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Analysis of filling the maternal and child health handbook for antenatal care

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Abstract

Background: Midwife compliance in completely and consistently filling out the Maternal and Child Health (MCH) Handbook is an essential pillar for providing quality Antenatal Care (ANC). The MCH Handbook functions as an instrument for early risk detection, a portable medical record, and a communication tool among healthcare professionals. In practice, however, the level of midwife compliance still faces various challenges that risk diminishing the quality of maternal and child health services..
Purpose: To analysis of the factors influencing midwife compliance in filling out the MCH Handbook using the theoretical framework of the Theory of Planned Behavior (TPB).
Method: A descriptive qualitative approach, specifically focusing on exploratory study. The study took place May - September 2025, in North Cikarang, Bekasi. Using total sampling 16 participants were selected, contributor informant inquired midwives providing ANC services, midwife coordinators, heads of puskesmas, and district health office officials. Data collection was carried out using in-depth interviews. The data were analysed using thematic analysis technique.
Results: Midwives' completion of the Maternal and Child Health (MCH) Handbook is influenced by both intrinsic factors, such as professional duty and commitment to quality care, and external factors, including regulatory requirements and institutional demands like BPJS claims. Despite challenges such as limited training, complex handbook sections, high patient loads, and duplicated documentation, effective teamwork, well-established Standard Operating Procedures (SOPs), and strict supervision can enhance accurate and consistent record-keeping. The handbook is valued as a critical tool for continuity of care, early risk detection, provider communication, maternal education, and professional accountability. Strengthening community engagement can further support compliance, creating bottom-up accountability that complements administrative obligations and sustains quality midwifery practice.
Conclusion: Effective completion of the MCH Handbook by midwives depends on a combination of intrinsic motivation, external regulations, supportive systems, and community engagement, which together ensure accurate documentation, quality care, and professional accountability.

Keywords: Antenatal Care; Maternal and Child Health; Midwife Compliance; Quality Care.

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INTRODUCTION

Maternal and child health services are a cornerstone of health systems, aiming to reduce maternal and infant mortality rates. The quality of antenatal care (ANC) is crucial in safeguarding maternal health throughout pregnancy and childbirth (Aditya, Tobing, & Ariyani, 2023). ANC services still face various challenges, including the unequal distribution of healthcare personnel, limited access to healthcare facilities, and low awareness among pregnant women about the importance of routine check-ups (Sarbini & Galaupa, 2024).

Globally, the maternal mortality rate (MMR) is estimated at 303,000 deaths according to WHO, while in ASEAN it stands at 235 per 100.000 live births. In Indonesia, the 2020 Population Census reported an MMR of 189 per 100.000 live births, which is close to the 2024 RPJMN target of 183 per 100,000. Although the infant mortality rate (IMR) has shown a declining trend, further efforts are needed to achieve the national target of 16 per 1.000 live births (Dinengsih & Sari, 2023).

One contributing factor to high maternal and infant mortality is incomplete or inaccurate health documentation. Inadequate maternal health records can delay the detection of pregnancy risks and hinder timely medical intervention (Damayanti, Setijanto, Hargono, Wulandari, Santi, Tjahjono, & Ramadhani, 2019). Accurate and comprehensive maternal health documentation during pregnancy is essential for preventing high-risk complications in both mothers and infants (Simatupang & Tahun, 2022).

Indonesian government has implemented the Maternal and Child Health (MCH) Handbook (*Buku KIA*) as a tool for documentation and communication between healthcare providers and pregnant women. The handbook contains vital information regarding maternal and fetal health from pregnancy to postpartum (Ahinkorah, Kang, Perry, Brooks, & Hayen, 2021). Proper and systematic documentation supports effective health monitoring and timely intervention. Despite its importance, implementation remains suboptimal. Basic Health Research reported that only 10.5% of MCH Handbooks were fully completed, with ownership declining from 80.8% in 2013 to 75.2% in 2018 (Ustriyaningsih, 2023). One key challenge is the reliance on conventional documentation methods, which limits midwives' ability to complete records accurately and thoroughly. Although midwives are required to provide the handbook during the first antenatal visit (K1) and educate mothers on its use, incomplete and inconsistent documentation is still common (Meikawati, Setyowati, & Ulya, 2020).

Midwives' compliance in completing the MCH Handbook is influenced by workload, knowledge, and motivation. Even with relatively high knowledge (51.4%) and motivation (67.6%), poor attitudes (51.4%) remain a significant barrier to effective documentation (Tanjung, Effendy, Utami, Asriwati, & Nasution, 2024). According to Ajzen's Theory of Planned Behavior compliance is shaped by attitudes toward the behavior, subjective norms, and perceived behavioral control (Vallejos, Engler, Nahuelhual, & Gelcich, 2023).

RESEARCH METHOD

A descriptive qualitative approach, specifically focusing on exploratory study. The study took place May - September 2025, in North Cikarang, Bekasi. Using total sampling 16 participants were selected, contributor informant inquired midwives providing ANC services, midwife coordinators, heads of puskesmas, and district health office officials.

Data collection in this study was done through triangulation, which combines several data sources, methods, and theories to increase the validity of the results. For data collection, it was conducted using technique in-depth interviews. Indepth interviews were conducted with open-ended questions to analysis of the factors influencing midwife compliance in filling out the MCH Handbook using the theoretical framework of the Theory of Planned Behavior (TPB). Ethical approval was obtained from the Health Research Ethics Committee, Faculty of Health Sciences, National University with number.042/e-KEPK/FIKES/IV/2025.

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RESEARCH RESULTS

Table 1. Informant Research (N=16)

Classification	Informant Code	Department
Key Informant	I.K 2	Head of Karangbahagia Health Center
Key Informant	I.K 3	Head of Waluya Health Center
Key Informant	I.K 4	Head of Sukaraya Health Center
Key Informant	I.K 7	Head of MCH & Nutrition Work Team, Bekasi Health Office
Key Informant	I.K 12	Chairperson, IBI North Cikarang Branch & Private Practitioner
Key Informant	I.K 16	Chairperson, IBI Bekasi Regency Branch
Main Informant	I.U 1	Coordinator Midwife, Sukaraya Health Center
Main Informant	I.U 5	Coordinator Midwife (MCH PIC), Karangbahagia Health Center
Main Informant	I.U 6	Implementing Midwife for MCH, Waluya Health Center
Main Informant	I.U 8	PONED Midwife (Delivery Care Provider)
Main Informant	I.U 9	Coordinator Midwife (MCH PIC), Cikarang Health Center
Main Informant	I.U 10	Coordinator Midwife, Waluya Health Center
Main Informant	I.U 11	Independent Midwife Practitioner (TPMB)
Main Informant	I.U 13	Village Midwife & Midwife, Karangbahagia Health Center
Main Informant	I.U 14	MCH Midwife, Sukaraya Health Center
Main Informant	I.U 15	Senior Coordinator Midwife, Waluya Health Center

Tabel 1. Shows total of 16 informants participated in the study, consisting of key informants policy makers and managerial-level coordinators and primary informants' frontline midwives providing ANC services. They were purposively selected to represent various roles, experiences, and perspectives relevant to MCH Handbook documentation.

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Table 2. Interview Results

Structured Interview	Outcome	Data review	Conclusion
Theme 1 (Factors Influencing Midwives' Compliance) **Attitude Toward the Behavior**	Midwives perceive completing the Maternal and Child Health (MCH) Handbook as an inherent professional and moral responsibility rather than a task driven by external pressure. They demonstrate self-awareness and dedication to their role, viewing documentation as essential for ensuring quality antenatal care and maintaining professional integrity. Moreover, midwives recognize that proper completion of the handbook is crucial for data accuracy and accountability within the health system.	Observation	Midwives' compliance with completing the MCH Handbook is primarily driven by intrinsic motivation — a sense of professional duty, moral responsibility, and commitment to quality care — rather than external enforcement or pressure.
Subjective Norms	Midwives' compliance with completing the Maternal and Child Health (MCH) Handbook is strongly influenced by external expectations and systemic regulations. Directives from the Ministry of Health and local health offices serve as formal mandates, while the requirement for complete documentation to process BPJS insurance claims acts as a powerful practical incentive. Additionally, there is recognition of the potential role of community involvement in fostering accountability, where encouraging mothers to demand complete documentation could further enhance compliance and service quality.	Observation	Midwives' compliance with completing the Maternal and Child Health (MCH) Handbook is primarily driven by external regulatory requirements and institutional demands, particularly those related to BPJS insurance claims. However, strengthening community involvement to create bottom-up accountability could serve as an effective complementary strategy to sustain and enhance compliance beyond administrative obligations.

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Structured Interview	Outcome	Data review	Conclusion
Perceived Behavioral Control	Midwives face several practical challenges in completing the Maternal and Child Health (MCH) Handbook, including redundant documentation between electronic medical records and the handbook itself, as well as difficulties with complex sections such as the gravidogram. Limited training on the latest version of the handbook further hinders compliance, particularly among those in private practice. However, teamwork and the implementation of clear Standard Operating Procedures (SOPs) have proven effective in reducing these barriers and improving consistency in documentation practices.	Observation	Despite facing challenges such as duplicated documentation, complex handbook sections, and limited training, effective teamwork and well-established Standard Operating Procedures (SOPs) can significantly enhance midwives' ability to maintain accurate and consistent completion of the MCH Handbook.
Theme 2 Perceptions of the Importance of the MCH Handbook	These statements emphasize that the Maternal and Child Health (MCH) Handbook functions as a comprehensive tool supporting clinical care, communication, education, and accountability. Midwives view it as a portable medical record that ensures continuity of care across facilities, facilitates early detection of pregnancy risks, and enhances confidence during delivery. The handbook also serves as an effective communication bridge among healthcare providers and a structured guide for counseling and empowering mothers. Furthermore, it is recognized as a legal and professional document that validates the quality of care provided, reinforcing the principle that proper documentation is an essential component of safe and accountable midwifery practice.	Observation	The MCH Handbook is perceived by midwives as an essential instrument that enhances continuity of care, supports early risk detection, strengthens communication among providers, and empowers mothers through education. Moreover, it serves as a legal and professional record that upholds accountability and reflects the quality and integrity of midwifery practice.

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Structured Interview	Outcome	Data review	Conclusion
Theme 3 Barriers and Their Impact	Healthcare workers in Sukaraya face challenges in properly completing the Maternal and Child Health (MCH) Handbook. Many reported a lack of socialization or training on the newest edition, leading to uncertainty about the correct way to fill it out. Limited space in the handbook, particularly for recording frequent examination results such as the gravidogram, often requires additional sheets. High patient loads further reduce the time available to complete certain sections, with priority given to entries needed for insurance claims. While some facilities consistently fill in the handbook, others, such as Posyandu or private practices, often leave sections incomplete. Consequently, many healthcare workers maintain their own records separately to ensure thorough documentation.	Observation	Healthcare workers face difficulties in properly completing the MCH Handbook due to lack of training, limited space for recording, high patient loads, and inconsistent practices across facilities, leading many to maintain separate personal records.
Theme 4 Strategic Efforts to Improve Compliance	The implementation of the MCH Handbook is facilitated by the existence of prepared SOPs, which reduces obstacles for healthcare workers. Strict supervision is emphasized as essential to ensure compliance. Additionally, promoting community participation is considered important so that the public expects midwives to provide and properly complete the MCH Handbook during services.	Observation	The successful implementation of the MCH Handbook relies on clear SOPs, strict supervision, and active community engagement to ensure midwives provide and properly complete the handbook.

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Table 2 shows Midwives' completion of the Maternal and Child Health (MCH) Handbook is influenced by both intrinsic factors, such as professional duty and commitment to quality care, and external factors, including regulatory requirements and institutional demands like BPJS claims. Despite challenges such as limited training, complex handbook sections, high patient loads, and duplicated documentation, effective teamwork, well-established Standard Operating Procedures (SOPs), and strict supervision can enhance accurate and consistent record-keeping. The handbook is valued as a critical tool for continuity of care, early risk detection, provider communication, maternal education, and professional accountability. Strengthening community engagement can further support compliance, creating bottom-up accountability that complements administrative obligations and sustains quality midwifery practice.

DISCUSSION

Theme 1: Factors Influencing Midwives' Compliance (Theory of Planned Behavior)

The analysis indicated that midwives generally held a positive attitude toward completing the Maternal and Child Health (MCH) Handbook, viewing it as both a professional and moral responsibility reflecting their dedication to maternal care. Compliance was strongly influenced by external expectations, including directives from health authorities and the requirement for complete documentation to process BPJS insurance claims. Despite these motivations, several barriers hindered full adherence, such as excessive workloads, duplication of manual and digital reporting, complexity in certain sections like the gravidogram, and unequal access to training. However, midwives working in facilities with strong teamwork and established Standard Operating Procedures (SOPs) reported greater ease and consistency in completing the handbook.

This is consistent with the framework of the Theory of Planned Behavior. A positive attitude (professional awareness) and subjective norms (JKN pressure) form a strong intention to comply. However, the actual behavior is strongly moderated by Perceived Behavioral Control. High workloads reduce perceived control, while well-organized teamwork increases it, directly explaining the variations in compliance levels in the field (Costar & Hall, 2020).

Building on these findings, it is evident that both psychological and contextual factors play a crucial role in healthcare documentation practices. While attitudes, subjective norms, and perceived behavioral control shape nurses' motivation and intention to comply with documentation standards, external pressures such as workload and time constraints can substantially hinder actual performance (Wijaya, Andina, & Purba, 2024). In the context of midwifery, high patient volumes not only increase the risk of incomplete records but also exacerbate challenges related to complex or insufficiently standardized documentation tools, such as the MCH Handbook. Improving compliance requires a multifaceted approach that addresses both individual behavioral determinants and organizational factors, including workflow optimization, adequate staffing, targeted training, and supportive supervision, to ensure accurate, consistent, and comprehensive documentation for quality antenatal care (Tonton, Mamlukah, Suparman, & Wahyuniar, 2024).

Theme 2: Perceptions of the Importance of the MCH Handbook

Midwives perceived the Maternal and Child Health (MCH) Handbook as an essential clinical and professional tool that supports continuity of care, risk detection, communication, education, and accountability. They viewed it as a portable medical record that enables early identification and management of high-risk pregnancies, ensures effective handovers and coordination between healthcare providers, and serves as a structured guide for maternal counseling and empowerment. Moreover, the handbook was regarded as a legal document that demonstrates professional accountability and quality assurance. This strong perception of its clinical, educational, and ethical significance forms the primary intrinsic motivation for midwives to maintain compliance despite various operational challenges

This aligns with the Attitude component in the Theory of Planned Behavior. Midwives' beliefs that completing the MCH Handbook will yield numerous positive outcomes (clinical, communicative, and legal benefits) shape a highly supportive attitude toward

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the behavior, which in turn strengthens their intention to comply (Bonita, Sekarwana, & Bratakoesoemo, 2020). MCH Handbook functions as a communication, information, and education tool that supports maternal and child health. It enables healthcare providers, mothers, and families to exchange important information and track maternal and child health histories, thereby ensuring continuity of information among healthcare providers (Putra, Tanjung, Hutagalung, & Lubis, 2024).

MCH Handbook serves as a critical instrument for early detection of health risks and timely intervention, as it systematically records maternal and child health indicators such as growth, immunizations, and pregnancy-related examinations. By providing a standardized format for documentation, it enhances coordination among healthcare providers across different settings, including hospitals, clinics, and community health posts (Andriani & Nugrahmi, 2021). The handbook empowers mothers and families by increasing their health literacy, encouraging active participation in care, and fostering informed decision-making. Its role as both an educational and legal record further reinforces professional accountability, supports quality assurance, and contributes to the overall effectiveness of maternal and child healthcare services (Hasanah & Susanti, 2023).

Theme 3: Barriers and Their Impact

This theme illustrates that the challenges faced by midwives in completing the Maternal and Child Health (MCH) Handbook have systemic, operational, and clinical implications. Limited outreach and inadequate training for private practice midwives have created disparities in knowledge and practice standards between public and private sectors. Design flaws, such as insufficient space for SOAP notes, further complicate documentation. As a result, midwives often prioritize administrative requirements, particularly BPJS claim-related entries, while neglecting more complex sections like gravidograms. These constraints lead to inconsistencies in record completeness between facility-based and community-based settings. Additionally, some midwives resort to creating parallel documentation systems as a coping mechanism, which undermines data integration and continuity of care.

The researcher argues that these obstacles particularly the burden of dual documentation reflect a fragmented health system policy. Digitalization, which should simplify processes, instead adds to the workload because manual procedures have not been eliminated. This forces midwives to engage in documentation triage, a rational coping mechanism in which they prioritize items deemed most urgent (e.g., for insurance claims) and sacrifice others. This aligns with the Perceived Behavioral Control (PBC) component in the Theory of Planned Behavior (TPB) (Hutajulu, Simanjuntak, & Ompusunggu, 2021).

These various barriers effectively lower midwives' perceived ability to fully and accurately complete the MCH Handbook, thereby preventing good intentions from translating into optimal behavior. Dual documentation requirements both manual and electronic are a major contributor to burnout and inefficiency among healthcare providers. That knowledge level ($p = 0.05$) and training ($p = 0.041$) significantly influence midwives' performance in preeclampsia screening programs at community health centers in Gresik Regency, indicating that competence and training are key determinants of performance (Jayanti, 2021).

Theme 4: Strategic Efforts to Improve Compliance

The findings demonstrate that various strategic efforts have been implemented at multiple levels to enhance midwives' compliance in completing the Maternal and Child Health (MCH) Handbook. At the micro level, operational innovations such as task-sharing mechanisms and the use of pre-prepared SOAP templates effectively reduce documentation burdens and improve accuracy. At the macro level, strong managerial oversight, structured supervision, and continuous professional development facilitated by organizations like the Indonesian Midwives Association (IBI) are crucial for maintaining adherence to standards, especially among private midwives. Additionally, community empowerment and policy integration initiatives, including cross-sectoral requirements and public engagement, are proposed to foster accountability and ensure the sustained utilization of the MCH Handbook across all levels of the healthcare system (Nejatian, Arab, Takian, & Ashtarian, 2024).

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Such strategies not only enforce compliance from within the healthcare system but also empower service users to actively demand quality documentation, fostering a sustainable cycle of accountability. According to the researcher, the emergence of solutions from various levels reflects a comprehensive understanding of the root causes of the issue. The proposal to empower communities signifies a potential paradigm shift from focusing solely on improvements on the supply side to involving patients as active partners in quality assurance (Ocataviani, Kusumastuti, & Darmaja, 2024).

Whose study showed that coordinator midwife supervision had a positive and significant effect on midwives performance ($p = 0.012$, <0.05), indicating a meaningful impact. This aligns with the principles of intervention in the Theory of Planned Behavior (TPB), in which the strategies are designed to strengthen all three components. Process innovations aim to enhance Perceived Behavioral Control, formal supervision seeks to reinforce Subjective Norms, and community empowerment can both strengthen Subjective Norms and solidify positive Attitudes toward the importance of completing the MCH Handbook (Aminah, 2018).

CONCLUSION

Effective completion of the MCH Handbook by midwives depends on a combination of intrinsic motivation, external regulations, supportive systems, and community engagement, which together ensure accurate documentation, quality care, and professional accountability.

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