

## Case Report: the Influence of Socio-Cultural Factors and Family Support on Decision-Making of Secondary old Primi Post-Term Mothers in Fulfilling Their Health Needs

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### ABSTRACT

Secondary old primi postpartum mothers are mothers who have just given birth again after a previous birth gap of more than 10 years. During the postpartum period, socio-cultural factors such as family support, community norms, and traditional belief practices play an important role and can affect the health status of mothers and babies. Limited knowledge and beliefs that conflict with health principles are challenges in providing care. This study is a case report with a descriptive method using a case study approach to a postpartum mother who was accompanied by a team. midwife from one of the Community Health Centers in Surabaya through the Continuity of Midwifery Care (CoMC) model. This article aims to describe and analyze in depth one case of a postpartum mother with a complex social, economic, and cultural background. Case Report : A 39 - year-old secondary primi mother ( P2A0) who experienced psychological stress due to traditional care practices culture implemented by family members, such as prohibitions on consuming animal protein, prohibitions on leaving the house, and the obligation to wear a strict corset. This condition has a negative impact on the recovery of surgical wounds and breast milk production. Support from husbands and health workers plays an important role in reducing these negative impacts. Direct assistance or through telehealth services has been shown to help mothers understand postpartum care that is in accordance with health principles. Conclusion: Continuous mentoring through the CoMC model, including the use of telehealth, can be an effective strategy in overcoming socio-cultural barriers during the postpartum period.

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## INTRODUCTION

The postpartum period is a very important adjustment period for a woman after giving birth, lasting from the first day after delivery to approximately six weeks (Juliastuti et al., 2021). In this phase, the postpartum mother's body experiences various physical changes, such as healing of postpartum tissue, changes in physical shape, and the restoration of the uterus to its original size. In addition to physical changes, there are very significant hormonal changes,

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such as a sharp decrease in the hormones estrogen and progesterone which are at high levels during pregnancy. These hormonal changes have a direct impact on the mother's emotions and mood, so that many mothers experience emotional fluctuations, feel tired, and sometimes have difficulty adapting to new life changes. These changes will have a negative impact if the postpartum mother does not get support which results in psychological disorders (Ni Wayan et al., 2025). Factors that affect the psychology of postpartum mothers are often complex. Hormonal, social, and environmental factors are often suspected as the cause of these changes. Understanding the changes that occur or are experienced by postpartum mothers is very important for families, especially husbands/partners, to prevent negative impacts such as *postpartum blues* and even *postpartum depression* (Cunningham et al., 2017; Juliastuti et al., 2021).

Secondary old primi are women who are pregnant for the first time and have been married for more than or equal to 4 years, the gap between the current pregnancy and the previous pregnancy is more than or equal to 10 years (Saminem, 2011). Secondary old primi are pregnant women with their last delivery  $\geq 10$  years ago. The mother in this pregnancy and delivery is as if facing her first delivery again (Rohjati, 2009).

In context social Indonesian culture, taking decisions by women, in particular in matter health reproduction, often not done in a way independent. Factors like structure family, values traditional, as well as condition economy play a role important in determine whether a Mother can access service health optimally or no. Decision regarding antenatal care (ANC) visits, consumption food post childbirth, until utilization service health often depends on consent member family others, especially those who have authority in House stairs (Fitriana & Susanti, 2020). Dependence economy to member family can also strengthen domination decision other parties to conditions and rights health mother ( Nurmalasari et al., 2022).

In addition, the practice inherited culture in a way hereditary can become obstacle in fulfillment need nutrition and access service health mother. Some prohibition consumption food, restrictions activities, and stigma against action medical certain often not based on considerations medical, but more to belief collective in family or society. This is potential cause risk to health mother's physical and mental health, as well as to worsen condition wound postpartum or inhibits the lactation process (Wahyuni & Puspitasari, 2020).

Beliefs, traditions and culture of the community in postpartum care are still widely found in the community. The community believes that the culture of postpartum care has many positive and beneficial impacts for them. Based on the results of the study, many beliefs and cultural beliefs of the community in postpartum care such as reducing fluid intake, not being allowed to bathe, food restrictions such as only being allowed to eat vegetables, and not being allowed to consume eggs, fish and meat, this is because the community believes that fish, meat and eggs will have a fishy effect on breast milk and cause itching in the perineal wound after childbirth, so that the wound will be difficult to heal because it is wet. In addition, postpartum mothers are also not allowed to sleep during the day, and the use of traditional medicines (herbal medicine) and even the community believes that colostrum is not allowed for newborns (Rahayu et al, 2017).

Progress technology in the field health, such as service *telehealth* or telemedicine, open room new for Mother For access information and assistance of a nature more personal and flexible. In cases certain, *telehealth* become means strategic For bridge limitations physical and social, as well as empowering mother to stay can make the right decision related maintenance health (Wulandari & Yuliana, 2021). However, the effectiveness of approach This still influenced by readiness individual and support from environment surrounding area.

This article aiming For describe and analyze in a way deep One case Mother postpartum with background behind complex social, economic, and cultural. This study emphasize importance approach based on culture and empowerment family in increase ability Mother in take related decisions with health himself, and give recommendation to efforts that can be made done by manpower health in face situation similar in society.

## RESEARCH METHODS

The research method used in this report is a case study with a qualitative approach. This study focuses on one secondary elderly postpartum mother who is the main subject, in order to explore in depth her experiences, perceptions, and factors that influence her decision-making in meeting postpartum health needs. Data collection was carried out through in-depth interviews, direct observation, and documentation of the socio-cultural background and family support received by the subject. The purposive sampling technique was used to select participants with certain criteria, namely secondary elderly postpartum mothers who undergo postpartum in an environment with strong socio-cultural values.

Data analysis was conducted using thematic analysis techniques, where data from interviews and observations were categorized based on major themes related to the decision-making process, the influence of local culture, and forms of family support. Data validity was maintained through triangulation of sources and techniques, as well as providing check with the subject to ensure the accuracy of the interpretation. This case study approach allows researchers to understand holistically how socio-cultural and family dynamics influence postpartum maternal health behavior in a real context, so that the results of the study can provide a rich and in-depth picture of the phenomenon being studied.

## RESULTS AND DISCUSSION

### Case Report

A 39 year old P2A0 postpartum mother originate from Javanese tribe with education last high school. Currently, Mother has the status as Mother House stairs. He Marry with a man 45 years old, also from from Javanese and educated last high school graduate, who works as craftsman building. This is a wedding second for mother and marriage First for her husband, with age wedding moment This is two years. From marriage the first to take place for 12 years and ended with divorced alive, mother own a child the man who is now 18 years old.

Mentoring against Mother is done in a way sustainable by midwives and students midwifery since age 16 weeks pregnant until baby 9 months old, started with visit home. The mother is a multigravida with distance pregnancy 18 years old, without history miscarriage

or bleeding. During pregnancy, mothers routinely consume supplements and check pregnancy in health centers and homes Sick in accordance schedule. At the age of 25–26 weeks of pregnancy, Mother was diagnosed polyhydramnios and referred to the regional hospital in Surabaya. Mother did not own history disease family or habit risky, but husband is smoker active. Mother's daily activities in the form of work Mother House stairs and no Once do sports. Although Not yet follow class Mother pregnant, mother gets support full from husband, including in inspection and preparation childbirth.

Mother giving birth through action *Sectio Caesarea Cito* at one of the Regional General Hospitals (RSUD) in Surabaya at the age of 37–38 weeks pregnant with indication polyhydramnios. After giving birth, mother and baby stay stay at home relatives Because House they currently under renovation. Visit first postpartum period conducted by midwives and students obstetrics on the 4th day. At the visit said, Mother complained production of breast milk (ASI) that is not smooth. It is known that Mother has taboo to a number of type food like chicken, fish, eggs, and meat, which were enforced by his older brother. with reason trust traditions and culture, namely assumption that food the can cause wound operation become wet and smelly breast milk fishy. Mother also expressed her feelings of dissatisfaction. comfortable and not free For tell a story or ask like when be at home alone. Condition This influence condition psychological Mother during the postpartum period.

On the 5th day of the postpartum period, through service *telehealth*, Mom asked about multivitamins for to smoothen breast milk production. Companion give communication, information and education (KIE) related intake supportive nutrition breast milk production and aspect psychological Mother postpartum to reduce stress. On occasion said, Mother began open and convey his feelings that He experience stress consequence rules traditional practices implemented by his brother. Some prohibition the covering No it is permissible consume food protein rich animal, no it is permissible go out House together baby although For inspection to Health Center, and use corset that is too tight tight. Mother feels stressed However No Can reject Because He hitchhiking stay.

On the 6th day of the postpartum period, companion return remind mom to do visit postpartum second (KF 2), but Mother said that He No allowed by her sister. New mother can do visit to Health Center on the 12th day, namely moment visit postpartum third (KF 3), after done discussion long through service *telehealth*. Although Thus, Mother negotiated so that it would not bring the baby Because return forbidden by his older brother. Mother and husband convey that they feel not enough empowered in take decision during stay at home Older brother.

During the KF 3 visit to the Health Center, inspection physique with results : body weight 59 kg, blood pressure blood pressure 120/90 mmHg, height of uterine fundus 4 fingers above symphysis, wound operation Still wet and there is pussy, Mom already defecating ( BAB ) and urinating ( BAK), as well as breast milk go out with fluent from second breasts. Companion give education about importance intake nutrition high protein for speed up healing wound. Mother is advised For return to Health Center the next day the day For

maintenance wound, but mother did not present in accordance schedule. Care wound only done at home together family.

On a visit postpartum fourth (KF 4), Mother returns No do control to facility health Because forbidden by his brother. Accompaniment to be continued through service *telehealth*. This case show that factor social and cultural, as well as condition place stay while those who don't support, can become obstacle significant in fulfillment need health Mother nifas. Approach based on culture and communication empathy is very necessary in accompany Mother postpartum in situation similar.

As Mother postpartum *primi old secondary*, Mother shows high attention to the condition since pregnancy until the baby born. Mother feels like own child First Because distance pregnancy previously Enough far, namely 18 years. Mother is included active in look for information about the condition he experienced, both through *telehealth* together companion and also via social media like TikTok. Mom and husband are very enthusiastic in look for information around pregnancy, childbirth, to birth. However, the lack of support social from family causing mother to feel No empowered in determine the best postpartum care for himself. In the case of this, is required empowerment towards mothers and families so that mothers can determine choice appropriate and best care For himself.

### Discussion

Success service maternal health is not only subject to availability facilities and manpower health, but also on support environment social, cultural and economic aspects that encompass mother. Factors This play a role important in support access as well as utilization service health optimally (World Health Organization, 2019). In the case of this, mother postpartum is a *primi old secondary* indicating care and involvement active to condition his health. However Thus, the obstacles that come from from environment social and cultural proven become obstacle significant in fulfillment need health mothers, especially during the postpartum period ( Nursalam & Efendi, 2017; Oktarina & Wardhani, 2020).

Mother 's experience postpartum in case This reflect dynamics psychosocial which is often faced by mother *primi old secondary*, namely women who undergo childbirth in children second or more at a relative age continue. Although in a way theory experience labor previously can increase readiness physical and psychological mother, but factor environment social and cultural in case This precisely become inhibitor adaptation role motherhood. Although This No First time Mother giving birth, the mother 's experience experience This impressed new Because difference situations and conditions. In the first delivery Mother stay together husband first and in-laws Where No There is trust custom culture that makes Mother stressed in a way psychological. Different in condition Now Mother stay while at home family cause Mother face pressure from implementation rule strict customs as well as limitations room For disclose need and also complaint in a way open. In fact, mother with prime status *old secondary* tend own level more anxiety tall related to the recovery process postpartum, breast milk production, and child care baby new born. Research conducted by Mercer (2004) shows that adaptation role motherhood in multiparous mothers is not always walk more easy compared to *primiparas*, especially if there is pressure inhibiting environment

actualization maternal role. This is in line with the findings of Figueiredo et al. (2018) which stated that women who give birth at this age more carry on at risk experience more anxiety tall in face challenge postpartum, especially if support social benefits obtained No adequate. In the case of this, dominance Older brother in taking decision, limitation intake nutrition based on trust traditional that is not in accordance with principle health, as well as prohibition access to service health postnatal cause burden psychological addition for mother. Condition This impact on disruption breast milk production and delay monitoring towards the healing process wound operation.

Age mother at the time give birth to is determinant important that influences condition health during the postpartum period. In case this, mother gave birth at the age of 39, which is medical including in maternal age category advanced maternal age (AMA). Some study latest show that pregnancy and postpartum period at age  $\geq 35$  years increase risk complications Good from aspect physical, psychological, and socially. In physiological, age carry on related with decline ability regeneration network and elasticity vessels blood, which can slow down the healing process wound post operation cesarean section. According to Liu et al. (2020), women with advanced maternal age own risk more tall experience healing wound delayed surgery, infection wounds, and other related complications with the process of uterine involution. This is in line with findings in case this, where on the 12th day after operation, wound operation Mother Still wet and showing sign the presence of pus, which indicates the need monitoring more wounds tight. In addition to the impact physical, factors Advanced maternal age also provides influence significant to condition psychological Mother nifas. Research by Biaggi et al. (2016) showed that Mother with age more old tend own level more anxiety and stress tall during the postpartum period, especially when faced with pressure social, responsibility answer parenting baby new, and concern will be the recovery process body. In the case of this, pressure from environment family big that enforces various restrictions traditional participate to worsen condition psychological mother, so that impact on disrupted breast milk production. Support positive social hold role important in help adaptation Mother postpartum age continued. According to Shorey & Chan (2020), involvement supportive family, access to education health based evidence, and empowerment Mother in taking decision health proven can lower level anxiety as well as speed up the adaptation process role motherhood. However, in the case of this, dominance decision by members senior family, prohibition consumption food nutritious high in protein, as well as restrictions access control health precisely enlarge risk the occurrence complications, well physique both physically and mentally.

Apart from the factors age, parity status also plays a role important in influence condition health Mother nifas. In case this, mother including in category primi old secondary, namely mother giving birth child second at age continue. Although in a way general multiparous mothers have experience previously in undergo pregnancy and childbirth, no as well as immediately experience the ensure readiness physique and also more psychological Good during the postpartum period, especially when there is factor risk addition like age continue and pressure environment social. Some study show that parity relate with

uniqueness challenge adaptation psychosocial Mother postpartum. Multiparous mothers tend to face burden double, namely not quite enough answer to child previously, accompanied by with need adaptation return to new baby birth (Gresh et al., 2021). In the case of this, although Mother has own experience give birth to previously, pressure from rule culture family big, limitations room For take decision independent, and restrictions nutrition that is not in accordance recommendation medical, worsen condition psychological mother. Stress experienced impact on the decline breast milk production and delay monitoring healing wound post-operative. More Furthermore, research by Linsell et al. (2019) stated that that support limited social, especially in multiparous mothers of age continue, contribute to improvement risk disturbance mental health in the postpartum period. Multiparous mothers are also vulnerable experience fatigue physique consequence must share attention between baby new birth and child previously, which in the end affect the recovery process physique postpartum.

Cultural factors own role important in taking decision Mother during the postpartum period, as indicated by the presence of prohibition consume food certain rules imposed by relatives place Mother stay. Prohibition the No own base medical and precisely impact negative towards the recovery process wound operation as well as breast milk production (ASI). Nursalam and Efendi (2017) stated that mark cultures and beliefs that do not based on science health can influence behavior search service health and hinder the recovery process postpartum mothers. Belief culture, such as view about taboo food, relationship cause and effect, and perception about condition healthy and sick, can give various impacts. If it has an impact negative, behavior the potential cause complications, such as lack protein and nutrient intake, slow healing perineal wound, less rest, and imbalance nutrition (Cunningham et al., 2013). Values and habits custom in public is part from behavior social that forms pattern life everyday. However, without realized, custom developing customs can become obstacle in implementation pattern life healthy, especially related fulfillment nutrition for mothers nifas. Optimal health is highly dependent on the intake of adequate nutrition, good from aspect amount and also quality. Unfortunately, the low knowledge public as well as existence conflicting beliefs and cultural norms with principle health become challenge in fulfillment adequate nutrition (Oktarina & Wardhani, 2020).

Apart from the factors age, parity, and barriers culture, existence support social (*support system*) is determinant important which greatly influences health physical and psychological Mother nifas. In case this, although Mother has own experience labor previously, limitations support positive social precisely become factor inhibitors of adaptation and recovery processes during the postpartum period. The existence of family dominant big However not enough adaptive to principle health based on evidence, causing Mother experience pressure psychological disorders that lead to disorders lactation and delay evaluation health postpartum. Support good social covers support emotional, informational, and instrumental from family, partner, and energy health. According to Razurel et al. (2021), support adequate social support during the postpartum period is proven lower level anxiety, speed up adaptation role motherhood, as well as increase success breastfeeding. However, in cases

this, intervention family precisely nature restrictive, where the prohibition consumption food protein, prohibition control to facility health, and emphasis on the rules custom in a way No direct lower welfare psychological mother. Research by Shorey & Chan (2021) confirms that conflict between belief culture with principle service modern health can create ambivalence in taking decision Mother postpartum, especially when the support system is in environment the closest nature dominant and hierarchical. Inability Mother For reject the prohibitions imposed by his brother show inequality taking decision in family big, which is psychological press feeling autonomy and competence self Mother in operate role her motherhood. More far, existence husband in case this also appears not enough empowered in give support taking decision, which worsens limitations of effective support systems for mother. Research by Pilkington et al. (2016) shows that support partner own significant influence to stability emotional Mother postpartum, where involvement active husband capable become an important mediator in balancing pressure social from environment family big.

factors also influence the mother's limited choice in determining where to live after giving birth, which in this case caused the mother to have to stay at her sister's house because her private house was being renovated. This financial dependence weakens the mother's position in making decisions related to her and her baby's health. Mustika and Rahayu (2020) stated that low economic conditions in the family can lead to dependence on other family members in decision-making, including in terms of access to health services. Ghaffar et al. (2016) also emphasized that economic factors are an important determinant in individual decision-making in the health sector, because financial constraints can limit access to available services and care options. This is in line with the findings of the World Health Organization (2019), which emphasizes that poverty and economic inequality directly impact women's low access to maternal health services, as well as limiting their ability to make independent decisions regarding their own and their children's health.

Lack of independence in taking decision looks real in case this, when Older brother from Mother postpartum in a way unilateral forbid Mother For do control postpartum and also bring the baby to facility health. In fact, visits postpartum is stages important in monitoring recovery condition Mother postpartum as well as detection early to complications that can occur happen good to mother and also baby. Dependence place stay while in the family Older brother cause position bid Mother become weak, so every prohibition based on belief traditional difficult For against. This is show How relation power in structure family big play a role big in determine access a Mother to service health essential. Research by Kurniati and Efendi (2018) highlights that the woman who is in structure family hierarchical often experience limitations in make decision health, especially when factor economy weaken position they in House stairs. In case this, although Mother Already own awareness will importance control nifas, the power that is possessed Older brother as owner House make Mother No empowered against rule The findings similar stated by Allendorf (2010), who confirms that patriarchal norms in structure family often limit mobility as well as autonomy women, including in taking decision medical. In the house ladder multigenerational, as explained by Desai and Johnson (2005), decisions health often in hand member more senior

family, with pretext guard tradition or custom family. As a result, restrictions access Mother postpartum to control health precisely increase risk the occurrence complications that can occur prevented.

Telehealth support has been shown to be an effective alternative solution in providing health education and psychological support to postpartum mothers. The use of this technology emphasizes the importance of integrating digital systems in obstetric services, especially in situations with limited physical access or socio-cultural constraints. Wahyuni and Hartini (2021) stated that telehealth increases access to health information, strengthens mothers' confidence in undergoing pregnancy and postpartum, and bridges socio-cultural barriers that hinder decision-making. DeNicola et al. (2020) showed that telehealth increases the accessibility of perinatal services and improves the continuity of mental health monitoring in the postpartum period. Pflugeisen and Mou (2017) also added that the application of digital technology in obstetric services can increase patient satisfaction and expand the scope of services, especially in population groups with geographic or social limitations.

The use of telehealth services has made an important contribution to the efforts to assist postpartum mothers in this case. The existence of direct home visits still plays a crucial role, especially in the fourth postpartum visit stage (KF 4) which aims to comprehensively evaluate the physical condition of the mother after delivery. Home visits provide an opportunity for health workers to conduct a comprehensive clinical assessment, including examination of surgical wounds, uterine involution status, vital signs, and the success of the lactation process which cannot always be optimally monitored through telehealth media. Ma et al. (2020) stated that home visits during the postpartum period play a significant role in early detection of physical and psychological complications that may not be revealed through long-distance communication. Direct interaction allows health workers to evaluate the mother's living environment, family social dynamics, and potential risk factors that affect the health of the mother and baby. In this case, the family's prohibition on visiting health facilities resulted in the mother not carrying out optimal wound examinations. If home visits could be carried out intensively during the KF 4 period, monitoring of surgical wounds that were still wet and evaluation of the mother's psychological condition due to cultural pressure could be carried out more effectively. Shorey et al. (2018) emphasized that home visits by health workers contributed to reducing postpartum anxiety rates and increasing maternal confidence in caring for babies, especially in the elderly and multiparous groups. Home visits allow for direct nutritional education to be provided to families who play a role in decision-making, so it is hoped that they can reduce traditional prohibitions that have the potential to hinder the mother's recovery process, as happened in this case.

Aspect empowerment Woman become component important in management maternal health, including during the period nifas. In case this, limitations independence Mother in take decision health consequence domination member senior family reflects weakness position bid Mother as individuals who have right on body and health yourself. Empowerment women in postpartum period covers improvement capacity knowledge, strengthening ability take decision in a way independent, and support social support autonomy Mother in manage

health herself and her baby. According to Koblinsky et al. (2016), empowerment Woman in service maternal health related direct with improvement access service health, taking decision based on information, as well as decline risk complications pregnancy and childbirth. When women empowered with sufficient knowledge and support positive social, they own trust a better self big in do monitoring health postpartum in a way independent and capable reject practice culture that is not based on proof medical. In case this, pressure culture and prohibitions imposed by the older sibling put mother in position subordinate, so that although Mother realize importance visit control postpartum, he No own courage and strength social For reject prohibition said. Conditions This show that besides intervention education health, efforts empowerment women should also aiming at strengthening capacity negotiation and decision making decision in the middle dynamics socio-cultural family.

Research by Pratley (2016) confirms that targeted interventions empowerment women, such as education health based on community, involvement partner in education health reproduction, as well as formation group support Mother postpartum, proven effective in increase autonomy women, fix compliance to inspection post childbirth, as well as lower number maternal complications. In addition, education to member family big about importance honor rights health Mother postpartum become step strategic in reduce domination culture limiting patriarchy independence women. With Thus, empowerment Woman in service midwifery No just related with improvement access service health, but also includes transformation mark social support rights Woman For determine decision on body and health in a way autonomous. Approach This important applied in situation family multigenerational with influence strong culture as reflected in case This.

## CONCLUSION

This case illustrates the influence of various internal and external factors on the health condition of postpartum mothers in mothers aged 39 years and secondary primi parity status. Internal factors, such as advanced maternal age and previous childbirth experiences, contribute to an increased risk of physical complications such as slow healing of surgical wounds and psychological disorders in the form of anxiety and stress during the postpartum period. Meanwhile, external factors such as family cultural pressure that imposes food taboos and prohibitions on activities based on traditional beliefs, limited access to health services due to economic constraints, and weak social support increase obstacles in the mother's recovery process. Imbalances in decision-making in the extended family environment make it difficult for mothers to exercise their rights in managing their own and their babies' health independently. Therefore, comprehensive interventions are needed through culture-based family education, strengthening social support, empowering women in health decision-making, and integrating home visit and technology-based midwifery services, in order to optimally support the physical and psychological recovery of postpartum mothers.

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