

Situation Analysis of Antenatal Care Implementation During the Covid-19 Pandemic at the Manggarai Regency Health Center

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Abstract. ANC (Antenatal Care) is an activity to detect abnormalities as well as regularly check the condition of the mother and fetus during pregnancy. Anc should be performed at least four times during pregnancy. The COVID-19 pandemic has significantly impacted maternal and child health services (MCH), reducing visits to K1 and K4 health facilities. The Research with the qualitative research design was carried out from January to March 2022 in each of the seven sub-districts in Manggarai Regency, Public Health Centre in *Langke Lembong* district, *Ruteng*, *Lelak*, and *Satar Mese*. The results showed that the availability of health workers was sufficient where there were midwives responsible for the implementation of antenatal care, and the provision of personal protective equipment was sufficient. Midwives facilitated appointments via WhatsApp and home visits. Pregnant women were advised to read books for the prevention of Emergencies. The implementation of maternity care during the Covid pandemic did not differ significantly from the services provided in the pre-pandemic period. It only differed in the method of the services provided. While still complying with health protocols, it is expected to increase the number of supporting facilities and PPE (Personal Protective Equipment) to support the smooth implementation of ANC services.

Keywords: antenatal care, pandemic Covid-19, pregnancy

1 Introduction

Pregnancy is when a woman has an embryo or fetus in her womb. Pregnancy begins from conception to the birth of the fetus. The duration of pregnancy from ovulation to childbirth is estimated to be approximately 40 weeks and no more than 43 weeks. Pregnant women should consult health services such as midwives, nurses or obstetricians before giving birth. This pregnancy screening process is called Antenatal Care (ANC) [1]. MMR (Maternal Mortality Rate) is a sensitive indicator in describing the community's welfare. The number of maternal deaths due to pregnancy, childbirth, puerperium, or care due to pregnancy, childbirth, or puerperium. However, not for other reasons, such as accidents or falls per delivery[2].

According to the World Health Organization (WHO) report on the national health status on the achievement of the Sustainable Development Goals (SDGs) targets, it is stated that globally around 830 women die every day due to complications during pregnancy and

childbirth with MMR as many as 216 / 100,000 live births and as many as 99% of maternal deaths due to pregnancy, childbirth or birth problems occur in developing countries. The MMR ratio is still relatively high, as it is targeted to be 70 / per 100,000 live births by 2030 (Husada 2019). The MMR in Indonesia in 2015 amounted to 305 / 100,000 live births but did not reach the MDGs target of 102 / 100,000 live births. The target of reducing MMR in 2020 to 205/100,000 live births and in 2030 to 131/100,000 live births with an average decrease of 5.5% per year and AKB of 22/1000 live births (Ministry of Health Republic of Indonesia 2019).

Based on data, from Manggarai Regency, over a 3-year period, the number of MMR cases per 100,000 live births fluctuated. The number of deaths in 2016 was 7 cases (113.23/100,000) of live births and decreased in 2017 to 5 cases (81.93/100,000) of live births. However, in 2018 maternal death cases increased by 6 cases (98.36 / 100,000) live births and AKB in 2017 as many as 70 cases, 2018 it increased by 83 cases, and in 2019 it decreased by 76 cases (Health Profile of Manggarai Regency). For The La'o Health Center in 2017, in 2018 and 2019, AKI did not exist, while AKB 9 cases with details of BBLR 5, asphyxia 3, congenital disabilities one and for Pustu Golodukal in 2019 AKI did not exist while AKB 2 with stillbirth ricin 1 (27 weeks) and asphyxia 1.

From 2006 to 2019, the coverage of K4 pregnant women's health services tended to increase. Compared to the Ministry of Health's Strategic Plan (Renstra) target in 2019 of 80%, the achievement in 2019 has reached the target of 88.54%. The highest presents of k4 coverage are in the DKI Jakarta province, which is 103.63%, while the lowest in the province is 37.5%, and the East Nusa Tenggara province is at 53.36% (Ministry of Health 2019). According to ANC service data from the Indonesian Midwives Association (IBI), there was a decrease in the number of visits between January 2020 and April 2020. The number of K1 (First Visit) visits in January was 76,878, and it decreased to 59,326 in April. Similarly, the number of K4 visits in January was 57,166, and the number in April was 50,767. This is because Indonesia is currently being hit by the Coronavirus Disease 2019 (Cov19) outbreak [5].

Pregnancy checks conducted according to current standards are limited by the Covid 19 outbreak, designated as a pandemic by the World Health Organization on March 11, 2020. According to data from February 2020, the global mortality rate is 2.1%, of which Wuhan City is 4.9%. In Indonesia, as of April 26, 9,960 confirmed cases of Covid19, and 1,151 people recovered. This number is constantly growing. As of July 14, 2020, Indonesia's confirmed cases reached 78,572 (Ministry of Health 2021). During the COVID-19 pandemic, maternal services are essential to pay attention to so maternal pain and deaths no longer increase. During the COVID-19 pandemic, maternal services were limited, such as pregnant women who did not want to go to health facilities for fear of contracting it, as well as delays in pregnancy checkups and classes for pregnant women. The COVID-19 pandemic has significantly impacted maternal, and child health services (MCH), and the number of K1 and K4 visits to medical institutions has decreased.

The coverage of pregnancy examination during pregnancy includes K1 (First Visit), K1(First Visit) ideal and K4 (Fourth Visit). K1 (First Visit) is a health service received by health workers during the last child's pregnancy, at least once, regardless of the period of examination. The ideal K1 (First Visit) is the health service carried out by health workers during the last child's pregnancy, and the first pregnancy control is carried out in the first trimester of pregnancy. K4 is a pregnancy health checkup service for pregnant women by health workers. The frequency during the pregnancy of the last child of the ANC is at least four times according to normal, that is, at least once in the first month of pregnancy and at

least once in the second trimester. Two or three months at least twice (Ministry of Health 2021) between January 22 2020, and April 12, 2020.

Midwives have an essential role in providing high-quality antenatal care for the optimization of maternal and fetal health following the authority of midwives regulated in article 49 of Law Number 4 of 2019, article 49 letter obstetric care in the period before pregnancy, including providing communication, information, and education to women from adolescence to the time before pregnancy in the context of pregnancy planning, planning childbirth, and preparation for parenthood. Article 49 letter b, namely obstetric care during normal pregnancy, among others, provides care during pregnancy to optimize maternal and fetal health, promotes exclusive breast milk, and early detection of cases of risk and complications during pregnancy.

Considering that pregnant women have a higher risk of morbidity and mortality compared to women of childbearing age who are not pregnant, the Ministry of Health, in this case, the Family Health Office, has compiled guidelines for pregnant women, puerperium, and newborns. Pregnant women are advised to undergo a re-examination. It is recommended to do it independently concerning the SMI manual. The mother should also pay attention to the fetus's movements and calculate the fetus's movements. You can contact the midwife or health workers through the media [7].

During the COVID-19 pandemic, several basic health facilities have undergone policy changes, namely the policy of visiting pregnant women, which previously all pregnant women checked their pregnancies in hospitals, Health Center Service, Village Health Centre, and first aid health centre, are now diverted and carried out through home visits of pregnant women by their respective village midwives. So that the examination carried out by the village midwife is likely to cause a discrepancy in the standard of health services because some examinations should be carried out at the Health Center Service, such as laboratory examinations also; if there are no complaints related to her pregnancy, the village midwife does not make a home visit.

The Research conducted [8] obtained the results of the analysis of maternal knowledge 43% were knowledgeable enough, and 35% were knowledgeable less. The obstacle for midwives is the non-compliance of the community, especially pregnant women and cadres, in implementing protocols when visiting health services. It is recommended that Health Center Service more intensively provide education to pregnant women and families and foster health cadres to comply with the implementation of health protocols. Obtained the results of the analysis of maternal knowledge, 43% were knowledgeable enough, and 35% were knowledgeable less. The obstacle for midwives is the non-compliance of the community, especially pregnant women and cadres, in implementing protocols when visiting health services. It is recommended that Health Center Service more intensively educate pregnant women and families and foster health cadres to comply with the implementation of health protocols.

The Research [9] reported that from the 40 samples, 19 were obtained from the K1-K4 examination visit by not conducting the accuracy of the examination action as many as 22 people (71%). The accuracy of the examination action was carried out by as many as nine people (29%). In contrast, those who did not visit the KI-K4 examination were not carried out with no accuracy of the examination action as many as nine people (29%). The accuracy of the examination was not obtained (0%). Based on the statistical test results, the value of $p = 0.090$ ($p > 0.05$) means that the null hypothesis is accepted and the alternative hypothesis is rejected. It can be concluded that there is no relationship between the intensity of visits to the Village

Midwife's house during the COVID-19 pandemic and the accuracy of the examination actions of pregnant women.

Research in Northeast Ethiopia shows Overall, 114 (29.3%) pregnant women have fully utilized antenatal care services during the pandemic. Maternal age 35 years (AOR=11.79, 95% CI=1.18– 117.8), secondary education and above (AOR=4.74, 95% CI=1.04– 21.61), history of stillbirth before recent pregnancy (AOR=0.007, 95% CI=0.001-0.12), disruption and diversion of services due to COVID-19 Response (AOR=0.675, 95% CI=0.142-0.742), fear of COVID-19 (AOR=0.13, 95% CI=0.06–0.31), and lack of transportation access (AOR=4.15, 95% CI=1.04–16.54) is a predictor of the full utilization of antenatal care services. The conclusion drawn from this study is That three out of ten pregnant women who seek clinical obstetrics treatment have fully utilized antenatal care services. Encouraging maternal health status women's education, prioritizing maternal health services during COVID-19, and improving the quality of ANC Services should be emphasized more [10].

Based on the description above, this study aims to analyze the situation of antenatal care (ANC) services during the Covid-19 pandemic at and in the working area of Manggarai Regency, Indonesia. This Research is preliminary Research with a research scheme to make interview instruments containing questions so that it can be used to analyze the situation of Antenatal Care (ANC) services during the COVID-19 pandemic.

2 Method and Materials

This Research is descriptive qualitative Research. Qualitative Research is an approach that allows us to examine people's experiences in depth and use a specific set of research methods, such as in-depth interviews, focus group discussions (FGDs), observation, content analysis, visual, or biography. Research with a qualitative study design that took place from January to March 2022 in each of the 7 Health Center Services in each district in Manggarai regency, namely *Langke Rembong District, Ruteng, Lelak, Rahong Utara, Cibal, Cibal Barat, Reok, Reok Barat, and Satar Mese District*.

Moreover, to get a complete understanding of the situation of Antenatal Care services during the Covid-19 pandemic, this study was conducted. This study used qualitative methods. Semi-structured interviews are designed according to the type of informant. We selected respondents who became key persons in antenatal services at each Health Center Service, including 1 Head of Health Center Service and one midwife in charge of maternal and child health (MCH) poly. The semi-structured interview consisted of open-ended questions covering components of an ANC's service implementation, such as health workers, supporting facilities, and Standard Operating Procedures.

Interview recordings are organized into transcripts and then grouped by question type. This matrix was developed to facilitate the comparison of the opinions of each type of respondent. In the last step, the interpretation and abstraction of data are carried out. Direct quotations representing respondents' opinions are selected as evidence as part of the analysis.

3 Results and Discussion

This Research is qualitative, conducted at 7 Health Center Services by interviews with the Head of Health Center Service and midwives as insurers of the Maternal and Child Health (MCH) poly. The following are the results of the interview conducted:

Characteristics of the respondents

The respondents in this study were 14 people, namely one midwife and one head of a community health centre taken from 7 Health Center Services in 7 districts in Manggarai Regency, Indonesia. The characteristics of the respondents in this study are all the status of civil servants or permanent and have a history of working for more than ten years. Respondents' Ages Range from 35-50 years. The education of the respondents was mostly Obstetrics, and others were General Practitioners, Dentists and Public Health. The reason for choosing respondents to this study is because respondents are policyholders and implementers of antenatal care.

Based on the study's results, respondents already have more than ten years of work experience. The service life of the midwife has a significant impact on the quality of prenatal care. This is because the longer a person works, the more experience he has in carrying out duties, so tenure as a midwife can be seen from his many experiences [11]. The more experience the midwife has in working, the more knowledge the midwife can gain. With this knowledge, midwives can better adapt to the tasks given and the situation of pregnancy services, such as during the Covid 19 period.

The human resources

The human resources in the seven health centres that have been conducted Research are adequate for the implementation of the ANC, where several midwives are responsible for ANC services where most of them are D3 Midwifery educated and have the status of civil servants or permanent and some midwives have voluntary status. The midwives at the 7 Health Center Service continued to carry out ANC services six times during pregnancy by implementing health protocols.

Based on the results of an in-depth interview with the head of the Health Center Service related to Covid-19, the role of health workers in providing ANC services during the pandemic. To the interview results with the head of the Health Center Service, midwives will continue to provide ANC services to pregnant women during the Covid-19 pandemic. There are several obstacles because there are uncharacteristic visits from pregnant women. Midwives also made some changes. There are ANC service methods to increase ANC coverage with Health Center Service during the Covid-19 pandemic, several activities were carried out online, including counselling, education, and gymnastics for pregnant women who were originally face-to-face. The presence of resources greatly helps the successful implementation of policies without supporting resources such as human resources, facilities, budgets, adequate information, and enforcement forces that complicate the achievement of goals.

Friendly health services that provide health-related explanations and encourage proper maintenance and management of pregnancy can motivate pregnant women to complete ANC. Medical personnel, especially midwives, play an important role in providing counselling and care services to develop knowledge for pregnant women and make sure pregnant women are not only informed about pregnancy care but also have more information about contraception and postpartum care [12].

Facilities

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Based on the results of interviews with the head of Health Center Service and midwives in charge of MCH poly said that the availability of tools and materials for Antenatal Care services is quite complete. It's just that the ultrasound tool does not yet exist, so pregnant women are recommended to go to a specialist doctor's practice, except for mothers who are confirmed with the implementation of the ultrasound is postponed until there is a rapid re-examination and negative results.

Moreover, 99% of respondents said that the availability of personal protective equipment (PPE) at the health centre was complete, but some said it needed to be completed. The head of the Health Center Service said that the focus on fulfilling PPE is being carried out and the availability of handwashing stations and soap in each examination room. Pregnant women who have their pregnancy checked must comply with health protocols, such as washing hands, maintaining distance, and wearing masks.

Work facilities are one of the tools that help a person in doing their job. A person can only work optimally with good working conditions. The results of the study show that the availability of tools for the implementation of ANC is quite complete; it is just that the ultrasound tool does not yet exist, and pregnant women can do an ultrasound at a practising doctor if they are not confirmed positive for Covid-19. Midwives use level 1 protective equipment when conducting Antenatal Care examinations. At Health Center Service, facilities to prevent the transmission of covid 19 have been provided such as hand washing stations equipped with soap and running water. Pregnant women are required to use masks and maintain distance.

During the COVID-19 pandemic, ANC service facilities will create COVID-19 prevention protocol banners, provide soap for handwashing facilities, take body temperature before tests, and make appointments for services through communication media; Midwives use PPE and medical masks. Comprehensive care following COVID-19 vigilance and online counselling for pregnant women [13]

Standard Operating Procedures

Based on the results of an interview with the head of the Health Center Service, it was said that there were no special standard operating procedures for ANC services during the Covid pandemic. However, Health Centre Service always applies to pregnant women who have a mandatory examination to comply with health protocols such as washing hands, wearing masks and maintaining distance.

Services for pregnant women are also provided to mothers with no symptoms of covid, such as fever, flu, and cough, who are not in close contact with covid patients, and who do not travel outside the area. Pregnant women who will have their pregnancies checked are not tested regularly except for mothers who have covid symptoms and have been in close contact with covid sufferers. Mothers who are about to give birth are required to do a rapid test and bring the results to the Health Center Service.

The type of prenatal care service is the same as usual (based on SOP), except that the ultrasound examination for mothers with confirmed PDP or COVID-19 is temporarily

suspended until delivery. The quarantine has ended, and after follow-up, the mother is considered a high-risk case [14].

Integrated ANC implementation analysis in the accuracy of early detection of pregnancy comorbidities in the Imogiri health centre 1 Bantul Yogyakarta, in Research conducted by [15]. Before the examination by the family doctor, the doctor is notified that an assessment will be carried out according to the existing format. The doctor performs a physical examination in the next step, followed by general laboratory results, laboratory results, and obstetric results—the results of the assigned tests. The doctor asked the mother about her delivery plan and stated that the midwife expected her Hb as a condition of delivery. Therefore, it should be done monthly to increase Hb and nutritional levels in pregnant women.

Pregnant women must carry out routine checkups during the temporary pandemic contracts, and telephone registration will be carried out by checking their medical history through communication media (telephone) and online, as well as looking for risk factors and symptoms of new coronavirus infection. If the results of online screening show symptoms leading to COVID-19, the expectant mother is referred to the hospital for a swab test or if access to a referral hospital is not possible, the next step is a dental examination. A rapid test is carried out. Pregnancy risk factor screening is carried out in a referral hospital. If no symptoms of COVID-19 are detected, an examination by a doctor can be done FKTP [16].

Antenatal care services during the covid 19 pandemic

The prenatal care flow system is the same as the care flow in the integrated prenatal manual of the Ministry of Health. During the Covid-19 pandemic, the pregnancy examination process follows the rules of the circular protocol for practical instructions for maternal and infant medical services. There have been some changes to the process of the ANC services provided. Following health protocols when visiting the Health Center Service by using a mask, washing hands with soap outside the Health Center Service before entering, and checking body temperature. Pregnant women who receive ANC services are guaranteed to be free of fever and flu and not leave the city. Also, use Level 1 PPE if pregnant women can be tested quickly and medical personnel is required before providing ANC services. First and third-trimester visits, and subsequent visits, are based on the advice of a health professional to arrange an appointment with a doctor, and expectant mothers are also asked to study MCH books, providing information and education via WhatsApp and home visits.

Prenatal care is about education, health promotion, and diagnosing and managing disorders. Based on WHO criteria, pregnant women should visit the ANC at least four times during pregnancy. Visiting hours are once in the first semester, once in the second semester, and twice in the second semester. Following obstetric standards, the ANC visit schedule is as follows: Once a month, once every two weeks in semesters 1 and 2, and once a week in semester 3 [17].

Prenatal care for pregnant women during the pandemic, or the so-called ANC, which is mandatory before entering the service waiting room by washing hands while maintaining social distancing. All pregnant women are checked for symptoms of Covid-19 before entering health facilities. After examining pregnant women, health workers should provide them with adequate nutritional supplements and minimize return visits. Supporting examinations are carried out at the same time as one time for the ultrasound, laboratory tests, vaccinations, and many more [18].

Pregnant women are required to come to health facilities due to the Covid-19 pandemic. Personal hygiene must be maintained by wearing masks, maintaining distance and washing

hands. When visiting health facilities, pregnant women should not be accompanied during the examination in the sense that only patients are allowed to enter the examination room to avoid crowds. ANC screening via telemedicine is recommended for pregnant women exposed to Covid-19. Pregnant women are required to come to health facilities due to the Covid-19 pandemic. Personal hygiene must be maintained by wearing masks, maintaining distance and washing hands. When visiting health facilities, pregnant women should not be accompanied during the examination because only patients are allowed to enter the examination room to avoid crowds. ANC screening via telemedicine is recommended for pregnant women exposed to Covid-19 [19].

4 Conclusion

The implementation of antenatal care during the Covid pandemic is not much different from the services provided in the pre-pandemic period, which is different from the services provided only methods such as pregnant women who make mandatory visits to comply with health protocols, ultrasound services are carried out at specialist doctors, the use of PPE level 1, counselling and appointments are carried out with home visits, and pregnant women are expected to be able to learn the MCH book themselves. The results of this study are expected to provide an overview of the implementation of antenatal care during the Covid pandemic so that health workers can continue to carry out their services while still complying with health protocols and presumably supporting facilities and PPE are biased to be increased in number for the smooth implementation of ANC services.

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