



## Midwives' Antenatal Service Performance on Standard Based Management and Recognition

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### Abstract

The evaluation of antenatal services held by midwives in Cilegon uses standard based management and recognition (SBMR). The purpose of this study was to determine the performance of community midwives in providing antenatal services based on the SBMR at Cilegon Health post in 2021. The research method used a qualitative approach. The performance of the midwife was observed, followed by interviews, and follow ups to other informants using interviews and discussions. This research was carried out in Cilegon and Citangkil 2 Primary Healthcare Centers, Cilegon City. The main informants in this study were the community midwives, the key informants were the head of the community midwives, the head of Primary Healthcare Centers, and the Head of the Family Health Department. The performance of the midwives in accepting and communicating pregnant women with respect and kindness has been carried out well. Likewise, the implementation of the physical examination, obstetric examination and planning for the next visit was also good. Meanwhile, the performance of midwives in anamnesis and assessment, counseling and delivery planning was still not up to the standard, according to the informant it is caused by the large number of pregnant women and the limited amount of health personnel. Anamnesis can assist assessment and proper diagnosis. According to the informants, the performance aspects that are still not up to standard can be improved by submitting a two-day schedule for the health post, adding the number of health personnel, the use of communication media and periodic performance appraisals.

### Keywords

antenatal, community midwife, health post

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## Introduction

Performance is a comparison between the work that has been achieved with the standards that have been set. (Dessler, 2000) In the context of management, the definition of performance is a person's work based on the quantity or quality he has achieved in carrying out his duties and functions in accordance with his responsibilities and authorities. (Mangkunegara, 2017) In addition, performance is the appearance of a person or group. (Gibson et al., 1997)

The performance of a midwife must follow the standards to ensure the quality of the services provided. (Rezeki & D, 2014) In improving the quality of health services for pregnant women, the Cilegon City Health Department uses the SBM-R (Standard Based Management Recognize) tool to assess the performance of midwives. SBM-R is a performance quality improvement approach designed to empower frontline workers, in this case midwives to achieve improvements in the services they provide, especially maternal and child health. (USAID, 2012) Community midwives in Cilegon City have received SBMR training, until 2018 there have been 43 community midwives trained in SBMR, but due to frequent changes of community midwives, there are still community midwives who have not received SBMR training (Mohamed Rashid Sokwala & Dodia, 2023).

The Standard Based Management Recognize was developed by JHPIEGO, an international non-governmental organization that aims to improve the welfare and health of mothers and babies (Muhumuza et al., 2023). SBMR with focused antenatal care consists of 9 (nine) standards, standard 1 is the availability of the rooms for conducting antenatal care, standard 2 is the availability of tools for pregnant women, while the standard for antenatal performance is by measuring standards 3 (three) to standard 9, those standards consists of: standard 3: the midwife accepts and communicates pregnant women with respect and kindness, Standard

4: The midwife performs anamnesis and assessment, standard 5: the midwife performs a physical examination correctly, standard 6: the midwife performs an obstetric examination correctly, Standard 7: midwives arranging health education and counseling properly, Standard 8: midwives help mothers and families plan delivery, and standard 9: midwives evaluate care and plan with the mother in the next visit.

Cilegon's government have agreed that the SBM-R assessment should be held 2 times a year. The results of the assessment are used to evaluate the performance of the midwives and are followed up by the Primary Healthcare Center. Assessment of the performance of midwives in providing antenatal services using the SBM-R format is done by placing a check mark (v) if the item is available or has been implemented. (USAID, 2012) Since 2019, there has been no performance appraisal activities for community midwives in antenatal services based on the SBMR in the two Primary Healthcare Centers due to the large number of Primary Healthcare Centers activities to deal with the COVID-19 pandemic. All Primary Healthcare Centers programs in 2019 focused on handling the COVID-19 outbreak.

## Method

This research design used a qualitative approach. The performance of midwives was evaluated through observation, then followed by in-depth interviews, and also followed by other informants with a FGD (Focus Group Discussion). The research was conducted at the Citangkil 2 Primary Healthcare Center and Cilegon Primary Healthcare Center in April and May 2021. The main informants in this study were the community midwives, the key informants head of the community midwives, the head of Primary Healthcare Centers, and the Head of the Family Health Department.

The midwife performance assessment began with the observation of nine commu-

nity midwives in providing antenatal care to 27 pregnant women at the Health post, with one community midwife providing antenatal care to three pregnant women. During the observation, the researcher and the informants agreed that the research time was one hour (single observation). (Sugiono, 2020) Observation was done by taking into account the observation guidelines. The community midwife knows that she will be observed in providing services and knows who will observe it (overt observation). (Sugiono, 2020) The tools used in addition to observation instruments are: video recordings used to record observation activities. The researcher was assisted by an assistant in conducting the observations, this study used the SBM-R checklist instrument. The researcher puts a check mark (✓) in the "YES" column if the service is provided by the community midwife.

FGDs were conducted with informants: community midwives, pregnant women and Primary Healthcare Centers midwives. The FGD technique is an interview with a small group led by a moderator, where the FGD participants are homogeneous. (Tolley et al., 2016) In-depth interviews were conducted with the informants: community midwives, head of the community midwives, the head of Primary Healthcare Centers, and the head of the Family Health Department. Interviews were made using interview guidelines where the interviewer asks questions to the interviewee. (Moeleong, 2017) The information obtained is processed manually and then analyzed. Before conducting the data analysis, the researcher collected all the raw data that was made into a transcript. (Sugiono, 2020)

## Result and Discussion

### Characteristics of Informants

Observations were done on midwives, with an age range of 24-47 years, the education level of most respondents were midwifery associate degrees (6 people). The length

of work experience for the community midwives were between 1-27 years. For the FGD respondents, the community midwives had an age range of 33-56 years, with the majority having a midwifery associate degree. The next FGD activity was carried out on 8 pregnant women informants with an age range of 21-36 years with the majority having a high school education level and 32-37 weeks gestational age. Interviews were conducted on the informant of head of the community midwives, the head of Primary Healthcare Centers, and the head of the Family Health Department.

### Midwife Performance

**Standard 3:** Midwives communicate pregnant women with respect.

Consisting of six activity criterias, for the 1st activity criteria the observer saw and heard that all community midwives greeted the pregnant women in a friendly manner, greeting pregnant women by asking how they are. For the second activity criteria the observer listened throughout the examination, that all midwives when communicating with pregnant women mention the name of pregnant women with "teh" or "teteh" (equivalent with ma'am). For the third activity criteria the observer heard that all community midwives told the mothers what to do before doing the examination and when to do the physical and obstetric examination. For the fourth activity criteria the observers saw that most community midwives encouraged the pregnant women to ask further questions:

"Do you want to ask anything else ma'am?" (Informant Bd 6)

However, there is still a midwife who did not recommend pregnant women to ask further questions. For the fifth activity criteria the observer heard the community midwives communicated well with active discussions. For the sixth activity criteria the observers heard all community midwives answered questions from pregnant women using language that was easy to understand.

For Standard 3, there was only one

midwife who did not perform according to the standard, in which she didn't do criteria 4: encourage pregnant women to ask further questions as the pregnant women had asked a lot of questions.

**Standard 4:** Midwives perform anamnesis and data assessment consisting of five activity criterias.

For the first activity criteria it was found that all midwives asked and recorded the identity of the mother, the observer saw that all the midwives confirmed the identity of the pregnant women, For the second activity criteria all midwives asked and recorded the history of the current pregnancy. The observer analyzed whether the midwife checked the suitability of the first day of the last menstrual period with the current gestational age, such as:

"..If counted from the last menstruation date the current gestational age is 33 weeks, is it correct ma'am? ..." (Informant Bd 1)

For the third activity criteria it was found that some midwives did not ask whether there are danger signs and complications regarding the current pregnancy. Almost all midwives did not ask and record the danger signs of pregnancy. Some pregnant women said that the midwife never informed the danger signs and complications of pregnancy.

"You haven't explained the danger signs, like the ones in the pink book." (Informan lh 6)

For the fourth activity criteria it was found that several midwives did not ask and record the history of the previous pregnancy, childbirth and postpartum. For the fifth activity criteria it was found that almost all midwives did not take anamnesis and recorded current/previous illnesses. This was also reinforced by pregnant women who said the midwife did not ask about the illness they had suffered,

"It seems that the midwife didn't ask me regarding health problems during my pregnancy check-up" (Informan lh 3)

For standard 4, it can be concluded

that there are still many midwives who do not provide services that meet the standards, especially in activities asking for danger signs and complications of current pregnancy. During the Covid-19 pandemic, anamnesis taking and patient data assessment was still carried out offline, although pregnant women wore masks but the distance between pregnant women and midwives was less than one meter. There is no policy in Cilegon City for anamnesis and data assessment of pregnant women during the COVID-19 pandemic.

**Standard 5:** Midwives perform physical examination correctly, consisting of eight activity criterias.

For the first activity criteria it was found that all midwives kept their hand hygiene with running water or hand sanitizers before or after the examination, then they used gloves. This research was conducted during the COVID-19 pandemic. For the second activity criteria, it was found that there were only a few midwives who did not count the pulse of the pregnant mother. Counting the pulse should be done before measuring blood pressure. For the third activity criteria observers saw that all community midwives performed blood pressure measurements on all pregnant women.

For the fourth activity criteria observers found that the several midwives did not examine the conjunctiva and did not examine thyroid enlargement. In addition, most midwives did not perform breast and extremity examinations. For the fifth activity criteria all midwives were found to have checked hemoglobin by referring the pregnant women to the primary healthcare centres.

In standard 5 it can be concluded that there are still midwives who did not perform physical examinations according to the standard especially palpation examinations (enlargement of the breast and extremities).

**Standard 6:** Midwives check the correct obstetrics implementation which consists of five activity criterias.

For the first and second activity criterias, it was found that all midwives measured

the height of the uterine fundus and examined the position of the fetus. For the third activity criteria, it was found that there was still one midwife who did not check the fetal heart rate. This was confirmed by one of the pregnant women informants who said that the fetal heart rate examination was not carried out.

"... The heart rate was not checked by the midwife..." (Informan Ih 1)

During the interview, the head of the community midwives said that there were complaints from the community regarding the performance of midwives when providing antenatal services. This is related to the absence of the fetal heart rate examination.

For the fourth activity criteria, it was found that all midwives recorded all findings and examinations obtained in the KIA book (mother and child health book) and mother card. For the fifth activity criteria it was found that all midwives provided information on the findings of the examination to all pregnant women.

For standard 6 it can be concluded that there is still a midwife who did not check the fetal heart rate, because the equipment used was damaged.

**Standard 7:** Midwives provide health education and counseling properly, consisting of eight activity criteria.

For the first activity criteria, it was found that all midwives calculated the gestational age. The results of the observation stated that all midwives always saw and asked the first day of the last menstrual period of pregnant women and then informed the mothers of their current gestational age.

"If counted from first day of the last menstrual period the gestational age is 33 weeks ma'am..." (Informan Bd 1)

For the second and third activity criteria, it was found that all midwives were able to overcome the discomfort that may arise in pregnancy physiologically and met the needs and overcame the problems presented by pregnant women.

For the fourth activity criteria, almost half of the midwives did not explain the nut-

ritional needs and the dangers of using unnecessary drugs. For the fifth activity criteria, all midwives did not discuss the importance of washing hands with soap. For the sixth activity criteria, almost all midwives did not conduct health education regarding exclusive breastfeeding for pregnant women.

For the seventh activity criteria, there were still many midwives who did not explain the danger signs of pregnancy. This was also conveyed by the puskesmas midwife that the thing that was difficult or rarely done by the community midwife in antenatal care was providing health education or counseling, especially the danger signs of pregnancy.

"...I think counselling is seldom done..." (Informan Bp 8)

For the eight activity criteria, almost all midwives did not discuss postnatal contraception with pregnant women. From the results of the FGD pregnant women said that the community midwife did not provide health education or counseling on personal hygiene, nutritional needs and exclusive breastfeeding. There was also additional information from the statements of several pregnant women who said that health education had been given but it was incomplete.

In standard 7, almost all midwives have not carried out antenatal services according to the SBMR standard. Community midwives tend to provide antenatal service counselling that are only according to the needs of pregnant women.

**Standard 8:** Midwives assist mother and family in planning delivery. There are nine activity criterias. It was found that almost all midwives did not help mothers and families in planning childbirth. Birth planning includes birth attendants, place of delivery, transportation, delivery equipment, companions and blood donors. The midwife did not discuss the signs and symptoms of labor and when the pregnant women should contact the midwife.

The majority of midwives did not use the KIA handbook to record and deliver the P4K (Birth Planning and Complication Pre-

vention Program) counseling to pregnant women. During the COVID-19 pandemic, Cilegon City did not have a policy on how to do implement a Birth Planning and Complication Prevention Program during the pandemic, which could reduce direct contact time with the community. Birth Planning and Complication Prevention Programs are still carried out by community midwives directly, which consists of direct questions and answers to pregnant women. The results of these observations were also strengthened by the results of the FGD, pregnant women said that the midwife did not ask about the delivery plan.

**Standard 9:** The midwife evaluates care and plans with the mother the next visit. Consisting of 3 activity criteria, it was found that all midwives planned with the mother for the next visit, and recorded the results of the examination. However, there are still a few midwives who did not recommend the pregnant women that they can come at any time if necessary.

The results of interviews with midwives about antenatal care at Health post said that what has been done is still not up to standard.

"I think the examinations in the Health post are not perfect..." (Informan Bd 9)

"There are 43 different community midwives in the City of Cilegon, some of them still provide care that is not up to standard..." (Informan K5)

According to community midwife informants, things that were difficult and rarely done were: asking and nothing signs of danger, history of illness, advice birth (*amanat persalinan*), history of taking herbal medicine or drugs that have been consumed, exclusive breastfeeding and postpartum family planning.

In the other hand, the informant said that the obstacles to achieving performance in antenatal services were that several Health post had a large number of pregnant women, there was very limited time, the assessment of antenatal performance using the SBMR tool had too many points that had

to be done, the equipment was damaged, and the Health post services only consisted of midwives.

According to the informant, improvements regarding the performance can be done by submitting a proposal for facilities and infrastructure that are still lacking, submitting a schedule for Health post with 2 visits, hold a discussion of the results of the SBMR evaluation, performance appraisal of midwives who regularly attend training, apply SBMR in every antenatal service and adding health workers to Health post services that have multiple targets.

## Discussion

Based on the results of the research, the performance of the community midwife in providing antenatal services has not met the SBMR standard.

During the FGD and in-depth interview, according to the informant, the obstacles in achieving this performance were due to the large number of pregnant women in the Health post, the limited time available, the large number of items or performance points at the SBMR, the health workers were only community midwives, the equipment was damaged and not available. Also, the community development team consisting of community nurses, community midwives and health promotion officers did not run optimally in health services at the Health post.

The city of Cilegon didn't have a policy which limits the number of pregnant women who perform antenatal care at the Health post. To prevent transmission in health care facilities, the government issued an appeal letter from the Director General of Health Services at the Ministry of Health Number YR.03.03/III/III8/2020 concerning the Appeal for No Routine Practices except for Emergencies in Health Service Facilities so that this has an impact on changing the order in the community regarding access to health care facilities.

Standard 3 shows that all community midwives greeted mothers and their com-

panions in a friendly manner, but there is still a midwife who did not encourage pregnant women to ask questions. According to the midwife, this was because the patient had asked many questions about her health, so the midwife forgot to advise pregnant women to ask questions. This is not in line with Puspitasari's researched in which all community midwives had received and communicate pregnant women with respect and friendliness. (Puspitasari, 2018) A friendly and professional approach will allow the formation of chemistry between pregnant women and midwives. Midwives should also give the mother an opportunity if she wants to spend time with the midwife to discuss the problem in private. (Diane & Margaret, 2009)

Standard 4 showed that all community midwives had asked the mother's identity and first day of the last menstrual period, gestational age and estimated delivery but there were still midwives who did not ask for the first fetal movements. This is because some pregnant women came with a large gestational age. There are still many community midwives who did not take anamnesis and study data for danger signs and complications of pregnancy and there are still some midwives who did not ask and record the history of past pregnancy and childbirth, the history of the weight of the baby born and the condition of the baby, this is because the mother did not bring the KIA book for examination, so the midwife forgot to take an anamnesis. This is in line with the research conducted by Puspitasari, in which all midwives did not take a complete anamnesis and complete review on patient data, only according to what the mother feels at that time. (Puspitasari, 2018)

During the COVID-19 pandemic, anamnesis and patient data assessment can be carried out using communication tools for efficient service time with patients. The first examination required is anamnesis and data assessment of pregnant women. The examination can be held by appointment. However, if pregnant women still come to the

Health post, then ANC services can be held by the midwife and be referred for medical services and laboratory tests to screen the risk factors. (Kemenkes RI, 2020) In Cilegon, there are no midwives who take anamnesis and study patient data using communication media or google forms, midwives still held anamnesis directly face to face with pregnant women.

For Standard 5 the observations found that all midwives washed their hands under running water or use a hand sanitizer, measured blood pressure, and checked the patient's hemoglobin. Only a few midwives did not count the pulse, some used a digital blood pressure meter so they could see the pulse measurement results along with the blood pressure results. In addition, almost all community midwives were found not to have performed extremity checks (Kubra et al., 2021).

The community midwife said that this happened because they only attended antenatal care with the 10 T standard, some of the midwives said they forgot to do it even though they knew what to do, this is in line with Puspitasari's research, in which all community midwives used the 10 T standard in providing antenatal services and most midwives did not know the standard of antenatal examination using the SBMR tool.

Physical examination is useful to determine the health of the mother and fetus, as well as changes that occur at a subsequent examination. (Mufdillah, 2017) Physical examination is important to assess pregnant women and their families thoroughly by monitoring the growth and development of the baby by recognizing the danger signs associated with pregnancy. (Salmah et al., 2006)

Breast examination is used to detect abnormalities and prepare for breastfeeding. Midwives need to inform pregnant women about changes in the breasts as pregnancy progresses. Some mothers will understand information about changes in body shape and size, but are often not aware of changes in breast shape. (Salmah et al., 2006) Accord-

ing to Cunningham et al, it was explained that during pregnancy the size of the thyroid gland will increase by approximately 13% due to hyperplasia of the glandular tissue and increased fascicularity, it is necessary to examine the thyroid gland for abnormal enlargement of the thyroid gland.(Salmah et al., 2006)

For Standard 6, a midwife who did an incomplete obstetric examination was found, in which the baby's heart rate was not checked because the doppler tool was broken. This was confirmed by the informant who said that the baby's heart was not examined. The results of this study are not in line with Puspitasari's research, in which all community midwives at the Jelbuk Primary Healthcare Center and Wuluhan Primary Healthcare Center have performed the obstetric examination correctly.

For Standard 7, the results of observations found that all midwives have calculated the gestational age with the mother, overcame any discomfort or problems that may arise, and met the needs of the mother. However, almost half of the midwives did not provide health education and counseling on nutrition, unnecessary use of medicine, exclusive breastfeeding and postpartum family planning to mothers. All community midwives do not provide the health education on the importance of hand washing and there are still many midwives who do not provide counseling about the danger signs of pregnancy.

The obstacle in achieving this performance is that the time that the community midwife has limited time to perform counseling and examination at the same time and the place not ideal for privacy. Research conducted by Puspitasari, in which all midwives did not provide explanations about health education and counseling about the danger signs of pregnancy. This is because the majority of the community midwives only provide counseling according to the problems and discomforts of the mothers. (Salmah et al., 2006)

Counseling for pregnant women can

be assisted with a KIA book, but in the implementation of counseling, midwives do not always use media or assistive devices. The use of media or communication providing information or messages is highly recommended, because in general pregnant women only have secondary education and do not understand pregnancy. (Almuslim & Aldossary, 2021) One of the efforts to prevent the COVID-19 pandemic by pregnant women is to wash their hands, this needs to be known by all pregnant women. Washing hands with running water for 20 seconds or using hand sanitizers can be found in the KIA handbook. (Kemenkes RI, 2020)

In reducing counseling time and preventing transmission of COVID-19, midwives can encourage pregnant women to get counseling services use telehealth services. As stated by Almuslim and Aldossary, pregnant women can replace their health services by using telehealth services if they do not require laboratory and physical examination services, especially on the second visit. (DepKes, 2009) However, this has not been widely disseminated to pregnant women in the Cilegon City area.

For Standard 8, the observers found that almost all community midwives did not assist mothers and their families in their delivery planning process. This is not in line with Puspitasari's research, which states that all community midwives assisted mothers in planning childbirth. Delivery planning or known as the Delivery Planning and Complications Prevention Program which has the aim of increasing the coverage and quality of health services for pregnant women and newborns through increasing the active role of families and communities in planning safe deliveries and preparing for complications and danger signs.(Sedarmayanti, 2008) With this planning, pregnant women can give birth in a comprehensive health facility and are served by health workers so that the incidence of complications and maternal deaths can be prevented as they can be identified earlier.(Almuslim & Aldossary, 2021) Another goal is for pregnant women and their fam-



ilies to plan their delivery process, including the helpers, companions and blood donors, and referrals. (Saifuddin, 2010)

In reducing the time-consuming health education and counseling activities, it is recommended by the Ministry of better known as P4K (Birth Planning and Complication Prevention Program) by using telecommunication media or google form (Almuslim & Aldossary, 2021), but this has not been done.

Standard 9 found that almost all midwives had evaluated their care and planned their next visit, but still few midwives did not tell the pregnant women that they could come at any time if they felt it was necessary. At each antenatal visit, very important information is needed to confirm the diagnosis. Pregnant women who have health problems should come to visit health workers more often when they feel danger signs or if they feel worried about their pregnancy. (Saifuddin, 2010)

## Conclusion

The performance of community midwives in providing antenatal services using SBMR has not met the standards. Midwives' performance results in receiving and communicating pregnant women with respect and kindness, physical examinations, obstetric examinations and planning for subsequent visits were good, and only a few midwives did not meet the standards. And for the performance of midwives in anamnesis taking and assessment, counseling and delivery planning, there are still many midwives who do not meet the standards, according to the informant this is due to the large number of pregnant women, limited time and limited health personnel. The performance results that are still not up to the standard are due to several obstacles. According to the informant, the way to overcome this is by submitting a two-day Health post schedule, adding health workers, using communication media, and periodic performance appraisals

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