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Original Research

The Effect of Stimulation Using Fetal Development Stickers Booklet on the Accuracy of Antenatal Care Follow-Up Visits for Pregnant Women

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ABSTRACT

Background: *Antenatal Care (ANC) service standards recommend that pregnant women undergo at least six medical check-ups during pregnancy: one in the first trimester, two in the second trimester, and three in the third trimester. However, ANC revisit rates in Indonesia remain suboptimal. This study aims to determine the effect of stimulation using a fetal development sticker booklet on the accuracy of ANC revisits among third-trimester pregnant women.*

Methods: *This quasi-experimental study employed a one-group pretest-posttest design with control group. A total of 60 respondents were selected using purposive sampling and divided into treatment and control groups, with 30 participants each. The intervention involved affixing fetal development stickers representing fetal growth based on gestational age in the third trimester. The analysis used was the chi-square test.*

Results: *The results showed a significant increase in on-time ANC revisits in the treatment group (83.3%) compared to the control group (36.7%). The test revealed a statistically significant relationship between the provision of fetal development stickers and ANC revisit accuracy, with a p-value of <0.001 (<0.05), Odds Ratio (OR) of 8.6, and a 95% Confidence Interval (CI) of 2.5–29.07.*

Conclusion: *This indicates that pregnant women who were given fetal development stickers in their KIA books had an 8.6 times greater chance of making timely ANC visits compared to those who were not given stickers. Therefore, fetal development sticker booklets are an effective tool to improve ANC revisit compliance and can serve as a valuable complement to the standard Maternal and Child Health (MCH) handbook.*

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INTRODUCTION

In order to create a generation that is qualified, healthy, intelligent, strong, free from disability, it is very important to prepare from the mother's womb. Thus, taking care of pregnant women and babies in the womb is a form of antenatal care service that must be carried out. ANC service standards are medical services provided to pregnant women at least six times during pregnancy, with a schedule of one time in the first trimester, twice

in the second trimester and three times in the third trimester. ANC services are provided by midwives or *obgyn* specialists in both government and private health facilities. The coverage of K1 services and K4 and K6 revisits (the latest service standards) show the existence of ANC services regardless of whether the service is achieved or not (Kemenkes RI, 2020).

The target of the 2021 RPJMN is 88.8% of 85% of pregnant women to conduct periodic ANC examination visits set throughout Indonesia. West Kalimantan ranks 18th out of 35 provinces in K4 health service coverage with a coverage rate of 84.6%, while K6 pregnant women's health services are 41.4% below the national achievement of 63% of the 100% target, with achievement number 29. Based on these findings, it was concluded that pregnant women have not been reached by ANC services. This is due to various factors, one of which is that mothers have difficulty understanding KIA books (Dinas Kesehatan Provinsi Kalimantan Barat, 2021).

Inadequate health literacy and the lack of interactive health communication tools further exacerbate this issue. Studies show that low maternal health literacy is strongly correlated with poor ANC compliance, particularly in rural and underserved areas (Rahayu & Suyani, 2024). Visual based educational tools such as illustrated booklets have been proven to increase pregnant women's understanding and adherence to ANC schedules (Tanberika et al., 2024). Therefore, there is an urgent need for accessible, visually engaging health promotion media tailored to low-literacy populations.

The Maternal and Child Health (KIA) book, published by the Indonesian Ministry of Health in 2021, has received numerous complaints from pregnant women due to its complex structure and unclear presentation of information. Many expectant mothers reported difficulty understanding the contents, particularly in the section that requires them to self-assess the maternal health services they have received. As a result, mothers often feel that attending early and subsequent ANC check-ups is futile, as the outcomes of these visits are not presented in a way that is easy to comprehend or visually engaging (Putri et al., 2023).

On page 7, the pregnancy evaluation graph fails to show tangible ANC outcomes, especially for pregnancies under 12 weeks. Similarly, page 8 does not display meaningful results. From the health worker’s standpoint, particularly midwives, the KIA book presents additional challenges. It does not provide adequate space for recording patient complaints or detailed ANC findings. On page 2, healthcare workers can only mark the services provided with paraphernalia rather than noting outcomes.

Furthermore, restrictions indicated on pages 5, 6, 9, and 10 limit the scope of midwives’ documentation and do not recognize their competencies such as in identifying danger signs or conducting ultrasound screenings even when done in collaboration with physicians (Putri et al., 2023). According to the Health Belief Model (HBM), individuals are more likely to engage in health behaviors if they perceive the benefits, believe in the severity of not acting, and are triggered by cues to action (Cahyawati, 2021). In this context, the sticker booklet serves as a cue to action by providing some concrete, visually appealing reminder of the importance of ANC visits.

Moreover, previous studies have demonstrated that visual learning tools can significantly improve health literacy and adherence to care recommendations among pregnant women (Rahayuningsih & Kristinawati, 2023). To address these issues, the researcher developed an innovative educational and motivational tool for pregnant women: a fetal development sticker booklet. This intervention aims to visually stimulate and engage third-trimester pregnant women by providing illustrated stickers that

correspond with fetal development based on gestational age. For instance, when a mother attends an ANC visit at 32 weeks of gestation, a sticker depicting the baby's development at 32 weeks is affixed to her maternal health record.

This approach is expected to arouse maternal curiosity and anticipation about the next stages of fetal growth, thereby encouraging mothers to return for their scheduled ANC visits. By offering clear, visual reinforcement of the benefits of routine pregnancy check-ups, this tool not only complements the standard Maternal and Child Health (KIA) book which many pregnant women find difficult to understand but also bridges communication gaps between healthcare providers and pregnant women, particularly in areas with low health literacy or limited access to information. This innovation is especially relevant in rural or resource limited areas, where literacy challenges and limited interaction time with health providers often hinder effective health communication.

Therefore, this study not only targets behavioral change but also aims to transform the pregnancy monitoring experience into something more interactive, mother centered, and accessible. Therefore, the objective of this study is to determine the effect of stimulation using a fetal development sticker booklet on the accuracy of ANC follow-up visits among pregnant women in their third trimester.

MATERIALS AND METHOD

The research design used in this study is a quasi-experimental method with a one-group pretest-posttest design with control group, applying a double pretest approach. A control group design was also used to compare the results between pregnant women who received the foetal development sticker booklet and those who did not (Dahlan, 2020). The population in this study were pregnant women in their third trimester residing in the working area of the Perumnas II Community Health Centre who regularly attended ANC visits at health facilities. This study was conducted from June to December 2023.

The population in this study consisted of pregnant women in the third trimester who resided in the working area of the Perumnas II Health Center and routinely performed ANC visits at the health facility. The sample size of 30 participants per group was determined based on practical considerations for quasi-experimental research and is supported by statistical rationale. In behavioral and health sciences research, a minimum sample size of 30 is generally accepted to meet the assumptions of the Central Limit Theorem, allowing for approximate normality of sampling distributions and reducing standard error.

This number is also sufficient to detect medium to large effect sizes with reasonable power when using non-parametric tests such as the chi-square test. Moreover, as a pilot or preliminary study, a sample size of 30 per group provides meaningful insights into the effectiveness of the intervention without requiring extensive resources (Dahlan, 2020). The study utilized purposive sampling, and 30 participants were selected for both the treatment and control groups.

The inclusion criteria for this study included pregnant women in their third trimester residing in the working area of the Perumnas II Community Health Centre, who regularly attended antenatal care (ANC) at health facilities, were able to read and write, and were willing to become respondents by signing an informed consent form. Meanwhile, exclusion criteria were established for pregnant women with high-risk pregnancies, such as preeclampsia, gestational diabetes, or other complications requiring special care. Additionally, pregnant women who did not complete the intervention, withdrew, or were

unwilling to continue participating during the study were also excluded from the study sample.

Data collection was conducted using observation sheets accompanied by fetal development sticker booklets as media instruments. Each third-trimester pregnant woman received services according to the "10 T" standard of ANC, which refers to ten essential components: (1) weight measurement; (2) blood pressure measurement; (3) upper arm circumference (LiLA) assessment; (4) fetal heartbeat monitoring; (5) fundal height measurement; (6) tetanus toxoid immunization; (7) iron supplementation; (8) laboratory tests (urine or blood); (9) health education and counseling; and (10) recording of ANC results. These services were recorded in the observation sheets, which also included biodata, obstetric history, pregnancy, childbirth, and visit timelines.

The variables in this study consist of two types: the independent variable, which is the provision of the fetal development sticker booklet, and the dependent variable, which is the accuracy of ANC revisit attendance among third-trimester pregnant women. The independent variable was applied through an intervention in the form of giving fetal growth stickers based on gestational age during ANC visits. The dependent variable was measured by observing whether the respondent attended ANC visits on time according to national guidelines every two weeks from 28–36 weeks of gestation and once a week from 37–40 weeks.

The measurement method for the dependent variable used an observation sheet completed by the researcher and midwives, including biodata, obstetric history, ANC schedule compliance, and service documentation. Mothers were categorized as "on time" if they met the scheduled revisit periods and "not on time" if they missed or delayed visits. Accuracy of revisit attendance was then statistically analyzed using the chi-square test, with a 95% confidence level and a significance value of $\alpha = 0.05$. This study was approved by the Health Research Ethics Committee of the Ministry of Health Polytechnic of Pontianak (Poltekkes Kemenkes Pontianak), with ethical clearance letter number 112/KEPK-PK.PKP/V/2003, issued on May 12, 2023. The protocol was declared ethically appropriate based on the principles of the Declaration of Helsinki, 2008.

RESULTS

Based on the results of the study to find out "The Effect of Stimulation by Using the Fetal Development Sticker Book on the Accuracy of ANC Revisit in Pregnant Women in the Third Trimester" on 60 respondents, the following characteristics were obtained:

Table 1. Characteristics of Respondents Based on Age, Education, Occupation and Gravida (n = 60)

Characteristic	Category	Treatment Group (Sticker Book Given) n = 30		Control Group (Sticker Book Not Given) n = 30	
		n	%	n	%
Age	< 20 years	0	0	0	0
	20 – 35 years	27	90	28	93.3
	> 35 years	3	10	2	6.7
	Total	**30**	**100**	**30**	**100**
Education	Basic	4	13.3	1	3.3
	Intermediate	22	73.3	26	86.7
	High	4	13.3	3	10

Characteristic	Category	Treatment Group (Sticker Book Given) n = 30		Control Group (Sticker Book Not Given) n = 30	
		n	%	n	%
	Total	**30**	**100**	**30**	**100**
Occupation	Working	9	30	2	6.7
	Not Working	21	70	28	93.3
	Total	**30**	**100**	**30**	**100**
Gravida	Primipara	8	26.7	12	40
	Multipara	20	66.7	17	56.7
	Grandemultipara	2	6.7	1	3.3
	Total	**30**	**100**	**30**	**100**

Note: n = number of observations; % = percentage of observations

Based on Table 1, data was obtained, almost all respondents in the treatment group aged 20-35 years were 90% and in the control group almost all respondents aged 20-35 years were 93.3%. Based on education, most of the respondents in the treatment group were secondary education, namely 73.3% and in the control group, almost all respondents had secondary education, namely 86.7%. Based on work, most of the respondents in the treatment group did not work, which was 70% and almost all respondents in the control group did not work, which was 93.3%. Based on gravida, most of the respondents in the multipara treatment group were 66.7% and some of the respondents in the multipara control group were 56.7%.

Table 2. Effect of Giving Sticker Books and Not Giving Sticker Books to Pregnant Women on Return Visits ANC Examination (n = 60)

Variable	Treatment Group (Sticker Book Given) n = 30		Control Group (Sticker Book Not Given) n = 30		p-value*	OR	95% CI
	n	%	n	%			
Return Visit					0.001	8.6	2.5 – 29.07
On time	25	83.3	11	36.7			
Not on time	5	16.7	19	63.3			
Total	**30**	**100**	**30**	**100**			

Note: n = number of observations; % = percentage of observations; * The Chi-Square test; OR = Odds Ratio; CI = Confidence Interval

Based on Table 2, almost all respondents in the treatment group made a revisit on time, namely 83.3% and most of the respondents in the control group did not make a revisit on time, namely 63.3%. The results showed a significant effect of providing fetal development sticker booklets on the follow-up ANC visit accuracy among pregnant women. The Chi-Square test analysis yielded a p-value of 0.001, which is lower than the significance level of 0.05, indicating that the hypothesis is accepted—namely, there is a significant relationship between the use of fetal development stickers and timely ANC revisits in third-trimester pregnant women.

The odds ratio (OR) value obtained was 8.6, which means that pregnant women who were given fetal development stickers in their KIA books had an 8.6 times greater chance of making timely ANC visits compared to those who were not given stickers. This demonstrates the strong effectiveness of visual stimulation through the sticker intervention in improving compliance with ANC revisit schedules.

DISCUSSION

The results of the analysis showed that the provision of fetal development sticker booklets had a positive influence on the accuracy of ANC revisit attendance among pregnant women in the third trimester. Pregnant women who received the sticker booklets were more likely to return for their ANC visits on schedule compared to those who did not receive the stickers. This finding reinforces the idea that visual stimulation in the form of fetal growth illustrations encourages maternal curiosity and motivation to monitor the baby's development regularly.

The use of the sticker booklets served as a tangible reminder and interactive tool that complemented the existing KIA book, which many mothers found difficult to interpret. Without the sticker intervention, fewer pregnant women demonstrated timely ANC follow-up, indicating that traditional methods alone may not be sufficient to support adherence to ANC visit schedules. The sticker booklet functions not only as a reminder but also as a source of maternal engagement, fostering anticipation to monitor fetal growth.

This aligns with the HBM, which explains that individuals are more likely to engage in preventive health behaviors when they perceive a benefit, recognize potential health threats, and receive cues to action (Purwantanti et al., 2024). In this context, the sticker serves as a visual cue that strengthens maternal motivation and perceived benefit of follow-up visits. The results of this study are in line with previous research stated that there is an effect on the knowledge of pregnant women on examination visits ANC routine of 56.3% with a coefficient value of 1.128 (Hikmawati et al., 2024).

The results of this study are also strengthened by previous research showed that there was an increase in the knowledge of pregnant women before and after being given health education, namely the knowledge of mothers before being given 64% and increasing to 100% after being given health education. In addition, pregnant women are also more prepared to make a revisit for the examination ANC After getting health education as seen from the results of observations during the study, pregnant women were very enthusiastic about asking about the examination ANC (Sitorus et al., 2024). This is also consistent with research showing that the use of visual-based media significantly improves pregnant women's motivation to attend ANC, especially when materials are simple, appealing, and appropriate for the local context (Nuraeni et al., 2023).

Moreover, audiovisual interventions have demonstrated measurable improvements in both maternal knowledge and emotional readiness toward antenatal care visits (Indah Permadani, Rani Widiyanti Surya Atmaja, 2021). This confirms that innovations in visual communication have strong potential to increase compliance and maternal involvement in their own pregnancy monitoring. Increasing or intensifying public health promotion using electronic media and print media provided for pregnant women to increase knowledge and willingness to make ANC visits can be used as the main prevention strategy for pregnant women to carry out check-up visits ANC not on time.

The benefits of ANC visits are still not widely known, which may be detrimental to fetal development during pregnancy. Promoting health is one way to raise awareness and

change people's attitudes for the better (Astuti Sudjiyanto, 2022). This is in line with the results carried out by the researcher, namely the innovation of counseling media in the form of a fetal development sticker book to increase the knowledge and willingness of mothers to carry out pregnancy examinations in accordance with the results of research from 30 samples of pregnant women who were given a development sticker book, 25 pregnant women made a revisit on time.

Knowledge is an indicator of a person in taking action, when a person is based on good knowledge of health, the person will understand the importance of maintaining health and motivate themselves to apply it in their lives. Knowledge is needed as support in growing confidence as well as attitudes and behaviors every day, knowledge is the main factor that supports a person's actions (Hikmawati et al., 2024). An adequate level of knowledge of pregnant women will make pregnant women more obedient in implementing ANC, while if the knowledge is lacking, pregnant women will not be compliant in implementing ANC.

Non-compliance of pregnant women in carrying out ANC can cause unknowable various complications that can affect pregnancy so that they cannot be overcome immediately. Some of the factors that cause non-compliance with the implementation of ANC are laziness, the distance between home and health service facilities, and lack of motivation to implement ANC from health services such as health centers (Rejeki et al., 2019). This research is supported by previous research which shows that there is an influence between the knowledge of pregnant women on examination visits ANC.

Pregnant women with good knowledge are 13.7 times more likely to have a standard ANC visit than pregnant women with less knowledge (Safitri & Lubis, 2020). Lack of information sources about ANC causes mothers to lack understanding and understanding of ANC and visits during pregnancy. Mothers often think that pregnancy is a natural thing so that knowledge is not needed in caring for and maintaining pregnancy so many mothers do not make an effort to get good information about ANC and pregnancy examinations (Candra Amalia et al., 2022).

Standardized ANC services are health services or contact of pregnant women with midwifery health workers, doctors, specialist doctors who have a Registration Certificate or STR at ordered or private health facilities. Ante natal care services for pregnant women in field activities are carried out in accordance with existing protocols or techniques so that they can provide answers in all maternal and child health program reports. Maternal and child reporting is also related to other reporting, including laboratory reporting including (HB, blood sugar, urinary protein, blood type, trieliminacy), reporting of infectious diseases, nutritional reporting related to lila measurements that detect calorie energy deficiency, reports of mothers and children with high-risk cases and high-risk factors carried out in pregnant women in the first trimester and pregnant women in the third trimester including ultrasound services by doctors and preparing mothers and children with certain cases in the delivery process by preparing vaccines for babies to be born, including preparing prospective blood donors (Kemenkes RI, 2020).

Based on the characteristics of the respondents, most pregnant women in the third trimester were within the productive age range (20–35 years), an age group that generally demonstrates a more rational mindset and greater awareness of the importance of antenatal care. This maturity may contribute to the motivation for timely ANC visits, especially when combined with stimulating visual tools such as fetal development stickers. Although educational background varied, the presence of visual media like

stickers helped bridge knowledge gaps, particularly among mothers with lower formal education.

The sticker intervention proved useful in promoting timely ANC follow-up, not only by reinforcing maternal curiosity but also by presenting information in a simple and engaging manner—supporting understanding regardless of educational level. Stimulation of pregnant women using stickers is a new thing that is done in difficult areas and the level of education and knowledge is still lacking due to the lack of exposure to health promotion media so that it is necessary to carry out more in-depth promotion and socialization for pregnant women and their families, besides that technical instructions are needed for midwifery service actors so that the purpose of stimulation using this sticker book is useful.

This study has limitations in that it was only conducted in one health centre working area, so the results cannot yet be generalised widely, and the use of a quasi-experimental design still allows external variables to influence the results. Therefore, further research is recommended to involve a larger and more diverse sample, use an experimental design with randomisation, and combine sticker-based interventions with other educational methods such as digital applications or structured counselling to achieve more comprehensive and sustainable intervention outcomes.

CONCLUSION

The intervention of integrating a sticker booklet on foetal development into routine ANC services as a companion to the MCH book has been proven effective in increasing the accuracy of ANC revisit rates among pregnant women in their third trimester through increased maternal involvement and motivation. Health workers, particularly midwives, should be provided with training and guidance on how to effectively implement this tool during ANC visits to ensure consistent and meaningful use. Additionally, health promotion strategies should prioritize the use of simple, visual, and interactive media such as sticker booklets, especially in communities with lower levels of maternal education and health literacy.

This approach can help bridge communication gaps and enhance mothers' understanding of pregnancy care. Furthermore, it is recommended that further research with larger and more diverse populations be conducted to support broader implementation. Policymakers and health institutions are encouraged to consider adopting this media-based innovation into national ANC guidelines to improve service delivery and maternal health outcomes.

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