JURNAL ILMU DAN TEKNOLOGI KESEHATAN
Vol 12, No 6, September 2024,
ISSN: 2338-9095 (Print)
ISSN: 2338-9109 (online)

Relationship Between Receiving Respectful Midwifery Care (RMC) and Satisfaction with Newborn Care Services

Munawaroh[1*], Heriza Syam[2]
[1]Universitas MH. Thamrin
[2]Poltekkes Kemenkes Jakarta III
Email : muna2880@yahoo.com

Article history
Posted, Jun 25th, 2024
Reviewed, Nov 1st, 2024
Received, Nov 14th, 2024

ABSTRACT
The midwife's positive attitude in providing midwifery services and fulfilling the patient's needs is felt as satisfaction by the patient. WHO introduced the framework of Respectful Midwifery Care (RMC) in 2014, which is dignified and respectful care to increase patient satisfaction. The objective is to determine the relationship between acceptance of Respectful Midwifery Care (RMC) and satisfaction with newborn care. The population of this research is postpartum 1-40 days mothers who go through a normal delivery process with a normal baby. The researcher used purposive sampling with 102 respondents—furthermore. The data analysis used univariate and bivariate. Bivariate analysis will use Chi-Square tests. The research results showed that the most respondents were 92.2% of reproductive age, 92.2% had higher education, and 58.8% were unemployed. The researcher obtained a P value of .001 and OR 11.071 based on statistical tests. In conclusion, there is a relationship between RMC and the quality of services for newborn babies; it was proven by the respondents who received RMC 11 times that they were more satisfied than respondents who did not receive RMC.
Keywords: *Respectful Midwifery Care (RMC); quality; newborn services*

ABSTRAK
Sikap positif bidan dalam memberikan pelayanan kebidanan dan dapat memenuhi kebutuhan serta keinginan pasien dirasakan sebagai kepuasan oleh pasien. WHO memperkenalkan kerangka kerja Respecfull Midwifery Care (RMC) pada tahun 2014 sebagai perawatan bermartabat dan terhormat untuk meningkatkan kepuasan pasien. Tujuannya untuk mengetahui hubungan penerimaan Respectful Midwifery Care (RMC) terhadap kepuasan asuhan bayi baru lahir. Populasi ibu nifas 1-40 hari yang melalui proses persalinan normal dengan bayi yang normal. Teknik pengambilan sampel non-probability sampling dengan cara

DOI: 10.32668/jitek.v12i1.1696 This ia an open-access under the CC-BY-SA License

purposive sampling. Dengan jumlah sampel 102 responden. Analisis data menggunakan univariat dan bivariat. Analisis bivariat akan menggunakan uji Chi-Square. Hasil penelitian didapatkan karakteristik responden mayoritas usia reproduksi 92.2%, pendidikan tinggi 92.2% dan mayoritas responden tidak bekerja 58.8%. berdasarkan uji statistik didapatkan P-value .001 dan OR 11.071 yang berarti ada hubungan antara RMC dengan kualitas pelayanan Bayi Baru Lahir (BBL) dan responden yang menerima RMC 11 kali lebih merasa puas dibandingkan dengan responden yang tidak menerima RMC. RMC dapat meningkatkan kepuasan pelayanan Bayi Baru Lahir dan dapat disosialisasikan dalam bentuk pelatihan kepada bidan untuk dapat meningkatkan kepuasan pasien.
Kata Kunci : *Respectful Midwifery Care (RMC); kualitas; pelayanan bayi baru lahir*

INTRODUCTION

The prevalence of births attended by healthcare professionals, particularly midwives, remains high in Indonesia compared to doctors. In 2023, 57.8% of births were attended by midwives. However, midwives are no longer the primary birth attendants in Jakarta, the capital city. Doctors attend most deliveries in Jakarta. According to the Central Bureau of Statistics data from 2021, 47.49% of births were assisted by midwives, which declined to 35.52% in 2022. Based on delivery location, 55.09% of births occurred in government or private hospitals, 23.75% in maternity homes/clinics, 15.39% in community health centers, and 3.77% in private healthcare (BPS, 2023b, 2023a).

The selection of midwives as birth attendants is related to patient satisfaction with the midwifery services provided. The quality of midwifery services is closely tied to the midwife's competence, which is associated with her professionalism. Midwives' professionalism plays an important role in the empowerment of women. Advances in knowledge and technology greatly impact the public's increasing demand for optimal, standard-compliant midwifery services for women (Astuti, 2017; Kementerian Kesehatan Republik Indonesia, 2020; Raraningrum et al., 2021).

Midwives are a key and strategic healthcare workforce in efforts to reduce the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR). In 2015, the Infant Mortality Rate (IMR) was 32 per 1,000 live births, which did not meet the MDGs target of 23 per 1,000 live births. Indonesia aims to reduce the IMR to 12 per 1,000 live births by 2030 as part of the Sustainable Development Goals (SDGs). In DKI Jakarta, the IMR in 2020 was 10.38 per 1,000 live births, and in East Jakarta, it was 11.17 per 1,000 live births. Reducing the IMR in Indonesia can be achieved by improving the quality of newborn healthcare services. This can be done by enhancing the care for low birth weight and premature infants, effectively managing complications, providing standardized antenatal care, and ensuring appropriate postnatal contact for mothers (Tarigan, Afifah and Simbolon, 2017; Kementerian Kesehatan Republik Indonesia, 2020; BPS, 2023c; Sampurna et al., 2023).

Satisfaction with Newborn Care (NBC) is related to the quality of care the patient receives. Although newborn care for umbilical cord cutting has been performed well, mothers have not received adequate

DOI: 10.32668/jitek.v12i1.1696

information on proper umbilical cord care. Early Initiation of Breastfeeding (EIB) has been implemented but not always correctly. The administration of the first dose of Vitamin K1 injection and Hepatitis B immunization has been done appropriately, and eye ointment has been given as well; however, there has been a lack of education on the purpose of the eye ointment. Additionally, counseling on neonatal care and exclusive breastfeeding has not been fully effective (Rohana, Sriatmi and Budiyanti, 2020)

Midwives have not consistently applied newborn care practices regarding delayed umbilical cord cutting. Research by Rosmadewi in 2019 showed that 63.4% of midwives did not delay cord-cutting, and 58.02% expressed unfavorable attitudes toward delayed cord-cutting. This affects the quality of newborn care (Rosmadewi and Mugiati, 2019).

Disrespectful and abusive treatment in newborn care in healthcare facilities is still common. Disrespectful treatment includes newborns being left unattended, separated from their mothers immediately after birth, transferred to other healthcare facilities without parental consent, early discharge that poses a risk to both mother and baby due to limited space, and discrimination against babies with congenital abnormalities or illness. These instances of neglect and disrespect are rarely reported, except when babies are held at the facility due to unpaid bills (World Health Organization, 2018).

The WHO introduced the Respectful Maternity Care (RMC) framework in 2014 as a standard for dignified and respectful care, emphasizing it as a basic human right for all women. RMC is a model of maternity care that prioritizes ethical, psychological, social, and cultural aspects. Its principles include respecting women's rights and dignity, providing clear and complete information, ensuring confidentiality and privacy, supporting psychological, social, and cultural needs, and prioritizing the well-being of both mother and baby (Organización Mundial de la Salud, 2015; Mita Meiliani, 2023).

Although the WHO introduced the RMC framework in 2014 to reduce the Infant Mortality Rate (IMR), and some countries have developed relevant questionnaires, no studies in Indonesia have applied the RMC approach. Indonesia has policies on newborn care that align with RMC, aiming to reduce IMR. Reducing IMR requires optimal newborn care quality that patients perceive as satisfactory. However, not all healthcare facilities have implemented these care policies. Therefore, further research is needed to examine the relationship between RMC implementation and patient satisfaction with newborn care (Organización Mundial de la Salud, 2015; Sheferaw, Mengesha and Wase, 2016; Taavoni, Goldani, and Gooran, 2018).

METHOD

This study uses a quantitative approach with a cross-sectional design. The population consists of postpartum mothers (1–40 days) who had normal deliveries, with both mother and baby in a healthy condition without complications or emergencies. The sample was selected using non-probability sampling, specifically purposive sampling. A total of 102 respondents were chosen from three

DOI: 10.32668/jitek.v12i1.1696

research sites. The research sites were independent midwife practices (TPMB) in the East Jakarta region. The study period was from March to May 2024.

The dependent variable in this study is Respectful Midwifery Care (RMC), which is divided into seven classifications: protection of women from physical harm/abuse, women's right to information, informed consent, and choice; confidentiality and privacy protection; treating women with dignity and respect; fair and non-discriminatory treatment; providing the best care based on needs; and ensuring women are never neglected or detained. The independent variable is satisfaction with Newborn Care (NBC), measured by five quality dimensions: reliability, responsiveness, assurance, empathy, and tangibility.

Questionnaires, consisting of the RMC and quality questionnaires, were used as the data collection tool. The RMC questionnaire was adapted from the RMC questionnaire developed in Iran, with 59 statements categorized under the seven RMC classifications. Validity testing was conducted using the Intraclass Correlation Coefficient (ICC), resulting in a score of 0.98, and reliability testing used Cronbach's Alpha coefficient, yielding a score of 0.93. From the 59 RMC statements, those relevant to newborn care were selected, resulting in 28 statements. Validity and reliability testing were then conducted on these 28 statements with 30 respondents. The results showed that 17 statements related to newborn care were valid and reliable. Additionally, 10 statements measuring quality were also found to be valid and reliable.

Both the RMC and satisfaction questionnaires were measured using a Likert scale. The Likert scale assessed respondents' opinions, attitudes, and perceptions regarding RMC and service satisfaction. Scores were assigned as follows: “always” scored 4, “often” scored 3, “sometimes” scored 2, and “never” scored 1(Sugiyono, 2023).

Data analysis was conducted using univariate and bivariate analyses with the chi-square test. If a 2x2 table had expected values of less than 5, Fisher's Exact Test was applied. The Continuity Correction test was used if no expected values were less than 5 in a 2x2 table. For tables larger than 2x2, Pearson’s Chi-Square test was applied.

RESULTS AND DISCUSSION

Table 1. Frequency Distribution of Respondent Characteristics

Variable	Frequency	%
Age		
Non-reproductive (<20 and >35 years)	8	7.8
Reproductive (20-35 years)	94	92.2
Education		
Elementary (Elementary-Middle School)	8	7.8
	94	92.2

DOI: 10.32668/jitek.v12i1.1696

Variable	Frequency	%
High (High School-higher education)		
Work		
Unemployment	60	58.8
Employment	42	41.2
Reception RMC		
Do not receive	36	35.3
Received	66	64.7
Satisfaction		
Not satisfied	19	18.6
Satisfied	83	81.4

The research results show that most respondents were of reproductive age, specifically between 20–35 years, accounting for 92.2%. Reproductive age is an ideal period for a woman to undergo healthy reproductive processes such as pregnancy and childbirth. Women in this age range are at a lower risk of complications like preeclampsia, premature birth, low birth weight, chromosomal abnormalities, congenital defects, and even neonatal death. In contrast, pregnancies in women under 20 years of age can lead to mortality or complications during pregnancy and childbirth, such as anemia, bleeding, miscarriage, and premature delivery due to underdeveloped reproductive organs. For women over 35, pregnancy risks are associated with declining immunity and other health conditions that increase the risk of mortality. Older mothers and those with multiple pregnancies also face higher risks during pregnancy and childbirth, including miscarriage, low birth weight, premature birth, and bleeding. Consequently, in this study, many women chose to reproduce within the reproductive age range (Astriana, 2017; Manuaba, 2018).

Research on reproductive age has indicated that women under 20 and over 35 are more likely to experience anemia and are at higher risk of delivery complications than those between 20–35 years. There is a significant relationship between maternal age and high-risk pregnancies. Women under 20 are at risk of anemia due to physical immaturity, while women over 35 are at increased risk of pregnancies with genetic abnormalities due to a decline in egg quality (Rangkuti and Harahap, 2020; Kurniatillah et al., 2023).

Regarding educational characteristics, most respondents had a higher education level, with 92.2% having completed high school or higher education. Indonesia's Law No. 23 of 2003 states that a person's level of education can support or influence their level of knowledge. Higher education correlates with greater understanding, as it enables women to absorb health information, including that related to pregnancy more readily. With knowledge, women can empower themselves in pregnancy, childbirth, and newborn care, enabling them to make informed choices

DOI: 10.32668/jitek.v12i1.1696

regarding healthcare options for pregnancy and newborn care.

Research conducted by Purborini and Rumaropean stated that the higher the level of education, the higher the readiness of pregnant women toward their health so that it will reduce the incidence of unwanted pregnancies. Other studies also stated that maternal education of at least high school can increase maternal compliance in carrying out pregnancy care (Fitriani, Handayani and Erika Lubis, 2019; Purborini and Rumaropen, 2023).

According to the characteristics of respondents based on occupation, 58.8% did not work. Work is an activity carried out to earn income/money. Mothers with higher education usually choose to work to earn money, but in contrast to the results of this study, the majority of mothers do not work, even though the majority of respondents have a high education.

A person's occupation can reflect a social level and influence the choice of midwifery services (Notoatmodjo, 2018). Respondents who did not work chose more quality midwifery services due to various factors, including high husbands' income, so mothers do not need to work to increase income. Work is related to the choice of place/birth attendant; mothers who work prefer a quality place of delivery compared to mothers who do not work. Another study stated that mothers who do not work prefer to get health services from non-health workers (Fitrianeti et al., 2018; Eka Juniarty, 2022).

Based on RMC acceptance, 64.7% of respondents accepted RMC services. Respondents' acceptance of RMC services is quite high due to the research conducted in urban areas. Midwives who provide services have been very exposed to RMC and applied to patients in providing midwifery services to improve the quality of midwifery services.

Mistreatment was less common among women who chose midwives for prenatal care in the community compared to doctors in the hospital. Midwives are ideally positioned to lead efforts to eliminate undignified and disrespectful treatment in perinatal care (Avery, 2023). Women who give birth in health facilities (not hospitals) are 5 times more likely to receive dignified care compared to women who give birth in public hospital (Bulto, Demissie and Tulu, 2020).

Reception of RMC is by the research conducted by Vasanthamani, et all. The research shows that RMC can improve the quality of service so it must be maintained. The quality of health services includes reducing maternal and newborn morbidity and mortality rates, as well as satisfaction felt by patients (Meena, Vasanthamani and Sumathi, 2021)

In contrast to research conducted by Bulto,et all, 2020, the service of RMC is only accepted by 35.8% of respondents. Based on the RMC category, 76.5% of women were protected from physical violence/mistreatment, and 89.2% received fair and discrimination-free care. Only 39.3% of women's rights to information, informed consent and preferences are protected (Bulto, Demissie, and Tulu, 2020).

DOI: 10.32668/jitek.v12i1.1696

Table 2. Frequency Distribution of Statements RMC

Statements	Answers							
	Always		Often		sometimes		Never	
	n	%	n	%	n	%	n	%
Midwives provide a comfortable and pleasant environment	95	93.1	7	6.9	0	0	0	0
The midwife facilitates the mother to ask questions if the mother does not understand	95	93.1	7	6.9	0	0	0	0
The midwife facilitates the companion/family to ask questions if the companion/family does not understand/understand	98	96.1	4	3.9	0	0	0	0
The midwife explains what the mother must do to care for her baby	96	94.1	6	5.9	0	0	0	0
A midwife explains danger signs in newborn babies	97	95.1	5	4.9	0	0	0	0
The midwife explains to the mother/family before carrying out any actions and practices	95	93.1	7	6.9	0	0	0	0
Midwives monitor the development of postpartum mothers and newborn babies regularly	88	86.3	12	11.8	2	2.0	0	0
The midwife explains to the mother what needs to be done in caring for the baby	95	93.1	6	5.9	1	1.0	0	0
The midwife provides the necessary explanations about how to breastfeed the baby	96	94.1	6	5.9	0	0	0	0
Midwives do not force mothers to breastfeed their babies	81	79.4	8	7.8	2	2.0	11	10.8
Midwives respect the beliefs of the mother/companion/family (culture, religion, etc.)	96	94.1	6	5.9	0	0	0	0
The midwife speaks to the mother in language that is easy to understand	96	94.1	6	5.9	0	0	0	0
Midwives do not discriminate against mothers because of ethnicity, race, economic situation etc. of other women being cared for	95	93.1	3	2.9	4	3.9	0	0

DOI: 10.32668/jitek.v12i1.1696

The midwife facilitates skin contact with the baby during the first hour of birth	98	96.1	4	3.9	0	0	0	0
Midwives facilitate mothers to breastfeed their babies for the first hour	95	93.1	7	6.9	0	0	0	0
Midwives quickly respond to the mother's needs if she needs help and information	91	89.2	10	9.8	1	1.0	0	0
Midwives do not have a policy of detaining mothers who do not pay	38	37.3	7	6.9	4	3.9	53	52.0

(Taavoni, Goldani and Gooran, 2018)

In the statement "midwives do not force mothers to breastfeed their babies," there were 10.8% of respondents answered "never," which means that there are still midwives who force mothers to breastfeed their babies. The study results show that midwives play a major role in the success of exclusive breastfeeding. The midwife's role begins during pregnancy by providing correct education and information about exclusive breastfeeding. The role of the midwife during childbirth is to facilitate IMD during the first hour. (Khumairoh and Maharani, 2021). In this case, the midwife's communication in conveying information plays a very important role because the mother will not feel coercion in breastfeeding her baby. The role of midwives in providing information about the benefits of IMD and exclusive breastfeeding is 88.9%, so this influences the perception of postpartum mothers that midwives do not provide information related to IMD which is not good at 58.9% (Siahaan and Panjaitan, 2020; Avan et al., 2023a)

In the statement "midwives do not have the policy to detain mothers who do not pay, 52.0% of respondents answered "never" which means that midwives have the policy to detain mothers who do not pay. At the research site, there has never been a history of detaining babies when they are unable to pay. Based on positive law (KUHPer), payment of maternity costs and the act of holding the baby as collateral is not permitted because the baby is not an object, so it cannot be used as collateral. Detention of babies is an undignified act and is not in accordance with human rights.

In the statement "midwives provide services on time, 2.9% of respondents answered "sometimes", which means that services were still found to be not on time based on patient expectations. The accuracy of service is in accordance with Mawarti's research which stated that 2.6% of health workers' accuracy was poor in treatment in the Neonatal Intensive Care Unit.

DOI: 10.32668/jitek.v12i1.1696

Table 3. Frequency Distribution of Patient Satisfaction Statements

Statements	Answer							
	Always		Often		Sometimes		Never	
	n	%	n	%	n	%	n	%
Midwives look good in serving patients	97	95.1	5	4.9	0	0	0	0
Every TPMB room is neat and clean.	93	91.2	8	7.8	1	1.0	0	0
Midwives provide services by patient needs.	97	95.1	4	3.9	1	1.0	0	0
Midwives provide services quickly.	93	91.2	8	7.8	1	1.0	0	0
Midwives provide services on time	80	78.4	19	18.6	3	2.9	0	0
The midwife provides a complete explanation of how to care for newborn babies	93	91.2	9	8.8	0	0	0	0
Midwives are ready to provide services according to client needs	97	95.1	5	4.9	0	0	0	0
Midwives have expertise in using assistive devices in the service process.	92	90.2	10	9.8	0	0	0	0
Midwives try to be punctual in delivering service.	89	87.3	12	11.8	1	1.0	0	0
Treatment costs are under the services received.	89	87.3	11	10.8	2	2.0	0	0

The satisfaction with Newborn Baby services was 81.4%. This is because the research location has prioritized the quality of midwifery services, especially Newborn Baby services. Satisfaction with Newborn Baby services is assessed using quality dimensions: Tangibles, empathy, responsiveness, reliability, and insurance.

The results of research on satisfaction with newborn services are still low. The results of research on midwife compliance in using the MTBM algorithm showed that 57.97% of respondents had good tangible, 57,97%~~,~~ were less responsive, 50.72% had good reliability, 72.46% had good assurance, 72.46% had good empathy, and 59.42% of midwives adhere to using the MTBM algorithm (Fitriyani, Sumarni and Ulfiana, 2019)

Moreover, satisfaction with Newborn Baby's services is in accordance with the research conducted by Bintang et al. that the five dimensions of quality are highly related to patient satisfaction in midwifery services.(Bintang et al., 2022). The satisfaction that patients can feel is the midwife's positive attitude in providing midwifery services. Midwives can fulfill the patient's needs and desires. Midwives with a positive attitude can provide patient satisfaction so that the patients will continue to choose their services in the next

DOI: 10.32668/jitek.v12i1.1696

service. In addition, the midwife's communication and experience also greatly influence the selection of a midwife as a provider of midwifery services. This research shows midwives' attitudes, communication, and expertise can increase patient satisfaction. Continuous care by midwives during pregnancy, delivery and after delivery can increase satisfaction with midwifery services (Nurrochmi, 2014; Forster et al., 2016).

Table 4. Distribution of Respondents Based on RMC and Satisfaction with Newborn Services

RMC Acceptance	Satisfaction				OR (95% CI)	P-value
	Not Satisfaction		Satisfaction			
	n	%	n	%		
Do not receive	15	41.7	21	58.3	11.071	.001
Received	4	6.1	62	93.9		

Based on the results of the bivariate test, it is obtained that P-value .001 and OR 11.071, it can be concluded that there is a relationship between RMC and satisfaction with Born Baby services. In conclusion, the acceptance of RMC will improve the quality of New Born Baby services 11 times more satisfied compared to those who do not receive RMC

One of the goals of RMC is to improve the quality of health services and prevent bad and disrespectful treatment of women in midwifery services as a means of reducing maternal and newborn morbidity and mortality and fulfilling patient rights. Patients who receive RMC services will be able to feel satisfaction with the health services they receive. In addition, acceptance of RMC can prevent bad and disrespectful treatment during service, which can also be felt by patients as satisfaction with the service (Mita Meiliani, 2023)

The implementation of RMC prioritizes the fulfillment of women's rights in midwifery care as stated in the International Confederation of Midwives and the Midwifery Law, which states that women have the right to be respected as human beings, have the right to the safety of their bodies, be free from discrimination, have the right to receive the latest information and actively participate in decision making and have their confidentiality maintained. Women's rights are also under the philosophy of midwifery care: providing security to clients, paying attention to client satisfaction, respecting human dignity, respecting cultural and ethnic differences, centered on the family context, and oriented towards health promotion (Mita Meiliani, 2023)

The implementation of RMC is being studied in research conducted by Wilhelmova. She stated that respectful care, support from health workers, communication with partners, involvement of women in decision-making, and respect for women's choices are determining factors for satisfaction with midwifery care. (Wilhelmová et al., 2022) in addition,

DOI: 10.32668/jitek.v12i1.1696

stakeholders are also responsible for strengthening respectful midwifery care practices with training, developing guidelines as well as reporting and tracking respectful midwifery care practices (Yismaw, Teklu and Panduragman, 2022)

In other words, RMC is an intervention to change the behavior of health workers (midwives) that can complement, not replace, an existing and well-functioning health service system to improve quality services; further research is still needed to explore the effectiveness of interventions from the perspective of midwifery service recipients (Avan et al., 2023b).Psychosocial aspects are determinants of maternal satisfaction with perinatal care. Other satisfaction factors include maternal expectation, maternal involvement in decision-making about her condition, and other factors such as the place of delivery and the way labor is managed, as well as socio-demographics that are different for each woman with different needs. These factors are included in RMC services (Wilhelmová et al., 2022)

CONCLUSION

The characteristics of respondents based on age were mainly in the reproductive range (20-35 years old), highly educated (high school-college), and mostly unemployed (housewife). The majority of respondents received Respectful Midwifery Care (RMC) services and were satisfied with the quality of newborn care. There is an effect of receiving Respectful Midwifery Care (RMC) on patient satisfaction.

For midwifery services, is it expected to provide Respectful Midwifery Care (RMC) services related to not discriminating against clients based on ethnicity, race, and economic, not having a policy to hold clients who cannot afford to pay? As for the quality of newborn care related to timely services and the cost of care under the services received by the clients

Further researchers should conduct a comprehensive study on Respectful Midwifery Care (RMC) in pregnancy and childbirth with a large sample size and consider using a qualitative or mixed-method research design.

ACKNOWLEDGEMENTS

My deepest gratitude goes to :
Klinik Cikal Mulia
TPMB Ami Amalia, S.Tr.Keb
TPMB Aisyah, S.Tr.Keb
Who has given me permission and opportunity to collect research data.

REFERENCES

Astriana, W. (2017) ‘Kejadian Anemia Pada Ibu Hamil di Tinjau dari Paritas dan Usia’, Jurnal Ilmu Kesehatan, 2.

Astuti, S. (2017) Asuhan Ibu dalam Masa Kehamilan. Erlangga.

Avan, B.I. et al. (2023a) ‘Promoting Supportive and Respectful Maternity Care in Public Health Facilities in Sindh, Pakistan: A Theory-Informed Health System Intervention’, Global Health Science and Practice, 11(3), pp. 1–14. Available at: https://doi.org/10.9745/GHSP-D-22-00513.

Avan, B.I. et al. (2023b) ‘Understanding the Mechanisms of Change in the Supportive and Respectful Maternity Care Intervention in Sindh, Pakistan:

Provider Perspectives', Global Health: Science and Practice, 11(6), pp. 1–12. Available at: https://doi.org/10.9745/ghsp-d-23-00216.

Avery, M.D. (2023) 'Respectful Care for All : A Midwifery Practice and Policy Imperative', pp. 695–696. Available at: https://doi.org/10.1111/jmwh.13591.

Bintang, M. et al. (2022) 'Faktor−Faktor Yang Berhubungan Dengan Kepuasan Pasien Dalam Pelayanan Kebidanan Di Puskesmas Martubung', 6.

BPS (2023a) Profil Statistik Kesehatan 2023. Badan Pusat Statistik.

BPS (2023b) Provinsi DKI Jakarta Dalam Angka. Indonesia: BPS Provinsi DKI Jakarta/BPS-Statistics of DKI Jakarta Province.

BPS (2023c) Sensus Penduduk 2020, Bps.Go.Id. Available at: https://papua.bps.go.id/pressrelease/2018/05/07/336/indeks-pembangunan-manusia-provinsi-papua-tahun-2017.html.

Bulto, G.A., Demissie, D.B. and Tulu, A.S. (2020) 'Respectful maternity care during labor and childbirth and associated factors among women who gave birth at health institutions in the West Shewa zone , Oromia region , Central Ethiopia', pp. 1–12.

Eka Juniarty (2022) 'Faktor-Faktor Yang Berhubungan Dengan Pemilihan Tempat Penolong Persalinan', Cendekia Medika Jurnal Stikes Al-Ma`arif Baturaja, 7(1), pp. 77–83. Available at: https://doi.org/10.52235/cendekiamedika.v7i1.108.

Fitrianeti, D. et al. (2018) 'Faktor yang Mempengaruhi Ibu Hamil Memilih Penolong Persalinan di Wilayah Kerja Puskesmas Malakopa Kabupaten Kepulauan Mentawai Factors Affecting Pregnant Women Choosing Childbirth attendants in the Work Area of Malakopa Health Center Mentawai Islands Dis', Jurnal Penelitian dan Pengembangan Pelayanan Kesehatan, 2(3), pp. 153–162. Available at: https://doi.org/10.22435/jpppk.v2i3.126.

Fitriani, Handayani and Erika Lubis (2019) 'Hubungan Tingkat Pendidikan Dan Usia Ibu Hamil Terhadap Kepatuhan Kunjungan Antenatal Care', Binawan Student Journal, 1(3), pp. 113–117. Available at: https://doi.org/10.54771/bsj.v1i3.580.

Fitriyani, E., Sumarni, S. and Ulfiana, E. (2019) 'Analisa kualitas pelayanan kunjungan neonatal dengan kepatuhan bidan dalam penggunaan algoritma MTBM di Kabupaten Semarang', Jurnal Poltekes …, pp. 44–49. Available at: https://repository.poltekkes-smg.ac.id/repository/Analisa Kualitas Pelayanan Kunjungan Neonatal dengan Kepatuhan Bidan dalam Penggunaan Algoritma MTBM.pdf.

Forster, D.A. et al. (2016) 'Continuity of care by a primary midwife (caseload midwifery) increases women ' s

satisfaction with antenatal , intrapartum and postpartum care : results from the COSMOS randomised controlled trial', BMC Pregnancy and Childbirth, pp. 1–13. Available at: https://doi.org/10.1186/s12884-016-0798-y.

Kementerian Kesehatan Republik Indonesia (2020) Standar Profesi Bidan. Indonesia: Kementerian Kesehatan Republik Indonesia.

Khumairoh, R. and Maharani (2021) 'Peran bidan terhadap keberhasilan pemberian ASI', (8).

Kurniatillah, N. et al. (2023) '2023 GAMBARAN FAKTOR RISIKO KEMATIAN NEONATAL DI KABUPATEN SERANg', Jurnal JOUBAHS, Vol 03 no(2), pp. 164–174.

Manuaba, I.B.G. (2018) Ilmu Kebidanan, Penyakit Kandungan dan Keluarga Berencana Untuk Pendidikan Bidan.

Meena, T.S., Vasanthamani, P. and Sumathi, C. (2021) 'Respectful maternity care initiative-beneficiaries interview-in KMC hospital Chennai', 5(September 2014), pp. 214–217.

Mita Meiliani, A.N.I. (2023) Respectful Women Care Dalam Kebidanan. K-Media Yogyakarta, 2023.

Notoatmodjo, S. (2018) Promosi Kesehatan dan Perilaku kesehatan. Rineka Cipta.

Nurrochmi, N.E. (2014) 'Faktor-Faktor Yang Mempengaruhi Tingkat Kepuasan Ibu Bersalin Terhadap Pertolongan Persalinan Oleh Bidan Di Puskesmas Poned Ujungjaya Tahun 2013', Jurnal Care, 2(3), pp. 25–30. Available at: https://jurnal.unitri.ac.id/index.php/care/article/viewFile/215/216.

Organización Mundial de la Salud (2015) 'The prevention and elimination of disrespect and abuse during facility-based childbirth: WHO statement', World Health Organization, p. 4. Available at: https://apps.who.int/iris/bitstream/handle/10665/134588/WHO_RHR_14.23_cze.pdf.

Purborini, S.F.A. and Rumaropen, N.S. (2023) 'Hubungan Usia, Paritas, dan Tingkat Pendidikan dengan Kehamilan Tidak Diinginkan Pada Pasangan Usia Subur di Surabaya', Media Gizi Kesmas, 12(1), pp. 207–211. Available at: https://doi.org/10.20473/mgk.v12i1.2023.207-211.

Rangkuti, N.A. and Harahap, M.A. (2020) 'Hubungan Pengetahuan dan Usia Ibu Hamil dengan Kehamilan Risiko Tinggi di Puskesmas Labuhan Rasoki', Education and development, 8(4), pp. 513–517.

Raraningrum, V. et al. (2021) 'Continuity Of Care (COC) pada ibu bersalin di sumbar', Jurnal Kebidanan Tekini, 08(01), pp. 11–20.

Rohana, A., Sriatmi, A. and Budiyanti, R.T. (2020) 'Pelaksanaan Pelayanan Neonatal Berdasarkan Standar Pelayanan Minimal Kesehatan Bayi

Baru Lahir di Puskesmas Dukuhseti Kabupaten Pati', Jurnal Kesehatan Masyarakat, 8.

Rosmadewi and Mugiati (2019) 'Kepatuhan Bidan dalam Penerapan SOP', Jurnal Kesehatan, 10(3), pp. 430–437. Available at: http://ejurnal.poltekkes-tjk.ac.id/index.php/JK.

Sampurna, M.T.A. et al. (2023) 'Determinants of neonatal deaths in Indonesia: A national survey data analysis of 10,838 newborns', Heliyon, 9(1), p. e12980. Available at: https://doi.org/10.1016/j.heliyon.2023.e12980.

Sheferaw, E.D., Mengesha, T.Z. and Wase, S.B. (2016) 'Development of a tool to measure women's perception of respectful maternity care in public health facilities', BMC Pregnancy and Childbirth, 16(1), pp. 0–15. Available at: https://doi.org/10.1186/s12884-016-0848-5.

Siahaan, J.M. and Panjaitan, M. (2020) 'Persepsi Ibu Nifas tentang Peran Bidan terhadap Pelaksanaan Inisiasi Menusu Dini (IMD) di Wilayah Kerja Puskesmas Hutabaginda Tapanuli Utara Tahun 2018', Journal of Healthcare Technology and Medicine, 6(1), pp. 70–75.

Sugiyono, P.D. (2023) Metode Penelitian Kuantitatif Kualitatif dan R&D. kedua. Alfabeta.

Taavoni, S., Goldani, Z. and Gooran, N.R. (2018) 'Development and Assessment of Respectful Maternity Care Questionnaire in Iran O riginal A rticle', 6(4), pp. 334–349.

Tarigan, I., Afifah, T. and Simbolon, D. (2017) 'Faktor-Faktor Yang Berhubungan Dengan Pelayanan Bayi Di Indonesia: Pendekatan Analisis Multilevel', Jurnal Kesehatan Reproduksi, 8(1), pp. 103–118. Available at: https://doi.org/10.22435/kespro.v8i1.6879.103-118.

Wilhelmová, R. et al. (2022) 'Determinants of respectful care in midwifery', Kontakt, 24(4), pp. 302–309. Available at: https://doi.org/10.32725/kont.2022.035.

World Health Organization (2018) Who recommendations on intrapartum care for a positive childbirth experience. WORLD HEALTH ORGANIZATION.

Yismaw, W.S., Teklu, T.S. and Panduragman, H.P. (2022) 'Respectful maternity care during facility-based child birth and associated factors in public health facilities of Ilu AbaBor zone, Southwest Ethiopia', Reproductive Health, 19(1), pp. 1–7. Available at: https://doi.org/10.1186/s12978-022-01368-z.