

The Relationship between Mother-in-Law Characteristics and Postpartum Bleeding Events at Afisya Clinic, Dusun III, Melur Sambirejo East, Deli Serdang Regency, 2018-2022

Supriati¹, Rina Marlina Hutasuhut²

¹ Akademi Kebidanan Harapan Mama Deli Serdang, Indonesia

² Akademi Kebidanan Baruna Husada Sibuhuan, Indonesia

Article Info

Article history:

Received November 11, 2022

Revised November 22, 2022

Accepted December 13, 2022

Corresponding Author:

Supriati

Akademi Kebidanan Harapan
Mama Deli Serdang, Indonesia

Email:

supriati87.riri@gmail.com

ABSTRACT

According to a report from the World Health Organization, maternal deaths generally occur due to complications during and after pregnancy and childbirth. Globally 80% of maternal deaths are classified as direct deaths. The pattern of direct cause was the same everywhere, namely bleeding (25%). It is said that every woman dies every minute during childbirth, where 24% is caused by heavy bleeding. 40% of deaths due to postpartum hemorrhage occur in the first 24 hours and 66% occur during the first week. The aim is to determine the relationship between the characteristics of mothers in labor and the incidence of postpartum hemorrhage at the Afisya Clinic. This type of research is Analytical Survey with a cross-sectional design. Population 118 and sample 118, Data processing: editing, coding, tabulating, and data entry. The results of the study showed that the majority of primary postpartum hemorrhage was 78 people and a minority of secondary postpartum hemorrhage was 40 people. The age majority is at risk of 79 people and the minority is not at risk of 39 people. The parity majority is at risk of 74 people and the parity minority is not at risk of 44 people. The majority of birth spacing has a risk of 79 people and the minority delivery spacing is not at risk of 39 people. From the results of statistical tests, the Odds Ratio (OR) = 0.321% CI = 0.126-0.817 and the value is 0.0250.005, which means that there is no relationship between education and postpartum hemorrhage. From the statistical test results, the Odds Ratio (OR) value = 0.308% CI = 0.126-0.754 and P Value 0.014 which means there is a relationship between postpartum hemorrhage parity.

Keywords:

Postpartum Bleeding, Age, Education, Distance Labor, and Parity.

This article is licensed under a [Creative Commons Attribution-ShareAlike 4.0 International License](https://creativecommons.org/licenses/by-sa/4.0/).



1. INTRODUCTION

Childbirth is the process of opening and thinning the cervix and fetus down into the birth canal then ends with sufficient baby spending months or almost full months or can live outside the womb followed by expulsion of the placenta and fetal membranes from the mother's body through the birth canal or the road birth, with assistance or without assistance (self-power). Labor is considered normal if the process happen on age pregnancy enough month (after 37 weeks) without any complications. Labor begins (inpartu) from the uterus contract and cause changes in the cervix (opening and thinning) and ends with delivery of the complete placenta. Mother has not given birth if contraction uterus no resulted change cervix [22].

Bleeding postpartum is something complications potential which threaten soul on labor vaginal and *sectio cesaria*. Although a number of study say labor normal often causing bleeding of more than 500 ml without any disturbance to the mother's condition. Thing this resulted application definition which more wide for bleeding postpartum which is defined as bleeding resulting in signs and symptoms of hemodynamic instability, or bleeding resulted instability hemodynamics if no treated. Case this Becomes reason main death Mother. kindly general there is various case included in the category of maternal emergencies during the third stage of labor and IV, and

the clinical manifestations of these emergency cases are different in range which broad enough [21]

Reason the most death mother in Indonesia on year 2019 is bleeding, hypertension in pregnancy, infection disturbance metabolic, and other others [10]. About 25-50% of maternal deaths are caused by problems related with pregnancy, labor, and childbirth [24]

kindly global 80% death Mother belong death live. Pattern reason live every where same, that is bleeding (25%) usually postpartum hemorrhage), sepsis (15%), hypertension in pregnancy (12%), obstructed labor (8%), unsafe abortion complications (13%), and other causes (8%) [1].

Etiology most common bleeding postpartum is: Atony uterus, Retention placenta, Traumatized injury road born (Episiotomy which wide, Laceration perineal, vaginal, cervix, fornix and uterus, uterine rupture), Disease blood: abnormality freezing blood, for example afibrinogenics or hypofibrinogenemia, hematoma, Inversion uterus, Subinvolution uterus, Latrogenic [13].

In quote Cuningham 2010, factors which influence incidence of postpartum hemorrhage ie age, number of parities, birth spacing, education, history labor and pregnancy previously, anemia, and Mother's knowledge of the signs of postpartum hemorrhage. Another factor that related with bleeding postpartum that is on circumstances severe preeclampsia where to find the coagulation effect and the small blood volume of the mother who will exacerbate the causes of postpartum hemorrhage [31]. In quote Cuningham 2010, Bleeding postpartum who doesn't handled could resulted shock and lower awareness consequence many blood which go out. Thing this causing disturbance circulation blood to whole body and could causing hypovolemic heavy. When Thing this Keep going happen so will cause mother no saved [20].

According to the definition of *the World Health Organization* (WHO) "maternal death is death a woman time pregnant or During 42 day after termination of pregnancy for any reason, regardless of the duration of the pregnancy and action which conducted for end pregnancy (Prawirahardjo, 2010). According to a report from the *World Health Organization* (WHO) maternal mortality is common happen because complications During and after pregnancy and labor. Complications main which causing almost 75% from all death Mother are: bleeding, infection, high blood pressure during pregnancy (pre-eclampsia and eclampsia), complications from childbirth and abortion [1].

It is said that every woman dies every minute during childbirth, where 24% due to heavy bleeding. Forty percent of deaths due to Postpartum hemorrhage occurs in the first 24 hours and 66% occurs during the week first. From data from the United States of America's *National Inpatient Sample (NIS)*, 2004, obtained from 24,654 case bleeding postpartum from 876641 pregnancy [27]

It can be known based on IDHS data, during the period 1991-2007 number death Mother experience decline from 390 Becomes 28 per 100,000 birth life. However on IDHS 2012 number death Mother back ride to 359 per 100,000 live births. Even though the AKI was the result of the 1990 IDHS and 2012 not much different, but to reach the target of 102 in 2015 expected to be difficult to achieve. This figure is also far from the target of MGDs 2015 of 102 each 100,000 live births [10].

According to Report Performance agency Government (LKIP) Year 2020, Death Mother in province Sumatra north year 2020 which biggest is bleeding as much 67 case (35.83%). Hypertension as much 51 case (27.27), blood disorder 8 cases (4.28%), infection 3 cases (1.60%), metabolic disorders in 1 case (0.53%), and other causes (abortion, parturition stuck, embolism obstetrics) reach 57 case 30.48%). 75 case (37.13%) (LKIP, 2020. p 40) .

According to study Dharmadi 2018 with title "Connection Incident Postpartum Hemorrhage With The Characteristics Of Maternity In RB Harapan Kita ". The results of the study showed that there was a relationship between parity and postpartum hemorrhage with value $p\text{-value} = 0.000$ and $OR = 4,264$. Parity 2-3 is parity safety reviewed from corner bleeding postpartum, parity which > 3 or parity 1. The unpreparedness of the mother for the first birth is a factor of unpreparedness mother's ability to deal with complications during pregnancy, childbirth and puerperium. In pregnancies > 3 , reproductive function begins to decline, so more risky happen complications bleeding post partum. If bleeding postpartum is not handled quickly and precisely, can experience shock and decline awareness consequence many blood which go out. Thing causing impaired blood circulation throughout the body and can cause hypovolemia heavy and maternal death [5].

According to study Biological 2019 with title "Factors which associated with primary postpartum hemorrhage" study results Based on statistical test results obtained a Chi-Square (X^2) value of 5,600 with a $p\text{ value}$ of 0.046 with alpha (α) 0.05 where $p\text{ value}$ (0.046) < 0.05 means H_0 rejected and H_1 accepted. This shows that there is a relationship significant Among age with bleeding postpartum primary in HOSPITAL City Bandung. This is in line with the results of Dina's research (2013) which shows that age in lower 20 year or in on 35 year own risk experience postpartum hemorrhage 3.1 times greater than mothers aged 20 to 35 years, the results of Puspasari's research (2017) show that there is relationship between maternal age and the incidence of postpartum hemorrhage. in women aged less than 20 years the reproductive organs have not developed properly perfect. Whereas woman aged more from 35 year function organ reproduction already experience decline [12]. Function organ reproduction which not yet perfect and decline function the will causing inadequate muscle tone, causing uterine atony. Uterine atony here it is which causing postpartum hemorrhage [7].

According to Pustikasari 2016 research with the title "Characteristic relationship Mother to incident bleeding postpartum districts market rebo Jakarta east 2015 "Results of respondents with birth spacing < 2 years experienced

postpartum bleeding. Results test statistics *chi-square* show *p-values* = 0.028 and OR = 4.813 which means there is a significant relationship between the distance variables pregnancy with the incidence of postpartum hemorrhage, and respondents with distance births <2 years have 5 times the risk of experiencing postpartum hemorrhage. If gap between birth and previous child < 2 years, Uterus and health mother is not recovering well. Pregnancy in this condition is necessary [16].

According to Pustikasari 2016 research with the title "Characteristic relationship mothers on the incidence of postpartum hemorrhage in Pasar Rebo sub-district, East Jakarta 2015". Results study level education with incident bleeding more experienced in mothers with low education are at risk of 6 times experiencing bleeding postpartum. As for study which same with Umami Solekah (2009) who found that there is a relationship education level with the incidence of postpartum hemorrhage with the results of *P-Value* = 0.002 and OR = 0.552. women with higher education tend to marry at a younger age older, delaying pregnancy, willing to follow Family Planning (KB), and seek antenatal and delivery services. Besides, they wouldn't either look for help witch doctor when pregnant or maternity and also could choose food which nutritious and look after (resolve problem- problem), and increase his health. In Thing this is which educated more tall will have knowledge which more wide about change physiology of the puerperium and regarding postpartum hemorrhage [16].

From the results of the data survey, the total number of deliveries in the clinic was obtained Afisyia, Percut Sei Tuan District, Deli Serdang Regency Period 2018-2022 . in 5 year final in total there is 428 Mother maternity. Which with case primary bleeding amounted to 78 people and secondary 40 people, which in years 2017 mothers who experienced primary bleeding were 8 cases, and experienced skender bleeding 12 people. In 2018, 10 people experienced primary bleedingand experience bleeding secondary 5 people. Year 2019 yes experience 21 people had primary bleeding and 6 people had secondary bleeding. In 2020 there were 24 people who experienced primary bleeding and those who experienced secondary bleeding 6 people. Year 2021 who experienced primary bleeding 15 people and which experience secondary bleeding 11 people.

Based on description on eat researcher interested for do study about Connection Characteristics Mother Inpartu To Incident Postpartum bleeding at the Afisyia clinic, Percut District, Sei Tuan District Deli Serdang Period 2018-2022 , because average per year number incident bleeding increased.

2. METHOD

In study this research uses _ design Descriptive Analytic with use cross sectional approach, type of research this emphasize time measurement or variable data observation independent and dependent only one time, on something moment that is moment inspection or assessment conducted one time with no there is a follow up. Population in research is whole 118 Mother inpartu with bleeding postpartum at the Afisyia clinic hamlet III Melur Village Sambirejo East District Deli Serdang period 2018-2022. The sampling technique in this study used the *Nonprobability technique*, namely saturated samples or often called *total sampling*. Saturated sample is a sampling technique by taking all members of the population as respondents or samples. So the sample in this study were all in-partu mothers at the Afisyia clinic hamlet III Melur Village Sambirejo East District Deli Serdang which amounted to 118 people. Data collection techniques use secondary data, namely sources data obtained by researchers from medical records at Kinik Afisyia Hamlet III Jessamine Sambirejo Village East Regency Deli Serdang period 2018-2022.

Data analysis was carried out by means of Univariate Analysis aimed at explaining or describing the characteristics of each research variable. And *Bivariate Analysis* if the *Univariate analysis has been carried out* , the results will know the characteristics or distribution of each variable, and then the *Bivariate analysis can* be carried out on two variables that are suspected to be related or correlated if the value a <0.05 means there is a significant relationship, if the value a > 0.05 means there is no relationship between one variable and another.

3. RESULTS AND DISCUSSION

Table 1
Postpartum Bleeding Analysis

NO	Bleeding postpartum	Amount (n)	Presentation
1	Primary	78	66.1 %
2	Secondary	40	33.9 %
TOTAL		118	100 %

That of the 118 mothers in partu the majority bleeding postpartum primary that is 78 people (66.1%), and minority bleeding secondary postpartum 40 people (33.9%). Post partum hemorrhage is bleeding of 500 cc or more after the third stage is over (after the placenta is born). Blood measurement which go out hard for conducted in a manner appropriate [19]

The majority of postpartum hemorrhage is primary a lot happened in Afisyia clinic this is due to one of the reasons recession of the placenta at the Afisyia clinic for postpartum hemorrhage experience is bleeding postpartum primary as much 67 people and bleeding postpartum secondary as much 39 people, reason from The bleeding

included 67 retained placenta, 22 atony, 25 remnants placenta and 4 perineal ruptures. The number of bleeding events in the clinic Afisyta because many mothers only come during childbirth, they don't conduct an ANC examination at the clinic, because of this the clinic did not get a history of previous illnesses, even though the cause bleeding postpartum also could in cause by history disease previously, will but party clinic no get that, by because that new mothers can be known for complications at the time of the period monitoring/observation in clinic. For the rest of the placenta, it occurs because there are still in-partu mothers who are in help by power nonmedical (witch doctor give birth) so that placenta which issued incomplete and it is not known, and after new bleeding occurs mother brought to the clinic. And for the perineal tear occurs due to factors from a large baby so that the perineum tears reach degree tear >2.

Table 2
Bivariate analysis
Correlation between Mother-in-Law Age and Postpartum Hemorrhage

No	Age	Bleeding Postpartum				Total		OR (95%)	P Value
		Primary		Secondary		N	%		
		N	%	N	%				
1	Not At risk (20-35 year)	32	82,1	7	17,9	39	100	0.321 0.126-0.817	0.025
2	at risk (<20 and >35 year)	47	59.5	32	40.5	79	100		
	Amount	79	66,9	39	33,1	118	100		

From 118 Mother inpartu experience bleeding postpartum, based on age that is not at risk (20-35 years) mothers who experienced primary postpartum hemorrhage as many as 32 respondents (82.1%) and Mother which experience bleeding secondary as much 7 respondent (17.9%), whereas which age which risky (<20 and >35 year) women with primary postpartum hemorrhage as many as 47 respondents (59.5%) with secondary postpartum hemorrhage as many as 32 respondents (40.5%). From the results of statistical tests, the value of *Ood Ratio* (OR) = 0.321% CI = 0.126-0.817 and *value* 0.025 <0.05 which means there is a significant relationship significant Among age with bleeding postpartum.

That there is a significant relationship between age and incidence bleeding postpartum, because of the majority Mother inpartu in clinic Afisyta age risky. When a woman is <20 years old, her reproductive organs are not yet develop with perfect and pelvis often time not yet grow reach adult size. As a result at this age when giving birth will risk of postpartum hemorrhage. While women aged > 35 years the function of the reproductive organs has decreased and will causing inadequate muscle tone, until this is what causes it bleeding postpartum could happen. And for ages who are not at risk, bleeding can also occur postpartum due to other factors, from a history of previous illness, because of the mother only came during labor and did not do an ANC examination in clinic the, and also from parity tall. risky. When a woman is <20 years old, her reproductive organs are not yet develop with perfect and pelvis often time not yet grow reach adult size. As a result at this age when giving birth will risk of postpartum hemorrhage. While women aged > 35 years the function of the reproductive organs has decreased and will causing inadequate muscle tone, until this is what causes it bleeding postpartum could happen. And for ages who are not at risk, bleeding can also occur postpartum due to other factors, from a history of previous illness, because of the mother only came during labor and did not do an ANC examination in clinic the, and also from parity tall.

Table 3
Connection Education Mother Inpartu To Incident Bleeding Postpartum Clinic Afisyta

No	Education	Bleeding Postpartum				Total		OR (95%)	P Value
		Prim:		Secondary		N	%		
		N	%	N	%				
1	Low (no school, elementary, high school)	30	58,8	21	41,2	51	100	0.525 0.241-1.141	0.150
2	High (junior high school- education carry on)	49	73,1	18	26,9	67	100		
	Amount	79	66,9	39	33,1	118	100		

From 118 Mother inpartu experience bleeding postpartum, education tall as much 49 respondent (73.1%) with primary bleeding and 18 respondents (26.9%) with secondary bleeding, whereas education low as much 30 respondent (58.8%) which experience bleeding postpartum primary and 21 respondent (41.2%) with secondary bleeding. From the statistical test results, the *oods value was obtained ratio* (OR) = 0.525% CI = 0.241-1.141 and *p.s value* 0.150 > 0.005 which it means no there is connection which significant Among education with bleeding postpartum. No there is connection significant education with the incidence of postpartum hemorrhage, because the majority of in-partu mothers are in afisyta clinic has higher education status (SMA). And education tall no make

Mother the exception from happening postpartum hemorrhage, because mothers who have higher education if knowledge about condition her body no there is and own lack of understanding then this can happen, and even though highly educated they could have been highly educated because for necessity profession, and from a number of work also could cause complications during labor due to excessive work excessive or unsafe work such as in existing factories These chemicals can trigger complications during labor. so it is undeniable that the mother can also experience postpartum hemorrhage although educated tall.

Table 4
The Relationship of Parity of Mother-in-Laws to the Incidence of Bleeding Postpartum

No	Parity	Bleeding Postpartum				Total		OR (95%)	P Value
		Primary		Secondary		N	%		
		N	%	N	%				
1	No risk multipara (2,3)	36	81,8	8	18,2	44	100	0.308 0.126-0.754	0.014
2	At risk primiparous and grandepara (1 and <3)	43	58,1	31	41,9	74	100		
	Amount	79	66,9	39	33,1	118	100		

From 118 Mother inpartu experience bleeding postpartum, based on non-at-risk multiparous (parity 2-3) mothers 36 respondents who experienced primary postpartum hemorrhage (81.8%) and Mother which experience bleeding postpartum secondary as many as 8 respondents (18.2%) while those at risk of parity <2 years Mother which experience bleeding postpartum primary as much 43 respondent (58.1%) and Mother which experience bleeding postpartum secondary 31 respondent (41.9%). From results test statistics obtained score *Oods Ratio* (OR)= 0.308% CI= 0.126-0.754 and P *Value* 0.014<0.05 which means that there is a significant relationship between parity and bleeding postpartum.

There is a significant relationship between maternal parity and bleeding events postpartum, because the majority of mothers in labor at the Afisya clinic are parity mothers risky that is grandepara and primiparous. On parity 1 could causing unpreparedness of the mother in the face of childbirth so that no capable in face complications which happen as postpartum hemorrhage. While the higher the parity hence contractions Becomes weakened because muscle uterus more often stretch so that the walls thinning so that more risky complications bleeding postpartum happen. And for parity that is not at risk, it can also occur due to factors such as, from the age of the mother who is too young and too old, blood disease (abnormalities blood clots) and so on.

Table 5
The Relationship between Maternal Inpartu Delivery Distance to Bleeding Incidents Postpartum Clinic

No	Distance Labor	Bleeding Postpartum				Total		OR (95%)	P Value
		Primary		Secondary		N	%		
		N	%	N	%				
1	Not At risk >2 years (2-5 year) <2 years	34	85,0	6	15,0	40	100	0.241 0.91-0.639	0.005
2	At risk <2 year	45	57,7	33	42,3	78	100		
	Amount	79	66,9	39	33,1	118	100		

From 118 Mother inpartu experience bleeding postpartum, based on distance labor distance labor which no high-risk (multiparous) mothers with primary postpartum hemorrhage as much 34 respondent (85.0%) and Mother which experience bleeding postpartum secondary as much 6 respondent (15.0%), whereas which at risk (grandepara) mothers who experience primary postpartum hemorrhage as much 45 respondent (57.7%), and Mother which experience bleeding postpartum secondary as much 33 respondent (42.3%). From results test statistics obtained the value of *oods ratio* (OR) = 0.241% CI = 0.91-0.639 and *p value* 0.005 <0.005 which means there is connection significant Among distance childbirth with bleeding postpartum.

B awa there is connection Significantly the spacing of in-partu mothers with the incidence of postpartum hemorrhage partum. Organ woman need time recovery Very fast 2 year. And if it has reached 2 years or more then the organs are ready re-fertilized. But if the mother gave birth at a distance of <2 years then Mother will experience risk start from bleeding postpartum until death. And for distance labor which no risky also could Postpartum bleeding occurs due to other factors such as the baby big and also from disease history.

4. CONCLUSION

That of the 118 respondents, namely the majority bleeding postpartum primary 78 people and minority secondary postpartum hemorrhage 40 people. The majority of people at risk are 79 and minority no risky 39 people. Majority education tall 67 people and minorities with low education 51 Orang. The majority of parities are at risk of 74 people and parity minorities are not at risk 44 people. The majority of risky birth spacing is 79 people and distance labor minority no risky 39 0 people. From results test statistics obtained *Odds Ratio* (OR) = 0.321% CI = 0.126-0.817 and *value* 0.025 <0.05, which means there is a relationship between age and postpartum hemorrhage. From statistical test results obtained the value of *odds ratio* (OR) = 0.525% CI = 0.241-1.141 and *p value* 0.150 >0.005 which it means no there is connection education with postpartum hemorrhage. From the statistical test results, the *Odds Ratio* (OR) = value was obtained 0.308% CI = 0.126-0.754 and *P Value* 0.014 <0.05 which means there is a relationship Among parity bleeding postpartum. Connection Distance Labor with Bleeding, from results test statistics obtained score *odds ratio* (OR) = 0.241% CI = 0.91-0.639 and *p.s value* 0.005 <0.005 which it means there is connection distance delivery with postpartum hemorrhage.

ACKNOWLEDGEMENTS

Author thanks to all my team and I hope the research can be useful.

REFERENCES

- [1] Armin, Est et al, (2016). Book Teach Nursing Maternity 2. Surabaya: Faculty Nursing University Airlangga.
- [2] Aswar, S., et al, (2019). determinant Incident Bleeding Postpartum In HOSPITAL Regency Biak Numfor. <http://jurnalpoltekkesjayapura.com/index.php/jktp>.
- [3] Cunningham, 2010. Obstetrics Williamms. Jakarta: EGC
- [4] Service Health Province Sumatra North, (2019) Report Performance agency Government (LKIP). Sumatra North:
- [5] Dharmadi Buntoro Indra, (2018). Connection Incident Bleeding Postpartum With Characteristics Mother Maternity in RB hope We. University Muhammadiyah Tasikmalaya. <https://www.google.com/search?client=firefox-bd&q=relationship+event+bleeding> (Accessed 5 February 2022, 01:20WIB)
- [6] Biological, S., et al, (2019). factors Which Related With Bleeding Primary Postpartum. <http://ejurnal.ars.ac.id/index.php/keperawatan> (Accessed date 6 April 2022, 02:15 WIB)
- [7] Hidayat A Aziz Alimul, (2007). Midwifery Research Methods Technical Analysis Data. Jakarta: Salemba Medic
- [8] Iqbal, WM (2012). Promotion Health For Midwifery, Jakarta: Salemba Medic
- [9] Karlina, N., et al, (2016). Care Midwifery Emergency Maternal & Neonatal,. Bogor: in Media
- [10] Ministry of Health, (2013). Maternal Health Services in Basic Health Facilities and Reference. Jakarta:
- [11] Kurniawan, R & Melaniani S, 2018. Parity Relations, Birth Assistance and Distance between Pregnancy and Infant Mortality Rate in East Java. <https://e-journal.unair.ac.id/GBK/article/view/8389/pdf> (accessed date 8 April 2022 02:12 WIB)
- [12] Manuaba, CAI, et al, (2013) . Knowledge Disease Content And KB. Jakarta: Publisher EGC Medical Book.
- [13] Maryunani Anik, (2016). Emergency Care in Midwifery. Jakarta: CV. Trans Medical Info.
- [14] Notoatmodjo Soekidjo, (2010). Health Research Methodology. Jakarta: Rineka Create.
- [15] Survey Demographics And Health Indonesia, (2018). Survey Demographics And Health Indonesia. Yogyakarta:
- [16] Pustikasari, A & umaya, R, 2016. Connection Characteristics Mother To Incidence of Post Partum Hemorrhage in Pasar Rebo District, East Jakarta 2015, [https://www.google.com/search?client=firefoxd&q=relationship+kareteristik+mother+to+event+bleeding+post+partum+sub-district+market+rebo+jakarta+timur+2015.\(ri](https://www.google.com/search?client=firefoxd&q=relationship+kareteristik+mother+to+event+bleeding+post+partum+sub-district+market+rebo+jakarta+timur+2015.(ri) (Accessed date 6 March 2022, 02:20 WIB)
- [17] Prawirohardjo Sarwono, (2005). Obstetrics. Jakarta: Bina Pustaka Foundation Sarwono Prawiroharjo.
- [18] Rukia YES & Yulianti L, (2019). Pathology Midwifery Care, Jakarta: CV Trans Info Medic.
- [19] Saifuddin Abdul bari, (2010). Book Guide Practical Service Health Maternal And Neonatal. Jakarta: Sarwono Library Building Prawiroharjo.
- [20] Satriyandari, Y., & Hariyati, N. R. (2017). factors which influenceincidence of postpartum hemorrhage. <https://www.google.com/search?q=factor+factor+yang+affect+kejadian+bleeding+postpartum%2C+yekti+satriyandari+2017ari+2017> (Inaccess 4th February 2020 02:27 WIB)
- [21] Setyarini Didien Ika & Suprapti, (2016). Emergency Midwifery Care Maternal Neonatal Midwifery Print

- Teaching Materials Module. South Jakarta: Ministry of Health Ri.
- [22] Sulfiyanti, et al, (2020). Care Midwifery PDA Delivery. Medan: Foundation WeWrite.
- [23] Sugono Dendy, (2008). Dictionary Language Indonesia. Jakarta: Center Language department Education.
- [24] Siregar, Rahmah & Harahap, Maryam. (2022). Factors Affecting Couples of Reproductive Age (CRA) Without Using Contraception. *International Journal of Public Health Excellence (IJPHE)*. 2. 385-388. 10.55299/ijphe.v2i1.286.
- [25] Suryani, Elvi & Harahap, Maryam & Siregar, Rahmah. (2022). The Relationship of Learning of ASKEB II Course Practicum Laboratory With the Achievement of Level II Students' Competence. *International Journal of Public Health Excellence (IJPHE)*. 1. 105-109. 10.55299/ijphe.v1i2.41.
- [26] Siregar, Rahmah. (2021). Factors Related to Low Motivation of Motivation to Carry Baby / Baby to Posyandu. *International Journal of Multidisciplinary Research and Analysis*. 04. 10.47191/ijmra/v4-i6-11.
- [27] Sumiati, et al. (2018). Anemia Pregnancy and Childbirth Spacing with Events Bleeding Postpartum in HOSPITAL Undata Hammer Province Sulawesi Middle
https://www.google.com/search?q=anemia+pregnancy+dan+distance+porsalinan+with+event+bleeding+postpartum+In+hospital+Undara+hammer+propynsi+selawesi+tengan&client=firefox-bd&sxsrf=APq-dara+palu+provinsi+selawesi+tengan&gs_lcp=Cgd (In access date 8 February 2022 02: 15WIB)
- [28] Ummah, N., Ngadiyono, & Ulfiana, E. (2018). Risk factors for bleeding postpartum at the Health Center Rembang Regency Exhibition.
https://scholar.google.co.id/scholar?hl=en&as_sdt=0%2C5&q=Factor+resiko+cause+bleeding+postpartum+di+puskesmas+pamotan+rembang+rembang.2018&btnG=#d=gs_cit&t=UJ%3Ascholar.google.com (Accessed 1 May 2020 01: 35 WIB)
- [29] Widianti, EY, & Utomo, ASAKE (2014). Birth Spacing Relations With Primary Postpartum Hemorrhagic Events at BPS Hermin Sigit Ampel boyolali .
https://scholar.google.co.id/scholar?hl=id&as_sdt=0%2C5&q=teris+tick+distance+birth+with+incidence+postpartum+bleeding+primary+in+BPS+hermin+ampel+boyolali (Accessed 1 May 2022 01.15)
- [30] Wiknjosastro Hanifa, (2010). Knowledge Surgery Midwifery, Jakarta: Build References Sarwono Prawirohardjo
- [31] Windiany & Musdalifa, (2020). Relationship between mother-in-partu characteristics and Postpartum Bleeding Events at Budi Kemuliaan General Hospital in the Year Period 2019 .
<https://jurnal.poltekkesbanten.ac.id/Medikes/article/download/244/196/> (Accessed date February 4th 2020 02:15 WIB)