

Description of Midwives' Compliance in Filling Out the Maternal and Child Health Book for Pregnant Women in the Indonesian Midwife Association Ranting Rambipuji Area

¹*Kurnia Puspitawati*, ^{2*}*Syiska Atik Maryanti*, ³*Dian Aby Restanty*

^{1,2,3} *Midwifery Study Program Jember, Health Polytechnic of the Ministry of Health Malang, Malang, Indonesia*

**Corresponding author: syiskahermawan.1978@gmail.com*

ABSTRACT

Background: The Maternal and child health book is a source of maternal and fetal health information used by health workers, especially midwives, as a communication medium. This book is given to every pregnant mother up to a child aged 6 years. Based on 2018 East Java Riskesdas data, 75.5% of mothers have a Maternal and child health book and 24.5% of mothers do not have a Maternal and child health book. Based on a preliminary study, most of the (30%) midwives in the Indonesian Midwife Association area of the Rambipuji Community Health Center branch did comply with documentation in the Maternal and child health book. The aim of this research is to describe the compliance of midwives in filling out MCH books for pregnant women in the Indonesian Midwife Association Ranting Rambipuji area

Methods: Descriptive research design with descriptive survey method. The population is 52 TPMB and the sample of 52 TPMB techniques is a saturated sample. The instruments used questionnaires and Maternal and child health book for pregnant women.

Results: Some midwives are compliant in carrying out documentation in the Maternal and child health book which consists of 5 indicators, compliance rates include identity (13.5%), maternal services (0%), birth orders (5.8%), pregnancy service charts (42.3%) and weight gain graph (15.4%)

Conclusion: Midwives in the Indonesian Midwife Association Rambipuji branch area do not document care in accordance with the provisions. This can be a concern for regional Indonesian Midwife Association to improve the abilities and skills of midwives in filling out MCH books by holding training.

Keywords : *Midwife Compliance; Maternal and Child Health Book; Pregnant Women*

Introduction

The Maternal and Child Health Book is a policy document that has been around for a long time, but until now it has not had the same level of commitment to utilization from the community (Weng, 2022). Preeclampsia is a disease that can be detected early so that complications do not occur either during pregnancy or childbirth (Wahyuni & Rohani, 2017). Guidelines for preeclampsia screening are contained in the mother and child health book. According to Agung Mulyaningsih (2020) in her research, the use of the mother and child health book is effective in conducting early detection of pre-eclampsia (Kolifah & Mulyaningsih, 2020).

Pre-eclampsia screening can be done by doctors, midwives or other health workers, and cadres can also help early detection of pregnant women by identifying women at high risk for pre-eclampsia based on high risk factors for pre-eclampsia, especially in remote areas by using pre-eclampsia screening in maternal and child health books (mother and child health), cadres report to the midwife then the midwife will conduct further examinations and then referral will be made to the puskesmas and hospital doctors (Rokhanawati, 2022).

Based on Riskesdas data in East Java in 2018 ownership of the mother and child health book as much as 75.5% have a mother and child health book and who do not have a mother and child health book 24.5% but who can show the mother and child health book 65%, who cannot show the mother and child health book 35%. Based on a preliminary survey in the Rambipuji branch of Indonesian Midwife Association conducted in June 2024, the results of the documentation study in the Nogosari area PMB from 10 samples of the mother and child health book showed 2 compliant and 8 non-compliant. PMB Rambipuji area from 10 samples of books mother and child health compliant 3 non-compliant 7. PMB Sukorambi area from 10 samples of books mother and child health compliant 1 non-compliant 9. PMB Panti area from 10 samples of books mother and child health compliant 6 non-compliant 4.

Non-compliance in filling out the mother and child health book includes incomplete identity including nik, BPJS number, and patient cellphone number, filling

maternal health services not according to the filling instructions, the mandate for childbirth is not filled in completely in the name of the prospective donor, and the signature of the husband / family, many pregnancy services (charts) are empty and not filled in. The government makes a policy of using the mother and child health book for every service for mothers and children to monitor health and detect pathological conditions so that immediate action can be taken with the guidelines of the mother and child health book which includes maternal and child health and monitoring growth and development.

Method

This study uses a descriptive research design with a descriptive survey method that aims to describe midwives' compliance in filling out the Maternal and Child Health Book (mother and child health) of pregnant women in the Indonesian Midwife Association Rambipuji Branch area. The descriptive approach is used to provide a factual description of the phenomena that occur in the field, especially related to compliance in recording the mother and child health. This research was conducted in the area of Indonesian Midwife Association Rambipuji Branch with coverage of all Independent Midwife Practices (TPMB) in the area. The research implementation time starts from June 2024 to January 2025. The population in this study were all midwives working in 52 TPMB in the Indonesian Midwife Association Rambipuji Branch area. This study used a saturated sample technique, in which the entire population was used as a research sample, so that the number of samples in this study were 52 TPMB using the Maternal and Child Health Book 2023.

Data were collected through questionnaires and observations of the Maternal and Child Health Book of pregnant women that had been filled in by midwives. The research instruments used included observation sheets and questionnaires designed to measure midwives' compliance in filling out the mother and child health based on five main indicators, namely maternal identity, maternal services, delivery mandate, pregnancy service chart, and weight gain chart. Data processing and analysis were done

quantitatively with descriptive analysis techniques. Data obtained from observation sheets and questionnaires were then categorized based on the level of midwife compliance, namely compliant if all indicators of filling out the mother and child health had been fulfilled and non-compliant if there were deficiencies in filling out one or more of these indicators.

Results

1. Univariate Analysis

Tabel 1. Frequency Distribution of Respondents Based on Indicators of Maternal Identity in Maternal and Child Health Books

No	Mom's Identity	Frequency	Percentage (%)
1	Compliant	7	13,5
2	Non-compliant	45	86,5
	Total	52	100

Source : Primary Data for 2023

Table 1 shows that midwives who complied with filling in the maternal identity indicator were 7 people (13.5%) while those who did not comply were 45 people (86.5%), indicating that the level of compliance of midwives in filling out the mother and child health is still relatively low. In the identity section, most midwives did not fill in important information such as financing, national health insurance number, blood type, and telephone number, while elements such as name, identity number, place of birth, education, occupation, and address were generally well filled in.

Tabel 2. Frequency Distribution of Respondents Based on Maternal Services in the Maternal and Child Health Book

No	maternal care	Frequency	Percentage (%)
1	Compliant	0	0
2	Non-compliant	52	100
	Total	52	100

Source : Primary Data for 2023

The results of the study Table 2 below show that there are no midwives (0%) in the IBI Rambipuji Branch area who are compliant in filling in maternal service indicators in the mother and child health, while 100% of other midwives do not complete the recording

thoroughly. Some of the information that is often not recorded includes the results of Random Blood Sugar tests, blood group tests, ultrasound results, PPIA examinations, protein tests, Hb tests, and the management that has been given. Meanwhile, most midwives have recorded basic information such as the first day of the last menstruation, date of examination, weight, height, upper arm circumference, blood pressure, fundus uteri height, fetal location, fetal heart rate, and Tetanus Toxoid immunization status.

Table 3. Frequency Distribution of Respondents Based on Mandate of Delivery in Maternal and Child Health Books

No	Labor Mandate	Frequency	Percentage (%)
1	Compliant	3	5,8
2	Non-compliant	49	94,2
	Total	52	100

Source : Primary Data for 2023

Table 3 shows that the level of compliance of midwives in filling out the mandate part of childbirth in the Maternal and Child Health Book is still very low. Of the total respondents, only 5.8% of midwives were compliant, while the other 94.2% were not compliant. Most midwives had recorded information such as the patient's name, address, estimated day of birth, health facility, delivery funds, vehicle, and contraceptive method to be used. However, many midwives did not complete information related to blood type and patient consent.

Table 4. Frequency Distribution of Respondents Based on Indicators of Pregnancy Service Charts in Maternal and Child Health Books

No	Labor mandate	Frequency	Percentage (%)
1	Compliant	22	42,3
2	Non-compliant	30	57,7
	Total	52	100

Source : Primary Data for 2023

The results of the study in Table 4 show that in the indicator of pregnancy service charts, 43.3% of midwives were compliant in documenting, while the other 57.7% were not compliant. This shows that almost half of the midwives have recorded the results of pregnancy services completely.

Table 5. Frequency Distribution of Respondents Based on Weight Gain Graphs in Maternal and Child Health Books

No	Labor mandate	Frequency	Percentage (%)
1	Compliant	8	15,4
2	Non-compliant	44	84,6
	Total	52	100

Source : Primary Data for 2023

Based on Table 5 below, it shows that the level of compliance of midwives in filling in the weight gain chart of pregnant women in the mother and child health is still low. Of the total respondents, only 15.4% of midwives were compliant, while the other 84.6% did not complete the recording of the weight increase chart. This shows that almost all midwives do not fully record changes in maternal weight during pregnancy.

Discussion

In the Maternal and Child Health Book 2023, the maternal identity section is one of the important aspects that must be filled in by midwives, including personal data on the mother and her family which must match the birth certificate after childbirth takes place. Midwives' non-compliance in filling out maternal identity is influenced by several factors, one of which is high workload. Additional tasks given to midwives when providing services are one of the main causes of incomplete filling in the mother and child health. According to Lapalulu Ustriyaningsih (2020), the additional tasks of a health worker can affect the quality of their work, which is influenced by the division of labor, work ability standards, and the limited time available. In addition, the factor of lack of socialization regarding filling out the mother and child health also plays a role in the low compliance of midwives. Skills in filling out the Maternal and Child Health Book are highly dependent on the understanding and training obtained. Skills are specific skills in completing tasks quickly and accurately, and this can be improved through socialization and training.

Based on the researcher's assumption, the identity of the mother and family in the Maternal and Child Health Book is a crucial component that plays a role in supporting maternal and child health services. Although some midwives have

participated in socialization, non-compliance in recording maternal identity still occurs, mainly due to the high ratio of patients to the number of midwives on duty, so the recording process often takes a long time. If the identity of the mother and her family is recorded properly, then midwifery care can be provided according to individual conditions, so that the mother and child health book can function optimally as an accurate health record. The main purpose of recording identity in the mother and child health book is to ensure that each mother has a recognizable characteristic and can be linked to appropriate health services. Incomplete recording of the mother and child health book also has the potential to reduce the quality of health services provided, so that they do not comply with established standards.

According to Nurmalitasari (2018), midwives are said to comply with the recording of the mother and child health Book if they adhere to the standards and regulations set by the Health Office or the authorized organization. The 2020 revised edition of the mother and child health Book stipulates that certain pages must be filled out by healthcare personnel, including information on maternal services (Dr. dr. Arieta Puspongoro, 2020). The recording of maternal services in the mother and child health Book includes various aspects of pregnancy, childbirth, and postpartum examinations aimed at ensuring optimal monitoring of the health of mothers and babies. The midwives' non-compliance in recording maternal services is likely due to a lack of understanding regarding the proper filling of the mother and child health Book. Some midwives who have attended the socialization still do not comply due to additional workloads, such as tasks at the posyandu and a high number of patients, which causes them to only fill out the parts they find easier. However, complete documentation is very important because it serves as a source of information for healthcare workers in monitoring the condition of mothers and babies. Good documentation allows midwives to detect potential complications early and provide care that is appropriate to the mother's condition.

The impact of incomplete recording of maternal services in the mother and child health Book is an increased risk of delayed detection of pregnancy complications, which

can have adverse effects on both the mother and the fetus. Another factor affecting the midwives' compliance is the lack of socialization regarding the completion of the mother and child health Book, as well as the educational background of the midwives, most of whom are still at the D3 level. This reflects that the recording of services performed by midwives is not yet fully in accordance with the recommended standards, thus requiring an improvement in the understanding and skills of midwives in documenting maternal and child health services.

The mother and child health Book is an important document that contains information and records of maternal and child health services, including any abnormalities during pregnancy up to the child's sixth year (Ministry of Health, 2023). The completion of the delivery plan in the Maternal and Child Health Book must be done thoroughly, ideally during the fourth (K4) visit of pregnancy. In this section, midwives and patients are expected to plan for a safe delivery by including a delivery assistant plan, funding, transportation, contraceptive methods, blood donors, and a delivery companion. This is in line with the goals of the Labor Planning and Complication Prevention Program (P4K), which is to ensure that pregnant women receive comprehensive healthcare services from pregnancy to postpartum. The low compliance of midwives in filling out the delivery mandate remains an obstacle. According to the researchers' assumption, although some midwives have attended the socialization of the mother and child health Book, there is still a lack of knowledge regarding the function and importance of the mother and child health Book in documenting midwifery care. Some midwives also do not fully adhere to the standard operating procedures in recording, despite having received training. Another factor contributing to this non-compliance is the additional workload of midwives, which leads to a lack of attention to filling out the delivery mandate in the mother and child health Book.

The impact of non-compliance in documenting delivery orders can be serious, such as delays in handling that increase the risk of complications for both mother and baby. Additionally, the lack of delivery planning can lead to errors in handling

childbirth, which has the potential to cause injuries to both the mother and the baby. Therefore, efforts are needed to improve midwives' compliance in filling out the mother and child health Book through more intensive socialization and strict supervision to ensure that every pregnant woman receives optimal service in accordance with the established standards.

According to the Ministry of Health (2023), the mother and child health Book serves as documentation of all maternal and child health service outcomes, covering the periods of pregnancy, childbirth, postpartum, as well as the growth and development of infants. This book also contains important information for mothers, husbands, and families, including vigilance regarding health issues for pregnant women, newborns, and toddlers (Arum, 2023). In the pregnancy chart, there are various columns that must be filled out by the midwife, such as gestational examination, uterine fundal height, blood pressure, fetal heart rate (FHR), maternal pulse, MAP, fetal movements, and other parameters that serve to detect potential pre-eclampsia. This chart plays a crucial role in the early screening of pre-eclampsia, aiming to prevent serious complications such as fetal growth disturbances, prematurity, abortion, bleeding, and even fetal death. Most midwives have understood the importance of recording pregnancy charts because this indicator is part of the routine examinations they conduct. Good documentation allows midwives to monitor the progress of pregnancy regularly and plan subsequent actions. However, non-compliance in filling out the mother and child health Book is still found, which, according to the researchers' assumption, is caused by periodic revisions in the format of the mother and child health Book, so some midwives are not yet accustomed to the changes in filling out the service charts. Therefore, more intensive socialization is needed so that midwives become more accustomed to the latest format of the mother and child health Book, enabling optimal and standard-compliant recording of pregnancy services.

According to the Ministry of Health (2023), the weight gain chart in the mother and child health Book is used to monitor the weight development of pregnant women based on their pre-pregnancy body mass index (BMI). Health workers mark the initial

BMI, calculate weight changes at each visit, and record them on the chart with a cross (x). This monitoring is important to detect weight disturbances that can affect the health of the mother and fetus, as well as to assist midwives in regulating a balanced diet and physical activity. If the weight gain graph is not monitored, the impacts can vary, such as obesity, pre-eclampsia, diabetes, and delivery complications due to overweight and Chronic Energy Deficiency (CED). With this graph, midwives should find it easier to monitor the nutritional balance of pregnant women and anticipate the risk of complications.

According to the researchers' opinion, most midwives do not record the weight gain chart because they have already recorded the mother's weight on the previous page of the mother and child health Book. In fact, midwives who have attended the socialization also consider that recording this graph is unnecessary because the weight data is already available in the early part of the mother and child health Book. This indicates that the midwives' understanding of the function of the weight gain chart is still not optimal. There is a need to enhance the awareness and compliance of midwives in filling out the weight gain chart in the Maternal and Child Health Book. Further socialization and strengthening of recording standards are expected to improve the quality of documentation, so that monitoring of pregnant women's health can be conducted more accurately and effectively.

Conclusion

Based on the research results that have been conducted, it can be concluded that the level of midwives' compliance in filling out the Mother and Child Health Book (mother and child health book) in the IBI Ranting Rambipuji area in 2024 is still classified as low. Most midwives have not fully complied with the established recording procedures, which could potentially affect the completeness of maternal and fetal health information. This non-compliance is evident in various indicators of filling out the mother and child health. In the section on the mother's identity, 86.5% of midwives did not complete the entries. Next, in the maternal service section, all midwives (100%) did

not comply with filling in the required data. The labor mandate section also shows a high level of non-compliance, with 94.2% of midwives not recording information completely. In the pregnancy care chart, 57.7% of midwives did not comply with proper record-keeping. Meanwhile, in the section of the weight gain chart, 84.6% of midwives did not record as they should have.

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