Analysis of Factors Related to Pregnancy Indications, Parity, and Psychology of Normal Labor Pain to the Incidence of *Sectio Caesarean* (SC) Labor at Jakarta Port Hospital

Fitria Anggraini

Midwifery Study Program, STIKes Abdi Nusantara, Bekasi, Indonesia

Corresponding author: fitriaanggraini1994@gmail.com

ABSTRACT

Childbirth is a natural process in which a mother gives birth to her baby. In some cases, normal delivery can turn into Sectio Caesarea (SC) delivery, namely via caesarean section, which involves an incision in the abdominal wall and uterus. The high rate of SC births is a concern in many countries, including Indonesia, because it can have significant health and economic impacts on mothers and babies. To determine the factors indicating pregnancy, parity and the psychology of normal labor pain on the incidence of section cesarean delivery (SC) at the Jakarta Harbor Hospital in 2024. The sample size in this study used all maternal patients who visited the Jakarta Harbor Hospital based on secondary data on mothers giving birth at the Jakarta Harbor Hospital recorded from January to December 2023 totaling 180 people. The sampling technique is non-probability sampling with a purposive method. The data used is primary data obtained from the results of a questionnaire asking about indications of pregnancy, parity and the psychology of normal labor pain. The data analysis used was univariate and bivariate analysis using the chi square test. There is a relationship between indications of pregnancy, parity and the psychology of normal labor pain on the incidence of Sectio Caesarea (SC) delivery at Jakarta Harbor Hospital with a P-value < 0.005. It is hoped that all health workers will pay attention to the health of women giving birth and attempts at SC delivery to prevent risks occurring during delivery.

ARTICLE INFO

INTRODUCTION

Every woman wants her delivery to go smoothly and be able to give birth with a normal delivery. Although normal childbirth is the hope of many pregnant women, the hope of a normal birth can be hampered and requires medical intervention carried out by caesarean section or known *as Sectio Caesarea* (SC) (Prihatini Rahayu A & Iryadi R, 2019).

Childbirth is a natural process in which a mother gives birth to a fetus and placenta after reaching a sufficient gestational age, which is between 37 to 42 weeks. There are two methods of delivery that are generally used, namely vaginal delivery and *Caesarean delivery or Sectio Caesarea* (SC) delivery. SC delivery involves a surgical process in which the fetus is removed through incisions in the abdominal and uterine walls (Cunningham et al., 2018).

Sectio Caesarea *(SC)* delivery is performed based on certain medical indications, such as placenta previa (the location of the placenta that blocks the birth canal), abnormal presentation in the fetus, or other conditions that can endanger the life of the mother and fetus (Cunningham et al., 2018). This incision allows for quick and effective handling in emergency situations to protect the health and safety of mothers and babies (Aprina, Anita Puri (2017).

Maternal mortality during pregnancy and childbirth is still a serious problem. In 2019, an estimated 303,000 mothers died in pregnancy and childbirth. Most maternal mortality, about 95%, occurs in low- and middle-income countries (World Health Organization, 2019). This demonstrates the need to improve access to adequate medical care, including SC delivery needed in emergency situations to save the lives of mothers and babies. (World Health Organization, 2019).

Community service conducted by Suryati Tati in 2020 shows that the number of cesarean sections in Indonesia has exceeded the maximum limit of the standard set by the World Health Organization (WHO), which is 5-15%. Based on Riskesdas data in 2020, the rate of cesarean delivery in Indonesia reached 15.3%, with a sample involving 20,591 mothers who gave birth in the last 5 years in 33 provinces.

Pregnancy and childbirth are natural physiological processes in a woman's body. However, sometimes pathological conditions or complications can arise during pregnancy to the delivery process. One type of childbirth that often occurs is childbirth by the sectio caesarean section. In the last 20 years, sectio caesarea has become an increasingly popular trend, and there are several reasons behind this trend (Esta Aryni R, 2017).

One of the main reasons is the increase in awareness and increased detection capabilities of pregnancy and childbirth complications through advances in medical technology. With more sophisticated prenatal examinations and better monitoring methods, complications such as abnormal infant positions, placental problems, or medical conditions that require intervention can be detected early. This allows the medical team to recommend *cesarean section* as the best way to ensure the safety of the mother and baby (Prihatini Rahayu A & Iryadi R, 2019).

In addition, there are also changes in the mother's personal preferences and decisions regarding the delivery process. Some women may opt for *sectio caesarean* section for personal reasons such as fear of labor pain, fear of complications that may occur during normal labor, or other medical reasons. In addition, the increase in awareness about women's agency in medical care can also affect the tendency to increase childbirth with cesarean section (Fajrini F, 2017).

Emergency in childbirth refers to a situation where artificial childbirth needs to be performed immediately to save the life of the mother or baby. One of the actions that is often taken in such emergency situations is childbirth by *the sectio caesarea* (SC) method. Although SC childbirth can save lives, there are several consequences that need to be considered (Esta Aryni R, 2017).

One consequence is a higher rate of maternal pain compared to normal childbirth. *Sectio caesarea* surgery involves a surgical procedure that requires a longer recovery time and can cause postoperative pain. In addition, the risk of infection, bleeding, and other complications also exists in SC delivery. Therefore, it is important for mothers to get adequate postoperative care to minimize discomfort and complications that may arise (Aprina, Anita Puri (2017).

The increase in the number of SC deliveries can be affected by medical indications and non-medical indications. Medical indications involve a health condition of the mother or baby that requires medical intervention to ensure a safe birth. However, non-medical indications can be influenced by factors such as the mother's age, education level, socio-cultural aspects, and socio-economic conditions. Some women may choose SC childbirth because of concerns about the pain of normal labor or other personal reasons (Fajrini F, 2017).

Based on this description, this community sevice is interested in exploring the factors related to the occurrence of *Sectio Caesarea* (SC) delivery based on pregnancy indications, parity and psychology of normal labor pain to the incidence of *Sectio Caesarea* (SC) delivery at Jakarta Port Hospital. Therefore, the current community service is "Analysis of Factors Related to Pregnancy Indications, Parity, and Psychology of Normal Labor Pain to the Incidence of *Sectio Caesarea* (SC) Childbirth at Jakarta Port Hospital in 2024".

METHOD

This community service was conducted to determine the analysis of factors related to pregnancy indications, parity, and the psychology of normal labor pain to the incidence of *Sectio Caesarean* delivery. The independent variables in this community service were indications of pregnancy, parity, psychology of normal labor pain. and the dependent variable is the incidence *of Sectio Caesarea* (SC) delivery. The sample size in this community service used all maternity patients who visited the Jakarta Port Hospital based on secondary data on maternity at the Jakarta Port Hospital recorded from January to December 2023 totaling 180 people. The sampling technique is *non-probability sampling* with *the purposive* method. The data used were primary data obtained from the results of a questionnaire asking about pregnancy indications, parity and the psychology of normal labor pain. The data analysis used is univariate and bivariate analysis using the chi square test, if it does not meet the requirements, it will be continued with the fisher exact test SPSS. The following are the stages of implementing community service at the Jakarta Harbor Hospital:

1. Preparation Stage
   Preparations will be carried out starting in January 2023 consisting of:
   - Starting from a location survey by visiting locations and partners who will be targeted in the working area of the Jakarta Harbor Hospital.
   - The licensing process begins with a permission letter from the university addressed to the relevant institution or organization where services are provided to implement the program. The university also asked for help in obtaining data on the community who will take part in this socialization and training program.
   - Preparation of officers, namely the division of duties and responsibilities of lecturers and students involved in this service.
   - Preparation of materials and media for community service activities, one of which is an information brochure containing indications of pregnancy, parity, and the psychology of normal labor pain and caesarean section (SC) delivery.
   - Preparation of evaluation tools in the form of attendance lists, questionnaires and writing tools used to collect data for further analysis.

2. Implementation of Activities
   This activity will be carried out from January to December 2023. The activities that will be carried out are as follows:
   - Data collection on pregnant women who come to the Jakarta Harbor Hospital while asking the questions listed in the questionnaire.
   - Then pregnant women were given a brochure containing information about indications of pregnancy, parity, and the psychology of normal labor pain and caesarean section (SC) delivery.

- Next, the officer on duty provided education to the pregnant mother and ended with a question and answer session and also gave memento gifts.

RESULTS AND DISCUSSION

Univariate Analysis

TABLE 1. Distribution of Frequency of Childbirth Incidents in Maternity at Jakarta Port Hospital in 2024

Childbirth Events	Number (n)	Percentage (%)
Sectio Caesarea (SC)	52	81,3
Childbirth Norm/	12	18,8
Total	**64**	**100**

Based on table 1 above, it shows that of the 64 respondents, the majority experienced *Sectio Caesarea* (SC) delivery as many as 52 people (81.3%) and normal delivery as many as 12 people (18.8%)

TABLE 2. Distribution of Frequency of Pregnancy Indications in Maternity to Maternity at Jakarta Port Hospital in 2024

Pregnancy Indications	Number (n)	Percentage (%)
Sungsang	17	26,6
Preeclampsia	11	17,2
Plasenta Previa	9	14,1
KPD	15	23,4
No indication	12	18,8
Total	**64**	**100**

Based on table 2 above, it shows that from 64 respondents, data was found that the majority experienced indications of breech pregnancy as many as 17 people (26.6%), 15 people (23.4%) experienced indications of KPD pregnancy, 11 people (17.2%) had preeclampsia, 9 people (14.1%) placenta previa, and 12 people (18.8%) had no indication of pregnancy.

TABLE 3. Distribution of Parity Frequency in Maternity at Jakarta Port Hospital in 2024

Parity	Number (n)	Percentage (%)
Primipara	35	54,7
Multipara	12	18,8
Large Multistop	17	26,6
Total	**64**	**100**

Based on table 3 above, it shows that of the 64 respondents parity the majority of primipara is 35 people (54.7%), grande multipara is 17 people (26.6%) and multipara parity is 12 people (18.8%)

TABLE 4. Distribution of Psychological Frequency of Normal Labor Pain in Childbirth to Maternity at Jakarta Port Hospital in 2024

The Psychology of Normal Labor Pain	Number (n)	Percentage (%)
There is anxiety about labor pain	28	43,8
No Anxiety About Labor Pain	36	56,3
Total	**64**	**100**

Based on table 5.4 above, it shows that out of 64 respondents, the majority did not have labor pain anxiety as many as 36 or ng (56.3%) and there was labor pain anxiety as many as 28 people (43.8%)

Bivariate Analysis

TABLE 5. The Relationship Between Pregnancy Indication Factors and the Incidence of *Sectio Caesarea* (SC) Childbirth at Jakarta Port Hospital

| Pregnancy Indication Factors | Childbirth Events | | | | | | Asymp.sign (2 – sided |
| | SC Intelligence | | Normal Childbirth | | Total | | |
	n	%	n	%	n	%	
There are indications of pregnancy	52	100	0	0	52	100	0,000
No indication of pregnancy	0	0	12	100	12	100	

The results of the analysis of pregnancy indication factors with the incidence *of Sectio Caesarea* (SC) delivery using *Chi-square* obtained a significance value of 0.000, because *the p-value < α (p-value<0.05),* then it can be concluded that H0 Failed to Reject that there is a relationship between pregnancy indication factors and the incidence of *Sectio Caesarea* (SC) delivery at Port Hospital Jakarta

TABLE 6. The Relationship Between Parity Factor and the Incidence of *Sectio Caesarea* (SC) Deliveries at Jakarta Port Hospital

| Parity | Childbirth Events | | | | | | Asymp.sign (2 – sided |
| | SC Intelligence | | Normal Childbirth | | Total | | |
	n	%	n	%	n	%	
Paritas Beresiko (large Multipara)	16	100	0	0	16	100	0,027
No Risk Parity (Primipara and Multipara)	36	75	12	25	48	100	

The results of the analysis of the Pregnancy Parity Factor with the Incidence *of Sectio Caesarea* (SC) Childbirth using *Chi-square* obtained a significance value of 0.027 because *the p-value < α (p-value<0.05),* then it can be concluded that H0 Failed to be rejected means that there is a relationship between the Parity Factor and the incidence *of Sectio Caesarea* (SC) Childbirth at the Jakarta Port Hospital.

TABLE 7. The Relationship Between Psychological Factors of Normal Labor Pain in *Sectio Caesarea* (SC) Maternity and the Incidence of *Sectio Caesarea* (SC) Childbirth at Jakarta Port Hospital

| Psychological Factors of Normal Labor Pain | Childbirth Events | | | | | | Asymp.sign (2 – sided |
| | SC Intelligence | | Normal Childbirth | | Total | | |
	n	%	n	%	n	%	
No labor pain anxiety	16	57,1	12	42,9	28	100	0,000
There is anxiety about labor pain	36	81,3	12	18,8	36	100	

The results of the analysis of the psychological factors of normal labor pain with the incidence *of Sectio Caesarean* delivery (SC) using *Chi-square* obtained a significance value of 0.000 because *the p-value < α (p-value<0.05),* then it can be concluded that H0 Failed to be rejected means that there is a relationship between the psychology of normal labor pain and the incidence *of Sectio Caesarea labor*(SC) at the Jakarta Port Hospital.

The Relationship Between Pregnancy Indication Factors and the Incidence of *Sectio Caesarea* (SC) Childbirth at Jakarta Port Hospital

The results of the analysis of Pregnancy Indication Factors with the Incidence *of Sectio Caesarea* (SC) Childbirth using *Chi-square* obtained a significance value of 0.000, because *the p-value < α (p-value<0.05),*

it can be concluded that there is a relationship between pregnancy Indication Factors and the incidence *of Sectio Caesarea* (SC) delivery at Jakarta Port Hospital.

Sectio Caesarea (SC) delivery is a medical procedure that is closely related to various factors that indicate pregnancy. These factors, both from the maternal and fetal sides, are important considerations in determining whether SC is needed to ensure the safety of the mother and baby (Prihatini Rahayu A & Iryadi R, 2019).

This community service is in line with Ulfa, Ektina Naura Barbara (2021) who explained that Sectio Caesarea (SC) delivery is closely related to various factors that indicate pregnancy. These factors can be of maternal origin, such as previous history of SC, age, pelvic abnormalities, comorbidities, premature rupture of membranes, preeclampsia, prolonged labor, induction failure, abnormal fetal position, and macrosomia.

One of the factors that can influence the decision to have an operative delivery or sectio caesarea (SC) is the presence of medical indications during pregnancy. This community service shows that the presence of medical indications during pregnancy has a significant relationship with an increased risk of SC delivery. The more medical indications are found, the more likely it is to have SC (Haqo Arinal (2020).

The community service same with Yanti, Ismail & Fatah (2022) explained that the medical indications found were in the form of induction failure, a history of SC, and premature rupture of membranes which were the majority reasons in determining SC. Induction failure will indeed lead to SC, because the uterus does not want to contract even though a large amount of oxytocin has been given, this makes the SC method safer to use than forcing uterine contractions which can cause fetal distress and uterine rupture.

According to the theory of Syafitri, E., & Suwardi, S. (2020) Placenta previa, in which the placenta is abnormally located at the bottom of the uterus and covers the birth canal, is generally not recommended for normal delivery. This is due to the high risk of severe bleeding that endangers the mother and fetus Therefore, Sectio Caesarea (SC) is considered a safer and more controlled delivery option for placenta previa cases. This decision must be made by the obstetrician with individual considerations, but the top priority is the safety of the mother and fetus.

According to the theory of Retni, A., Malapo, A.,. (2024). Normal delivery in the breech location has the potential to cause various complications, such as the baby being held back, the shoulder is stuck, the umbilical cord is wrapped, and trauma to the mother. This risk is even higher in mothers with a history of SC, large babies, or premature labor. The breech position of the fetus, where the baby's legs or buttocks are under the uterus, is generally not recommended for normal delivery. This is due to the high risk that can endanger the safety of the mother and fetus.

According to the theory of I Gusti Agung Gede Utara Hartawan (2018) Pregnancy with preeclampsia, conditions of high blood pressure and organ damage in pregnant women, it is highly discouraged to give birth normally. This is due to the high risk that can endanger the health and safety of the mother and fetus. Normal delivery in preeclampsia can worsen the mother's condition, trigger serious complications such as eclampsia and HELLP syndrome, and harm the fetus by restricting oxygen and nutrient intake.

Based on the results of community service and existing theories, the indication of pregnancy is indeed one of the factors that can affect the incidence of cesarean delivery (Sectio Caesarea or SC). Medical conditions of the mother or fetus during pregnancy, such as placenta previa, preeclampsia, fetal abnormalities, and others can be indications for SC delivery.

Pregnancy complications that can harm the mother and fetus will be an important consideration for medical personnel to decide on SC delivery as a safer option. Indications of pregnancy that threaten the safety of the mother and fetus increase the risk of complications during normal delivery, so SC delivery is considered a safer option.

SC delivery can be carried out in a planned (elective) or emergency manner, depending on the existing medical condition. In addition to pregnancy indications, other factors such as previous SC history, maternal age, and maternal requests can also influence the decision to have an SC delivery.

Thus, it can be concluded that the indication of pregnancy is indeed one of the important factors that can affect the incidence of SC delivery. Medical personnel will consider the condition of the mother and fetus comprehensively to determine the best method of delivery.

The Relationship Between Parity Factor and the Incidence of *Sectio Caesarea* (SC) Deliveries at Jakarta Port Hospital

The results of the analysis of the Parity Factor of Pregnancy with the *Incidence of Sectio Caesarean* Childbirth (SC) using *Chi-square* obtained a significance value of 0.027 because *the p-value < α (p-value<0.05),* so it can be concluded that there is a relationship between the Parity Factor and the incidence of *Sectio Caesarea* (SC) delivery at the Jakarta Port Hospital.

Parity is a term that refers to the number of children born to a mother, from the first child to the last. Parity division consists of several categories. Nulipara is a woman who has never completed a pregnancy, or in other words has never given birth to a child. Primipara is a woman who has given birth to an aterm baby (full-term) once. Multipara is a woman who has given birth to a live child several times, in which the number of deliveries is no more than five. Grandemultipara is a woman who has given birth to an aterm fetus (full-term) more than 5 times in Qamariah 2019).

The results of the community service are in line with Hartuti, N., Wulandari, I. A. (2019) which states that there is a relationship between parity and cesarean delivery. Mothers who give birth for the first time are often mentally and psychologically unprepared, so this can increase the possibility of complications and cesarean section. Meanwhile, mothers who give birth too often, the function of their reproductive organs deteriorates and the uterus will be weaker to contract and is likely to experience major complications.

Menuurt Sri Nuriaty, et al (2024) there is a significant relationship between parity and SC events. Therefore, primipara childbirth increases the risk of mother and child. In addition, the number of mothers with multiple parity who have experienced SC currently has a tendency to experience premature labor. Apart from the parity and age of the mother related to the incidence of SC, risk factors such as maternal/fetal diseases, abnormalities, fetal emergencies and others can also be reasons for SC actions.

Based on the results of previous studies and theories, community service can conclude that parity, which is the number of children born to a mother, can affect the incidence of cesarean delivery (Sectio Caesarea or SC). Women with certain parity statuses, such as nulipara (having never given birth) or grandemultipara (giving birth more than 5 times), have a higher risk of having a cesarean delivery.

In nulipara women, the condition of the uterus and birth canal that is not familiar with the delivery process causes a higher risk of complications that require cesarean intervention. While in grandemultipara women, the risk of complications such as uterine atonia (weakness of the uterine muscles) and bleeding that can require a cesarean section is also greater. Therefore, parity is one of the important factors considered by health workers in determining appropriate delivery plans and procedures to maintain the safety of mothers and babies.

The Relationship Between Psychological Factors of Normal Labor Pain and the Incidence of *Sectio Caesarean* (SC) Labor at Jakarta Port Hospital

The results of the analysis of the Psychological Factors of Normal Labor Pain with the Incidence *of Sectio Caesarean* Childbirth (SC) using *Chi-square* obtained a significance value of 0.000 because *the p-value < α (p-value<0.05),* then it can be concluded that there is a relationship between the psychology of normal labor pain and the incidence *of Sectio Caesarea* labor(SC) At the Jakarta Port Hospital.

Normal labor and the accompanying pain can be affected by a variety of psychological factors, such as anxiety, fear, and lack of social support. This can improve pain perception and encourage pregnant women to choose Sectio Caesarea (SC) as an alternative (Gusti, N., Ayu, M., & Supliyani, E., 2017).

Childbirth pain, a natural fear, often encourages pregnant women to choose SC. This fear is reinforced by intense pain perceptions, lack of information, and past trauma. However, it is important to remember that every woman has a different experience of pain. Various methods have been available to help manage pain, and health workers are ready to help pregnant women undergo childbirth safely and comfortably (Gusti, N., Ayu, M., & Supliyani, E. (2017).

Based on the theory of I Gusti Agung Gede Utara Hartawan (2018), similarities were found to the results of this study, namely the existence of anxiety about normal labor pain that continues for normal childbirth, not doing SC. According to the community service assumption, one of the reasons may be that the woman has confidence in her own body's ability to undergo a normal labor process properly, even though she is worried about the pain she will feel.

Cultural factors and personal preferences, which in some cultures consider normal childbirth to be a more natural process and reflect the woman's expectations, are also important considerations. The fear of social stigma, where performing a cesarean section is sometimes considered less "natural" by some people, also influenced this woman's decision to continue to have a normal delivery. Overall, this woman's decision is based not only on anxiety about labor pain, but also various other psychological factors that affect their preferences and beliefs in choosing a birth path.

CONCLUSION

Based on the results and discussion of the community service results, it can be concluded that:

1. Of the 64 respondents, the majority experienced *Sectio Caesarea* (SC) delivery as many as 52 people (81.3%) and normal delivery as many as 12 people (18.8%)
2. Of the 64 respondents, data was found that the majority experienced indications of breech pregnancy as many as 17 people (26.6%), 15 people (23.4%) experienced indications of premature rupture of membranes (KPD), 11 people (17.2%) had preeclampsia, 9 people (14.1%) had placenta previa, and 12 people (18.8%) had no indication of pregnancy
3. Of the 64 respondents, the majority of parity was primipara as many as 35 people (54.7%), grande multipara as many as 17 people (26.6%) and multipara parity as many as 12 people (18.8%)
4. Of the 64 respondents, the majority did not have labor pain anxiety as many as 36 people (56.3%) and labor pain anxiety as many as 28 people (43.8%)
5. The results of the analysis of pregnancy indication factors with the incidence *of Sectio Caesarea* (SC) that there is a relationship between pregnancy indication factors and the incidence of *Sectio Caesarea* (SC) delivery at Port Hospital Jakarta
6. The results of the analysis of the Pregnancy Parity Factor with the Incidence *of Sectio Caesarea* (SC) that there is a relationship between the Parity Factor and the incidence *of Sectio Caesarea* (SC) Childbirth at the Jakarta Port Hospital.
7. The results of the analysis of the psychological factors of normal labor pain with the incidence *of Sectio Caesarean* delivery (SC) that there is a relationship between the psychology of normal labor pain and the incidence *of Sectio Caesarea labor*(SC) at the Jakarta Port Hospital.

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REFERENCES

A. A Puri. Faktor-Faktor Yang Berhubungan Dengan Persalinan Sectio Caesarea Di RSUD Dr. H Abdul Moeloek Provinsi Lampung. Jurnal Kesehatan, 2016 (2017).

A. P. Rahayu and R. Iryadi. Faktor – Faktor Yang Mempengaruhi Persalinan Dengan Tindakan Sectio Caesarea Pada Ibu Bersalin (2019). http://journals.poltekesbph.ac.id/index.php/pertiwi/article/view/4/4.

D. N. Komarijah, dan Y. K. Waroh. Determinan Kejadian Persalinan Sectio Caeserea (SC) Di RSUD Syamrabu Bangkalan (2023). https://snhrp.unipasby.ac.id/prosiding/index.php/snhrp/article/view/833.

E. Syafitri dan S. Suwardi. Faktor-Faktor yang Berhubungan dengan Plasenta Previa di RSUP H. Adam Malik Medan Tahun 2018. Jurnal Ners Dan Kebidanan (Journal of Ners and Midwifery, 7(2), pp. 182–189 (2020). https://doi.org/10.26699/jnk.v7i2.art.p182-189.

F. Amir. Hubungan Paritas dan Usia Terhadap Persalinan Sectio Caesarea di RSU Bahagia Makassar Tahun 2020. Jurnal Kesehatan Delima Pelamonia, 4(2) (2020).

F. Fajrini. Analisis Hubungan Antara Pengetahuan, Psikologi Dan Pengalaman Bersalin Ibu Dengan Pemilihan Proses Persalinan Normal Atau Caeserea Pada Pasien Melahirkan Di RSIA Hermina Ciputat Tahun 2016 (2016). https://jurnal.umj.ac.id/index.php/JKK/article/view/1557.

H. Arinal. Literatur Review Faktor-Faktor Yang Mempengaruhi Persalinan Sectio Caesarea (2020). http://digilib.unisayogya.ac.id/5247/1/.

I. Yanti dan Fatah. Analisisi Faktor Yang Berhubungan Dengan Pengambilan Keputusan Persalinan Sectio Caeserea (2022). http://www.ejurnal.stikesprimanusantara.ac.id/index.php/JKPN/article/view/731/pdf.

L. Elvina, R. N. Za, dan E. Rosdiana. Faktor Yang Berhubungan dengan Kesiapan Psikologis Ibu Hamil Trimester III dalam Menghadapi Persalinan Factors Related to Psychological Readiness of Pregnant Trimester III Mother in Facing Labor. In Journal of Healthcare Technology and Medicine, 4(2) (2018).

N. B. U. Ektina. *Faktor-faktor yang berhubungan dengan persalinan secara sectio caesarea di rumah sakit umum Karsa Husada Batu tahun 2020.* (Undergraduate thesis, Universitas Islam Negeri Maulana Malik Ibrahim (2021).

N. Gusti, M. Ayu, dan E. Supliyani. Karakteristik Ibu Bersalin Kaitannya Dengan Intensitas Nyeri Persalinan Kala 1 Di Kota Bogor, 3(4) (2017).

N. Hartuti, I. A. Wulandari. Hubungan Paritas dan Umur Ibu Terhadap Persalinan Sectio Caesarea di Rumah Sakit Umum Bahagia Makassar Tahun 2019. Jurnal Kesehatan Delima Pelamonia, 3(2) (2019).

N. Sihombing, I. Saptarini, dan D. S. Kumala Putri. Determinan Persalinan Sectio Caesarea Di Indonesia (Analisis Lanjut Data Riskesdas 2013). Jurnal Kesehatan Reproduksi, 8(1), pp. 63–75 (2017). https://doi.org/10.22435/kespro.v8i1.6641.63-75.

P. Riyanti. Faktor-Faktor Yang Berhubungan Dengan Kejadian Persalinan Di RSUD Tulang Bawang Barat. (2021). https://wellness.journalpress.id/wellness/article/view/3230/pdf.

R. E. Aryni. Faktor Faktor Yang Berhubungan Dengan Terjadinya Persalinan Sectio Caesarea Di RSUD Rantauprapat Tahun 2017 (2017). https://repo.poltekkesmedan.ac.id/xmlui/bitstream/ handle/123456789/1889/ SKRIPSI%20All%20pdf.pdf?sequence=1&isAllowed=y.

R. S. Nuriaty, N. Norbaiti, D. Ariady, dan N. Anisa. Hubungan Paritas Dan Usia Ibu Dengan Kejadian Sectio Caesarea Di RSUD Ulin Banjarmasin Tahun 2023. Nursing Applied Journal, 2(1), pp. 105–112 (2024). https://doi.org/10.57213/naj.v2i1.171.

W. Dila, T. P. Nadapda, J. T. Sibero, F. Sylvana, D. Harahap, dan I. Marsaulina. Faktor yang Berhubungan dengan Persalinan Sectio Caesarea Periode 1 Januari-Desember. In Journal of Healtcare Technology and Medicine, 8(1) (2022).