
POSTPARTUM MOTHERS' BEHAVIOR IN CARE OF BABIES DURING NEW HABITS ADAPTATION IN HOSPITAL

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ABSTRACT

Background: Indonesia is one of the countries affected by the Corona Virus Disease-19 (COVID-19) pandemic with a fluctuating number of confirmed events (new cases). One of the populations at risk for infection with the Covid-19 virus is postpartum mothers and newborns. More than 50% of infant deaths occur in the neonatal period, which is the first month of life. Babies who do not get adequate care can experience various infectious diseases through the umbilical cord, mouth, eyes and ears, both during breastfeeding, bathing the baby and daily care.

Methods: This study is a descriptive study to describe the behavior of mothers in caring for newborns during the adaptation period of new habits after the COVID-19 pandemic at three regional hospitals, namely Prabumulih Hospital, Sekayu Hospital and Muara Enim Hospital in 2021. The population in this study was all postpartum mothers in July 2021, a sample of 96 postpartum mothers was taken by total sampling on 4-30 July 2021. **Results:** Univariate data analysis showed that 84,86% of mothers had good knowledge and 80,33% of postpartum mothers had a good attitude in care babies every day during the pandemic, especially always washing hands or using hand sanitizer when touching babies, reducing kissing babies and limiting the number of visits during the pandemic. **Conclusion:** Good knowledge leads to appropriate attitudes and actions in newborn care; It takes the participation of parents, families, and health workers to ensure the success of baby care in the new normal era.

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INTRODUCTION

Indonesia is one of the countries affected by the Corona Virus Disease-19 (Covid-19) pandemic with a fluctuating number of confirmed events (new cases). On July 19, 2021, the number of new cases reached 34,257. The Covid-19 Handling Task Force reported that July 2021 was the month with the most Covid-19 deaths, with deaths increasing by more than a thousand every day. The total number of deaths due to the Covid-19 corona virus in Indonesia reached 35,274 people throughout July 2021. That number increased by almost 350% compared to the previous month (databoks.katadata.co.id, 2021). There are ten provinces that contributed to the highest Covid-19 death cases during the period from July 26 to August 1, 2021. Six of them are on the island of Java-Bali, while the other four are outside Java-Bali. South Sumatra is one of the provinces outside Java-Bali which has contributed to the high number of deaths due to COVID-19 after East Kalimantan (lokadata.beritagar.id, 2021). One of the populations at risk of infection with the Covid-19 virus and has a role in increasing the mortality rate is mothers and newborns.

Analysis of data collected from national surveys in 132 low- and middle-income countries such as Africa, Asia, Eastern and Southern Europe, Latin America and the Caribbean reported that as many as 1.7 million pregnant women and 2.6 million newborns will experience major complications, and not receiving needed care during the Covid-19 pandemic (Riley et al., 2020). Indonesia is included in the country with the highest estimated number of births starting from nine months since the start of the Covid-19 pandemic, which was 4 million with high maternal and infant mortality rates. In normal situations, maternal and neonatal mortality in Indonesia is still a big challenge, especially during a disaster situation such as COVID-19.

There are many restrictions on almost all routine services, including maternal and neonatal health services, which are one of the services that are affected both in terms of access and quality. If essential health services for mothers were to decline consistently in many low- and middle-income countries including Indonesia, it would be estimated that 31,980 maternal deaths, 395,440 newborn deaths and 338,760 still births would correspond to a 31% increase in mortality for each indicator (Stein, 2010). Ward and Cantelmo, 2020; Dintya Ivantarina, S. S. T., & Keb, M., 2021).

Maternal and newborn mortality rates are the main indicators of a country's health and infrastructure. Governments around the world have made efforts to improve the health of pregnant women and newborns. The Sustainable Development Goals (SDGs) have targeted the reduction of the global maternal mortality rate (MMR) to no more than 70/100,000 live births with an additional national target that no country has an MMR of more than 140/100,000 live births, and reducing the neonatal mortality rate (NMR) to no more than 12/1000 live births (WHO, 2016). Failure to prioritize maternal health during the Covid-19 pandemic will reverse the achievement of MMR and IMR over the last decade (Kingsley et al., 2021).

To avoid a spike in deaths due to the spread of the corona virus, especially in vulnerable groups such as mothers and newborns, the government through the ministry of health has also taken steps by establishing a policy of adapting new habits so that they can live healthy lives in the Covid-19 pandemic situation. Adaptation of new habits must be done so that people can carry out daily activities but avoid Covid-19 (Rohmah, N. (2021).

With the adaptation of new habits, it is hoped that the rights of the community, especially pregnant women, maternity, postpartum and newborns, to basic health can still be fulfilled. Various tools have been prepared by the government to support this policy, including the issuance of guidelines and strategies in the health sector that can be used as a reference for mothers and families as well as health workers in an effort to provide optimal health services, including care for newborns during the pandemic.

These guidelines are urgently needed considering that more than 50% of infant deaths occur in the neonatal period in the first month of life. Poor handling of newborns who are born healthy will cause abnormalities that can lead to lifelong disabilities and even death (Zahara, E. (2018), such as hypothermia in newborns, cold stress can occur which in turn causes hypoxemia or hypoglycemia and causes brain damage). (Istiqomah, S. B. T., & Mufida, N., 2014 ; Saragih, J. E. D., 2020) or infection through the umbilical cord, eyes, and ears during delivery or during bathing and cleaning the baby with unclean materials, fluids or tools. Babies are activities that are both easy and difficult to do, not only requiring patience but also knowledge about proper care that must be possessed (Nur MP, 2017; Muhafilah, L. (2020). Even though it seems trivial, if you don't pay attention it can harm the baby.

Therefore, knowledge and behavior regarding the care of newborns to mothers during a pandemic is very important in breaking the chain of the spread of COVID-19, because not only the government and health workers must intensively socialize and exemplify good practices in implementing health protocols, but it is also needed. community participation in adopting good behaviors during the adaptation of new habits after the pandemic. From this background, researchers are interested in seeing the extent of the behavior of postpartum mothers in caring for newborns during the adaptation period of new habits during the COVID-19 pandemic.

METHODS

This type of research is descriptive analytic research using observational methods. The research locations were Prabumulih Hospital, Sekayu Hospital and Muara Enim Hospital. The study population was all postpartum mothers who gave birth at the 3 hospitals. The research sample was 96 respondents obtained by accidental sampling. Data collection was carried out on July 4-30 2021 using an instrument in the form of a questionnaire containing questions about the characteristics of respondents, knowledge consisted of 17 closed questions with correct or incorrect answer choices.

Knowledge is categorized as good if the mother is able to answer >76% of all questions asked. Enough, If the mother is able to answer 50%-76%, of all questions. Less, if the mother is able to answer <50% of all questions. The attitude assessment consists of 19 statements with the answer choices being made or not. The observation sheet was also used to assess the mother's attitude. Data analysis used univariate analysis to determine the characteristics of

respondents and the frequency distribution of mother's knowledge and attitudes. This research has obtained ethical approval No. 1242/KEPK/Adm2/VII/2021 by Palembang Health Polytecnic of Palembang.

RESULTS

The frequency distribution of respondents based on table 1 shows that almost of the respondents are in the healthy reproductive age range (20-35 years), almost half of the respondents have a high school education or the equivalent, more than half of their husbands' education is high school or equivalent, most of the respondents are housewives, almost half of the respondents are housewives. Half of the respondents' husbands work as private employees, some of the respondents are from the Sumatran ethnic group, most of them are at term (38-42 weeks), some of the respondents have had more than 4 pregnancy check-ups (ANC), more than of the respondents received tetanus injections toxoid twice during pregnancy, more than of respondents gave birth vaginally, more than of respondents were multipara, more than 3/4 of the babies born had normal weight, with Apgar scores mostly normal (7-10), more than half of the babies were male gender, 3/4 of the babies were cared for together with their mothers, more than half of the respondents had received Attenuate Postpartum

Care Information During the Covid-19 Pandemic, most of the respondents had not received the covid-19 vaccination, almost all of the respondents used masks while in the hospital, 3/4 of the respondents were diligent in washing their hands/using hand sanitizer while in the hospital and almost half of the respondents complained of having sore throats.

Table 1

Frequency Distribution based on Characteristics of Respondents (n=96)

Variable	Frequency (f)	Percentage (%)
Mother's age		
1. Healthy reproductive age (20-35 years)	70	72.92
2. Reproductive age at risk (<20 or >35 years)	26	27.08
Mother's education		
1. Primary school	8	8.33
2. Junior high school	18	18.75
3. High School	47	48.96
4. College	23	23.96

Husband's Education		
1. Primary school	6	6.25
2. Junior high school	16	16.67
3. High School	56	58.33
4. College	18	18.75
Mother's Job		
1. Housewife	81	84.38
2. Private sector employee	7	7.29
3. Trader	2	2.08
4. Teacher	3	3.13
5. civil servant	2	2.08
6. Farmer	1	1.04
Husband's Job		
1. Laborer	23	23.96
2. Private sector employee	44	45.83
3. Trader	9	9.38
4. Farmer	8	8.33
5. Self-employed	6	6.25
6. government employees	2	2.08
7. Driver	4	4.17
Tribes		
1. Sumatra	46	47.92
2. Java	19	19.79
3. Malay	13	13.54
4. Palembang	5	5.21
5. Semendo	4	4.17
6. Batak	3	3.13
7. Sekayu	3	3.13
8. Others	3	3.13
Gestation Age / Pregnancy		
1. Post mature (> 42 weeks)	6	6.25
2. Full month (38-42 weeks)	83	86.46
3. Premature (<= 37 weeks)	7	7.29
Pregnancy ANC checkup		
1. >4 times	50	52.08
2. 4 times	17	17.71
3. < 4 times	29	30.21
Tetanus toxoid immunization		
1. 1 time	43	44.79
2. 2 times	53	55.21
Type of delivery		
1. Normal	64	66.67
2. SC or others	32	33.33
Pariety		
1. Primipara	36	37.50
2. Multipara	60	62.50

Birth weight		
1. Normal	86	89.58
2. LBW	10	10.42
APGAR score		
1. 7-10	85	88.54
2. 4-6	6	6.25
3. 0-3	5	5.21
Baby gender		
1. Female	41	42.71
2. Male	55	57.29
Treat join		
1. Yes	72	75.00
2. No	24	25.00
Postpartum Care Information During the Pandemic-19		
1. Yes	52	54.17
2. No	44	45.83
Covid-19 Vaccination		
1. Yes	14	14.58
2. No	82	85.42
Wearing a mask while in the hospital		
1. Yes	90	93.75
2. No	6	6.25
Wash hands/use hand sanitizer while in hospital		
1. Yes	74	77.08
2. No	22	22.92
Current symptoms		
1. Cough and cold	24	25.00
2. Fever	31	32.29
3. Sore throat	39	40.63
4. No Symptoms	2	2.08

Table 2
Distribution of Respondents Based on Knowledge of Newborn Care during the Pandemic

Knowledge question	distribution			
	Correct		False	
	f	%	f	%
1. Caring for newborns during the pandemic while observing the 3 M's (washing hands, wearing masks, keeping distance)	93	96.88	3	3.13
2. Bathing the baby, aims to clean the whole baby's body and give the baby a sense of comfort	95	98.96	1	1.04
3. Before touching the baby, you should wash your hands first	93	96.88	3	3.13
4. Care of the umbilical cord in infants, aims to keep the umbilical cord dry, prevent infection	94	97.92	2	2.08
5. Umbilical cord care is enough to do once a day	18	18.75	78	81.25
6. washing hands first before performing umbilical cord care can prevent infection	95	98.96	1	1.04
7. Wearing clothes on the baby, so that the baby does not lose heat	88	91.67	8	8.33

8. Immediately change the baby's clothes and diapers when wet, aims to prevent the baby from getting cold, reducing infection, removing feces, or urine (urinary).	95	98.96	1	1.04
9. One way to make babies stop crying is to hold them	91	94.79	5	5.21
10. When holding a baby, you don't need to wash your hands first	72	75.00	24	25.00
11. When holding a baby, you don't need to wear a mask	76	79.17	20	20.83
12. Touching the face and kissing the baby should be reduced during the pandemic	91	94.79	5	5.21
13. Limiting guest visits is the right way to protect babies from transmitting the virus	88	91.67	8	8.33
14. The best, healthy and perfect baby food is formula milk	69	71.88	27	28.13
15. The duration of breastfeeding is 15-20 minutes each time	88	91.67	8	8.33
16. When giving breast milk, you don't need to wash your hands and clean the nipples	67	69.79	29	30.21
17. Immunization in infants is an attempt to weaken the baby's body's defense system against disease	79	82.29	17	17.71
18. If the baby is born in a hospital or maternity clinic, immunization is given at the age of 0 months	89	92.71	7	7.29
19. Immunization can be delayed during the pandemic	67	69.79	29	30.21
Total	1548	1612.5	276	287.5
Percentage	84.87	88.40	15.13	15.76

Based on table 2, it can be seen that 84.86% of respondents have good knowledge in newborn care during the pandemic, the average respondent who answered correctly for each question item was 82 people (84.86%). However, there are still some items that have a sufficient average value (50%-76%) where there are still 14 respondents (15.13%) who answered that they do not need to wash their hands and clean the nipples when giving breast milk and it is permissible to delay immunization for babies. newborns during the pandemic, while only 18 respondents did not agree that umbilical cord care was only done once a day (18.75%).

Table 3

Distribution of respondents based on attitudes/behaviors about postpartum care during the pandemic

Attitudes /behaviors	distribution			
	do (positive)		Not do (negative)	
	f	%	f	%
1. can bathe and prepare toiletries for babies while in hospital	61	63.54	35	36.46
2. wash your hands before touching the baby	83	86.46	13	13.54
3. can perform umbilical cord care and cover it with sterile gauze while in the hospital	69	71.88	27	28.13
4. wash your hands before cleaning the umbilical cord	78	81.25	18	18.75
5. can put on baby clothes and change them immediately if they get wet	90	93.75	6	6.25
6. use clean and ironed clothes for baby clothes	86	89.58	10	10.42
7. Baby's diaper is always changed every time it gets wet	95	98.96	1	1.04
8. wash hands after changing baby's wet diaper	86	89.58	10	10.42
9. mother can lift and hold the baby and put it on the lap	89	92.71	7	7.29
10. wash your hands before holding the baby	82	85.42	14	14.58
11. wear a mask when holding a baby	76	79.17	20	20.83
12. rarely kissing babies during the pandemic	67	69.79	29	30.21

13. often touch the baby's face (nose, cheeks, chin, mouth) with your fingers	31	32.29	65	67.71
14. wash hands before touching breast	73	76.04	23	23.96
15. clean the breast first (especially the nipple) before giving it to the baby	89	92.71	7	7.29
16. give breast milk immediately after the baby is born	82	85.42	14	14.58
17. delaying immunization during the pandemic	74	77.08	22	22.92
Total	1311	1365.63	321	334.38
Prosentage	77,11	80,33	18,88	19,67

The results of the study based on the behavior of respondents in caring for newborns during the COVID-19 pandemic were divided into 2 categories, namely positive behavior (done) if the total score the mean value and negative behavior (not done) if the total score < mean value (Azwar, 2011). Based on table 3, it can be seen that of the 17 items on the observation sheet, 80.33% of mothers have the ability to care for newborns during the pandemic, however, there are still observation items that have a poor rating, including 36.46% of respondents who have not been able to bathe and prepare toiletries. for newborns, 77.08% of respondents agreed to postpone giving immunizations during the pandemic, and there were still 32.29% of respondents who often touched the baby's face with their fingers before disinfection or washing hands.

DISCUSSION

The findings of this study are the knowledge of mothers in caring for newborns in the new normal period is 84.86% good, this shows that mothers have the right information about how to care for newborns in the new normal. However, there are still mothers who have sufficient knowledge, namely as many as 14 people (15.13%).

Knowledge, as defined by Notoatmojo (2003), is the result of knowing, which occurs when individuals obtain sensory information about an object through the process of their senses, namely sight, sound, smell, taste, and touch (Notoatmodjo, S., 2003). Age, education, occupation, and information all play a role in shaping the depth of a mother's understanding.

According to the data, 72.92% of respondents are in the reproductive age range (20-35 years). His age is determined by adding the number of days between the time he enters the world and his next birthday. In terms of mental maturity and work, the longer a person lives, the more mentally mature he becomes. People with a higher level of maturity will be more trusted than people with a lower level of maturity. This was because his spirit had grown and matured through his life experiences.

Therefore, it is assumed that only mothers of a certain age can provide adequate care for their babies. Consistent with this approach are data from Meiferina DA, (2017), which found that two out of three postpartum women with infants under 18

years of age do not know how to provide adequate care for their children. Caring for the umbilical cord, breastfeeding, cleaning ears and genitals, changing diapers, and trimming baby's nails are part of newborn care that requires attention and skills, especially during the adaptation of new habits, both mothers and other family members must implement health protocols such as wash hands and wear a mask when touching and caring for babies. Inadequate care for newborns can lead to serious illness or even death.

Maternal unpreparedness and lack of knowledge and awareness in BBL care can be the cause of increasing morbidity and mortality, therefore being a mother at a very young age has a high risk of development and role conflict related to her position as a parent, lack of knowledge and preparation their care for babies is exacerbated by the fact that they get married at a very young age (less than 18 years) (Padila P, at.al., 2021).

Knowledge is also influenced by the level of education, the mother's ability to understand and internalize information can be hampered because of this factor, Education affects the learning process, the higher a person's education, the easier it is to receive information (Amin, M., & Kumalasari, I., 2021). The level of education is related to the ability to receive health information, both from the mass media and health workers. The results showed that 70 out of 96 respondents (72.92%) had completed high school/equivalent and university education. According to the Indonesian Ministry of Health, a person is said to be highly educated if the last education is high

school and college. This means that the mother's ability to assimilate and take a more open and accepting attitude towards new norms that emerge will be easier to accept and apply because of the mother's high educational background (Amin, M., & Kumalasari, I., 2021; Amin, M., et al., 2022). Furthermore, a person's level of education will affect how he perceives things from the outside. Responses from those with higher education will be more reasonable than those with less education or not at all (Arianti WD, 2016).

To help mothers adjust to the new norms of caring for their children without worrying about contracting Covid-19, Hussein et al. (2018) and Amin, M., & Kumalasari, I., (2021) find that there is a need for continuous learning needs for mothers, especially primiparas which must be based on the learning needs of women themselves. The author assumes that having an adequate educational background will make it easier for mothers to understand and adopt available information about how to care for newborns during the adaptation period to new habits. This is also inseparable from the mother's strong desire to learn, which encourages them to seek informal learning opportunities not only from health workers, but also through mass media, internet, television, newspapers, and other social media.

Mother's knowledge is also shaped by mother's work. The findings of this study indicate that not all mothers have jobs (housewives). A job is a set of responsibilities and tasks that must be performed by a person to fulfill his job responsibilities. An individual's skill level generally correlates with their job position. The representation of status in society is often seen from a person's work (Notoatmodjo, S., 2003). Although most of the respondents are housewives, the researchers found that they have a strong understanding of how to care for newborns during the transition to the new normal. This is because stay-at-home mothers have more time to devote to their children and are less likely to feel rushed, which will affect how mothers feel about raising their children. In addition, they have many opportunities to learn and gain experience and practical knowledge from those closest to them (Pebrianty, L., & Aswan, Y., 2020) Therefore, working mothers often feel tired and less competent in caring for their babies.

The results also showed that the majority of mothers (80.33%) had a positive attitude in caring for their babies in the new normal period. A positive view that is supported by accurate information tends to last a long time (Malikhah L,

2012; Jaya, H., & Kumalasari, I., 2021). In line with the results of this study, Amin, M., & Kumalasari, I. (2021) concluded that lack of understanding of how to properly care for newborns resulted in inappropriate care, while exposure to information about infant care encouraged the development of positive attitudes and behaviors.

Researchers believe that the reason mothers have a positive view of parenting in the New Normal is because they are able to internalize the information that has been obtained which then creates awareness of the importance of maintaining personal hygiene, such as always washing hands before and after contact with babies, not often kissing babies, always wear a mask, always clean the surfaces where the mother comes into contact with the baby and limit post-delivery visits, don't frequent health facilities (except in an emergency), have the contact number for the closest doctor or health worker for counseling and keep getting vaccines and immunizations are the best efforts for mothers to protect themselves and their babies from exposure to covid-19 and also evidence of the mother's success in adopting new habits during the pandemic.

In this era of adaptation to new habits, it is hoped that mothers and babies will continue to receive essential services, risk factors can be identified early and have access to emergency assistance, and health workers will receive protection from Covid-19 transmission. In addition, the readiness of First Level Health Service Facilities (FKTP) and Advanced Referral Health Service Facilities (FKRTL) in providing health services for mothers and newborns with or without the status of being infected with COVID-19 is a must, as well as ensuring the availability of hand washing facilities. and clean water in health service facilities that provide maternal and newborn health services, as well as implementing triage and treatment flow for pregnant women, maternity, postpartum, and newborns so that health services for mothers and babies are optimal.

CONCLUSION

Caring for babies, especially after the Covid-19 pandemic, does not only require a mother's instincts or based on experience, but also requires mastery of knowledge and increased abilities and skills in order to be able to care for her baby without having to worry about contracting Covid-19. Along with the increase and increase in

mother's knowledge, the better the mother's attitudes and actions when caring for her baby.

Cooperation and commitment from a number of parties are needed, both the government as a regulator, health workers as the front line providing health services and the community who actively participates in carrying out health protocols so that maternal and newborn care can be applied optimally during the adaptation period of new habits after the pandemic.

CONFLICT OF INTEREST

The authors declare that they have no conflict of interests.

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