

Qualitative Study of Implementation of KIA Program Achievements at South Balantak Community Health Center, Banggai Regency, Central Sulawesi Province

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ABSTRACT

Problems that are often faced include pregnant women giving more importance to birth attendants to check their pregnancy than health workers, which has an impact on the lack of achievement of maternal and child health programs. The aim of this research is to explore the implementation of the achievements of the KIA program at the South Balantak Health Center, Banggai Regency, Central Sulawesi Province. The design of this research is qualitative descriptive. Informants are taken using techniques *purposive sampling*. There were 4 Midwives who met the inclusion and exclusion criteria. Data collection techniques through in-depth interviews and documentation with informants. Qualitative data analysis techniques use data reduction, data presentation, drawing conclusions/*Verification*. The research results show that the implementation of K1 and K4 program achievements of 88.68% is still below the target of 100%. The obstacles faced include the fact that there are still many pregnant women who do not report their pregnancies to the midwife. Implementation of delivery achievements by health workers was 67.33%, still below the target of 100%. Obstacles faced include the lack of public trust in health workers in assisting with childbirth, so pregnant women prefer traditional birth attendants to give birth. Government support such as holding cross-sector meetings to make a mutually signed decision that traditional birth attendants must not assist with childbirth themselves but must coordinate with health workers. Based on the research results, it was concluded that the implementation of K1 and K4 program achievements and childbirth by health workers was still below the national target of 100%. Thus, efforts can be made to meet targets that have not been achieved. Midwives must detect health problems in the village by carrying out integrated ANC examinations, ensuring that every pregnant woman has a MCH book, making home visits, ensuring that births are attended by health workers, making visits during postpartum period and neonatal visits.

Keywords: Achievements, Implementation, KIA Program

INTRODUCTION

The problem that often occurs is that the achievements of the MCH (Maternal and Child Health) program at the Indonesian level can be said to have not been fully achieved. 7 (seven) basic services of the KIA Program such as *Antenatal Care (ANC)*, postpartum, delivery by health personnel, newborn and neonatal complications, services for babies and toddlers have not been implemented optimally. Problems that are often faced in maternal and child health services include lack of counseling, infrequent home visiting services, limited number of health workers, limited medical equipment, and very minimal supporting facilities, unfulfilled services, namely the difficulty of public transportation to reach the location of the Community Health Center. , the lack of counseling and the existing pregnant women class has not been widely communicated to the public, so that many pregnant women do not know about the existence of this service, the attitude of the officers is less supportive in providing services, the officers seem bitchy and lack of information and lack of ability to create an atmosphere of two-way communication, as well as a lack of counseling which has an impact on the achievement of maternal and child health programs (Prawiroharjo, 2017).

In order to reduce maternal and child morbidity and mortality rates, Indonesia is working to improve the level of maternal and child health through the formulation of various policies outlined in programs and operationalized in activities. Maternal and Child Health Services, which are one part of basic health, are implemented by the Community Health Center at the sub-district level. Maternal and Child Health Programs are of course implemented from national to regional levels. Minister of Health Regulation No. 75 of 2014 concerning Community Health Centers, explains that Community Health Centers are basic level health services that are obliged to provide MCH services, both promotive and preventive (Ministry of Health of the Republic of Indonesia, 2020).

Data from the Banggai District Health Service, Central Sulawesi Province shows that the results of the implementation coverage of KIA achievements show that pure K1 pregnancy checks were 62.86% and K4 were 86.94%, health worker deliveries were 81.26%, which has not yet reached the National target of 100%. (Preliminary Data from Banggai District Health Service, 2021). Meanwhile, data obtained from the South Balantak Community Health Center, Banggai Regency, Central Sulawesi Province, shows that the results of pure K1 pregnancy examinations were 64.15% and K4 were 88.68%, health worker deliveries were 67.33%, which has not yet reached the National target of 100% (Preliminary Data South Balantak Community Health Center, 2021).

The results of a preliminary study conducted by researchers at the South Balantak Health Center, Banggai Regency, Central Sulawesi Province, with interviews of 5 midwives, revealed that the achievements of the MCH program have not been fully achieved due to the lack of systematic and continuous monitoring in the work area of the health center due to the condition of the area. vulnerable. Apart from that, distribution of KIA books to pregnant women has also been carried out. Basically, the coverage of the KIA book and the coverage of K1 should be the same, because the KIA book is given for the first time when the mother is having a pregnancy check-up. However, according to the phenomenon that occurs in society, the first pregnancy examination (K1) is only carried out to check whether you are positive for pregnancy or not, a formality to check the condition of the fetus and considers that the KIA Book is only a Midwife's book which must be brought during the examination because the midwife will record the results. examination in the book (Results of a Preliminary Study at the South Balantak Health Center, Banggai Regency, Central Sulawesi Province, 2021).

Public Health Center is responsible for carrying out health development in its working area, namely increasing awareness, willingness and ability to live healthily for everyone who lives in its working area so that the highest level of health can be achieved. Public Health Center carries out several basic businesses or mandatory health efforts (*basic health care services or public health essential*) to be able to provide comprehensive health services (*comprehensive health care services*) to all communities in its working area. One of them is the Maternal and Child Health Program (KIA). The MCH program is one of the main priorities for health development in Indonesia (Saifuddin, 2017).

Factors that influence the achievements of maternal and child health programs include policy standards and targets that must be clear and measurable, because unclear standards and policy targets have the potential to give rise to interpretations which ultimately have implications for the difficulty of implementing MCH program achievements. Adequate resources, both human and non-human resources, are needed to support the implementation of the KIA program achievements. Inter-organizational relationships are needed to develop synergistic collaborative relationships between related agencies to support the implementation of KIA program achievements (Salmah, 2018). The characteristics of implementing agents include bureaucratic structures, norms, and relationship patterns that occur within the bureaucracy, all of which will influence the implementation of KIA program achievements.

Social, political and economic conditions including environmental resources, which can support the successful implementation of the KIA program achievements, the extent to which interest groups provide support for the implementation of the KIA program achievements, the characteristics of the participants (support or reject), what is the nature of the existing public opinion in the environment and whether the political elite supports the implementation of the KIA program achievements (Manuaba, 2016).

Childbirth is a physiological process experienced by women. In this process, a series of major changes occur for the mother to be able to give birth to her fetus through the birth canal. The aim of managing the birth process is to encourage a safe birth for the mother and baby, so the role of health workers is needed to anticipate and handle complications that may occur in the mother and baby, because maternal and baby deaths often occur, especially during the birth process (Prawiroharjo, 2017). Even though the coverage of birth assistance by health workers continues to increase from year to year, there are still many problems found related to complications during delivery, including abnormalities in fetal position/presentation, obstructed labor/*dystocia*, postpartum hemorrhage, severe infection/sepsis, placenta previa, *IntraUterine Fetal Death* (IUFD) (Saifuddin, 2017).

Therefore, it is hoped that in order to optimally improve maternal and child health, health workers, especially midwives, can increase the frequency of counseling, improve home visit services, increase service time, improve executive communication, add health workers, care for birthing health equipment, and optimize facilities. supporters, so that they can support the achievements of the KIA program. Apart from that, to realize family independence in maintaining maternal and child health, one of the program's efforts is to increase family knowledge and skills through the use of the Maternal and Child Health Book (KIA Book).

RESEARCH FOCUS

Based on the background of the problem above, the problem that can be formulated is how to "Implement the Achievements of the KIA Program at the South Balantak Health Center, Banggai Regency, Central Sulawesi Province" with the research focus being: Achievements of K1 and K4, Delivery by Health Workers.

GENERAL PURPOSE

1. General purpose

To explore the implementation of the achievements of the KIA program at the South Balantak Health Center, Banggai Regency, Central Sulawesi Province.

2. Special purpose

- a) Exploring the Implementation of K1 and K4 Program Achievements at the South Balantak Health Center, Banggai Regency, Central Sulawesi Province.
- b) Exploring the Implementation of Childbirth Achievements by Health Workers at the South Balantak Health Center, Banggai Regency, Central Sulawesi Province.

METHOD

The research design used in this research is qualitative descriptive. Informants are taken using techniques *purposive sampling* There were 4 Midwives who met the inclusion and exclusion criteria. Data collection techniques through in-depth interviews and documentation with informants. Qualitative data analysis techniques use Data Reduction, Data Presentation, Drawing Conclusions/*Verification*

RESEARCH RESULTS AND DISCUSSION

A. Implementation of K1 and K4 Program Achievements at the South Balantak Health Center, Banggai Regency, Central Sulawesi Province

Based on the research results, it is known that the implementation of K1 and K4 program achievements has not met expectations, has not reached a maximum of 88.68% and is still below the target of 100%. However, the Community Health Center will continue to make every effort to achieve this target and strive to improve the quality of service so that it can meet existing targets. The things that become obstacles in implementing the achievements of the K1 and K4 programs are that many pregnant women do not report their pregnancies to health workers, the lack of visits by midwives to the field so that it is difficult for midwives to know the number of pure K1, not all pregnant women have new contact with health workers on 1st trimester of pregnancy is 0-37 weeks so that automatically K4 is not achieved, the projection or target is too high so that it does not match the real data of pregnant women in the field which is the distribution, resulting in low K1 achievement.

The support provided by the local government in supporting the implementation of K1 and K4 achievements includes providing training to health workers (Midwives) such as APN, PONEK and PONEK training to improve their skills/abilities in the field. Apart from that, the Government always involves cadres to assist health workers in improving K1 and K4 achievements. Actions taken to overcome problems that occur in the implementation of K1 and K4 achievements include mobilizing the role of cross-sectors and influential people in work areas (villages) to assist health workers in improving K1 and K4 achievements. Apart from that, village midwives are more intensive in the field in visiting the community and finding out early about pregnant women in the Public Health Center work area, so that the number of new pregnant women can be recorded and can provide good results for the implementation of K1 and even K4 achievements.

The results of the research above show that the implementation of the K1 and K4 program achievements has not met expectations, has not been maximized and is still below the 100% target, supported by the fact that there are still pregnant women who do not make K1 and K4 visits, who should be required to carry out regular examinations during pregnancy during early detection. the presence of complications or danger signs. Even though mothers have been cared for comprehensively, in reality, health services for pregnant women until the birth of the baby still find complications in pregnant, maternity and postpartum women. This situation is caused by the lack of role of health workers in implementing comprehensive care. In line with research by Joshua (2019), the death rate for pregnant women is caused by three factors, one of which is late recognition of danger signs during pregnancy. Coverage of antenatal care can be monitored through the new visit service for pregnant women (K1) to see access and health services for pregnant women according to standards at least 4 times (K4) with distribution once in the first trimester, once in the second trimester, and twice in the third trimester.

Success in antenatal care services is measured through implementation indicators of K1 and K4 program achievements. K1 coverage is the number of pregnant women who have received antenatal care for the first time by health workers divided by the target number of pregnant women in one work area within one year, while K4 coverage is the number of pregnant women who have received antenatal care according to standards 4 times during pregnancy. according to the recommended schedule divided by the target

number of pregnant women in one work area within one year (Prawirohardjo, 2017). Dewi (2016), in her journal said that through antenatal care the health of the pregnant mother, the health of the fetus and the relationship between the two can be determined so that appropriate birth assistance can be planned. Coverage of antenatal care can be monitored through new visits for pregnant women (K1) to see access and maternal health services according to standards at least four times (K4). Contact at least 4 times during pregnancy to receive antenatal care.

There are many factors that cause the low implementation of K1 and K4 program achievements, including family income/economic status factors because mothers or their families are unable to pay, lack of family support, not carrying out examinations if there are no pregnancy complaints, affordability of access to health facilities, low public awareness, especially mothers. pregnant women, the importance of having a health check is still lacking (Pantiawati, 2017). With the economic situation becoming increasingly difficult and views that do not make the health of pregnant women and giving birth a priority basic need, people are increasingly less likely to visit midwives or other medical personnel to check their pregnancies. For some members of the community, the cost of examinations is a heavy burden as a result of which they choose not to have their pregnancy checked. Likewise, family support, especially husbands, in taking pregnant women to have their pregnancy checked. Lack of family support due to busy work causes low K1 and K4 visits. Apart from that, the behavior of pregnant women not having examinations if there are no pregnancy complaints is a factor in the low achievement of K1 and K4 (Husniyati, 2021).

Another factor is the distance between where you live and the health facility which is quite far, which is inseparable from the large costs involved and the long time it takes to arrive at the health facility. The relationship with awareness of pregnant women during the first K1 and K4 visits is still low, so the distance between the residence and the health service location affects the achievement of K1 and K4 (Wina, 2020). Razak (2018), said that health services that are located too far from the area where they live are certainly not easy to reach, so they require transportation to reach the health service. If this situation occurs, it will certainly not satisfy the patient, so it is called quality health service if These services can be achieved by users of health services.

Agistha (2018), said that a midwife carries out roles, functions and responsibilities, especially in providing education at the beginning of pregnancy as an effort to prepare mothers to understand the importance of maintaining health during pregnancy, childbirth, postpartum, babies and children as well as preparing mothers to use contraceptives. or birth control. Therefore, there must be collaboration and support across programs and sectors as well as related professional organizations as an effort to improve maternal and baby health services. Apart from that, there should be increased counseling and education about the importance of pregnancy checks to health workers with minimum standards; Once in the first trimester, namely the K1 Murni pregnancy visit to provide information about nutritious eating for pregnant women, maintaining personal hygiene and arranging rest patterns, to detect early danger signs of pregnancy such as pregnancy anemia which can cause bleeding during delivery, to detect any complications during childbirth such as pelvic deformities or spinal deformities or multiple pregnancies. 1 time in the second trimester, and 2 times in the third trimester.

In the researcher's opinion, efforts that can be made to meet targets that have not been achieved include efforts such as health workers, namely village midwives, who must collaborate with village cadres, so that village cadres actively report pregnant women to the village midwives in the village. So, village midwives can detect health problems in the

village by carrying out integrated ANC examinations, ensuring that every pregnant woman has a KIA book, attaching P4K stickers, conducting HIV screening, antenatal classes, ensuring pregnant women have at least 4 visits. home, ensuring delivery is attended by health workers, making visits during the postpartum period and visiting neonates. Apart from that, midwives also need to collaborate with the government in providing services, namely by implementing the JKN-KIS program so that people can easily get comprehensive services.

B. Implementation of Childbirth Achievements by Health Workers at the South Balantak Health Center, Banggai Regency, Central Sulawesi Province

Based on the research results, it is known that the implementation of birth outcomes by health workers is still far from expectations, where the achievements obtained to date have reached 67.33%, so it is still far from the target of 100%. However, midwives continue to do their best to meet the national target of 100%. One of the things that is an obstacle in implementing childbirth outcomes by health workers is that the community does not have full trust in health workers in assisting with childbirth. People sometimes prefer birth attendants over health workers because of the public's trust in birth attendants. Apart from that, the affordability of access to health services is one of the obstacles to people being reluctant to visit health facilities, especially mothers in labor. Apart from that, there is also a lack of facilities and infrastructure that can support people's behavior in visiting the Community Health Center.

The support provided by the local government in supporting the implementation of delivery achievements by health workers, such as holding cross-sector meetings in which the sub-district head, police, Danramil, village government and birth attendants were involved, made a jointly signed decision that birth attendants were not allowed to help with childbirth themselves but had to coordinate with health workers. And if it is violated, the non-health worker helper will be given sanctions. Handling carried out to overcome problems that occur in the implementation of birth outcomes by health workers includes health workers who are always active in providing outreach to provide education to the community, especially pregnant women, so that they can give birth in the right place, such as a health center/hospital, so that they can prevent early complications and even death. mother and baby. Apart from that, the midwife also provides a telephone number to the mother so that she can be contacted immediately if there are signs of labor and will be picked up immediately by the Health Center Ambulance.

The results of the research above show that the implementation of birth outcomes by health workers has not met expectations, has not been optimal and is still below the 100% target, supported by the fact that pregnant women sometimes prefer birth attendants for the delivery process compared to health workers because of the public's trust in birth attendants. The low level of public knowledge and awareness regarding pregnancy check-ups with health workers means that pregnant women are reluctant to give birth in the available health facilities and prefer to go to a traditional birth attendant when giving birth. The mother's lack of understanding in choosing a birth will have an impact on the process and the results obtained will not be optimal, thereby risking the safety of the baby being born.

The research results also show that affordability of access to health services is also one of the obstacles to people's reluctance to visit health facilities, especially mothers in labor. Apart from that, there is also a lack of facilities and infrastructure that can support people's behavior in visiting the Community Health Center. Thus, the implementation of birth

outcomes by health workers has not yet reached the target, due to several factors that are the cause, including the community's choice of birth attendants which is still quite high, difficult health facilities with inadequate transportation facilities, advocacy towards the local government that is not yet optimal, or It is often found that health workers (village midwives) are not there when they are needed, so people turn to dukun.

In line with research by Anggraeni (2019), he explained that the distance between the residence and the health facility is quite far, which cannot be separated from the large costs involved and the long time it takes to arrive at the health facility, so that sometimes pregnant women and their families choose a birth attendant. Notoatmodjo (2017), also said that families with high income levels usually want to get good service and good service places, while middle and low economic levels do not care about location. Of other service supporting matters, usually the most important thing is good service. Suparyanto (2018), also explained that accessibility is one of the factors that plays a role in determining health services which is assessed by travel time and the availability of transportation to reach the health service location. Shinta (2018), also explained that the public's limited understanding of the importance of birth assistance by trained health workers means that dukun are an alternative choice for birth attendants, in addition to socio-economic, cultural factors and the performance of midwives.

Rizka (2017), said that the greater the distance between the place of residence and the place of activity, the more it will reduce a person's motivation to carry out activities. On the other hand, the closer the residence is to the place of activity, the more business can increase. The influence of the distance between residence and place of activity cannot be separated from the large costs involved and the length of time. This is related to people's awareness of the importance of health which is still low, so the distance between their home and health service places influences their behavior. Health services that are located too far from the area where they live are certainly not easy to reach, so they require transportation to reach the health service location. If this situation occurs, it will certainly not satisfy the patient, so it is called a quality health service if the service can be reached by the service user. health services

If we look at the effectiveness and level of safety in choosing a traditional birth attendant compared to a birth assisted by a midwife based on the planned birth method, then from the start midwives recommend that every pregnant mother pay attention to balanced nutritional intake, early detection of risks in pregnancy and explain early symptoms. birth defects. In anticipating bleeding and managing eclampsia as well as preventing infection, a midwife will be responsive, fast and precise in handling based on her competence by using sterile equipment both at the time of *intranatal care* nor *postnatal care* (Rafsanjani, 2020).

Childbirth is a natural process experienced by birth mothers and occurs normally in life. Childbirth can be defined as the process of movement of the fetus, placenta and membranes from the uterus through the birth canal. This process begins with the opening and dilatation of the cervix due to uterine contractions with regular frequency, duration and strength (Manuaba, 2017). The government together with the community are responsible for ensuring that every mother has access to quality maternal health services, starting from the time of pregnancy, birth assistance by trained health workers, and post-natal care for mother and baby, special care and referrals in case of complications, as well as access regarding family planning, in addition to the importance of intervening first, namely with groups of teenagers and young adults in an effort to accelerate the reduction of MMR (Ministry of Health, 2020).

In the researcher's opinion, the role of health workers in the form of providing education to the community is a factor that provides encouragement to the community to do the desired things in terms of health behavior. Support for the availability of health service facilities, especially delivery services, in increasing the coverage of birth assistance by midwives and supporting pregnant women in choosing midwives as birth attendants. The role of health workers is very much needed in improving the level of health, especially of mothers and children in the community. There is counseling provided as well as efforts to increase knowledge and changes in the attitude of mothers in choosing appropriate places for birth assistance and health services that meet standards. In this way, the implementation of birth outcomes by health workers can achieve the targets set by the Government.

CONCLUSION

Based on the research results, it is known that the implementation of K1 and K4 program achievements has not met expectations, has not reached a maximum of 88.68% and is still below the target of 100%. Things that become obstacles such as there are still many pregnant women who do not report their pregnancy to the midwife, the lack of midwife visits to the field, not all pregnant women only contact the midwife in the 1st trimester of pregnancy 0-37 weeks so that automatically their K4 is not achieved, the targets that too high so that it does not match the real data of pregnant women in the field which is the distribution, thus making K1 a low achievement. Support provided by the local government includes training for midwives such as APN, PONEK and PONEK training to improve their skills/abilities in the field. The government always involves cadres to assist health workers in improving K1 and K4 achievements. The measures taken include mobilizing cross-sector roles and influential people in the work area (village) to assist health workers in improving K1 and K4 achievements. Village midwives are more intensive in the field in visiting the community and finding out early about pregnant women in the Public Health Center work area,

Implementation of delivery outcomes by health workers is still far from expectations where the achievements obtained to date have reached 67.33%, so it is still far from the target of 100%. Things that become obstacles include the lack of complete trust in health workers in assisting with childbirth, so pregnant women prefer to give birth to traditional birth attendants. The distance between health facilities is quite far so that pregnant women are reluctant to visit health facilities. There is a lack of facilities and infrastructure that can support mothers' behavior in visiting health facilities. The support provided by the local government, such as holding cross-sector meetings in which the sub-district head, police, Danramil, village government and birth attendants were involved, made a jointly signed decision that shamans were not allowed to help with childbirth themselves but had to coordinate with health workers. And if it is violated, the non-health worker helper will be given sanctions. The treatment carried out is that health workers are always active in conducting outreach to provide education to the public, especially pregnant women, so that they can give birth in the right place, such as a health center/hospital, so that they can prevent early complications and even death of the mother and baby. The midwife also gives the mother a telephone number so that she can be contacted immediately if there are signs of labor and will be picked up immediately by the Health Center Ambulance.

It is recommended that pregnant women always rely on health facilities such as Community Health Centers/Hospitals as providers of appropriate health services for mothers and children. Pregnant women must have the awareness to check their pregnancies with health workers so that complications can be detected early and they will be handled quickly and

appropriately by health workers compared to other birth attendants such as shamans who will have a negative impact on the safety of the mother and child. Apart from that, pregnant women continue to carry out antenatal visits during the Covid 19 pandemic as well as family participation in bringing pregnant women to carry out antenatal visits according to the standard, namely a minimum of 4 visits during pregnancy. Midwives can also improve the health of mothers and children optimally where health workers, especially midwives, can increase the frequency of counseling, improve home visit services, increase service time, improve executive communication, add health workers, care for birthing health equipment, and optimize supporting facilities, so that they can support the achievements of the KIA program

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