



Analysis of Service Policy For Pregnant Mothers, Partnership, Nifas, New Birth and KB During The Covid-19 Pandemic At The Community Health Center Tanjung Haloban

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ARTICLE INFO

Article history:

Received 11 January 2022
Accepted 21 February 2022
Published 10 March 2022

Keyword:

Policy Analysis
KIA/KB Program
Covid-19 Pandemic

ABSTRACT

The rules imposed during the COVID-19 pandemic are considered to have a direct impact on health services. One of the regulations considered to have a negative impact on the implementation of the KIA program. This is a qualitative study with an observational method, which aims to generate or explore in-depth descriptive data regarding Service Policies for Pregnant Women, Maternity, Postpartum, Newborns and Family Planning During the Covid 19 Pandemic at Pusat Kesehatan Masyarakat Tanjung Haloban. The research period starts from December 2021 to March 2022. The research informants are 6 informants consisting of: Head of Pusat Kesehatan Masyarakat, Coordinator Midwife, Implementer of MCH and Family Planning Programs, Multigravida Pregnant Women, Multigravida Maternity and Postpartum Mothers and PUS. Only coordinating midwives have received training, pregnant women are reluctant to visit the Pusat Kesehatan Masyarakat Tanjung Haloban due to concerns about being infected with the Covid-19 virus, there is a lack of infrastructure for the implementation of quarantine for pregnant women, HIV test packages are not available for pregnant women, family planning services for PUS carried out as before the Pandemic with additional application of health protocols, pregnant women services, namely Antenatal Care services carried out as usual with additional screening in the form of vaccination activities for pregnant women and Covid-19 examinations, there was no reduction in the KIA/KB service program provided at the Pusat Kesehatan Masyarakat Tanjung Haloban at pandemic. KIA services experienced a decline and did not reach the SPM target, while KB services experienced an increase in participants and reached the SPM target. It is necessary to make proposals for the procurement of HIV test kits, re-propose additional quarantine rooms for pregnant women, education regarding delivery service procedures during the pandemic, planning related to the home visit program for pregnant women services.

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Kata kunci:

Analisis Kebijakan
Program KIA/KB
Pandemi Covid-19

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ABSTRAK

Aturan-aturan yang diberlakukan dimasa Pandemi COVID-19 dinilai berdampak secara langsung pada layanan kesehatan. Salah satu aturan yang dinilai berdampak negatif pada pelaksanaan program KIA. Ini adalah penelitian kualitatif dengan metode observasional, yang bertujuan untuk menghasilkan atau menggali data deskriptif secara mendalam mengenai Kebijakan Pelayanan Pada Ibu Hamil, Bersalin, Nifas, Bayi Baru Lahir Serta KB Pada Masa Pandemi Covid 19 di Pusat Kesehatan Masyarakat Tanjung Haloban. Waktu penelitian dimulai dari bulan Desember 2021 sampai Maret 2022. Informan penelitian sebanyak 6 orang informan yang terdiri dari : Kepala Pusat Kesehatan Masyarakat, Bidan Koordinator, Pelaksana Program KIA dan KB, Ibu Hamil multigravida, Ibu Bersalin dan Nifas multigravida dan Pasangan Usia Subur. Hanya bidan koordinator yang sudah pernah mendapatkan pelatihan, Ibu hamil

DOI: 10.30604/jika.v7i1.1480

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enggann melakukan kunjungan ke Pusat Kesehatan Masyarakat Tanjung Haloban akibat kekhawatiran terinfeksi virus Covid-19, ada kekurangan prasarana ruangan pelaksanaan karantina ibu hamil, tidak tersedia paket tes HIV untuk ibu hamil, pelayanan KB pada Pasangan Usia Subur dilakukan seperti sebelum Pandemi dengan tambahan penerapan protokol kesehatan, pelayanan Ibu Hamil yaitu pelayanan Antenatal Care dilakukan seperti biasa dengan tambahan skrinning berupa kegiatan vaksinasi pada ibu hamil dan pemeriksaan Covid-19, tidak ada pengurangan program layanan KIA/KB yang diberikan di Pusat Kesehatan Masyarakat Tanjung Haloban dimasa Pandemi Covid-19, Layanan KIA mengalami penurunan dan tidak mencapai target SPM, sedangkan Layanan KB mengalami peningkatan peserta KB aktif dan mencapai target SPM. Perlu dilakukan pengusulan untuk pengadaan alat tes HIV, pengusulan ulang penambahan ruangan karantina bagi ibu hamil, edukasi tentang prosedur pelayanan persalinan dimasa Pandemi, perencanaan terkait program kunjungan lapangan (home visit) pada Pelayanan Ibu hamil.



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INTRODUCTION

Based on data from the Ministry of Health, it is known that the maternal and infant mortality rates decreased in the range of 2018 to 2019. In 2018 data, the maternal and infant mortality rates were 4221. While in 2019 they continued to decline to 4196. However, in 2020, the maternal mortality rate and babies also experienced a significant increase, namely 4614 people (Ministry of Health, 2020).

This increase in maternal and infant mortality occurred in line with the declaration of COVID-19 as a pandemic by the World Health Organization (WHO) in early March 2020 and the determination of a national disaster, the Government of the Republic of Indonesia immediately followed up with policies to prevent the spread of the virus. This includes physical restriction interventions, such as Large-Scale Social Restrictions (PSBB), significant reductions in international and domestic travel, bans on gatherings, and closures of schools, factories, restaurants and public places. (UNICEF and Ministry of Health, 2020).

In 2020, the Ministry of Health of the Republic of Indonesia (Kemenkes RI) has actually issued Guidelines for Antenatal, Childbirth, Postpartum and Newborn Services in the Era of New Habits Adaptation. This guideline can be used as a reference for mothers and their families as well as health workers in providing MCH services so that it is hoped that mothers and babies will continue to receive essential services, risk factors can be identified early and have access to emergency assistance, and health workers are protected from COVID-19 transmission. Ministry of Health RI, 2020). However, the policies and guidelines for MCH/KB services during the COVID-19 pandemic and the adaptation period for new habits have not yet seen a significant impact on the recovery of maternal and child health services and family planning services.

The rules imposed during the COVID-19 pandemic are considered to have a direct impact on health services. One of the regulations that are considered to have a negative impact on the implementation of the MCH program is the allocation of health funds including MCH program funds as funds for the COVID-19 pandemic response in early 2020, this is allegedly also the reason for the decline in the continuity of MCH services. The Ministry of Health (2020) in a study report on the Continuity of Essential Health Services for Children and Mothers during the COVID-19 Pandemic in Indonesia found that services had stopped at the community level, where more than 75% of posyandu were closed and

more than 41% of home visits had stopped. Primary health facilities (Community Health Centers) reported fewer service interruptions, which was less than 10 percent, with similar results seen in PSBB zones. (Ministry of Health, 2020).

In this study, the problem boundary that will be analyzed is a system consisting of input, process, and output on service policies for pregnant women, maternity, postpartum, newborns and family planning during the Covid 19 pandemic at the Tanjung Haloban Community Health Center.

Input analyzes the suitability of Service Policies for Pregnant Women, Maternity, Postpartum, Newborns and Family Planning During the Covid 19 Pandemic at the Tanjung Haloban Community Health Center based on guidelines for antenatal, childbirth, postpartum, and newborn services in the era of adaptation to new habits issued by Ministry of Health in 2020. The process of analyzing the characteristics of ANC service recipients ((pregnant, maternity and postpartum) and antenatal care providers according to the guidelines and implementing barriers in implementing services. Outcome analyzing the number of service visits to Pregnant Women, Maternity, Postpartum, Newborns And Family Planning During the Covid 19 Pandemic at the Tanjung Haloban Public Health Center..

METHOD

The type of research used is qualitative research with observational methods, which aims to generate or explore descriptive data in depth regarding Service Policies for Pregnant Women, Maternity, Postpartum, Newborns and Family Planning During the Covid 19 Pandemic at the Tanjung Haloban Public Health Center. The time of the research starts from December 2021 to May 2022. The implementation of this research was carried out when Labuhanbatu Regency was in the Level 2 Condition of the Covid-19 Pandemic.

Research informants as many as 6 informants were selected in a purposive manner according to the research objectives.

The main informants were 3 informants consisting of: the Head of the Tanjung Haloban Community Health Center, the Coordinator Midwife, the MCH and Family Planning Program Implementers at the Tanjung Haloban Community Health Center. The triangulation informants consisted of 3

informants, namely: Pregnant multigravida women who used MCH services at the Tanjung Haloban Public Health Center during the COVID-19 Pandemic, Multigravida Maternity and Postpartum mothers who used MCH services at the Tanjung Haloban Community Health Center during the COVID-19 Pandemic, Couples of Childbearing Age users family planning services at the Tanjung Haloban Community Health Center during the COVID-19 Pandemic.

This research has received a research permit from the Institute for Research and Community Service, Faculty of Public Health, Deli Husada Health Institute No: 052/DKFKM.IKDH/KM/2021. The data was obtained by

asking the informant's consent beforehand by using the informant's consent sheet

RESULTS AND DISCUSSION

The results showed that the average age of the mother was 30.54 years with the average length of mother's education being eleven years and the average number of family members was 4 people. The mean age of the children was 17.52 months and the mean birth weight and birth length were normal.

Komponen		Keterangan Informan
Input	Man (Implementing Personnel)	Informant 1: "There are 12 KIA and KB officers in total, consisting of 5 PNS and 7 TKS" Informant 2: "There is training from the Health Department, but online" "KIA and KB officers if PNS 5, TKS 7 people" Informant 3: "There are 2 family planning officers, 1 civil servant and 1 TKS" "there is no training from the Health Office on guidelines for implementing family planning during the pandemic" Informant 4: "good staff, good service" Informant 5: "good staff" Informant 6: "good, competent too"
	Market (Target Recipients of Service)	Informant 1: "For the MCH program, pregnant women, maternity and postpartum mothers as well as newborn babies, for the family planning program it's PUS" Informant 2: "Pregnant women, mothers giving birth, postpartum mothers, newborns and KB or EFA participants" Informant 3: "The target is the MKJP (long-term contraceptive method) users, we sometimes go to the field too"
	Money (Source of Funds)	Informant 1: "source of funding from BOK and BKKBN" Informant 2: "funding from BOK" Informant 3: "There are funds from the BOK and there are also from the BKKBN"
	Machine (Means)	Informant 1: "In general, the facilities are complete, yes, even if there are some that are lacking, it's best for additional service programs during the Pandemic" Informant 2: "The room, especially the one that is needed, is for services for pregnant women and mothers giving birth during the puerperium" Informant 3: "Full facilities" Informant 4: "Full facilities" Informant 5: "complete" informant 6 "complete"
	Material (Service Package Material)	Informant 1: "For our complete MCH and family planning services, yes, we also have complete contraception available" Informant 2: "If there is HIV screening for pregnant women, rapid Covid-19 screening is available" Informant 3: "If there is no HIV screening, yes, rapid Covid-19 screening is available"

	Method (Form of service)	<p>Informant 1: "In general, the form of service during the pandemic is the same as before the pandemic, it's just that there are a few additional procedures, for example the application of health protocols and additional screening"</p> <p>Informant 2: "Antenatal care: before the pandemic it could be done at any time without a PCR test, now it must be vaccinated first and SWAB checks" "HIV screening in antenatal care: still being carried out before and after the pandemic is still being carried out" "screening in antenatal care during a pandemic: vaccination is done first, then SWAB is done" "Classes for pregnant women are still being carried out, with the implementation of the 5M health protocol, especially social distancing" "Promotions for antenatal care during the pandemic are still being carried out, during pregnancy check-ups and classes for pregnant women"</p> <p>Informant 3: "It will continue to be carried out in accordance with implementing prokes, but there is no screening for HIV or screening for Covid-19" "which is preferred by MKJP (long-term contraceptive method) users" "There is a form of promotion that is carried out during counseling for PUS and pregnant women to use MKJP postpartum"</p>
	Additional questions: What are examples of prioritized MKJP family planning services?	<p>Informant 3: "e.g. implants, IUDs"</p>
	Additional questions: Is it necessary to carry out HIV and Covid-19 screening during a pandemic?	<p>Informant 3: "Actually what is needed is, because we are in direct contact"</p>
	Additional questions: If you want to do a screening, are the facilities/materials available?	<p>Informant 3: "For the rapid, there is for the Covid-19"</p>
Proses :	Characteristics of service recipients (pregnant women, maternity, newborns, postpartum mothers and antenatal care providers according to the guidelines)	<p>Informant 1: "Pregnant women come for antenatal care services, EFA comes for family planning services"</p> <p>Informant 2: "Pregnant women and EFA"</p> <p>Informant 3: "It is EFA who come to the Community Health Center, it is obligatory if you enter you have to apply health procedures, wear a mask"</p>
	Implementation of KIA and KB services according to the guidelines	<p>Informant 1: "The registration of MCH services first goes to the registration section, what to do in the register book, then after that it is recorded in the mother's cohort book if it's a mother, baby cohort if it's a baby, toddler cohort if it's a toddler after an examination, for example antenatal care services, it's recorded in the book. The MCH/KMS is the same as for services for infants and toddlers, whether they want to be immunized or get vitamins while at the posyandu, it is also recorded in the open KMS so that their MTBS can be monitored. For family planning, it's the same way, so there's a format from the Office and the BKKBN covering the number of participants active family planning or new participants who use injections, pills or IUDs, but we are more often written in the help book first because the format sometimes changes"</p> <p>Informant 2: "implementation is carried out by implementing Prokes"</p> <p>Informant 3: "The implementation remains as usual" "The implementation... is not maximal yet, because it is still difficult to invite those who are MKJP" "Reporting will continue as usual"</p> <p>Informant 4: "check pregnant this is my 2nd visit) "I'm 7 months pregnant" "So far, if you check for pregnancy, it's at the Community Health Center" "I have the pink book" "he once I read his pink book" "but I don't take it anymore" "It's about the first breast milk, then what's more, I forgot"</p>

		<p>"Good service at this Community Health Center" "I am satisfied with the service of the Community Health Center, so I can know how the condition of the baby is" "I have never taken a class for pregnant women" Informant 5: "good service, nice staff" Informant 6: ""good service, nice staff"</p>
	Additional questions: Why do mothers diligently do pregnancy checks?	<p>Informant 4: "Let me know in it how the child is, is he in good condition, his position, how many months he has been pregnant"</p>
	Additional questions: Is the implementation still only waiting for patients who come to visit?	<p>Informant 3: "he...but once in a while we also go down the field, chase the ball"</p>
	Additional questions: Why did you decide to continue to make field visits during the pandemic?	<p>Informant 3: "To meet targets, achievement targets, and what is more important is MKJP (long-term contraceptive method)"</p>
	Implementing obstacles in carrying out services.	<p>Informant 1: "The class for pregnant women is quieter than before the pandemic, but for family planning services it doesn't seem to have much effect" Informant 2: "Some pregnant women don't want to attend, because there's a pandemic" Informant 3: "The existing obstacle is about asking to use MKJP, because patients prefer the injection and pill method"</p>
	Additional questions: In your opinion, how do you overcome this problem?	<p>Informant 2: "By going down, the community makes home visits and classes for pregnant women by implementing the health program" Informant 3: "More often there is socialization and chasing the ball, if we wait at the Community Health Center, it's not enough, especially since it's a far area, if it's far to reach the Community Health Center"</p>
Output :	Number of visits to services for pregnant women, maternity, postpartum, newborns and family planning during the Covid 19 pandemic at the Tanjung Haloban Community Health Center	<p>Informant 1: "In general, for the implementation of MCH service the number of visits has decreased, but for the family planning program there seems to be an increase" Informant 2: "The implementation of the MCH program during the Pandemic has been carried out optimally, but the coverage is still lacking because mothers don't want to come during this Pandemic" "Recording and reporting to the District Health Office is still being carried out" "During the Pandemic the target was not achieved, the coverage was reduced from the previous year's MSS achievement" Informant 3: "The service target has been achieved, the coverage has even increased for family planning, because we are chasing the ball now" "the family planning officer who is active in the field"</p>

CONCLUSIONS AND SUGGESTIONS

Conclusions

1. Based on the input, the availability of health human resources in the MCH/KB program at the Tanjung Haloban Community Health Center in terms of quantity and type is in accordance with the minimum workforce standards based on the Minister of Health Regulation no. 43 of 2019, but of the 12 MCH/KB officers, only the coordinating midwife has received online training related to MCH/KB services during the Covid-19 Pandemic; The target recipients of the fertile age couple (PUS) service, who are users of family planning services,

are still willing to attend the Community Health Center during the Covid-19 Pandemic with the obligation to implement health protocols, while pregnant women do not want to visit the Tanjung Haloban Community Health Center due to fear of being infected with the Covid-19 virus during the Pandemic; Availability of budget in the implementation of services during the Covid-19 Pandemic sourced from the BOK and BKKBN, the implementation of MCH/KB activities has never experienced problems in terms of budget or financing during the Covid-19 Pandemic; Facilities and infrastructure in implementing the family planning program during the Covid-19 Pandemic at the Tanjung Haloban Community Health Center are complete, but

there is a shortage of room for quarantine during the implementation of HIV and Covid-19 screening for pregnant women who are about to give birth, proposals for additional rooms for services MCH/KB has been carried out in 2020, but that year there was a spike in Covid-19 cases, so the allocation of health funds at that time was more focused on the Covid-19 prevention program and there was a delay in infrastructure funding; Materials that are not available are HIV test packages for pregnant women, at the Tanjung Haloban Community Health Center only rapid test packages and vaccines are available for pregnant women; The form of MCH/KB services during the Covid-19 pandemic will continue to be carried out as before the pandemic with the addition of health protocols based on guidelines.

2. Based on the process, family planning services for couples of childbearing age are carried out as before the pandemic with additional application of health protocols, pregnant women services, namely Antenatal Care services are carried out as usual with additional screening in the form of vaccination activities for pregnant women and Covid-19 examinations, this is not appropriate with guidelines for antenatal, delivery, postpartum, and newborn services in the era of adaptation of new habits revision 2 issued by the Ministry of Health in 2021, namely the absence of HIV screening for pregnant women due to the unavailability of HIV test package materials at the Tanjung Haloban Community Health Center.
3. Based on the output, there was no reduction in the MCH/KB service program provided at the Tanjung Haloban Community Health Center during the Covid-19 Pandemic. The number of service visits for pregnant women decreased and did not reach the MSS target. The decrease in visits was seen in antenatal care services and classes for pregnant women. This is the impact of pregnant women who do not want to make health service visits to the Tanjung Haloban Community Health Center. Pregnant women are worried about being infected with the Covid-19 virus when visiting the Community Health Center. The number of mothers giving birth has also decreased, this is also the impact of the Covid-19 pandemic. Pregnant women do not want to go into labor because they are worried that if the results of the examination show that the mother is in a positive condition for Covid-19, the mother is worried that she will have to undergo quarantine before giving birth and during the postpartum period, so she has to give birth alone without being accompanied by her husband or family and cannot meet the baby right away. The number of postpartum mothers and the number of newborns treated at the Community Health Center decreased in line with the decreasing number of mothers who gave birth at the Tanjung Haloban Community Health Center. The low number of mothers who give birth at Community Health Centers automatically results in the number of services for postpartum mothers and newborns will also be low. In the KB service during the Pandemic, the MSS service indicator target has been achieved and the coverage of KB services has increased the number of active KB participants. This increase is the impact of the promotional activities carried out by family planning officers during counseling for PUS and pregnant women. Another follow-up program that has led to an increase in the number of family planning visits at the Tanjung

Haloban Community Health Center is the home visit program..

Suggestions

1. It is necessary to re-propose additional quarantine rooms for pregnant women During the Covid-19 Pandemic
2. Education is needed about delivery service procedures during the pandemic pregnant women to reduce the anxiety of pregnant women in doing antenatal care and maternity visits at the Community Health Center.
3. It is necessary to make a plan related to the field visit program (home visit) on Services for pregnant women to increase the number of visits and achievements SPM indikator

REFERENCES

- Anggriani G. Faktor – Faktor yang berhubungan dengan kunjungan Antenatal Care Ibu Hamil di Pusat Kesehatan Masyarakat. *Jurnal Ilmiah STIKES Citra Delima Bangka Belitung* 2020; 4:28-35
- Eliwarti. Faktor – Faktor yang berhubungan dengan kunjungan Antenatal Care pada Ibu Hamil di Pusat Kesehatan Masyarakat Lubuk Buaya Padang. *Jurnal Ilmu Keperawatan* 2020; 9:57-68
- Kemendes RI. Panduan Pelayanan Kesehatan Balita Pada Masa Pandemi COVID-19. MoH-RI Direktorat Jendral Kesehatan Masyarakat Direktorat Kesehatan Keluarga 2020. Available from: URL:<https://covid19.go.id/p/protokol/panduan-pelayanan-kesehatan-balitapada-masa-pandemi-COVID-19> [cited 2022, April 10th]
- Kemendes RI. Panduan Pelayanan Kesehatan Balita Pada Masa Pandemi COVID-19. Pedoman pelayanan antenatal, persalinan, nifas, dan bayi baru lahir di era adaptasi kebiasaan baru revisi 2. 2020. Available from: URL:<https://covid19.go.id/storage/app/media/Materi%20Edukasi/2020/Oktober/revisi-2-a5-pedoman-pelayanan-antenatal-persalinan-nifas-dan-bbl-di-era-adaptasi-kebiasaan- baru.pdf> [cited 2022, April 10th]
- Kemendes RI. Panduan Pelayanan Kesehatan Balita Pada Masa Pandemi COVID-19. Global health workforce alliance: Rencana Pengembangan Tenaga Kesehatan Tahun 2011 – 2025. 2011. Available from: URL: https://www.who.int/workforcealliance/countries/indonesia_hrhplan_2011_2025.pdf. [cited 2022, May 1st]
- Juliani A, Dian A, Ansar J. Evaluasi Program Imunisasi Pusat Kesehatan Masyarakat di Kota Makassar Tahun 2012. *Jurnal. FKM Universitas Hasanuddin Makassar* 2012. Available from: URL:<http://etheses.uin-malang.ac.id/29965/> [cited 2022, April 6th]
- Nototatmadojo S. *Metodologi Penelitian Kesehatan*. Jakarta: Rineka Cipta. 2018
- Pratiwi A. Implementasi Program Kampung Keluarga Berencana Di Kelurahan Padang Bulan Kecamatan Medan Baru Kota Medan. Skripsi 2021. Available from: URL:<http://repositori.usu.ac.id/handle/123456789/35049> [cited 2022, April 5th]
- UNICEF and Kementerian Kesehatan RI. Laporan Kajian Cepat Kesehatan : Memastikan Keberlangsungan Pelayanan Kesehatan Esensial Anak dan Ibu di Masa Pandemi Covid - 19 di Indonesia. 2020.

WHO. Maintaining essential health services: Operational guidANCe for the COVID-19 context. 2020. Available from:URL:https://apps.who.int/iris/bitstream/handle/10665/332240/WHO-2019-nCoV-essential_health_services-2020.2-eng.pdf?sequence=1&isAllowed=y[cited 2022, April 9th]

Winarno B. Kebijakan Publik Teori Dan Proses, Yogyakarta : Media Pressindo 2012

