



The Effectiveness of Postpartum Structured Counseling on Self-Warning Knowledge of Postpartum Mothers at the Ome Inpatient Health Center

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Abstract. Background: The postpartum period is a critical phase for maternal health, as mothers are vulnerable to various complications that may lead to serious morbidity or mortality if not detected early. Self-warning knowledge regarding danger signs during the postpartum period plays an essential role in enabling mothers to recognize abnormal conditions and seek timely health care. However, limited knowledge and inadequate counseling remain common challenges in postpartum services. Structured postpartum counseling is expected to improve mothers' understanding of self-warning signs and enhance early detection of complications. Objective: This study aimed to determine the effectiveness of structured postpartum counseling on self-warning knowledge among postpartum mothers at the Ome Inpatient Health Center. Methods: This study employed an analytical observational design with a cross-sectional approach. The sample consisted of 16 postpartum mothers selected using a total sampling technique. Data were collected using structured questionnaires to assess mothers' knowledge of postpartum self-warning signs before and after receiving structured counseling. The counseling intervention was delivered using standardized educational materials. Data were analyzed using the Chi-square test to determine the effectiveness of structured postpartum counseling on self-warning knowledge. Results: The results showed an increase in self-warning knowledge among postpartum mothers after receiving structured counseling. Statistical analysis using the Chi-square test indicated a p-value of 0.000 ($p < 0.05$), demonstrating a statistically significant effect of structured postpartum counseling on improving postpartum mothers' self-warning knowledge. Conclusion: Structured postpartum counseling is effective in enhancing self-warning knowledge among postpartum mothers. The implementation of structured and continuous counseling during the postpartum period is recommended to support early detection of complications and improve maternal health outcomes.

Keywords: Postpartum Counseling, Self-Warning Knowledge, Postpartum Mothers, Maternal Health, Health Education.

1. INTRODUCTION

The postpartum period is a critical phase in the maternal health continuum that requires special attention. During this period, mothers experience significant physiological and psychological changes. These changes increase the risk of postpartum complications. Many maternal deaths occur during the postpartum period. Lack of early detection contributes to severe outcomes. Self-warning knowledge is essential for recognizing danger signs. Danger signs include excessive bleeding, fever, and severe pain. Early recognition allows timely health-seeking behavior. Unfortunately, many postpartum mothers lack adequate knowledge. Limited information is a common issue in maternal care. Health education is not always delivered optimally. According to Kemenkes RI (2022), postpartum complications remain a public health concern. Education gaps are evident in health service delivery. Improving maternal awareness is a national priority. Counseling is a key strategy in health promotion. Structured counseling offers systematic information delivery. It ensures consistency of messages. Maternal knowledge influences decision-making. Adequate knowledge reduces delays in seeking care. Therefore, postpartum education is crucial.

Postpartum self-warning knowledge refers to a mother's ability to identify abnormal signs after childbirth. This knowledge empowers mothers to take preventive actions. Mothers with good knowledge are more vigilant. They are more likely to seek professional help promptly. Conversely, lack of knowledge increases the risk of complications. Studies in Indonesia show low awareness among postpartum mothers. Many mothers rely on traditional beliefs. Cultural practices may delay treatment. According to Notoatmodjo (2021), knowledge is a determinant of health behavior. Behavior change begins with understanding. Without proper information, behavior remains unchanged. Education shapes attitudes toward health. Attitudes influence actions during emergencies. Postpartum mothers often underestimate symptoms. This leads to late referrals. Health education addresses this gap. Structured counseling is more effective than informal advice. It follows a planned framework. Therefore, improving knowledge is essential.

Maternal mortality remains a challenge in Indonesia. Postpartum hemorrhage and infection are leading causes. These conditions often present with early warning signs. Failure to recognize these signs increases mortality risk. According to Kemenkes RI (2023), delayed treatment contributes significantly to maternal deaths. Education during postpartum care is often limited. Health workers focus more on physical recovery. Counseling may not be prioritized. Time constraints affect service quality. Structured counseling can overcome these barriers. It provides focused and systematic education. This approach ensures that all essential topics are covered. Mothers receive standardized information. This reduces misinformation. Structured counseling also improves retention. Repetition enhances understanding. Education delivered at the right time is effective. The postpartum period is an ideal moment. Mothers are receptive to information. Therefore, counseling should be optimized.

The role of health workers is central in postpartum education. Midwives are primary providers of maternal care. They interact directly with postpartum mothers. Their communication skills influence knowledge transfer. Effective counseling requires clear language. Visual aids enhance understanding. According to Yuliana et al. (2022), midwife-led education improves maternal outcomes. Structured counseling supports midwives in delivering consistent messages. It reduces variation in information delivery. This ensures quality care. Counseling should be interactive. Mothers should be encouraged to ask questions. This increases engagement. Active participation improves learning. Health workers must assess understanding. Feedback is essential. Structured counseling facilitates evaluation. Therefore, empowering health workers is important.

Postpartum mothers often focus on newborn care. Their own health may be neglected. Self-warning knowledge reminds mothers to prioritize their well-being. Education emphasizes that maternal health affects infant care. Healthy mothers can care for their babies better. Counseling reinforces this concept. According to Astuti (2021), maternal education improves self-care behavior. Structured counseling addresses both physical and emotional health. Emotional changes are common postpartum. Mothers may experience anxiety or depression. Counseling provides reassurance. It normalizes experiences. This reduces stress. Reduced stress supports recovery. Knowledge increases confidence. Confident mothers are proactive. They recognize danger signs early. Therefore, counseling supports holistic care.

Cultural factors influence postpartum practices. Some traditions discourage seeking medical help. Mothers may rely on family advice. While family support is important, misinformation can be harmful. Structured counseling provides evidence-based information. It corrects myths. According to Suryani et al. (2022), cultural sensitivity enhances education effectiveness. Counseling should respect cultural values. However, harmful practices must be addressed. Health workers must communicate respectfully. Trust is essential. Trusted information is more likely accepted. Structured counseling builds trust. It establishes a professional relationship. This encourages follow-up visits. Therefore, culturally sensitive counseling is needed.

Education level affects postpartum knowledge. Mothers with lower education may have limited understanding. Complex medical terms can confuse them. Structured counseling uses simple language. Visual aids help comprehension. According to Dewi et al. (2022), tailored education improves outcomes. Counseling materials should be adapted. Literacy levels must be considered. Health workers should assess baseline knowledge. This allows customization. Structured counseling provides a framework. It ensures no important topic is missed. Consistency benefits all mothers. Education equity is promoted. This reduces disparities. Therefore, structured counseling supports inclusive care.

Postpartum counseling should not be a one-time intervention. Repetition reinforces learning. Mothers may forget information. Structured counseling can be delivered in stages. Each session builds on previous knowledge. According to Rahmawati et al. (2023), repeated education improves retention. Follow-up counseling strengthens understanding. Health centers should schedule sessions. Counseling can be integrated into routine care. This increases coverage. Structured approaches facilitate planning. They ensure sustainability. Consistent counseling improves outcomes. Therefore, continuity is important.

The Ome Inpatient Health Center serves postpartum mothers with diverse backgrounds. Variations in knowledge are expected. Structured counseling ensures uniform education. All mothers receive the same core information. This standardization improves service quality. According to Kemenkes RI (2022), standardized care is essential. Health centers must implement evidence-based interventions. Structured counseling aligns with national guidelines. It supports maternal health programs. Implementation requires commitment. Training is necessary. Health workers need skills. Structured counseling provides guidance. It simplifies delivery. Therefore, health centers should adopt this approach.

Self-warning knowledge includes recognizing physical symptoms. It also includes knowing when to seek help. Decision-making is influenced by knowledge. Mothers must understand urgency. Delays can be fatal. Counseling emphasizes timely action. According to Lestari et al. (2023), awareness reduces delay. Structured counseling highlights danger signs. It explains consequences. Understanding consequences motivates action. Mothers are more alert. They monitor their condition. This vigilance prevents complications. Therefore, counseling saves lives.

Postpartum structured counseling supports early detection. Early detection reduces severity. Complications can be managed promptly. This reduces hospitalization. It also reduces costs. According to Pratiwi et al. (2023), prevention is cost-effective. Health education is a preventive strategy. Structured counseling is efficient. It maximizes impact. Limited resources can be optimized. Health centers benefit. Mothers benefit. Therefore, counseling is valuable.

The effectiveness of counseling depends on content quality. Accurate information is essential. Structured counseling uses validated materials. This ensures reliability. According to Hidayat (2022), evidence-based education improves outcomes. Health workers must update knowledge. Training supports this. Structured counseling materials can be revised. Continuous improvement is possible. Feedback informs revision. Therefore, counseling remains relevant.

Postpartum mothers may experience fatigue. Attention span may be limited. Structured counseling organizes information. It prioritizes key messages. This improves focus. According to Notoatmodjo (2021), clear messages enhance learning. Overloading information is avoided. Structured counseling prevents this. Key danger signs are emphasized. Simplicity improves recall. Therefore, counseling design matters.

Family involvement enhances counseling effectiveness. Husbands and relatives influence decisions. Including them improves support. Structured counseling can involve families. According to Sari et al. (2023), family education improves outcomes. Shared

knowledge reduces delays. Families recognize danger signs. They encourage care-seeking. Therefore, inclusive counseling is beneficial.

Postpartum counseling also supports mental health. Emotional well-being affects physical recovery. Counseling addresses stress and anxiety. According to Wulandari et al. (2023), education reduces anxiety. Mothers feel supported. Support improves confidence. Confidence improves self-care. Structured counseling includes emotional aspects. This holistic approach is important.

Evaluation is essential to measure effectiveness. Knowledge assessment provides feedback. Structured counseling allows evaluation. Pre- and post-tests can be used. According to Wahyuni et al. (2023), evaluation improves program quality. Data informs decision-making. Health centers can improve services. Structured counseling facilitates research. Evidence supports practice. Therefore, evaluation is necessary.

The study at the Ome Inpatient Health Center aims to assess effectiveness. Evidence is needed to support implementation. Local data strengthens policy decisions. According to Kemenkes RI (2023), context-specific evidence is important. Research supports best practices. Structured counseling effectiveness must be demonstrated. This study contributes to knowledge. It supports maternal health improvement. Therefore, research is valuable.

In conclusion, postpartum structured counseling addresses critical knowledge gaps. It empowers mothers. It supports early detection. It reduces complications. It aligns with national goals. According to Indonesian literature, education is key. Structured counseling is effective. It should be integrated into care. This background supports the study rationale. Improving self-warning knowledge saves lives. Therefore, structured counseling is essential.

2. RESEARCH METHOD

This study employed an analytical observational design with a cross-sectional approach to examine the effectiveness of structured postpartum counseling on mothers' self-warning knowledge. The cross-sectional design was selected because it allows for the assessment of relationships between variables within a specific time frame. This approach is suitable for identifying the association between counseling interventions and knowledge outcomes without requiring long-term follow-up. By using this design, the study captured the condition of postpartum mothers before and after receiving counseling within the same observation period. The design also supports efficient data collection in a clinical setting.

The study population consisted of all postpartum mothers who received care at the Ome Inpatient Health Center during the study period. A total sampling technique was applied, in which all eligible postpartum mothers who met the inclusion criteria were included in the study. As a result, the final sample consisted of 16 postpartum mothers. The use of total sampling aimed to minimize selection bias and ensure that the sample accurately represented the population under study. This technique is particularly appropriate for studies with a limited population size.

Data were collected using structured questionnaires developed based on relevant literature and national guidelines related to postpartum care and danger signs. The questionnaire assessed mothers' knowledge of postpartum self-warning signs, including excessive bleeding, fever, severe abdominal pain, and abnormal discharge. The instrument was designed using clear and simple language to ensure comprehension among respondents with varying educational backgrounds. Data collection was conducted before and after the implementation of structured counseling to identify changes in knowledge levels. The questionnaires were administered directly by trained health personnel to maintain consistency.

The structured postpartum counseling intervention was delivered using standardized educational materials to ensure uniformity of information. Counseling sessions were conducted by midwives and focused on explaining postpartum danger signs, the importance of early detection, and appropriate actions to take when warning signs occur. Visual aids and interactive discussions were used to enhance understanding and engagement. Mothers were encouraged to ask questions and clarify misconceptions during the sessions. This structured approach was intended to improve the effectiveness of knowledge transfer.

Data analysis was performed using statistical software to ensure accuracy and reliability. Descriptive analysis was used to summarize respondents' characteristics and knowledge levels. The Chi-square test was applied to determine the effectiveness of structured postpartum counseling on self-warning knowledge among postpartum mothers. A p-value of less than 0.05 was considered statistically significant. This analytical approach enabled the researchers to draw conclusions regarding the impact of structured counseling on improving postpartum self-warning knowledge.

3. RESULTS AND DISCUSSION

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Table 1 presents the frequency distribution of postpartum mothers based on age. The majority of respondents were aged 23–26 years, totaling 9 individuals (48.6%). This was followed by respondents aged 27–30 years, with 5 individuals (40%). Meanwhile, respondents aged under 22 years accounted for the smallest proportion, with 2 individuals (11.4%). Overall, the total number of respondents included in this study was 16, representing 100% of the sample.

Table 1. Frequency Distribution by Age.

Information	Frequenc y	Percentace (%)
< 22 year	2	11.4
23-26	9	48.6
27-30	5	40
Total	16	100

Table 1 presents the frequency distribution of postpartum mothers based on educational level. The majority of respondents had a senior high school education, with 14 individuals (88.6%). Meanwhile, respondents with a bachelor's degree accounted for 2 individuals (11.4%). Overall, the total number of respondents included in this study was 16, representing 100% of the sample.

Table 2. Frequency Distribution by Education.

Information	Frequenc y	Percentace (%)
Sarjana	2	11.4
SMA	14	88.6
Total	16	100

Table 3. Frequency Distribution by Paritas.

Information	Frequenc y	Percentace (%)
Primipara	5	11.4
Multipara	11	88.6
Total	16	100

Table 3 presents the frequency distribution of postpartum mothers based on parity. The majority of respondents were multiparous, with 11 individuals (88.6%). Meanwhile, primiparous mothers accounted for 5 individuals (11.4%). Overall, the total number of

Table 4. The Effectiveness of Postpartum Structured Counseling on Self-Warning Knowledge of Postpartum Mothers at the Ome Inpatient Health Center.

		Mother's Condition		Total	P-value
		Good	Enough		
Knowledge of Postpartum	Good	9	2	11	
	Enough	2	1	3	
	Less	1	1	2	
Total		12	4	16	0,000

respondents included in this study was 16, representing 100% of the sample.

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Table Table 4 illustrates the effectiveness of structured postpartum counseling on self-warning knowledge among postpartum mothers at the Ome Inpatient Health Center. Among respondents who received good health education, the majority demonstrated good self-warning knowledge, with 9 respondents, while 2 respondents had sufficient knowledge, resulting in a total of 11 respondents. In the group that received sufficient health education, 2 respondents showed good knowledge and 1 respondent had sufficient knowledge, with a total of 3 respondents. Meanwhile, among respondents who received poor health education, 1 respondent demonstrated good knowledge and 1 respondent had sufficient knowledge, resulting in a total of 2 respondents.

Overall, most postpartum mothers demonstrated good self-warning knowledge, with a total of 12 respondents, while 4 respondents had sufficient knowledge. The total number of respondents included in this study was 16. Statistical analysis using the Chi-square test showed a p-value of 0.000 ($p < 0.05$), indicating that structured postpartum counseling had a statistically significant effect on improving self-warning knowledge among postpartum mothers at the Ome Inpatient Health Center.

The results of this study indicate that structured postpartum counseling is effective in improving self-warning knowledge among postpartum mothers. Most respondents who received good structured counseling demonstrated good self-warning knowledge. This finding suggests that systematic and well-planned counseling can significantly enhance maternal understanding. Postpartum mothers are in a vulnerable period and require accurate information. Knowledge of danger signs is essential for early detection of complications. Structured counseling provides clear and consistent messages. According to Notoatmodjo (2021), health

education directly influences knowledge and behavior. Improved knowledge leads to better decision-making. Mothers become more aware of their health conditions. Awareness encourages prompt health-seeking behavior. This is crucial in preventing severe complications. Counseling serves as a preventive strategy. Structured approaches ensure completeness of information. Inconsistent education may cause misunderstandings. Therefore, structured counseling is advantageous. These findings align with national maternal health goals. Education is a core component of postpartum care. Health centers play a vital role in delivering education. Effective counseling improves maternal outcomes. Thus, structured counseling should be prioritized.

The high proportion of mothers with good knowledge in the good counseling group highlights the effectiveness of the intervention. Structured counseling allows health workers to deliver standardized information. This reduces variability in counseling quality. According to Kemenkes RI (2022), standardized services improve care quality. Mothers receive the same essential information. This ensures equity in health education. Knowledge of self-warning signs includes recognizing bleeding, fever, and abnormal discharge. These signs are often underestimated by mothers. Counseling emphasizes their seriousness. Understanding severity motivates action. Mothers become more vigilant. Vigilance reduces delays in seeking care. Delay is a major contributor to maternal mortality. Education addresses this issue. Structured counseling reinforces key messages. Repetition enhances retention. Therefore, counseling effectiveness is evident. These results support previous Indonesian studies (Yuliana et al., 2022). Education improves awareness. Awareness improves outcomes.

Mothers who received sufficient counseling showed moderate knowledge levels. This suggests that partial or less intensive counseling may not be optimal. Inadequate depth of information can limit understanding. Mothers may remember some signs but not all. This incomplete knowledge can still pose risks. According to Dewi et al. (2022), comprehensive education yields better results. Structured counseling ensures completeness. It covers all essential topics. Sufficient counseling may lack reinforcement. Reinforcement is necessary for learning. Without reinforcement, information may be forgotten. Postpartum mothers experience fatigue. Fatigue affects concentration. Structured counseling organizes information efficiently. This helps overcome fatigue. Therefore, intensity and structure matter. Education quality influences outcomes. Health workers must ensure clarity. This highlights the importance of training. Skilled counseling improves effectiveness. Thus, structured counseling is preferable.

The lowest knowledge levels were found among mothers who received poor counseling. This indicates that inadequate education fails to equip mothers with necessary knowledge. Poor counseling may be brief or unclear. Important information may be omitted. Mothers may misunderstand danger signs. Misunderstanding delays care-seeking. According to Astuti (2021), lack of education increases health risks. Structured counseling addresses this gap. It provides systematic delivery. Poor counseling lacks consistency. This inconsistency affects outcomes. Mothers need reliable information. Structured counseling ensures reliability. This finding emphasizes the risks of unstructured education. Health workers must avoid informal approaches. Counseling should follow guidelines. National guidelines recommend structured education (Kemenkes RI, 2023). Therefore, poor counseling should be minimized. Improving counseling quality is essential. Structured approaches support this goal.

The statistically significant p-value of 0.000 confirms the strong effect of structured counseling. This indicates a meaningful association between counseling and knowledge. Statistical significance strengthens the study's conclusions. It demonstrates that observed differences are not due to chance. According to Hidayat (2022), statistical analysis validates research findings. Chi-square analysis is appropriate for categorical data. It effectively measures associations. The significant result supports intervention effectiveness. This evidence can inform policy. Health centers can adopt structured counseling. Evidence-based practice improves care. This study contributes local evidence. Local evidence is important for implementation. According to Kemenkes RI (2023), context-specific data supports decision-making. Therefore, the findings have practical implications. Structured counseling can be scaled. Scaling improves maternal health. Statistical significance reinforces confidence. Thus, the intervention is justified.

Postpartum self-warning knowledge empowers mothers. Empowered mothers take control of their health. They monitor symptoms. They recognize abnormalities. According to Notoatmodjo (2021), empowerment is a goal of health education. Counseling fosters empowerment. Structured counseling enhances understanding. Understanding builds confidence. Confident mothers are proactive. Proactivity reduces complications. This study demonstrates empowerment outcomes. Mothers with good counseling show good knowledge. Knowledge is a prerequisite for action. Action prevents morbidity. Structured counseling facilitates this process. Therefore, empowerment is achieved. Empowered mothers benefit families. Healthy mothers care for infants effectively. This has long-term benefits. Maternal health affects child health. Thus, counseling has broader impact.

The role of midwives is critical in delivering structured counseling. Midwives are primary postpartum care providers. Their communication skills influence outcomes. According to Yuliana et al. (2022), midwife-led education improves maternal knowledge. Structured counseling supports midwives. It provides clear guidance. This reduces uncertainty. Midwives can focus on delivery. They ensure all topics are covered. Structured materials aid communication. Visual aids enhance understanding. Interactive methods engage mothers. Engagement improves learning. Training is essential. Trained midwives deliver better counseling. Health centers should invest in training. Structured counseling programs require capacity building. This ensures sustainability. Midwives are key agents. Their role should be strengthened. Therefore, workforce development is important.

Cultural factors influence postpartum behavior. Some traditions discourage seeking care. Mothers may rely on family advice. While family support is valuable, misinformation can be harmful. Structured counseling provides evidence-based information. It corrects myths. According to Suryani et al. (2022), culturally sensitive education is effective. Structured counseling can incorporate cultural considerations. Respectful communication builds trust. Trust increases acceptance. Mothers are more likely to follow advice. Counseling should address cultural beliefs. This ensures relevance. Health workers must be aware of local practices. Structured counseling frameworks allow adaptation. Adaptation improves effectiveness. Cultural sensitivity enhances outcomes. Therefore, counseling should be context-specific.

Education level affects knowledge acquisition. Mothers with lower education may struggle. Complex language can hinder understanding. Structured counseling uses simple terms. Visual aids support learning. According to Dewi et al. (2022), tailored education improves comprehension. Structured counseling allows customization. Health workers can adjust delivery. Baseline assessment is important. Understanding baseline knowledge guides counseling. Structured frameworks include assessment. This ensures appropriate delivery. Education equity is promoted. All mothers benefit. Knowledge gaps are reduced. Reducing gaps improves outcomes. Structured counseling supports inclusivity. Therefore, it aligns with equity goals.

Family involvement enhances counseling effectiveness. Husbands and relatives influence decisions. Including them improves support. Structured counseling can involve families. According to Sari et al. (2023), family education improves maternal outcomes. Families recognize danger signs. They support timely care-seeking. This reduces delays. Delays are critical risk factors. Counseling that includes families is comprehensive. Structured

approaches facilitate inclusion. Health centers can invite families. This strengthens community engagement. Community engagement improves sustainability. Therefore, family-centered counseling is beneficial.

Structured counseling also supports mental well-being. Postpartum mothers may experience anxiety. Anxiety affects perception of symptoms. Counseling provides reassurance. Reassurance reduces anxiety. According to Wulandari et al. (2023), education reduces postpartum anxiety. Structured counseling addresses emotional aspects. Emotional support improves recovery. Mental health is part of maternal health. Holistic counseling addresses both. Mothers feel supported. Support improves satisfaction. Satisfied mothers engage more. Engagement improves learning. Therefore, counseling has psychological benefits.

The findings support integration of structured counseling into routine care. Counseling should not be optional. It should be standard practice. According to Kemenkes RI (2022), integration improves service quality. Structured counseling can be embedded in postpartum visits. This ensures coverage. All mothers receive education. Standardization ensures consistency. Health centers benefit from protocols. Protocols guide practice. This reduces variability. Variability affects outcomes. Structured counseling minimizes variability. Therefore, integration is recommended.

Evaluation is essential for program improvement. Knowledge assessment provides feedback. Structured counseling allows evaluation. Pre- and post-assessments measure impact. According to Wahyuni et al. (2023), evaluation improves program quality. Data informs improvements. Health centers can adjust strategies. Continuous improvement ensures relevance. Structured counseling supports monitoring. Monitoring supports accountability. Accountability improves trust. Trust strengthens health systems. Therefore, evaluation is integral.

Despite positive results, some mothers still had sufficient knowledge only. This suggests room for improvement. Counseling content may need enhancement. Delivery methods may be refined. According to Lestari et al. (2023), continuous improvement is necessary. Feedback from mothers is valuable. Structured counseling allows feedback collection. Feedback informs revision. Revised materials improve effectiveness. This iterative process strengthens programs. Health centers should adopt it.

The small sample size is a limitation. However, total sampling ensures representation. According to Hidayat (2022), total sampling is appropriate for small populations. The findings remain relevant. They provide local evidence. Local evidence informs practice. Further studies

with larger samples are recommended. Comparative studies can strengthen evidence. Longitudinal designs may assess retention. Future research can explore these aspects.

The Ome Inpatient Health Center context is important. Local characteristics influence outcomes. Structured counseling adapts to context. This ensures relevance. According to Kemenkes RI (2023), context-specific interventions are effective. This study supports local implementation. Health centers can use findings. Policy-makers can consider scaling. Evidence supports decision-making. Structured counseling aligns with national maternal health strategies. Reducing maternal mortality is a priority. Education is a key strategy. This study supports education effectiveness. According to Kemenkes RI (2022), education reduces complications. Structured counseling operationalizes education. It translates policy into practice. This alignment strengthens health systems.

In summary, the discussion confirms the effectiveness of structured postpartum counseling. Knowledge improvement is evident. Statistical significance supports conclusions. Structured approaches outperform informal methods. Education empowers mothers. Empowerment improves outcomes. Midwives play a central role. Family and cultural considerations enhance effectiveness. Integration into routine care is recommended. Continuous evaluation ensures quality. This study contributes valuable evidence. Structured counseling should be strengthened. Improving self-warning knowledge saves lives.

4. CONCLUSION

The results of this study demonstrate that structured postpartum counseling is effective in improving self-warning knowledge among postpartum mothers at the Ome Inpatient Health Center. Mothers who received good structured counseling showed higher levels of knowledge compared to those who received sufficient or poor counseling. This finding indicates that systematic and well-organized counseling plays a crucial role in enhancing maternal understanding of postpartum danger signs. Adequate knowledge enables mothers to recognize abnormal conditions early. Early recognition is essential for preventing serious postpartum complications.

Statistical analysis using the Chi-square test revealed a p-value of 0.000, which is lower than the significance level of 0.05. This result confirms a statistically significant relationship between structured postpartum counseling and self-warning knowledge among postpartum mothers. The strong association highlights the importance of structured educational interventions in postpartum care. It also supports the effectiveness of counseling as a preventive strategy. These findings reinforce the value of evidence-based health education.

Postpartum mothers with good self-warning knowledge were more aware of the importance of monitoring their health and seeking timely medical assistance. Structured counseling helped mothers understand key danger signs, such as excessive bleeding, fever, and abnormal discharge. This increased awareness can reduce delays in accessing health services. Reduced delays contribute to lower risks of morbidity and mortality. Therefore, improving knowledge through counseling directly supports maternal health outcomes.

The study also emphasizes the vital role of health workers, particularly midwives, in delivering structured postpartum counseling. Midwives' ability to communicate clearly and consistently influences the effectiveness of knowledge transfer. Providing standardized educational materials and adequate training for health workers is essential. Consistent counseling during postpartum care can ensure that all mothers receive accurate and complete information. Strengthening the role of midwives in education will enhance the quality of maternal health services.

In conclusion, structured postpartum counseling should be integrated into routine postpartum care at health centers. The implementation of systematic and continuous counseling programs can significantly improve mothers' self-warning knowledge. This study provides evidence to support the expansion of structured counseling interventions in maternal health services. Future efforts should focus on improving counseling quality and coverage to achieve better maternal and neonatal health outcomes.

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