

The Assessment on Medical and Non-Medical Device Supply at Independent Midwifery Practices

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ABSTRACT

Independent Midwifery Practice (IMP) is a community medical facility authorized to provide midwifery practice, including maternal, neonatal, reproductive health, and contraceptive services. The operation of IMP is regulated by Regulation of the Ministry of Health, the Republic of Indonesia No. 28 of 2017, about midwifery practice standards. However, the assessment of the operations of IMP has not been conducted yet. This study aims to assess IMP in Karawang district using assessment forms according to the Regulation of the Ministry of Health of the Republic of Indonesia No 28 of 2017. This study was conducted at 53 teaching IMPs in Karawang District from July to November 2018. This study uses a mixed-method with a sequential explanatory design. The findings show that the tools, drugs, and other medical consumables are not entirely available at the IMPs. The Obygn toolset, family planning toolset, vaccinations toolset, and resuscitation toolset were not complete. Providing mandatory sources at the IMPs is very important to support the provision of quality. It is required to optimize the monitoring and evaluation activity by the authorized institution.

Keywords: *evaluation; facility; midwives; services; midwifery practice*

ABSTRAK

Praktik Mandiri Bidan (PMB) merupakan fasilitas pelayanan kesehatan untuk memberikan pelayanan kebidanan yang meliputi pelayanan kesehatan ibu, anak, kesehatan reproduksi dan pelayanan kontrasepsi. Oleh karena itu dalam pelaksanaannya PMB haruslah sesuai dengan standar praktik bidan telah diatur dalam Peraturan Menteri Kesehatan (PMK) No 28 tahun 2017 tentang Praktik Bidan, akan tetapi hingga saat ini belum ada data yang akurat mengevaluasi bagaimana implementasi PMK No 28 tahun 2017 tersebut. Penelitian ini bertujuan untuk memberikan penilaian PMB di Kabupaten Karawang melalui observasi dengan alat uji berdasarkan PMK No 28 tahun 2017. Penelitian ini dilakukan pada 53 bidan praktik mandiri yang digunakan sebagai lahan praktik mahasiswa, dilakukan pada bulan Juli-November 2018, dengan desain penelitian menggunakan metode campuran Explanatory Sequential. Beberapa hal yang masih sangat kurang diantaranya adalah jumlah SDM kurang dari 2 bidan, kondisi bangunan tempat praktik yang tergabung dengan tempat tinggal, tidak lengkapnya pencatatan dan pelaporan serta set alat obgyn, KB, imunisasi dan resusitasi. Pemenuhan kebutuhan sarana, prasarana, alat dan bahan merupakan hal yang sangat esensial

untuk mendukung pemberian pelayanan yang berkualitas, serta wujud tanggung jawab bidan terhadap masyarakat, perlu dilakukan sosialisasi PMK No 28 tahun 2017 kepada praktik mandiri bidan serta optimaslisasi kegiatan monitoring dan evaluasi oleh pihak berwenang.

Kata kunci: *bidan, evaluasi, fasilitas pelayanan, praktik*

INTRODUCTION

Indonesia is one of the most populous countries globally, reaching up to 265 million people in 2018. The total population consists of 133.17 million males and 131.88 million females, with an annual growth rate of 2.4%. The birth rate is between 30-40 /1000, and 51.5% is under 20 years old. The average life expectancy is 50 years. The infant mortality rate is 137/1000. Around 19% of the population live in the city, and 80% in a rural area (Budjianto et al., 2019). There is no exact data on the number of private midwife practices in Indonesia. However, the ministry of health reported in 2017, there are approximately 20.519 midwives in West Java, while the number of midwives in Karawang District has increased every year. There were 585 midwives in 2010, and it increased up to 667 midwives in 2012.

Mother and child health centers are the most dominant healthcare facilities in Karawang District. There are 2.301 mother and child health centers, including Independent Midwifery Practices (IMP) in 2017 in Karawang (Statistik, 2018). IMP is a private

health care facility for the community to provide services for maternal and neonatal health, women's reproductive health, and family planning. Also, IMP supports midwifery students' learning process for clinical practice and facilitates an internship program for midwifery students. Based on the Indonesia Midwives Association of Karawang, 1523 were registered in 2018 for a permit license to provide an independent midwifery practice (IMP) (Pusat Data dan Informasi Kementerian Kesehatan Republik Indonesia, 2018; IBI Karawang, 2019).

Facilities at IMPs must be following the midwifery practice standards, as stated in the Regulation of Ministry of Health of Republic Indonesia No 28 of 2017 about Midwifery Practice. However, the assessment of the implementation of the practice standards has not been conducted yet. This study aims to provide the assessment of IMP operations in Karawang District. Thus, this study's results can be used to identify problems faced by the IMPs in Karawang district in terms of the

availability of facilities, infrastructure, and medicines.

METHOD

This study was conducted in Karawang District, from July to November 2018. Based on the West Java provincial government institution's performance report in 2016, Karawang is the second-highest maternal mortality rate among cities in West Java. This study used a mixed-method, which is quantitative in the first step and qualitative in the second step. This study's population is 60 IMPs that provide midwifery practices for the community and facilitate midwifery students for clinical practice. These criteria were selected due to the IMPs standardization that was supposed to become an excellent example for future midwives. The sample was taken using total population techniques, so out of 60 IMPs, only 53 were eligible for observation because the 7 IMPs were in an on-going renovation that might bother the observation process.

Quantitative data were collected from 53 IMPs, while qualitative data were collected from 11 midwives. The data were collected in two consecutive stages. First, the researchers collect and analyze the quantitative data, and the qualitative data were collected and analyzed in the second

stage. To receive more independent primary data, observation at IMPs conducted by the Karawang midwifery students from the University of Singaperbangsa who underwent the clinical practice and previously received information. The observation used the IMP assessment instrument based on the Regulation of Ministry of Health No 28 of 2017. The evaluation form for observation can be found in the supplementary file in table 1. Quantitative data were analyzed descriptively using statistical program.

In-depth interviews were conducted with midwives in a clinical setting and for triangulation purposes selected three midwives' coordinators as interviewees to delve the findings further. The subjects were selected based on the observation result. Fifty-three midwives were listed from the highest score to the lowest. The first 3 midwives were chosen from the top 3 best compliance, and three midwives were the representative from the bottom three, two midwives who were in between, and the last three midwives were the midwife' coordinator.

There were five questions generated to explore the qualitative study, such as the question about midwife's sources of information about the Regulation of Ministry of Health of Republic Indonesia

No 28 of 2017, including their understanding about it, the infrastructure and equipment needed according to the regulation, and the causes of its insufficiency at IMP. After all data from the in-depth interview were collected, the researchers transcribed the data, analyzed and validated using NVivo 12, until finally produced the sub-themes from the findings described in the results.

During the observation, the evaluation form is retrieved from The Regulation of Ministry of Health No. 28 of 2017. To obtain the quantitative data, there are 17 assessment aspects in this study. Each aspect contains some lists. For example, eight sub-lists for the furniture aspect, eight sub-lists for maternal, neonatal, and family planning registration aspect, five sub-lists for the infant health record aspect. If each aspect can be fulfilled as many as 100%, it will be

in line with the standards and vice versa. The assessment is also seen based on comprehensive human resources and building. The total human resources should meet a minimum of two midwives, but less than two would be assessed as not in compliance. In terms of building, IMP operated in a residential building is considered not in compliance.

RESULTS AND DISCUSSION

Quantitative Result

There are 17 essential elements that IMPs must comply with based on the Regulation of the Ministry of Health of Republic of Indonesia No. 28 of 2017. As shown in Table 1, most of the IMPs do not perform correctly according to the standard. The highest compliance performed by the IMPs was the neonatal kits, and they perform the worst in terms of immunization kits (Table 1).

Table 1. The Compliance of Medical and Non-Medical Equipment at Independent Midwifery Practice

Variable	n	%
Total Human Resource		
Complied	42	79.2
Not Complied	11	20.9
Building		
Complied	31	58.5
Not Complied	22	41.5
Furniture		
Complied	19	35.8
Not Complied	34	64.2
Maternal, neonatal, and family planning registration		
Complied	46	86.8
Not Complied	7	13.2
Infant Health Record		
Complied	39	73.9
Not Complied	14	26.4
Immunization Report		
Complied	44	83
Not Complied	9	17
Intranatal Documentation		
Complied	13	24.5
Not Complied	40	75.5
Postpartum documentation		
Complied	39	73.6
Not Complied	14	26.4
Obstetric gynecology tool kits		
Complied	26	49.1
Not Complied	27	50.9
Neonatal Examination kits		
Complied	48	90.6
Not Complied	5	9.4
Family planning kits		
Complied	21	39.6
Not Complied	32	60.4
Immunization kits		
Complied	8	15.1
Not Complied	45	84.9
Resuscitation kits		
Complied	45	84.9
Not Complied	8	15.1
Other tool kits		
Complied	22	41.5
Not Complied	31	58.5
Mandatory medicine		
Complied	9	17
Not Complied	44	83
Drugs stored by IMPs		
Complied	27	50.9
Not Complied	26	49.1
Availability of SOPs		
Complied	27	50.9
Not Complied	26	59.1

The 17 essential elements that have been observed were comprehensive human resources, building, furniture, maternal, neonatal, and family planning registration, infant health record, immunization report, intranatal documentation, postpartum documentation, obstetric gynecology tool kits, neonatal examination kits, family planning kits, immunization kits, resuscitation kits, other tool kits, mandatory medicine, drugs, and SOPs.

Compliance with the facilities and health infrastructure listed in the regulation was not fully complied with the IMP. The human resources, maternal, neonatal, and family planning registration, infant health record, immunization report, postpartum documentation, neonatal examination kits, drugs, and SOPs are variables with the achievements number more than 50%, or it means that more than 50% of subjects conformed with the standard. While below 50% of the subject conforms to the standardization of the building, furniture, intranatal documentation, Obstetrics, family planning, immunization, other tool kits, and mandatory medicine.

Qualitative Result

Based on the interviews, it is known that the socialization about the Regulation of Ministry of Health No 28 of 2017 was not

adequate because not all midwives know about Regulation of Ministry of Health No 28 of 2018.

"they know the Regulation of the Ministry of Health of Republic of Indonesia No. 28 of 2017 through Google" (Respondent 2), supported by other respondents "sometimes seminars, friends and Google". (Respondent 3)

Facilities available at the IMPs are still considered sufficient.

"Facilities at the IMPs are sufficient since the Indonesian Midwives Association and the primary healthcare center guided facilities and infrastructure". (Respondent 4)

"The midwife's infrastructure is adequate because the community health center supervised the midwifery practices". (Respondent 7)

The facilities and infrastructure provided by the IMPs are monitored and evaluated by primary health care centers. However, the monitoring and evaluation agenda is carried out mainly for IMPs owned by village midwives. Therefore, not every IMP is being monitored and evaluated.

"It is currently improved by the supervision program's existence from the community health center, but it is only funded for the village midwife". (Respondent 7)

"Every month, there are monitoring and evaluation from the health personnel of primary health care centers and local health officials, but it does not sustain". (Respondent 9)

"if I have to be honest, the regulation of midwifery practice is not strictly implemented." (Respondent 11)

It was found that some tools are not available at the IMPs. The health personnel who conducted the monitoring and evaluation would not assess it anymore because the regulation and operational standard of monitoring and evaluation are not officially arranged.

"Sometimes, there is no medicine." (Respondent 3)

"Not all Independent Midwife Practice has met the standardized neonatal emergency tools, such as resuscitation and the Ambu-bag tools." (Respondent 4)

Based on the interview, most IMPs do not comply with the Regulation Ministry of Health Republic Indonesia No. 28 of 2017. They may keep disobeying if they lack individual awareness for complying with the regulations. Furthermore, monitoring and evaluation are not appropriately done.

Human Resources

According to Law Number 4 of 2019 concerning Midwifery defined midwives as

women who have graduated from a midwifery education recognized by the government and professional organizations in the Republic of Indonesia's territory. They should have competence and qualifications to be registered, certified, and or legally licensed for midwifery practices (Ministry of Law and Human Rights, Indonesia, 2019). Midwives are the third-highest number of health workers after general practitioners and nurses in Karawang District (Statistik, 2018). Midwives are required to provide qualified healthcare services supported by the availability of adequate facilities and infrastructures at midwifery practice. The supporting facilities and infrastructures can affect patients' knowledge and health behavior, as reflected in the Bloom and Green modification scheme (Susilowati, 2016).

To reduce maternal and infant mortality, the West Java Provincial Health Office determines the minimum of 2 health workers for each IMP. The findings of this study showed that 20.8% of IMPs have only one health worker. There is clear evidence from both quantitative and qualitative results that the midwife did not comply with the number of staff, reflecting that the regulations were not strictly implemented. The number of midwives for delivery

practice must be based on the standards since it will affect the services and management for rapid emergency conditions and health workers' workload.

There is so much consideration for IMPs to add more staff. The IMPs who provided only one health worker are usually the IMPs with fewer patients. Such as the expenses salary, to overcome the workload, sometimes they were accompanied by another health worker in a specific condition when there was a patient in the intranatal period. The government should take action about this phenomenon; it can be learned from other countries that faced high maternal and neonatal mortality such as Nigeria. Okoroafor et al. (2019) researched Applying the workload indicators of staffing needs a method in determining frontline health workforce staffing for primary level facilities in Rivers to state Nigeria, to overcome the problems due to the health workforce matter happened in Nigeria. Nigeria further invented WISN as a human resource planning tool that calculates staffing requirements for health service. The WISN analyzes the appropriate number of health workers needed to deliver quality and standardized health services at the primary level based on the current data about staff, workload, and activity. The appropriate

number of health workforce planning and management policies could help the government accelerate the Sustainable Development Goals Achievement (Okoroafor *et al.*, 2019).

Even though the health worker's problem is happening in Nigeria and Indonesia, Nigeria is one step ahead in solving this problem. Further planning and management policies in terms of the health workforce should be carried out in Indonesia.

Building and Furniture

The building is also essential for healthcare providers. The Regulation of Ministry of Health No. 28 of 2017 mentions that infrastructure is categorized into seven types: residential building, part of a residential building, part of an office, and part of the building. Furthermore, IMPs should have some standardized rooms, such as a waiting room, examination room, delivery room, postnatal room, restroom, and other additional rooms (breastfeeding room, prayer room, or other non-mandatory rooms). The study found only up to 58.5% of the IMPs were according to this standard. Because some of the IMP were operated in a residential building and had uncomplete rooms, this condition can cause low and

uncomfortable access to healthcare services for patients.

Building an IMP should be equipped with work chairs, file cabinets, writing desks, examination beds, delivery beds, postpartum beds, and baby cribs. Because midwives are supposed to do several health care services, such as antenatal care, intrapartum care, postnatal care, newborns, and reproductive health, they need particular furniture subjected to each service. Besides, midwives are responsible for writing all confidential medical records, which must be appropriately stored in the file cabinet. The findings of this study show that the IMPs that fulfilled the standardized furniture were only 35.8%. The IMPs had not optimally provided the standardized furniture, especially no file cabinets provided.

In contrast to quantitative results, the data showed that the infrastructure was sufficient. The interview was then carried out to the midwife's coordinators, who further said it is sufficient enough to clarify this information. However, there is no strong evidence about this statement because the monitoring and evaluation data that has been conducted by the community health center were not analyzed. Until the end of this, study the data of IMPs' compliance from midwives' coordinators was not available. What was stated by the

midwife coordinator in the form of subjective argumentation.

Based on observations of the IMPs, some midwives still did not meet the standard because of the unstandardized building and furniture. Some of the IMPs are still incorporated into residential buildings, and some do not have enough rooms, such as a comfortable examination room, waiting room, and restroom. In the past, the primary purpose of IMPs' establishment was to deliver fast and friendly service for maternal and child health without strictly standardized for the building and furniture. However, in 2017, The Ministry of Health Regulation No 28 was published. All the IMPs could not quickly adopt the regulation because the more building and furniture are required, the more spending they need. However, midwives realize that this condition can cause low healthcare services and low patients' satisfaction. The operation of midwifery practices in a residential building might cause a patient's privacy violation during the examination process, and it might be hard to keep the rooms clean because of the unavailability of several furniture. To maintain quality services, innovation, and change in IMPs are the key elements. Soliman (2015) conducted a study in Egypt and found that clean rooms and comfortable waiting rooms are the key

factors influencing pregnant women. Iton during antenatal care. Munabi-Babigumira *et al.* (2017) found that well-equipped and well-organized facilities affect the way midwives carry out intrapartum and postnatal care (Soliman, 2015; Munabi-Babigumira *et al.*, 2017).

Documentation

Documentation is a significant health service because it functions as the legal proof that IMPs have been carried out. Midwives must document all activities in health care services given to clients. However, the IMPs observed in this study have deficient intrapartum documentation, such as informed consent, intrapartum form or medical record, partograph forms, birth certificates, and referral letters. Moreover, one IMP to another has different types of documentation. Furthermore, the midwives at the IMPs still write medical records in paper-based forms. The IMPs' records were written in one report book or a cohort book. The examination results are documented in one documentation book. Some midwives do not provide individual medical records. There are three types of documentation made by the midwives in IMPs in Karawang Regency. The first type is separated documentation between antenatal care, intrapartum care, postnatal care, newborn,

child, and contraceptive documentation. There are approximately 5 to 6 report books classified based on the type of health care (Figure 1).

Second, cohort documentation is separated into four books; maternal, neonatal, toddler, and family planning cohort. The maternal cohort includes the data of antenatal care, intrapartum care, and postnatal care. The contraception cohort includes the data on contraception use. The neonatal cohort includes the data of neonatal condition, immunization, and neonatal growth. Whereas, child cohort contains the data of child condition, growth and development, and vitamin A tablet consumption. The neonatal cohort consists of infant immunization, growth, and development report (Figure 1). The third is an individual medical record, which is recapitulated in the documentation book. Each midwife must report the midwifery care conducted to a village midwife, and data from the village midwife the recapitulation will be reported to the Karawang District Health Office (Figure 1).

In principle, the medical record must be accessible to patients easily when the patient requires it. The difference in medical record writing between IMPs can cause various

problems. Suppose the midwife does not provide a personal medical record for each patient and only in the form of a recapitulation data in one book. In that case, it will lead to the difficulties of accessing individual medical records for every patient. Asma *et al.* (2015) mentioned that medical record is an essential indicator of the quality of services provided. The study was conducted on 401 structured medical records and 509 nonstructured medical records. This study found that using structured medical records would be easier to identify patient data and care given (Asma *et al.*, 2015). Therefore, as a midwifery services provider, midwives should understand that the medical record is needed not only for the health workers but also for patients' benefit. Medical records and documentation must be structured so it is accessible easily to facilitate data and identification of all care provided.

A medical records system has currently developed very well, while a paper-based

system has begun to be abandoned and replaced with computerized-based medical records. Through computerized medical records, error cases could be anticipated. Furthermore, it could support the safe prescribing (Scott, 2018). Until now, not all midwives are computer literate and accessible to find the facilities. It is proven by this study that 100% IMPs included in this study are still using the paper-based medical record through cohort book and classified type of care documentation book. Li *et al.* (2015) wrote an article about Building Structured Personal Health Records from Printed Medical Record photographs. It states that Personal health record (PHR) is an electronic application through which individuals can access, manage and share their health information, which can help individuals take a more active role in their health and provide decision support to assist patients in managing chronic diseases (Li *et al.*, 2015).

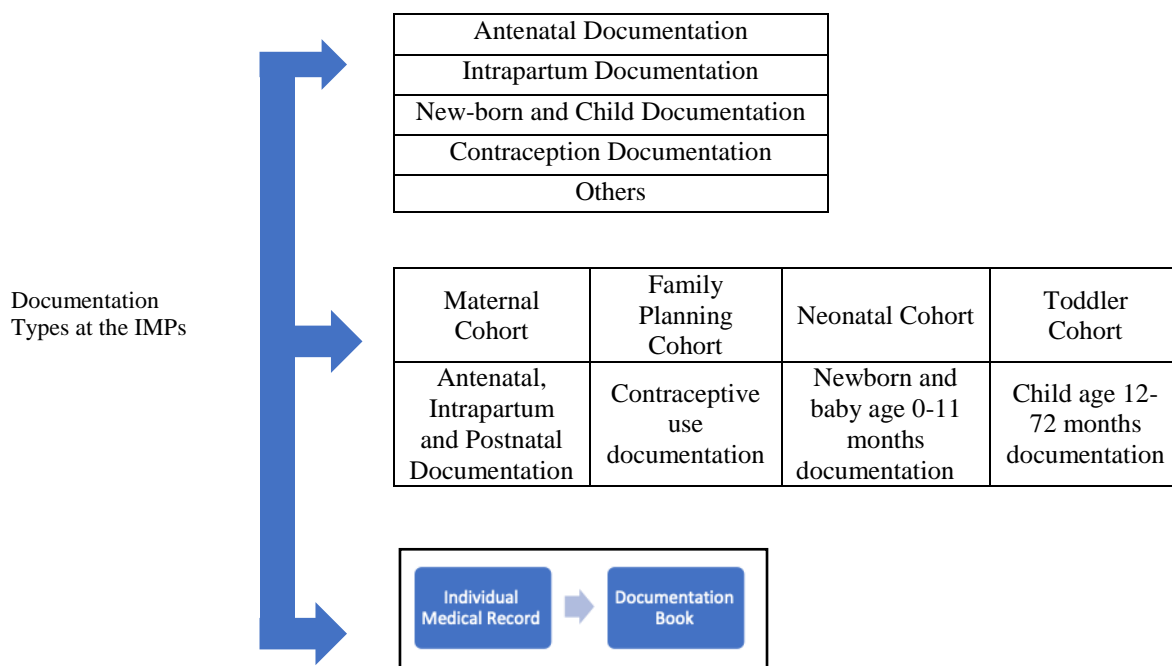


Figure 1. Three Types of Documentation at the Independent Midwifery Practices

In this study, Li *et al.* (2015) further innovated that personal medical records other than in paper form file transformations can be made into a form of photographs with a small resolution so that they will be easily accessible to patients. Another study found that an electronic-based medical record is one of the integral tools suitable for healthcare information. Electronic medical records are still uncommon and difficult to apply because they require some hardware, such as a computer, laptop, and printer. It also needs excellent computer and application skills, which are demanding good internet networks (Evans, 2016). Indonesian Midwives Association Karawang Branch as

a professional organization has to overcome this non-uniformity of the medical record in IMPs by facilitating certain medical record training, or providing affordable medical record software that can be simply implemented at the IMPs, as we are facing the computer and technology development, the computerization medical record somehow may be the solution.

Equipment

Equipment is classified into five groups; obstetrics and gynecology examination kits, pediatric examination kits, family planning service kits, immunization kits, and infant resuscitation kits. Each equipment consists of several specific tools used for specific

treatments. Based on the observations, 90.6% IMPs had complete neonatal examination kits, 84.9% IMPs had complete resuscitation kits, and 50% IMPs had complete obstetrics and gynecology family planning kits, and immunization kits. In general, most midwives no longer provide IUD and Implant services, so they do not use IUD and implant tools. Many midwives do not have vaccine refrigerators for immunization kits, so vaccines are still kept in one storage along with other foods. Some obstetrics and gynecology tools not provided at the IMPs involve pelvimeter, halogen lamp, sim speculum, and baby stethoscope. It turns out that the limited equipment will affect the quality of healthcare services. Moreover, mixing vaccines and food or other objects in one storage can break the vaccine's chemicals to work properly. Keeping vaccines in special refrigerators can maintain the quality of the vaccine and its temperature.

A further observation from the availability of equipment, IMPs with incomplete equipment is dominant to increase maternal and neonatal mortality and morbidity. Leslie *et al.* (2016) conducted a study on the availability of neonatal emergency facilities in Malawi. They discovered that healthcare facilities' improper quality is associated with the increased risk of infant mortality in

Malawi (Leslie *et al.*, 2016). Similarly, Lee, Madhavan, and Bauhoff (2016) served antenatal care quality through 6 indicators: effectiveness, efficiency, acceptability, accessibility, equity, and safety. They found that facilities play an important role in efficient healthcare services and lead to a significant overall gain in quality (Lee, Madhavan and Bauhoff, 2016).

A study conducted in 2016 in Africa shows that 40% of maternal care centers were in poor condition. This study also finds the same Kruk *et al.* (2016) research. Healthcare services for pregnancy, delivery, and newborns at the IMPs are not perfectly accomplished with adequate facilities and tools. The IMPs perform the worst in providing neonatal resuscitation equipment (Kruk *et al.*, 2016). In the same way, 60.4% of the IMPs still do not have adequate family planning services and facilities. According to Mpunga *et al.* (2017) research, geographic location tends to be the factor in the provision of insufficient contraception devices. For example, sanitary facilities in urban areas tend to have more adequate facilities than in town. Also, private health service providers have a complete team than public health service providers. It may also be a reason for low-income family planning services,

equipment, and medications (Mpunga *et al.*, 2017).

In rural communities in Karawang regency, interest in long-term contraception is very low. Statistik (2018) reported that there only 5% of IUD acceptors, and 6% of Implant acceptors are still actively using contraception (Statistik, 2018). Therefore, midwives often do not provide long-term contraception kits such as IUD and Implant kits. However, they will refer patients to health community centers or hospitals if long-term contraception is needed. Equipment compliance in IMPs should regularly be monitored and evaluated by the Community Health Center because it is an institution that has the authority and responsibility to maintain the health services quality provided by all IMPs in the area, even though some monitoring and evaluation has been carried out so far. However, it is not yet regularly implemented, and become mandatory agenda for every IMP, that is why the Community Health Centre has to formally inform to all IMPs and make the IMPs monitoring and evaluation as their priority and mandatory program.

Medicine

Regardless of midwifery practices' authority, midwives are required to provide

mandatory drugs for midwifery purposes, such as oxytocin, methylergometrine, lidocaine, vitamin A, etc. (Ministry of Law and Human Right, Indonesia, 2019). The availability of medicines at public and private healthcare providers still becomes an issue to be solved in developing countries. This issue occurs not only at IMP but also in any kind of healthcare provider. Mulyanto *et al.* (2019) found that 497 districts in Indonesia are facing the geographical problem. The geographical problem plays an important role in distributing healthcare, while the wealth, education, and health insurance have less effect on the distribution (Mulyanto, Kunst and Kringos, 2019). If there is no particular medicine at the IMPs in Karawang District, patients will be advised to buy the medicine at a pharmacy or referred to primary healthcare centers or hospitals. However, it is difficult to find pharmacies or clinics that provide more medicines due to the geographical problem that happened in some area in Karawang, particularly in a rural area, when there is not emergency medicine in an emergency condition, it might make emergency treatment carried out by midwife become slower, or it may turn to maternal or neonatal mortality. Therefore midwife's conscience and awareness to understand the importance of

providing several remedies for the patient are supposed to be built once again. The Indonesian Midwives Association plays an important role in this matter. They should provide the skills training for midwives, but the soft skills training one other important aspect.

Standard Operating Procedure (SOP)

The Regulation of the Ministry of Health of Republic of Indonesia No. 28 of 2017 mentions that midwives must have SOPs for antenatal care, delivery care, postpartum care, handling newborns, family planning services, preeclampsia management, referral management, antepartum hemorrhage management, postpartum hemorrhage management, asphyxia neonatorum, shock management, and infection prevention. Every year, bleeding, preeclampsia, infections predominantly cause high MMR. Also, neonatal mortality is mostly caused by low birth weight, asphyxia, and infection. Maternal and neonatal mortality can be provided by detecting the early risk of emergent pregnancy problems. Every IMP must have Standard Operating Procedures (SOPs) posted on the wall to remind midwives about steps undertaken for certain actions or conditions. However, some IMPs can not provide it because of the area limitation to put the SOPs on the rooms' wall, and some midwives need to spend

extra money to buy 12 SOPs that are equipped with its frames. The Indonesian Midwives Association Karawang Branch needs an extra strategy to provide affordable prices in terms of SOPs compliance, provide it in the union that is owned by the organization, and then facilitate midwives to take a credit payment a solution.

CONCLUSION

Compliance with the standardized facilities and infrastructure for teaching IMPs is essential. It embodies the responsibility of health workers towards the community, which can contribute to quality healthcare services. And midwifery education in the future. Improved medical care means the quality of health workers and basic facilities also get better. Lack of health care facilities and infrastructure can lead to high maternal and infant mortality. The Indonesia Midwives Association should provide the socialization and should regularly supervise the implementation of midwifery practices as stipulated in the Regulation of Ministry of Health No. 28 of 2017. The Karawang District Health Office should conduct clinical and character-building training to improve midwives' competency and responsibility.

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