

Standard Operating Procedures of antenatal care and its relation with pregnant women's satisfaction during pregnancy examination: Results of a survey at Gamping I Public Health Center, Yogyakarta, Indonesia

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ABSTRACT

Background: The achievement parameter for maternal health services program is the access of pregnant health services, as indicated by measuring the coverage of antenatal care services. In Indonesia, examination of pregnant women according to antenatal standards is regulated by Ministry of Health Indonesia Number 21 of 2021, where pregnancy checks must fulfill the standard 10 T criteria.

Aims: This study aimed to identify the Standard Operating Procedures of antenatal care in Gamping I Public Health Center, Yogyakarta, Indonesia, and determine its relation with pregnant women's satisfaction during pregnancy examination.

Methods: Of 70 TM III pregnant women, who routinely visit for antenatal care service at the Public Health Center Gamping I, a total of 40 pregnant women were selected using consecutive sampling with 10% margin of error. A set of questionnaires was distributed to the respondents to assess: (1) The implementation of the antenatal care service standard (20 questions, and weighted using a dichotomy scale) and (2) The pregnant women satisfaction (22 questions, and weighted using the *Likert* scale. The data obtained from respondents were then tabulated and processed using Microsoft Office Excel 2010 and then analyzed using the SPSS Statistics 16.0 program (*Pearson Product Moment* formula with an error rate of 5%).

Results: There are 10 pregnancy tests (10T) received by the pregnant women at the health center including the measurement of Height, Weight, Blood pressure, upper arm circumference, Uterine fundus height, Presentation & Fetal heart rate, Provision of 90 Fe Tablets, Laboratory examinations, Case handling, TT Immunization Screening, and Counseling & mental health assessment. According to the findings of the research conducted by the researchers, antenatal examinations were not carried out in a comprehensive and thorough manner in instances. This article provides the women satisfaction to the antenatal care on different dimensions of satisfaction including Physical Proof, Reliability, Responsiveness, Guarantee, and Empathy. Even though the analysis shows that the respondents was satisfied with the antenatal care services; however, the relation is not statistically significant (*p-value* of 0.652).

Conclusion : One's satisfaction is very difficult to measure and someone's satisfaction is different from the satisfaction of someone else. According to the findings of the study, every time a midwife performed an antenatal checkup, she had never provided complete 10T-based antenatal care. In addition, this research has been carried out through direct observation of prenatal care, where pregnant women and midwives' perceptions of antenatal care examinations do not differ.

Keywords: *Standard Operating Procedures, Antenatal care, Satisfaction, Pregnancy test*

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1. Introduction

Pregnancy is one of the targets of reproductive health services, to those requires special attention and gets top priority, because at any time disease can arise that can threaten the life of the mother and the fetus it contains. One effort that can be done is to conduct regular *antenatal care* checks (Ermaya and Nugroho, 2015). Indicators to illustrate the success of maternal health care programs are the access of pregnant women to health services as measured by the coverage of *antenatal* services (K1 and K4) (Damopolii, Kundre and Bataha, 2015).

According to the World Health Organization, antenatal care was successfully implemented in every country in the world for 70% of the time. However, in some countries such as those on the African continent, the implementation of antenatal care examinations was still limited 30 percent of the time due to factors such as a lack of facilities, knowledge, and infrastructure (World Health Organization, 2016).

According to the Indonesian Health Profile in 2016, there was a decrease in the K4 coverage in 2016 which was 85.35% compared to 2013 which was 86.85%. Despite a decline in 2016, coverage of K4 pregnant women health services in 2016 has met the Ministry of Health's Strategic Plan target of 74%. However, there are 9 provinces that have not achieved the target namely North Maluku, Papua, East Nusa Tenggara, West Papua, Jambi, Maluku, West Sulawesi, Southeast Sulawesi, and Special Region Of Yogyakarta (Kementerian Kesehatan Republik Indonesia, 2016). According to the Health Profile of the Special Region of Yogyakarta in 2016, the coverage of pregnancy checks in the entire Yogyakarta area had not reached 100%. According to the Sleman District Health Office, the target of visits to pregnant women at the Sleman District Health Centers should be at least 90%. Of the 25 health centers in the district, the Gamping I Health Center has only reached 88% (Dinas Kesehatan Daerah Istimewa Yogyakarta, 2016).

According to Regulation Of The Ministry Of Health Indonesia Number 21 Of 2021 Regarding Implementation Of Health Services Pre Pregnancy, Pregnancy, Delivery, And Postpartum, Contraception Services, And Sexual Health Services aim to reduce morbidity and mortality rates for mothers and newborns. Pregnancy Health Services are performed at least six times during pregnancy, once in the first trimester, twice in the second trimester, and three times in the third trimester. A doctor or specialist in obstetrics and gynecology performs ultrasound examinations twice once at the beginning of pregnancy and once at the end of pregnancy (Kementerian Kesehatan Republik Indonesia, 2021).

The pregnancy assessment gave by the service of wellbeing guidelines are equivalent to those in the Maternal Youngster Wellbeing (MCH) Handbook, where Antenatal consideration principles are administrations performed to pregnant ladies by meeting the 10 T models, in particular: 1) Take measurements of weight and height; 2) Take measurements of blood pressure; 3) Take measurements of nutritional status (Measuring Upper Arm Circumference); 4) Take measurements of the height of the top of the uterus; 5) Take measurements of the fetal presentation and the fetal heart rate (FHR); 6) Screen for tetanus immunization status and, if necessary, administer Tetanus Toxoid (TT) immunization; 7) Pregnancy-related administration of blood tablets in addition to a minimum of 90 tablets, (8) Laboratory tests: tests for pregnancy, blood hemoglobin (Hb), blood type (if not already done), and protein levels in the urine (if necessary); the provision of services based on the pregnancy's trimester, management and case management in accordance with authority, and mental health evaluation and counseling (Kementerian Kesehatan Republik Indonesia, 2021).

The experience of pregnant women in carrying out *antenatal care* will affect the behavior of mothers in carrying out *antenatal care* now. Impacts of pregnant women who do not carry out *antenatal care* include the detection of pregnancy abnormalities in the mother, physical abnormalities that occur during delivery are not detected early and can increase mortality and morbidity in pregnant women (Hardiani and Purwanti, 2015).

Based on a preliminary study at Public Health Center Gamping I on October 24, 2017 with interviews it was found that around 5 pregnant women (50%) said that counseling about pregnancy was too short and 5 pregnant women (50%) said they did not understand good counseling time. Out of 10

pregnant women (100%) said their examinations did not yet cover minimum *antenatal care* service standards (10T). It is hoped that in antenatal care examinations, pregnant women can be given comprehensive and maximum service. The purpose of this study was to determine the relationship between the implementation of *antenatal care* service standards with the satisfaction of pregnant women in antenatal care.

2. Methods

This research is an analytic survey research, using cross sectional method, following the previous study (Sulistyaningsih, 2011). This study has obtained *ethical clearance* from the *Ethics Commission of Aisyiyah University in Yogyakarta* with letter number: 137 / KEP-UNISA / III / 2018 on March 14, 2018. Of 70 TM III pregnant women, who routinely visit for *antenatal care* service at the Public Health Center Gamping I, a total of 40 pregnant women were selected using consecutive sampling (A. Hidayat, 2014), and willingly participate to the survey. The study used Slovin formula with 10% margin of error to count the required number of respondents. Consecutive sampling is the selection of samples met the inclusive criteria defined in the study within a certain period of time (Nursalam, 2016). The inclusion criteria were TM III pregnant women domiciled in the working area of Public Health Center Gamping I, TM III pregnant women who had had pregnancy checks at Public Health Center Gamping I, and TM III pregnant women who could read and write. The exclusion criteria were TM III pregnant women did not come for a pregnancy check up at the Public Health Center Gamping I and TM III pregnant mothers who were sick, such as dizziness, who could not be respondents of the study.

To determine the Standard Operating Procedures of antenatal care and its relation with pregnant women's satisfaction during pregnancy examination at the Gamping I Public Health Center, a set of questionnaires was distributed to the respondents to asses: (1) The implementation of the *antenatal care* service standard (20 questions, and weighted using a *dichotomy* scale) and (2) The pregnant women satisfaction (22 questions, and weighted using the *Likert* scale with very satisfied, satisfied, quite satisfied, dissatisfied, and very dissatisfied). The Independent and dependent variable was an interval scale. The questionnaire was tested for validity and reliability. The results of the standard *antenatal care* questionnaire using the formula using *Split Half* obtained the reliability coefficient category of 0.905 which means reliable.

The analysis used in this study is univariate and bivariate analysis. The data was then analyzed using the *Pearson Product Moment* formula because the data analyzed came from different sources, with an error rate of 5% (Sugiyono, 2014). The analysis technique used is the *Pearson Product Moment* correlation statistical test, which is a parametric statistical technique that uses interval or ratio data with the condition that the interval or ratio data, the data are normally distributed, and the number of sample data is greater than 30, so this study uses the Pearson correlation analysis technique. Besides that *Pearson's Product Moment* analysis technique is the most common analysis technique stable with the smallest error rate (Hidayat, 2012). Questionnaire data obtained from respondents were then tabulated and processed using the help of Microsoft Office Excel 2010 and the SPSS Statistics 16.0 program.

3. Results

Respondent Characteristics

Univariate analysis in this study explains the frequency distribution of the pregnant women at Gamping I Public Health Center includes their age, age of pregnancy, education, profession and number of children. Table 1 shows that characteristics of respondents at the highest age is 25-35 years. Age is one of the factors that can describe a person's maturity both physically, psychologically and socially, so that at the age of 25-35 years there are many pregnant women because of their reproductive age and are more able to accept their pregnancies than women under the age of 20 or above 35 years , there by

increasing women's awareness in maintaining pregnancy (Pernanda, 2014). Because third trimester pregnant women have at least one pregnancy checkup, third trimester pregnant women have also received 10 T-based *antenatal care* services correctly, and measuring third trimester pregnant women satisfaction is more valid, the results were compared by measuring the satisfaction of pregnant women in first trimester and second trimester (Winarni, 2014). Measuring the satisfaction of pregnant women in the implementation of antenatal care must be done with TM III pregnant women (Winarni, 2014).

Table 1. The general characteristics of the respondents

Variables (n = 40)	n	(%)
Age		
a. 15-25 years	11	27.5
b. 25-35 years	25	62.5
c. > 35 years	4	10.0
Age of Pregnancy		
a. 24-36 week	40	100
Number of children		
a. 0 people	10	25.0
b. 1-2 people	2	50.0
c. 3-4 people	28	70.0
Education		
a. Middle School Graduate	5	12.5
b. High School Graduate	27	67.5
c. Diploma/Bachelor	8	20.0
Profession		
a. Housewife	26	65.0
b. Private Employee	12	30.0
c. Government Employee	2	5.00

It is known that in rural and urban areas, there is no single wife does not want children. The distribution of families in rural and urban areas based on the number of children desired by families in rural and urban areas is significantly different. The number of children wanted by families living in rural areas is greater than the number of children wanted by families living in urban areas, so that the Gamping region is still rural areas so that the highest number of children is 3-4 people with 28 people (Oktriyanto, Herien Puspitawati, 2015).

Based on the level of education, the level of junior high school education is 5 people. According to research Swardhana (2015) secondary education level down affects the ability to understand the information provided by officers, unable to listen to even understand the communication that occurs between officers and patients. As many as 8 people have a bachelor/diploma education so that many pregnant women are very good at understanding and absorbing information provided by health workers (Swardhana, 2015).

The majority of pregnant women were housewife (65%) whilst the other 30% working in private sectors, and the other 5% working for the government. Because one's work will describe the activity and level of economic prosperity that will be obtained, jobs affect one's level of satisfaction. Mothers who are employed are more knowledgeable than those who are not. Because information has an impact on satisfaction, working mothers will have more opportunities to interact with others and obtain information (Lumempouw, Kundre and Bataha, 2016).

Standard Operating Procedures of Antenatal Care

Table 2 provides the number of pregnant women participated to each antenatal care for their pregnancy examination namely: Weight Measurement, Blood Pressure Measurement, Uterine Fundal Height

Measurement, Fetal Heart Rate & Presentation, Case Management, Counseling & Mental Health Assessment, while as many as < 75% TT Immunization Screening, Administration of 90 Fe Tablets, and Laboratory Examinations, and as many as 26% or 11 pregnant women underwent Upper Arm Circumference.

Table 2. Implementation of Antenatal Care Service Standards in Pregnancy Test

No.	10 T	Frequency (n=40)	Percentage %
1.	Height Measurement	34	85.0
	Weight Measurement	40	100.0
2.	Blood Pressure Measurement	40	100.0
3.	Upper Arm Circumference Measurement	11	27.5
4.	Uterin Fundus Height Measurement	40	100.0
5.	Presentation & Fetal Heart Rate	40	100.0
6.	TT Immunization Screening	8	20.0
7.	Provision of 90 Fe Tablets	36	90.0
8.	Laboratory Examinations	38	95.0
9.	Case handling	40	100.0
10.	Counseling & mental health assessment	40	100.0

According to the findings of the research conducted by the researchers, antenatal examinations were not carried out in a comprehensive and thorough manner in instances where the previous study (Aisyah et al., 2017) found that midwives performed standard 10T examinations on 69.7% of pregnant women in integrated antenatal services in accordance with the other study which found that 43 pregnant women (78.2%) met the 10T ANC service standards completely (Rakhmah, Rosyidah and Wulandari, 2021).

Satisfaction in Pregnancy Woman

The results in Table 3 showed that the pregnant women were satisfied with the examination of pregnancy in the physical evidence dimension (tangibles) of 27 (Score: 67.5). As many as 31 pregnant women (Score: 79.37) were very satisfied with the reliability dimension. A total of 26 pregnant women were satisfied with the midwife's responsiveness for antenatal care services based on 10 T (Score: 66.25). Additionally, 26 pregnant women were satisfied (Score: 66.25), with the assurance dimensions, and 25 pregnant women were satisfied (Score: 62) with the empathy aspects that midwives provided when conducting antenatal care service checks.

Table 3. Pregnancy Satisfaction in Pregnancy Tests Based on Satisfaction Dimensions

No.	Dimensions of Satisfaction	Satisfaction Scores	Category
1	Physical Proof	67.5	Satisfied
2	Reliability	79.37	Very Satisfied
3	Responsiveness	66.25	Satisfied
4	Guarantee	67.5	Satisfied
5	Empathy	62.5	Satisfied

The results showed that the pregnant women were satisfied with the examination of pregnancy in the physical evidence dimension (tangibles) of 27 (67.5%). Pregnant women feel satisfied with the statements 1, 2, 3 and 4 only in the statement of the unavailability of a smoke-free room as many as 16 people (40%) said they were not satisfied with the comfort of the waiting room at the maternal and child health poly.

Physical evidence such as uncomfortable waiting rooms and inappropriate services makes them dissatisfied with the services provided, so that it will affect the satisfaction of pregnant women during pregnancy checks (Aini and Andari, 2016). The description of the reliability aspect which was divided into 4 items statement, that 31 people (79.37%) expressed very satisfied with all statements in the aspect of reliability, where the midwife's skills in providing antenatal care services were very good according to research with the title Analysis of Factors Influencing the Implementation of 10 T given by Midwives to Pregnant Women in Medan Marelan District, that the midwife's work experience factor in providing midwifery practice services over 3 years can perform her midwifery practice well in the 10 T examination of pregnant women (Panjaitan, 2014).

In the aspect of responsiveness which is divided into 4 statements as many as 26 people (66.25%) expressed satisfaction with the midwife's responsiveness to *antenatal care* services based on 10 T according to the theory Health Promotion for Midwifery, if midwives have a role and provide services that are both in *antenatal care* can make pregnant women feel that midwives have competence in carrying out antenatal care (Mubarak, 2011). Assurance aspects midwives must provide comfort in pregnancy examinations because if a midwife provides comfort during *antenatal care*, it will improve the quality of *antenatal care* services and the more quality *antenatal care* services, the more pregnant women will check their pregnancies in health services (Rahayu, Lina Dwi Puji, Dyah Fajarsari, 2015).

The aspect of empathy must also be possessed by midwives, in conducting *antenatal care* service checks, because if midwives have good empathy in providing *antenatal care* services, more and more pregnant women who are exposed to tuberculosis will have their pregnancy checked at local health services. The dimensions of empathy greatly affect a pregnant woman in checking her pregnancy, the better the empathy of a midwife provides, the more satisfied a pregnant woman is in receiving *antenatal care* services (Oktavia, 2017).

From the research on the Satisfaction of Pregnant Women with Antenatal Care Services at Women and Children Hospital in South Okkalapa, Myanmar, the satisfaction of pregnant women on several service group indicators consisting of general facilities, general services, registration services and providers' services, it was found that as many as 69 pregnant women (48%) out of 125 pregnant women had a high satisfaction score, while pregnant women were satisfied with general service consisting of ultrasound service examination, laboratory service, drug supply, process of antenatal care procedure and low satisfaction score is 70 (56.0%). Satisfaction of pregnant women with general facilities, namely 27.2% and low satisfaction pregnant women score 72.8% and mother satisfaction with the registration service, only 36 pregnant women were very satisfied with the service and as many as 89 (71.2%) pregnant women were dissatisfied with the service (Hsai et al., 2020).

SOP of Antenatal Care and Pregnant Women's Satisfactory in Pregnancy Examination

From the statistical analysis we conducted, it is noted that the hypothesis is rejected because the *Pearson Product Moment* correlation test yielded statistical results with a *p-value* of 0.652, which is greater than the level of error ($p > 0.05$). As a result, it is possible to draw the conclusion that pregnant women's satisfaction with antenatal care is unrelated to the application of antenatal care standards. This is in line with previous studies defining the relationship between midwifery services and patient satisfaction In the Public Health Center in Soreang, Bandung, which indicates that there is no relationship between pregnancy services and patient satisfaction (*p-value* of 0.796). Age and the training that midwives receive have the greatest impact on pregnancy services. Additionally, there is a negative correlation between waiting times for laboratory and physical examinations, with patients receiving fewer physical examination services from midwives the longer the waiting period. There is no connection between pregnancy services and patient satisfaction (Faozi, Wijaya and Sukanda, 2022).

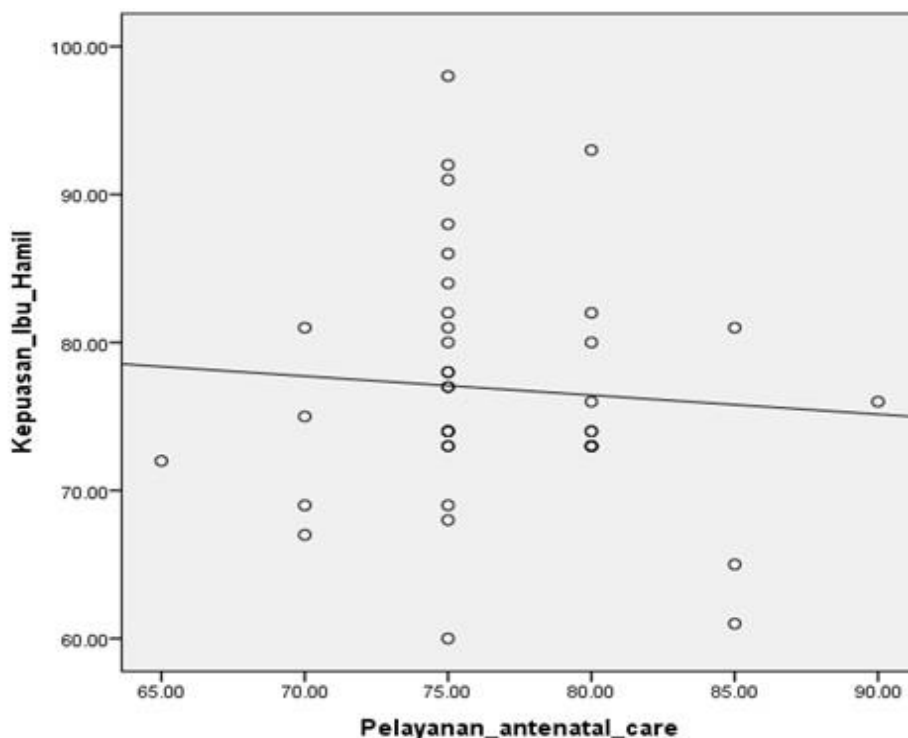


Figure 1. Scatter Plot of *Antenatal Care* SOP and Pregnant Women’s Satisfactory (Kepuasan) in Pregnancy tests

This study also does not align with the other study which found a relationship between the quality of antenatal care services and the level of satisfaction of pregnant women due to antenatal care services (Rahayu, Lina Dwi Puji, Dyah Fajarsari, 2015). According to Do et al., examination basic of 10 T based research has been carried out exceptionally well, with 93% applied at Public Health Center Gamping I there is no correlation between the level of satisfaction experienced by pregnant women at Public Health Center Gamping I during pregnancy checks and the implementation of standards for antenatal care services. This is due to the fact that satisfaction is subjective and difficult to quantify.

4. Discussion

Measurements of height, weight, blood pressure, upper arm circumference, uterine fundus height, presentation and fetal heart rate, tt immunization screening, administration of 90 Fe tablets, laboratory examination, case handling, and mental health counseling and assessment are included in the standard of antenatal care in Indonesia, according to Regulation of the Minister of Health of the Republic of Indonesia Number 21 of 2021(Kementerian Kesehatan Republik Indonesia, 2021).

In Africa the standard of antenatal care according to the Department of Health Republic Of South Africa are more complicated which not only measuring the weight, height, heart rate, colour of mucous membranes, and blood pressure; but also, to check for edema, and palpation for lymph nodes. Some systemic examinations are also included such as teeth and gums, breasts, thyroid, and heart and lung examination. Pregnancy examination also includes inspecting the palpation of the pregnant uterus, with measurement of the symphysis-fundal height (SFH) in centimeter, palpation, and ultrasound and the measurement of mid-upper arm circumference (Departement Health Republic Of South Africa, 2016).

At each antenatal visit, pregnant women receive essential screening tests, including HIV serology, TB screening for both HIV positive and HIV negative women, syphilis serology, rhesus (D) blood group and haemoglobin (Hb) level, and protein and glucose dipstick testing in their urine. Pregnancy-related medications and vaccines include ferrous sulfate (200 mg) tablets for anemia prevention and calcium (1000 mg) tablets for preeclampsia complications, such as calcium carbonate (168 mg), taken orally twice

daily with food. This should be taken four hours before or after iron supplements, folic acid tablets containing five milligrams per day, and tetanus toxoid (TT) vaccination (Departement Health Republic Of South Africa, 2016).

Meanwhile in the Australian Government Department Of Health in Clinical Practice Guidelines Pregnancy Care 2020 get Clinical assessment is discuss conception and date of last menstrual period and offer ultrasound scan for gestational age assessment (carried out between 8 and 14 weeks of pregnancy), measure height and weight and calculate body mass index and provide advice on appropriate weight gain, measure blood pressure, test for proteinuria, delay auscultation of fetal heart until after 12 weeks gestation if using a doppler and 28 weeks gestation if using doppler or a pinard stethoscope, assess risk of preterm birth and provide advice on risk and protective factors, administer the EPDS at this visit or as early as practical in pregnancy and ask questions about psychosocial factors that affect mental health (Australian Government Department of Health, 2020).

Meanwhile, the Clinical Practice Guidelines for Pregnancy Care 2020 published by the Australian Government Department of Health Clinical evaluation includes talking about conception and the timing of your last period. It also includes offering an ultrasound scan for gestational age assessment (done between 8 and 14 weeks of pregnancy), taking your height and weight, calculating your BMI, giving you advice on how much weight to gain, taking your blood pressure, checking for proteinuria, and delaying the auscultation of the fetal heart until after 12 weeks if using a doppler and until 28 weeks if using a pinard stethoscope.

Maternal health testing gets check blood group and antibodies, full blood count and haemoglobin concentration and consider testing ferritin, testing for HIV, hepatitis B, hepatitis C, rubella non-immunity, syphilis, and asymptomatic bacteriuria, Offer testing for gonorrhoea and chlamydia, trichomoniasis, cytomegalovirus testing, thyroid, testing for vitamin D deficiency if there is a specific indication, testing for chromosomal anomalies and get advise women about measures to avoid toxoplasmosis or cytomegalovirus infection, also pregnant women in Australia get specific vaccinations including influenza and pertussis (Australian Government Department of Health, 2020).

When testing for maternal health, blood groups, antibodies, a complete blood count, hemoglobin concentration, ferritin, HIV, hepatitis B, hepatitis C, rubella non-immunity, syphilis, and asymptomatic bacteriuria are checked. Offer testing for gonorrhoea, chlamydia, trichomoniasis, cytomegalovirus, thyroid, testing for chromosomal abnormalities, vitamin D deficiency if there is a specific indication, and advice on how to prevent toxoplasmosis and cytomegalovirus infection. Pregnant women in Australia also receive specific vaccinations, such as those for influenza and pertussis (Australian Government Department of Health, 2020).

Each country has regulations in antenatal examination. The standard of antenatal care in Indonesia is almost the same as the regulation in South Africa. In prenatal check-ups in Indonesia, Africa and Australia, everything is the same in prenatal check-ups, all of which are carried out such as checks to measure height, weight, check the upper arm circumference, measure blood pressure, check the height of the uterine fundus, ultrasonography.

Differences in prenatal care in Australia, pregnant women get a complete examination compared to Indonesia and South Africa. In Australia, pregnant women receive complete laboratory tests and receive influenza and pertussis vaccines, while in Indonesia and South Africa only get tetanus toxoid immunization for pregnant women.

In the research results of researchers there is no relationship *Antenatal Care Sop And Pregnant Women's Satisfactory In Pregnancy Examination*, this is in line with research (Faozi, Wijaya and Sukanda, 2022) with the title *Relationship between midwifery services and patient satisfaction In the Public Health Center in Soreang, Bandung*, *p-value* of 0.796 indicates that there is no relationship between pregnancy services and patient satisfaction.

According to the findings of these researchers, there is no correlation between *Antenatal Care Sop and Pregnant Women's Satisfactory in Pregnancy Examination*. with the title *Relationship between*

midwifery services and patient satisfaction In the Public Health Center in Soreang, Bandung, a *p-value* of 0.796 indicates that there is no relationship between pregnancy services and patient satisfaction (Faozi, Wijaya and Sukanda, 2022).

This is additionally in accordance with research with the title on Nature of antenatal consideration and client satisfaction in Kenya and Namibia that the nature of antenatal consideration administrations gave in Kenya and Namibia is now great yet the fulfillment of pregnant ladies in Kenya and Namibia is exceptionally poor because of need wellbeing data, low schooling and view of pregnant ladies fulfillment of pregnant ladies relies upon every individual itself. Where it is very difficult to measure one's happiness and where one person's happiness differs from another person's happiness (Do *et al.*, 2017).

A measure of service quality is how well the level of service is tailored to the patient's preferences. If the health care they receive meets or exceeds their expectations, patients will be satisfied, and vice versa. If the quality of the health services they receive falls short of their expectations, they will experience feelings of dissatisfaction or disappointment.

From the results of the research, where every antenatal care examination, midwives have never carried out a comprehensive 10T-based antenatal care that has been stipulated in Health Ministry Regulation No. 21 of 2021.

5. Conclusion

Because one's level of contentment differs from that of others and is difficult to quantify, there is no correlation between the two. Because it is subjective and difficult to measure, a person's satisfaction is subjective because everyone always has desires that they want to fulfill. However, once a person is satisfied, other desires will appear, and each person has unique feelings of satisfaction and characteristics that indicate that he is satisfied. According to the findings of the study, every time a midwife performed an antenatal checkup, she had never provided complete 10T-based antenatal care. In addition, this research has been carried out through direct observation of prenatal care, where pregnant women and midwives' perceptions of antenatal care examinations do not differ.

Conflict of Interest

There is no conflict of interest. Nothing to disclosure.

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