

The Effect Of New Habits Adaptation Policies Times Covid-19 On The Utilization Of Antenatal Care Services For Pregnant Mothers In Trimester III In Public Health Bandar Baru, Pidie Jaya Regency

Fitriani¹, Halum Maisarah², Rahmi³

^{1,2,3}Department of Midwifery , Polytechnic Ministry of Health Aceh, Soekarno-Hatta Street Integrated Campus of Aceh Health Polytechnic, big Aceh district, 23352, Indonesia

ARTICLE INFO

Article history:

Received Nov 16, 2022

Revised Nov 23, 2022

Accepted Dec 14, 2022

Keywords:

Policies
Covid-19 period
Antenatal care services

ABSTRACT

The COVID-19 pandemic has an impact on all sectors including Antenatal care and coverage of pregnancy services have decreased compared to before the Covid-19 pandemic. Data Bandar Baru Health Center in 2021 K1 visits as many as 303 people (60%) and K4 visits were 221 people (44%) with a visit target of 90%. Research Objectives: To determine the effect of new habit adaptation policies the Covid-19 period on the use of antenatal care services for pregnant women third trimester at Bandar Baru Health Center, Pidie Jaya Regency in 2022. Research Methods: Using analytic observational approach cross sectional. The research sample of third trimester pregnant women was 69 people, the study was conducted on 7-24 January 2022, data analysis using univariate and bivariate data using chi square statistical test. Research Results: Utilization of antenatal care services the incomplete category was 38 people (55.1%), the application of the new habit adaptation policy during the Covid-19 pandemic in the inappropriate category was 39 people (56.5%), so that there is an influence on the policy of adapting new habits during the Covid-19 pandemic on the use of antenatal care services with a P Value (0.001) Conclusions and Suggestions: There is an influence of the new habit adaptation policy of the future The Covid-19 pandemic on the use of antenatal care services. It is hoped that health workers can provide information regarding the adaptation of new habits during the Covid-19 period regarding standard procedures for antenatal care services.

This is an open access article under the [CC BY-NC](https://creativecommons.org/licenses/by-nc/4.0/) license.



Corresponding Author:

Fitriani,
Department of Midwifery ,
Polytechnic Ministry of Health Aceh,
Soekarno-Hatta Street Integrated Campus of Aceh Health Polytechnic, big Aceh district, 23352, Indonesia;
Email: fitriani@poltekkesaceh.ac.id

INTRODUCTION

WHO (World Health Organization), officially declared Covid-19 a pandemic on March 11, 2020. The death rate due to the Corona virus pandemic was 2,097,350 people in the world, with a total of

98,015,441 infected people in 100 countries.(Wenhong.Zhang, 2020), Covid-19 can infect anyone, but the effect will be more dangerous or even fatal if it attacks the elderly, pregnant women, smokers,sufferers of certain diseases such as asthma, pneumonia, tuberculosis and diabetes mellitus and cancer patients. Because this disease is easily transmitted also have a high risk of infecting medical personnel treating patients Covid-19.(Rusman, 2020).

Research in India reported : During the first wave of the COVID-19 pandemic, pregnant women, most of whom belonged to poor and marginalised groups, were left with limited access to health centres and FLHWs. Respondents from the study areas of rural Jharkhand, Madhya Pradesh and Uttar Pradesh extensively reported concerns stemming from the lockdown that influenced their decision to access ANC services. These included anxieties around meeting their families' daily needs due to a loss of livelihood (in particular, abject food insecurity), inability to access healthcare, and a sense of mistrust in public health systems and functionaries. (Bankar & Ghosh, 2022).

The new coronavirus belongs to the beta genus of coronavirus it has envelopes, round or oval, but is usually polymorphic. its diameter is 60-140 nm the world health organization (WHO) named is SARS-CoV-2. SARS Corona virus appeared in 2003 originating in guangdong, middle east respiratory syndrome (Mers) coronavirus appeared in 2012, originating in the middle east and covid -19 emerged in 2019, originnaly found in wuhan china.(Jie-Ming Qu, Bin Cao, 2020)

The COVID-19 pandemic has an impact on all sectors including services antenatal care. During the Covid-19 pandemic, service coverage pregnancy (antenatal care) has decreased compared to before Covid-19 pandemic, so as to improve the quality of pregnancy services and prevent the transmission of Covid-19, a habitual adaptation policy is heldnew to the Covid-19 period while still following health protocols.(Anggraini, n.d.).

Several factors influence compliance antenatal visits to pregnant women, namely age, education, income, distance, and knowledge, where the mother owns good knowledge about the benefits of antenatal care and the danger signs of pregnancy will have a positive attitude later influence the intention and behavior of the mother to carry out the examination.(Padila, 2017). During the Covid-19 pandemic, decreased coverage of antenatal care visits compared to before the Covid-19 pandemic. Coverage of health services for pregnant women (K1) 87.3%, while the service coverage for pregnant women (K4) is 80% with visit target of 90% (RI, 2020), this figure is decreasing when compared to last year 2019 by K1 98% and K4 by 90.7% with a decrease in K1 by 10.7% and K4 by 8%. (Kemenkes RI, 2020) Covid-19 Prevalence in Aceh Province in April 2021 confirmed cases of Covid-19 are 9,053 people, under treatment as many as 982 people, 7,700 people recovered and 371 people died. Data from the Aceh Provincial Health Office in 2019, service coverage health of pregnant women (K1) 94%, while the service coverage for pregnant women (K4) by 82%.⁵ (pidie Jaya, 2021) Data obtained from the Health Office of Pidie Jaya Regency in 2020 the number of pregnant women is 3,614 people. Coverage of K1 visits as many as 2,016 people (56%) and K4 visits as many as 1,675 people (46%) with a target of 90%. The lowest coverage of K1 and K4 is in Public health center Bandar Baru K1 60% and K4 44% .(pidie Jaya, 2021) Data from the Bandar Baru Health Center in Pidie Jaya Regency for the January period Until September 2021 the number of pregnant women is 502 people. Visit K1 as many as 303 people (60%) and K4 visits as many as 221 people (44%) with a target visit of 90%.

This figure has decreased compared to last year 2020 K1 by 56.8% and K4 by 38.3% with a decrease in K1 by 3.2% and K4 by 5.7%. Low coverage of K1 and K4 This is because pregnant women are afraid to do antenatal checkups care because a Covid-19 detection (rapid test) will be carried out, so if the result is positive, the mother will be self-isolated and will be shunned by community, besides that because mothers are afraid of contracting Covid-19 while doing antenatal care check. Before the Covid-19 pandemic the number The average number of visits by pregnant women to the Public Health services everyday is 8-10 people, but during the Covid-19 pandemic it decreased to 1 person per day and a maximum of only 4 people but sometimes there is not even one mother pregnancy is coming. During the Covid-19 pandemic, maternity services carried out by

following health protocols with patients and staff health wash hands, wear masks, but don't keep your distance for doing a pregnancy test Antenatal care. (Baru, 2021).

A study aimed to evaluate the MCH-HB's implementation status based on the RE-AIM framework (Reach, Effectiveness, Adoption, Implementation, Maintenance), and identify facilitators of, and barriers to its implementation in Angola, results: A total of 88 health facilities and 216 health workers were surveyed to evaluate the implementation status, 50 health facilities (56.8%). The target was achieved by more health facilities in urban than rural areas (urban 68.4%, rural 53.6%) and by more health facilities of higher facility types (hospital 83.3%, health center 59.3%, health post 52.7%). Through the interview data's analysis, facilitators of and barriers to MCH-HB were comprehensively demonstrated. MCH-HB's content advantage was the most widely recognized facilitator and inadequate training for health workers was the most widely recognized barrier. (Aoki et al., 2022).

Antenatal care at least 6 times during the period pregnancy during the pandemic, namely 2 times in the first trimester where 1 time examination is carried out by a doctor to screen the mother's health completely, 1 time in the second trimester and 3 times in the third trimester where 1 time examination by a doctor for the detection of pregnancy complications or preparation referral for delivery if needed. The implementation and place of antenatal care are as follows: The implementers of the activity are medical personnel namely general practitioners and specialists and paramedics, namely: midwives, nurses who have received training. Places of service can be carried out in community health centers, integrated service posts Midwives independent practice, village maternity huts, Maternity hospital and general hospital. (Walyani, 2021).

The results of research conducted regarding the analysis of implementation of antenatal care during the Covid-19 pandemic, the results Research shows that antenatal care services during a pandemic Covid-19 has been carried out by changing methods such as minimal service 6 times during pregnancy, pregnant women's class activities are changed to visits home by the midwife to guide pregnant women in studying books Maternal and Child health, checks fetal movements and counts them. (Mugiati, 2021) The results of this study also supported by research (Hety, 2021) about efforts to improving the health status of pregnant women through integrated antenatal care In the new normal period at the Mojoseri Health Center, Mojokerto Regency, the results Research shows that antenatal care checks at the Public health center Mojoseri has implemented a health protocol that is in accordance with the rules which has been set in the new normal. (Ariestanti, 2020) Based on the background above, then the formulation of the problem in this study is "How is the influence of adaptation policy" New habits during the Covid-19 period on the use of antenatal services care for pregnant women in the third trimester at the Bandar Baru Public Health Center, Pidie Regency Jaya in 2022?".

RESEARCH METHOD

This type of research is analytic using the approach Cross-sectional, that is, each research subject is only observed once and variable measurements are carried out during the examination, to find out the relationship between the dependent variable and the independent variable. (Sugiyono, 2018) . Independent Variable is Guidelines or regulation Government Republic of Indonesia during the time related pandemic with service antenatal care during time habit adaptation new period of Covid 19 covers 10T service, inspection service at Health Center and reference, with measurement results - Appropriate, if $x \geq 7.5$ - It is not by, if $x < 7.5$.

Dependent Variable is utilization service antenatal care for Covid-19 times: Completeness of mother check-up pregnant during the pandemic that is at least 6 times during time pregnancy during the pandemic that is 2 times in the first trimester where is a 1-time inspection performed by a doctor for health screening full mother, 1 time in trimester II and 3 times on Where is the third trimester? 1-time check by a doctor for complication detection pregnancy or referral preparation delivery if needed, with Measurement result Complete, if on- first trimester (2 times, 1 time by

doctor and 1 time by midwife), Trimester II (1 time by midwife), Trimester III (3 .).times, 2 times by midwife and 1 time by a doctor) Incomplete, if it is not by standard Ante Natal Care service during the time of Covid-19.

Research Hypothesis is there is an effect of the policy of adapting new habits during the Covid-19 period on the utilization of antenatal care services in third-trimester pregnant women in Bandar Baru Community Health Center, Pidie Jaya Regency in 2022. Research Time and Place This research was conducted at the Bandar Baru Public Health Center, Pidie Jaya Regency, on 7-24 January 2022.

The samples taken in this study were pregnant women third trimester who visited the Bandar Baru Public Health Center, Pidie Regency Jaya in 2021. To calculate the minimum sample size using slovin's formula, So the number of samples in this study was 69 people. The data collection technique in this research is to share a questionnaire to find out the policy of adapting the new habits of the future of Covid-19 and look at the Maternal and Child Health book to see the completeness of the antenatal care. The research was conducted at the public health center. while waiting for pregnant women in the second trimester who come to visit the In Public Health , the research will also done by visiting houses if there is not enough in the public health center.(Notoatmodjo, 2018).

Research Instruments using a questionnaire divided into 3 parts, part A: demographic data of respondents including respondent code, research date, age, education, occupation, and gestational age, part B: service utilization antenatal care, said to be complete if according to gestational age and not complete if not appropriate for gestational age, part C is a statement in the form of a Gutman scale (the scale is firm and consistent with giving yes and no answers, positive and negative, agree and disagree, right and wrong). Score true is worth 1 and if wrong the value is 0).(Hidayat, 2014)

RESULTS AND DISCUSSIONS

Based on the results of the research conducted, the following results were obtained:

a. Characteristics of Respondents

Table 1. Characteristics of Respondents

No.	Characteristic	F	%
1.	Mother's Age		
	a. <20 years	6	8,7
	b. 30 Years	48	69,6
	c. > 35 years	15	21,7
	Amount	69	100
2	Education		
	a. Base	6	8,7
	b. Intermediate	43	69,6
	c. Higher	20	21,7
	Amount	69	100
3.	Work		
	a. Working	20	29
	b. Doesn't work	49	71
	Amount	69	100
4.	Gestational Age		
	a. 28-32 weeks	11	15,9
	b. >32 weeks	58	84,1
	Amount	69	100

Source: Primary Data (Processed in 2022)

Based on table 1 the characteristics of the respondents can be seen from 69 respondents aged 20-35 years as many as 48 respondents (69.6%), 43 people (69.6%) have secondary education, not working as many as 49 respondents (71%) and gestational age >32 weeks as many as 58 respondents (84.1%).

b. Univariate Analysis

Table 2. Frequency Distribution of Antenatal Care Completes at the Bandar Baru Community Health Center, Pidie Jaya Regency 2022

No.	Service Utilization antenatal care	F	%
1	Complete	31	44,9
2	Incomplete	38	55,1
	Amount	69	100

Source: Primary Data (Processed in 2022)

Based on the 69 respondents, the majority are in the category not complete in the use of antenatal care as many as 38 people (55.1%).

Table 3. Frequency Distribution of the New Habit Adaptation Policy during the Covid-19 Period at the Bandar Baru Public Health Center, Pidie Jaya Regency in 2022

No.	Adaptation policy new habit Covid-19	F	%
1	Appropriate	30	43,5
2	Not suitable	39	56,5
	Amount	69	100

Source: Primary Data (Processed in 2022)

Based on the 69 respondents, the majority are in the category 39 people (56.5%) did not comply with the policy on adapting new habits during the Covid 19 period.

c. Bivariate Analysis

Table 4. The Influence of New Habit Adaptation Policies During the Covid-19 Period On the Use of Antenatal Care Services at the Bandar Baru Community Health Center, Pidie Jaya Regency 2022.

No.	Policy Habit new Covid-19	Adaptation new time	Service Utilization Antenatal Care				Amount	p Value	
			Complete		Incomplete				
			f	%	f	%			
1	Appropriate		21	70	9	30	30	100	0,001
2	Not suitable		10	25,6	29	74,4	39	100	
	Amount		31	44,9	38	55,1	69		

Source: Primary Data (Processed in 2022)

Based on table 4 shows that of 69 respondents there are 39 utilizing antenatal care services based on policy adaptation of new habits during the Covid-19 period in the inappropriate category and incomplete as many as 29 respondents (74.4%) for antenatal care complete and not appropriate as many as 10 respondents (25,6%). Based on test results using Chi-Square then it is known p-Value =0.001, then there is an effect of the new habit adaptation policy during the Covid-19 period on the use of antenatal care services. The results showed that of 69 respondents there are 39 utilizing antenatal care services based on policy adaptation of new habits during the Covid-19 period in the inappropriate category and incomplete as many as 29 respondents (74.4%) for antenatal care complete and not appropriate as many as 10 respondents (25,6%). Based on test results using Chi-

Square then it is known p -Value = 0.001, then there is an effect of the new habit adaptation policy during the Covid-19 period on the use of antenatal care services.

Utilization of Antenatal Care Services

The results showed that of the 69 respondents who utilization of antenatal care services in the incomplete category as many as 38 people (55.1%). The results of this study are in line with (Refiani, 2021), about the description of the behavior of pregnant women in carrying out antenatal care During the Covid-19 Pandemic at the Sidomulyo City Inpatient Health Center Pekan baru, the results of the study showed that the positive behavior of pregnant women towards antenatal care by 52.5% and negative by 47.5%. Because of that antenatal care services are an important way to monitor and support the health of normal pregnant women and detect mothers with abnormal pregnancy Antenatal care services during a pandemic are different antenatal care services before the pandemic, if there are complaints or signs of danger, assessment comprehensive according to standards with covid-19 vigilance can coordinate with neighborhood associations regarding the health status of mothers by categorizing: mothers with Close Contact status, mothers with Suspect Cases, and mothers with Confirmed Cases. (RI, 2020)

Research results in Brazil in a sample of pregnant women from a teaching hospital in Florianópolis Brazil during the COVID-19 pandemic, antenatal care was considered adequate for 35.8%, intermediate for 46.8%, and inadequate for 17.4%. The following variables were significantly associated with inadequate antenatal care: black or brown skin color (odds ratio [OR] 2.99 (95% confidence interval [CI] 1.49–6.00), difficulty in scheduling appointments (OR 2, 87 (CI 1.18– 6.99), and virtual consultations (OR 3.08- CI 1.28–7.40). The increase of at least 1 appointment in the total number of antenatal consultations increased the chance of adequate antenatal care by 34% (OR 0.66; 95% CI: 0.55–0.79), and each delay in one week before the beginning of antenatal follow-up increased the chance of inadequate prenatal care by 1.17 times (95% CI: 1.06–1.29). (Martin et al., 2022).

From the results of the study, it is known that many mothers Pregnant women who do not make antenatal care visits in the first trimester the first and second trimesters because the mother is not used to it policy system for antenatal care during the Covid-19 pandemic namely the existence of a rapid test examination for fear of a positive verdict for Covid-19 and carried out independent isolation and gave birth at the hospital, so pregnant women do not want to do pregnancy checks. but there is some pregnant women who do not do antenatal care because they do not get appropriate services, namely not all pregnant women a rapid test was carried out and not examined by doctor.

Ariani research aims to investigate the use of antenatal care (ANC) during the COVID-19 second wave and the factors that play a role in this situation. were performed to identify a significant relationship. 136 (39.5%) pregnant women did not use ANC services during the second wave of the COVID-19 outbreak. Husband's support, believing that pregnant women are not afraid of contracting COVID-19, easy access to transportation, ease of ANC fees, no lockdown policy, knowledge regarding COVID-19, COVID-19 information on social media, COVID-19 prevention protocols in health facilities were predictors of ANC utilization. This encourages the importance of prioritizing health services for pregnant women during the pandemic, overcoming the fear of contracting COVID-19 through maternal education, husband support, easy access to ANC, and improving the quality of ANC service facilities. (Ariani, 2022)

The Influence of the New Habit Adaptation Policy during the Covid-19 Period Against Utilization of Antenatal Care Services

The results of the research show that out of 69 respondents there are 39 utilizing antenatal care services based on policy adaptation of new habits during Covid-19 in the inappropriate category and incomplete as many as 29 respondents (74.4%) for antenatal care complete and inappropriate

as many as 10 respondents (25.6%). Based on test results using Chi Square, it is known that P-Value = 0.001, then there is an influence of the policy of adapting to new normal during the Covid 19 period on the utilization of antenatal care services.

Based on research this study aims to assess the impact of the COVID-19 pandemic on antenatal care utilization among pregnant women attending public facilities in Northeast Ethiopia. The bi-variable and multi-variable logistic regression models were employed to identify factors significantly associated with ANC utilization, which is a predictor of antenatal care utilization. Results: Overall, 114 (29.3%) pregnant women had fully utilized antenatal care services during the pandemic period. Mother age ≥ 35 years, secondary education and above, history of stillbirth before recent pregnancy, interruption and diversion of services due to COVID-19 response, fear of COVID-19, and lack of transport access were predictors of full antenatal care service utilization. (Almas et al., 2021).

Regarding the description of Mother's Behavior pregnant in conducting antenatal care during the Covid-19 Pandemic at Sidomulyo Inpatient Community Health Center, Pekanbaru City, mother's positive behavior pregnant against antenatal care by 52.5% and negative by 47.5%. (Refiani, 2021). The results of this study are following the theory which states that The Covid-19 pandemic has had an impact on all sectors including services antenatal health care. During the Covid-19 pandemic coverage Pregnancy services (antenatal care) decreased by 45% compared to before the Covid-19 pandemic, to improve quality of pregnancy services and preventing transmission of Covid-19 was held the policy of adapting to new habits during the Covid-19 period by continuing to follow health protocol. (Anggraini, 2021)

There is the influence of adaptation policies new habits during the Covid-19 pandemic toward service utilization antenatal care, that the policy adaptation to habits during the Covid-19 pandemic that did not tend to be appropriate incomplete use of antenatal care services due to due to the existence of a policy regarding the examination of risk factors carried out by doctors by implementing health protocols. (Masrul, 2020). Results in the field shows that some pregnant women during the examination did not done by doctors because there are no doctors in the public health center. The cause of incomplete antenatal care services because of the policy that pregnant women with risky deliveries and at risk of exposure to Covid-19 will be referred to a referral hospital, as front-line health professionals, primary care doctors play a significant role in screening SARS-CoV-2 infection and transferring suspected cases.

A web-based cross-sectional survey was conducted to assess the consistency and influencing factors of primary care doctor's role perception and expert advice in the guidelines. Conclusions: Primary care doctors' role perceptions in the COVID-19 pandemic are not always consistent with government guidelines in some aspects, such as transferring and diagnosing suspected cases. Therefore, it is essential to guide primary care doctors in performing their duties. (Yang et al., 2022)

The results of the study also showed that there were 9 pregnant women whose antenatal care visits are complete but do not meet standards namely 6 antenatal care visits and according to gestational age but the 2 visits were not carried out by a doctor but were carried out by the midwife, this is because when the mother is doing the examination there are no doctors at the community health center, so the antenatal care measures care is carried out by midwives. Apart from that, 11 pregnant women did not do it antenatal care visits in the first and second trimesters because the mother didn't want to do a rapid test because she was afraid positive verdict for Covid-19 and carried out independent isolation and gave birth in Hospital and there were 29 pregnant women who did not have an examination antenatal care because they did not receive appropriate services.

There are differences in the application of antenatal care service policies carried out at community health centers, namely that before the mother makes a visit face-to-face antenatal care, and anamnesis screening was carried out through communication media to look for risk factors for Covid-19 symptoms when this research was not carried out in The Bandar Baru community health

center has experienced the Covid-19 case decrease, so that pregnancy checks are carried out face-to-face and following health protocols.

Research about Effects of the COVID-19 pandemic on antenatal care utilisation in Kenya, including women's reports of COVID-19 related barriers to ANC. Results Women who delivered during COVID-19 had significantly higher odds of delayed ANC initiation (ie, beginning ANC during the second vs first trimester) than women who delivered before (aOR 1.72, 95% CI 1.24 to 2.37), although no significant differences were detected in the odds of attending 4–7 or ≥ 8 ANC visits versus < 4 ANC visits, respectively (aOR 1.12, 95% CI 0.86 to 1.44 and aOR 1.46, 95% CI 0.74 to 2.86). Nearly half ($n=255/540$; 47%) of women who delivered during COVID-19 reported that the pandemic affected their ability to access ANC. (Landrian et al., 2022).

Analyse routinely collected health data on all women giving birth at Monash Health, (Australia), we assessed the impact of telehealth integration into antenatal care from March 23, 2020, across low-risk and high-risk care models. Findings: Between Jan 1, 2018, and March 22, 2020, 20031 women gave birth at Monash Health during the conventional care period and 2292 women gave birth during the telehealth integrated care period. Of 20154 antenatal consultations provided in the integrated care period, 10731 (53%) were delivered via telehealth. Overall, compared with the conventional care period, no significant differences were identified in the integrated care period. (Palmer et al., 2021).

Systematic review was to identify the role of telehealth services in preventing, diagnosing, treating, and controlling diseases during COVID-19 outbreak. Conclusions: The use of telehealth improves the provision of health services. Therefore, telehealth should be an important tool in caring services while keeping patients and health providers safe during COVID-19 outbreak. Keywords: Telehealth, Telemedicine, Coronavirus, COVID-19, Outbreaks. (Monaghesh & Hajizadeh, 2020)

A systematic review and meta-analysis of studies of the effects of the pandemic on provision of, access to and attendance at maternity services. with PRISMA guidelines from January 1st, 2020 to April 17th 2021, findings: Of 4743 citations identified, 56 were included in the systematic review, and 21 in the meta-analysis. identified a significant decrease in the number of antenatal clinic visits (IRR 0.614, 95% CI 0.4860776, $P < 0.0001$, $I^2 = 54.6\%$) and unscheduled care visits (IRR 0.741, 95% CI 0.6020911, $P = 0.0046$, $I^2 = 0\%$) per week, and an increase in virtual or remote antenatal care (IRR 1.4656 95% CI 1.77622794, $P < 0.00001$, $I^2 = 90.6\%$). (Townsend et al., 2021). Considering that the antenatal care policy guidelines during the Covid-19 pandemic are still a reference in the current implementation of ante-natal care services, it is possible to develop further studies on this research topic in the future.

CONCLUSION

After researching 69 respondents, it can be concluded that Most of the use of antenatal care services is in the no category complete as many as 38 people (55.1%), in most of the policies for adopting new habits during the Covid-19 period, the category does not fit as many as 39 people (56.5%), the policy of adopting new habits during the Covid-19 period affects the utilization of antenatal care services with a P-Value (of 0.001).

ACKNOWLEDGEMENTS

Thanks are dedicated to: Head of the Bandar Baru community health center, Pidie Jaya district, all respondents who have participated in this study and to all parties who helped so that this research could be carried out.

References

Almas, Afsheen, S., Memon, S. A., & Avesi, K. (2021). Antenatal care service utilization of pregnant women

Fitriani, The Effect Of New Habits Adaptation Policies Times Covid-19 On The Utilization Of Antenatal Care Services For Pregnant Mothers In Trimester III In Public Health Bandar Baru, Pidie Jaya Regency

- attending antenatal care in public hospital during the COVID-19 pandemic period. *Medical Forum Monthly*, 32(9), 83-87.
- Anggraini. (2021). *Adaptasi Kebiasaan Baru dalam Kebidanan di Era Pandemi Covid-19*. Yayasan Kita Menulis.
- Aoki, A., Mochida, K., Kuramata, M., Sadamori, T., Bhandari, A. K. C., Freitas, H. R., da Cunha, J. D., Francisco, K. R., Sapalalo, P., Tchicondingosse, L., Balogun, O. O., Aiga, H., & Takehara, K. (2022). The RE-AIM framework-based evaluation of the implementation of the Maternal and Child Health Handbook program in Angola: a mixed methods study. *BMC Health Services Research*, 22(1), 1-11. <https://doi.org/10.1186/s12913-022-08454-9>
- Ariani, N. (2022). Antenatal care services utilization during COVID-19 second wave attack in Pasuruan, Indonesia. *Journal of Medicine and Life*, 15(1), 7-14. <https://doi.org/10.25122/jml-2021-0238>
- Ariestanti. (2020). Determinan Ibu Hamil Melakukan Pemeriksaan Kehamilan Pada Masa Pandemi Covid-19. In *Jurnal Kebidanan*. Volume 2 (6): Vol. Volume 2
- Bankar, S., & Ghosh, D. (2022). Accessing Antenatal Care (ANC) services during the COVID-19 first wave: insights into decision-making in rural India. *Reproductive Health*, 19(1), 1-11. <https://doi.org/10.1186/s12978-022-01446-2>
- Baru, P. B. (2021). *Jumlah Ibu Hamil dan Cakupan K1 dan K4*.
- Hety. (2021). Upaya Peningkatan Status Kesehatan Ibu Hamil Melalui ANC Terpadu di Masa New Normal di Puskesmas Mojosari Kecamatan Mojokerto. *Pengabdian Masyarakat*, Volume 3 (, 112-121.
- Hidayat. (2014). *Metode Penelitian Kebidanan dan Teknik Analisa Data*. Salemba Medika.
- Jie-Ming Qu, Bin Cao, R.-C. C. (2020). *COVID-19: The Essentials of Prevention and Treatment*. Shanghai Jiaotong University Press publish by elsivier.
- Kemendes RI. (2020). *Profil Kesehatan Indonesia*.
- Landrian, A., Mboya, J., Golub, G., Moucheraud, C., Kepha, S., & Sudhinaraset, M. (2022). Effects of the COVID-19 pandemic on antenatal care utilisation in Kenya: A cross-sectional study. *BMJ Open*, 12(4), 1-8. <https://doi.org/10.1136/bmjopen-2021-060185>
- Martin, M. M., Knobel, R., Nandi, V., Pereira, J. G., Trapani Junior, A., & Andreucci, C. B. (2022). Adequacy of Antenatal Care during the COVID-19 Pandemic: Observational Study with Postpartum Women. *Revista Brasileira de Ginecologia e Obstetricia*, 44(4), 398-408. <https://doi.org/10.1055/s-0041-1741450>
- Masrul. (2020). *Pandemik COVID-19 Persoalan dan Refleksi di Indonesia*.
- Monaghesh, E., & Hajizadeh, A. (2020). The role of telehealth during COVID-19 outbreak: A systematic review based on current evidence. *BMC Public Health*, 20(1), 1-9. <https://doi.org/10.1186/s12889-020-09301-4>
- Mugiati. (2021). *Analisis Pelaksanaan Pelayanan Antenatal Care Pada Masa Pandemi Covid-19 di Puskesmas Way Kandis*. Volume 12, 147-155
- Notoatmodjo. (2018). *Metodologi Penelitian Kesehatan*. Rineka Cipta.
- Padila. (2017). *Buku Ajar Keperawatan Maternitas*. Nuha Medika.
- Palmer, K. R., Tanner, M., Davies-Tuck, M., Rindt, A., Papacostas, K., Giles, M. L., Brown, K., Diamandis, H., Fradkin, R., Stewart, A. E., Rolnik, D. L., Stripp, A., Wallace, E. M., Mol, B. W., & Hodges, R. J. (2021). Widespread implementation of a low-cost telehealth service in the delivery of antenatal care during the COVID-19 pandemic: an interrupted time-series analysis. *The Lancet*, 398(10294), 41-52. [https://doi.org/10.1016/S0140-6736\(21\)00668-1](https://doi.org/10.1016/S0140-6736(21)00668-1)
- pidie Jaya, D. K. K. P. (2021). *Jumlah Ibu Hamil dan Cakupan K1 dan K4*.
- Refiani. (2021). Gambaran Perilaku Ibu Hamil dalam Melakukan Antenatal Care Saat Pandemi Covid-19 di Puskesmas Rawat Inap Sidomulyo Kota Pekanbaru. *Jurnal Penelitian Kebidanan*, Volume 3.
- RI, K. (2020). *Pedoman Pelayanan Antenatal Persalinan, Nifas dan Bayi Baru Lahir*.
- Rusman. (2020). *COVID-19 dan Psikososial Masyarakat di Masa Pandemi*. Elex Media.
- Sugiyono. (2018). *Metode Penelitian Kuantitatif dan kualitatif*.
- Townsend, R., Chmielewska, B., Barratt, I., Kalafat, E., van der Meulen, J., Gurol-Urganci, I., O'Brien, P., Morris, E., Draycott, T., Thangaratinam, S., Doare, K. Le, Ladhani, S., Dadelzen, P. von, Magee, L. A., & Khalil, A. (2021). Global changes in maternity care provision during the COVID-19 pandemic: A systematic review and meta-analysis. *EClinicalMedicine*, 37, 100947. <https://doi.org/10.1016/j.eclinm.2021.100947>
- Walyani. (2021). *Asuhan Kebidanan*. Yogyakarta: Andi Offset.
- Wenhong,Zhang. (2020). *Panduan Pencegahan dan Pengawasan COVID-19*.
- Yang, C., Yin, J., Liu, J., Liu, J., Chen, Q., Yang, H., Ni, Y., Li, B., Li, Y., Lin, J., Zhou, Z., & Li, Z. (2022). The roles of primary care doctors in the COVID-19 pandemic: consistency and influencing factors of doctor's perception and actions and nominal definitions. *BMC Health Services Research*, 22(1), 1-10.