

Analysis Of Qualitative Studies On ANC Services During The Covid 19 Pandemic At PMB Ana Hasanah

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Abstract.

Background : In this COVID-19 pandemic situation, there are many restrictions on almost all routine services including maternal and newborn health services. Pregnant women are advised to continue to routinely carry out pregnancy checks during the pandemic even though there are service modifications (social distancing). *Purpose of Writing:* To obtain in-depth information about ANC services during the Covid-19 pandemic at PMB Ana Hasanah. *Research Methods:* The research used is a qualitative approach with the type of Rapid Assessment Procedures (RAP) research. The informants of this study consisted of 8 pregnant women who made antenatal care visits at PMB Ana Hasanah. While the key informants were husbands or families of pregnant women and Ana Hasanah PMB officers. *Research Results:* input components, human resources are sufficient and according to standards. Funds are available and sourced from clinic revenue turnover. SOPs are available which refer to the RI Ministry of Health Guidelines. The facilities and infrastructure are complete. For the process component, midwives' independent practice has carried out the flow of antenatal care services and health protocols according to the guidelines, but level 3 PPE is still limited. For the output component, the scope of ANC services has decreased significantly during the pandemic. For the outcome component, pregnant women are satisfied with antenatal care services, but some pregnant women do not have routine checks. *Conclusions and Suggestions:* The results of this study are expected to provide information to the Mandiri Midwife Practice as a place for maternal and neonatal health services so that they can provide the best service to pregnant women during the pandemic both online and offline so that monitoring of pregnant women during the COVID-19 pandemic can run well.

Keywords: ANC, Covid 19 Pandemic and Qualitative Study.

I. INTRODUCTION

The pandemic and spread of Coronavirus disease (COVID-19) was declared a global pandemic by WHO in March 2020. This has had an impact on health sector services, one of which is pregnant women's health services, namely Antenatal care (ANC). During the COVID-19 pandemic there was a decrease in ANC coverage in the World (59%) in Indonesia (51%) (Fitri, 2022). Assessment of the implementation of health services for pregnant women can be done by looking at the coverage of K1 and K4. From 2007 to 2020 the coverage of K4 pregnant women's health services tends to fluctuate. The decrease occurred in 2020 compared to 2019, namely from 88.54% to 84.6%. This decrease is assumed to have occurred due to program implementation in areas affected by the COVID-19 pandemic (Profil Indonesia Sehat, 2020). Based on data from the Task Force for the Acceleration of Handling COVID-19 as of September 14 2020, the number of confirmed patients in the pregnant women group, there were 4.9% of pregnant women confirmed positive for COVID-19 out of 1,483 confirmed cases who had data on accompanying conditions. This data shows that pregnant women, childbirth, postpartum and newborns are also vulnerable targets to COVID-19 infection and this condition is feared to increase morbidity and mortality of mothers and newborns (Ministry of Health, 2022). In this COVID-19 pandemic situation, there are many restrictions on almost all routine services including maternal and newborn health services. For example, pregnant women are reluctant to go to the puskesmas or other health care facilities for fear of infection, there are suggestions to postpone pregnancy checks and classes for pregnant women, and there is unpreparedness for services in terms of personnel and infrastructure including personal protective equipment.

This causes maternal and newborn health services to be one of the services affected, both in terms of access and quality (Ministry of Health, 2022). Pregnancy checks are very important for all pregnant women to know the growth of the fetus and the mother's health. Pregnant women are advised to carry out routine pregnancy checks during the pandemic even though there are service modifications (social distancing). Research by Mugiati (2021) and Yulia R (2021) stated that the implementation of ANC services during the COVID-19 pandemic had been carried out by changing methods, for example class activities for pregnant

women were changed to home visits by midwives to guide pregnant women in studying MCH books, checking fetal movements and counting them. Based on Government Regulation of the Republic of Indonesia Number 21 of 2020 concerning large-scale social restrictions in the framework of accelerating the handling of coronavirus disease (COVID-19), the Directorate General of Public Health of the Ministry of Health of the Republic of Indonesia issued Circular Number HK.02.02/11/509/2020 concerning Family Health Services in the Era of the COVID-19 Pandemic, in the Circular it is stated that health services are carried out with due observance of efforts to prevent transmission of COVID-19. Changes in service patterns experienced by pregnant women must be accepted and obeyed because of considerations for the mother's own health.

Everyone may have different perceptions and behaviors with these changes due to various factors including the mother's age, education, occupation, knowledge, attitudes and support, both family support and support from health workers. The results of Indrastuti's research (2019) regarding the utilization of antenatal services show that the factors of work (p -value=0.001), knowledge (p -value=0.008), attitude (p -value=0.001), family support (p -value=0.015), ease of information (p -value=0.033), disease complaints (p -value=0.039) have a relationship with the use of antenatal care services. Age (p -value=0.956) and health insurance ownership (p -value=0.234) had no relationship with the use of antenatal care services. In addition, the results of research from Wartina Karamelka (2015) concerning factors that influence the use of antenatal care services, namely access to services ($p = 0.020$) and conditions of pregnant women ($p = 0.044$). Preliminary surveys conducted at BPM Midwife Ana community behavior, especially pregnant women and their families, have not fully implemented health protocols when visiting, so the potential for the spread of the Covid-19 virus is difficult to avoid. The limitations of the problem that will be analyzed in this study are finding problems related to the implementation of antenatal care during the Covid-19 pandemic including: characteristics of recipients of ANC services (pregnant women) and providers of antenatal care according to guidelines and implementing obstacles in implementing services. Based on this background, the researcher wants to conduct a qualitative study analysis of ANC services during the Covid 19 pandemic at PMB Ana Hasanah.

II. METHODS

In this research, the research approach used is a qualitative approach with the type of Rapid Assessment Procedures (RAP) research, which is a qualitative data collection technique to obtain qualitative information quickly that is useful for making decisions to intervene or improve health service programs. The informants of this study consisted of 8 pregnant women who made antenatal care visits at PMB Ana Hasanah. While the key informants were husbands or families of pregnant women and Ana Hasanah PMB officers

III. RESULT AND DISCUSSION

Inputs

1. Opinion on Human Resources

Human resources relate to the quantity and type of qualifications of health workers who must be available to carry out integrated antenatal services at the Independent Midwife Practice. From the results of the interviews it was found that the number of available human resources at PMB Ana Hasanah was sufficient even during the Covid 19 pandemic where there were limited numbers of human resources. One opinion of pregnant women who do ANC is as follows:

"Every time a pregnant check-up is always served by a midwife, Midwife Ana's practice remains open 24 hours even though during the Covid 19 pandemic." (Informant A)

Based on the results of interviews with the implementing midwives, they also said that the number and qualifications of human resources were sufficient and that they had a minimum education level of D3 Midwifery.

"Alhamdulillah sampai saat ini bidan selalu cukup. Meskipun ada yang keluar tetapi penggantinya sudah ada. Latar belakang bidan yang bertugas semua DIII Kebidanan" (Informan K).

2. Opinion on Sources of Funds

Based on the results of interviews with implementing midwives who have served for 2 years in implementing integrated antenatal services, they said that the source of funds came from income turnover at the clinic and operational assistance from the midwife's independent practice owner. As follows the results of interviews with implementing midwives:

"For funds from revenue turnover at the clinic. There are also funds from the owner of the independent practice of midwives, especially with the Friday Blessing social activities, namely free pregnancy checks and family planning on Fridays" (Informant K)

3. Opinion on Policy and Standard Operating Procedures

Based on the results of the interviews, it is known that the policies in planning the antenatal program at PMB Ana Hasanah have been optimal and adapted to existing SOPs, especially during the COVID-19 pandemic. As quoted from the results of the interview:

"Regarding the SOP on integrated antenatal services, the health office gives authority to make their own, but does not depart from the main SOP from the health office....There are additional screening and health protocols for antenatal services that must be carried out during the Covid 19 pandemic...So the policies that exist in the implementation of integrated antenatal care, especially during this pandemic, I think are very good, which are very supportive in breaking the chain of transmission of COVID-19" (Informant K).

The owner of the Mandiri Midwife Practice who was the midwife in charge also said that the SOPs and policies implemented for the implementation of ANC were based on rules from the Tangerang District health office. Since the beginning of the COVID-19 pandemic, several services have been closed, such as classes for pregnant women. Separate service rooms for at-risk and non-risk patients. Midwives carrying out examinations must use complete Personal Protective Equipment (PPE) and be free from symptoms of COVID-19. Pregnant women who will carry out the examination must first register with the midwife, so that they can arrange the number of pregnant women who will be examined each day.

4. Facilities and Infrastructure

Based on the results of interviews related to the input component (facilities and infrastructure) at PMB Ana Hasanah, all said that the availability of facilities and infrastructure did not experience problems and deficiencies in supporting integrated antenatal services during the pandemic.

"Usually I check for pregnancy if not at the Puskesmas, then at Midwife Ana. The service was good, the midwives were friendly, there was an ultrasound too, then they checked HB, sugar, checked urine. That's all" (Informant D)

The results of interviews with the midwife in charge regarding the availability and lack of facilities and infrastructure in integrated antenatal services said that currently in terms of equipment it is sufficient, while the availability of consumable equipment that must be available during the Covid-19 pandemic such as PPE and masks received assistance from IBI and the Health Service.

Process

1. Implementation of ANC Services During the Covid 19 Pandemic

Information obtained from the results of interviews with pregnant women said that during the COVID-19 pandemic at PMB Ana Hasanah the services for pregnant women were satisfactory and implemented health protocols. From registration, service, to consultation. Then the room is also given a partition and a sign or line for the queue. Patients feel safe because officers use complete PPE.

"I control it, always check with Midwife Ana. Registration via WhatsApp is much easier, the day and time of visit have been determined. so when you get there, you go straight in, you don't have to wait to crowd around to meet other people. During this pandemic period, complete services for health checks, especially tests for COVID-19" (Informant F)

"Besides checking directly with Midwife Ana's practice, I also often read MCH books. The midwife advised me to study MCH books and then consult online, there is a special group for pregnant women at Midwife Ana" (Informant B)

Pregnant women can well receive antenatal care services at PMB Ana Hasanah and the costs incurred to get the services are affordable and not burdensome

"I also checked at the health center, but I went to midwife Ana more often. Maybe because it's more practical, not complicated. Can directly 1 day it is thoroughly examined. At the Puskesmas, you have to wait for a referral for other tests, such as a laboratory or ultrasound." (Informant A).

"Every time I get pregnant, I advise my wife to check with Midwife Ana, besides being friendly, the place is comfortable, the cost is not too expensive, until delivery is still affordable." (informant J)

It is still found that pregnant women and companions do not use masks or forget to wash their hands before entering due to complaints, forgetting or not being familiar with the health protocol rules during the Covid-19 pandemic.

"Yes...you have to wear a mask, but I often forget that sometimes I take off my mask because it's tight, it's shortness of breath, plus I'm pregnant, I'm already a little big, I like it too" (Informant H

"Because it's the corona season, families who are traveling must also be neat, wear masks, wash their hands, check temperatures. It's just... I forgot to wash my hands because it's not normal. Usually wash your hands if you want to eat or just get dirty" (Informant I)

The results of interviews with midwives said that during the COVID-19 pandemic the service system was also carried out based on a protocol circular letter Practical Instructions for Maternal and Newborn Health Services during the COVID-19 pandemic and guidebooks for pregnant women, postpartum mothers and newborns during social distancing.

"The flow of implementation is in accordance with the SOP during the COVID-19 pandemic, pregnant women must register first, then pregnant women must wear masks and wash their hands with soap and measure their temperature before entering midwifery practice. The ANC examination is also in accordance with the ANC 10T starting from weight to counseling" (Informant K)

2. Organizing ANC Services During the Covid 19 Pandemic

The information obtained was that the organization of ANC services during the Covid 19 pandemic at PMB Ana Hasanah was through delegation from the midwife independent practice owner as the person in charge to 2 implementing midwives. Antenatal care is carried out according to a predetermined schedule.

"The most dominant involvement in antenatal care in the implementation is the midwife Ana herself as the owner and person in charge, then she will delegate it to the implementing midwife. we work as a team taking turns according to schedule with opening hours 24 hours" (Informant K)

Output

Based on the results of interviews with midwives and data on cohort reports of pregnant women, it was stated that during the COVID-19 pandemic in 2020 the results of K1 and K4 visits were reduced by 50%. Until 2023 there has been no increase. As quoted from the following interview results:

"Pregnant women's visits have decreased by around 50% due to Covid-19. There are restrictions on the number of visits and the people are also afraid to go out, let alone go to clinics or other health service places" (Informant K).

Results of interviews with pregnant women about ANC visits during the Covid 19 pandemic

"Sometimes my family and I are reminded that if you don't really need it, you don't really need to, if you have a complaint, just check it out. The problem is that in conditions like this, you are afraid that you will get other infectious diseases. Yes, like now there is COVID, I'm afraid that something will happen later." (Informant C)

"Actually, yes, I want to have regular check-ups, but the obstacle is because, yes, it was an economic factor, now everything is expensive, so I can't get money for pregnancy checks. I check with Ana's midwife every Friday there is a free pregnancy check-up. Sometimes going to the Puskesmas uses BPJS." (Informant G)

Outcome

The results of the overall interview and discussion of input, process and output with key informants and triangulation show that antenatal care services during the Covid 19 pandemic at PMB Ana Hasanah met the criteria for patient satisfaction, namely:

Availability: Antenatal care services are well available at PMB Ana Hasanah

Continuity sustainability: Some regularly check their pregnancies at PMB Ana Hasanah, but some do not routinely because they continue their checks elsewhere.

acceptability-appropriateness: Pregnant women can well receive antenatal care services at PMB Ana Hasanah

affordable: The costs incurred by pregnant women to get services are affordable and not burdensome

efficient: Antenatal care services are efficient

Quality: The quality of antenatal care is maintained, and pregnant women feel safe and comfortable and their needs are met.

Discussion

Input Aspect

Based on the results of the interviews, it was found that the number of midwives at PMB Ana Hasanah who served as many as 2 people as executors and 1 person in charge with educational qualifications, namely DIII midwifery. This is in line with the Minister of Health of the Republic of Indonesia No. 28 of 2017 concerning permits and practice of midwives, which states that a midwife is a woman who has graduated from midwifery education who has been registered in accordance with statutory provisions. In carrying out midwifery practice, midwives have at least a three midwifery diploma education level qualification. Adequate facilities will provide satisfactory service for everyone who utilizes these facilities. Facilities are very important like human resources because if there are no facilities, human resources cannot work properly. Based on information obtained from in-depth interviews related to facilities and infrastructure, it was said that in terms of equipment that supports integrated antenatal care and the presence of ultrasound accompanied by doctor's consultation makes it easier for pregnant women to be able to carry out a thorough examination. Observation results of the equipment used in the implementation of integrated antenatal care are all available, starting from measuring vital signs, then measuring height, weight, LILA, uterine fundus height, fetal heart rate, to pelvic calipers. Simple laboratory services such as HB, temporary blood sugar, protein and albumin are also sufficient.

The results of this study are in line with Anastasia's research (2017) which states that having adequate facilities will certainly provide a separate motivation for midwives who carry out examinations and for patients who receive examinations. According to the Integrated Antenatal Guidelines by the Indonesian Ministry of Health in 2020 that ANC for risk factor screening is carried out by doctors by implementing health protocols. If the mother comes to the midwife for the first time, the midwife will continue to provide antenatal care and then be referred to the doctor for screening. Before the mother makes a face-to-face antenatal visit, an appointment is made. Appointment/teleregistration is registration at a health service facility to carry out antenatal, postpartum, and newborn visits via communication media (phone/SMS/Whatsapp) or online. When making an appointment/teleregistration, officers must ask about signs, symptoms and risk factors for COVID-19 and emphasize the use of masks for patients when they come to health care facilities. This is in line with the research of Lilis Enjelina Hasugian et al (2020) it is known that policies and SOPs are based on health protocols as well as research results from Lia Aria Ratmawati (2021) which states that ANC during COVID-19 was held with due regard to efforts to prevent the transmission of COVID-19 for mothers, babies and health professionals

Process Aspect

After observing and conducting in-depth interviews with informants, it was found that the process or flow of antenatal care at PMB Ana Hasanah referred to the flow of services in the guidebook for Antenatal, Childbirth, Postpartum and Newborn Services in the Era of Adaptation to New Habits by the Ministry of Health in 2020. This flow of services is a procedure that must be owned in order to achieve the desired output. If the process is carried out by following good methods and procedures, then the service process will

run well. ANC services are carried out according to a predetermined schedule. Pregnant women who wish to carry out an ANC examination must first tele-register via WhatsApp, then be screened at the entrance by checking their body temperature, and taking anamnesis regarding complaints. If the mother with symptoms of infection will be handled in a special room for analysis related to the referral flow. For pregnant women who do not show symptoms of infection, they can go straight to the pregnancy check-up room.

In providing health services, PMB Ana Hasanah applies health protocols, namely maintaining distance, washing hands and using PPE. According to the service guidelines in the era of adaptation to new habits by the Ministry of Health, the standard for using PPE for ANC services is head protectors, masks, face shields, gowns, gloves, and closed shoes. Based on the results of interviews and observations, officers at PMB Ana Hasanah only used masks, face shields, gloves and closed shoes. PPE level 3 is available only for emergency cases of at-risk pregnant women infected with Covid-19 and childbirth. These results are in line with Ika Trisanti's research (2021) which states that by implementing health protocols in pregnancy services, it is hoped that the goals of pregnancy care can be achieved, pregnant women and midwives are prevented from transmitting COVID-19 and the growth and development of the fetus as well as the welfare of the mother and fetus during pregnancy can be maintained.

Output Aspect

The results of research related to the output aspect are that since the COVID-19 pandemic in 2020 the results of K1 and K4 visits have decreased by 50%. Until 2023 there has been no increase. This decrease occurred because pregnant women were afraid to come to the Independent Midwife Practice, restrictions on community activities and economic factors. The results of the study are in line with Lilis' research (2021) which states that there has been a decrease in K1 and K4 achievement rates due to the COVID-19 pandemic which has made pregnant women afraid to visit the puskesmas and changes in the flow of ANC services that are different from usual have made pregnant women lazy to come to the puskesmas. Another study by Remilda (2021) showed that the coverage of ANC services that met standards was only 83% during the COVID-19 pandemic and motivation was needed by pregnant women and midwives in carrying out ANC services so that K4 coverage could be fulfilled and in accordance with standards during the COVID-19 pandemic.

Outcome Aspect

Basically, health services are not only to achieve optimal public health degrees, but also to be able to provide satisfaction to service users, in this case clients or patients. Health services, including antenatal care services as part of the public service system, must meet the criteria for patient satisfaction, namely availability, continuity-sustainability, acceptability-appropriateness, affordable, efficient, and, quality. From the research results it is known that in general pregnant women who receive antenatal care services at PMB Ana Hasanah have felt all of these conditions

IV. CONCLUSION

1. The human resource input aspect is sufficient and according to the standards of the Indonesian Ministry of Health. Integrated antenatal care facilities are adequate, but level 3 PPE is only sufficient for certain cases. Funding used is income turnover and assistance in the form of equipment and the owner's personal funds. The policies and SOPs used in antenatal care have adapted to the Integrated Antenatal Guidelines by the Indonesian Ministry of Health for 2020 and the circular protocol of Practical Instructions for Maternal and Newborn Health Services during the COVID 19 pandemic.

2. The process aspect is in accordance with the Integrated Antenatal Guidelines by the Ministry of Health of the Republic of Indonesia Year 2020 and the protocol circular of Practical Instructions for Maternal and Newborn Health Services during the COVID 19 pandemic.

3. The output aspect of the coverage of antenatal services to date, along with the sloping of COVID-19 cases, has not increased.

4. The outcome aspect has fulfilled the patient satisfaction criteria.

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