

Basic Maternal Care for Pregnant Women Under The Regulation of Minister of Health Number 4 of 2019

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Abstract

This research focuses on evaluating the level of service of pregnant women under Basic Maternal Care and exploring the Health Legal Aspects related to Minimum Service Standards (MSS) in Pemantangsiantar, Indonesia. By examining the factors that influence the role of legal regulations, this research analyzes the implementation of MSS stipulated by Law Number 4 of 2019 on Midwifery. One of the main objectives is to evaluate the role of law in ensuring compliance with MSS to protect the health of pregnant women. This research also seeks effective solutions to reduce the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) through improving standardized maternal care provided by health facilities. The research results emphasize the importance of fulfilling quantity and quality standards, by taking into account the availability of infrastructure, Human Resources (HR), social support, and the awareness of pregnant women. Optimizing the implementation of MSS is the main focus to achieve the research objectives. Additionally, a deep understanding of the health legal framework was identified as an essential factor. The research contributes to policy improvement, educational interventions, and expansion of legal regulations to support quality and equitable maternal health care. Thus, this research becomes the basis for improving the health of pregnant women and achieving service standards set by Regulation of the Minister of Health Number 4 of 2019.

Keywords: MMS, Pregnant Women, Maternal Care

1. INTRODUCTION

Basic maternal care for pregnant women is crucial in ensuring the health and well-being of the mother and fetus. The health of pregnant women not only affects the pregnancy process but also has a long-term impact on the children's health. Therefore, it is important to understand and pay special attention to maternal health during pregnancy. Maternal health care is essential for the well-being of pregnant women and their babies and it is crucial in ensuring the health and welfare of the mother and fetus, following Law Number 4 of 2019 on Midwifery. The health of pregnant women affects both the pregnancy process and the long-term impact on the health of the children. Therefore, special understanding and attention to aspects of maternal health during pregnancy is necessary. Maternal health care is essential for the well-being of pregnant women and their babies in Indonesia. Although the National Health Insurance Scheme (NHI), known as Universal Health Coverage (UHC), has reduced the financial burden related to access to maternal health care, there is a need to overcome a few hurdles. Several factors influence the use of maternal health care among Indonesian mothers, including socio-economic, cultural, and geographic barriers. Lack of health awareness among pregnant women is a significant obstacle, highlighting the importance of increasing awareness of the need for maternal health care during pregnancy. Integration of care between maternal health care and other health services in Indonesia is a necessity. Management of concomitant diseases during pregnancy must be well integrated to ensure comprehensive and coordinated care for pregnant women with specific health problems. In this context, factors such as adequate nutrition, access to medical care, regular pregnancy monitoring, and emotional support play a crucial role in a smooth pregnancy and birth process. The ambitious target of the Sustainable Development Goal (SDG) to reduce maternal mortality to 70 per 100,000 live births by 2030 shows serious challenges related to

maternal health in Indonesia. Adapting to New Habits during a pandemic has provided guidelines for providing optimal antenatal care, and maintaining the health of mothers and children in Indonesia. In Pematangsiantar city, in North Sumatra Province, its role is very important in overcoming maternal health challenges. The city's health profile can determine the success of efforts to improve maternal health facilities in the region. In ensuring effective maternal care, the study of health law becomes relevant. Health law can be a basis for forming policies and regulations that support maternal health care following Law Number 4 of 2019 on Midwifery. Legal advocacy also has a crucial role in educating the public about maternal health rights, identifying rights violations, and working with authorities to create positive change in the maternal health care system in Indonesia. In this context, legal advocacy has a crucial role. Advocacy can help educate the public about maternal health rights, identify rights violations, and work with authorities to create positive changes in the maternal health care system.

2. METHODOLOGY

According to Soerjono Soekanto, a method can be defined as a process or systematic way to understand a problem through structured steps. Research, as a tool that humans use to strengthen, develop, and develop knowledge, involves involvement in the process.

Research Specifications

The method applied was descriptive analytics, which describes the applicable laws and regulations related to legal theories and practice of implementing positive law related to the responsibilities of midwives and Minimum Service Standards (MSS) and maternal care. Descriptive research aims to detail certain phenomena related to theory and address problems that arise.

Approach Method

The method applied in this research was the normative juridical method, a deductive approach that uses theory as a starting point for answering research questions. This research analyzes articles in statutory regulations related to midwives' responsibilities, Minimum Service Standards (MSS), and maternal care. In the context of normative research, a conceptual approach is used to understand concepts such as midwife responsibilities, Minimum Service Standards (MSS), and maternal care. These concepts are the basis for producing norms in the rule of law.

Research Stage

- a) Literature Research: this involves a literature study to collect secondary data, including primary and secondary legal materials related to maternal health care for pregnant women according to applicable standards
- b) Field Research: carried out by interviews and direct observation of health workers in hospitals to support the literature study.

Data Collecting Technique

- a) Primary Legal Materials: involve binding legislation such as the 1945 Constitution; Law no. 17 of 2023 on Health states these principles, including health development based on humanity, balance, benefits, protection, respect for rights and obligations, justice, gender, non-discrimination; Minister of Health Regulation No. 4 of 2019 on Technical Standards for Fulfilling Basic Service Quality in Minimum Service Standards in the Health Sector; Minister of Health Regulation Number 43 of 2019 on Community Health Centers; Minister of Health Regulation No. 21 of 2021 on the Implementation of Health Services for the Pre-Pregnancy, Pregnancy, Childbirth and Post-Birth Period, Contraception Services, and Sexual Health Services
- b) Secondary Legal Materials: Involves law books and literature from various sources
- c) Tertiary Legal Materials: Includes dictionaries, encyclopedias, indexes, and cumulative.

Data Collection Tool

- a) Literature Study: Search for and collect secondary data such as statutory regulations, scientific journals, and scientific articles related to Minimum Service Standards (MSS) and maternal services
- b) Field Study: Using interview techniques with health workers to obtain primary data.

Data Analysis

- a) *The analysis choice must be appropriate to the type, research objectives, and nature of the data collected.*
- b) *Qualitative descriptive analysis is used to group, select, and connect data from field research with theories and laws that have been studied.*

3. RESULTS AND DISCUSSION

Concept of Basic Maternal Care

Maternal health care in Indonesia is very important for the welfare of mothers and children. According to a study by Titaley et al. (2010), around 95% of pregnant women in Indonesia attend at least one antenatal care visit, but only 66% make the recommended four visits, below the national target of 90% (Titaley et al., 2010). Basic Maternal Care (BMC) is a series of efforts to maintain the health of mothers and babies during pregnancy, childbirth, and postpartum. In the Indonesian context, BMC involves medical and non-medical aspects that influence the welfare of pregnant women and babies.

1) Antenatal Examination:

BMC begins with regular antenatal check-ups, including medical evaluation and education on nutrition and healthy living behavior. Consistent screening helps detect complications early and encourages appropriate preventive measures.

2) Mental and Physical Preparation for Childbirth:

BMC includes mental and physical preparation for childbirth by providing education about the birth process, pain management, and birth plans according to the mother's wishes. It aims to empower pregnant women, reduce anxiety, and create a supportive environment during labor.

3) Holistic Intrapartum Care:

Focus on holistic intrapartum care with active monitoring, availability of adequate facilities, and emotional support by trained health personnel. Ensure that every step of the birthing process is carried out with optimal attention and safety.

4) Comprehensive Postpartum Care:

BMC involves comprehensive postpartum care for mother and baby, including maternal health monitoring, breastfeeding support, and education regarding postpartum danger signs. The goal is to ensure good recovery and well-being of mother and baby.

5) Family and Community Involvement:

BMC recognizes the important role of families and communities in supporting pregnant women. Emotional and physical support from the surrounding environment has a positive impact on maternal health, and BMC involves families and communities in providing the necessary support.

Faradita et al. (2022) highlighted the connection between maternal health care, including antenatal care, delivery by health workers, and postnatal care, with complete basic vaccination in Indonesian children aged 12-23 months, emphasizing the importance of comprehensive maternal health services in Indonesia (Faradita et al., 2022). Cameron et al. (2019) discussed the determinant factors of maternal mortality in Indonesia, noting the role of midwife services at village health posts in reducing maternal mortality. However, the study suggests that further declines may require increasing the supply of physicians and better access to hospitals (Cameron et al., 2019). Probandari et al. (2017) identified hurdles to postnatal care utilization at the village level in Indonesia, despite efforts to provide free maternal and child health care. Overcoming these hurdles is very important to improve the quality and coverage of maternal health care in Indonesia (Probandari et al., 2017).

Legal Aspects of Health related to Maternal Health Care

The legal aspects of health for pregnant women in Indonesia include various regulations and policies designed to protect the rights and welfare of pregnant women. The following are several key aspects in the context of health law for pregnant women in Indonesia:

1) *Universal Health Coverage* (Jaminan Kesehatan Nasional - JKN):

UHC is a health insurance program that covers the entire population of Indonesia, including pregnant women. This program aims to ensure all citizens' access to health services, including basic maternal care.

2) Maternal Health Rights:

The Indonesian Constitution guarantees the right of every citizen to obtain adequate health care. The Health Law recognizes the specific rights of pregnant women, including the right to antenatal care and safe delivery.

- 3) Antenatal and Delivery Care:
Law Number 36 of 2009 on Health mandates adequate antenatal and delivery care for pregnant women. Health facilities in Indonesia are required to provide comprehensive maternal health care and detail the rights of pregnant women.
- 4) Health Education:
Health education programs in Indonesia support increasing awareness of pregnant women regarding the importance of maternal health care. Counseling can include information about nutrition, prenatal care, and danger signs during pregnancy.
- 5) Law on Reproductive Health:
There are laws and regulations covering aspects of reproductive health, which are relevant for pregnant women. Efforts to protect reproductive rights and maternal health are included in this legal framework.
- 6) Supervision and Law Enforcement:
There are monitoring and law enforcement mechanisms to ensure that health facilities and service providers comply with maternal health standards. Violations of the rights of pregnant women may be subject to sanctions following applicable law.

It is important to remember that implementation of this law requires coordination between government, health institutions, and civil society. Understanding and enforcing health laws for pregnant women plays an important role in improving maternal health and saving the lives of mothers and children in Indonesia.

Principles of Health Law

Health law regulates legal provisions related to health maintenance and care and their implementation. The two main parties regulated in this health law are care recipients (patients) and care providers (health organizations and infrastructure). This legal aspect includes the relationship between the provider and recipient of health care. The principles of health law involve aspects such as legality, balance, punctuality, good faith, honesty, prudence, and openness. Law no. 4 of 2019 on Midwifery covers various aspects of health law which reflects the basic principles of providing midwifery services. The following are several principles of health law related to Law No. 4 of 2019:

1. Principle of Health Care Obligation: Every midwife in carrying out midwifery practice must provide midwifery care following her competence, and authority, and comply with the code of ethics, professional standards, professional service standards, and standard operational procedures.
2. Principle of Consent: Midwives are obliged to obtain approval from the client or his family for the actions to be administered. The client has the right to accept or reject some or all of the relief actions after understanding the information regarding the action completely.
3. Principles of Patient Safety: The implementation of midwifery is based on the principles of Protection (Article 2(f)) and Client Safety (Article 2(g)), emphasizing the importance of patient safety in midwifery care.
4. Principle of Health Confidentiality: Every person has the right to the confidentiality of his health condition which has been disclosed to health care providers. However, there are exceptions if there are statutory orders, court orders, relevant permits, public interests, or the interests of the person.
5. Principle of Compensation: Patients have the right to claim compensation against health workers and/or health providers who cause losses due to errors or negligence in the health care they receive.
6. Principles of Improving the Quality of Services: Midwives must improve the quality of midwifery care and maintain and improve their knowledge and skills through education and training.
7. Principles of Midwifery Care Documentation: Midwives are obliged to document midwifery care following applicable standards.
8. Principles of Emergency Assistance: Midwives must provide emergency assistance.
9. Principle of Rights and Respect: Midwives are obliged to respect clients' rights and provide correct, clear, and complete information regarding midwifery procedures to clients and/or their families following their authority.
10. Principles of Guidance and Law Enforcement: Midwives are obliged to carry out midwifery practices in compliance with the provisions of applicable laws and regulations, and supervision and sanctions can be provided by the Indonesian Midwives Association (IBI) as a guidance institution.
11. Principles for Granting Licenses and Organizing Practices: Independent practicing midwives must comply with the provisions stipulated in the Regulation of the Minister of Health regarding licensing and carrying out midwife practices.

Understanding and respecting the principles of health law in health care, both by health workers and service institutions, is the key to maintaining the quality of service, rights, and safety of patients.

Minimum Service Standards in Maternal Care

Minimum Service Standards (MSS) in maternal care for pregnant women refer to minimum guidelines or criteria that must be met in providing maternal health care. This MSS is designed to ensure that every pregnant woman and maternal patient receives adequate and quality services. Some general components included in the Minimum Service Standards for maternal care for pregnant women involve:

- 1) **Pregnancy Health Care:**
Carried out from the conception period until before the birth process. Performed at least 6 (six) times during pregnancy with a different frequency of visits in each trimester. Carried out by competent health workers, a minimum of 2 (two) times by a doctor or specialist obstetrician and gynecologist in the first and third trimesters.
- 2) **Standardized Antenatal Care:**
Involves various actions such as measuring body weight, and blood pressure, and administering vaccinations. Integrated, comprehensive, and quality antenatal care is carried out with the principles of early detection of disease problems, preparation for a clean and safe birth, and involving pregnant women and their families.
- 3) **Recording and Reporting:**
Pregnancy Health Services must be recorded in the mother's card/medical record, maternal cohort recording form, and maternal and child health book following the law provisions.
- 4) **Post-miscarriage Health Services:**
Pregnant women who experience miscarriage receive post-miscarriage health care through counseling and medical care. Counseling services include psychosocial support, medical/clinical management, and pregnancy planning. Medical care includes expulsion of the products of conception, pain management, and post-operative removal of the remaining products of conception.
- 5) **Implementation of Services:**
Medical care is carried out in Health Service Facilities by doctors or specialist doctors who have the competence and authority.

Each country or region may have slightly different MSS depending on its respective context, resources, and health policies. This MSS aims to ensure that every pregnant woman receives adequate, safe, and quality health care to support a healthy pregnancy and safe birth.

Pematangsiantar City, as part of North Sumatra Province, is recognized as having an important role in overcoming maternal health challenges. With its large area and strategic geographical location, improving maternal health facilities in this city is considered very crucial. Therefore, a city's health profile is considered to play a vital role in determining the success of such efforts.

Maternal Health Care for Pregnant Women

Maternal Health Care for Pregnant Women must meet minimum service standards. The minimum standard determined is that every pregnant woman receives antenatal care according to the standard. Regional governments at the district/city level are obliged to provide standard maternal health care to all pregnant women in the work area within one year. Maternal Health Care Standards for Pregnant Women consist of quantity standards and quality standards. There are 19 Community Health Centers in Pematang Siantar City. The MSS achievements for pregnant women are as follows:

Table 1. Achievements of Maternal Health Care for Pregnant Women in Pematangsiantar City in 2023

NO	Name of Healthcare	Minimum Service Standards for Pregnant Women			Target
		Target	Achievement	%	100 %
1	Kesatria	412	403	97,82	-
2	Tomuan	286	250	87,41	-
3	Karo	142	121	85,21	-
4	Martimbang	101	83	82,18	-
5	Aek Nauli	66	60	90,91	-
6	Raya	166	164	98,80	-
7	Kartini	193	192	99,48	-

8	Singosari	283	287	101,41	>1.41
9	Martoba	361	361	100,00	
10	Kaheen	366	331	90,44	-
11	Bane	116	71	61,21	-
12	Rami	701	656	93,58	-
13	Guerilla	92	79	85,87	-
14	Bah Kapul	402	359	89,30	-
15	Parsoburan	96	45	47,92	-
16	BP Nauli	120	105	87,50	-
17	Pardamean	114	72	63,16	-
18	Bah Biak	104	97	93,27	-
19	Simarimbun	167	147	88,02	-
Total		4.288	3.883	90,56	

The importance of quality antenatal visit services for pregnant women in reducing maternal mortality was emphasized by Santi et al. (2022). Regular antenatal visits are considered crucial for early detection of pregnancy complications, infections, and other risks, thereby enabling timely intervention to prevent adverse outcomes. This study also highlights the need to adopt new habits in society, to ensure healthy survival. Pematang siantar City has an important role in overcoming maternal health challenges. With a large area and strategic geographical location, improving maternal health facilities in this city is considered very crucial. Therefore, a city's health profile is considered to play a vital role in determining the success of such efforts. Achievement of maternal care for pregnant women according to minimum standards in 2023 must be 100%. The table above shows that some Community Health Centers have below 100% achievements. This happens because the data on pregnant women used as targets still refers to data from the Indonesian Data Center with predicted figures and also limited infrastructure and some mothers do not want to undergo mandatory examinations. Furthermore, research by Amer et al. (2021) highlights the significance of the relationship between pregnant women and maternity care providers in urban and rural areas. Building positive relationships and effective communication between the two is considered essential to increase the positive impact on maternity services and improve the overall experience of antenatal care.

Factors Influencing the Achievement of Maternal Care for Pregnant Women

In exploring Basic Maternal Care (BMC), analysis of influencing factors is crucial to understand the complex underlying dynamics such as individual factors, such as level of knowledge, previous experience, and attitudes towards maternal health services. Adequate knowledge about the benefits of services, experience of previous pregnancies, and positive attitudes towards maternal health care can make a positive contribution to improving maternal care for pregnant women according to standards.

Table 2. Improvement in maternal care for pregnant women

Healthcare	DT Vaccine	Signature	Screening Tool					
			Pregnancy	Hb	Glycoprotein	Blood type	Medical record	Control Card
Kesatria	available	available	inadequate	inadequate	inadequate	inadequate	available	available
Tomuan	available	available	inadequate	inadequate	inadequate	inadequate	available	available
Karo	available	available	inadequate	inadequate	inadequate	inadequate	available	available
Martimbang	available	available	inadequate	inadequate	inadequate	inadequate	available	available
Aek Nauli	available	available	inadequate	inadequate	inadequate	inadequate	available	available
Raya	available	available	inadequate	inadequate	inadequate	inadequate	available	available
Kartini	available	available	inadequate	inadequate	inadequate	inadequate	available	available

	e			ate	e	e		ble
Singosari	availabl e	available	inadequate	inadequ ate	inadequat e	inadequat e	available	availa ble
Martoba	availabl e	available	inadequate	inadequ ate	inadequat e	inadequat e	available	availa ble
Kahean	availabl e	available	inadequate	inadequ ate	inadequat e	inadequat e	available	availa ble
Bane	availabl e	available	inadequate	inadequ ate	inadequat e	inadequat e	available	availa ble
Rami	availabl e	available	inadequate	inadequ ate	inadequat e	inadequat e	available	availa ble
Gurilla	availabl e	available	inadequate	inadequ ate	inadequat e	inadequat e	available	availa ble
Bah Kapul	availabl e	available	inadequate	inadequ ate	inadequat e	inadequat e	available	availa ble
Parsobura n	availabl e	available	inadequate	inadequ ate	inadequat e	inadequat e	available	availa ble
BP Nauli	availabl e	available	inadequate	inadequ ate	inadequat e	inadequat e	available	availa ble
Pardamea n	availabl e	available	inadequate	inadequ ate	inadequat e	inadequat e	available	availa ble
Bah Biak	availabl e	available	inadequate	inadequ ate	inadequat e	inadequat e	available	availa ble
Simarimb un	availabl e	available	inadequate	inadequ ate	inadequat e	inadequat e	available	availa ble

Factors that support the achievement of Maternal Care for Pregnant Women are family support, social norms, availability of infrastructure, and reliable health personnel and policies. The availability of infrastructure and competent health personnel is the main driver for pregnant women to participate in maternal health care. In addition, social norms in the surrounding community can shape the behavior and decisions of pregnant women regarding maternal health care. To improve MSS achievement of basic care for pregnant women, a comprehensive approach is needed that addresses knowledge gaps for pregnant women, external challenges, and improves the quality of interactions with health service providers. A focus on increasing awareness, reducing hurdles to care, and building supportive relationships are identified as key strategies to increase receipt of essential maternal services. Thus, it can be expected that these measures will contribute to better maternal and child health outcomes.

Table 3. Health care availability

Healthcare	Healthcare provider						
	Doctor		Specialist	Midwife		Nurse	
	Availabilit y	Ultrasound Competent		Availabilit y	Ultrasound Competent (Training)	Availabilit y	Ultrasound Competent (Training)
Kesatria	available	available	unavailabl e	available	available	available	unavailable
Tomuan	available	available	unavailabl e	available	available	available	unavailable
Karo	available	available	unavailabl e	available	unavailabl e	available	unavailable
Martimbang	available	available	unavailabl e	available	unavailabl e	available	unavailable
Aek Nauli	available	available	unavailabl e	available	unavailabl e	available	unavailable

Raya	available	available	unavailable	available	unavailable	available	unavailable
Kartini	available	available	unavailable	available	unavailable	available	unavailable
Singosari	available	available	unavailable	available	available	available	unavailable
Martoba	available	available	unavailable	available	available	available	unavailable
Kahean	available	unavailable	unavailable	available	unavailable	available	unavailable
Bane	available	available	unavailable	available	unavailable	available	unavailable
Rami	available	available	unavailable	available	unavailable	available	unavailable
Gurilla	available	available	unavailable	available	unavailable	available	unavailable
Bah Kapul	available	available	unavailable	available	unavailable	available	unavailable
Parsoburan	available	available	unavailable	available	unavailable	available	unavailable
BP Nauli	available	available	unavailable	available	unavailable	available	unavailable
Pardamean	available	available	unavailable	available	unavailable	available	unavailable
Bah Biak	available	available	unavailable	available	unavailable	available	unavailable
Simarimbun	available	available	unavailable	available	unavailable	available	unavailable

The quality and availability of health care also play a role in service delivery. Distance, adequate health facilities, and the quality of services provided can influence the extent to which pregnant women are able and willing to participate in maternal health care. Pematangsiantar City has received the title of Universal Health Coverage of 90.56%, which means that every citizen of Pematangsiantar has health insurance. Therefore, economic problems are not a big threat to increasing MSS attainment for pregnant women.

Study on Health Law on Minimum Service Standards

Health law has an important role in shaping public health outcomes and ensuring the provision of essential services. Implementation of Minimum Service Standards (MSS) in health facilities is a key aspect to ensure quality services and patient safety. Various studies have highlighted the significance of standard preventive practices among health workers to prevent cross-infection (Beyamo et al. 2019). Beyamo et al. (2019) found that health workers with less work experience were more likely to adhere to standard preventive practices, emphasizing the importance of training and ongoing reinforcement of protocols. Additionally, enforcement of Minimum Health Service Standards (MHSS) at the provincial and district levels is important to strengthen maternal and children health programs. Teak et al. (2020) highlight the importance of integrated planning and budgeting to meet MHSS requirements and improve health service delivery for vulnerable groups. By aligning policies with the MHSS, health facilities can improve the quality of care, promote accountability, and address disparities in access to care. Implementation of Minimum Service Standards in healthcare settings is critical to promoting quality care, patient safety, and equitable access to care. Implementation of standard practices, timely documentation, and adequate staffing levels are key factors in meeting MSS requirements and improving health outcomes. By integrating legal frameworks, policy guidelines, and evidence-based practices, health systems can improve service delivery, address disparities, and advance population health goals.

Identify Hurdles related to the Implementation of Minimum Service Standards

In the context of a case study in the Pematangsiantar, North Sumatra, the implementation of Minimum Service Standards (MSS) as regulated by Law Number 4 of 2019 on Midwifery can face several special

challenges. Here are some aspects to pay attention to: Collaborative challenges at the local level: Collaborative approaches are crucial in a regional context such as Pematangsiantar. The involvement of all stakeholders, including local government, local health service providers, and the community, is an effective step to overcome obstacles such as resource allocation and monitoring implementation of the MSS. Case studies need to identify the extent to which collaboration has been established and whether it has been sufficient to achieve MSS. Challenges in accessing services in remote areas: Remote areas tend to suffer from inadequate accessibility of health services. Case studies in Pematangsiantar need to examine the extent of accessibility to basic maternal services in this area. Factors such as infrastructure, transportation, and public awareness regarding health care need to be evaluated to understand the hurdles they may face. Capacity and human resource development: Efforts to increase the capacity of human resources, especially health workers in the Pematangsiantar area, will be a determining factor. Case studies need to evaluate the extent to which capacity building, training, and education initiatives have been undertaken for local health workers. An understanding of human resource adequacy will provide an overview of the ability to fulfill the MSS. Locally based service quality benchmarks: Formulating quality standards based on shared benchmarks at the local level can help assess healthcare achievements. The case study needs to explore whether there has been an attempt to establish local benchmarks that are consistent with the MSS. This will help in evaluating the quality of service and identifying areas that need improvement. Through this case study approach, a deeper understanding of MSS implementation in the Pematangsiantar area can be generated. The results of this study can be used as a basis for improving policies, resource allocation, and concrete steps to improve the quality of basic maternal health care following the provisions of the Midwifery Law.

4. CONCLUSION

This research shows that Pematangsiantar, as part of North Sumatra Province, has an important role in overcoming maternal health challenges. Even though it has achieved the title of Universal Health Coverage of 90.56%, several challenges occur in achieving Minimum Service Standards (MSS) for pregnant women. From the results of the analysis of the achievements of Maternal Health Care for Pregnant Women at Pematangsiantar City Health Centers, it appears that several Community Health Centers have still not achieved the 100% target. This is caused by various factors, such as unfamiliarity with pregnant women's data which uses predicted figures, and limited infrastructure which influences pregnant women's perceptions of health care. Factors that influence the achievement of maternal services involve individual aspects, such as knowledge, previous experience, and attitudes toward maternal health care. Family support, social norms, availability of infrastructure, and reliable health workers also play a role in improving service outcomes. The quality and availability of health care, including family support and social norms, play an important role in increasing the level of attitudes of pregnant women towards maternal care. Even though Pematangsiantar City has achieved Universal Health Coverage of 90.56%, it still needs a comprehensive approach to address knowledge gaps, and external challenges, and improve the quality of interactions with health care providers. From a legal perspective, implementing Minimum Service Standards (MSS) at the health facility level is very important to ensure quality services and patient safety. Health laws have a key role in shaping public health outcomes, and enforcement of Minimum Health Service Standards (MHSS) at the provincial and district levels is important to strengthen maternal and child health programs. The identification of barriers related to MSS implementation shows that collaborative challenges at the local level, service access in remote areas, human resource capacity development, and locally based service quality benchmarks are aspects that need to be considered in efforts to improve MSS implementation in Pematangsiantar. By recognizing these challenges and obstacles, corrective steps can be taken, including increasing collaboration at the local level, increasing access to services in remote areas, developing human resource capacity, and establishing shared service quality benchmarks. Thus, the results of this research can be the basis for improving policies, resource allocation, and concrete steps to improve the quality of basic maternal health care following the provisions of the Midwifery Law.

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