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Analysis of integrated antenatal care implementation in Tanggamus district

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Abstract

Background: Antenatal care (ANC) as one of the early prevention efforts from pregnancy risk factors. The success of the maternal health program can be assessed through the main indikator maternal mortality rate (MMR). MMR is all deaths within the scope of every 100.000 live births. In 2021 there were 7,389 death in Indonesia. Health services for pregnant women or antenatal care must meet a minimum frequency of six prenatal checks and two visits by a doctor. In order for the implementation of the MCH program to run smoothly, aspects of improving the quality of MCH program services are still expected to become priority activities at the District/ City level. Improving the quality of the MCH Program is also assessed from the size of the program coverage in each work area.

Purpose: To analysis of the implementation of an integrated antenatal service program in Tanggamus Regency Area.

Method: This type of research uses qualitative studies. This research was carried out in the Tanggamus Regency Region in March-April 2022. The data collection technique used in this study was a focus group discussion with the coordinating midwife and implementing midwife.

Results: Based on integrated antenatal program planning, there are constraints related to human resources, which are still lacking in limited funds, and out of 6 health centers, there are five health centers that do not yet have pregnancy check-up facilities using ultrasound, based on the organization of integrated antenatal programs, due to a shortage of midwives so that the performance of midwives is still there concurrent positions where the midwife is also in charge of the laboratory. Judging from the implementation of the integrated antenatal program, a small portion or as many as 2 Community Health Centers had no problems in antenatal examinations, but most or 4 Community Health Centers implementing integrated antenatal activities did not comply with the guidelines because they did not have an ultrasound device and based on the supervision of the integrated antenatal program the results of activities were recorded. Integrated antenatal care by midwives given the task and authority in the recording.

Conclusion: Based planning an integrated antenatal program, there are constraints related to human resources, which are still lacking limited funds; based on implementing an integrated antenatal program, a small part or as many as 2 Community Health Centers, there are no obstacles in antenatal examinations, based on monitoring integrated antenatal program the results of integrated antenatal activities are recorded by midwives who are given the task and authority in the recording.

Keywords: Implementation; Service; Program; Integrated Antenatal Care.

INTRODUCTION

Efforts to accelerate the reduction of MMR are carried out by ensuring that every mother is able to

access quality health services, such as regular antenatal care for pregnant women. Antenatal care is

any activity and/or series of activities carried out from the time of conception until before the start of the birth process that is comprehensive and of good quality and is provided to all pregnant women. Pregnant women receive services by health workers at health service facilities (Ministry of Health of the Republic of Indonesia, 2020; Sari, Somoyani, & Mauliku, 2020; Permatasari, 2022).

Health services for pregnant women (ANC6) in 2021 in Indonesia are 63% with the highest province being North Sumatra Province at 84.6%, followed by Banten at 84.2%, and the Bangka Belitung Islands at 82.8% (Ministry of Health of the Republic of Indonesia, 2022). ANC4 coverage in 2021 in 15 regencies/cities of Lampung Province has not yet reached 100%, the lowest coverage is in Central Lampung district at 81.32% while Tanggamus Regency is 97.11% (Lampung Provincial Health Office, 2022) Meanwhile for K6 coverage is 36.8% is the fifth lowest province in Indonesia (Ministry of Health of the Republic of Indonesia, 2022).

In Tanggamus District, there is one public health center with 100% ANC4 target achievement, namely the Sudimoro Health Center, and there are two public health center with less than 90% ANC4 coverage, namely Antar Brak Health Center 86.7%, Putih Doh Health Center 89.4%, Ngarip Health Center 99.4%, Talang Padang Health Center 99.5%, Pulau Panggung Health Center 95.6%, Waynipah Health Center 96.0%, Sanggi Health Center 96.9%, Pasar Simpang Health Center 95.4%, for ANC6 coverage in Tanggamus, out of 11311 mothers there were 66.4% (7516) mothers (Tanggamus District Health Office, 2022). From the available data it appears that there are public health center that have reached the target and there are public health center that have not reached the target, so it is necessary to study the reasons for not achieving the ANC visit. So that as a whole the Tanggamus Health Center can achieve the ANC4 target optimally.

Improving the quality of the MCH Program is also assessed from the broad scope of the program in each work area. To monitor the coverage of MCH services, a Regional MCH Monitoring System was developed. By knowing the locations that are vulnerable to

maternal and child health, these work areas can be considered and solutions to problems can be found. To monitor the scope of MCH services, a Local MCH Monitoring System was developed (Ningsih, Mitra, & Hendri, 2022; Novitasari, 2022; Senewe, & Wiryawan, 2019).

The Antenatal Care Program is closely related to antenatal care. Midwives apply antenatal care with midwifery management methods which are carried out in stages and systematically through processes carried out in an effort to solve problems suffered by patients or their clients. The approach used by midwives in midwifery management starts from data collection, formulation of diagnoses, care planning, implementation of care, evaluation of care and documentation of care (Siregar & Noerjoedianto, 2021; Septina, & Srimulyawati, 2020; Cholifah, & Purwanti, 2019; Azis, 2017).

The implementation of integrated antenatal care at several Community Health Centers in Tanggamus Regency is still far from achieving the target. Of the 20 pregnant women the researchers conducted unstructured interviews, it was found that 70% of the mothers did not go to the doctor for reasons of limited funds and had no pregnancy complaints, so it was enough just to do an examination at the village midwife or Integrated Healthcare Center. In addition, the results of field observations found that the examinations carried out were not in accordance with 10T, where there were laboratory tests that were not carried out, such as checking hemoglobin levels, blood type on the grounds that the equipment was damaged.

Health services for pregnant women cannot be separated from delivery services, postpartum services and newborn health services. The quality of the antenatal care provided will affect the health of pregnant women and their fetuses, women in labor and newborns and postpartum women. In integrated antenatal services, health workers must be able to ensure that the pregnancy goes on normally, be able to detect problems and diseases experienced by pregnant women early, intervene adequately so that pregnant women are ready to have a normal delivery. Every pregnancy in its development has a risk of experiencing complications or complications.

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Therefore, antenatal care must be carried out routinely, according to standards and integrated for quality antenatal care.

RESEARCH METHOD

This research is a qualitative research using a case study research method. This research was conducted to determine the management of the implementation of maternal and child health programs in antenatal care services. Informants in the study were the head of the puskesmas, coordinating midwives, implementing midwives and pregnant women.

This research was conducted in the Tanggamus Regency Region in March-April 2022. The data collection technique used in this study was a focus group discussion with the coordinating midwife and implementing midwife, documentation studies and data triangulation were carried out through in-depth interviews with the head of the public health center, implementing doctors and pregnant women. In this study, two kinds of data were generated, namely primary data and secondary data which were analyzed in depth with an interactive model of analysis consisting of three main components of analysis, namely data reduction, data display, and conclusion drawing.

RESEARCH RESULTS

Description based on planning

Implementation of MCH activities/programs, which are defined as compiling a series of activities prior to the implementation of activities or programs, determining supporting resources (calculating the need for personnel, equipment and places) and preparing plans for implementing activities/programs in this study including HR (general practitioners, obstetricians, midwives), Funds (health operational assistance), Facilities (ANC equipment), Guidelines (Ministry of health service manuals, Health Centers, SOPs for Health Centers).

Description based on organizing

Implementation of MCH activities or programs, which are defined as activities of forming working groups, division of tasks and delegation of authority.

Providing a positive experience for pregnant women to get ANC, ANC services by general practitioners and ANC services by health workers who have clinical competence.

Description based on *actuating*

Implementation of MCH activities or programs, which are defined as the process of coaching health workers so they are willing to work according to plans previously set to achieve goals, including providing direction on the tasks of work groups in MCH activities or programs, and providing motivation and participation of activity implementers in activities or programs such as: providing positive experience opportunities for every pregnant woman to get integrated antenatal care, Conducting antenatal checks on every contact, Providing health and nutrition counseling for pregnant women, including family planning counseling and breastfeeding. Provide emotional and psychosocial support according to the needs/condition of pregnant women and help pregnant women to be able to carry out daily activities comfortably during pregnancy and breastfeeding.

Monitor the growth and development of the fetus. Early detection of abnormalities/diseases/disorders suffered by pregnant women. Perform management of abnormalities/diseases/disorders in pregnant women as early as possible or refer cases to health care facilities in accordance with the referral system. Preparing for a clean and safe delivery. Make an early anticipation and preparation plan to make referrals if complications occur during the delivery process. Perform case management and timely referral of neonatal maternal emergencies. Involve pregnant women, husbands and families in maintaining the health and nutrition of pregnant women, preparing for childbirth and being prepared for complications.

Description based on *controlling*

Implementation of MCH activities or programs, which is defined as the act of assessing whether the results of the activities or programs carried out are in accordance with the plans and objectives that have been previously set. Health workers report the recapitulation of the results of integrated antenatal

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services to the public health center or adjusted to their respective regional policies With: Monthly reports on Nutrition, Maternal and Child Health, Monthly Reports on Infectious Disease Control, a Regional MCH Monitoring System Reports, a Regional Immunization Monitoring System Reports and For related cross programs, reporting follows the forms in the program (ePPGBM, SIHA, SITT, SISMAL).

DISCUSSION

Health services for pregnant women or antenatal care must meet a minimum frequency of six prenatal checks and two visits by a doctor. Assessment of the implementation of health services for pregnant women can be done by looking at the coverage of ANC1, ANC4 and ANC6.

The public health center in Tanggamus District still feel that there is a shortage of human resources, especially midwives and general practitioners to provide services for pregnant women and other services that require midwives and general practitioners. Human resources, especially midwives and doctors, are indeed very lacking and very limited and there is no standard for the number of midwives serving pregnant women. It only adjusts to the conditions of each public health center. As for the doctors, from several experiences, many doctors proposed to move from this area based on the area which was indeed far from urban areas besides that access was difficult for four-wheeled vehicles to pass so from the results of the interviews conducted it was revealed that many doctors did not feel comfortable living in the same public health center area.

The process of implementing an integrated antenatal program for all activities or activities of all employees and professionals in their interactions with customers, both internal and external customers. The process is also a collection of parts or elements contained in the system which functions to convert inputs into planned outputs (Azwar, 2015; Fitriyani, 2019; Astari, 2020).

Based on the results of interviews with informants, the process of implementing quality integrated antenatal services in accordance with the 10-step standard for examining pregnant women at the

Puskesmas is carried out on Tuesdays and Thursdays starting at 07.30 WIB until 12.00 WIB. The implementation process begins with the patient registering at the registration counter to have his data recorded by the officers and to get a queue number for each designated polyclinic, including the MCH polyclinic.

Anamnesis examinations were carried out in accordance with existing SOPs, namely asking about marital history, past medical/surgery history, family disease history, gynecological history, family planning history, menstrual history and asking about the first day of her last menstrual period, her nutritional pattern, and asking about complaints. HB, HIV and Hepatitis B tests were also carried out.

Research in Makassar City stated that the implementation of integrated 10-step standard for examining pregnant women antenatal services during the Covid-19 pandemic had been carried out at the Tamamaung Health Center, there were several method changes that were made. The human resource input aspect in the implementation of the integrated antenatal program is sufficient and in accordance with the standards of the Indonesian Ministry of Health. The integrated antenatal care facilities are adequate, but the infrastructure, namely the building, requires room expansion because it is still small. Funding used for integrated antenatal care comes from health operational assistance and Health Social Security Agency. Policies and SOPs as well as process aspects used in the implementation of integrated antenatal care are in accordance with the Integrated Antenatal Guidelines by the Ministry of Health of the Republic of Indonesia Year 2020 and the protocol circular letter Practical Instructions for Maternal and Newborn Health Services during the Covid-19 pandemic. The output aspect of integrated antenatal care coverage has experienced the increase is in line with the slowing down of the Covid-19 case, namely in 2021 the ANC1 achievement of 75% and ANC4 of 70% has reached the national target (Nurdiana, Daswati, & Rahmawati, 2022).

Research at the Bungus Public Health Center in Padang City stated that the results of the input analysis for the implementation of integrated ANC 10

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showed that to improve human resources, midwives had attended training on Integrated 10 antenatal care, the facilities they owned were complete and functioning properly. The SOP for antenatal care has been adjusted to the 10-step standard for examining pregnant women service standard and is updated every 3 years. Planning for Integrated 10 antenatal services is carried out through mini-workshops at the Puskesmas level and through cross-sectoral deliberations. Obstacles to the implementation of services are the lack of optimal services from midwives at the Puskesmas due to the excessive workload, the reach of people's homes far from the Puskesmas while the availability of time for visits and services is insufficient (Elvira, Defrin, & Erwani, 2019).

Research at Western rural China declare other provinces in China could learn from the Shaanxi pilot program which was intended to provide integrated antenatal care for women living in rural areas. The program has made good progress towards establishing constructive accountability that coordinates community-based agencies and district-level health service providers, and effectively connects families (Feng, & Wen, 2021).

Research in sub-Saharan Africa is showing results despite the long-standing endorsement of integrated ANC services to improve health outcomes among women and children at risk of HIV, TB and malaria, there is little literature to guide the implementation, refinement and evaluation of such services. There may be additional grey literature that describes successful service integration and it is imperative to develop avenues to consolidate this literature and make it accessible to researchers, program implementers and policymakers. The highest burden of these diseases is in sub-Saharan Africa, and what little published research exists on integrated ANC is focused there (Fowkes, Draper, Hellard, & Stoové, 2016).

CONCLUSION

It is known that based on the integrated antenatal program planning, there are obstacles related to the lack of human resources, namely limited funds, and out of 6 health centers there are 5 health centers that do not yet have facilities for pregnancy checks using

ultrasound. midwives so that the performance of midwives continues to have multiple positions where the midwife is also the person in charge of the laboratory.

It is known that based on the realization of the implementation of the integrated antenatal program, a small portion or as many as 2 Community Health Centers do not experience problems in antenatal checks, but most or 4 Community Health Centers that carry out integrated antenatal activities do not comply with the guidelines because they do not have ultrasound equipment.

It is known that based on integrated antenatal program control, the results of integrated antenatal activities are recorded by midwives who are given the task and authority in recording.

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