

Evaluation of the Management of the Integrated Antenatal Care Program by Midwives for Pregnant Women at the Kenali Besar Health Center Jambi City in 2022

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Abstract

The Integrated Antenatal Care (ANC) program is the standard of success in health services, because Antenatal Care is a comprehensive service for pregnant women in early detection of pregnancy complications that may occur to prepare for positive pregnancy and childbirth, so as to reduce maternal mortality. However, the maternal mortality rate in Jambi City still occurs every year, therefore one of the objectives of the Integrated Antenatal Service Program is to reduce the Maternal Mortality Rate (MMR). This study uses a qualitative research method with a case study approach with a total of 10 informants. Data were collected through in-depth interviews, observation, and document review. The results of this study on the input aspect are not good, because Health HR is still lacking in midwives and the facilities and infrastructure that must be owned. In the aspect of the process, it was found that it was not good, because HR planning was not carried out, the implementation process in providing services according to the 10 T standard was also not maximized and recording and reporting often resulted in delays in reporting and recording

Keywords: *Integrated ANC; Midwife; Maternal Mortality Rate;*

Introduction

The maternal mortality rate (MMR) is still the main priority target in the Sustainable Development Goals (SDGs), because the indicator of the success of a health service is to look at the maternal mortality rate of 70/100,000 live births (Anne Rufaridah, 2019). However, the facts show that the number of maternal deaths compiled by the Ministry of Health in 2020 still occurred 4,627 maternal deaths in Indonesia and there were 62 deaths in Jambi Province. Therefore, various strategies have been carried out to reduce maternal mortality by preventing, early detection of pregnancy complications through the

Integrated Antenatal Service program by assessing the coverage of K1-K6. Success in achieving coverage Now apart from the role of midwives, the magnitude of the role and contribution of midwives in Integrated Antenatal Care services must be in accordance with standards to reduce maternal mortality. Based on the results of previous research, it is known that the Public Health Center in Jambi City which refers to the standard of Compliance Figures for Integrated Antenatal Care services, it was found that the implementation in accordance with the standards of Integrated Antenatal Care services only reached 74.54% of the minimum target of 80% (Ruwayda, 2016), Then out of 30 midwives in Jambi, only 53.6% have good knowledge (and there are still 42.9 who have poor training (Yanti, 2020)

Then it was linked again with 28.1% of midwives' performance which was still poor. With previous research related to the performance of midwives that occurred at the Jambi City Health Center (Sri Astuti Siregar, 2021), the authors linked the performance of midwives greatly affecting the quality of Integrated Antenatal Care services according to operational standards. For this reason, researchers feel the need for an Evaluation of the Management of the Integrated Antenatal Service Program for Pregnant Women at the Kenali Besar Health Center, Jambi City in 2022.

Method

The type of research used in this research is qualitative research with a case study approach, data obtained from 10 informants using in-depth interviews, observation and document review methods that strengthen the research results. This study uses NVivo qualitative data analysis and uses source triangulation method to generalize the data that has been obtained. In this study, the informants generally consist of health workers and pregnant women.

Research Result

1. Human Resources

a. Quantity

The total number of midwives is 19 people, but the number of midwives at the Kenali Besar Health Center at the Maternal and Child Health Polyclinic is only three implementing midwives who are also midwives implementing the Integrated Antenatal Service program. From the three midwives, information was obtained

that the midwife who served in the Maternal and Child Health Poly (KIA) was not at the Maternal and Child Health Poly (KIA) every day, one midwife was vaccinated and the other was at the DOTS Poly. This condition causes a shortage of midwives in the Maternal and Child Health Poly, because of the three implementing midwives in the KIA Poly it is not possible to provide Integrated Antenatal Care services every day. The condition of the shortage of human resources was conveyed directly by several informants in this study. The direct statements referred to are as follows:

"Not yet, not enough. This is not enough, if it is standby, God willing, it is enough. But only my mother is on standby..." (Informant 1)

"Not enough, I was in the MCH room and vaccinated. Because if you don't go down here, but if you go up" (Informant 2)

"In my personal opinion, it is not enough... because sometimes many patients do it themselves, we have a lot of difficulties, we have difficulties... then we don't have time to enter the application, especially when the lights go out in my opinion, it is not enough for only 1 or 2 people" (Informant 3)

With the condition of a shortage of midwives, the Kenali Besar Health Center to replace the shortage of available health workers, it is done by changing the schedule which is carried out by coordinating when conducting Morning Calls at the Kenali Besar Health Center and not based on the schedule that has been made, meaning that based on voluntarily from the implementing midwife.

b. Quality

Of the three implementing midwives in the Maternal and Child Health Poly based on the results of interviews that have been conducted, 1 midwife has D3 qualifications, 2 midwives D4. This means that midwives provide services in accordance with the educational qualifications of midwives. In improving the quality of human resources (HR) of implementing midwives who will provide Integrated Antenatal Care services, training is provided for existing HR. But unfortunately, there is no special training for implementing midwives. The training is only given to holders of the Integrated Antenatal Care program which is then coordinated with other implementing midwives from the Jambi City Health Office. In this case, the timing of providing training to midwives is also uncertain, this depends on the Jambi City Health Office itself, because every month is different, in one month training is held, but the next month it is not held. After being dug up from various informants to obtain further information, information was obtained

regarding the working period of the implementing midwife at the Kenali Besar Health Center. KIA Poly to be able to provide antenatal services.

“...it's been 20 years...” (Informant 1)

“... 60% are seniors 40% eee. above group 4 and that is also not at the KIA Poly (Informant 4)

2. Facilities and infrastructure

The results showed that there are still mandatory facilities and infrastructure that are not yet complete and fulfilled, namely queue seats, but the rest of the equipment is in a suitable condition for use or good and the condition of the service room for pregnant women is in good condition. it's just that the supporting facilities and infrastructure have problems such as the network., computers and lights go out which often happens at the Kenali Besar Health Center.

“That's the network, dear... the network is slow, the computer is a bit broken. The error is severe” (Informant 1)

“The lights often go out, it's hard for us to reconcile them, we say wait, ma'am. Wait until the lights come on, that's the problem with the infrastructure” (Informant 3)

Table 1
 Table of Observation of Facilities and infrastructure at Kenali Besar Health Center
 in 2022

No	Name Item	Minimum Quantity	Amount Available	Eligible	Not Eligible
1.	adult tensimeter	1 piece	1 piece	√	
2.	LiLA ribbon	1 piece	1 piece	√	
3.	Doppler	1 piece	1 piece	√	
4.	Reflex Hammer	1 piece	1 piece	√	
5.	scales	1 piece	1 piece	√	
6.	adult stethoscope	1 piece	1 piece	√	
7.	Thermometer	1 piece	1 piece	√	
8.	Metlin	1 piece	1 piece	√	
9.	Bed	1 piece	1 piece	√	
10.	computer	1 piece	1 piece		√
11.	KIA Book	Adapt	Adapt	√	
12.	Waiting chair	3 piece	2 piece	√	
13.	Mother Card	Adapt	Adapt	√	
14.	registration desk	1 piece	1 piece	√	

3. Planning

a. Human Resource Planning

The Kenali Besar Health Center did not plan for human resource requirements (HR) for the number of midwife health workers, because the number of midwives was considered to have exceeded. This can be seen from the results of interviews which showed that all implementing midwives at KIA Poli complained that the existing human resources were still lacking in the aspect of HR input, but the Head of the *Public Health Center* felt that they already had sufficient human resources to provide Integrated Antenatal Care services.

“So far, our midwives can be excessive. We never complain and never ask. However, we still have stories of how the condition of our staff is reported every year” (Informant 4)

“We never did and said it (lack of midwives). But in principle, in accordance with accreditation, we make eeee and also the program from our service makes a report every year.” (Informant 4)

In the HR planning process, there actually was a miscommunication between superiors and work staff, but there was no strong evidence because there was no written evidence from the implementing midwife that was reported to the head of the *Public Health Center*, but the three implementing midwives said that they had reported it well in the meeting. as well as when talking casually with the head of the *Public Health Center*. Seeing the phenomenon where the head of the *Public Health Center* feels that the number of existing human resources is excessive, while the implementing midwives feel that there is a shortage of human resources, this indicates a problem in the planning of existing human resources, but also the researcher cannot conclude that this is not a problem presented by the researcher. implementing midwife. and there are different arguments from the interviews that occurred. After digging deeper, information was obtained that the number of midwives was quite large, but the problem in human resource planning in this study was the inappropriate management of human resources, this was because the midwives who were placed were not in accordance with their fields. main tasks and functions. educational qualifications as personnel must place them.

“In places where midwives are not allowed to, we place midwives, such as dental clinics, elderly people, children's clinics, eee polys, moreover, technical polys, that's all midwives. Because the amount is more than it should be. Even the head of TU is also a midwife” (Informant 4)

In addition to the distribution of staff qualifications that are not appropriate, in the HR planning process there is a solution to the shortage of HR at the KIA Poly only by replacing the midwife who is unable to attend the morning meeting.

b. planning of facilities and infrastructure

Planning for facilities and infrastructure at the Kenali Besar Health Center did not find any obstacles or obstacles that occurred, this was seen from the results of interviews, observations and document reviews conducted by researchers. and damaged, along with the quantities required and the quantities available at that time. Through the room inventory card, all the midwives wrote down the plans for the facilities and infrastructure needed for the future process. However, if in the process of implementation, If there is damage to facilities or infrastructure for Integrated Antenatal Care (ANC) services, the Kenali Besar Health Center will carry out a calibration process or check on medical devices and non-medical devices in accordance with the report of the implementing midwife at the time of providing Integrated Antenatal Care services.

"We go upstairs, fix it first, if indeed there is stock that is replaced with existing stock, if there is no repair first, calibrate it, is it true or not, if you replace the battery, will it turn on or not... or will it be charged again, will it come back on, if not, just replace it?". That's just waiting, borrow it first and have another room" (Informant 3)

c. Implementation

Implementation at the Kenali Besar Health Center in providing Integrated Antenatal Care (ANC) services to midwives is guided by the standards of the Ministry of Health related to the provision of Integrated Antenatal Care (ANC) services, namely the 10 T standard. This can be seen from the implementation process carried out by midwives to pregnant women who want to receive Integrated Antenatal Care services. However, in the process of providing services for pregnant women, they complained that the information obtained was not complete because they felt rushed with the large queues of pregnant women with a limited number of midwives. This means that in the interview (counseling) midwives have not been optimally carried out.

"... There can't be more consul, right. Because the patients are in line, right?" (Informant 1)

"Well, it's explained, but not everything is possible, right?" (Informant 5)

"... for the consultation, potluck, so sometimes we are not satisfied. It's good to be an independent practice midwife" (Informant 6)

"Sometimes it's explained, sometimes it's not. Like for example, the arm measurement was not explained at that time" (Informant 7)

"The midwife is efficient in communication in my opinion. If our basics are not in health, we may not receive health education." (Informant 8)

"The midwife doesn't talk much" (Informant 9)

"Not too much communication either, because the patients are busy, the midwife only gives 2, sometimes 1." (Informant 10)

After tracing the information by conducting in-depth interviews again there is 1 more standard that has not been carried out optimally, namely the most basic standard of measuring height and weight, this is because of the six pregnant women who visited the Kenali Besar Health Center to get Integrated Antenatal Care services, they did not get the same check.

"Height and weight were only asked and not measured" (Informant 9)

"Oh no, I was just asked that time, because I knew how tall and heavy, I was at that time, so I didn't measure it anymore." (Informant 10)

Another complaint from other pregnant women patients was that there was a queue that was too long, this was then conveyed by key informants and informants supporting this study confirming the existence of these complaints as the results of interviews as follows:

"For example, if the HR in here is 1 person, the queue is long, long, the labor inspection is already noon, so the service seems rushed..." (Informant 3)

"...usually a long waiting time... (Informant 4)

4. Recording and Reporting

Of the three available midwives, the midwife takes turns recording and reporting, according to who is in the MCH room. The process of recording and reporting at the Kenali Besar Health Center, especially at the KIA Poly with two methods, namely online and offline. All mandatory recording and reporting have been specially formatted from the health Office and the format made by the Kenali Besar Health Center in Jambi City.

"When was it given... Everyone, there are blanks, daily, monthly, all complete" (Informant1)

In carrying out the recording and reporting process, of course this requires a data validation process to check the validity of the data. For this reason, the process of validating data from implementing midwives is carried out by cross-checking the data that has been inputted according to the date and the existing risks.

"Here, let's see this (show the computer), if double namonyo comes out 2, we delete 1." (Informant 1)

"Just as usual, check again if there is a miscalculation or not, right? If it's true, then give it to the TU if asked or usually the coordinator will deliver it" (Informant 2)

"Hey, make a date, every day we make it there so we can check it. (Informant 3)

With such a recording and reporting validation process, the flow in the validation of recording and reporting related to maternal health has been carried out by the implementing midwife by recording all the requested data and reporting it to the administration which is then re-coordinated to the head of the *Public Health Center* to validate the data that has been made. after being reported to the head of the *Public Health Center*, if it is appropriate, the head of the *Public Health Center* will sign the records that have been made by the implementing midwife.

"Hey, after it's made, report it to me, I'm the one who's signed below, I'll check again" (Informant 4)

In the recording process, there were obstacles in recording which required it to be recorded online, because the supporting facilities had problems, as stated in the results section of facilities and infrastructure.

Discussion

1. Human Resources

The quantity of available human resources is still lacking and the quality of human resources is in accordance with educational qualifications. In this case, educational qualifications are very important to be seen as a reference in efforts to improve the quality of the performance of midwives to be able to provide quality midwifery services. This was re-approved by a researcher named Surtiningsih and Stephani in 2018 which stated that there was a relationship between midwifery education and the level of knowledge of midwives about ANC standards in pregnant women with a very strong category because it had a percentage of 82.8% (Surtiningsih and Heristawati, 2018).

Implementing midwives have a working period of more than 20 years with responsibilities not only at the KIA Poly, but also being seconded to other polys. This means that implementing midwives at the KIA Polyclinic have quite a lot of types of work but have obstacles, namely the available human resources are still limited, so this causes the quality of midwives to provide services is not optimal. This was previously researched and supported by Nita, et al 2020 who also supports the author's statement that the many types of work that midwives must do in conditions of limited human resources will cause a high workload for officers (Nita Ike Dwi Kurniasih, Tri Ani Marwati, Asri Hidayat, 2020),so that the workload is increased and reinforced by researcher Khairan

Nissa, et al in 2019 who stated that there is a relationship between the perceived workload and the performance of the midwife, this is because the large workload makes it difficult for midwives to divide time between tasks in services and others, resulting in less than optimal care for pregnant women (Nisa, Serudji and Sulastri, 2019).

2. Facilities and infrastructure

The existing facilities and infrastructure at the Kenali Besar Health Center are still not supportive, this is because there is still a shortage of queue seats which still amount to 2 seats from the number that should be 3 seats, then frequent power outages. This shows the lack of facilities and infrastructure at the Kenali Besar Health Center. The availability of facilities and infrastructure affects individual performance. due to the availability of service facilities as a supporting factor that should not be forgotten, other facilities function as the main tool or assistant in carrying out the work (Yunita, Kuntjoro and Purnami, 2018). This means that the existing infrastructure constraints at the Kenali Besar Health Center are quite disturbing the performance of the midwife, because it hampers the work that should be done in a short time, is hampered because it has to take a lot of time. to record the identity / medical records of pregnant women patients online.

As a result of the limitations of existing facilities and infrastructure in the process of providing health services, it affects the satisfaction of pregnant women to be able to get quality integrated Antenatal Care services. This idea was reinforced by the existence of a relationship between facilities and infrastructure on the satisfaction of pregnant women carried out by Roza and Siti which was motivated by because if the facilities and infrastructure at the Public Health Center were good, such as the examination room, the examination room was comfortable and clean, the examination procedure was not complicated, the records did not take long. then pregnant women will be impressed and satisfied with the existing infrastructure (Roza Aryani, 2021).

3. Planning

a. Human Resource Planning

No human resource planning has been carried out to add the types of midwives in the KIA Poly, both in calculating the workload and calculating the existing human resource needs. This is because the head of the *Public Health Center* considers that there are too many midwives, but not all midwives are given duties and responsibilities that match the midwife's educational background. Double Jobs are often done in *Public Health Center* to cope with many jobs with limited human resources.

However, here it still requires a big role from a leader to be able to do human resource planning in accordance with the needs that exist in an agency that is the responsibility. The researcher's statement confirmed by Bella in 2021 that there was a relationship between leadership and the performance of midwives in providing ANC services, the head of the *Public Health Center* must provide midwives with

managerial involvement (Bella Octaviani Violinansa, Chriswardani Suryawati, 2021). The head of the *Public Health Center* should be able to improve coordination by asking directly or having a discussion with the MCH coordinator and following the applicable guidelines regarding community health centers, so that they can reconsider the shortage of midwives at the MCH Poly by re-management the auth of midwives who are placed in accordance with their educational qualifications.

b. Facilities and infrastructure planning

Planning for facilities and infrastructure must be submitted by the implementing midwife to prepare a plan for the need for facilities and infrastructure for integrated antenatal care services. In line with the research argument stated by Ratni and Ijang said that Midwives are required to complete service facilities and infrastructure in accordance with service standards and provisions of laws and regulations (Ratni, 2019).

The implementing midwife has prepared a plan for the need for facilities and infrastructure which is compiled into medical and non-medical goods every year which is recorded on the Kenali Besar Health Center Room Inventory card as an effort to improve health services, so that midwives can request supplies of damaged or needed goods with the requirement to fill in the room inventory card. or requisition sheet.

Thus, the aspect of facilities and infrastructure can be interpreted as supporting the success of a health program to assist midwives in providing Integrated Antenatal Care services, according to research conducted by Herlina, et al in 2017 which also stated that facilities and infrastructure are very important in supporting a successful program. In this case, health workers, especially midwives, must also be sufficient in a Public Health Center or health agency (Herlina, Zulviana and Ulya, 2021)

4. Implementation

The process of implementing Integrated Services at the Kenali Besar Health Center follows the standard set by the Ministry of Health of the Republic of Indonesia, namely 10 T. The implementation process starts from the patient registering at the registration counter until his identity is recorded by the health officer and gets a queue number for the MCH Poly, but counseling (counseling) and Measurement of weight and height has not been maximally carried out by implementing midwives at the Kenali Besar Health Center, Jambi City because not all pregnant women get the same treatment. The lack of communication with pregnant women has an impact on the Integrated Antenatal Care services provided, the possibility of repeat visits is reduced. Through communication, midwives can convey ideas and thoughts to pregnant women, which then midwives can know the thoughts and feelings of pregnant women, thus all midwife interventions are

agreed upon by pregnant women and there is cooperation between pregnant women's midwives.

This statement was agreed by researcher Risqi Dwi Aisyah, et al in 2017 who stated that counseling in Antenatal Care services is a very important part of Integrated Antenatal Care services to provide effective information to prevent pregnancy complications (Aisyah, , and Susiatmi, 2017). that Antenatal services by midwives that are carried out in a short time will affect the quality of services so that there is no communication and explanation about health. Meanwhile, to measure the midwife's height and weight, the midwife can know the height of the pregnant woman, so that she can detect risk factors. The risk factor for pregnancy that is often associated with height is the pelvic cavity.

However, if both are not examined, it is likely that the midwife will not be able to detect risk factors for death in the mother and fetus in the womb. The restatement was agreed by researchers Utami, et al in 2017 that the nutritional status of pregnant women both before and before pregnancy can describe the availability of nutrients in the body (Utami Aulina,Ngadiarti Iskari, 2017).

5. Recording and Reporting

Midwives as health providers in the community in responsible and professional midwifery care must have midwifery documentation of all care, including maternity care (Enny Fitriahadi, 2017). In carrying out midwifery services, midwives must carry out recording of service results, both in the form of midwifery medical records for each patient and recapitulation of service results as a basis for reporting. This has been carried out by the Midwife at the Kenali Besar Health Center who records and reports everything related to the health of pregnant women. As for what was recorded by the implementing midwife, namely the maternal card, maternal cohort, MCH book for pregnant women, recording of other programs such as TB, family planning and nutrition using the existing format. However, recording and reporting at the KIA Poly is not always on time, this is due to limited human resources and disruption of supporting facilities and infrastructure that have obstacles as described by the author. So that the impact of reporting delays is the unavailability of up-to-date data that can be used as information for people who need to be used as research reference materials. The impact of this delay in recording and reporting was also justified by a researcher named Annisa, et al in 2020 who explained that delays in recording and reporting resulted in little feedback across sectors from the *Public Health Center* to the City Health Office, City Health Office to Provincial Health Office, to the Center to provide information on what needs to be re-evaluated to improve the quality of health services (Sary, Dewi and Kurniawan, 2020).

Conclusion

Inputs that are not in accordance with the guidelines (in the case of this study are human resources and infrastructure) cause process aspects to be disrupted such as the less-than-optimal performance of managers in providing health services, so that not all ANC standards are implemented.

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