

Analysis of the Implementation of Mental Health Screening of Pregnant Women by Midwives in Bantul Regency, Yogyakarta: A Mixed Methods Study

Rohani^{1,3}, Cesa Septiana Pratiwi^{1,2}, Sarwinanti¹

¹ Faculty of Health Sciences Aisyiyah University Yogyakarta, Indonesia

² School of Nursing and Midwifery, La Trobe University, Australia

³ DIII Midwifery Study Program, STIKES Mitra Adiguna Palembang, Indonesia

Corresponding Author Email: ghinakiyasah@gmail.com

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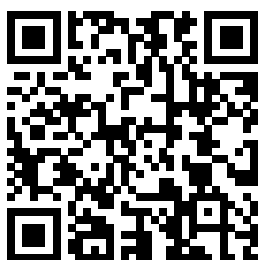
ABSTRACT

Mental health disorders during pregnancy are a very important issue for maternal and fetal health. Screening for conditions such as depression and anxiety is needed but often overlooked in Indonesia. This study aims to analyze the implementation of mental health screening of pregnant women by midwives in Bantul Regency, Yogyakarta. This study used a mixed methods approach with a sequential explanatory approach consisting of a quantitative online survey followed by qualitative FGDs. The results of the study showed that 115 midwives, 67.0%, screened less than 25% of the total pregnant women they served. Only a small proportion conducted routine screening (13.0% 5-10 times, and 14.8% more than 10 times). Qualitative findings from 12 midwives confirmed that while screening can identify mental health concerns, its application is inconsistent and faces substantial barriers, including limited time, privacy, insufficient training, and lack of screening tools. Despite these challenges, midwives showed a generally positive perception of the importance of mental health screening for both mothers and fetuses. Supporting factors for screening include policy, education, integrated services, professional collaboration, SOPs, and additional human resources. In conclusion, this study highlights gaps in mental health screening practices and emphasizes the importance of improving training, access to screening tools, and supportive policies. Further research is needed to explore strategies for addressing these barriers and consider the role of technology, while multicentre studies could be conducted to expand the scope of this study, making the results more representative.

Key Messages:

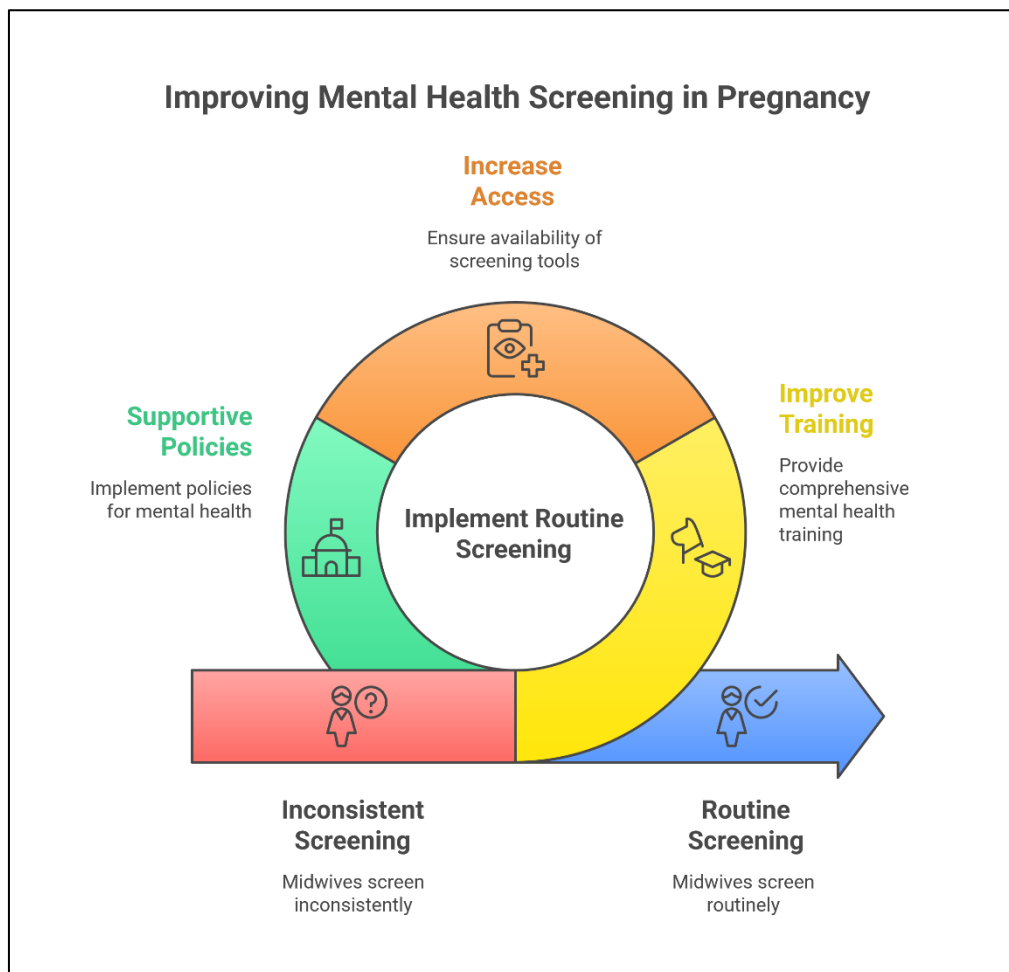
- This study emphasizes that midwives should conduct regular mental health screening during pregnancy for mental health disorders such as depression and anxiety. Although many midwives recognize the importance of this screening, constraints such as time constraints, inadequate training, and lack of screening tools hinder the implementation of routine mental health screening in antenatal care.
- In addition, this study showed that institutional support such as policies, training, and availability of screening tools greatly influenced the success of mental health screening in pregnant women

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GRAPHICAL ABSTRACT



INTRODUCTION

Pregnancy is a psychologically and emotionally vulnerable period(1). The prevalence of common mental disorders among pregnant women is high(2). About 12% to 13% of pregnant women experience depression, and it is more common in women who are at high risk, such as those who have had previous depression(3). In Indonesia, pregnant women in the second and third trimesters experience pregnancy depression as much as 20%. This increases by as much as 16% in the third trimester and persists up to four weeks and three months after delivery(4). Depression and anxiety can negatively impact maternal and fetal health. Prenatal depression also has an impact on child development, including emotional and behavioral problems. Therefore, mental health issues that arise during pregnancy should be diagnosed and treated. Prevention strategies are essential to prevent negative effects on the health and development of the mother and newborn(2).

Midwives play an important role in the early detection of mental health disorders by screening, providing education on perinatal mental health, and facilitating referrals for further assessment and intervention. It is critical to find women who may need additional mental health support through routine midwife assessments, which are sometimes conducted informally(5). Midwives also want to provide mental health support, but they lack confidence, have no instructions(6).

Many studies have shown that mental health screening is very important for pregnant women(7), but in Indonesia, screening related to ANC (8). One significant barrier is the human resources and appropriate expertise to deliver these mental health services, including inadequate training for midwives, which limits their ability to spot and manage mental health issues effectively(9). Not many studies have

been conducted in Indonesia on how mental health screening is conducted for pregnant women, mostly focusing on descriptive or survey-based studies. Most studies examine the prevalence of mental disorders (4). Despite national guidelines aimed at integrating mental health into antenatal care, the extent of their practical implementation remains underexplored. This study seeks to fill this gap by exploring how mental health screening is implemented by midwives in Bantul Regency, Yogyakarta. This is the first study in Indonesia to employ a mixed-methods approach in evaluating the implementation of mental health screening for pregnant women, thereby providing a comprehensive understanding of the barriers and facilitators involved.

METHODS

This study uses a sequential explanatory mixed-methods design to explore the implementation of mental health screening by midwives in Bantul Regency, Yogyakarta. The implementation of mental health screening by midwives is a systematic process to identify mental disorders such as depression, anxiety, and other mental health issues in pregnant women, including the screening instruments used, the availability of guidelines, the availability of screening tools, as well as the supporting and inhibiting factors. This study uses a questionnaire with an ordinal scale to measure the frequency of screening implementation and the supporting and inhibiting factors involved. In this study, quantitative data were collected using a Google Form-based questionnaire to assess the frequency, coverage, and factors that support or hinder the implementation of the screening. Afterward, Focus Group Discussions (FGD) were conducted with midwives using purposive sampling techniques to explore their experiences, perceptions, and challenges in implementing mental health screening. The FGD discussions were recorded and analyzed thematically to provide a deeper understanding of the variables under study.

The quantitative phase was conducted through a descriptive survey involving 115 midwives to collect data on the frequency of screenings, the tools used, and the availability of guidelines and resources. The questionnaire was validated by experts in midwifery and mental health, with a trial run conducted on 30 participants. The validity test results showed that all question items were valid ($r_{hitung} > r_{tabel}$, 0.361) and significant (< 0.05). The Cronbach's Alpha value of 0.737 indicates high reliability ($r_{hitung} > r_{tabel}$, 0.60). The qualitative phase was followed by Focus Group Discussions (FGDs) involving 12 midwives. The purpose of the FGDs was to explore the barriers and supporting factors in the implementation of mental health screening during pregnancy. Thematic saturation was reached when no new themes emerged, and thematic analysis was conducted using NVivo 15 software. The FGD guide was designed based on existing literature and the research objectives, with main questions regarding the implementation of screening, perceptions of the importance of screening, supporting factors, and barriers to screening.

CODE OF HEALTH ETHICS

This research has received a certificate of passing the research ethics test from the ethics commission of Aisyiyah University Yogyakarta with number 4119/KEP-UNISA/I/2025.

RESULTS

This study involved 115 midwives as respondents who were spread across various health care facilities in Bantul Regency, including puskesmas, independent midwife practices (PMB), hospitals, and private clinics. The survey results, presented in Table 1 and Table 2, highlight the frequency of mental health screenings conducted by midwives, the tools used, and the availability of guidelines and resources. This data is presented clearly, providing an easily understandable analysis of the practices carried out by midwives in Bantul Regency, Yogyakarta.

Based on table 1, the characteristics of respondents based on age from a total of 115 respondents, the most age of respondents were in the age group > 40 years as many as 68 people (59.1%). Most of the respondents had a D3 Midwifery education background as many as 39 people (33.9%). The majority of midwives have more than 10 years of work experience, as many as 88 people (76.5%). Most respondents came from the Puskesmas as many as 43 people (37.4%).

Table 1. Frequency Distribution of Respondents' Characteristics Based on Age, Last Education, Length of Work Experience, and Place of Assignment

Variable		n	%
Age of Respondents (years)	20-25	7	6,1
	26-30	8	7,0
	31-35	18	15,7
	36-40	14	12,2
	>40	68	59,1
Education	D3	39	33,9
	Profession	36	31,3
	S1	23	20,0
	S2	4	3,5
	Others:	13	11,3
Length of Work Experience	2-4 years	10	8,7
	5-7 years	6	5,2
	8-10 years	11	9,6
	>10 years	88	76,5
Place of Duty	Health Center	43	37,4
	Hospital	9	7,8
	Primary Clinic	14	12,2
	Midwife Independent Practice	42	36,5
	Others:	7	6,1
Total		115	100

Table 2. Frequency Distribution of Respondents Based on the process of implementing mental health screening conducted by midwives on pregnant women.

Variable		n	%
Use of Screening Tools	EPDS (<i>Edinburgh Postnatal Depression Scale</i>)	5	4,3
	PHQ-9 (<i>Patient Health Questionnaire</i>)	4	3,5
	SRQ-29 (<i>Self Reporting Questionnaire</i>)	71	61,7
	No specific tool used	35	30,4
Implementation of Mental Health Screening in the Last Month	Never	33	28,7
	< 5 times	50	43,5
	5-10 times	15	13,0
	>10 times	17	14,8
Availability of Screening Guidelines	Present, very clear	8	7,0
	Present, moderately clear	48	41,7
	Present, but not clear	26	22,6
	Not available	33	28,7
Screening Tool Availability	Yes	63	54,8
	No	43	37,4
	Other	9	7,8
Total		115	100

Based on table 2. the characteristics of respondents based on the process of implementing mental health screening by midwives in pregnant women in Bantul Regency, Yogyakarta show that the variation in the use of tools is strongly influenced by the availability and training received by midwives in terms of the use of screening tools. The majority of midwives (61.7%) used the SRQ-29 (*Self Reporting Questionnaire*). However, 30.4% of midwives did not use a particular screening tool. Based on the frequency of screening in the past month, 28.7% of midwives stated that they had never carried out screening, and 43.5% carried it out less than five times. Only a small proportion conducted screening more regularly (13.0% 5-10 times, and 14.8% more than 10 times). Regarding the guidelines for screening, only 7.0% of midwives stated that the guidelines were available and very clear. Most (41.7%) stated that the guidelines were quite clear, while 22.6% said the guidelines were not clear. As for the availability of screening tools, only 54.8% of midwives stated that the tools were available in their place of work. The

remaining 37.4% did not have access to screening tools, and 7.8% fell into the "other" category, which may encompass unofficial or non-standardized tools.

Table 3. Frequency Distribution of Respondents Based on Obstacles and Supporting Factors for Midwives in Implementing Mental Health Screening in Pregnant Women

Variable		n	%
Inhibiting Factors	• Time limitation	39	33,9
	• Large number of patients	24	20,9
	• Lack of training	17	14,8
	• No screening tools	19	16,5
	• No clear guidelines or protocols	5	4,3
	• Others	11	9,6
Supportive Factors	• Special training for midwives	49	42,6
	• Availability of screening tools	20	17,4
	• Policy support	28	24,3
	• Support from management or superiors	5	4,3
	• Dedicated time for screening	11	9,6
	• Other	2	1,7
Total		115	100

Based on Table 3, the characteristics of respondents based on the inhibiting and supporting factors for midwives in carrying out mental health screening in pregnant women, the most dominant inhibiting factor was time constraints, as recognized by 33.9% of respondents. Lack of training in conducting screening was cited by 14.8% of respondents, while 4.3% stated that there were no clear guidelines or protocols. On the other hand, the strongest supporting factor was the existence of specialized training for midwives, as stated by 42.6% of respondents. In addition, 24.3% of respondents cited policy support from puskesmas or hospitals as an important factor, and another 17.4% acknowledged that the availability of screening tools also supports optimal implementation.

The qualitative data from the FGDs is visualized through NVivo project maps, which effectively illustrate the thematic connections between various factors influencing mental health screening. As shown in Figures 1 and 2.

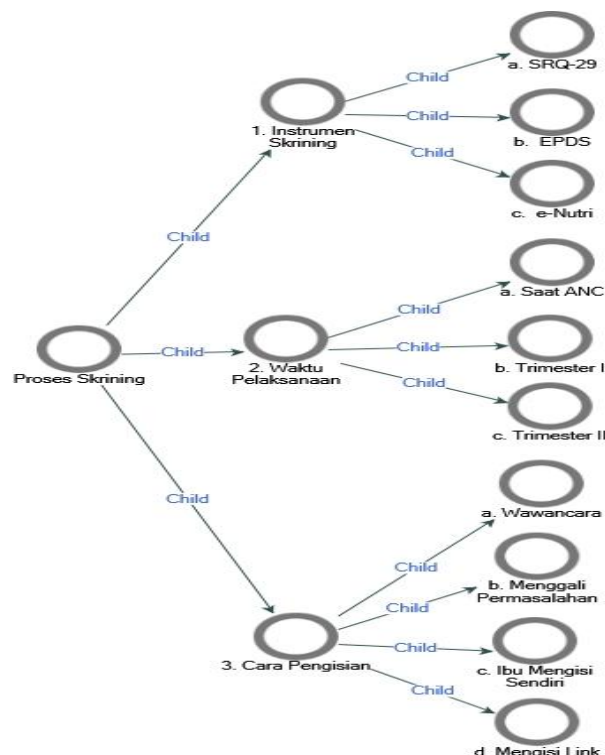


Figure 1. Project Map of the Mental Health Screening Implementation Process

disorders in pregnant women. This finding reflects the awareness of most health workers of the importance of using valid and reliable instruments in midwifery services that are responsive to mental health issues. However, there are still 30.4% of midwives who do not use specialized screening tools, which indicates a practice gap in the application of mental health screening in the field. This potentially reduces the effectiveness of early detection of psychological disorders in pregnant women and suggests the need for policy interventions and further training. This data is reinforced by qualitative findings from the *Focus Group Discussion* (FGD), where midwives explained that the implementation of screening was carried out using various instruments, such as the SRQ-29, *Edinburgh Postnatal Depression Scale* (EPDS), and e-Nutri. Interpretations of *complementarity* resulted from the integration of these two data sets. Qualitative data improved understanding of the variation and flexibility of tool use in the field, while quantitative data showed the frequency of use of specific instruments. The combination of the two suggests that, although the SRQ-29 is the most commonly used, screening methods at the primary care level are not uniform. This is supported by the results of a previous study showing that the SRQ-29 is effective in detecting mental emotional disorders, psychotic symptoms, PTSD, and psychoactive substance use in pregnant women. (10)

Quantitative results showed that in the past month only a few midwives conducted screening regularly, 13.0% five to ten times and 14.8% more than ten times a month; another 28.7% stated that they never did it at all. The data suggests that mental health screening is still not a standard part of antenatal care (ANC) services. This finding is supported by the qualitative results from the FGDs, which show that screening is usually done during ANC visits, especially in the first and third trimesters. According to some midwives, if pregnant women show emotional symptoms, screening is more likely to be done. They said that in normal situations, screening checks are often not done due to time constraints and the priority of physical examinations.

A *complementarity* interpretation is seen when these two results are combined. The quantitative data emphasized the low frequency of screening in actual practice, while the qualitative data explained when and why screening was conducted. This suggests that midwives' understanding of clinical workload and implementation of screening are influential. To improve early detection and response to mental health disorders in pregnant women, mental screening should be incorporated into the strategic plans and operational policies of mental health centers (ANC). In Permenkes No. 21/2021 on the Implementation of Maternal and Child Health Services, the Indonesian government sets standards for antenatal care (ANC) referred to as the "10 T's", which cover various aspects of health, including mental health. This regulation is also regulated in Permenkes No. 6 of 2024 concerning technical standards for fulfilling minimum standards of health services related to mental health examinations which include mental status examinations and interviews, as well as education to patients and families(11)

Supporting and inhibiting factors for midwives in implementing mental health screening for pregnant women in Bantul Regency, Yogyakarta

Mental health screening in pregnant women is an important intervention in disease prevention and promotion. Quantitative results showed that 24.3% of respondents said that policy support from puskesmas or hospitals is very important. In addition, 17.4% of respondents said that the availability of screening tools is the best thing to support implementation. This data shows that the implementation of mental health screening by midwives is strongly influenced by regulations and facilities at the institutional level. This result is in line with the qualitative data which shows that because the Health Office and Head of Puskesmas have direct policies in some areas, screening runs more smoothly. These policies not only provide legitimacy for the screening process, but also encourage regular scheduling, reporting of results, and allocation of resources. In addition, the integration of mental health screening into antenatal care makes service time more efficient and service coverage wider, thus supporting the prevention and early treatment of mental health disorders in pregnant women nationally(12) . With wide coverage, the potential for early detection of mental health disorders is greater, so that intervention and prevention can be carried out earlier(13). In addition, social support encourages people to undergo regular and timely screening. Supportive coworkers and family members can remind people of their schedules, accompany them, and encourage them not to delay or skip their checkups (14) .

Education and socialization to pregnant women about mental health, such as pregnant women's classes and direct counseling, can increase pregnant women's understanding of the importance of maintaining mental health during pregnancy and the postpartum period(15) . Informants said that strong interprofessional collaboration resulted in smoother screening processes, more accurate diagnoses, and faster and more effective referrals or interventions. This collaboration not only improves midwives' skills, but also increases their confidence as they feel supported by the team. In addition, the collaboration model helps detect mental health disorders early, simplifies the referral process, and improves the support system for pregnant women, both from health services and the family and community environment(16) . Interdisciplinary collaboration is also necessary for conducting mental health screening in pregnant women. Various healthcare professionals, including doctors, nurses, midwives, nutritionists, and psychologists, can work together to provide broader and more comprehensive healthcare services through a collaborative approach such as Interprofessional Collaboration (IPC) (17). Additionally, the collaboration model helps in the early detection of mental health disorders, facilitates the referral process, and enhances the support system for pregnant women, both from healthcare services and the family and community environment(16). Based on the quantitative results, only 1.7% of respondents reported that there are other factors that support mental health screening of pregnant women, such as the presence of additional human resources such as psychology students or volunteers. According to(8) additional human resources such as psychology students or trained volunteers can indeed be a wise choice to support the implementation of mental health screening of pregnant women. Psychology students or trained volunteers can teach the importance of mental health and offer emotional support to pregnant women, especially in the community or home(15)

One of the main problems when conducting mental health screening for pregnant women in primary care facilities is limited service time. Midwives often have to handle many patients in a limited amount of time, so physical examinations and usual medical actions are prioritized. This suggests that, although midwives recognize the importance of screening, limited physical capacity and time due to excessive workload are major barriers to implementation in the field. Heavy workloads can have a direct impact on the quality of care provided. In addition, excessive workload can cause stress, decreased efficiency, and decreased performance of midwives(18) . To conduct mental health screening, which is a sensitive and personalized examination, many health facilities, especially at the primary level, often do so in open spaces or with other patients, which reduces patient comfort and confidentiality. In contrast, an enclosed, quiet, and safe place can make pregnant women feel more secure and comfortable. Pregnant women are more willing to talk about their psychological problems in this situation without worrying about being heard or judged by others. The comfort level of pregnant women during the screening process is also influenced by physical comfort factors, such as room temperature, air circulation, and cleanliness(19) . The results showed that midwives often considered the existing training to be short, not comprehensive, or only focused on theory without direct practical assistance. This finding is reinforced by the qualitative findings. This leads to lack of confidence and inaccurate implementation of screening in the field. Midwives do not have a standard diagnosis pattern, where screening is carried out based on midwives' observations of the behavior, facial expressions of pregnant women and screening based on the experience of health workers. Mental health screening can be identified from the mental health status of pregnant women at an early stage where it can improve competence as a health professional(20) . This causes the lack of literacy and confidence of midwives in screening and providing appropriate psychological interventions(21). Lack of training also causes the implementation of mental health screening to not run consistently and structured, so that many cases of mental disorders in pregnant women are not detected or handled optimally(8).

Research Limitations

The limited number of participants and geographical coverage restricted the generalizability of the results. In addition, researchers faced time constraints and field access limitations that limited the depth of qualitative data. These weaknesses provide a basis for further research to involve more regions, triangulate data, and enrich perspectives from service users.

CONCLUSION

This study highlights the importance of mental health screening for pregnant women and the challenges faced by midwives in its implementation. To address these challenges, it is recommended that midwives receive ongoing training on mental health screening, the use of standard screening tools, and the identification of disorders such as depression and anxiety. Health system policies should ensure that midwives have access to necessary resources, such as psychologists and standard screening tools, as well as clear operational guidelines. Additionally, future research should focus on intervention trials to evaluate the effectiveness of screening tools and training programs, explore the use of technology, such as mobile apps, to enhance screening efficiency, and conduct multicenter studies to expand the scope of this research, ensuring more representative results that can be applied across different regions or healthcare facilities.

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CONFLICTS OF INTEREST

The authors declare that there are no conflicts of interest.

REFERENCES

1. Răchită AIC, Strete GE, Sălcudean A, Ghiga DV, Rădulescu F, Călinescu M, et al. Prevalence and Risk Factors of Depression and Anxiety among Women in the Last Trimester of Pregnancy: A Cross-Sectional Study. *Med.* 2023;59(6).
2. Jenny M, Gakii B, Nyavanga EJ, Masita P. Magnitude of common mental disorders and associated factors among pregnant women attending Antenatal Care visits in North Wollo Public Health Facilities, Northwest Ethiopia. *Int J Trop Dis Heal.* 2022;44(12):24–33.
3. Lilliecreutz C, Josefsson A, Mohammed H, Josefsson A, Sydsjö G. Mental disorders and risk factors among pregnant women with depressive symptoms in Sweden—A case-control study. *Acta Obstet Gynecol Scand.* 2021;100(6):1068–74.
4. Wulandari RP, Perwitasari. Hubungan Usia Ibu dan Paritas dengan Gejala Depresi Pada Kehamilan (The Correlation between Depressive Symptoms with Age and Parity Among Pregnant Women). *Midwifery Reprod.* 2021;4(2):81–5.
5. Mellor C, Payne D, McAra-Couper J. Midwives' perspectives of maternal mental health assessment and screening for risk during pregnancy. *New Zeal Coll Midwives J.* 2019;55(55):27–34.
6. Pragastiwi EA, Pratiwi C. Interprofessional collaboration on mothers with perinatal mental health problems and disorders: A scoping review. *J Aisyah J Ilmu Kesehat.* 2023;
7. Long MM. Depression among Expectant and New Mothers: A Multi-Study Investigation of Rates, Correlates, and Training for Healthcare Providers. 2019.
8. Damayani A diah, Harindra, Auronita Puspa Pertiwi, Akhiat, Intaglia Harsanti. Skrining Kesehatan Jiwa pada Ibu Hamil sudahkah diimplementasikan? *Citra Delima Sci J Citra Int Inst [Internet].* 2024;8(1):51–9. Available from: file:///C:/Users/acer/Downloads/51-59-1.pdf
9. Murphy J, Qureshi O, Endale T, Esponda GM, Pathare S, Eaton J, et al. Barriers and drivers to stakeholder engagement in global mental health projects. *Int J Ment Health Syst.* 2021;15(1):1–13.
10. Andriyani A, Eka O, Baitanu P, Marcelli O, Djuwa H, Parangtritis J, et al. Penapisan kesehatan mental perinatal. *J Ilm Kesehat Indones.* 2024;2:7–17.
11. Indonesia MK. Peraturan Menteri Kesehatan Republik Indonesia No 6 Tahun 2024. Kementrian

- Kesehatan 2024 p. 31–4.
12. Kementerian Kesehatan RI. Pedoman Pelayanan Antenatal Terpadu. Kementerian Kesehatan Republik Indonesia. Jakarta: Kementerian Kesehatan; 2020.
 13. Rospia ED, Hayati SH, Cahyaningtyas DK. Deteksi Dini Maternal Mental Health Dan Edukasi Menjadi Happy Mom Sebagai Pilar Utama Dalam Keluarga Early Detection of Maternal Mental Health and Education Become Happy Mom as the Main Pill. *JPM Bakti Parahita J Pengabd Masy Bakti Parahita* [Internet]. 2024;5(01):12–22. Available from: file:///C:/Users/acer/Downloads/JPMB+1306+OK.pdf
 14. Novianti dan Suparmi. Peran Dukungan Sosial Dalam Pelaksanaan Program Pendampingan Ibu Hamil Di 7 Kabupaten/Kota Di Indonesia. *J Kesehat Reproduksi*. 2022;12(2):103–16.
 15. Zannah, Ai Nur, Laila Karimatu Zalika, Arien Daning Astiti EAS. Sosialisasi Pentingnya Kesehatan Mental Ibu Hamil Dengan Slogan “Suami” Dijaga Ibu Hamil Sejahtera. *J Pengabd Masy Sade* [Internet]. 2024;2(1):82–7. Available from: file:///C:/Users/acer/Downloads/82-87_SOSIALISASI+PENTINGNYA+KESEHATAN+MENTAL+IBU+HAMIL+DENGAN+SLOGAN.pdf
 16. Hertati D, Mujahadatuljannah M, Rabiattunnisa R, Setyoningsih D, Nurhidayati E. Perawatan Kolaborasi untuk Kesehatan Mental Perinatal: Tinjauan Literatur. *J Surya Med* [Internet]. 2022;8(1):21–8. Available from: file:///C:/Users/acer/Downloads/3419-Article Text-13553-1-10-20220409-1.pdf
 17. Hipni R, Kisworo N, Hutagaol R, Fauziah E, Pratiwi N, Ulfah R, et al. Optimalisasi kesehatan otak ibu hamil melalui pola hidup sehat pendekatan interprofessional collaboration. *Jurnal Rakat Sehat Pengabd Kpd Masy* [Internet]. 2024;3(2):104–11. Available from: file:///C:/Users/acer/Downloads/_104-111.pdf
 18. Violinansa BO, Suryawati C, Budiyantri RT. Kinerja Bidan dalam Memberikan Pelayanan Antenatal Care: Suatu Kajian Pustaka. *J Sains dan Kesehat*. 2021;3(4):611–9.
 19. Erwinda D, Dwi Guna S, Studi Ilmu Keperawatan P, Keperawatan F, Riau U, Pekanbaru K, et al. Hubungan Ketidaknyamanan Fisik dan Psikologis terhadap Kualitas Hidup Ibu Hamil. *JETISH J Educ Technol Inf Soc Sci Heal E-ISSN* [Internet]. 2024;3(1):300–13. Available from: file:///C:/Users/acer/Downloads/1664-11455-1-PB.pdf
 20. Rohani CSP. Midwives’ Role in Managing Pregnant Women with Mental Health Issues and Disorders in Developing Countries: A Rapid Review. *Poltekita J Ilmu Kesehat*. 2024;17(4):1332–43.
 21. Savitri EN, Elli Nur Hayati MSD. Scoping Review: Layanan Perinatal Mental Health Oleh Bidan Di Negara Asean. *J Kesehat Manarang* [Internet]. 2022;8:2. Available from: <http://jurnal.poltekkesmamuju.ac.id/index.php/m>