

Original Research

Factors Related To The Performance of Midwives In Providing Antenatal Care

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ABSTRACT

Background: Midwives' performance under service standards are useful in applying the norms and performance levels needed to achieve the desired results. One of a midwife's skills is to provide optimal antenatal care so that it gives satisfaction to pregnant women, and pregnant women can give birth safely. This study aimed to determine the factors related to the performance of midwives in providing antenatal care.

Methods: This study used a cross-sectional design. This study's population was 41 midwives who worked in the District of Kota Pinang, Labuhanbatu Selatan Regency (total sampling). The instrument used was a questionnaire about age, education, knowledge, attitudes, and midwives' performance in providing antenatal care. The bivariate analysis used exact fisher test .

Results: The exact fisher test results showed a relationship between the midwife's age ($p=0,013$), had training ($p=0,017$), knowledge ($p=0,022$) and attitude ($p=0,013$) and the midwife's performance in providing antenatal care services. The exact fisher test results showed level education were not related to the midwife's performance in antenatal care.

Conclusion: A midwife who has a good attitude has a risk taking good performance than a midwife who has a bad attitude. It is hoped that the South Labuhanbatu Health Office will be more active in improving the skills of midwives in providing antenatal services with training on antenatal care.

ARTICLE HISTORY

Received : Feb, 08, 2021

Accepted : March, 31, 2021

KEYWORDS

antenatal care; attitude; midwife; performance

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Cite this as: Siregar, P. (2021). Factors Related To The Actions Of Midwives In Providing Antenatal Care. *Jurnal Kebidanan Dan Kesehatan Tradisional*, 41-52. <https://doi.org/10.37341/jkkt.v0i0.226>

INTRODUCTION

The pregnancy process makes a woman have to get the right management, and according to standards so that pregnancy, childbirth and childbirth can run smoothly. With services according to standards, it can early enforce pregnancy complications, enforce and treat maternal complications that can affect pregnancy, maintain and improve the mental and physical health of pregnant women to face childbirth, improve maternal health after childbirth and to be able to provide breast milk (Katmini, 2020).

A pregnant woman who received non-standard antenatal care (ANC) was at risk of experiencing anaemia 1.925 times compared to pregnant women who received standard antenatal care (Harahap, 2018). The performance of midwives in providing

services will impact the satisfaction of pregnant women in providing antenatal care services (Indrayani, 2020).

Antenatal Care (ANC) is a health service provided by health workers to mothers during pregnancy and is carried out according to service standards set out in Midwifery Service Standards (Vinny, 2016). The use of antenatal care services by many pregnant women in Indonesia has not fully complied with the established guidelines. This tends to make it difficult for health workers to carry out regular and comprehensive health care for pregnant women, including early detection of pregnancy risk factors that are important to be treated immediately. However, complications of pregnancy and childbirth can be prevented by regular antenatal care (Kementerian Kesehatan RI, 2018). Antenatal care at the public health office's basic level is the spearhead in reducing morbidity and mortality for mothers and newborns. The quality of antenatal services at the public health office's can be assessed through the performance of health care workers (Rafidah, 2019).

The implementation of health programs requires competent human resources so that the Millennium Development goals are achieved. Midwives as one of the human resources in the health sector are the spearhead or people who are at the forefront who have direct contact with women as the target of the program to provide support, care, and advice during pregnancy, childbirth, and the postpartum period leading the delivery of responsibilities (Kurniasih, 2018). Alone and provide care to newborns, infants and toddlers (Wijayanti, 2018). This large enough role is important for midwives to improve their competence (NurIsnaeni, 2015).

The action of midwives to carry out activities according to service standards is useful in implementing the norms and levels of performance needed to achieve the desired results (Novitasari, 2016). The action of midwives to carry out activities according to service standards is useful in implementing the norms and levels of performance needed to achieve the desired results (Novitasari, 2016). The application of service standards will simultaneously protect the community because the assessment of service processes and outcomes can be carried out clearly (Nurhayani., 2018). With a service standard, which can be compared with the services obtained, the community will have a stronger trust in the implementation of services (Doloksaribu, 2018)

Midwives are expected to provide preventive measures, treatment and referral if pregnant women have a history of anaemia (Harahap, 2018). Performance in providing counselling for third-trimester pregnant women related to preparation for the delivery process including transportation preparations for delivery mothers will reduce the occurrence of delays in labour (Khasanah, 2018).

Based on data from the Indonesian Health Profile in 2018, antenatal care coverage in 2014 to 2018 was still fluctuating, where there was an increase in 2016 of 84.13% then in 2017 it was 87.69% while in 2018 it decreased to 85.94%. Many districts/cities in North Sumatra Province have antenatal care coverage below 95%. South Nias Regency (51.68%), Gunungsitoli Regency (60.85%), West Nias Regency (63.93%) and South Labuhanbatu Regency (90.32%) became Regencies / Cities that had K4 coverage not yet on target (Dinas Kesehatan Provinsi Sumatera Utara, 2019). Batbual (2019) research shows that the expectations of patients to be able to get optimal midwifery services are not under the reality they receive; this will have an impact on the use of pregnancy services they will do. Midwives are considered to be less friendly, less responsive to patient needs, less effective in communicating with patients and their families, and tend not to be on time in providing midwifery services (Syamsiedi, 2018).

Based on the results of observations of 10 pregnant women who carried out antenatal care examinations to midwives, it was found that six pregnant women were satisfied with the services provided by the midwives, but four pregnant women were not satisfied with the services provided by the midwives. Pregnant women stated that midwives tended to be less communicative in providing antenatal care services, especially when pregnant women asked questions about their pregnancy; pregnant women also stated that midwives tended to rush in providing antenatal care services even though pregnant women still wanted to have discussions with midwives. Pregnant women also feel that midwives' services are not optimal because midwives seem indifferent and unfriendly in providing antenatal care services.

The performance of midwives that are not maximal in providing health services are also inseparable from several things such as age, status, education, work experience rates, knowledge and attitudes of midwives. Increasing knowledge of midwives, level of education, and provision of training will impact antenatal care services provided by midwives (Harahap, 2018). This study aimed to determine the factors related to the performance of midwives in providing antenatal care.

MATERIAL AND METHOD

This study used a cross-sectional design to determine the factors associated with midwives' performance in providing antenatal care services in Kota Pinang District, Labuhanbatu Selatan Regency. This study's population was 41 midwives working in the District of Kota Pinang, Labuhanbatu Selatan Regency. The sample in this study is the entire population, namely 41 midwives with criteria found at the time of data collection and willing to be respondents (total sampling).

The research conducted in Kota Pinang District, Labuhanbatu Selatan Regency, as for a reason for choosing the location, namely because the coverage of pregnancy checks in Kota Pinang District, Labuhanbatu Selatan Regency is still low, based on data from the mother and child health sector of the South Labuhanbatu Regency Health Office in 2019. This research conducted in February 2019 until November 2019.

The instrument used was a questionnaire as a data collection tool, which contained a questionnaire on factors related to midwives' performance in providing antenatal care services at the the public health office's Kota Pinang. The data collection tool consists of 4 parts, namely the first part of the data on the respondents' characteristics, knowledge, attitudes and performance in providing antenatal care services in the District of Kota Pinang, South Labuhanbatu Regency.

The questionnaire in this study contains questions that have been prepared beforehand. The questions in the attitude and action knowledge section consist of 10 questions, knowledge and action with correct answers getting a score of 2 and wrong answers getting a score of 0 so that the highest score is 20, the lowest score is 0, for the attitude aspect using a Likert scale with answers strongly agreeing to get a score of 3, the answer agrees to get a score of 2, the answer to disagree gets a score of 1, and the answer strongly disagrees with a score of 0 so that the highest score is 30 and the lowest score is 0. Good category if the score is more than 60% while the category is not good if the score is 0-59%. The validity test is carried out by measuring the correlation between variables or items with the total variable score on the reliability analysis with the corrected item-total correlation value as r count; it is valid if the value r count more than r table. The r table value in this study used a significant level of 95%, so for a sample of

30 people, the r table value was 0.361. The reliability of the data shows the accuracy and reliability of using the Cronbach 'Alpha method, which analyses the reliability of the measuring instrument from one measurement provided that if r count more than r table is declared reliable. The validity and reliability tests were carried out on 30 midwives in Laggapayung District, South Labuhanbatu Regency because they are considered to have characteristics that are not much different from Kotapinang District, South Labuhanbatu Regency. The validity and reliability tests showed the Corrected item-total Correlation value was 0.512 more than 0.361, and the Cronbach's Alpha value was 0.820 more than 0.361. The results of this study indicate that the questions in the questionnaire are declared valid and reliable.

Data collection was carried out by respondents filling out questionnaires to determine the factors related to midwives' performance in providing antenatal care services at the Kota Pinang the public health center in 2019. The technique used in univariate analysis to determine the frequency and percentage of each variable being studied. The purpose of the univariate analysis is to present the frequency distribution according to the various variables studied in a computerized way. To determine the frequency distribution of characteristics, knowledge, attitudes and performance of the Pinang Public Health Center midwives in providing antenatal care services. The purpose of the bivariate analysis is to see the relationship between each independent variable and the variable between the dependent variable by using the chi-square test, but if the expected less than 25% will use fisher's exact test, with a significance level of $\alpha = 0.05$.

RESULTS

This analysis aims to describe each variable's characteristics, namely knowing the age, education, knowledge, attitudes, training and performance of midwives in providing antenatal care services as many as 41 midwives.

Table 1. Distribution Frequency of Age, Education, Knowledge, Attitudes and Performance of Midwives in Providing ANC

Age	Frequency	Percentage (%)
21-31 years old	7	17.1
32-42 years old	21	51.2
More than 43 years old	13	31.7
Level of Education	Frequency	Percentage (%)
Midwife Education (D-I)	12	29.3
Midwife Education (D-III)	21	51.2
Midwife Education (D-IV)	8	19.5
Training	Frequency	Percentage (%)
Ever	14	34.1
Never	27	65.9
Knowledge	Frequency	Percentage (%)
Good Knowledge	15	36.6
Less Knowledge	26	63.4
Attitude	Frequency	Percentage (%)
Attitude	8	19.5
No attitude	33	80.5
Performance Midwife	Frequency	Percentage (%)
Good	7	17.1
Poor	34	82.9
Total	41	100

In the table above, it can be seen that the proportion of midwives who provide antenatal care services is mostly in the 32-42 year age group, namely 18 people (51.2%), while the age group more than 43 years is 13 people (31.7%) and the proportion of the age group is 21- 31 years as many as seven people (17.1%). The proportion of midwives who provide antenatal care services has D III education as much as 21 people (51.2%), while the midwives who provide antenatal care services who have DI education are 12 people (29.3%) and midwives who provide antenatal care services have D IV education as many as eight people (19.5%).

Based on the study results, 14 midwives had received training on antenatal care (34.1%), while 24 midwives had never received training on antenatal care (65.9%). The proportion of respondents with a good knowledge category was 15 people (36.6%), while the proportion of respondents who had a poor knowledge category was 26 people (63.4%).

The proportion of respondents with an attitude category about antenatal care services in the good attitude category was eight people (19.5%). The proportion of respondents with an attitude category about antenatal care services in the unfavourable attitude category was 33 people (80.5%). The proportion of respondents in the good action category in providing antenatal care services was seven people (17.1%) in the good category. According to antenatal care service standards, the proportion of respondents in the wrong action category in providing antenatal care services was 34 people (82.9%).

Table 2. Analysis of the correlation between Age, Education, Training, Knowledge, Attitudes and Performance by Midwives in Giving ANC

Variable	Performance Midwives						P
	Good		Poor		Total		
	f	(%)	f	(%)	N	(%)	
Aged Group							
21-31 years old	1	2,4	6	14,6	7	17,1	0,013
32-42 years old	2	4,9	19	46,3	21	51,2	
More than 43 years old	7	17,1	6	14,6	13	31,7	
Level of Education							
Midwife Education (D-I)	4	9,8	4	9,8	8	19,5	0,22
Midwife Education (D-III)	4	9,8	17	41,5	21	51,2	
Midwife Education (D-IV)	2	4,9	10	24,4	12	29,3	
Training							
Ever	7	17,1	7	17,1	14	34,1	0,017
Never	3	7,3	24	58,5	27	65,9	
Knowledge							
Good Knowledge	7	17,1	8	19,5	15	36,6	0,022
Less Knowledge	3	7,3	23	56,1	26	63,4	
Attitude							
Attitude	5	12,2	3	7,3	8	19,5	0,013
No attitude	5	12,2	28	68,3	33	80,5	

This study shows that out of 7 midwives aged 21-31 years, there were 1 (2.4%) midwives who had a good performance and six midwives (14.6%) had poor performance. Of the 21 midwives aged 32-42 years, two midwives (4.9%) had a good

performance, and 19 midwives (46.9%) had poor performance. Of the 13 midwives who were more than 43 years old, seven midwives (17.1%) had a good performance, and six midwives (14.6%) had poor performance. The exact fisher test results showed a relationship between the midwife's age and the midwife's performance in providing antenatal care services ($p = 0.013$).

This study showed that out of 8 midwives who had Diploma I midwifery education, there were four midwives (9.8%) who had a good performance and four midwives (9.8%) had poor performance. Of the 21 midwives who had Diploma III midwifery education, four midwives (9.8%) had a good performance, and 17 midwives (41.5%) had poor performance. Of the 12 midwives who had Diploma IV midwifery education, it was found that two midwives (4.9%) had a good performance and ten midwives (24.4%) had poor performance. The exact fisher test results showed no relationship between the level of education of midwives and the performance of midwives in providing antenatal care services ($p = 0.22$).

Based on the results of this study, it showed that out of 14 midwives who had received training on midwifery, seven midwives (17.1%) had a good performance, and seven midwives (17.1%) had poor performance. Of the 27 midwives who had never received training on midwifery, it was found that three midwives (7.3%) had a good performance and 24 midwives (58.5%) had poor performance. The exact fisher test results showed a relationship between midwifery training and the performance of midwives in providing antenatal care services ($p = 0.017$).

This study showed that out of 15 midwives who had good knowledge, it turned out that seven midwives (17.1%) had a good performance and eight midwives (19.5%) had poor performance. Of the 26 midwives who knew the poor category, it was found that three midwives (7.3%) had a good performance and 23 midwives (56.1%) had poor performance. The exact fisher test results showed a relationship between midwives' knowledge and performance in providing antenatal care services ($p = 0.022$).

This study showed that out of 8 midwives who had a good attitude, five midwives (12.2%) had a good performance, and three midwives (7.3%) had poor performance. Of the 33 midwives who had a poor attitude, it was found that five midwives (12.2%) had a good performance and 28 midwives (68.3%) had poor performance. The exact fisher test results showed a relationship between midwives' attitudes and performance in providing antenatal care services ($p = 0.0013$).

DISCUSSION

Age will be able to influence thinking patterns and tendencies to act; this is also included in the act of providing antenatal care services. According to Khoiriyah (2016), age has an important role in knowledge and compliance with the established SOPs. A midwife who has a young age will provide different antenatal care measures compared to providing antenatal care services to midwives with older age.

This study shows that out of 7 midwives aged 21-31 years, there were 1 (2.4%) midwives who had a good performance and six midwives (14.6%) had poor performance. Of the 21 midwives aged 32-42 years, two midwives (4.9%) had a good performance, and 19 midwives (46.9%) had poor performance. Of the 13 midwives who were more than 43 years old, seven midwives (17.1%) had a good performance, and six midwives (14.6%) had poor performance. The Septiani (2019) study results showed that midwives who were less than 40 years of age tended to carry out midwives' practice

well, while midwives more than 40 years of age tended not to carry out the practice of midwives well.

The exact fisher test results showed a relationship between the midwife's age and the midwife's performance in providing antenatal care services ($p = 0.013$). The results of the analysis in this study using the chi-square test showed a significant relationship between the age of midwives and the performance of midwives in providing antenatal care services at the the public health office's Kota Pinang ($p = 0.029$).

The results of the research by Marlina (2019) showed that there was no significant relationship between midwife age and the ability of midwives to initiate early breastfeeding (p -value 0.767). Other factors can cause the incompatibility between theory and reality, for example, the environment where the work or the hospital is less supportive and motivating to the midwife.(Wahyuningsih, 2018) Even though in terms of age it is easier to accept and apply new concepts and vice versa even though in terms of age of thought much more mature without the support of related parties, the application of that knowledge will be less than optimal.

According to Kustiyati (2017), age does not have a special relationship with the midwife's provision of services; however, when the midwife is more than 40 years old, the midwife's physical condition is not excellent. Physical conditions will impact physical exertion and ability to carry out work optimally, but if the midwife is in excellent physical condition even though she is more than 40 years old, the midwife can provide optimal services.

Young midwives will tend to pay more attention to antenatal care because they do not have too much experience with antenatal care so that they will tend to want to learn to provide antenatal care following the guidelines for antenatal care services. Midwives who have an older age feel that they have more specialized knowledge and experience in antenatal care services, making them less likely to pay attention to the standards of antenatal care services provided. The experience of midwives in providing antenatal care services will impact their performance in providing antenatal care services.

Education greatly affects these employees' ability, especially for jobs that require special skills and skills such as midwives, doctors, and nurses. The Decree of the Minister of Health of the Republic of Indonesia number 369 / Menkes / SK / III / 2007 concerning the professional standard of midwives states that midwives who practice in various service settings are midwives with midwife education (Diploma III). However, there are still many midwives with educational qualifications in midwifery, especially before graduating in 2000. According to Fatrin (2017), midwives with high education have implemented a lot of normal delivery care because midwives who have tertiary education are competent in implementing normal delivery care to prevent complications early.

This study indicates that midwives who have graduated from Diploma I Midwifery have a poor and good enough action category, midwives who have graduated from Diploma III midwifery have good action categories who have graduated from Diploma I, Diploma IV midwifery education have good action categories. The exact fisher test results showed no relationship between the level of education of midwives and the performance of midwives in providing antenatal care services ($p = 0.22$).

This study indicates that the midwives with the education level completed Diploma IV have good knowledge, and none has poor knowledge. This is because

midwives with Diploma IV education levels tend to have better knowledge than midwives with Diploma IV education levels and midwifery Diploma DIII education. The results of Septerina (2019) research show that midwives who have Diploma III education focus on 60% practice and 40% theory, with high education, respondents can provide services according to the ability of the midwife.

ANC service training that had attended has made midwives more obedient in implementing ANC service standards to pregnant women because midwives have gained new experience and knowledge that they has never obtained when attending formal education. The training will also provide up-to-date information related to a study that may experience developments in terms of information or skills that have been obtained at the previous level of education.

Based on the results of this study, it showed that out of 14 midwives who had received training on midwifery, seven midwives (17.1%) had a good performance, and seven midwives (17.1%) had poor performance. Of the 27 midwives who had never received training on midwifery, it was found that three midwives (7.3%) had a good performance and 24 midwives (58.5%) had poor performance. The exact fisher test results showed a relationship between midwifery training and the performance of midwives in providing antenatal care services ($p = 0.017$). The results of Mulatsih (2017) show midwives who received training tended to be obedient in providing ANC, but midwives who did not receive training tended to be disobedient in providing ANC ($p=0,002$).

Training is a non-formal education that is functional and practical, and the approach is more flexible, broader and integrated, which will provide new experiences and knowledge. According to Wijayanti (2018) that non-formal education for midwives was carried out through training programs, apprenticeships, seminars or workshops that can improve midwives' skills in providing antenatal care services.

The training will provide an overview or insight into the development of ANC services currently developing so that it will affect the attitudes and actions of the midwives themselves to be more obedient in providing ANC services to pregnant women according to standards. The training will also provide up-to-date information related to a study that may experience developments in terms of information or skills that have been obtained at the previous level of education.

Knowledge is one of the important factors in shaping someone to take positive action. Someone who behaves well based on knowledge will last longer than those not based on knowledge (Siregar, 2019). According to Ainy Q (2015) the knowledge that midwives have about antenatal care services is very useful for midwives in providing antenatal care services to take appropriate and appropriate service performance for pregnant women.

The better knowledge of midwives about antenatal care will give midwives confidence and special consideration in providing antenatal services following antenatal service standards. The exact fisher test results showed a relationship between midwives' knowledge and performance in providing antenatal care services ($p = 0.022$).

According to Putri (2017) and Casnuri (2018) the higher a person's knowledge, the greater their ability to carry out their work activities. There is no significant relationship between midwives' knowledge and standard antenatal care, possibly due to the lack of motivation from within the midwife and the lack of supervision and commitment from the coordinating midwife to pay attention to each midwife in implementing antenatal care measures for pregnant women.

If the midwife does not know about antenatal care, then the midwife has a belief and consideration that is different from the standard antenatal care. According to Sinaga (2019), knowledge is an intellectual ability and a person's level of understanding about something. The knowledge possessed by a person will determine the performance that person takes (Weni, 2019).

According to Siregar (2020), attitude tends to act, where an attitude will contain emotional/affective (happy, hate and sad). The attitude becomes an evaluation response. The response will be obtained after a stimulus requires an individual reaction. The attitude of midwives regarding a health service is important in implementing the implementation services for pregnant women. A person's attitude has a very important role in influencing one's behaviour in doing work.

This study indicates that midwives who have a good attitude take action to provide antenatal care services in a good category and midwives who have a good enough attitude take action to provide antenatal care services in a good category and the performance are quite good. In contrast, midwives who have a bad attitude do provide antenatal care services in the unfavourable category.

The exact fisher test results showed a relationship between midwives' attitudes and performance in providing antenatal care services ($p = 0.0013$). The statistical analysis results in this study using the exact fisher test showed that the variable of midwife attitudes was related to the midwife's performance in providing antenatal care ($p = 0.018$). A midwife who has a good attitude has 5,500 times the risk of doing a good action than a midwife who has a bad attitude. The results of Pamundhi (2018) show that midwives' attitudes are related to the performance of midwives in postpartum services. The relationship pattern that occurs is that respondents with good performance tend to have good attitudes (87.1%), whereas respondents with poor performance tend to have poor attitudes (91.4%).

This study indicates that midwives with good attitudes in providing antenatal care services will take action in providing good antenatal care services. In contrast, midwives with poor attitudes in providing antenatal care services will take unfavourable healthcare services.

CONCLUSION

The majority of midwives who provide antenatal care services are mostly in the age group of 32-42 years, have a D-III education. The majority of midwives had never received training on antenatal care. The majority of midwives have good knowledge and no attitudes. The exact fisher test results showed a relationship between the midwife's age, had training, knowledge and attitude and the midwife's performance in providing antenatal care services.

It is hoped that the South Labuhanbatu Health Office will be more active in improving the skills of midwives in providing antenatal care services to comply with antenatal care service standards by providing information on antenatal care service performance and conducting training on antenatal care measures to midwives. It is hoped that the Kota Pinang the public health office's will be more active in supervising midwives in providing antenatal care services so that they are in accordance with antenatal care service standards.

Midwives must provide a good attitude in providing antenatal care services so that antenatal care services can run optimally. Midwives must be willing to participate in various opportunities for training activities in providing antenatal care services, either

using independent fees or using government funds to provide optimal services. Head of public health center must provide more opportunities for midwives to attend training on providing antenatal care services to have better skills in providing antenatal care services.

ACKNOWLEDGEMENT

Researchers would like to thank the Regional Government of Kota Pinang District, South Labuhanbatu Regency, who has helped with this research. Researchers would also like to thank North Sumatra State Islamic University for running this research and providing permission and funding assistance for this research.

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