Contents lists available at IOCS

Science Midwifery

journal homepage: www.midwifery.iocspublisher.org

The incompatibility of antenatal care referrals in Reda Bolo Hospital

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ARTICLE INFO

Article history:

Received Feb 15, 2024
Revised Feb 17, 2024
Accepted Feb 23, 2024

Keywords:

Antenatal Care
BPJS Kesehatan
Health Policy
Referral
Trimester

ABSTRACT

In the era of Indonesia's National Health Insurance or Jaminan Kesehatan Nasional (JKN), antenatal care services (ANC), have become more affordable and accessible for pregnant women. However, there are still some referrals that are based on the patient's own wishes or are not in accordance with BPJS Health Policy. This study was aimed to describe the incompatibility of ANC referrals for BPJS Health participants. This research is a descriptive study with a cross-sectional method. This study included all BPJS Health participant data referred from FKTP to the Obstetrics and Gynecology Clinic of Reda Bolo Hospital, Southwest Sumba, in the period March–June 2023. The appropriateness of ANC referrals in this study is based on Berita Acara Kesepakatan Bersama Panduan Penatalaksanaan Solusi Permasalahan Klaim INA-CBG BPJS Kesehatan 2019 No. JP.02.03/3/1693/2020. The majority of patients had a history of visiting 0-1 times in each trimester. In the first trimester, only a small proportion (1.1%) made more than one visit. In addition, the frequency of more than one visit was most common in the third trimester (15.6%). A total of 27 patients (15.1%) were categorized as ANC referrals that were not in accordance with BPJS Health Policy. There were still a number of patients who experienced referral discrepancies. Further research can be conducted to explore the factors that influence referral discrepancies and their impact on maternal and infant health.

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INTRODUCTION

Maternal health is very important for a nation because the degree of maternal health can affect the health of the next generation. One indicator of maternal health is the maternal mortality rate (MMR). Maternal mortality in this context refers to all deaths during pregnancy, childbirth, and the postpartum period due to the act of managing them, not due to other factors such as accidents or unexpected events, and is calculated every 100,000 live births. The MMR in Indonesia is still quite high, despite a decrease from year to year (Kemenkes RI, 2022). According to data from the 2015

Inter-Census Population Survey or Survei Penduduk Antar Sensus (SUPAS), the MMR in Indonesia reached 305 maternal deaths per 100,000 live births. Based on data from Statistics Center or the Badan Pusat Statistik (BPS), the average MMR in Indonesia reached 189/100,000 live births in 2020. East Nusa Tenggara Province or Nusa Tenggara Timur (NTT) became the third-largest contributor to MMR in 2020 after Papua and West Papua Provinces, namely 316/100,000 live births (Badan Pusat Statistik, 2023).

Currently, in Indonesia, MMR has become the focus of attention in efforts to improve maternal health. Because the MMR target in 2024 based on the National Medium-Term Development Plan or Rencana Pembangunan Jangka Menengah Nasional (RPJMN) for the 2020–2024 period is 183 maternal deaths per 100,000 live births (Badan Penelitian dan Pengembangan Kesehatan Kementerian Kesehatan RI, 2020; Dinas Kesehatan Nusa Tenggara Timur, 2019). While the target of the East Nusa Tenggara Regional Medium-Term Development Plan or Rencana Pembangunan Jangka Menengah Daerah (RPJMD) is that by 2030, MMR can be reduced to less than 70 per 100,000 live births, with achievement data in 2017 only reaching 120 per 100,000 live births and increasing again until 2020 to 316 per 100,000 live births (Kemenkes RI, 2022; Pemerintahan Provinsi NTT, 2021). For this reason, the Indonesian government and various international and non-governmental organizations have been working to reduce MMR through better maternal and child health programs, increased access to quality medical care, and public education and awareness about maternal health, one of which is the Antenatal Care (ANC) program. The World Health Organization (WHO) recommends that ANC be conducted at least eight times, with one visit in the first trimester, two visits in the second trimester, and five visits in the third trimester. However, WHO also mentions that each country may suggest a different number of visits according to their respective conditions. Based on the recommendations of the Indonesian Ministry of Health, ANC in normal pregnancy is carried out at least once in the first trimester (0–12 weeks of gestation), twice in the second trimester (12–24 weeks of gestation), and three times in the third trimester (24 weeks of gestation until delivery), as well as a minimum of two examinations by a doctor during the first visit in the first trimester and during the fifth visit in the third trimester. Thus, a total of six ANC visits are conducted in a normal pregnancy. These service time standards are recommended to ensure the protection of pregnant women and fetuses in the form of early detection of risk factors, prevention, and early treatment of pregnancy complications (Kemenkes RI, 2020c, 2021).

In the era of Indonesia's National Health Insurance or Jaminan Kesehatan Nasional (JKN), ANC, or antenatal care services, have become more affordable and accessible for pregnant women. JKN has brought positive changes by allowing greater access to maternal health services, including routine examinations, laboratory tests, supporting examinations such as ultrasonography (USG), and consultations with trained medical personnel. In normal pregnancy conditions, the Indonesian Ministry of Health suggests that ultrasound procedures can be performed at least twice or three times (once per trimester), according to INA-CBG claims (Kemenkes RI, 2020a, 2021). Ultrasound examinations in early pregnancy (ideally before 15 weeks of gestation) are used to determine gestational age, fetal viability, fetal location and number, and the detection of severe fetal abnormalities. At around 20 weeks gestation for fetal anomaly detection, while in the third trimester for labor planning. Pregnancies with other medical indications require more ultrasound procedures. Through these programs, pregnant women can monitor their health regularly, get information on appropriate care, and receive necessary preventive measures, contributing to the reduction of MMR and the improvement of maternal and child health in Indonesia (Kemenkes RI, 2013, 2020b).

In some conditions, such as the unavailability of equipment or health workers who are competent to perform ultrasound, a referral for an ultrasound examination can be made (Kemenkes RI, 2020a). Referrals can be made three times (once per trimester) in normal pregnancies. Referrals can also be made if the mother needs an examination by an obstetricians,

pregnancies with complications, there are risk factors for labor complications, or the discovery of danger signs in pregnancy. Previous studies have shown that the referral rate from the Primary Health Center or Fasilitas Kesehatan Tingkat Pertama (FKTP) to the Advanced Referral Health Center or Fasilitas Kesehatan Rujukan Tingkat Lanjut (FKRTL) is still high. Although most of the referrals are in accordance with BPJS Health Policy, there are still some referrals that are based on the patient's own wishes or are not in accordance with BPJS Health Policy (Astutik & Rusdianawati, 2017; Hardina & Idris, 2022; Rusadi et al., 2019).

Implementation of an inappropriate referral system will result in the accumulation of patients in one health care provider facility, which can have an impact on the quality of health services provided. The hospital costs will also increase, waiting times will increase, and the quality of obstetricians services will be compromised. The impact that may occur has been observed in the study of Hilal et al., and it was found that the number of patients will be associated with increased waiting time, service quality, and patient satisfaction (Hilal et al., 2023). Research by Halim et al., also found that the small number of obstetricians compared to the growing number of patients will affect patient satisfaction due to long waiting times. In this case, it was found that out of 56 respondents, 5.4% were dissatisfied with the service because of the long waiting time (Halim et al., 2021).

Based on the field observation, it can be seen that inappropriate referrals related to ANC are quite often found in the field. Besides that, no studies describe discrepancies in ANC referrals based on BPJS Health regulations in Indonesia. Therefore, researchers are interested in further discussing the description of the incompatibility of ANC referrals for BPJS Health participants at the Obstetrics and Gynecology Polyclinic of Reda Bolo Hospital, Southwest Sumba, for the period March–June 2023. This research was expected to describe the incidence of inappropriate referrals and complications during pregnancy that may be the reason for referral. Furthermore, this study can be used as an evaluation material and reference for implementing ANC referrals according to BPJS Health policy.

RESEARCH METHOD

This research is a descriptive study with a cross-sectional method. The research data is secondary data obtained from patient medical records. This study included all BPJS Health participant data referred from FKTP to the Obstetrics and Gynecology Clinic of Reda Bolo Hospital, Southwest Sumba, in the period March–June 2023. Incomplete patient data were excluded from this study. Data collection used the total sampling technique, which was applied to a total of 179 patients who were eligible during this study period.

The appropriateness of ANC referrals in this study is based on Berita Acara Kesepakatan Bersama Panduan Penatalaksanaan Solusi Permasalahan Klaim INA-CBG BPJS Kesehatan 2019 No. JP.02.03/3/1693/2020, which states that ANC services at FKRTL can be carried out three times, namely once in each trimester, except in pregnancies with other medical indications. Thus, ANC referrals that are more than once in one trimester (either in the first, second, or third trimester) and without a clear record of medical indications are categorized as ANC referrals that are "not in accordance" with the policy of BPJS Kesehatan.

The data obtained were then analyzed with descriptive statistical analysis to provide an overview of the distribution of data in the form of frequencies and proportions in tabular form.

RESULTS AND DISCUSSIONS

There were 179 patients who met the eligibility criteria for this study. The median age of patients was 30 years old with a range of 15-47 years old. The majority were categorized as 20-35 years old (76%), married (98.3%), housewives (89.9%), and from Watukawula Primary Health Center (36.9%) (Table 1).

Table 1. Demographic characteristics of the patients

Variable		Frequencies	Proportion (%)
Age			
	<20 yo	6	3,4
	20-35 yo	136	76
	>35 yo	37	20,7
Marriage Status			
	Married	176	98,3
	Unmarried	3	1,7
Occupation			
	Housewife/Not Working	161	89,9
	Teacher	9	5
	Private	2	1,1
	Farmer	6	3,4
	Civil Servant	1	0,6
(Primary Health Center) FTKP			
	Bilacenge	27	15,1
	Bondo Kodi	3	1,7
	Delu Depa	1	0,6
	dr. Elfrida	4	2,2
	Kori	2	1,1
	Panenggo Ede	1	0,6
	Radamata	30	16,8
	Tana Teke	2	1,1
	Tenggaba	3	1,7
	Waimangura	2	1,1
	Walandimu	6	3,4
	Watukawula	66	36,9
	Weekombak	23	12,8
	Werilolo	9	5
TOTAL		179	100

Based on the patient's obstetric history data (Table 2), the majority of patients at the time of the ANC visit were third pregnant (27.9%), had never given birth before (P0; 29.1%), and had no history of abortion (81%). The majority of patients (81%) had no complicating conditions in the current pregnancy. Some complicating conditions in the current pregnancy were 12 patients (6.7%) with a history of SC (LMR SC), 8 patients (4.5%) had fetal abnormalities, abortion imminence in 5 patients (2.8%), emesis gravidarum in 3 patients (1.7%), gemelli, positive HBsAg, oligohydroamnion, placenta previa totalis, PPI, and suspected macrosomia each had a proportion of 2.6%. Based on the history of complications in previous pregnancies, 7 patients (3.9%) had a history of premature ruptured membrane with failed induction, 2 patients (1.1%) had a history of fetal distress, transverse location, oligohydroamnion, and preeclampsia with a proportion of 0.6% each.

Table 2. Obstetric history characteristics of patients

Variable		Frequencies	Proportion (%)
Gravida			
	G1	47	26,3
	G2	42	23,5
	G3	50	27,9
	>G3	40	11,7
Paritas			
	P0	52	29,1
	P1	51	28,5
	P2	42	23,5
	P3	22	12,3
	>P3	12	6,8
History of Abortion			

Variable	Frequencies	Proportion (%)
Never	145	81
1 time	28	15,6
>1 times	6	3,4
SC History		
Yes	12	6,7
No	167	93,3
Complications in current pregnancy		
LMR SC	12	6,7
Abnormalities of location	8	4,5
Abortus iminens	5	2,8
Emesis gravidarum	3	1,7
Gemeli	1	0,6
HBsAg positive	1	0,6
Oligohydroamnion	1	0,6
Placenta previa totalis	1	0,6
PPI	1	0,6
Suspect macrosomia	1	0,6
No complication	145	81
History of previous pregnancy complications		
Fetal distress	2	1,1
Premature Ruptured Membrane + failed induction	7	3,9
Transverse location	1	0,6
Oligohydroamnion	1	0,6
Preeclampsia	1	0,6
No history of complications	167	93,3
TOTAL	179	100

The data in Table 3 illustrates the frequency of visits of referral patients for ANC at the Obstetrics and Gynecology Poly of Reda Bolo Hospital Southwest Sumba in the period March-June 2023. The majority of patients had a history of visiting 0-1 times in each trimester. In the first trimester, only a small proportion (1.1%) made more than one visit. In addition, the frequency of more than one visit was most common in the third trimester (15.6%). A total of 27 patients (15.1%) were categorized as ANC referrals that were not in accordance with BPJS Health Policy.

Table 3. Frequency of patient ANC visit

Variable	Frequencies	Proportion (%)
First Trimester ANC		
0-1 time	177	98,9
>1 times	2	1,1
Second Trimester ANC		
0-1 time	170	95
>1 times	9	5
Third Trimester ANC		
0-1 time	151	84,4
>1 time	28	15,6
*Category of appropriateness of ANC visits		
Appropriate	152	84,9
Not Appropriate	27	15,1
TOTAL	179	100

*)*The category of suitability for the frequency of ANC visits is based on the Berita Acara Kesepakatan Bersama Panduan Penatalaksanaan Solusi Permasalahan Klaim INA-CBG BPJS Kesehatan Tahun 2019 No. JP.02.03/3/1693/2020.*

Based on the Berita Acara Kesepakatan Bersama Panduan Penatalaksanaan Solusi Permasalahan Klaim INA-CBG in 2019, it is explained regarding ANC and ultrasound examination procedures in pregnancy, that these procedures in normal pregnancy conditions can be carried out

three times or once per trimester. Meanwhile, pregnancies with other medical indications require more ANC and ultrasound examinations (Kemenkes RI, 2020a). Regarding the suitability of ANC referrals, 27 patients (15.1%) were found to be in the category of ANC referrals that were not in accordance with BPJS Health Policy.

Rusadi et al's research showed a fairly high ANC referral rate at Rowosari Health Center in 2018 with 112 patients. In 2019, after two months of research, there were 37 pregnant women who were referred. The main indication factor for the referral obtained most was the maternal factor with other referral reasons (51.3%), while the most indications from the health facility factor were the availability of obstetricians (100%), cesarean sections (75%) and ultrasound (20.83%). Most of the referred respondents did not have a history of pregnancy illness or complication (52.63%), which is less in line with BPJS Health rules. However, there are other indications for referral such as old age pregnancy >35 years; because at this age the mother is prone to premature rupture of membranes, hypertension, prolonged partus, obstructed partus, and post-partum hemorrhage (Rusadi et al., 2019). Hardina and Idris' study obtained results related to the behavior of medical staff in referring ANC patients to the hospital; that the referral rate was indeed high for ANC cases with serious indications and patients with high risk. The study found that the primary health center had indeed made referrals according to the existing referral requirements, procedures and criteria (Hardina & Idris, 2022). Astutik and Rusdianawati's research found that of the 38 patients referred to the FKRTL there were still 13 referrals (34.2%) that were not appropriate (Astutik & Rusdianawati, 2017).

Some of the factors that may be the cause of inappropriate ANC referrals in this study are health service facility factors, maternal mortality factors, and geographical conditions (Pricilia et al., 2022; Sulastri et al., 2023). In the health service facility factor, there is no special training for general practitioners at FKTP related to the application and reading of ultrasound, so that for this examination patients need to be referred to FKRTL. Previous research at 20 Primary Health Center in Bandung Regency showed a significant increase in the average ANC visits per month with ultrasound equipment and trained personnel compared to those without (Rahuyu, 2022). In addition, the most important thing about the availability of ultrasound equipment and trained personnel is for information on the condition of the fetus and early detection of pregnancy complications for the mother and her family, which is 2.25 times higher than the detection rate at primary health center without ultrasound (Ayu Indah Rachmawati, Ratna Dewi Puspitasari, 2017; Pricilia et al., 2022; Sulastri et al., 2023). Thus, appropriate and directed referrals will be achieved thus improving the effectiveness and quality of services. As reported in an article by the Indonesian Ministry of Health, 66.7% of primary health center or 6,886 primary health center have ultrasound equipment, but general practitioner training has only been fulfilled in 42% of primary health center or 4,392 primary health center (Kemenkes RI, 2023). Meanwhile, based on the author's observations in Southwest Sumba, there are only 4 general practitioners at FKTP who have conducted training and have Basic Obstetric Ultrasound training certificates, and that only represents 4 FKTPs out of a total of 17 FKTPs in Southwest Sumba, so referral cases for ultrasound services are still high.

The MMR factor is known to be one of the main factors, considering that East Nusa Tenggara Province is the third largest contributor to MMR in 2020, namely 316 maternal deaths per 100,000 live births (Badan Pusat Statistik, 2023). However, according to the official website of the Southwest Sumba Regency Government, it is stated that in 2021 there were 14 cases of maternal death in Southwest Sumba (Kominfo Tambolaka, 2022). Due to the high MMR, ANC referrals are also high due to the increased vigilance of doctors at FKTP and the need for further evaluation by obstetrician in an effort to reduce MMR (Astutik & Rusdianawati, 2017; Hardina & Idris, 2022; Rusadi et al., 2019). MMR factors will also affect other factors such as maternal or family factors, maternal or family factors can include the level of knowledge, attitudes, beliefs, community support, and prevailing values or norms. Maternal experience affects the appropriateness of

referral because the more experience the mother has, the higher the level of concern about her pregnancy. In addition, mothers with poor pregnancy experience (e.g. abortion) will tend to be more careful and aware of the need to seek or choose a more complete health facility (Hardina & Idris, 2022; Rusadi et al., 2019). A systematic review by Kolantung et al. involving 639 pregnant women respondents, found that the level of maternal knowledge about pregnancy danger signs and complications in previous pregnancies was associated with adherence to ANC visits. It is known that the level of maternal knowledge and concern about her pregnancy will increase maternal vigilance, so that pregnant women will become more routine ANC and more critical in choosing a place to check (Kolantung et al., 2021). Similar significant results were also found in studies at Ciparay Primary Health Center, Kenten Laut Banyuasin Primary Health Center, and Kota Ruteng Primary Health Center, which found that with a good level of knowledge reaching 90%, most ANC visits could meet the target of 51% (Hariani & Syafriani, 2021; Rahuyu, 2022; Senudin & Lembu, 2016).

In terms of geographical factors, Southwest Sumba Regency has an area of 1445.32 km^2, with the distance of each sub-district to the district capital being quite far reaching 50.2 km. The population reached 305,689 people in 2021. There are two hospitals in this area located in Tambolaka City, namely Reda Bolo Hospital and Karitas Hospital Weetabula Southwest Sumba (Badan Pusat Statistik Kabupaten Sumba Barat Daya, 2022). The number of obstetricians in NTT is also lacking, with the ratio of specialists including obstetricians in NTT to the total population being 1:56,248 in 2017. Meanwhile, based on the national target for 2011-2025, the standard ratio should be 2.8:10,000 population; therefore, additional specialists including obstetricians are still needed (Dinas Kesehatan Nusa Tenggara Timur, 2019). Based on these conditions, the quantity of referrals increases, affecting the distribution of referrals.

The study still has several limitations, one of which is related to time and location, the study was only conducted in the period March-June 2023 and focused on the Obstetrics and Gynecology Poly of Reda Bolo Hospital Southwest Sumba. This limitation may affect the generalization of the study results to a wider population and different locations. This study used secondary data from patient medical records. The quality of the data and the accuracy of the information in medical records can affect the results of the study. This study uses a total sampling technique, which can affect the representation of data and research results. Researchers suggest that further research with a longitudinal study design will provide deeper insights into changes in ANC referral patterns over time, and the factors that influence them. Research with primary data collection through interviews or questionnaires with patients and medical personnel will provide more detailed information about perceptions, knowledge, and reasons related to ANC referral discrepancies. Future research is expected to identify factors that contribute to ANC referral discrepancies, such as maternal knowledge, perceptions of health services, socioeconomic factors, and institutional factors. Research on the impact of referral quantity on the quality of care is also needed. It is also important to analyze the future impact of referral mismatches on maternal and infant health, as well as the implications for the cost and effectiveness of health services.

CONCLUSION

Research conducted at the Obstetrics and Gynecology Poly of Reda Bolo Hospital, Southwest Sumba in the period March-June 2023 related to the description of the discrepancy of Antenatal Care (ANC) referrals for BPJS Health participants, found that there were still a number of patients who experienced referral discrepancies. Although most patients had undergone ANC visits in accordance with BPJS Health Policy, around 15% of referral patients had a frequency of ANC visits that did not comply with existing regulations.

From the results of this study, it was also found that the incidence of complications in previous and current pregnancies was relatively high. This result data provides an accurate picture of practical clinical benefits in the field experienced by patients, especially at Reda Bolo Hospital,

Southwest Sumba. Apart from that, theoretically, this research gives a mandate to health workers to pay close attention during pregnancy because there are still high levels of complications in pregnant women.

This study has not discussed and statistically analyzed the triggering factors that cause discrepancies in ANC referrals based on BPJS Health. Besides that, a personal approach through structured and in-depth interviews with patients is essential to assess these factors. The research focusing on exploring the factors that influence referral discrepancies with analytical study or qualitative approach research is needed.

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