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ORIGINAL RESEARCH

THE EFFECTIVENESS OF THE CONTINUUM OF CARE-BASED MIDWIFERY CARE MANAGEMENT MODEL AS AN EFFORT TO REDUCE MMR, IMR AND INCREASE MKJP

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ABSTRACT

Maternal health is one of the targets set in the 2030 Agenda 3 (Sustainable Development Goals), which targets a maternal mortality rate (MMR) of 70 per 100,000 live births. MMR in Indonesia remains relatively high and is a major health problem. One of the causes of MMR and an indirect cause of IMR is preeclampsia. Preeclampsia is a specific pregnancy-related hypertension syndrome with a multisystem, multifactorial condition that is significantly associated with maternal and perinatal mortality and morbidity. (Arti, Wijayati, and Ivantarina, 2022) The Continuum of Care-based Midwifery Care Management Model, which begins during pregnancy and continues through family planning, is an important strategy for improving maternal and infant health and reducing maternal and infant mortality rates (MMR) and infant mortality rates (IMR). This research uses a case study method, which describes the results of the assistance provided to respondents after treatment. The purpose of implementing this care is to identify the CoC care model in reducing MMR, IMR and increasing MKJP in respondents as many as 33 years old carried out for ± 8 weeks, including 2 pregnancy care, 1 delivery, 4 postpartum care, 3 neonatal care, and 1 family planning care. The results of pregnancy care were mostly normal without any complications 26 (78.7%), the majority of spontaneous deliveries 31 (94%), the majority of postpartum was normal without complaints and complications 32 (97%), the majority of babies were in normal condition 31 (94%) and the choice of contraception mostly used IUD 11 (33%). Midwifery care management based on the Continuity of Care approach contributes to reducing maternal and infant mortality rates and improving the well-being of mothers and babies, thereby supporting the achievement of optimal health. The target number of long-term family planning (MKJP) users is also met.

Keywords

Pregnant Women, CoC Model, MMR, IMR and MKJP

INTRODUCTION

Maternal and child health is a key indicator in assessing a country's public health. Efforts to reduce maternal mortality rates (MMR) and infant mortality rates (IMR) are a primary focus of global and national health development (World Health Organization, 2023). In Indonesia, maternal

and child health services are a priority for health development, as mothers and children are a vulnerable group requiring special attention during pregnancy, childbirth, postpartum, and newborn care.

According to data from the World Health Organization (WHO) in 2023, an estimated 260,000 women worldwide will die during pregnancy, childbirth, and the postpartum period, with the majority of deaths occurring in lower-middle-income countries. The WHO aims through the Sustainable Development Goals (SDGs) to reduce maternal mortality to less than 70 deaths per 100,000 live births by 2030.

In Indonesia, despite various efforts to improve the quality of midwifery services, the maternal mortality rate remains high. According to data from the WHO (2024) and the Indonesian Ministry of Health (2023), the maternal mortality rate in Indonesia is estimated to reach 140 per 100,000 live births in 2023. This situation reflects ongoing gaps in the implementation of comprehensive and continuous midwifery services, particularly during pregnancy, childbirth, postpartum care, newborn care, and family planning (Indonesian Ministry of Health, 2023).

Regionally, East Java Province continues to face similar challenges. According to data from the East Java Provincial Health Office, the maternal mortality rate in 2024 was recorded at 82.56 per 100,000 live births, a decrease compared to 93.34 per 100,000 live births in 2023. (East Java Provincial Health Office, 2024). Nevertheless, these figures indicate that maternal and neonatal mortality cases still require serious attention, particularly in terms of early detection of complications and continuity of obstetric services.

Conditions in Mojokerto Regency and City, as one of the regions in East Java, also illustrate this situation. Based on the Mojokerto Regency Health Profile for 2024, of the 16,707 registered pregnant women, approximately 3,341 (20%) were categorized as at risk or experienced obstetric complications (Regency RPJMD, 2025). What we need to know is that the total number of maternal deaths in East Java Province in 2024 was recorded at 484 cases, with these incidents occurring due to various causes, such as bleeding, hypertension, infection, heart and blood vessel disorders, autoimmune disorders, abortion, and several other causes. (East Java Health Office Profile 2024)

Mojokerto Regency contributed 0.2% of MMR or 1 case of maternal death caused by heart and blood vessel disorders, while in Mojokerto Regency there were 13 cases or around 7% of the total MMR in East Java with the most common cause coming from unknown factors at 53.8%, followed by bleeding at 23.1%, hypertensive disorders at 15.4%, and post-miscarriage complications at 7.7% (East Java Health Office Profile, 2024). Although Gatoel Hospital recorded zero MMR and IMR from 2023 to November 2025, this condition still shows the need to strengthen maternal and neonatal health services on an ongoing basis, considering that the level of public health of a region is not only reflected in the Maternal Mortality Rate (MMR) but also from the Infant Mortality Rate (IMR).

These figures are influenced by, among other things, the mother's health status before and during pregnancy, as well as the quality of newborn care. Various factors can lead to complications for both mother and baby, one of which is unplanned or unwanted pregnancy. According to the United Nations Population Fund (UNFPA, 2022), globally, there are approximately 121 million unplanned pregnancies each year, or nearly half of all pregnancies worldwide. Unintended pregnancies often result in mothers being less prepared for their health during pregnancy, delaying antenatal care, and increasing the risk of maternal and neonatal complications. Therefore, strengthening family planning (FP) programs is a crucial effort to reduce the number of high-risk pregnancies and prevent unplanned pregnancies.

Thus, although maternal and child health services are already in place, challenges remain in implementing comprehensive and continuous midwifery services at every stage of a woman's reproductive life. This situation emphasizes the importance of implementing Continuity of Care (CoC) midwifery care, namely

services provided continuously from pregnancy, childbirth, postpartum, newborn care, and family planning services. The Continuity of Care approach is expected to improve the quality of midwifery services, strengthen the role of midwives in providing holistic and individualized care, and prevent pregnancy complications, including in women with unintended pregnancies. This ultimately contributes to reducing maternal and infant morbidity and mortality.

RESEARCH METHODS

The research design used was descriptive. The care design used a case study approach. Comprehensive midwifery care (continuity of care) is a series of continuous and comprehensive service activities, starting from pregnancy, childbirth, postpartum, newborn care, and family planning (FP) services. The comprehensive midwifery care model aims to improve continuity of care over a specific period, assessing complications as early as possible to improve the overall and long-term health of mothers and newborns. The primary goal is to reduce maternal morbidity and mortality. Women who receive COC services will receive more effective care, a more efficient experience, higher-quality clinical outcomes, and can improve access to services that are difficult to access (Dewita Rahmatul Amin et al., 2024).

Services provided range from pregnancy, childbirth, postpartum care, newborn care, and family planning (FP) with a total of 11 visits: two prenatal visits, one delivery visit, four postnatal visits, three newborn visits, and one family planning visit. The population in this study was all pregnant women who were in the final trimester (gestational age 37-38 weeks) as many as 33 respondents in the Puri community health center area.

The sample in this study was all members of the population, namely 33 respondents.

In this study, the sampling technique used was based on the population, by using Non-probability Sampling with the Total sampling method where the sampling technique was based on the entire existing population (Rapingah 2022).

Measurement of Maternal and Infant Mortality: If there is a death during pregnancy up to 40 days (6 weeks) postpartum, it is if there is: ≥1 and None if 0. Measurement of the type of MKJP contraception postpartum up to 6 weeks is Using: Implant and IUD and not using if: Injectable pills and condoms and MAL.

RESEARCH RESULT

1. Respondent Characteristics Based on Pregnancy Care

Table 1: Frequency distribution of respondents based Based on Pregnancy Care

No	Complications	Frequenty	Percentage (%)
1	Normal	26	78,7
2	PROM	5	15,2
3	Postdate	2	6,1
Total		**33**	**100**

Source: Data processing in 2026

Based on Table 1 above, the data shows that the majority of prenatal care provided during pregnancy was normal, with 26 (78.7%)

2. Respondent characteristics based on Care During Delivery

Table 2: Frequency distribution of respondents based Based on Care During Delivery

No	Complications	Frequenty	Percentage (%)
1	Spontaneous	31	94
2	SC	2	6
Total		**33**	**100**

Source: Data processing in 2026

Based on Table 2 above, the majority of births during delivery were spontaneous 31 (94%).

3. Respondent characteristics based on Postpartum Care

Table 3: Frequency distribution of respondents based Based on Postpartum Care

No	Complications	Frequenty	Percentage (%)
1	Normal	32	97
2	Mastitis	1	3
Total		**33**	**100**

Source: Data processing in 2026

Based on table 3 above, the data obtained shows that the majority of postpartum care was normal 32 (97%)

4. Respondent characteristics based on Newborn Care

Table 4: Frequency distribution of respondents based Based on Newborn Care

No	Complications	Frequenty	Percentage (%)
1	Normal	31	94
2	Ikterus	1	3
3	BBLR	1	3
Total		**33**	**100**

Source: Data processing in 2026

Based on Table 4 above, the data shows that the majority of newborn care provided was normal 31 (94%).

5. Respondent characteristics based on Contraceptive Use

Table 5: Frequency distribution of respondents based Based on Contraceptive Use

No	Complications	Frequenty	Percentage (%)
1	MAL	7	21,2
2	Suntik 3 Bulan	9	27,2
3	Implant	6	18,3
4	IUD	11	33,3
Total		**33**	**100**

Source: Data processing in 2026

Based on Table 5 above, the majority of contraceptive choices were IUDs, with 11 (33.3%)

6. Respondent characteristics based on Maternal Mortalit Incidence

Table 6: Frequency distribution of respondents Based Maternal Mortality Incidence

No	Complications	Frequenty	Percentage (%)
1	Yes	0	0
2	No	33	100
Total		**33**	**100**

Source: Data processing in 2026

Based on Table 6 above, there were no maternal mortality incidents, namely 33 (100%).

7. Respondent characteristics based on Infant Mortality

Table 7: Frequency distribution of respondents based Infant Mortality

No	Complications	Frequenty	Percentage (%)
1	Yes	0	0
2	No	33	100
Total		**33**	**100**

Source: Data processing in 2026

Based on Table 7 above, there were no infant mortality incidents, namely 33 (100%).

DISCUSSION

1. Respondent Characteristics Based on Pregnancy Care

Based on Table 1 above, the data shows that the majority of prenatal care provided during pregnancy was normal, with 26 (78.7%)

In line with the opinion of Rizky Yulia Efendi et al. in Lestari et al., (2025) which states that pregnancy is a natural process that causes various changes in the mother's body to support the growth and development of the fetus, with a normal pregnancy length of around 280 days or 40 weeks calculated from the first day of the last menstruation. In addition, according to Sandy Nurlaela Rachman et al., (2023), the frequency of ANC visits in normal pregnancies according to the 2020 KIA Book is a minimum of six times, namely twice in the first trimester, once in the second trimester, and three times in the third trimester, so that ANC visits for all participants are within normal limits. Eduka & Cmedia, (2021) said that a healthy pregnancy must have regular Antenatal Care checks, so that they get regular pregnancy checks.

In terms of respondent age, mothers were between 20 and 35 years old. This age group is highly productive and mature in absorbing knowledge and information from others. Therefore, when respondents received accurate information about pregnancy health, they were able to apply it effectively, ultimately resulting in a normal pregnancy without complications. Maternal age has a strong influence on reproductive organ development. This relates to the physical condition of the mother's organs in receiving and supporting the development of the fetus.

2. Respondent characteristics based on Care During Delivery

Based on Table 2 above, the majority of births during delivery were spontaneous 31 (94%).

Maimunah et al., (2025) stated that normal labor and delivery is the process of expelling a fetus that occurs during full-term pregnancy (37-42 weeks), born spontaneously with a cephalic presentation that occurs within 18 hours, without complications for either the mother or the fetus. According to Annisa Ul Mutmainnah et al., (2021), signs of labor include uterine contractions, the presence of bloodslym, cervical dilation, and sometimes the membranes breaking spontaneously. The stages of labor according to Ida Ria Royentina Sidabukke et al., (2025) include Stage 1 starting with the onset of regular uterine contractions and ending when cervical dilation reaches 10 cm. Stage II begins after complete cervical dilation and ends with the birth of the baby, Stage III begins after the birth of the baby and ends with the expulsion of the placenta and amniotic membranes. This stage usually lasts 5-30 minutes and Stage IV, the postpartum observation stage, which is the period of 1-2 hours after the expulsion of the placenta, where the mother is monitored to ensure the stability of the condition and detect any complications such as postpartum hemorrhage.

Based on the overall results of the mentoring, it can be concluded that the labor process for 31 respondents proceeded normally or physiologically. Midwives provided delivery care in accordance with applicable midwifery nomenclature and service standards. There was a congruence between theory and practice, thus

demonstrating that the theoretical basis used serves as an appropriate guideline for midwives in thinking and acting professionally.

3. Respondent characteristics based on Postpartum Care

Based on table 3 above, the data obtained shows that the majority of postpartum care was normal 32 (97%)

Biologically, the postpartum period is defined as the period following the delivery of the placenta and ends when the uterus returns to its pre-pregnancy and pre-delivery state. The postpartum period lasts for six weeks, or 42 days (Ratna Dewi et al., 2024).

According to Evi Yanti et al., (2025), the intermittent heartburn experienced by postpartum mothers is part of the uterine involution process, namely the process of returning the size and shape of the uterus after the placenta is delivered until it returns to its pre-pregnancy state. This process is one of the normal physiological changes during the postpartum period. As uterine contractions occur after delivery, the fundal height (FH) will gradually decrease. On the first day postpartum, the FH is palpable about one finger below the navel. On the second day, the FH decreases to two to three finger below the navel. On the fourth to fifth day, the FH is midway between the symphysis and the navel, and on the 10th to 12th day postpartum, the FH is no longer palpable, indicating that the uterine involution process is progressing well. The blood that comes out during the postpartum period is a fluid from uterine excretion called lochia. Lochia is a normal discharge that occurs as part of the uterine recovery process after delivery (Evi Yanti et al., 2025).

Based on the results of midwifery care and mentoring for 32 respondents during the postpartum period, it can be concluded that there is no gap between theory and practice in the field. All physiological changes experienced by mothers, such as heartburn due to uterine contractions, the process of uterine involution characterized by a gradual decrease in the height of the uterine fundus, and changes in the characteristics of lochia from lochia rubra to lochia alba, are in accordance with the theory put forward in various obstetric literature. These conditions are normal processes that occur during the postpartum period and indicate that the mother's recovery is progressing well.

Furthermore, no signs of complications were found in the mother during the follow-up period. Midwifery care was carried out in accordance with midwifery service standards, including monitoring the postpartum mother's condition, providing health education, and providing Communication, Information, and Education (IEC) regarding newborn care, breast care, exclusive breastfeeding, and umbilical cord care.

Therefore, it can be concluded that the midwifery care provided was in accordance with the theoretical and practical foundations of midwifery and supported the achievement of optimal maternal health during the postpartum period.

4. Respondent characteristics based on Newborn Care

Based on Table 4 above, the data shows that the majority of newborn care provided was normal 31 (94%).

According to Syamsiah et al., (2025), a normal newborn is a baby born with a posterior presentation of the head pervaginam without the use of assistive devices, at 37–42 weeks of gestation, with a birth weight between 2,500–4,000 grams, an APGAR Score of more than 7, and without any congenital defects. Furthermore, Putu Dian Prima Kusuma Dewi et al., (2025) stated that a healthy newborn generally has characteristics in the form of a birth weight of 2,500–4,000 grams, a body length of around 45–55 cm, a head circumference of 33–35 cm, a strong cry at birth, active and responsive movements to stimuli, pink skin color, regular respiratory rate of around 40–60 times per minute, a normal heart rate of 120–160 times per minute, warm and moist skin, and basic reflexes such as active sucking, grasping, and Moro reflexes.

Based on the results of visits and assistance carried out during the neonatal period, newborn care for Mrs. R's baby was carried out in accordance with applicable midwifery care standards. All results of physical examinations, vital signs, and monitoring of the baby's growth and development indicated normal physiological conditions and were in line with the criteria for a normal newborn according to relevant theories. No deviations, complications, or health problems were found during the care process, so it can be concluded that there is no gap between theory and practice in the implementation of newborn care for 31 babies.

5. Respondent characteristics based on Contraceptive Use

Based on Table 5 above, the majority of contraceptive choices were IUDs, with 11 (33.3%)

Family Planning (KB) according to Wahyuni, (2022) is an effort to regulate pregnancy, child birth, birth spacing and age, and provide protection and assistance in accordance with reproductive rights, in order to form and realize a prosperous and quality family, both physically and mentally. Wahyuni, (2022) also explains that based on Government Regulation of the Republic of Indonesia Number 87 of 2014 concerning Population Development and Family Development, Family Planning, and Family Information Systems, one of the objectives of the KB policy is to regulate desired pregnancies and increase male participation and involvement in Family Planning practices.

Based on the results of the study and discussion regarding Family Planning (FP) and the respondents' plans to choose contraceptive methods, it can be concluded that there is no gap between theory and practice. In theory, couples of childbearing age are encouraged to choose a contraceptive method that suits their health conditions, needs, and reproductive plans. The decision to delay insertion until the postpartum period is a consideration of the mother's physical and psychological condition after delivery, which is also in line with the principles of midwifery care that prioritize client safety and comfort.

The results of the MKJP contraceptive selection have contributed to the success of programs by the National Population and Family Planning Board (BKKBN) and the Indonesian Birth Control (IBI) professional organization. MKJP contraceptive use remains below the target set by the Mojokerto Regency DP2KBP2.

6. Respondent characteristics based on Maternal Mortalit Incidence and Infant Mortality

Based on Table 6 and 7 above, there were no maternal mortality and infant mortality incidents, namely 33 (100%).

In her book, Anita, (2023) wrote about the Professional Standards of Midwives according to the Decree of the Minister of Health of the Republic of Indonesia No. 369/Menkes/SK/2007 including: Standard VII on management standards in midwifery services, standard x on documentation of midwifery practice and Varney's VII care management, namely: assessment, formulation of diagnosis, planning, implementation and evaluation and recording of midwifery care. The midwifery management method according to Nila Trisna Yulianti et al., (2025) is Midwifery management is a problem-solving approach to organize thoughts and actions logically in providing client care. Helen Varney (1997) developed the midwifery management process into seven stages based on scientific principles and oriented to the client. The stages of Midwifery Management according to Varney, 1997 are as follows: Collection of basic data, interpretation of basic data, identification of diagnoses and potential problems, and determination of immediate treatment, midwifery care planning, implementation and evaluation.

The research found that zero maternal and infant mortality rates were achieved because caregivers provided appropriate care and education tailored to the needs of each respondent, supported by the mothers' predominantly middle-level education. At this level of education, mothers are able to respond well to information and education. They understand

and accept the information more quickly, enabling them to act accordingly.

CONCLUSION

Subjective and objective data assessment of 33 respondents revealed no discrepancies between theory and reality, as the complaints experienced by mothers and infants were within normal limits and could be addressed with existing theory. Analysis of the diagnosis of 33 respondents was successfully identified based on the subjective and objective data assessment, indicating that all conditions were within physiological limits.

Midwifery care for the 33 respondents, from pregnancy through family planning services, and for their infants during the neonatal period, was provided comprehensively according to client needs, with reference to applicable midwifery theory and practice standards. Evaluation and follow-up actions for the 33 respondents and their infants were conducted based on applicable midwifery practice standards and theoretical foundations, ensuring continuity and quality of care. Zero maternal mortality rate (MMR) and infant mortality rate (IMR), meaning all 33 respondents were healthy and had no emergency complications, and the researcher could still provide prompt and appropriate treatment. This is because respondents were very cooperative when provided with education. Contraceptive choice and achievement in the Long Term Pregnancy Period (MWJP) are still low, despite respondents having received education. However, a significant factor is the husband's involvement as a partner, who determines the choice of contraceptive method by the acceptor, in this case the respondent. Most partners did not allow respondents to use an IUD, citing various reasons that it would interfere with intercourse. Furthermore, respondents also believed that IUDs cause pain during menstruation.

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