Influence of Antenatal Care 10T to the Statisfaction of Pregnant Maternal in Asyifa Clinic Meurah Dua Sub-District Pidie Jaya Regency

Wahyuni[1], Samsidar Sitorus[2], Aida Fitria[2]

[1]Student of Master of Public Health, Faculty of Public Health Helvetia Health Institute, Medan, Indonesia
[2]Lecturer of Master of Public Health, Faculty of Public Health Helvetia Health Institute, Medan, Indonesia

Abstract. *The policy of Health Departmentin an effort to accelerate the reduction in Maternal Mortality Rate (MMR) and under-five Mortality rate (IMR) basically refers to the strategic intervention "the Four Pillars of the Safe Motherhood" (Family Planning, Antenatal Care,childbirth and Obstetric care Essential). Coverage K4 indonesia (2006 – 2018), the coverage of health services for expectant mothers K4 tend to increase. This study aimed to analyze the influence of antenatal care 10T to the satisfaction of pregnant women in the Clinic Asyifa Kecamatan Meurah Dua Pidie Jaya District.This stuay was a quantitaive with quasy experiment. It was conducted in Asyifa Clinic, Meurah Dua Sub-District Pidie Jaya District. The population was 20 respondents. The sample of this study was taken from all tottal population. Data were analyzed by using Wilcoxon Signed Rank Test.The result showed before intervention 10T, the number of satisfying and disatisfying of mothers of 10 respondents (50.0%). But after intervention 10T, the mother who satisfied increased to17 respondents (85.0%), and 3 (15.0%) respondents were dissatisfied. It was found influencing of Antenatal Care 10T to satisfying of maternal with p-value 0.000.The conclusion drowned the influence of antenatal care 10T to the satisfaction of pregnant women in the clinic Asyifa District MuerahDua Pidie Jaya District in 2019. It is suggested to health services can be a reference for improving the quality of service and degree of public health associated with the service of the ANC is better by applying standard 10T.*

Keywords: *Antenatal Care 10T, Satisfaction, Pregnant Women*

INTRODUCTION

The development of the nation's health is an essential aspect of its overall growth. The SDGs (Sustainable Development Goals) that must be completed by 2030 may be

considered as the worldwide health sector's development goals, grouped in seventeen indicators. Global collaborations, including guaranteeing access to vital medications, are part of the Sustainable Development Goals (SDGs), which also aim to reduce maternal and child mortality, combat TB, malaria, and HIV/AIDS (Lutfiana, 2018).

To accomplish the 2030 Sustainable Development Goals, the 3rd target of the SDGs, the health sector focuses on the Maternal Mortality Rate as a success indicator (MMR). Moreover, by 2030, the threshold will be lowered to 70 per 100,000 live births.

As part of the 5th MDG, a reduction in maternal mortality of 75 percent between 1990 and 2015 is one of the MDGs' primary objectives. Ending in 2015, the Millennium Development Goals (MDGs) came to an end, and the World Health Organization (WHO) has set a new agenda for the continuation of what was built in MDGs by establishing Sustainable Development Goals (SDGs). The target to be achieved by 2030 is to reduce MMR worldwide to below 70/10,000 live births (Jayanti & Wibowo, 2017).

It is possible to use Model 3 to determine the primary causes of maternal death: (1) failure to recognize the danger and fail to seek medical help in time; (2) insufficient time spent at facilities that provide referral services; and (3) inadequate time spent receiving adequate care at facilities that provide referral services. In comparison to the late 3rd model, each factor that causes maternal death is distributed differently. Pregnancy-related issues include hypertensive disorders, obstetrical hemorrhage, non-obstetrical difficulties, other obstetric complications, infection in pregnancy, and other causes (Agustini, 2013).

It's one of the development goals to reduce the maternal mortality rate (MMR). We need require effective antenatal care in order to lower the MMR (pregnancy, delivery, and postpartum) by at least four times throughout pregnancy; one time in the first trimester, one in the second, and two in the third (Fitrayeni et al., 2017).

Strategic intervention "Four Pillars of Safe Motherhood" is referred to as the Ministry of Health's policy to reduce the Maternal Mortality Rate (MMR) and the Under-five Mortality Rate (IMR) (Family Planning, ANC, clean and safe delivery, essential obstetric services) Initiation of Actions MMR can be reduced faster if pregnant women and new mothers have access to high-quality maternal health services, including as prenatal care, labor assistance from medical professionals, and additional support in the event of difficulties during delivery.

Pregnant mothers and their fetuses benefit from antenatal care, which is a health service given by trained health personnel. If you have frequent, thorough antenatal care, you can catch any abnormalities or hazards that may occur throughout your pregnancy before they have a chance to cause harm. Indicators of prenatal care coverage are used to describe pregnant women's access to care. Health workers' initial contact with pregnant women is K1 (the first visit) and their fourth or more contact with competent health professionals is K4 (the fourth or more contact, according to standards) (Marniyati et al., 2016).

From 2006 to 2018, the K4 pregnant women's health coverage in Indonesia has steadily increased. 2018's success has met or exceeded the 88.03 percent goal set by the Ministry of Health Strategic Plan (Renstra) for 2018. K4 coverage in Aceh attained 79.14 percent in 2018 compared to the Restra target of 78 percent, which was established by the Indonesian government. The results demonstrate that this figure is quite close to meeting the national objective established by the government. Ten thousand-one

hundred forty-five pregnant women were counted by the Pidie Jaya District Health Office in 2018. A total of 8,145 individuals (80.2 percent) visited K1 while 6,836 people (6.8 percent) visited K4 (67.3 percent).

Pregnant women that attend the Asyifa Clinic, Meurah Dua District, Pidie Jaya Regency, on an average in April are 117 women.. There were 52 pregnant women in the first and second trimester, and 65 pregnant women in the third trimester among the 117 women that participated in the study.

When it comes to prenatal care, pregnant women's satisfaction with the quality of treatment is a major issue, since non-routine ANC visits can cause harm to pregnant women such as bleeding, because danger indicators of pregnancy are not noticed owing to the lack of ANC. Pregnant women are predicted to be more motivated and more satisfied with integrated ANC if it is provided on a more regular and routine basis, which is expected to result in more visits and more visits (1). Health checks, observations, and education are all part of the antenatal care program for pregnant women in order to ensure a safe and enjoyable pregnancy and birth. Antenatal care is a health service offered by health professionals to pregnant women and their fetuses to improve their overall health. When antenatal services are performed on a regular basis and completely, anomalies and hazards that may occur during pregnancy may be swiftly and adequately treated (Agustini, 2013).

To be considered high-quality, a woman's prenatal care must meet government standards, which include the following: 10 T (weighing and measuring weight and height; measuring blood pressure; assessing nutritional status (measuring upper arm circumference/LiLa); measuring uterine fundal height; screening for tetanus immunity; administering immunizations; administering blood-added tablets; (Agustini, 2013).

Adopting measures for prenatal care (pregnant women receive antenatal care at least 4 times). Pregnant women's access to health care and their degree of compliance in testing their pregnancies at least four times, in line with the visit time, is the focus of this activity. For pregnant women who participate in this activity, the goal is for early detection of pregnancy-related health issues and appropriate treatment. During prenatal care, health care providers assess a pregnant woman's nutritional state by evaluating her lipoprotein-to-amylase ratio (LiLA). 85.35% of pregnant women in 2016 and 86.35% of pregnant women in 2017 had had at least four visits to a prenatal care facility during their pregnancies (Direktoral Jenderal, 2017).

ANC service quality is one of the issues facing pregnant women's health care, and this may be considered as a problem with the availability of ANC services as a whole. ANC services are only as good as their providers and the people who utilize them. ANC coverage is an indicator of midwives' ability to deliver high-quality care to their patients, as well as of the general public's contentment with such services. If a patient is happy with the care they receive, that health service is considered high-quality. It is critical to conduct patient satisfaction surveys in combination with other measures of health service quality, such as quality of care (Lilis et al., 2019).

Quality of care is the most critical need in the health care industry. If a patient is happy with the service, it is considered high quality. Health care providers' (including midwives) easy-to-understand communication with patients goes a long way toward ensuring patient satisfaction. In other words, health care services are more than only medical treatment, but they are also communication-oriented since patients benefit much from it (Pohan, 2007).

Women's needs, wants, and expectations in terms of prenatal care are addressed when they feel their service providers have met their needs, wants, and expectations. It's also possible to think about patient satisfaction in terms of how happy the patient is after comparing his actual sensations with his expectations. It's quite probable that a patient who is happy with the service's value will stick with it. After obtaining health care, the patient's contentment is a behavioral reaction. Decisions on whether or not to acquire the same service again in the future will be affected, as will the way in which information about the health care supplied is conveyed to others (Syafrudin & Taty, 2011).

For a health care facility's reputation and long-term viability, the level of satisfaction its patients express is critical. High levels of patient satisfaction show that the health care facility's vision and goal have been effectively implemented. Patients who are satisfied are more likely to return for more services in the future. There is a tendency to spread word of mouth recommendations from disgruntled patients in order to encourage others to use these health services (Walyani & Purwoastuti, 2015).

Interviews with 10 pregnant women who received antenatal care at the Syifa Clinic in Meurah two District, Pidie Jaya Regency, based on an initial survey conducted between May 8 and May 9, 2019, revealed that six respondents said that midwives did not respond to complaints from pregnant women, while four respondents said that responses to complaints from pregnant women, seven respondents said that the midwife was rushing to provide antenatal care. Customer satisfaction, according to Kotler's definition, is the degree to which the performance or outcomes (the services received and perceived) compare with what is expected. Parasuraman says that quality may be assessed in a number of ways, including responsiveness, trustworthiness, empathy, and the capacity to quantify one's work.

The purpose of the study was to analyze the effect of antenatal care 10T on the satisfaction of pregnant women at the Asyifa Clinic, Meurah Dua District, Pidie Jaya Regency in 2019

METHODS

Analytical survey research is quantitative study in which one representative result is compared to a research design that is not experimental in nature, allowing it to be applied to different populations. Quasi-experiments are generally referred to as quasi-experiments. They are research designs that purposefully assign various levels of certain independent variables to research subjects; in other words, the research subjects receive intervention using specific methods in order to maintain control of the research situation.

Obtaining this controlled study condition is analogous to what would occur in a pure experiment. The population for this study consisted of all pregnant women who received prenatal treatment at Asyifa Clinic in Meurah Dua District, Pidie Jaya Regency in August, a total of twenty women. In this study, the complete population sampling methodology was applied, which means that the entire population was used as a sample. This study used a sample size of twenty respondents.

Questionnaires and nurse performance observation sheets are used to collect data. The acquired data was analyzed using univariate, bivariate, and multivariate analysis, as well as statistical analysis using the Statistical Package For The Social Sciences (SPSS).

RESULTS AND DISCUSSION

Table 1 shows that of the 20 respondents, the majority of respondents aged 20-35 years were 16 people (80.0%), some respondents >35 years were 3 (15.0%), and a small proportion of respondents were <20 years old. 1 person (5.0%).

Table 1. Distribution of Nurse Characteristics

Characteristics	N	Percentage
Age		
< 20 Years	1	5.0
20-35 Years	16	80.0
> 35 Years	3	15.0
Education		
Elementery School	4	20,0
Junior High School	9	45,0
University	7	35,0
Job		
Working	9	45,0
Not Working	11	55,0
Number of Pregnancy		
Primipara	6	30,0
Multipara	14	70,0
Total	20	100

According to Table 2, the majority of respondents have a secondary education (as many as 9 people, 45.0 percent), some have a higher education (as many as 7 people, 35.0 percent), and a minor number of respondents have a basic education (as many as 4 people, 45.0 percent) (20.0 percent).

According to Table 3, the majority of respondents (55.0 percent) work as many as 11 persons, while a minor percentage work as little as nine people (45.0 percent).

According to Table 4, the majority of respondents (70.0 percent) were Multiparas, whereas a minor number of Primipara respondents (up to 6 persons) were Multiparas (30.0 percent).

Table 2. Distribution of Satisfaction of Pregnant Women before ANC 10T examination at Asyifa Clinic, Meurah Dua District, Pidie Jaya Regency in 2019

Pregnant Mother Satisfaction	Total	Percentage (%)
Direct Evidence		
Satisfied	12	60.0
Less satisfied	8	40.0
Total	**20**	**100,0**
Reliability		
Satisfied	6	30.0
Less satisfied	14	70.0
Total	**20**	**100,0**
Guarantee		
Satisfied	7	35.0
Less satisfied	13	65.0
Total	**20**	**100,0**
Concern		

Satisfied	8	40.0
Less satisfied	12	60.0
Total	**20**	**100,0**
Responsiveness		
Satisfied	9	45.0
Less satisfied	11	55.0
Total	**20**	**100,0**

5th Table According to the study's findings, direct evidence indicated that the majority of respondents were content with up to 12 persons (60.0 percent), whereas a minor percentage of respondents were dissatisfied with up to 8 people (40.0 percent). In terms of dependability, it demonstrates that the majority of respondents are dissatisfied with as many as 14 persons (70.0 percent), while a tiny minority are happy with as few as six people (30.0 percent). In terms of assurance, the majority of respondents are dissatisfied with as many as 13 persons (65.0 percent), whereas a tiny percentage of respondents are happy with as many as seven people (35.0 percent). In terms of caring, the majority of respondents are dissatisfied with as many as 12 persons (60.0 percent), whereas a tiny percentage of respondents are content with as many as eight people (40.0 percent). In terms of response, the majority of respondents (55.0 percent) are dissatisfied with as many as 11 persons, while a minor proportion are happy with as many as 9 people (45.0 percent).

The Impact of 10T Antenatal Care Services on Pregnant Women's Satisfaction at Asyifh Clinic, Meurah Dua District, Pidie Jaya Regency, Indonesia in 2019

Table 6. The Effect of 10 T Antenatal Care Services on Satisfaction of Pregnant Women

		N	Mean Rank	Sum Of Ranks	P Value
After before	Negative Ranks	0[a]	.00	.00	
	Positive Ranks	20[b]	10.50	210.00	0,000
	Ties	0[c]			
	Total	20			

According to Table 6, the results of statistical testing using the Wilcoxon signed ranks test indicate a P value of 0.000 0.05, indicating that 10 T prenatal care has an influence on pregnant women's happiness at Asyifa Clinic in Meurah Dua District, Pidie Jaya Regency in 2019. According to the test findings, there was no negative change in patient satisfaction before and after prenatal care 10T with a negative rank value of 0. According to the test findings, all respondents reported a positive improvement (increased satisfaction) in their satisfaction levels before to and after getting 10T prenatal care, with a positive rank value of 20, indicating that 20 participants reported an increase in satisfaction following 10T services. For pregnant women, the average rise in satisfaction is 10.50, while the average number of positive reviews is 210.00. The test findings indicated that there was no correlation between the pretest and posttest values, specifically that theis value was 0. The man whitny test resulted in a p value of 0.000, showing that 10T prenatal care services had an influence on pregnant women's satisfaction at Asyifa Clinic in Meurah Dua District, Pidie Jaya Regency.

Effect before and after 10T Antenatal Care on Satisfaction of Pregnant Women

According to the findings of the research, the results of statistical test analysis using the Wilcoxon signed ranks test indicate a P value of 0.0000.05, indicating that there

is an effect of 10T prenatal care on pregnant women's happiness at Asyifa Clinic in Meurah Dua District, Pidie Regency. 2019 Jaya. According to the test findings, there was no negative change in patient satisfaction before and after prenatal care 10T with a negative rank value of 0. According to the test findings, all respondents reported a rise in patient satisfaction before and after prenatal care 10T with a positive rank value of 20. For pregnant women, the average rise in satisfaction is 10.50, while the average number of positive scores is 210.00. According to the test findings, there was no correlation between pretest and posttest scores, with theis value equal to 0.

According to the author, the service that should be emphasized for improvement on the dependability dimension is the midwife's clarity in delivering counseling regarding pregnancy, labor, and postpartum, as well as any other information required by the patient, in this instance pregnant women. In terms of responsiveness, the midwife's clarity in presenting information about maternal problems and the midwife's service in eliciting patient concerns are considered. Services that need to be enhanced in the assurance dimension include guaranteeing patient safety and boosting patient trust in the services delivered. In terms of empathy, this refers to the midwife's service in providing patients with undivided attention, with the intention that the midwife will also feel what the patient is experiencing. And on a more practical level, services such as waiting room comfort and the clarity of information boards and directions need to be addressed.

To improve patient satisfaction, particularly among pregnant women, it is important to enhance prenatal care services at Asyifa Clinic in Meurah Dua District, Pidie Jaya Regency in 2019 and to maintain service quality that is deemed acceptable by patients. Because if a patient is happy, he or she will return to the service or make a repeat appointment. Pregnant women who are satisfied will undertake a pregnancy re-examination at Asyifa Clinic in Meurah Dua District, Pidie Jaya Regency in 2019.

The findings of this study corroborate those of Azizatul Hamidiyah (2018). Satisfaction with Antenatal Services Among Pregnant Women Using the Method of Importance Performance Analysis. This study employed a cross sectional design. 61 pregnant women who have received ANC treatment at the MCH Poly Pukesmas Bayu Putih were included in this research. The findings indicated that pregnant women were dissatisfied with the ANC services offered at the Banyuputih Health Center. The IPA research reveals that across the five aspects of dependability, responsiveness, assurance, empathy, and tangible (43 service indicators), seven services require improvement and fifteen ANC service quality standards require maintenance (Hamidiyah & Hidayati, 2019).

This study contradicts Ayu WulansariS's (2012) study, The link between prenatal care services and patient satisfaction at the YB Balige clinic in Toba Samosir Regency. The research was conducted at the YB Balige clinic in Toba Samosir Regency using an analytical observational technique with a cross sectional approach. The whole sampling approach was used to choose 32 respondents, meaning all pregnant women who visited the YB Balige Clinic in Toba Samosir Regency. Patients expressed dissatisfaction with the ANC treatments offered at the YB Balige clinic in Toba Samosir Regency.

Antenatal care is one of the program's activities; it is provided by midwives in polyclinics, BPMs (private practice midwives), and hospitals. Additionally, prenatal care can be offered throughout the implementation of posyandu, in maternity homes and health clinics (Mufdlilah, 2017).

There are six requirements for the delivery of prenatal care services, including (1) Pregnant Women Identification, Midwives meet and interact with people of the community on a daily basis to encourage and motivate moms, husbands, and family members to check their pregnancies early and frequently. (2) Prenatal Care (ANC) Examination and Monitoring; Midwives give at least four types of antenatal care. The examination involves anamnesis and monitoring of the woman and fetus. Additionally, the midwife must be knowledgeable with high-risk pregnancies, vaccination, advise, and counseling, and must keep accurate records at each visit. If an abnormality is discovered, it must be capable of taking appropriate action and referring it for further investigation. (3) Abdominal palpation. Midwives carefully examine and palpate the abdomen to determine gestational age and, as gestational age increases, to check the position, the lowest portion of the fetus, and the fetal head's entrance into the pelvic cavity, looking for anomalies and making prompt referrals. (4) Management of anemia during pregnancy. Midwives take measures to prevent, detect, treat, or refer all instances of anemia throughout pregnancy. (5) Early care of preeclampsia, Midwives detect early any increase in blood pressure during pregnancy and recognize other signs and symptoms of preeclampsia, and take necessary action and refer. (6) Preparation for birth: Midwives counsel pregnant women, husbands, and families on how to guarantee a clean and safe delivery, transportation arrangements, and referral expenses. In the event of an unexpected emergency, the midwife should do a home visit (Kusumawati, 2014).

Service is the primary instrument that businesses use to compete with other service providers. With superior service, consumers or customers will almost always attempt to utilize the company's offerings (Lupiyoadi, 2009).

Antenatal care is a planned program of observation, education, and medical treatment for pregnant women in order to ensure a safe and satisfying pregnancy and delivery (Walyani, 2015). Pregnant women can get assistance with prenatal care from health experts such as gynecological specialists, nurse practitioners, midwives, and specialized individuals such as qualified birth attendants. Antenatal care services are available in Posyandu, Public Health Centers, Hospitals, and private physician clinics (Asanab et al., 2019).

Satisfaction is a highly prized asset, since happy patients would continue to utilize the services of their choice. To achieve patient satisfaction, a business or hospital must establish and maintain a system for acquiring new patients as well as the capacity to keep existing ones (Christanto & Damayanti, 2014).

According to the study's findings, prior to the antenatal care intervention 10T, the most prevalent satisfaction indicator provided satisfaction to pregnant women, namely the direct evidence indicator (tangible), with as many as 12 people (60 percent) falling into the category of satisfied with the service and only 8 people (40 percent) falling into the category of less satisfied with the service. In this survey, the majority of respondents were dissatisfied with the reliability indication, with as many as 14 respondents (70 percent) being dissatisfied and as many as six respondents being happy (30 percent). The result is that prior to the 10T prenatal care intervention, the majority of pregnant women expressed satisfaction with visible indicators but dissatisfaction with dependability indicators.

According to the overall research findings from a quantitative research design utilizing the Paired TT test, the level of patient satisfaction for pregnant women receiving 10T prenatal care services at the Asyifa Clinic in Meurah Dua District, Pidie Jaya Regency

in 2019 was satisfactory. Additionally, there is a substantial association between the service quality characteristics and the clinic's degree of patient satisfaction. The researchers anticipate that the quality of health services, particularly 10T prenatal care, can be maintained and enhanced, resulting in further increases in patient satisfaction. However, in order to analyze patient satisfaction in this manner, it must be conducted on a regular and continuous basis as a basis for assessing midwives' performance in delivering health services and the quality of services at the Asyifa Clinic in Meurah Dua District, Pidie Jaya Regency in 2019.

Relationship between training and nurse performance

Training is one instance. According to the findings of the research, the results of statistical test analysis using the Wilcoxon signed ranks test indicate a P value of 0.0000.05, indicating that there is an effect of 10T antenatal care on pregnant women's satisfaction at Asyifa Clinic in Meurah Dua District, Pidie Jaya Regency in 2019. According to the test findings, there was no negative change in patient satisfaction before and after prenatal care 10T with a negative rank value of 0. According to the test findings, all respondents reported a rise in patient satisfaction before and after prenatal care 10T with a favorable rank of 20. For pregnant women, the average rise in satisfaction is 10.50, while the average number of positive scores is 210.00. According to the test findings, there was no correlation between pretest and posttest scores, with theis value equal to 0.

According to study conducted at the Asyifa Clinic in Meurah Dua District, Pidie Jaya Regency in 2019, the average number of 10T services delivered by midwives was 1, and no one reported a drop in satisfaction before to or during the 10T service. the standard of service 10T surpasses pregnant women's expectations. No pregnant woman encounters a disconnect between her expectations and reality. This is a positive development. Given that a gap indicates a bad rating, the service must be continually improved. Gaps can emerge for a variety of reasons, including divergent perspectives on which services are critical and should be prioritized. Certain services are deemed critical by patients but have gotten insufficient attention from the service, resulting in them falling short of patient expectations. This might result in the patient being unhappy and disengaged to the point of unwillingness to return for more appointments. As a result, periodic reviews are important to ensure that service quality meets patient expectations.

According to the author, the service that should be emphasized for improvement on the dependability dimension is the midwife's clarity in delivering counseling regarding pregnancy, labor, and postpartum, as well as any other information required by the patient, in this instance pregnant women. In terms of responsiveness, the midwife's clarity in presenting information about maternal problems and the midwife's service in eliciting patient concerns are considered. Services that need to be enhanced in the assurance dimension include guaranteeing patient safety and boosting patient trust in the services delivered. In terms of empathy, this refers to the midwife's service in providing patients with undivided attention, with the intention that the midwife will also feel what the patient is experiencing. And on a more practical level, services such as waiting room comfort and the clarity of information boards and directions need to be addressed.

To improve patient satisfaction, particularly among pregnant women, it is important to enhance prenatal care services at Asyifa Clinic in Meurah Dua District, Pidie Jaya Regency in 2019 and to maintain service quality that is deemed acceptable by patients. Because if a patient is happy, he or she will return to the service or make a repeat

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There are six standards for the delivery of antenatal care services, including the following: (1) Identification of Pregnant Women; Midwives visit and interact with the community on a regular basis to counsel and motivate mothers, husbands, and family members to check their pregnancy early and regularly. (2) Prenatal Care (ANC) Examination and Monitoring; Midwives give at least four types of antenatal care. The examination involves anamnesis and monitoring of the woman and fetus. Additionally, the midwife must be knowledgeable with high-risk pregnancies, vaccination, advise, and counseling, and must keep accurate records at each visit. If an abnormality is discovered, it must be capable of taking appropriate action and referring it for further investigation. (3) Abdominal palpation. Midwives carefully examine and palpate the abdomen to determine gestational age and, as gestational age increases, to check the position, the lowest portion of the fetus, and the fetal head's entrance into the pelvic cavity, looking for anomalies and making prompt referrals. (4) Management of anemia during pregnancy. Midwives take measures to prevent, detect, treat, or refer all instances of anemia throughout pregnancy. (5) Early care of preeclampsia, Midwives detect early any increase in blood pressure during pregnancy and recognize other signs and symptoms of preeclampsia, and take necessary action and refer. (6) Preparation for birth, Midwives counsel expectant women, husbands, and families on how to guarantee a clean and safe delivery, transportation arrangements, and referral expenses. In the case of an unexpected emergency, the midwife should make a home visit (Kusumawati, 2014).

Prenatal care is intended to monitor the course of pregnancy in order to ensure the mother's health and the growth and development of the fetus. To promote and sustain the physical, emotional, and social health of the mother. Recognizing and resolving any problems or issues that may arise during pregnancy, such as a history of general disease, obstetrics, or surgery, as early as possible. Prepare for term labor and a painless delivery.

Prepare moms to breastfeed exclusively. Preparing women and families to accept the birth of a child in order for them to thrive and develop properly (Walyani, 2015).

Service is the primary instrument that businesses use to compete with other service providers. With superior service, consumers or customers will almost always attempt to utilize the company's offerings (Lupiyoadi, 2009).

Antenatal care services are health care services offered by qualified health professionals to promote the health of pregnant women and the fetus they carry. Regular and thorough antenatal care services can detect early abnormalities and dangers that may occur during pregnancy, allowing these abnormalities and hazards to be managed swiftly and correctly (Marniyati et al., 2016).

Antenatal care is a planned program of observation, education, and medical treatment for pregnant women in order to ensure a safe and satisfying pregnancy and delivery (Walyani, 2015). Pregnant women can get assistance with prenatal care from health experts such as gynecological specialists, nurse practitioners, midwives, and specialized individuals such as qualified birth attendants. Antenatal care services are available in Posyandu, Public Health Centers, Hospitals, and private physician clinics (Asanab et al., 2019).

Satisfaction is a highly prized asset, since happy patients would continue to utilize the services of their choice. To achieve patient satisfaction, a business or hospital must establish and maintain a system for acquiring new patients as well as the capacity to keep existing ones (Christanto & Damayanti, 2014).

According to the researcher, the antenatal care 10T service resulted in a significant increase in pregnant women's satisfaction in 2019 at the Asyifa Clinic, Meurah Dua District, Pidie Jaya Regency, as evidenced by the positive ranks value obtained by 20, indicating that all of the 20 respondents experienced an increase in satisfaction between the pre- and post-intervention 10T periods. The 10T prenatal care service has been shown to be effective in achieving the targeted antenatal care outcomes. The sort of prenatal care service a woman receives has a significant impact on her level of satisfaction. In this study, prenatal care examinations using 10T revealed that 17 persons (85%) of a total of 20 participants expressed satisfaction with the services delivered. This implies that practically all moms are content with the 10T service offered, but three mothers (15%) fall into the unsatisfied group, which is impacted by the fact that the service procedure is too lengthy when utilizing 10T, as the patient is pressed for time and bored. with services that take an extended period of time.

According to the study's findings, prior to the antenatal care intervention 10T, the most prevalent satisfaction indicator provided satisfaction to pregnant women, namely the direct evidence indicator (tangible), with as many as 12 people (60 percent) falling into the category of satisfied with the service and only 8 people (40 percent) falling into the category of less satisfied with the service. In this survey, the majority of respondents were dissatisfied with the reliability indication, with as many as 14 respondents (70 percent) being dissatisfied and as many as six respondents being happy (30 percent). The result is that prior to the 10T prenatal care intervention, the majority of pregnant women expressed satisfaction with visible indicators but dissatisfaction with dependability indicators.

According to the study's findings, after the antenatal care intervention 10T, the most prevalent satisfaction indicator provided satisfaction to pregnant women, namely

the indicators of direct evidence (tangible) and reliability (reliability), with as many as 18 people (90 percent) falling into the satisfied category of service and only two people (10 percent) falling into the less satisfied category of antenatal care services. In this survey, the majority of respondents were unsatisfied with the assurance indicators, with as many as six respondents (30 percent) being dissatisfied and as many as fourteen respondents being satisfied (70 percent). The result is that following the 10T prenatal care intervention, the majority of pregnant women expressed satisfaction with concrete and reliable indicators.

According to the overall research findings from a quantitative research design utilizing the Paired TT test, the level of patient satisfaction for pregnant women receiving 10T prenatal care services at the Asyifa Clinic in Meurah Dua District, Pidie Jaya Regency in 2019 was satisfactory. Additionally, there is a substantial association between the service quality characteristics and the clinic's degree of patient satisfaction. The researchers anticipate that the quality of health services, particularly 10T prenatal care, can be maintained and enhanced, resulting in further increases in patient satisfaction. However, in order to analyze patient satisfaction in this manner, it must be conducted on a regular and continuous basis as a basis for assessing midwives' performance in delivering health services and the quality of services at the Asyifa Clinic in Meurah Dua District, Pidie Jaya Regency in 2019.

CONCLUSION

Based on the results of the research that has been done and presented in the discussion in the previous chapter, it can be concluded that there is an effect of 10T antenatal care on the satisfaction of pregnant women at the Asyifa clinic, Muerah Dua District, Pidie Jaya Regency with a p value of 0.000. positive (increased satisfaction) on patient satisfaction before and after antenatal care 10T with a positive rank value of 20 meaning 20 people experienced increased satisfaction after receiving 10T services.

SUGGESTION

It is recommended to respondents that the results of this study can be used as evaluation material for mothers and add knowledge and information about antenatal care services so that they can get to know 10T services, and can ask midwives to provide 10T services if respondents feel that they do not receive 10T services. It is recommended to health services that the results of this study are expected to be a reference in improving the quality of services and public health degrees related to improving ANC services better by applying the 10 T standard..

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