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| No. | Author | Nama JurnalVol (No), Tahun | Judul | Metode(Desain, sample, Variable, Instrumen, Analisis) | Kesimpulan *Literature review* |
| 1. | Melissa Bauserman,Adrien Lokangaka,Vanessa Thorsten et al. | Reproductive Health 2015, 12(Suppl 2):S5<http://www.reproductive-health-journal.com/content/12/S2/S5>  | Risk factors for maternal death and trends inmaternal mortality in low- and middle-incomecountries: a prospective longitudinal cohortanalysis | **Design**: prospective longitudinal cohort analysis**Sample**: all pregnancies from 2010 to 2013 among women enrolled in the MNHR**Variable**: pregnancy and the maternal mortality ratio**Instrumen:** secunder data**Analisis**: Generalized estimating equations | The MNHR identified preventable causes of maternal mortality in diverse settings in low- and middleincomecountries. The MNHR can be used to monitor public health strategies and determine their association with reducing maternal mortality. |
| 2. | A. Cristina Rossi, Patrick Mullin | Arch Gynecol Obstet (2012) 285:1499–1503DOI 10.1007/s00404-012-2301-y | The etiology of maternal mortality in developed countries:a systematic review of literature | **Design**: systematic review of literature**Sample**: Twelve articles provided data from 1980 to 2007, in PubMed, EMBASE, Medline and reference lists**Variable**: maternal death/mortality, pregnancy death and obstetric/maternity care**Instrumen:** secunder data**Analisis:** SR | Conditions leading to hemorrhage warrant strict management. The risk of an apparently healthy woman to die during motherhood is 0.22 out of 100,000 livebirths. |
| 3. | Girum and Wasie | Maternal Health, Neonatology, and perinatology (2017) 3:19DOI 10.1186/s40748-017-0059-8 | Correlates of maternal mortality indeveloping countries: an ecological study in 82 countries | **Design**: ecological study**Sample**: international data bases of health metrics from 2008 to 2016 using aggregates of health indicator data from WHO, World Bank, UNDP and UNICEF data bases for 82 developing countries.**Variable**: The dependent variable was the maternal mortality ratio, while the independent variable was socio-economic, health care related and morbidity ariables. **Instrumen:** secunder data**Analisis:** correlates | Maternal mortality is correlated with multiples of socio-economic factors, health care system associatedfactors, disease burden and their complex interactions. Therefore Policy and programs targeted to improvematernal health and reduce maternal deaths should consider population dynamics, socio-economic influenceand health system factors that impose a major risk on mothers. |
| 4. | *Leontine Alkema et al* | ***Lancet* 2016; 387: 462–74** http://dx.doi.org/10.1016/S0140-6736(15)00838-7 | Global, regional, and national levels and trends in maternalmortality between 1990 and 2015, with scenario-based projections to 2030: a systematic analysis by the UN Maternal Mortality Estimation Inter-Agency Group | **Design**: systematic analysis**Sample**: international data bases of health metrics from 2008 to 2016 using aggregates of health indicator data from WHO, World Bank, UNDP and UNICEF data bases for 82 developing countries.**Variable**: The dependent variable was the maternal mortality ratio, while the independent variable was socio-economic, health care related and morbidity ariables. **Instrumen:** secunder data**Analisis:** correlates | Despite global progress in reducing maternal mortality, immediate action is needed to meet the ambitious SDG 2030 target, and ultimately eliminate preventable maternal mortality.Although the rates of reduction that are needed to achieve country-speciﬁc SDG targets are ambitious for most high mortality countries, countries that made a concerted eﬀort to reduce maternal mortality between 2000 and 2010 provide inspiration and guidance on how to accomplish the acceleration necessary to substantially reduce preventable maternal deaths. |
| 5. | *Marian F et al* | wileyonlinelibrary.com/journal/birt, Birth, 2018; 1-9. DOI: 10.1111/birt.12330 | Trends in Texas maternal mortality by maternal age, race/ethnicity, and cause of death, 2006- 2015 | **Design**: demographic analysis**Sample**: international data bases of health metrics from 2006 to 2015 using aggregates of health indicator data from WHO**Variable**: The variable was the maternal mortality ratio, into 5-years averages**Instrumen:** secunder data**Analisis:** A two- proportion *z* test orPoisson regression for numerators <30 was used to evaluate differences | The observed increase in maternal mortality in Texas from 2006- 2010to 2011- 2015 is likely a result of both a true increase in rates and increased overreportingof maternal deaths,as indicatedby implausiblyhigh and increasing ratesforwomenaged =40yearsand among nonspecific causes of death. Efforts are needed tostrengthenreporting of death certificate data, and to improve access to quality maternalhealth care services. |
| 6 | Yasmin H. Neggers | ReproductiveToxicology xxx (2016) xxx–xxx. journal homepage: [www.elsevier.com/locate/reprotox](http://www.elsevier.com/locate/reprotox).http://dx.doi.org/10.1016/j.reprotox.2016.04.001 | Trends inmaternal mortality in the United States | **Design**: Studi analisis**Sample**: Data sekunder**Variable**: Maternal mortality**Instrumen:** Review**Analisis:** checklist literature review | Maternal mortality is higher in the U.S. as compared to many developed countries including Europe. This is true in spite of the fact that factors contributing to maternal mortality,such as overweight and obesity, hypertension, type 2 diabetes andincreased maternal age at the birth of a child are also present in Europe. |
| 7 | William M. Callaghan, | Seminars in Perinatology 0146-0005/12/$-see front matter Published by Elsevier Inc. doi:10.1053/j.semperi.2011.09.002 | Overview of Maternal Mortality in the United States | **Design**: Studi analisis**Sample**: Data sekunder**Variable**: Maternal mortality**Instrumen:** Review**Analisis:** checklist literature review | As pregnancy mortality surveillance and maternity care improve and as the medical risks of the birthing populationincrease, 3 factors converge. Better case identiﬁcation ﬁndsmore deaths attributable to chronic medical conditions, the so-called indirect deaths, and better obstetric care results in decreases in direct deaths. |
| 8 | Sima Sajedinejad, Reza Majdzadeh, AbouAli Vedadhir, Mahmoud Ghazi Tabatabaeiand Kazem Mohammad | Globalization and Health (2015) 11:4DOI 10.1186/s12992-015-0087-y | Maternal mortality: a cross-sectional study inglobal health | **Design**: korelasi pendekatan cross sectional**Sample**: data sekunder dari tahun 2010 dari 179 negara**Variable**: maternal mortality**Instrumen:** review data based**Analisis:** Initial regression model, Factor analysis (FA), Multiple regression analysis with extracted factors | Education, private sector and trade, and governance were found to be the most important macrostructural factors associated with maternal mortality.Employment and labor structure, economic policy and debt, agriculture and food production, private sector infrastructure investment, and health finance were also some other critical factors. |
| 9 | Jeffrey C. King | Curr Opin Obstet Gynecol 2013, 25:117–123DOI:10.1097/GCO.0b013e32835e1505[www.co-obgyn.com](http://www.co-obgyn.com) | Strategies to reduce maternal mortality in developed countries | **Design**: Review**Sample**: Literature**Variable**: data terkait kematian maternal  | To achieve a reduction within all developed countries there must be coordinated death review activities that investigate every case along with near-misses. Recommendations for changes within the medical system will continue to improve maternalhealth not only in developed countries but also worldwide. |
| 10 | Lynn Clark Callister and Joan E. Edwards | AWHONN, the Association of Women’s Health, Obstetric and Neonatal Nurses, <http://jognn.org>, JOGN172\_proof \_ 10 March 2017<http://dx.doi.org/10.1016/j.jogn.2016.10.009> | Sustainable Development Goalsand the Ongoing Process ofReducing Maternal Mortality | **Design**: Review**Sample**: Literature**Variable**: data terkait kematian maternal | To reduce maternal mortality: improvement of maternal nutrition during pregnancy; emergency obstetric care and postpartum hemorrhage prevention; expandedprenatal care, including prevention of stillbirth andpreterm birth; emergency neonatal resuscitationand immediate newborn care; and detection/management of maternal/newborn infections.  |
| 11 | María Teresa Ruiz-Cantero, Marta Guijarro-Garvi, Donna Rose BeanJosé Ramón Martínez-Riera, José Fernández-Sáez | International Society of Blood Transfusion, ISBT Science Series (2017) 12, 272–280 | Governance commitment to reduce maternal mortality. A politicaldeterminant beyond the wealth of the countries | **Design**: Review literature**Sample**: data sekunder pada 174 negara**Variable**: maternal mortality**Instrumen:** six indicators of the World Bank's Worldwide Governance Indicators Project in 2015 | The six dimensions of governance: Government eﬀectiveness, regulatory quality, rule of law,control of corruption, voice and accountability, and political stability and absence of violence. Findings wereencouraging as maternal mortality in low-income countries with higher government eﬀectiveness and regulatory quality was similar to that of medium-income countries with lower government eﬀectiveness and regulatoryquality. To achieve the post-2015 sustainable development goal on preventable maternal mortality—which persists despite economic development—all governance dimensions are essential and represent interdependentcornerstones. |
| 12 | Y. S. M. Soedarmono | International Society of Blood Transfusion, ISBT Science Series (2017) 12, 272–280 | The Indonesian approach to reduce maternal mortality | **Design**: Review**Sample**: Literature**Variable**: data terkait kematian maternal | Indonesia has high maternal mortality that mostly due to haemorrhage.The unavailability of blood contributes to maternal mortality. Increasingpeople’s awareness and willingness to donating blood voluntarily is expected toincrease blood supply and improve management of postnatal haemorrhage. |
| 13 | Budi Utomo, Purwa Kurnia Sucahya, Nohan Arum Romadlona, Annette Sachs Robertson,Riznawaty Imma Aryantyand Robert Joseph Magnani | Population Health Metrics (2021) 19:2 <https://doi.org/10.1186/s12963-020-00245-w> | The impact of family planning on maternal mortality in Indonesia: what future contribution can be expected? | **Design**: decomposition methode**Sample**: data from long series of population censuses and large-scale surveys thatare available in few other low- and middle-income countries.**Variable**: family planning and maternal mortality**Instrumen:** secunder data**Analisis:** regresi  | CPR growth rate would have to nearly double the 2000–2017 rate to reach 70% CPR by 2030 and more than triple to reach 75%. Achieving the most ambitious target would still leave the maternal mortality ratio at 125 in 2030 without corresponding improvements in maternal health services.Although substantial reductions in maternal mortality between 1970 and 2017 can be attributed to contraceptive use and further contributions to the year 2030 are probable, smaller contributions are likely due tothe already relatively high CPR and the challenges that must be overcome to move the CPR significantly higher. The ability of Indonesia to reach the 2030 SDG maternal mortality target of 70 maternal deaths per 100,000 livebirths will depend primarily upon health system effectiveness in addressing health risks to women once they are pregnant. |
| 14 | Bela Ganatraand Anibal Faundes | *Best Practice & Research Clinical Obstetrics & Gynaecology**DOI:* 10.1016/j.bpobgyn.2016.07.008 | The role of birth spacing, family planning services*,* safe abortion services and post abortion care in reducing deaths in reducing maternal deaths | **Design**: Review**Sample**: Literature**Variable**: data terkait kematian maternal | Access to contraception and the provision of family planning is an essential reproductive health intervention that helps reduce maternal deaths by preventing ordelaying pregnancy in women not intending to be pregnant or those at higher risk of morbidity and mortality. The provision of safe abortion is essential to prevent the complications arising from unsafe abortion and the provision of emergency care for complications is essential to avert deaths from those complications. Equally important, the provision of contraception and safe abortion go beyond preventing deaths –it is a telling indicator of our ability to respect women’s decisions and ensure that they have access to timely, evidence based care that protects their health and human rights.  |
| 15 | Lumbwe Chola, Shelley McGee, Aviva Tugendhaft, Eckhart Buchmann,Karen Hofman | PLOS ONE | DOI:10.1371/journal.pone.0130077June 15, 2015 | Scaling Up Family Planning to ReduceMaternal and Child Mortality: The Potential Costs and Benefits of Modern Contraceptive Use in South Africa | **Design**: Review**Sample**: Literature**Variable**: data terkait kematian maternal | If CPR increased by 0.68% annually, the number of pregnancies would reduce from 1.3 million in 2014 to one million in 2030. Unintended pregnancies, abortions and births decrease by approximately 20%. Family planning can avert approximately 7,000 newborn and child and 600 maternal deaths. The total annual costs of providing modern contraception in 2030 are estimated to be US$33 million and the cost per user of modern contraception is US$7 per year. The incremental cost per life year gained is US$40 for children and US$1,000 for mothers. |
| 16 | **Lisa Cameron, ID Diana Contreras Suarez, Katy Cornwell** | PLOS ONE | <https://doi.org/10.1371/journal.pone.0217386>June 3, 2019 | Understanding the determinants of maternalmortality: An observational study using theIndonesian Population Census | **Design**: observational study**Sample**: The 2010 Indonesian Population Census identifies 8075 pregnancy-related deaths and 5,866,791 live births. **Variable**: determinan of maternal mortality**Instrumen:** sensus**Analisis:** Multilevel logistic regression | Distance to health clinics and the number of midwives at community health centres and village health posts are not significant contributors, nor is socio-economic status. If thesame level of access to doctors and hospitals in lower maternal mortality Java-Bali was provided to the higher maternal mortality Outer Islands of Indonesia, our model predicts 44deaths would be averted per 100,000 pregnancies. |