

Research Article

The Quality of Maternal Health Services Improves the Continuity of Midwifery Services at the Community Health Center in Kupang City, East Nusa Tenggara, Indonesia

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Abstract: Background – Midwifery service is a health effort provided by midwives as a strategic health worker. The World Health Organization (WHO) in its policies and programs for maternal and child health services has changed the service model from segmentation to continuity of care (COC) by focusing on the comprehensive coverage of effective interventions, integrated care throughout the cycle, live and build a comprehensive and responsive health system. This study aimed to examine the effect of the quality of midwifery services on the achievement of midwifery continuity of care. **Methods** – The study used a cross-sectional design. The study was conducted in six community health centers in Kupang City. The inclusion criteria were mothers who had completed the postpartum period with a maximum of 60 days, and the baby was aged 2 months. A simple random sampling technique was used to obtain the respondents of the study. Data were collected using a questionnaire and a Maternal and Child Health Handbook and analyzed using SPSS 23. **Result** – There is an effect of the quality of health services on midwifery continuity of care with $p = 0.002$ OR 9.7, 95% CI 1.9-49.0. **Conclusion** – The quality of health services that mothers receive during pregnancy and childbirth increase the achievement of continuity of care.

Keywords: Community Health Center, Midwifery Continuity Of Care, Quality Of Healthcare Services.

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INTRODUCTION

Midwifery service is a health effort provided by midwives as a strategic health worker. The World Health Organization (WHO) in its policies and programs for maternal and child health services has changed the service model from segmentation to continuity of care (COC) by focusing on the comprehensive coverage of effective interventions, integrated care throughout the cycle, live and build a comprehensive and responsive health system (Johnson, et al., 2015).

Kupang City is one of 21 regencies/cities in East Nusa Tenggara province with an area of 180.27 km² consisting of 6 sub-districts, 51 urban villages with 11 health service centers. According to the department of health of Kupang City, the maternal health services indicators achievement in 2018 the first visit was 106.1%, the fourth visit was 87.6%, delivered by healthcare providers was 92.6%, and follow up visit was 91.3%. Although the overall indicators of health services were achieved for Kupang city, not all women

received continuous service. It was related to the quality of maternal care such as examinations during pregnancy, childbirth, and the postpartum period. This quality of maternal care could influence Midwifery Continuity of Care/MCoC (Shibanuma et al., 2018).

To successfully of Sustainable Development Goals (SDGs), the Ministry of Health release regulation No. 97 in 2014 that every woman has special services in terms of their reproductive cycle continuously. These services are under midwifery responsibilities. Furthermore, midwives require to be competent and skillful to the MCoC model. The improvement of the knowledge and skills in all maternity care, delivery, postnatal care among midwives are demanding. Besides, competent midwives would increase the quality of midwifery care and discharge planning (NSW, 2012). The study aimed to examine the correlation between the quality of midwifery services and midwifery continuity of care achievement in the community health centers in Kupang City.

METHODS

The study applied a cross-sectional design. The study was conducted at six community health centers in Kupang City, which were selected randomly. The simple were recruited using a simple random sampling technique. The inclusion criteria were a woman who has been a complete postpartum period, and the age of the baby was 2 months old. The quality of services was assessed using a questionnaire, while MCoC was assessed based on the Maternal and Child Health (MCH) Handbook. Data were analyzed using Chi-Square.

RESULTS

Sixty mothers participated in this study. Most of the respondents (85%) were in the healthy reproductive age of 21 – 35 years. 41.7% of the respondents were in the senior high school level. One-third (45) of the respondents have 1 – 2 children. More than half (61.7%) of respondents have health insurance. Respondents who reached K4 were 75%, received 10T during pregnancy were 88.7%, most types of delivery were normal (73.3%). Received 9 postpartum services (86.7%) but only (55%) had completed 3-time visits (see **Table1.**).

Table1. Characteristics of Respondents

Characteristics	n (60)	%
Age		
≤ 20 years	2	3.3
21-35 years	51	85
>35 years	7	11.7
Education		
Elementary School	12	20.0
Senior High School	25	41.7
Higher Education	23	38.3
Number of children		
1-2	45	75
≥ 3	15	25
Health insurance		
Yes	37	61.7
No	23	38.3
K4 (fourth visit)		
Yes	45	75
No	15	15
ANC with 10 services		
Yes	53	88.3
No	7	11.7
Type of Labor		
Normal	44	73.3
Sectio Cesarian	16	26.7
Postpartum visit		
Complete	33	55
Incomplete	27	45
PNC 9 service		
Yes	52	86.7
No	8	13.3
MCoC		
Yes	32	53.3
No	28	46.7

According to the five dimensions of service quality, all these dimensions were in good categories with the highest to the lowest values were assurance,

responsiveness, tangibles, reliability, and empathy (see **Table 2**).

Table 2. Dimensions of Health Service Quality

Dimensions	n (60)	%
<i>Tangible</i>		
Good	44	73.3
Poor	16	26.7
<i>Empathy</i>		
Good	39	65
Poor	21	35
<i>Reliability</i>		
Good	42	70
Poor	18	30
<i>Responsiveness</i>		
Good	45	75
Poor	15	25
<i>Assurance</i>		
Good	46	76.7
Poor	14	23.3
Total Health service Quality		
Good	47	78.3
Poor	13	21.7

The results show that the quality of health services significantly influenced the achievement of MCoC ($p = 0.002$). The quality of health services contributes 9.7 times to MCoC (OR 9.7, CI 95% 1.9 –

49.0). It means that if the quality of health services is good, then the MCoC will increase 9.7 times (see **Table 3**).

Table 3. The relationship between Quality of Health Services and MCoC

Quality of Health Services	MCoC		Not MCoC		OR (CI 95%)	p-value
	n	%	n	%		
Good	30	63.8	17	36.2	9.706	0.002
Less	2	15.4	11	84.6	(1.9-49.0)	
Total	32	53.3	28	46.7		

DISCUSSION

The results show that there is an effect of health service quality on MCoC with a significance level of p -value = 0.002. Respondents' perceptions of the quality of health services during pregnancy, childbirth, and childbirth found that 78.3% thought that the quality of health services they received was good, but only 63.8% of respondents reached MCoC. This is in line with research conducted by Wenjuang (2013) in Cambodia which found that although the sustainability of services in Cambodia was only 60%, they have succeeded in increasing this achievement by improving the quality of services, the quality of health human resources and increasing cooperation with various parties. both at home and abroad.

Perceptions of quality were assessed by respondents about service quality consisting of five dimensions with the highest dimension on the assurance of maternal health services provided by midwives during pregnancy, childbirth, and postpartum. The results showed 73.3% of respondents with a tangible perception at a good level of the health services they

received. Tangible is direct evidence that includes physical facilities, employee equipment, and means of communication. This process consists of many activities that involve interactions between customers and service providers to meet customer needs. Zeithaml (1990), which states that tangibles are real things that influence patient decisions to buy and use the service products offered. Several studies conducted on the quality of health services showed different results, both positive and negative.

The dimension of reliability is the ability to provide the promised service immediately, accurately, and satisfactorily. The dimension of reliability is found that 70% of respondents are in a good category, which means that the midwife as the provider of maternal health services can provide accurate and correct types of services needed by respondents during pregnancy, childbirth, and postpartum. This result is in line with research conducted by Hidayah et al (2014) which states that good reliability causes a person to maintain their behavior to get health services in the same place. Reliability is assessed through the ease of getting

service, punctuality of officers serving, accuracy in diagnosing, or dealing with problems experienced.

The results of measuring the responsiveness dimension found 75% of respondents in the good category. According to Zeithmal (1990) responsiveness is the ability of staff to help customers and provide responsive service with indicators of attention, fast response, and accuracy in providing help, good relationships. This research is in line with research conducted by Fattah (2016) which states that there is a relationship between responsiveness and patient loyalty at RSIA Sitti Khadijah I Makassar.

The measurement results on the dimension of assurance obtained 76.7% of respondents in the good category. According to Hasan (2009) assurance are a commitment to provide satisfaction to customers, guarantees about the risk of loss, and assurance of prime work quality. Research by Berlianty (2013) states that assurance affects them to continue to use the facility. The assurance of confidentiality, equipment, handling, and the ability of maternal health service providers in the Kupang City area causes respondents to continue to choose the CHC for their health services during pregnancy, childbirth, and the postpartum period.

The empathy dimension in this study showed 65% results in the good category. Empathy is a good attitude shown by midwives to patients while receiving care during an episode of pregnancy, good empathy can make someone entrust their needs to someone. This result is in line with research conducted by Hidayah (2014) which states that empathy given by officers when they are nervous, accepting of their complaints creates their satisfaction which causes them to return to using the facility.

The midwife organization itself strives to maintain the quality of maternal and child health services through health resources by increasing the ability and competence of health workers at both the basic and referral levels through training, seminars and most importantly, equalizing the competence of each member through Midwifery Update (MU) training at the time to renewing the midwife's license (SIB).

CONCLUSION

The quality of health services that mothers receive during pregnancy, childbirth, and childbirth improves the achievement of continuity of care with the highest value dimensions in assurance

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