

8_SCOPUS_1.pdf

by

Submission date: 29-Oct-2021 04:48PM (UTC+0700)

Submission ID: 1687418163

File name: 8_SCOPUS_1.pdf (305.47K)

Word count: 4573

Character count: 25347

Model of Self Efficacy Antenatal Care (Sea Care) in Class Service for Pregnant Women during the Covid-19 Pandemic: Qualitative Study

Julia Fitriani¹, Stang², Citrakesumasari³, Ridwan Amiruddin⁴

¹Doctoral Student of Public Health, Hasanuddin University Makassar, Indonesia

²Department of Biostatistic Faculty of Public Health Hasanuddin University, Makassar, Indonesia

³Department of Nutrition Faculty of Public Health Hasanuddin University, Makassar, Indonesia

⁴Department of Epidemiology Faculty of Public Health Hasanuddin University, Makassar, Indonesia

*Corresponding authors

Email: juliaqufitria@gmail.com

Abstract

Providing pregnant classes with Increased Self Efficacy can help pregnant women avoid the incidence of maternal death, which is an indicator of public health, especially pregnant women who were pregnant during the Covid-19 Pandemic. This study aims to assess the application of the Self-Efficacy Antenatal Care (SEA Care) model in a class of pregnant women during the Covid-19 pandemic. This research is a descriptive study with a qualitative method by identifying the factors associated with implementing the course of pregnant women with the SEA Care model in two health centers. The sample of this study was 16 people consisting of midwives, pregnant women, and husbands at the Bara-barayya Community Health Center. Data collection was carried out by in-depth interviews, participatory observation, and secondary data. The results showed that the implementation of the class of pregnant women with an emphasis on self-efficacy of bedroom optimal was carried out comprehensively. Still, the application of the SEA Care model was well accepted to be implemented in the class of pregnant women. It is concluded that pregnant women with an emphasis on the model of antenatal care self-efficacy have not been maximally carried out in class services for pregnant women. So it needs efforts to prevent complications of pregnancy and childbirth..

Keywords: Self Efficacy Antenatal Care (SEA Care), Prevention of complications of pregnancy and childbirth

Introduction

Maternal mortality is a complex problem because it involves many things. The direct cause of maternal death is usually closely related to the mother's health since pregnancy, childbirth, and the puerperium. Meanwhile, the indirect reasons are related to stress, social, economic, geographic, and cultural behavior. Through suitable Antenatal classes, some complications of pregnancy - childbirth and the factors contributing to maternal mortality can be avoided (1). Providing antenatal courses, especially during the Covid-19 pandemic, can help pregnant women prevent behavioral factors that impact the continuation of pregnancy and the baby to be born. Pregnant women must have excellent and personal solid abilities (self-efficacy) are undergoing incubation and support from husbands and families and social support. Not only need husband/family support social support (2).

The distribution of direct causes of maternal mortality in Indonesia in 2015 is bleeding (28%), eclampsia (24%), infection (11%), abortion (5%), and (5%) prolonged labor or obstructed labor In South Sulawesi, death of pregnant women and gave birth to 115 cases and in 2018 it increased again to 139 points (3). Indirect causes aggravate the condition of pregnant women, which in Indonesia is known as four too (4T) accompanied by factors that complicate the handling process if there is an emergency condition of the mother and the fetus known as a factor of three late (3T). Puskesmas in the city of Makassar such as Puskesmas Kassi-kassi and Barra-barraya show that antenatal services are still focused on 7T

services (Weigh, tension, high Fundus, Tetanus Toxoid, blood supplement tablets, talk meetings, and laboratory tests) and do not touch psychological aspects during pregnancy, this causes various problems/diseases suffered by pregnant women not detected early.

Increasing self-efficacy has received high enough attention because it can impact the health of mothers and children, even so, that the willingness of mothers to breastfeed their babies is associated with self-efficacy (4). Publications show that the concern about self-efficacy still refers to the postpartum period rather than before and after delivery, even though the condition during pregnancy is critical in preventing maternal morbidity and mortality.

Self-efficacy focuses on oneself on the ability to exhibit certain behaviors. According to social cognitive theory, low self-efficacy conditions will affect increasing anxiety and avoid behavior towards activities that can worsen the situation because they feel unable to manage aspects that can cause risk (5,6). A person's ability can be improved through education (education) to increase self-confidence, and self-efficacy is not a specific behavior (7).

Through the ANC class with the SEA Care model based on self-efficacy, it can encourage self-awareness of pregnant women to obtain information related to the health of pregnant women and preparation for delivery (8). The implementation of classes for pregnant women is a means of learning together about health for pregnant women, in the form of face-to-face groups which aims to increase the knowledge and skills of pregnant women regarding pregnancy, childbirth, postpartum, postpartum family planning, prevention of complications, care for newborns and activities physical / gymnastics for pregnant women (9,10). Thus it is hoped that an increase in mothers' self-efficacy in the prevention of complications of pregnancy and childbirth, pregnant women do not experience stress levels in facing pregnancy and delivery. They can give birth to healthy babies, and mothers are safe from pregnancy and childbirth complications. With the application of the CEA Care model carried out in the class of pregnant women, it is hoped that all pregnant women will have a better level of vigilance to map pregnancy risk factors and delivery complications that they may face.

Based on data in the Medical Record of the Bara-Barayya Health Center, the incidence of obstetric complications in 2017 was 64 cases of abortion (39%), KPD 40 cases (24%), PPH 24 cases (15%), PE / HT 20 cases (12%)) and prolonged labor / fetal distress 16 cases (10%), In 2018 there were 48 cases of abortion (28%), KPD 43 cases (25%), PPH 35 cases (20%), PE / HT 26 cases (15%) and prolonged labor / fetal distress in 20 cases (12%) and in 2019 as many as 43 (31%), PROM cases 32 (23%), PPH 26 cases (19%), PE / HT 24 cases (17%) and prolonged labor / fetal distress in 14 cases (10%).

Based on data in the Medical Record of the Bara Health Center, the incidence of obstetric complications in 2017 PPH was 7 cases (2%), PE / HT 6 cases (1.7%), prolonged labor 1 (0.2%), fetal distress 3 (0.9%), out of 350 patients, in 2018 PPH was 14 cases (4%), PE / HT was 1 case (0.3%) out of 349 patients, in 2019 KPD (3 (0.8%), PPH (13) 4% PE / HT 3 (1%), prolonged labor 2 (0.6%) from 317, year 2020 PPH 8 (4%) out of 202.

There are still factors that can influence the occurrence of obstetric complications even though the standard of antenatal care services has been carried out; it can be affected, namely the weakness of Antenatal care class services, especially pregnant women class programs that are not well programmed and not comprehensive, the class program for pregnant women still emphasizes only physical aspects but have not touched psychological counseling services by strengthening self-efficacy in pregnant women. Besides that, insufficient knowledge of danger signs in pregnancy and low K1-K4 coverage due to weak support for the family system, especially since the Barayya Community Health Center is a densely populated area in the middle of Makassar city.

This is supported by research conducted by Diamond (9) that currently, pregnant women need great attention from all aspects both physically and psychologically, strong support from their families and their environment is a strength to increase the self-efficacy of mothers in a pandemic era, especially nowadays. can pose an unprecedented threat to pregnant women that will increase emotional and psychological support during pregnancy in the perinatal period, therefore in class services for pregnant women it is necessary to develop a psychological support model to prevent complications and increase AKI. And can increase mothers' knowledge in overcoming the dangers of pregnancy and childbirth, which are at high risk of complications. Based on the above problems, the researchers are interested in researching "Model Self Efficacy Antenatal Care (SEA Care) Against Risk Prevention of complications of pregnancy and childbirth."

8

Research methods

Design / Research Design

This study used a qualitative research method¹⁰ with focus group discussion (FGD) and observation of pregnant women and childbirth. The sample of this study was 30 pregnant women at the Bara-barayya Health Center. The research subjects were selected by purposive sampling method, which was not chosen randomly but based on specific considerations made by the researchers themselves, namely according to the inclusion criteria set by the researcher, namely pregnant women in the first trimester, being Primipara and willing to be research subjects through consent by signing the informed consent. The exclusion criteria were that the issue was absent or sick during the study and the subject withdrew before the study was completed. With an observational study design by conducting field observations, obtaining more in-depth information regarding the knowledge, attitudes, motivation, and abilities of health workers in pregnant women health services, especially pregnant women class with SEA care model and conducting Focus Group Discussion (FGD). The results of in-depth interviews and FGDs are used as material for module preparation of efforts to Self-Efficacy Antenatal care (SEA Care). The data collection for the problem identification stage through observation, interviews, and FGD was carried out from February to March 2020.

Research Objectives (Population / Sample / Research Subject)

This research was conducted at the Bara-barraya health center. The location selection was based on considering that the Antenatal Care service in the health service was not fully optimized. In the informant's research, there were 16 people, namely one coordinator midwife, five facilitator midwives, and five pregnant women, and five families of pregnant women/husbands, who all played a role in seeing the problem of complications of pregnant women

Data analysis technique

In this qualitative research, the data were analyzed using content analysis techniques. Where after categorizing, the data is coded and then analyzed. In addition, to obtain maximum results, this research will be conducted triangulation, namely matching the results of data, interviews, FGDs, and field observations. To determine the validity of data in qualitative research, triangulation is usually used, which includes triangulation of sources and triangulation of methods. To assess the validity of this study, using two triangulations, namely: Triangulation of sources, namely conducting interviews with different sources. And Triangulation Method is done using four methods; this is done using four methods when collecting data, namely direct discussions, FGD, observation, and document review. Content analysis is used to analyze the results of in-depth interviews with respondents, the head of the

puskesmas, the MCH, and the Nutrition section. The results of the analysis are arranged in the form of a narrative and a report.

Result

Overview of the subject

Based on the screening results in February 2020 at the bara-barayya health center, there were five pregnant women with Primipara and 1st-trimester status. Among them had a history of pregnancy problems with high self-pressure and anemia, and several other pregnancy problems. This study used an observational study design by conducting field observations, obtaining more in-depth information related to knowledge and motivation, health workers' ability in pregnant women health services, especially pregnant women class with SEA care model, and conducting Focus Group Discussion (FGD).

Observational study research and Focus Group Discussion (FGD)

Based on the results of interviews that have been conducted, it is known that the causes of complications of pregnancy and childbirth of pregnant women at the Bara-Barayya Health Center are due to several factors such as a history of previous pregnancy illnesses, lack of Antenatal Care visits or pregnant women who are less active in conducting pregnant women classes and lack of awareness. Pregnant women and their families about the risk of complications of pregnancy and childbirth.

Midwives' knowledge of the SEA Care model

The results of the first meeting with five midwives by conducting training in the class model of pregnant women with the SEA Care concept, a pre-test was carried out before the SEA Care model training was carried out to midwives to find out how much knowledge midwives were in implementing pregnant women classes with the SEA Care model. The results of the pre-test that was carried out before the implementation of the course for pregnant women with the SEA care model found that three midwives had good knowledge (60%). The people had sufficient knowledge about the type of pregnant women with the SEA Care model.

After two midwives' training was conducted, a post-test was carried out. Based on the results of the Post-test, there was a change. The subject who had good knowledge became all midwives, namely five people (100%). The difference in the level of this knowledge was because the issue had felt enough to get the information needed about the class model of pregnant women with SEA Care.

Motivation and ability of midwives in implementing the SEA Care model

Based on the results of interviews that have been conducted, it is known that the motivation of midwives is very high to carry out class activities for pregnant women in a comprehensive manner, including elements of self-efficacy in activities or class programs for pregnant women, let alone increasing knowledge of pregnant women about self-efficacy in efforts to prevent complications of pregnancy and childbirth.

"I convey that the class services for pregnant women still need to be evaluated, apart from this pandemic, the lack of pregnant women patients who visit, the class model for pregnant women has not been fully recognized by the community around the puskesmas area the number of midwives in the class services for pregnant women is still insufficient so that it is still not maximal, midwife training on ANC service standards is also still lacking, the activity that is attended is still limited, even from outside the puskesmas that is held, so it is indeed a case of pregnancy complications, and labor is still found such as serotinus, preeclampsia and bleeding: (BK, Midwife Coordinator)

The problem found is that there is still a lack of pregnant women who are aware of the importance of carrying out classes for pregnant women, especially during the Pandemic period; the decrease in motivation for class visits for pregnant women made it less and fewer pregnant women to visit Puskesmas. This is evidenced by the results of interviews with pregnant women subjects that, on average they are not sure about their current pregnancy because of the many thoughts and fears of the spread of Covid-19 during their pregnancy, not to mention the existence of family economic problems that exacerbate the state of their pregnancy.

Based on the interview results, two pregnant women expressed concerns about their pregnancy and their complaints during pregnancy. There are complaints about physical and psychological complaints, especially during the Pandemic period, the deep crisis of pregnant women about their pregnancy condition.

After the SEA Care Model is given

IH1: "... I enjoyed this pregnancy, but there are worries about the journey from pregnancy to childbirth, especially during this pandemic, deep concern, and fear of contracting the Covid-19 virus. IH2: "Every day, I always feel uncomfortable with my digestion and headaches because my blood pressure is consistently high during pregnancy; I feel less confident every day about the pregnancy I face.

IH5: "... I feel uncomfortable and calm through the process of pregnancy and labor preparation that I will undergo. I am less confident about this pregnancy because there are no classes for pregnant women during the pandemic even though I need psychological counseling to calm down."

IH2: "... Recently, during this program, I have become more confident in the care and health of babies and myself during pregnancy. I feel I need to prepare well for labor ... I am sure and believe that everything will be well. -fine.."

IH8: '... Now I rarely lock myself in my room crying over my worries about this pregnancy. My husband and I feel comfortable when visiting the Puskesmas and participating in a series of pregnant women class activities because I need to know the progress of my pregnancy ..."

After conducting a Class for pregnant women with the SEA Care Model to subjects whose pregnant women felt less confident about their pregnancy, the issue slowly began to realize the importance of their health during pregnancy and prepare themselves with a strong belief in the safety of the baby and himself. Still, the facilities and programs in Puskesmas have not solved the problems they face during pregnancy during the pandemic.

Discussion

The complications in pregnancy and childbirth occur because the mother's medical or health history significantly affects the fetus during pregnancy (9). Several diseases experienced by mothers during pregnancy, such as heart disease, high blood pressure, asthma, seizures, and diabetes, will significantly affect fetal development during pregnancy and childbirth. These diseases can cause abnormal fetal growth, prematurity, LBW (low birth weight), to death (11,12). The condition that causes the most medical complications of pregnancy is high blood pressure, mainly due to psychological problems during the Covid-19 Pandemic. Some blood pressure-lowering drugs are contraindicated in pregnancy.

In addition, the effect of age at pregnancy, namely the age of 35 years and over, is the age at risk for pregnancy (13). Pregnancy will affect high morbidity (disease or complications) and mortality (fetal death). The risk of complications in pregnant women will increase dramatically due to health factors, obesity, and maternal bleeding (14).

Before the SEA care model was carried out in the class of pregnant women, training was conducted first for facilitator midwives at the bara-barayya health center, and the subject

was given a pre-test in the form of filling out a questionnaire about self-efficacy and understanding of the class of pregnant women which was comprehensive and conducted FGD and in-depth interviews. To see how the motivation of the midwives regarding the implementation of the course for pregnant women. From the results of interviews with one midwife studied, there were difficulties in implementing comprehensive classes for pregnant women during the pandemic period due to the lack of motivation for pregnant women to visit puskesmas and not to mention their understanding of the importance of self-efficacy in pregnant women and the concept of implementing SEA Care which was not fully implemented. They understand.

All pregnant women experienced self-confidence disorders during pregnancy during the Covid-19 pandemic; several causes influence although the age of the study subjects is relatively homogeneous, namely ranging from 25-32 years which is included in the safe category in pregnancy and childbirth. All study subjects are mothers pregnant with Primipara because it is the first experience in facing pregnancy and childbirth, especially with the emergence of the Covid-19 outbreak, where Primipara needs major adjustments in adapting both physiologically and psychologically. Of course, primiparous and multiparous mothers have different needs (15). Multipara will be more realistic in anticipating their physical limitations and can more easily adapt to their roles and social interactions. Primipara may need more significant and further support, including referrals and assistance within the community. For primiparous mothers being a mother is a new and challenging role. Self-efficacy in Primipara pregnant women usually has problems, mainly when research is carried out during a pandemic (16,17).

Other contributing factors for the incidence of childbirth complications are the skills of private midwives in antenatal care (ANC) examinations and delivery assistance according to the standards of Normal Childbirth Care (APN), speed and responsiveness in handling emergency problems at delivery, where this affects the diagnosis of mothers who childbirth and in clinical decision making (18). Other factors that determine pregnant women's regularity in checking their pregnancies with health workers, early detection of high risks and complications of pregnancy and childbirth, and family support in obtaining pregnancy, birth, and emergency referral services (15).

One of the efforts that can be made to prevent complications of pregnancy and childbirth is the application of the class model of pregnant women with the Self-efficacy Antenatal Care model approach, where antenatal care activities combine elements of self-efficacy in the services of pregnant women which are carried out routinely from the 1st trimester to the first trimester. III structured pregnancy (19) provides education and understanding to mothers related to physiological adaptations. It emphasizes the psychological transformation of pregnancy by conducting self-efficacy assessments of each pregnancy outcome to see and evaluate the ability of pregnant women to undergo pregnancy and prepare for delivery (20, 21). Psychological counseling is carried out in a structured manner with three meetings during pregnancy, but from the results of this study the Puskesmas has not implemented a class of pregnant women based on increasing self-efficacy in the course of pregnant women.

In this study, 16 informants met the inclusion criteria. Research conducted by Duko shows that pregnant women who have high self-efficacy will open themselves up and make good decisions for themselves during pregnancy and childbirth. Women who have good self-efficacy will be strongly motivated to carry out-class activities actively—antenatal care. Maternal assessment can be carried out well in pregnant women who are active in the antenatal class to avoid the incidence of complications of pregnancy and childbirth such as anemia and preeclampsia of pregnancy.

Conclusions and suggestions

Based on the studies that have been done, many factors cause complications of pregnancy and childbirth, including direct causes related to problems and the health history of pregnant women such as comorbidities and causes of complications from preeclampsia, bleeding, and infection in pregnant women, in addition to reasons indirect, such as a lack of knowledge about the importance of visits to health services in pregnancy monitoring and preparation for delivery and other indirect causes. The class development model for pregnant women with the Self-Efficacy antenatal Care (SEA Care) model is an effort to prevent complications of pregnancy and childbirth through self-efficacy assessment of each gestational age achievement and the provision of structured psychological counseling interventions. The class of pregnant women with the Self-Efficacy Antenatal Care (SEA Care) approach has been proven effective in preventing complications of pregnancy and childbirth.

There needs to be a deeper study of other factors related to complications of pregnancy and childbirth. It is necessary to add the role of psychologists in psychological adaptation counseling during pregnancy and preparation for delivery. It is essential to add research subjects for further research and conduct research with quantitative studies and qualitative studies.

References

1. Heidi Preis, PhD, Brittain Mahaffey, PhD, Cassandra Heiselman, MPH DO, Marci Lobel P. Journal Pre-proof Pandemic-related pregnancy stress and anxiety among women pregnant during the COVID-19 pandemic Heidi. 2020;
2. Jones KP, Clair JA, King EB, Humbert BK, Arena DF. How help during pregnancy can undermine self-efficacy and increase postpartum intentions to quit. *Pers Psychol.* 2020;73(3):431–58.
3. Yue C, Liu C, Wang J, Zhang M, Wu H, Li C, et al. Association between social support and anxiety among pregnant women in the third trimester during the coronavirus disease 2019 (COVID-19) epidemic in Qingdao, China: The mediating effect of risk perception. *Int J Soc Psychiatry.* 2020;(308).
4. Sataloff RT, Johns MM, Kost KM. No 主観的健康感を中心とした在宅高齢者における健康関連指標に関する共分散構造分析Title.
5. Yirgu R, Spigt M, Dinant G-J, Shiferaw S, Workneh A. Designing mHealth for maternity services in primary health facilities in a low-income setting – lessons from a partially successful implementation. *BMC Med Inform Decis Mak.* 2018;18(1):1–15.
6. El-Kurdy R, Hassan SI, Hassan , Nahed Fikry, El-Nemer A. Antenatal Education on Childbirth Self-Efficacy for Egyptian Primiparous Women: A Randomized Control Trial. *IOSR J Nurs Heal Sci.* 2017;06(04):15–23.
7. Pan WL, Gau ML, Lee TY, Jou HJ, Liu CY, Wen TK. Mindfulness-based programme on the psychological health of pregnant women. *Women and Birth [Internet].* 2019;32(1):e102–9. Available from: <https://doi.org/10.1016/j.wombi.2018.04.018>
8. Rocca-Ihenacho L, Alonso C. Where do women birth during a pandemic? Changing perspectives on Safe Motherhood during the COVID-19 pandemic. *J Glob Heal Sci.* 2020;2(1):4–5.
9. Ibrahim T, Dalimunthe RF, Yustina I, Juanita. The model of midwife performance of antenatal care in banda aceh. *Syst Rev Pharm.* 2020;11(5):21–8.
10. Aoyama K, D'Souza R, Pinto R, Ray JG, Hill A, Scales DC, et al. Risk prediction

- models for maternal mortality: A systematic review and meta-analysis. PLoS One [Internet]. 2018;13(12):1–21. Available from: <http://dx.doi.org/10.1371/journal.pone.0208563>
11. Yeoh PL, Hornetz K, Dahlui M. Antenatal care utilisation and content between low-risk and high-risk pregnant women. PLoS One [Internet]. 2016;11(3):1–18. Available from: <http://dx.doi.org/10.1371/journal.pone.0152167>
 12. Kolluru V, Reddy A. Study of high risk scoring in pregnancy and perinatal outcome. Indian J Obstet Gynecol Res [Internet]. 2016;3(4):407–9. Available from: <http://oaji.net/articles/2017/1775-1484291372.pdf>
 13. Buckingham-Schutt LM. The Behavioral Wellness in Pregnancy Study: A Theory-Based Multi-Component Intervention to Promote Appropriate Weight Gain and Healthy Lifestyle Behaviors in Previously Sedentary Pregnant Women. ProQuest Diss Theses [Internet]. 2017;264. Available from: <https://ezproxy.library.ubc.ca/login?url=https://www.proquest.com/docview/2013203328?accountid=14656%0Ahttp://gw2jh3xr2c.search.serialssolutions.com/directLink?&atitle=The+Behavioral+Wellness+in+Pregnancy+Study%3A+A+Theory-Based+Multi-Component+Interventi>
 14. Wardani DA, Rachmawati IN, Gayatri D. Maternal Self-Efficacy of Pregnant Indonesian Teens: Development and Validation of an Indonesian Version of the Young Adult Maternal Confidence Scale and Measurement of Its Validity and Reliability. Compr Child Adolesc Nurs [Internet]. 2017;40(1):145–51. Available from: <https://doi.org/10.1080/24694193.2017.1386983>
 15. Azura IN, Azlina I, Rosnani Z, Norhayati MN. Effectiveness of an antenatal-exercise counseling module on knowledge and self-efficacy of nurses in Northeast Peninsular Malaysia: A quasi-experimental study. Malaysian J Med Sci. 2020;27(3):84–92.
 16. Ahmed S, Fullerton J. Challenges of reducing maternal and neonatal mortality in Indonesia: Ways forward. Int J Gynecol Obstet. 2019;144:1–3.
 17. Patel A, Prakash AA, Pusdekar Y V., Kulkarni H, Hibberd P. Detection and risk stratification of women at high risk of preterm birth in rural communities near Nagpur, India. BMC Pregnancy Childbirth. 2017;17(1):1–8.
 18. Serçekuş P, Başkale H. Effects of antenatal education on fear of childbirth, maternal self-efficacy and parental attachment. Midwifery. 2016;34(2014):166–72.
 19. Begley CM, Gyte GML, Devane D, McGuire W, Weeks A, Biesty LM. Active versus expectant management for women in the third stage of labour. Cochrane Database Syst Rev. 2019;2019(2).
 20. Lail NH, Machmud R, Edwin A, Yusrawati. The relation of Nurul’s model with mental health during pregnancy. Syst Rev Pharm. 2020;11(8):214–6.
 21. Janighorban M, Heidari Z, Dadkhah A, Mohammadi F. Women’s Needs on Bed Rest during High-risk pregnancy and Postpartum Period: A Qualitative Study. J Midwifery Reprod Heal. 2018;6(3):1327–35.

8_SCOPUS_1.pdf

ORIGINALITY REPORT

7%

SIMILARITY INDEX

7%

INTERNET SOURCES

2%

PUBLICATIONS

0%

STUDENT PAPERS

PRIMARY SOURCES

1	gssrr.org Internet Source	2%
2	www.msjonline.org Internet Source	2%
3	jurnal.unismuhpalu.ac.id Internet Source	1%
4	www.gssrr.org Internet Source	1%
5	repository.unhas.ac.id Internet Source	1%
6	pubcovid19.pt Internet Source	<1%
7	repository.unpas.ac.id Internet Source	<1%
8	www.preventionweb.net Internet Source	<1%
9	bmcpregnancychildbirth.biomedcentral.com Internet Source	<1%

- 10 www.acarindex.com Internet Source <1 %
-
- 11 www.infona.pl Internet Source <1 %
-
- 12 Seyhan Çankaya, Bülent Şimşek. "Effects of Antenatal Education on Fear of Birth, Depression, Anxiety, Childbirth Self-Efficacy, and Mode of Delivery in Primiparous Pregnant Women: A Prospective Randomized Controlled Study", *Clinical Nursing Research*, 2020
Publication <1 %
-
- 13 Heidi Preis, Brittain Mahaffey, Cassandra Heiselman, Marci Lobel. "Vulnerability and Resilience to Pandemic-Related Stress Among U.S. Women Pregnant at the Start of the COVID-19 Pandemic", *Social Science & Medicine*, 2020
Publication <1 %
-

Exclude quotes On

Exclude matches < 5 words

Exclude bibliography On