., Afrianty, A., Longgupa, L.W. D. Masa Nifas Dalam Berbagai Perspektif. Cetakan I. (Oktavianis dan Melisa I, ed.). Get Press Indonesia; 2023.
- Esyuananik., Aji, S.P., Wardani, E.K. D. Asuhan Nifas. Cetakan I. (Sari, M dan Sahara R., ed.). PT Global Eksekutif Teknologi; 2022.
- Gorro L. Asuhan Kebidanan Komprehensif Pada Ny. R umur 24 Tahun G1P0A0 dengan Kelainan Letak Janin Oblique di Puskesmas Paguyangan Kabupaten Brebes. Ovary Midwifery J. 2024;4(1).  
<http://www.ovari.id/index.php/ovari/article/view/43/62#>

- Hatijar, Tasnim Mahmud LCY. Konsep Kebidanan. Cetakan I. (Rerung RR, ed.). CV. Media Sains Indonesia; 2022.
- Nina., Lestari, M., Wati, D.F. D. Pengantar Ilmu Kebidanan. Cetakan I. (Andriyanto, ed.). Lakeisha; 2023.
- Sulfianti., Indryani., Purba, D.H., dkk. Asuhan Kebidanan Pada Persalinan. Cetakan I. (Simarmata J, ed.). Yayasan Kita Menulis; 2020.
- Legawati. Asuhan Persalinan Dan Bayi Baru Lahir. Cetakan Pe. Wineka Media; 2018. Hatijar, Tasnim Mahmud LCY. Konsep Kebidanan. Cetakan I. (Rerung RR, ed.). CV. Media Sains Indonesia; 2022.
- Lilis, D.N., Nisa, R., Manik, R. D. Bunga Rampai : Asuhan Kebidanan Persalinan Dan Bayi Baru Lahir. Cetakan I. (Burhanuddin Y. dan R, ed.). PT Media Pustaka Indo; 2023.
- Nurhayati, N., Khair, U., Amalia, R. D. Asuhan Kebidanan Kehamilan. Cetakan I. (Sulung N dan SR., ed.). PT Global Eksekutif Teknologi; 2023. Lilis, D.N., Nisa, R., Manik, R. D. Bunga Rampai : Asuhan Kebidanan Persalinan Dan Bayi Baru Lahir. Cetakan I. (Burhanuddin Y. dan R, ed.). PT Media Pustaka Indo; 2023.
- Oktarina M. Buku Ajar Asuhan Kebidanan Persalinan Dan Bayi Baru Lahir. Cetakan I. (Ramadhani H, ed.). Deepublish; 2016.
- Permenkes No 21 tahun 2021. Permenkes No 21 tahun 2021. Pap Knowl Towar a Media Hist Doc. 2021;5(2):40-51. file:///C:/Users/IDEAPAD 3/Downloads/2021-Permenkes-nomor-21 Tahun 2021\_(peraturanpedia.id).pdf
- Permenkes No 21 tahun 2021. Permenkes No 21 tahun 2021. Pap Knowl Towar a Media Hist Doc. 2021;5(2):40-51. file:///C:/Users/IDEAPAD 3/Downloads/2021-Permenkes-nomor-21 Tahun 2021\_(peraturanpedia.id).pdf
- Rufaidah, E., Muzayyana., Sulistyawati, E., dkk. Tatalaksana Bayi Baru Lahir. Cetakan I. (Martini M, ed.). Media Sains Indonesia; 2022.