
BEHAVIORAL DETERMINANTS OF PREGNANT MOTHERS AND HUSBANDS IN CONTAINING PREGNANCY EXAMINATION DURING THE COVID-19 PANDEMIC

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ABSTRACT

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ANC is a health service provided to pregnant women in an effort to improve the welfare of the mother and fetus. The pandemic (COVID-19) is now a problem faced by 200 countries around the world. The method used in this paper uses a comprehensive strategy, such as searching for articles in research journal databases, searching through the internet, reviewing articles. There are 5 national articles and 5 international articles, analyzed through analysis of objectives, suitability of topics, research methods used, sample size, research ethics, results of each article, and limitations that occur. The results of this study indicate that the increase in anxiety of pregnant women in the era of the COVID-19 pandemic is due to the lack of knowledge of pregnant women about COVID-19 and how to prevent it. In reducing the mother's anxiety level to carry out Antenatal Care checks, a deep understanding of COVID-19 and how to prevent it, and avoiding false news (hoaxes) can be given. The conclusion based on the analysis that has been carried out is, there are factors of maternal anxiety and husband's support in conducting Antenatal Care examinations, namely inaccurate information circulating to the wider community, then the level of knowledge related to covid-19 and its prevention.

KEYWORDS

Pregnance, Covid-19, Antenatal Care



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INTRODUCTION

Pregnancy is a physiological event experienced by women. The fertilization event that forms a zygote and eventually becomes a fetus until the delivery process. During the pregnancy process, there will be a physiological and psychological change so that pregnant women need information related to antenatal care during their pregnancy. Globally, during the 2007–2014 period, only 64% of pregnant women performed antenatal care at least four times the WHO recommended, there were around 303,000 women and adolescent girls died from complications during pregnancy and childbirth in 2015. Maternal deaths occurred approximately 99% in low resource settings and were largely preventable, as were approximately 2.6 million stillbirths in 2015, also mainly in low resource settings.

Antenatal care is care that has been provided by skilled professionals to ensure the best health conditions and services for pregnant women and fetuses while in the womb. The components of antenatal care are risk identification, prevention related to pregnancy or concomitant disease, health education and also health promotion. The benefits of antenatal care are to reduce maternal and fetal morbidity through early detection and necessary treatment during pregnancy, through identification of pregnancies and fetuses with increased complications during pregnancy or delivery, in order to ensure referral management if necessary. Antenatal care also provides good and much-needed services during pregnancy and childbirth, as an effort to prevent and simultaneously manage disease through the provision of integrated services.

In Indonesia, maternal mortality is the ratio of deaths during pregnancy, childbirth and the puerperium caused by pregnancy, childbirth, and the puerperium or their management, but not due to other causes such as accidents or incidents in every 100,000 live births. In addition to assessing maternal health programs, this indicator is also able to assess the degree of public health, because of its sensitivity to improving health services, both in terms of accessibility and quality. In general, there was a decrease in maternal mortality during the period 1991-2015 from 390 to 305 per 100,000 live births. Although there is a tendency to decrease maternal mortality, the MDGs target has not been achieved, which is 102 per 100,000 live births in 2015.

The non-natural disaster of the COVID-19 pandemic hit and caused several impacts, one of which was maternal and neonatal health services which were affected both in terms of access and quality. It is feared that this can lead to one of the factors causing increased morbidity and mortality rates for mothers and newborns (Ariestanti, Widayati, & Sulistyowati, 2020).

The coronavirus pandemic that emerged in 2019, is a disease that has caused a significant increase in the number of deaths since it was first identified in Wuhan, China, in December 2019. Data regarding the 2019 coronavirus during pregnancy is very limited, but sufficient information regarding the disease caused by the coronavirus is available pathogens namely (severe acute respiratory syndrome and Middle East respiratory syndrome). So it would be better to provide insight regarding the effects of the 2019 coronavirus disease during pregnancy. Pregnant women are three times more at risk than non-pregnant women.

There were at least 7 infections in the first trimester, 4 ending in spontaneous abortion. Trimester four of 5 women with severe acute respiratory syndrome after 24 weeks of gestation give birth prematurely. Middle East For respiratory syndrome, there were 13 case reports in pregnant women, of which 2 were asymptomatic, identified as part of the contact investigation; 3 patients (23%) died. Two pregnancies ended in fetal

death and the other 2 were born prematurely. There is currently no specific treatment for the coronavirus, and it is approved by the US Food and Drug Administration. 2019 coronavirus disease may increase risk of pregnancy complications (Sonja, 2020).

Therefore, the need for pregnant women must include preparedness and response plans. In previous outbreaks, doctors have been reluctant to treat or vaccinate pregnant women because of concerns that the safety of the fetus is paramount, that pregnant women are potentially at risk for serious infectious diseases unless there are compelling reasons to exclude them. As with all decisions about treatment during pregnancy, carefully weighing the benefits of the intervention to mother and fetus with potential risks is necessary. As a surveillance system, the criteria for someone who is infected with the corona virus are, namely fever is a sign or symptom of lower respiratory tract disease (for example, cough or shortness of breath), fever and signs or symptoms of lower respiratory disease (for example, cough or shortness of breath), fever and signs or symptoms of lower respiratory illness (eg, cough or shortness of breath) requiring hospitalization (Rassmusen, 2019).

According to the World Health Organization report published in 2014 the MMR in the world reached 289,000 people. Around 25-50% of deaths of women of childbearing age in poor countries are caused by problems in pregnancy, childbirth and the puerperium. In 2015, WHO estimates that every year around the world more than 585,000 pregnant women die during pregnancy or childbirth. Indonesia has eight targets to achieve the Millennium Development Goals (MDGs) development programs that have been set by the United Nations (UN) and the Indonesian government, one of which is reducing infant and maternal mortality rates during childbirth (Munandar, 2018).

In this COVID-19 pandemic situation, there are many restrictions on almost all routine services including maternal and neonatal health services. For example, pregnant women are reluctant to go to the puskesmas or other health care facilities for fear of being infected (Erna M, 2019). An increase in the anxiety of pregnant women in the era of the COVID-19 pandemic is due to the lack of knowledge of pregnant women about COVID-19 and how to prevent it. Various efforts have been made by the government and other institutions to disseminate information about COVID-19, but there are still many people who do not fully understand it. This is also due to the large amount of false information (hoax) circulating and believed in the community regarding COVID-19 information ranging from the origin of the virus to the policies taken by the government in controlling COVID-19 (Saputra, 2020).

Through antenatal care, various information and education related to pregnancy and preparation for delivery can be given to mothers as early as possible. Lack of knowledge about the danger signs of pregnancy often occurs due to lack of antenatal care visits. So this can cause danger to the mother and fetus such as bleeding during pregnancy because no danger signs are detected. Maternity Health Services aims to fulfill the right of every pregnant woman to obtain quality health services so that she is able to undergo a healthy pregnancy, give birth safely, and give birth to a healthy and quality baby masks when visiting health facilities, and honestly conveying their health status if they have been diagnosed as Monitoring Persons, Patients Under Supervision or confirmed COVID-19. It is still unclear whether COVID-19 infection can pass through the transplacental route to the baby. Although there are several reports where infants on examination were found to be positive for the presence of the virus some time after birth, this study needs further validation of whether this transmission occurs in utero or postnatally (Dashraath et al, 2020).

Antenatal care was carried out 4 times, namely 1 time in the first trimester, 1 time in the second trimester, and 2 times in the third trimester. Utilization of antenatal care services can be seen from the coverage of K1 and K4 visits where K1 is the first time pregnant women check their pregnancy while K4 is pregnant women who have had their pregnancy checked at least 4 times. If all pregnant women have checked their pregnancies at least 4 times then the utilization of antenatal care services is good, but on the contrary if pregnant women have not reached at least 4 times in checking their pregnancies, it shows that the utilization of antenatal care services is low. Utilization of antenatal care services shows access to health services for pregnant women and the level of compliance of pregnant women in checking their pregnancies to health workers (Usman, 2018).

Utilization of health services is the use of health service facilities provided either in the form of outpatient care, inpatient care, home visits by health workers or other forms of activity from the use of these services based on the availability and continuity of services, public acceptance and fairness, easily accessible by the community, affordable, as well as quality (Sumampouw., 2017).

RESEARCH METHODS

The method used in this paper uses a comprehensive strategy, such as searching for articles in research journal databases, searching through the internet, reviewing articles. Database searches used include Google Scholar, Lancet and Oxford. The keywords used in the article search were "Pregnancy", "Covid-19", "Antenatal care during a pandemic", "Antenatal care Pandemic". There are 5 national articles and 5 international articles, analyzed through analysis of objectives, suitability of topics, research methods used, sample size, research ethics, results of each article, and limitations that occur.

RESULTS AND DISCUSSION

A. Literature Review Results

Based on the literature review research conducted, there are 5 national articles and 5 international articles, analyzed through analysis of objectives, suitability of topics, research methods used, sample size, research ethics, results of each article, and limitations that occur. The articles are as follows:

Researched articles by F. A. Murni and I. Nurjanah entitled "Pregnant Mothers with Compliance with K4 Antenatal Care Visits at Puskesmas in Bogor City" uses an analytical survey method using a cross sectional approach. The population in this study were 1,055 pregnant women at the Cigombong Health Center, Bogor Regency. The sample in this study were 290 pregnant women using a sampling technique.

Based on the research results obtained at the Cigombong Health Center, it can be seen from 290 pregnant women, as many as 158 respondents (54.5%) who did not do K4 antenatal care checks and as many as 132 (45.5%) respondents who did K4 antenatal care checks. There is no significant relationship between the age of pregnant women on K4 antenatal care compliance with $p\text{-value} = 0.094 > 0.05$. It was concluded that there was no significant relationship between the age of pregnant women and K4 antenatal care adherence at the Cigombong Health Center, Bogor Regency. In conclusion, the frequency distribution of pregnant women who did not perform antenatal care K4 was quite dominant, then the frequency distribution of pregnant women who did antenatal care K4

was the highest with age not at risk and there was no relationship between the age of pregnant women and compliance with antenatal care K4.

Researched articles by **J. Aritonang, L. Nugraeny, Sumiatik, and R. N. Siregar** entitled "Improving Health Understanding of Pregnant Women in Juneris' COVID-19 Prevention Efforts in Medan". Using the method. The target of this activity is all pregnant women who come for routine antenatal care at the Mariana Private Medical Center, as many as 52 people. This counseling is carried out in accordance with strict health protocols. To prevent crowds during the activity, the community service team and the leader of the Mariana Private Medical Center decided to divide the activity into four sessions with a limit on the number of participants in each session (10-16 participants). In addition to limiting the number of participants, this activity also maintains a distance between participants (1-1.5 m). Participants are required to wear masks and it is not recommended to bring children < 10 years of age during the activity.

This community service activity starts from; Preliminary study of this activity aims to explore problems that exist in the community, determine activity targets and plan solutions to the problems found, permission for this activity is in the form of asking permission from the leadership of the Mariana Private Medical Center to be used as a counseling location and determining activity schedules, dividing small groups of counseling participants, and provide invitations for counseling activities to pregnant women, counseling, this activity is carried out in the form of providing health education about COVID-19 with the topic of introducing COVID-19, modes of transmission, the impact of COVID-19 infection on pregnancy and efforts to prevent it during pregnancy, proper antenatal care during the pandemic.

The stages of this counseling started from material presentation, demonstration, reflection and closing, at this stage the team reflected and discussed with participants about the material that had been delivered. At this stage, interpersonal communication is carried out between participants and presenters. In each session, the presenters evaluate as well as carry out deeper communication and education (1 speaker conducts 2-3 participants per session), Preparation of service reports, this stage the team reports the results of activities that have taken place to the leadership of the Mariana Private Medical Center and agrees to jointly maintain and monitoring the understanding and behavior of pregnant women in an effort to prevent the spread of COVID-19. The results of this study showed that all participants had poor knowledge about COVID-19, and of the 3 knowledge gained, participants had the lowest knowledge about preventing transmission of COVID-19 during pregnancy. According to the authors, the lack of knowledge of participants caused anxiety or fear in pregnancy in the era of the COVID-19 pandemic.

This is evident in the pretest given to participants about the anxiety experienced by participants. It was found that 80% of the participants were anxious in the face of this COVID-19 pandemic. In conclusion, increasing knowledge and understanding of pregnant women in efforts to prevent COVID-19, decreasing anxiety during pregnancy during the COVID-19 pandemic era, it is necessary to carry out similar activities on an ongoing basis until there is a change in behavior for the better. The obstacle encountered during the activity was that the team only looked at the understanding side, not yet on the behavioral side. There is a need for further monitoring of changes in behavior after this counseling is carried out.

Researched articles by **R. D. Buana** entitled "Analysis of Indonesian People's Behavior in Facing the Corona Virus Pandemic (Covid-19) and Tips for Maintaining Mental Welfare?" In Jakarta. The method used in this research is literature study, which is

a study whose object of research is in the form of literature works, either in the form of scientific journals, books, articles in the mass media, and statistical data. The literature will be used to answer research problems posed by the author, which in this case is why Indonesian people show certain behaviors in dealing with the Covid-19 virus pandemic and how to overcome them, as well as answering how people are advised to maintain mental well-being from a psychological point of view positive.

The nature of the study conducted is descriptive analysis, namely providing education and understanding to the reader, and the type of data used in this research is secondary data. The results show that the behavior displayed by people who do not comply with government advice is based on cognitive bias. In addition to analyzing the behavior of the Indonesian people and how to deal with it, this article also describes tips for maintaining mental well-being in a positive psychology approach. In conclusion, there are still many Indonesians who do not comply with the government's appeal to deal with the corona virus pandemic, due to a concept in psychology called cognitive bias. Cognitive bias is a systematic error in thinking that affects the decisions and judgments a person makes.

Researched articles by [R. N. Putri](#) entitled "Indonesia in Facing the Covid-19 Pandemic in Jambi". Research method used Literature study is a study whose research object is in the form of literature works in the form of scientific journals, books, articles in the mass media, and statistical data. The result is that Indonesia has implemented many policies in controlling and preventing COVID-19. However, these policies must also be supported by public awareness and a good health system.

In conclusion, the COVID-19 pandemic has had many social and economic impacts. Indonesia has tried to control and break the chain of covid-19 by making and implementing applicable regulations. However, in dealing with COVID-19, it is not only the role of the government and the role of health workers who can be relied upon but also the role and awareness of the community to be able to heed the appeals of the government and health workers and increase self-awareness to prevent the spread of the Covid-19 virus.

Researched articles by [I. S. D. Cahyani](#) entitled "Utilization of antenatal care services at the Trucuk I Public Health Center, Klaten Regency". This study used a quantitative research design with a sample of 84 respondents and the sampling technique used was purposive sampling. The instrument in this study used a questionnaire. Data analysis in this study used chi-square. The results showed that there was no relationship between the use of antenatal care services with age ($p=0.168$), education ($p=0.275$), income ($p=0.50$), accessibility ($p=1$), disease history ($p=1$) and support family ($p=0.183$). Meanwhile, those related to the use of antenatal care services were occupation ($p=0.04$), knowledge ($p=0.004$), and level of satisfaction ($p=0.002$).

Researched articles by [N. C. Freiesleben et al.](#) entitled "SARS-CoV-2 in the first trimester of pregnancy: a cohort study" at the University Hospital of Copenhagen Hvidovre, Denmark. Using a cohort study design of 1,019 women with multiple tests taken between February 17 and April 23, 2020, as part of a combined first trimester risk assessment, and 36 women with a first trimester miscarriage between April 14 and May 21, 2020, prior to multiple testing. The study period was during the first wave of the SARS-CoV-2 epidemic in Denmark. Method Cohor 1 included pregnant women with multiple tests taken during the study period. The excess serum from each double assay was analyzed for SARS-CoV-2 antibodies. The results were correlated with nuchal translucency thickness and the number of miscarriages before or at the time of the first trimester scan. Group 2 included women with miscarriages before gestational age for the multiple test sample. Serum from a blood test taken on the day the miscarriage occurred

was identified and analyzed for SARS-CoV-2 antibodies.

The study was conducted at a public university hospital serving 12% of pregnant women and women born in Denmark. All participants in this study provided written informed consent. As a result, eighteen (1.8%) women had SARS-CoV-2 antibodies in serum from two tests suggestive of SARS-CoV-2 infection in early pregnancy. There was no significant difference in nuchal translucency thickness for women testing positive for prior SARS-CoV-2 infection (n 16) versus negative (n 966) (P 0.62). There was no significant increased risk of SARS-CoV-2 in first-trimester pregnancy miscarriage for women with antibodies (n 1) (OR 3.4, 0.08-24.3 95% CI, P 0.27). None of the women were hospitalized for SARS-CoV-2 infection. None of the women with miscarriages before the dual test (Cohort 2) had SARS-CoV-2 antibodies. Conclusion Maternal SARS-CoV-2 infection had no effect on nuchal translucency and there was no significantly increased risk of miscarriage in women with SARS-CoV-2 infection in the first trimester of pregnancy. Evidence on COVID-19 in pregnancy is limited. These data suggest that SARS-CoV-2 infection in women who are not hospitalized may not pose a significant threat in the first trimester of pregnancy. Follow-up studies are needed to establish any risks to the maternally exposed fetus.

Researched articles by [P. I. Klinis et al](#), entitled “Maternal and Neonatal Outcomes of Pregnant Women With Coronavirus Disease 2019 (COVID-19) Pneumonia: Case-Control Study” at the Maternal and Child Health Hospital of Hubei Province, China. Using a case-control study method to compare clinical characteristics and outcomes of mothers and infants in no women with and without COVID-19 pneumonia. Results: During the period of January 24 - February 29, 2020, there were 16 pregnant women who were confirmed to have the COVID-19 virus. Monia and 18 cases of hospitalized patients in the third trimester. Two underwent vaginal delivery and the remainder were cesarean deliveries. Some patients showed respiratory symptoms (fever and cough) on admission, but most had tomographic images of COVID-19 pneumonia.

Compared to controls, patients with COVID-19 pneumonia had lower white blood cell counts (leukocytes), neutrophils, C-reactive protein (CRP), and alanine aminotransferase on admission. Elevated levels of white blood cells, neutrophils, eosinophils, and CRP were found in postpartum blood tests of pneumonia patients. Three (18.8%) mothers with confirmed COVID-19 pneumonia and 3 (16.7%) with suspected COVID-19 pneumonia gave birth prematurely due to maternal labor. applications, which was significantly higher than that of the control group. None experienced respiratory failure during hospitalization. COVID-19 infection was not found in newborns, and there were no severe neonatal complications. Conclusions: Severe maternal and neonatal complications were not observed in pregnant women with COVID-19 pneumonia who underwent vaginal or cesarean delivery. Mild respiratory symptoms in pregnant women with COVID-19 pneumonia highlight the need for effective screening at admission.

Researched articles by [J. S. Lee et al](#), entitled “Covid-19 and influenza immunophenotype highlights the role of interferon type I in the development of severe COVID-19” in the Republic of Korea. Using the method Sorted data was de-multiplexed using mkfastq (cellranger 10X genomics, v3.0.2) to generate fastq files. After de-multiplexing, reads were aligned with the human genome reference (GRCh38; 10X cellranger reference GRCh38 v3.0.0), a barcode-generated feature matrix using cellranger counts, and then aggregated by cellranger aggr us- using default parameters.

The following analyzes were performed using the Seurat R package v3.1.5 (17). After generating the barcode-feature matrix, we discarded cells that expressed <200 genes and genes were not expressed in any cells. To exclude low-quality cells from our data, we screened cells that expressed mitochondrial genes in >15% of the total stress genes as

described in previous studies (29, 35, 36). Doublets were also excluded, which were dominant in the “Uncategorized 1” cluster. Despite high variability in the number of detectable UMIs per cell, the majority of cells (90.5%) were enriched in the reasonable UMI range (1,000 – 25,000), and 59% of cells with less than 1,000 UMIs whether platelets or RBCs were removed in downstream analysis.

In each cell, gene expression was normalized based on the total read count and log-transformation. To align orig- cells from different samples, 2000 highly variable genes from each sample were identified by the vst method in Seurat Package R v3.1.5 (17). Using canonical correlation analysis (CCA), we find anchors and align the sample based on the top 15 canonical correlation vectors. The sample aligned Chungbuk National University Hospital from December 2015 to April 2016, before the emergence of COVID-19. Patients' clinical features, laboratory findings, and chest radiographs were collected from their electronic medical records at each RSUD. This study protocol was reviewed and approved by the institutional review boards of all participating institutions. Written informed consent was obtained from all patients. Researched articles by [M. Camacho, C. Medina, C. Dobaño, M. D. Gomez-roig, and E. Gratacos](#), entitled “Impact of Sars-Cov-2 Infection on Pregnancy Outcome: A Population-Based Study” at a hospital in Barcelona, Spain. Methods A population-based prospective study included pregnant women who were attended consecutively in the first, second or during delivery at three hospitals in Barcelona, Spain. SARS-CoV-2 antibodies (IgG and IgM or IgA) were measured in all participants and nasopharyngeal RT-PCR was performed at delivery. The primary outcome was the composite of pregnancy complications in SARS-CoV-2 positive versus negative women: miscarriage, preeclampsia, preterm delivery, perinatal mortality, gestational age, neonatal admission. The secondary outcome was the main component of the outcome plus abnormal fetal growth, malformations, intrapartum fetal distress. The results were also compared between asymptomatic and asymptomatic SARS-CoV-2 women.

As a result, from 2,225 pregnant women, 317 (14.2%) were positive for SARS-CoV-2 antibodies (n = 314, 99.1%) and/or RT-PCR (n = 36, 11.4%). Among positive women, 217 (68.5%) were asymptomatic, 93 (29.3%) had mild COVID-19 and 7 (2.2%) had pneumonia, 3 of whom required intensive care unit admission. In women with and without SARS-CoV-2 infection, the primary outcome occurred in 43 (13.6%) and 268 (14%), respectively [risk difference -0.4%, (95% CI: -4.1% to 4.1%)]. Compared with uninfected women, women with COVID-19 symptoms had an increased rate of preterm birth (7.2% vs 16.9%, p = 0.003) and intrapartum fetal distress (9.1% vs 19.2%, p = 0.004), while asymptomatic women had similar rates of uninfected cases. Among 143 fetuses from infected mothers, none had anti-SARS-CoV-2 IgM/IgA in cord blood. Conclusions: The overall rate of pregnancy complications in women with SARS-CoV-2 infection was similar to that in uninfected women. However, COVID-19 symptoms are associated with modest increases in preterm delivery and intrapartum fetal distress.

Researched articles by [P. Asli et al](#) entitled “Integrating Calcium Supplementation into Facility-Based Antenatal Care Services in Western Kenya: A Qualitative Process of Evaluation to Identify Implementation and Facilitator Barriers” in Kenya. Using the method of conducting semi-structured interviews with 7 antenatal care providers, 32 pregnant women, and 20 adherence partners (family members who provide reminders and support), and 200 observations of antenatal care consultations. Interviews were transcribed, translated, and analyzed thematically. Observation data are summarized. Results: Antenatal care providers reported positive feelings about calcium supplementation, received training, and counseling materials, but reported increased workloads delivered about the benefits of supplementation and managing side effects,

offered reminders of strategies, and provided supplements and other behavioral change and instrumental support materials. Concerns about the risk of HIV positivity, pill burden, unfavorable organoleptic properties, and dietary deficiencies were barriers to adherence. Conclusions: Although integrating calcium into antenatal iron folic acid supplementation is generally accepted by ANC providers, pregnant women, and their families, calcium supplementation presents unique challenges that must be considered for successful application of these guidelines.

B. Discussion

From the results of a literature review that has described the factors of concern for mothers and husbands in the ANC (Antenatal Care) examination which is the care of the mother and fetus during pregnancy. Through ANC, various information and education related to pregnancy and preparation for delivery can be given to the mother as early as possible. An increase in the anxiety of pregnant women in the era of the COVID-19 pandemic is due to the lack of knowledge of pregnant women about COVID-19 and how to prevent it. Various efforts have been made by the government, health workers, and other institutions to disseminate information about COVID-19.

Lack of knowledge about the danger signs of pregnancy often occurs due to lack of antenatal care visits. This lack of antenatal care visits can cause harm to both the mother and the fetus, such as bleeding during pregnancy because the danger signs are not detected. The Pregnancy Health Service aims to fulfill the right of every pregnant woman to obtain quality health services so that she is able to have a healthy pregnancy, give birth safely, and giving birth to healthy and quality babies. Education for pregnant women, until delivery. Utilization of antenatal care services shows access to health services for pregnant women and the level of compliance of pregnant women in checking their pregnancies to health workers.

Utilization of health services is the use of health service facilities provided either in the form of outpatient care, inpatient care, home visits by health workers or other forms of activity from the use of these services based on the availability and continuity of services, public acceptance and fairness, easily accessible by the community, affordable , as well as quality.

In reducing the level of anxiety for mothers to carry out Antenatal Care checks, a deep understanding of Covid-19 and how to prevent it can be given, as well as avoiding untrue news, and needing cooperation with the government. Related to this, according to research conducted by (Saputra, 2019), namely, the level of maternal anxiety is caused by a lot of false information (hoax) circulating, and it is believed in the community regarding COVID-19 information ranging from the origin of the virus to policies taken by the government in controlling COVID-19.

CONCLUSION

The conclusion based on the analysis that has been done by the author, it is concluded that husband's support is a factor that influences mothers in conducting antenatal care examinations, while other factors that cause maternal irregularities in conducting antenatal care examinations are caused by lack of knowledge, education, motivation, and lack of communication with medical personnel. related to antenatal care regulations during a pandemic in health services. This is of course very necessary so that mothers continue to have their pregnancy checked even during the pandemic in order to continue to monitor the health and welfare of the mother and fetus during pregnancy to

prepare the mother for childbirth. Therefore, it is hoped that the mother will continue to do routine antenatal care at least 6 times, namely; 2 times in Trimester 1, once in Trimester 2 and 3 times in Trimester 3 in accordance with the regulations of the Indonesian Ministry of Health in 2018 and adapted to health services in the new adaptation era during the COVID-19 pandemic.

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