Effectiveness of Anticipatory Guidance Education in Improving Maternal Knowledge and Practices of Early Mobilization and Safe Infant Carrying

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ABSTRACT

Anticipatory guidance education is a proactive maternal health approach, but evidence on its effectiveness in improving early mobilization and safe infant carrying remains limited in community settings. This study aimed to evaluate the effectiveness of anticipatory guidance education on maternal knowledge and practices of early mobilization and safe infant carrying at Kamboja Integrated Health Post. A quasi-experimental pretest-posttest control group study was conducted among 40 postpartum mothers (n=20 intervention; n=20 control). The intervention group received three anticipatory guidance sessions over two weeks, while the control group received standard education. Data were collected using validated tools and analyzed with paired and independent t-tests ($p<0.05$). The intervention group showed significant improvements in knowledge (56.2±8.5 to 82.4±6.7) and practices (52.8±9.1 to 79.6±7.2; $p<0.001$), while no significant changes were observed in the control group. Anticipatory guidance education effectively improves maternal knowledge and practices and should be integrated into community postpartum care.

I. Introduction

Globally, approximately 70% of maternal and neonatal deaths occur during the postpartum period, particularly in low- and middle-income countries, due to inadequate postnatal care and delayed complication management. In Indonesia, postpartum care utilization remains below the national target in several regions, while maternal knowledge regarding early mobilization and safe newborn handling is still limited, especially in rural and semi-urban communities. Limited access to structured postpartum education also contributes to inadequate maternal recovery practices. Maternal knowledge and practices regarding early mobilization and safe infant carrying are pivotal in enhancing postnatal care, which significantly impacts maternal recovery, infant safety, and overall maternal-child health outcomes globally. Early mobilization, particularly after cesarean sections (CS), is crucial for accelerating recovery and preventing complications such as infections and thrombosis.

A study conducted at Nur Hidayah Hospital Bantul in 2025 revealed that most postpartum mothers had good knowledge of early mobilization post-CS, highlighting the importance of education in this area (Wati et al., 2025). Midwifery practices also play a vital role in improving maternal and infant health outcomes by reducing CS rates and promoting natural childbirth, which can lead to better recovery and fewer complications (Soumya & Patel, 2025). The World Health Organization emphasizes the need for comprehensive postnatal care to improve maternal and newborn health, advocating for quality care that supports the health and developmental needs of the family unit (Wojcieszek et al., 2023). In sub-Saharan Africa, factors such as educational status and access to healthcare facilities significantly influence postnatal care knowledge, suggesting that improving socio-economic conditions and healthcare access can enhance maternal knowledge and practices (Moyo et al., 2023). The postnatal period is critical for

interventions aimed at reducing maternal and neonatal mortality, as most deaths occur shortly after birth. Integrating postnatal care for mothers and newborns is a practical strategy to improve survival rates and meet global health goals. Collectively, these insights underscore the importance of informed maternal practices and robust healthcare systems in optimizing postnatal outcomes.

Inadequate maternal knowledge and improper practices regarding early mobilization and infant carrying are significant issues in community-based settings, particularly in low- and middle-income countries like Sikumana Village. Studies indicate that targeted training programs can effectively enhance maternal knowledge and practices related to newborn care. For instance, a two-day intensive training improved mothers' understanding of Kangaroo Mother Care and recognition of neonatal danger signs, leading to better care practices (Muna et al., 2025). Similarly, community-based interventions focusing on non-pharmacological care, such as infant massage, resulted in substantial increases in maternal knowledge and skills (Rosa et al., 2025). Furthermore, educational campaigns emphasizing exclusive breastfeeding and early childhood development have shown to significantly raise awareness and readiness to implement proper infant care practices (Satriani & Zamli, 2025)(Lisda & Dwicahya, 2025). These findings underscore the necessity of structured educational initiatives to empower mothers and improve infant care practices in such communities (Lisda & Dwicahya, 2025).

Various educational interventions, including standard health education and counseling programs, have been widely implemented to improve maternal knowledge and practices in postnatal care across diverse settings (Chaudhary et al., 2023). Evidence from randomized controlled trials indicates that health education interventions significantly improve maternal knowledge related to postnatal care; however, the translation of knowledge into actual behavioral change remains uncertain (Chaudhary et al., 2023). Similarly, community-based educational interventions have demonstrated effectiveness in enhancing maternal knowledge and promoting health-related practices, yet their impact varies depending on contextual and implementation factors (Yoseph et al., 2024). More recent quasi-experimental studies also show that postnatal education programs can improve maternal practices, particularly among vulnerable populations, although consistency and sustainability of these practices are still challenging (Kamau et al., 2024). In addition, digital and mHealth-based educational interventions have emerged as promising strategies, with studies reporting significant improvements in maternal knowledge and certain health behaviors, especially when interactive and socially supported components are incorporated (Ayadi et al., 2025). Nevertheless, other findings suggest that while educational interventions effectively increase knowledge, their influence on long-term behavioral adoption remains limited without structured, anticipatory, and behavior-oriented approaches (Faridah et al., 2024). Therefore, despite the growing body of recent evidence, there remains a critical need for more comprehensive and proactive educational strategies that can effectively bridge the gap between knowledge acquisition and sustained maternal practice.

Anticipatory guidance has emerged as a vital component in maternal and child health, demonstrating effectiveness in enhancing parenting practices and child development outcomes. Recent studies indicate that structured anticipatory guidance can significantly reduce maternal stress and improve parenting behaviors across diverse ethnic groups, thereby fostering better child safety and developmental practices (Hsu et al., 2018). However, its application in community health settings, particularly regarding early mobilization and safe infant carrying practices, remains underexplored. For instance, interventions like infant massage have shown promise in improving maternal skills and knowledge, suggesting that similar structured educational approaches could enhance safe carrying practices (Putri & Windarena, 2025). Furthermore, the limited time pediatricians allocate to parent education during well-child visits highlights a missed opportunity for implementing anticipatory guidance more extensively. Thus, integrating anticipatory guidance into community health initiatives could potentially improve maternal and infant health outcomes significantly.

The study on anticipatory guidance education aims to enhance maternal knowledge and practices regarding early mobilization and safe infant carrying among mothers at Kamboja Integrated Health Post in Sikumana Village. Evidence from various studies indicates that structured educational interventions significantly improve maternal knowledge and skills in newborn care and safety practices. For instance, training programs have shown effectiveness in enhancing understanding of Kangaroo Mother Care and recognizing neonatal danger signs, which are crucial for reducing neonatal morbidity and mortality (Muna et al., 2025). Additionally, community-based education initiatives have successfully increased knowledge about anticipatory guidance and first aid for infants, demonstrating the importance of tailored educational

approaches in rural settings (Misniarti et al., 2024). Furthermore, antenatal education has been linked to improved maternal competencies in newborn care, highlighting the critical role of informed caregiving in promoting child health (Yulia et al., 2024). Overall, these findings support the implementation of anticipatory guidance education as a viable intervention to empower mothers and enhance infant safety practices.

Given the potential risks associated with delayed mobilization and unsafe infant carrying practices, as well as the limited evidence on context-specific educational interventions, this study is essential to provide empirical evidence for strengthening community-based maternal health programs. Delayed postpartum mobilization has been associated with increased risks of thromboembolic events, delayed uterine involution, and prolonged maternal recovery, which may negatively affect overall postpartum health outcomes. In addition, improper infant carrying practices can lead to musculoskeletal discomfort in mothers and increase the risk of infant injury due to inadequate support of the head, neck, and spine. These challenges are particularly pronounced in community-based settings, where access to structured and evidence-based postnatal education remains limited, especially in low- and middle-income contexts (Wojcieszek et al., 2023). Furthermore, existing maternal health programs tend to prioritize antenatal care, often overlooking the importance of practical and behavior-oriented postnatal interventions that directly influence maternal and infant well-being (Moyo et al., 2023). Therefore, there is a pressing need to develop and evaluate effective, contextually appropriate educational strategies, such as anticipatory guidance, to enhance maternal knowledge and practices and ultimately improve postnatal health outcomes at the community level.

This study offers novelty by focusing specifically on anticipatory guidance education for early mobilization and safe infant carrying practices among postpartum mothers in a community-based integrated health post setting. Previous studies have primarily emphasized general postpartum education, breastfeeding promotion, newborn care, or digital maternal education interventions, whereas limited studies have evaluated structured anticipatory guidance targeting both maternal knowledge and practical postpartum behaviors simultaneously. In addition, this study integrates interactive demonstrations and guided practice within community postpartum services, providing context-specific evidence for strengthening maternal health promotion at the primary healthcare level.

II. Methods

This study employed a quasi-experimental design with a pretest-posttest control group approach to evaluate the effectiveness of anticipatory guidance education in improving maternal knowledge and practices of early mobilization and safe infant carrying. The study was conducted at Kamboja Integrated Health Post, located in Sikumana Village, a community-based integrated health post providing primary maternal and child health services, from February to March 2026.

The target population of this study consisted of all postpartum mothers residing in Sikumana Village, Kupang City, during the study period. The accessible population included postpartum mothers who attended Kamboja Integrated Health Post from February to March 2026. A total of 40 eligible postpartum mothers who met the inclusion criteria were recruited and allocated into intervention and control groups. A total of 40 participants were recruited and equally allocated into an intervention group ($n = 20$) and a control group ($n = 20$). The inclusion criteria were mothers in the postpartum period (0-42 days after delivery), willingness to participate, and ability to communicate effectively. Mothers with severe postpartum complications or conditions limiting mobility were excluded. Participants were recruited using a consecutive sampling technique, in which all eligible postpartum mothers attending Kamboja Integrated Health Post during the study period were consecutively enrolled until the required sample size was achieved.

The intervention group received anticipatory guidance education through structured sessions focusing on early mobilization and safe infant carrying practices, while the control group received standard routine health education provided at the Integrated Health Post. The educational intervention was delivered in three sessions over a two-week period, consistent with previous maternal health education studies demonstrating effective behavioral change within short-term structured interventions. Each session lasted approximately 45-60 minutes and included interactive lectures, demonstrations, and guided practice. Educational materials such as visual aids and leaflets were provided to reinforce learning

and retention.

This study measured three main variables, consisting of one independent variable and two dependent variables. The independent variable was anticipatory guidance education, while the dependent variables were maternal knowledge regarding early mobilization and safe infant carrying, and maternal practices related to early mobilization and safe infant carrying. The anticipatory guidance education sessions were delivered by trained midwifery educators with experience in maternal and postpartum health education. Prior to the intervention, the educators received standardized briefing regarding the educational materials, teaching procedures, and demonstration methods to ensure consistency of intervention delivery throughout the study.

Data were collected using structured questionnaires and observational checklists administered before and after the intervention. Maternal knowledge was assessed using a set of multiple-choice questions related to early mobilization and safe infant carrying, while maternal practices were evaluated through direct observation using a standardized checklist. Instrument validity was tested using Pearson Product Moment correlation, with all items showing r-count > r-table. Reliability testing using Cronbach's alpha produced values >0.70, indicating good internal consistency. Potential bias was minimized through consecutive participant recruitment, standardized questionnaires and observational checklists, uniform educational procedures, and standardized outcome assessment guidelines to ensure intervention consistency and reduce selection, information, and observer bias. Written informed consent was obtained from all participants prior to data collection. Participants were informed about the study objectives, confidentiality, voluntary participation, and their right to withdraw from the study at any time without consequences.

Data analysis was performed using SPSS. Descriptive statistics were used to summarize participant characteristics. Inferential analysis was conducted to assess differences in knowledge and practice scores within and between groups. The Shapiro-Wilk test was used to assess data normality. Paired t-tests or Wilcoxon signed-rank tests were applied for within-group comparisons, while independent t-tests or Mann-Whitney U tests were used for between-group comparisons, with a significance level set at $p < 0.05$.

III. Results

1. Characteristics of Respondents

Table 1 presents the baseline characteristics of participants in both the intervention and control groups. The distribution of age, education level, and parity was comparable between the two groups, indicating homogeneity at baseline.

Table 1. Baseline Characteristics of Respondents (n = 40)

Variable	Intervention (n=20)	Control (n=20)
Age (years)		
< 25	6 (30%)	5 (25%)
25-35	10 (50%)	11 (55%)
> 35	4 (20%)	4 (20%)
Education Level		
Primary	5 (25%)	6 (30%)
Secondary	10 (50%)	9 (45%)
Higher	5 (25%)	5 (25%)
Parity		
Primiparous	8 (40%)	7 (35%)
Multiparous	12 (60%)	13 (65%)

The distribution of respondents based on age, education level, and parity was relatively similar between the intervention and control groups. The majority of participants in both groups were aged 25-35 years (50% in the intervention group and 55% in the control group) and had secondary education (50% and 45%, respectively). In terms of parity, most respondents were multiparous in both groups (60% in the

intervention group and 65% in the control group). These comparable distributions indicate that there were no meaningful baseline differences between groups, supporting the assumption of group equivalence prior to the intervention.

2. Normality Test
The Shapiro-Wilk test was conducted to assess the normality of knowledge and practice scores.
Table 2. Normality Test (Shapiro-Wilk)

Variable	Group	p-value
Knowledge (Pretest)	Intervention	0.112
	Control	0.098
Knowledge (Posttest)	Intervention	0.076
	Control	0.091
Practices (Pretest)	Intervention	0.084
	Control	0.102
Practices (Posttest)	Intervention	0.067
	Control	0.089

All variables showed p-values greater than 0.05, indicating that the data were normally distributed. Therefore, parametric tests (paired t-test and independent t-test) were applied.

3. Within-Group Comparison of Knowledge and Practice Scores
Table 3. Comparison of Maternal Knowledge and Practice Scores (Paired t-test)

Group	Pretest Mean ± SD	Posttest Mean ± SD	Mean Difference	p-value
Intervention	56.2 ± 8.5	82.4 ± 6.7	+26.2	<0.001*
Control	57.1 ± 7.9	61.3 ± 7.5	+4.2	0.072
Intervention	52.8 ± 9.1	79.6 ± 7.2	+26.8	<0.001*
Control	53.5 ± 8.7	58.2 ± 8.0	+4.7	0.065

There was a statistically significant increase in maternal knowledge and practice scores in the intervention group ($p < 0.001$), whereas no statistically significant improvement was observed in the control group ($p > 0.05$).

5. Between-Group Comparison (Posttest Scores)
Table 4. Independent t-test Results

Variable	Intervention Mean ± SD	Control Mean ± SD	Mean Difference	p-value
Knowledge	82.4 ± 6.7	61.3 ± 7.5	+21.1	<0.001*
Practices	79.6 ± 7.2	58.2 ± 8.0	+21.4	<0.001*

The posttest scores for both knowledge and practices were significantly higher in the intervention group compared to the control group ($p < 0.001$), indicating the effectiveness of anticipatory guidance education.

IV. Discussion

This study demonstrated that anticipatory guidance education significantly improves maternal knowledge and practices regarding early mobilization and safe infant carrying compared to standard health education. The magnitude of improvement observed in the intervention group indicates that structured, proactive educational approaches are more effective in promoting maternal behavioral change than conventional routine counseling. These findings are consistent with recent maternal health intervention studies reporting that structured educational programs significantly improve postpartum knowledge and caregiving behaviors (Ayadi et al., 2025).

The improvement in maternal knowledge observed in this study aligns with previous evidence showing that structured and interactive health education interventions are effective in enhancing maternal understanding of postpartum care practices (Chaudhary et al., 2023). Similarly, the significant improvement in maternal practices supports earlier findings indicating that behavior-oriented

interventions are more effective in translating knowledge into actual caregiving behaviors compared to passive educational approaches (Kamau et al., 2024). However, existing literature also emphasizes that knowledge alone is insufficient to ensure behavioral adoption without reinforcement through practical demonstration and guided practice (Yoseph et al., 2024).

The effectiveness of anticipatory guidance education can be theoretically explained through behavior change frameworks, particularly Social Cognitive Theory and the Health Belief Model, which emphasize the role of self-efficacy, perceived benefits, and readiness for action in shaping health behaviors. In this context, anticipatory guidance functions as a proactive learning strategy that prepares mothers before postpartum challenges occur, thereby enhancing cognitive readiness and behavioral intention. This proactive nature distinguishes it from conventional education, which is often reactive and less effective in fostering sustained behavioral change (Chaudhary et al., 2023).

Mechanistically, anticipatory guidance improves maternal outcomes through cognitive preparation, behavioral rehearsal, and emotional reassurance. Cognitive preparation enables mothers to anticipate postpartum needs, while behavioral rehearsal through demonstration strengthens procedural memory for safe mobilization and infant carrying. Emotional reassurance reduces anxiety and increases maternal confidence in performing postpartum care independently. These combined mechanisms explain why structured and interactive education produces stronger behavioral outcomes compared to traditional didactic approaches (Kamau et al., 2024).

When positioned within the broader global literature, the findings of this study support the ongoing transition from conventional maternal education toward anticipatory, skills-based, and interactive models of health promotion. Traditional health education programs in low- and middle-income settings often rely on passive information delivery, which limits behavioral impact despite increasing knowledge levels (Yoseph et al., 2024). In contrast, anticipatory guidance represents a more advanced educational strategy that integrates timing, context, and skill reinforcement, aligning with current global recommendations for improving maternal and neonatal health outcomes (Hsu et al., 2018).

This study also contributes to the theoretical advancement of anticipatory guidance as a behavior modification strategy in community-based maternal health services. It extends existing behavioral health frameworks by demonstrating that proactive educational interventions can simultaneously improve both cognitive and practical domains of maternal behavior. This strengthens the argument that timing and delivery structure of health education are as important as content in influencing maternal health outcomes (Ayadi et al., 2025).

From a practical perspective, the findings suggest that anticipatory guidance should be integrated into routine postpartum services at community health posts such as Integrated Health Post to enhance maternal and neonatal health outcomes. Given its structured and low-resource nature, this intervention is feasible for implementation in primary healthcare settings without requiring substantial additional infrastructure. Moreover, integrating standardized anticipatory education modules may improve consistency in maternal health education delivery among healthcare workers (Ayadi et al., 2025)(Moyo et al., 2023).

However, the findings of this study also highlight the importance of ensuring consistent implementation of anticipatory guidance education within community-based maternal health services. Standardized educational delivery, interactive teaching approaches, and practical demonstrations are essential to maximize maternal understanding and behavioral adoption during the postpartum period. Training programs should emphasize interactive teaching methods, demonstration-based learning, and competency assessment to ensure effective delivery of anticipatory guidance interventions. Such capacity-building efforts are essential to ensure scalability and sustainability within community-based maternal health systems (Kurniawan et al., 2025). The involvement of trained midwifery educators in delivering anticipatory guidance education may also contribute to the effectiveness of the intervention. Standardized educational delivery, interactive demonstrations, and guided practice sessions likely enhanced maternal understanding and behavioral adoption during the postpartum period. These findings highlight the importance of competency-based educational approaches in community maternal health services.

Despite its strengths, this study has several limitations. The quasi-experimental design without randomization may introduce selection bias, and the relatively small sample size limits generalizability. Additionally, the short-term follow-up period restricts assessment of long-term behavioral sustainability. Future studies should adopt randomized controlled designs with larger sample sizes and longer follow-up periods to strengthen evidence on the sustained impact of anticipatory guidance interventions (Ayadi et al., 2025).

Future research should also explore the integration of digital or blended learning approaches to enhance accessibility and continuity of anticipatory guidance education. Considering the increasing role of digital health in maternal care, combining face-to-face and digital education may further improve engagement and long-term behavioral adherence among postpartum mothers.

V. Conclusion

Anticipatory guidance education is effective in improving maternal knowledge and practices regarding early mobilization and safe infant carrying compared to standard health education. The structured and interactive intervention enhances both cognitive understanding and practical skills among postpartum mothers. These findings support its integration into community-based maternal health services such as Integrated Health Post to strengthen postpartum care outcomes. However, further studies with larger samples and randomized designs are recommended to confirm and generalize these results.

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