

EFEKTIVITAS PENDIDIKAN KESEHATAN MELALUI MEDIA VIDEO TERHADAP PENGETAHUAN DAN MOTIVASI IBU HAMIL DALAM MENCEGAH PREEKLAMPSIA

Effectiveness of Video-Based Health Education on Pregnant Women's Knowledge and Motivation for Preeclampsia Prevention

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ABSTRAK

Pre eklamsia adalah penyakit pada wanita hamil yang secara langsung disebabkan oleh kehamilan. Pre eklamsia berakibat fatal bagi ibu dan janin jika tidak segera ditangani. Masalahnya masih banyak ibu hamil yang tidak termotivasi melakukan pencegahan pre eklamsia karena kurangnya pengetahuan dan informasi yang didapat. Pendidikan kesehatan menggunakan video merupakan salah satu upaya untuk meningkatkan pengetahuan dan motivasi ibu. Tujuan penelitian untuk mengetahui pengaruh pendidikan Kesehatan menggunakan video terhadap pengetahuan dan motivasi ibu hamil dalam melakukan pencegahan pre eklamsia di UPTD Puskesmas X Kabupaten Rokan Hulu. Jenis penelitian analitik dengan *Quasy Ekspriment Designs*, *one group pretest* dan *posttest*. Populasi 78 orang ibu hamil, sampel sebanyak 44 responden yang diambil menggunakan *purposive sampling*. Instrumen penelitian berupa kuesioner. Data dianalisis secara univariat dan bivariat menggunakan uji *t-dependent*. Hasil penelitian sebelum diberikan pendidikan kesehatan menggunakan video mayoritas pengetahuan kurang sebanyak 24 responden (54,5%), sesudah diberikan pendidikan kesehatan mayoritas pengetahuan responden menjadi cukup 18 responden (40,9%). Sebelum diberikan pendidikan menggunakan video kesehatan mayoritas motivasi responden rendah sebanyak 24 responden (54,5%), sesudah diberikan pendidikan kesehatan motivasi responden menjadi tinggi sebanyak 25 responden (56,8%). Hasil uji *t-dependent*, ada pengaruh pendidikan kesehatan menggunakan video terhadap pengetahuan ($p = 0,000$) dan motivasi ($p = 0,000$) ibu hamil dalam melakukan pencegahan pre eklamsia di UPTD Puskesmas X. Disarankan kepada perawat untuk memberikan pendidikan kesehatan menggunakan video seperti video animasi dengan gambar yang menarik dan bahasa yang mudah dimengerti untuk meningkatkan pengetahuan dan motivasi ibu hamil tentang pencegahan preeklampsia.

Kata Kunci: Pendidikan kesehatan, Video, Pengetahuan, Motivasi, Pre Eklamsia

ABSTRACT

Pre-eclampsia is a disease in pregnant women that is directly caused by pregnancy. Pre-eclampsia is fatal for the mother and fetus if not treated immediately. The problem is that there are still many pregnant women who are not motivated to prevent pre-eclampsia due to lack of knowledge and information. Health education using video is an effort to increase mothers' knowledge and motivation. The aim of the study was to determine the effect of health education using video on the knowledge and motivation of pregnant women in preventing pre-eclampsia at the X Public Health Center, Rokan Hulu Regency. This type of research is analytic with Quasy Experiment Designs, one group pretest and posttest. The population of 78 pregnant women, a sample of 44 respondents were taken using purposive sampling. The research instrument is a questionnaire. Data were analyzed univariately and bivariately using the t-dependent test. The results of the study before being given health education using videos, the majority of respondents had insufficient knowledge of 24 respondents (54.5%), after being given health education the majority of respondents had sufficient knowledge of 18 respondents (40.9%). Before being given education using health videos, the majority of respondents' motivation was low by 24 respondents (54.5%), after being given health education, the motivation of respondents was high by 25 respondents (56.8%). The results of the t-dependent test showed that there was an effect of health education using video on the knowledge ($p = 0.000$) and motivation ($p = 0.000$) of pregnant women in preventing pre-eclampsia at the X Public Health Center. It is recommended for nurses to provide health education using videos such as animated videos with interesting pictures and easy-to-understand language to increase the knowledge and motivation of pregnant women about preeclampsia prevention.

Kata Kunci: Health education, Video, Knowledge, Motivation, Pre-eclampsia

INTRODUCTION

The success of maternal health programs is commonly measured by the Maternal Mortality Ratio (MMR). According to the World Health Organization (WHO), approximately 800 women died every day, or more than 287,000 women annually worldwide, due to complications related to pregnancy, childbirth, and the postpartum period in 2020 (WHO, 2023). Indonesia's, the maternal mortality rate remains relatively high. Data from the Ministry of Health indicate that maternal deaths increased from 4,627 cases in 2020 to 7,389 cases in 2021. The leading causes of maternal mortality were COVID-19 (2,982 cases), hemorrhage (1,330 cases), and hypertensive disorders during pregnancy (1,077 cases) (Kemenkes RI, 2023).

In Riau Province, maternal mortality has also increased, rising from 125 cases in 2019 to 129 cases in 2020 and 180 cases in 2021. The highest numbers of maternal deaths were reported in Pekanbaru City, Dumai City, and Siak Regency (22 cases each), followed by Rokan Hilir and Indragiri Hilir Regencies (18 cases each), and Rokan Hulu Regency (15 cases). Based on the pregnancy period, most maternal deaths occurred during the postpartum period (52%), followed by pregnancy (31%) and childbirth (17%) (Dinkes Riau, 2023). Obstetric emergencies, particularly preeclampsia, hemorrhage, and infection, remain the major contributors to maternal mortality. Since preeclampsia is one of the leading causes of maternal death, antenatal care should be performed carefully to identify risk factors and ensure appropriate birth planning (Kemenkes RI, 2023).

Preeclampsia is a pregnancy-specific disorder that develops after 20 weeks of gestation and is characterized by hypertension accompanied by proteinuria. Edema is no longer considered a diagnostic criterion because it commonly occurs in normal pregnancies. Risk factors for preeclampsia include primigravidity, multiple pregnancy, polyhydramnios, hydatidiform mole, and pre-existing conditions such as chronic hypertension, diabetes mellitus, and kidney disease (Retnaningtyas, 2021). Preeclampsia has serious consequences for both mothers and fetuses. Fetal complications include hypoxia, intrauterine growth restriction (IUGR), prematurity, dysmaturity, low birth weight, and intrauterine fetal death (IUFD). Maternal complications include placental abruption, HELLP syndrome, pulmonary edema, cerebral hemorrhage, renal impairment, liver dysfunction, blindness, and even maternal death (Pratiwi, 2019).

Prevention of preeclampsia involves early identification of risk factors, health education, maintaining an optimal reproductive age (20–35 years), weight management, and adherence to at least four antenatal care visits. However, many pregnant women still have limited knowledge and therefore underutilize maternal healthcare services, particularly in rural areas (Rakhmawati & Astuti, 2023). Knowledge is a key determinant of health behavior. Adequate knowledge regarding the symptoms and prevention of preeclampsia plays a significant role in reducing the risk of complications, considering that nearly half of maternal and fetal deaths are associated with preeclampsia (Karlina, 2020). In addition to knowledge, motivation also influences pregnant women's preventive behaviors. Motivation may arise intrinsically or be strengthened through support from family members, healthcare providers, and the surrounding community (Ananda & Hayati, 2020). Low motivation often results in poor attendance at antenatal care visits and inadequate efforts to prevent preeclampsia because pregnant women may not fully understand the importance of routine antenatal care (Kurnianingsih, 2017).

One strategy to improve pregnant women's knowledge and motivation is through health education. Health education aims to provide information that encourages positive changes in health-related behavior (Indrawati et al., 2019). As health educators, nurses play an essential role in delivering information about preeclampsia, enabling pregnant women to implement appropriate preventive measures and ultimately reduce maternal mortality (Setyowati, 2020). Health education can be delivered through printed materials, electronic media, or outdoor media (Pakpahan, 2021). Previous studies have demonstrated that audiovisual media are more effective in enhancing understanding because they combine images, narration, and animation, making educational content more engaging and easier to comprehend (Sudarmi, 2021). Smartphone-based educational videos are also considered more effective and cost-efficient than conventional health education because they are easily accessible at any time

(Kholisotin, 2019). Furthermore, audiovisual media offer several advantages, including attractive presentation, ease of understanding, repeatability, and wider community reach (Christina, 2021).

Handayani dan Milie (2020) reported that health education delivered through videos via WhatsApp groups significantly improved pregnant women's knowledge and attitudes toward early detection of preeclampsia. Similarly Idaman et al (2023), found that video-based health education effectively increased pregnant women's knowledge of preeclampsia at Air Dingin Primary Health Center, Padang City. Data from UPTD Puskesmas X showed that the number of preeclampsia cases was seven in 2022, increased to ten in 2023, and remained relatively high with eight cases in 2024. Therefore, this study aimed to determine the effect of video-based health education on pregnant women's knowledge and motivation regarding preeclampsia prevention at UPTD Puskesmas X, Rokan Hulu Regency.

METHOD

This study employed a quantitative analytical approach using a quasi-experimental design with a one-group pretest–posttest design to evaluate the effect of video-based health education on pregnant women's knowledge and motivation regarding preeclampsia prevention. The one-group pretest–posttest design was selected based on ethical and operational considerations, as all pregnant women receiving antenatal care (ANC) services at UPTD Puskesmas X were required to receive health education as part of routine promotive and preventive maternal health services. The study was conducted at UPTD Puskesmas X, Rokan Hulu Regency, Indonesia, from 3 to 15 July 2025. The study population comprised all pregnant women attending antenatal care (ANC) visits at the Maternal and Child Health (MCH) Clinic, totaling 78 participants. A sample of 44 respondents was determined using the Slovin formula and selected through purposive sampling according to the predefined inclusion and exclusion criteria. The research instruments consisted of a 10-item multiple-choice questionnaire assessing knowledge, a 13-item motivation questionnaire using a five-point Likert scale, and a video-based health education intervention. All instruments underwent validity and reliability testing prior to data collection. The knowledge questionnaire demonstrated satisfactory validity, with all 10 items meeting the validity criteria at a significance level of 0.05 ($r\text{-table} = 0.444$), as each corrected item–total correlation exceeded the critical value. The questionnaire also showed excellent internal consistency, with a Cronbach's alpha coefficient of 0.955. For the motivation questionnaire, 13 of the initial 15 items met the validity criteria (items 1, 3, 4, 5, 6, 8, 11, 12, 14, and 15) at a significance level of 0.05 ($r\text{-table} = 0.444$), with corrected item–total correlation values exceeding the critical value. The instrument demonstrated high reliability, with a Cronbach's alpha coefficient of 0.916. Data collection was conducted by obtaining written informed consent from all participants, administering the pretest questionnaires, providing approximately 25 minutes of video-based health education, and subsequently administering the posttest questionnaires. The normality test indicated that all study variables were normally distributed, including pretest knowledge ($p = 0.051$), posttest knowledge ($p = 0.068$), pretest motivation ($p = 0.053$), and posttest motivation ($p = 0.110$). Data processing included editing, coding, data entry, cleaning, and processing. Descriptive statistics were used for univariate analysis, while inferential analysis was performed using the paired-samples t-test to compare pretest and posttest scores, with a significance level set at $\alpha = 0.05$. This study adhered to the ethical principles of human research, including written informed consent, anonymity, and confidentiality, to ensure the protection of participants' rights and the confidentiality of their personal information.

RESULTS

This section presents the research findings in the form of narrative text, tables, and/or figures, along with the results of statistical analyses. The findings should be reported clearly and objectively without interpretation or discussion. Table titles should be placed above the tables, whereas figure captions should be placed below the figures.

Characteristics of the Respondents

Table 1. Frequency Distribution of Respondents' Characteristics at UPTD Puskesmas X, Rokan Hulu Regency, Indonesia

No	Characteristics	f	%
1	Age		
	20-35 years	31	70,5
	> 35 years	13	29,5
	Total	44	100
2	Educational Level		
	Elementary School	6	13,6
	Junior High School	12	27,3
	Senior High School	21	47,7
	College/University	5	11,4
	Total	44	100
3	Parity		
	Primipara	8	18,2
	Multipara	25	56,8
	Grand Multipara	11	25,0
	Total	44	100

Source: Research Data, 2025

Table 1 shows that most respondents were in the non-risk reproductive age group (20–35 years), comprising 31 respondents (70.5%). The majority had completed senior high school education, accounting for 21 respondents (47.7%), and most respondents were multiparous (having two to three children), with 25 respondents (56.8%).

Table 2. Frequency Distribution of Pregnant Women's Knowledge Regarding Preeclampsia Prevention Before and After Video-Based Health Education at UPTD Puskesmas X, Rokan Hulu Regency, Indonesia

No.	Variabel	f	%
1	Pretest Knowledge		
	Poor	24	54,5
	Fair	12	27,3
	Good	8	18,2
	Total	44	100
2	Posttest Knowledge		
	Poor	9	20,5
	Fair	18	40,9
	Good	17	38,6
	Total	44	100

Source: Research Data, 2025

Table 2 shows that before the implementation of video-based health education on preeclampsia, the majority of respondents had poor knowledge, accounting for 24 respondents (54.5%). After the intervention, most respondents demonstrated fair knowledge (18 respondents, 40.9%), followed closely by those with good knowledge (17 respondents, 38.6%), indicating an improvement in knowledge regarding preeclampsia prevention.

Table 3. Frequency Distribution of Pregnant Women's Motivation Regarding Preeclampsia Prevention Before and After Video-Based Health Education at UPTD Puskesmas X, Rokan Hulu Regency, Indonesia

No.	Variabel	f	%
1	Pretest Motivation		
	Low	24	54,5
	High	20	45,5
	Total	44	100
2	Posttest Motivation		
	Low	19	43,2
	High	25	56,8
	Total	44	100

Source: Research Data, 2025

Table 3 shows that before the implementation of video-based health education on preeclampsia, the majority of respondents had low motivation, accounting for 24 respondents (54.5%). After the intervention, most respondents demonstrated high motivation, with 25 respondents (56.8%), indicating an improvement in pregnant women's motivation to engage in preeclampsia prevention.

Bivariate Analysis

Table 4. Effect of Video-Based Health Education on Pregnant Women's Knowledge Regarding Preeclampsia Prevention at UPTD Puskesmas X, Rokan Hulu Regency, Indonesia

Knowledge	N	Mean	Standard Deviation (SD)	Standard Error (SE)	Mean Difference	P (value)
<i>Pretest</i>	44	5,34	2,068	0,312	1,659	0,000
<i>Posttest</i>	44	7,00	1,657	0,250		

Source: Research Data, 2025

Table 4 shows that the mean knowledge score of the respondents before receiving video-based health education was 5.34 (SD = 2.068). Following the intervention, the mean knowledge score increased to 7.00 (SD = 1.657). This finding indicates an improvement in respondents' posttest knowledge scores after the implementation of video-based health education, with a mean difference of 1.659. The results of the paired-samples t-test revealed a statistically significant difference ($p < 0.001$), indicating that video-based health education had a significant effect on pregnant women's knowledge regarding preeclampsia prevention at UPTD Puskesmas X, Rokan Hulu Regency, Indonesia.

Table 5. Effect of Video-Based Health Education on Pregnant Women's Motivation Regarding Preeclampsia Prevention at UPTD Puskesmas X, Rokan Hulu Regency, Indonesia

Motivation	N	Mean	Standard Deviation (SD)	Standard Error (SE)	Mean Difference	P (value)
<i>Pretest</i>	44	31,84	3,858	0,582	9,023	0,000
<i>Posttest</i>	44	40,86	3,897	0,588		

Source: Research Data, 2025

Table 5 shows that the mean motivation score of the respondents before receiving video-based health education on preeclampsia was 31.84 (SD = 3.858). After the intervention, the mean motivation score increased to 40.86 (SD = 3.897). This finding indicates an improvement in respondents' posttest motivation scores following the implementation of video-based health education, with a mean difference of 9.023. The results of the paired-samples t-test demonstrated a statistically significant difference ($p <$

0.001), indicating that video-based health education had a significant effect on pregnant women's motivation regarding preeclampsia prevention at UPTD Puskesmas X, Rokan Hulu Regency, Indonesia.

DISCUSSION

Effect of Video-Based Health Education on Pregnant Women's Knowledge Regarding Preeclampsia Prevention at UPTD Puskesmas X, Rokan Hulu Regency, Indonesia

Nearly half of maternal and fetal deaths are associated with preeclampsia and eclampsia, highlighting the importance of providing pregnant women with adequate knowledge regarding the early signs, symptoms, and prevention of preeclampsia. Such knowledge enables pregnant women to recognize pregnancy-related complications, reduce anxiety, and seek timely medical care when warning signs occur (Retnaningtyas, 2021). However, many pregnant women, particularly those living in rural areas, still have limited knowledge regarding preeclampsia prevention, resulting in inadequate utilization of antenatal healthcare services (Rakhmawati dan Astuti, 2023).

One effective strategy for improving pregnant women's knowledge is the provision of video-based health education (Indrawati et al, 2019). Educational videos provide clear visualization of health information and stimulate both visual and auditory senses, thereby enhancing information retention, comprehension, recall, and the integration of health-related concepts (Kholisotin, 2019). The findings of the present study are consistent with those reported by Handayani dan Milie (2020) who demonstrated that video-based health education delivered through WhatsApp groups significantly improved pregnant women's knowledge and attitudes regarding early detection of preeclampsia during the COVID-19 pandemic. Before the intervention, 44% of participants had poor knowledge, whereas after the intervention, 68% demonstrated adequate knowledge, with a statistically significant improvement ($p < 0.001$).

Similarly, Idaman et al (2023), reported that video-based health education effectively increased pregnant women's knowledge regarding preeclampsia at Air Dingin Primary Health Center, Padang. The mean knowledge score increased from 43.71 before the intervention to 85.05 afterward, while the proportion of participants with poor knowledge decreased substantially ($p < 0.001$). Comparable findings were reported by Jenisa (2021) who observed that the mean knowledge score increased from 53.74 before the educational video intervention to 83.72 after the intervention. The study concluded that educational videos significantly improved pregnant women's knowledge regarding preeclampsia ($p = 0.001$).

The present findings suggest that video-based health education is an effective educational strategy for improving pregnant women's knowledge regarding preeclampsia prevention. Compared with conventional educational approaches, such as lectures or printed leaflets, educational videos provide attractive visual presentations, simple language, and practical demonstrations that facilitate comprehension and increase participants' engagement during health education sessions.

Effect of Video-Based Health Education on Pregnant Women's Motivation Regarding Preeclampsia Prevention at UPTD Puskesmas X, Rokan Hulu Regency, Indonesia

Many pregnant women remain unaware of the importance of preventing preeclampsia, resulting in delayed identification of potential risk factors. Low motivation contributes to poor compliance with antenatal care (ANC) visits and preventive behaviors because pregnant women often underestimate the importance of routine ANC for early detection of preeclampsia (Kurnianingsih, 2017).

Health education represents an important intervention for enhancing pregnant women's motivation toward preeclampsia prevention (Indrawati et al, 2019). Audiovisual media, particularly educational videos, have been shown to be highly effective because they combine narration, images, and animations that facilitate understanding and increase participants' interest (Sudarmi, 2021). Furthermore, the widespread use of smartphones has enabled health promotion programs to deliver educational videos conveniently and cost-effectively, allowing pregnant women to access health information at any time (Kholisotin, 2019).

The present findings are consistent with those reported by Mustaking dan Warsiti (2021) who found that video-based counseling significantly improved pregnant women's motivation to attend ANC visits. Before the intervention, most participants demonstrated moderate motivation (52.9%), whereas after the intervention, the majority exhibited high motivation (76.5%), with a statistically significant difference ($p < 0.001$). Similarly, Hasliani (2019) demonstrated that health education significantly improved pregnant women's preventive behaviors regarding preeclampsia at Bangkala Primary Health Center, Jeneponto Regency ($p = 0.001$). Likewise, Puspa (2021) reported that video-based health education significantly enhanced pregnant women's motivation regarding preeclampsia prevention ($p < 0.001$).

The findings of the present study indicate that increasing pregnant women's knowledge through educational videos also enhances their motivation to engage in preventive behaviors. Most participants initially demonstrated low motivation; however, following the intervention, the majority exhibited high motivation toward preventing preeclampsia. Participants also reported that educational videos available on YouTube and other social media platforms were easier to understand, more engaging, and could be accessed repeatedly whenever additional information was needed. Improved knowledge appears to strengthen motivation, thereby encouraging pregnant women to adopt healthier behaviors and participate more actively in antenatal care and preeclampsia prevention. This study has several limitations. First, the one-group pretest–posttest design without a control group limits the ability to attribute the observed improvements exclusively to the intervention because participants may have received additional information from healthcare providers, social media, or personal experiences during the study period. Second, the study was conducted at a single primary healthcare center, limiting the generalizability of the findings to pregnant women in other settings with different demographic and socioeconomic characteristics. Third, post-intervention outcomes were measured immediately after the educational session; therefore, the long-term sustainability of improvements in knowledge and motivation could not be evaluated.

CONCLUSIONS

Video-based health education significantly improved pregnant women's knowledge and motivation regarding preeclampsia prevention at UPTD Puskesmas X, Rokan Hulu Regency, Indonesia. Following the intervention, respondents' knowledge improved from predominantly poor to predominantly fair, while motivation increased from predominantly low to predominantly high. Statistical analysis using the paired-samples *t*-test demonstrated significant improvements in both knowledge and motivation ($p < 0.001$). These findings suggest that video-based health education is an effective educational strategy for promoting maternal awareness and encouraging preventive behaviors related to preeclampsia.

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REFERENCES

- Ananda, R., & Hayati, F. (2020). *Variabel Belajar (Kompilasi Konsep)*. CV. Pusdikra MJ.
- Christina, M. (2021). *Pendidikan dan Promosi Kesehatan*. UIM Press.
- Dinkes Riau. (2023). *Profil Dinas Kesehatan Provinsi Riau Tahun 2022*. Dinas Kesehatan Provinsi Riau.
- Handayani, S., & Milie, P. (2020). Pengaruh Pendidikan Kesehatan Melalui Video di Whatsapp Group Terhadap Pengetahuan Dan Sikap Ibu Hamil Dalam Deteksi Dini Preeklampsia Pada Masa Pandemi Covid-19. *Jurnal Kebidanan*, 12(02), 129–266.
- Hasliani. (2019). Pendidikan Kesehatan Pada Ibu Hamil Trimester I Terhadap Upaya Pencegahan Preeklampsia di Puskesmas Bangkala Kabupaten Jeneponto. *Media Kesehatan Politeknik Kesehatan Makassar*, 14(2), 135–140.

- Idaman, M., Darma, I., & Deferma, M. (2023). Efektivitas Penyuluhan Kesehatan Dengan Menggunakan Media Video Dalam Meningkatkan Pengetahuan Ibu Hamil Tentang Preeklampsia. *Jurnal Ilmu Keperawatan Dan Kebidanan*, 4(1), 142–147.
- Indrawati, D., Damayanti, F., & Nurjanah, S. (2019). *Buku Ajar Pendidikan Kesehatan Kehamilan Resiko Tinggi (LCD dan Leaflet*. Universitas Muhamadiyah semarang.
- Jenisa Regina, M. (2021). *Pengaruh video edukasi terhadap pengetahuan ibu hamil tentang preeklamsi di wialayah kerja puskesmas andalas*. Universitas Andalas.
- Karlina, N. (2020). Tingkat Pengetahuan Ibu Hamil Tentang Preeklampsia DI Puskesmas II Denpasar Selatan. *Jurnal Medika Udayana*, 9(8), 59–64.
- Kemendes RI. (2023). *Profil Kesehatan Indonesia Tahun 2023*. Kementrian Kesehatan RI.
- Kholisotin. (2019). Pengaruh Penyuluhan Berbasis Video Whatsapp tentang Persalinan Terhadap Pengetahuan dan Sikap Ibu Hamil Trimester III di Puskesmas Klabang Kabupaten Bondowoso. *Jurnal Surya*, 11(02), 1–9.
- Kurnianingsih. (2017). Pengaruh Penyuluhan Preeklampsia Terhadap Motivasi Melakukan Kunjungan ANC pada Ibu Hamil di Puskesmas Banguntapan I Bantul. *Jurnal Aisyiyah Yogyakarta*, 1–15.
- Mustaking, N., & Warsiti. (2021). Pengaruh pengaruh penyuluhan preeklamsia terhadap motivasi melakukan kunjungan ANC pada ibu hamil di Puskesmas Kasihan II Bantul Kabupaten Bantul. *Artikel Publikasi Aisyiyah Yogyakarta*, 1–11.
- Pakpahan, M. (2021). *Promosi Kesehatan dan Perilaku Kesehatan*. Yayasan Kita Menulis.
- Pratiwi, A. (2019). *Patologi Kehamilan*. Pustaka Baru Press.
- Puspa, M. (2021). *Efektivitas pendidikan kesehatan melalui media video dengan booklet terhadap peningkatan pengetahuan dan motivasi ibu hamil tentang preeklamsi*. Poltekkes Kemenkes Semarang.
- Rakhmawati, N., & Astuti, P. (2023). Pengaruh Buku Saku Tentang Pre Eklamsia Terhadap Tingkat Pengetahuan Dan Sikap Pada Ibu Hamil. *Jurnal Ilmiah Permas*, 13(1), 119–128.
- Retnaningtyas, E. (2021). *Preeklamsi & Asuhan Kebidanan Pada Preeklamsi*. Strada Press.
- Setyowati, A. (2020). Pengaruh Pendidikan Kesehatan Terhadap Sikap Ibu Hamil Trimester 3 Tentang Preeklamsia. *Jurnal Insan Cendekia Medika Jombang*, 1–6.
- Sudarmi. (2021). Efektifitas Media Audio-Visual pada Kelas Ibu Hamil terhadap Pengetahuan dan Sikap Ibu dalam Pencegahan Komplikasi Kehamilan dan Persalinan. *Jurnal Kesehatan Metro Sai Wawai*, 14(1), 19–29.
- WHO. (2023). *Maternal mortality*. <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>.