



The Factors Influencing Normal Childbirth Among Midwives Providing National Health Insurance Services in Tabanan Regency

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ABSTRACT

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Childbirth assisted by network midwives under the National Health Insurance (NHI) is expected to reduce maternal mortality in Tabanan Regency, but low utilization remains a challenge. This study aims to identify factors influencing normal childbirth at NHI network midwives in Tabanan Regency. An exploratory qualitative study was conducted in June 2024. Data were collected through in-depth interviews with 11 informants, including midwives, the Head of the Midwives Professional Organization (IBI), representatives from the District Health Office, Social Security Agency (BPJS) Health, and mothers using delivery services in midwives were selected using purposive sampling. The data were analyzed thematically. Network midwives in the NHI scheme demonstrated strengths such as positive attitudes, high motivation, and adequate skills. They also received support from professional organizations, inter-professional collaboration, and government policies, and were trusted by the community. However, challenges include a lack of information about NHI, a limited understanding of administrative procedures, low claim rates, and complex bureaucracy. The positive attitudes, motivation, and skills are strengths of network midwives, but poor knowledge of NHI procedures and low claim rates hinder service utilization. Recommended efforts include improving midwife competencies, strengthening inter-professional collaboration, utilizing social media for education, and reviewing delivery tariffs regularly.

INTRODUCTION

The high maternal mortality rate (MMR) remains a challenge for the Indonesian government in efforts to improve the quality of maternal and child health services. According to data from Long Form Survey in 2020 the MMR in Indonesia was recorded at 189 per 100,000 live births approaching the 2024 National Development Plan target of 183 per 100,000 live births.⁽¹⁾ However, this figure is still far from the Sustainable Development Goals (SDGs) target of 70 per 100,000 live births by 2030. In Bali Province, data from the Bali Provincial Health Office showed that in 2022, the MMR was recorded at 68 per 100,000 live births, which is much lower than the national average, with six maternal deaths contributed by Tabanan regency.⁽²⁾ This fact indicates that Indonesia needs to strengthen maternal health



services by ensuring that deliveries are attended by trained healthcare professionals, providing adequate medical services, and ensuring postpartum care for mothers, babies, and their families to reduce the MMR.

This fact indicates that Indonesia needs to strengthen maternal health services by ensuring that deliveries are attended by trained healthcare professionals, providing adequate medical services, and ensuring postpartum care for mothers, babies, and their families to reduce the maternal mortality rate (MMR). One of the government's initiatives in this regard is the NHI program. This program introduces additional dimensions to this landscape, aiming to provide equitable access to maternal health services.⁽³⁾ The sustainability of this program largely depends on sufficient funding and cost-efficiency. To avoid unnecessary expenses, a thorough evaluation is required for cases that tend to be excessive or unwarranted, such as normal deliveries at referral health facilities or cesarean sections without strong medical indications.⁽⁴⁾ In 2019, out of a total of 1,066,559 normal deliveries funded by NHI, 417,237 were performed at Advanced Referral Health Facility (ARHF). The cost of normal deliveries covered by NHI from 2015 to 2019 amounted to IDR 4.8 trillion, significantly lower than that of cesarean deliveries at IDR 18.7 trillion. This highlights the high rate of cesarean sections compared to normal deliveries. Starting in 2023, the cost for normal deliveries at primary healthcare facilities was increased to IDR 800,000 for a team of midwives and nurses, and IDR 1,200,000 if a doctor is involved. Despite additional funding from NHI, many normal deliveries are still being conducted at ARHF.⁽⁵⁾

In Indonesia, the role of midwives, particularly those affiliated with the NHI network, is vital in facilitating safe and effective childbirth experiences for mothers. As part of an integrated network of healthcare facilities within NHI, these midwives are expected to provide safe, high-quality normal delivery services by healthcare standards.⁽⁶⁾ However, despite the many benefits provided by NHI, the execution of normal deliveries by midwives does not always proceed smoothly. Several factors can affect the likelihood of normal childbirth, including organizational characteristics, individual midwife competencies, patient-related factors, and systemic influences from the NHI program.⁽⁴⁾

Organizational characteristics, such as the availability of resources, supervision, and supportive infrastructure, play a crucial role in enabling midwives to provide optimal care. On the other hand, regulations, and government support in terms of funding and coordination between health agencies are key determinants in ensuring the sustainability and quality of normal delivery services under NHI.⁽⁷⁾ Research by Larsman et al. found that healthcare facilities with better organizational support were associated with higher rates of successful normal deliveries, suggesting that such characteristics are essential in improving maternal health outcomes.⁽⁸⁾

Midwife competencies including education, experience, and training are also critical determinants of successful normal childbirth. Studies, by Purnamasari et al., indicate that midwives with specialized training in normal childbirth are more effective in supporting women during labor.⁽⁹⁾ Furthermore, patient-related factors such as maternal age, health status, and socio-economic background significantly influence the childbirth process.⁽¹⁰⁾ Previous research has shown that women from lower socio-economic backgrounds often face barriers to accessing quality maternal healthcare, leading to increased rates of complications during childbirth.⁽¹¹⁾

In Tabanan Regency, out of 129 licensed Independent Midwife Practices, only 20 collaborate as NHI network providers. The number of deliveries at NHI network midwives remains low compared to those at hospitals, which contributes the decreased interest of other midwives in joining the NHI network. Additionally, according to Dr. Adang Bachtiar, Chairman of the Quality and Cost Control Team at the time, the main reason for many normal deliveries being conducted in hospitals is patient dissatisfaction with services at Primary Healthcare Facilities (PHF) and the perceived comfort of hospitals. Furthermore, there was limited research has thoroughly explored the factors influencing the utilization of childbirth services among midwives in the NHI network through a qualitative approach in Indonesia especially Bali. Most prior studies have predominantly relied on quantitative methods,



focusing on numerical and statistical measurements, without deeply investigating the perceptions, experiences, and perspectives of the key stakeholders involved. Therefore, this study aims to identify factors influencing normal childbirth at NHI network midwives in Tabanan Regency.

METHOD

This research used a qualitative approach with an exploratory design, conducted in Tabanan Regency in July 2024. Data were collected through in-depth interviews involving 11 informants selected using purposive sampling. The informants include independent midwives in the NHI network, NHI providers at private practices/clinics/community health centers (CHC) that provide deliveries and those that do not, based on the accessibility level in urban and rural areas; representatives from the Indonesian Midwives Association (*Ikatan Bidan Indonesia-IBI*); representatives from the Health Office; representatives from Social Security Agency (Badan Penyedia Jaminan Sosial-BPJS) Health; and mothers using delivery services at NHI network midwifery practices.

In this study, the researcher serves as the primary instrument, acting as a neutral interviewer. The researcher is a Public Health student with a background in medical doctor training and currently works as a functional doctor at CHC in Tabanan regency, with 13 years of experience in this role. Each in-depth interview lasted 30-40 minutes, following a guide developed by the researcher based on ecological theory. Interviews were recorded using a mobile phone recorder and documented fully with field notes. The collected data were analyzed using thematic analysis. The researcher repeatedly listened to the interview recordings, transcribed them verbatim, and cross-checked the transcripts for accuracy with the recordings. Codes and groupings of informants' statements based on themes were created, and themes were analyzed accordingly.

Before the interviews, informants were briefed about the research and signed an informed consent form indicating their willingness to participate. The study was conducted following ethical clearance from the Udayana University Faculty of Medicine Ethics Committee (Number: 1780/UN14.2.2.VII.14/LT/2023) dated July 3, 2024, and research permission from the Investment and One-Stop Integrated Service Office (DPMPTSP) of Tabanan regency (Number 071/293/2024/DPMPTSP) dated June 11, 2024.

RESULT AND DISCUSSION

Sociodemographic Characteristics of Informants

The characteristics of the informants presented in Table 1 show that the age range of the informants is between 28 and 52 years, with an average age of 42 years. Most of the informants are female, and the majority have a bachelor's degree as their highest level of education.

Table 1.
Sociodemographic Characteristics of Informants

Informant code	Age (years)	Gender	Education	Position/Occupation
PP1	45	Female	Master	Program Holder for Maternal Health at the Tabanan Regency Health Office
KI1	52	Female	Master	Chief of the Indonesian Midwives Association Branch Tabanan
KT1	50	Laki-laki	Bachelor	Chief of Quality Control and Cost Control Team of Health Social Security Agency Branch Denpasar



BJ1	42	Female	Bachelor	Midwife
BJ2	48	Female	Bachelor	Midwife
BJ3	52	Female	Bachelor	Midwife
BJ4	52	Female	Bachelor	Midwife
IB1	28	Female	Senior High School	Housewife
IB2	32	Female	Senior High School	Farmer
IB3	29	Female	Diploma III	Housewife
IB4	30	Female	Bachelor	Civil Servant

Based on in-depth interviews with all informants, 24 codes were identified and subsequently grouped into seven sub-themes that form two main themes regarding the internal and external factors influencing the utilization of delivery services in the NHI network midwives.

Internal Factors (Strengths and Weaknesses) Influencing Delivery Services by Network Midwives in the NHI Program in Tabanan Regency

The research findings reveal internal factors (strengths and weaknesses) that affect the quality of delivery services provided by network midwives in the NHI program in Tabanan Regency. According to ecological theory, these internal factors refer to intrapersonal factors, including the knowledge, attitudes, motivation, and personality of the midwives.

Midwives knowledge

Good knowledge includes the midwives' ability to provide health education related to pregnancy and childbirth to patients, which can enhance patient awareness and preparedness.⁽¹²⁾ The research findings indicate that network midwives in the NHI program in Tabanan Regency generally have adequate knowledge about normal delivery procedures and the management of simple complications. This knowledge and skill are key strengths as they ensure that midwives can provide safe and quality services to pregnant women who choose to give birth at primary healthcare facilities. *"...midwives must have good competencies or skills so that the community has more trust in delivering at network midwives..." (BJ1)*

These findings are consistent with previous research that shows a relationship between knowledge and the performance of midwives in providing childbirth care. The results indicate that higher knowledge about childbirth care encourages midwives to perform normal childbirth care effectively and correctly. Midwives with good knowledge are ten times more likely to provide high-quality normal childbirth care compared to those with less adequate knowledge.

"...updating knowledge is very frequent, often being assigned to attend training related to maternal and child health (KIA-KB) and staying up-to-date with knowledge..." (BJ2)

Training and development play a crucial role in enhancing work skills. Studies reveal that an important strategy in developing healthcare personnel is to increase their professionalism through training relevant to their respective disciplines. Trained midwives tend to perform better in childbirth care compared to those who have not received training.⁽¹³⁾ A study in Uganda found that improving midwives skills could avert 41% of maternal deaths, 39% of neonatal deaths, and 26% of stillbirths, equating to 2.2 million deaths averted per year.⁽¹⁴⁾ However, differences in experience, types of training, and skills among network midwives in the NHI program can lead to variations in the quality of services provided. Midwives with less experience or inadequate training may struggle to handle cases that require prompt and accurate management.⁽¹⁵⁾

"...there have been some cases where there was a delay in referrals because, in addition to specific considerations, such as patients who did not want to be referred, it might sometimes slow down the process..." (KII)



Additionally, even though midwives may have good medical knowledge, some may not deeply understand NHI policies and specific regulations related to childbirth services covered by NHI. This lack of understanding can lead to confusion in administration or unclear communication with patients regarding their rights and responsibilities under NHI.

"...the administration itself. Yes, because for those of us who are somewhat unfamiliar, we've never managed something like that before, so it's a challenge for us in the network. Since we work independently as network midwives, if we had staff, we could delegate those tasks and focus more on childbirth care..." (BJI)

This result is consistent with previous research findings, which indicate that while most midwives are generally aware of the NHI system, they lack in-depth knowledge about it, particularly regarding maternal and neonatal services.⁽¹⁶⁾ Additionally, other studies mention that a lack of additional information, such as claim procedures needed by midwives, hinders their contribution to the success of the NHI system in maternal and neonatal care. Furthermore, public ignorance about service procedures within the NHI system is also a problem that needs to be addressed promptly. Concrete solutions are required to improve the understanding of both midwives and the public, as well as immediate actions to ensure the successful implementation of NHI in the fields of maternal and neonatal care.⁽¹⁶⁾

Midwives Attitude

The attitudes of midwives also influence their involvement in the NHI program. This study found that midwives show high enthusiasm in serving patients with NHI. With the increasing number of people using NHI, healthcare services are being accessed more frequently through health insurance.

"...very happy and enthusiastic to provide services with NHI funding..." (BJI)

The attitude and behaviour of maternity service providers affect both utilisation and outcomes.⁽¹⁷⁾ Midwives with a positive attitude tend to perform better compared to those with a negative attitude. The previous study shows that almost all (94.4%) midwives have a positive attitude due to collaboration. According to the study, most midwives have a positive response to the NHI program. This positive response arises because midwives believe that NHI allows pregnant women to seek prenatal care without worrying about the cost of services.⁽¹⁸⁾ However, in this study, many midwives reported a lack of confidence in assisting with deliveries due to infrequent practice.

"...in terms of skills, many midwives rarely assist with deliveries. Some midwives in practice may lack confidence due to infrequent experience. Since they rarely perform deliveries, their expertise diminishes if they do not receive training..." (PPI)

An overly cautious or conservative attitude towards normal childbirth situations may lead midwives to refer patients to higher-level healthcare facilities, even when there are no strong medical indications. This attitude can stem from concerns about potential complications or uncertainty in handling more complex cases, thereby reducing midwives' confidence in managing deliveries at primary healthcare facilities.

Motivation

High motivation among midwives to provide the best services for pregnant women is a key driver in improving the quality of childbirth care. This motivation is often fueled by the midwives' professional commitment to reducing maternal and infant mortality rates, as well as their desire to strengthen their role within the public health system. This study found that midwives exhibit high enthusiasm in managing deliveries funded by NHI. Their experience and skills add value to maternal and neonatal care services.

"...currently, that's the only strength midwives have because almost all the community members now have BPJS. We can offer delivery services here that accept BPJS, which is the main reason I use to attract patients to give birth at our facility..." (BJ2)



These study is in line with the findings of research at the Langsa City Regional General Hospital in Medan, which found that motivation positively affects midwife performance. Midwives with high motivation are 27 times more likely to provide high-quality childbirth care compared to those who lack motivation. Therefore, midwives with strong work motivation are more likely to achieve the coverage targets set in maternal and child health programs.⁽¹⁰⁾

However, this study also revealed that low financial incentives from the NHI system, especially for those working within the network of primary healthcare facilities, reduce their motivation to actively engage in the NHI program. The relatively low payment compared to the costs and efforts involved can discourage midwives from improving their delivery service capacity at primary healthcare facilities.

"The reimbursement we receive for deliveries is too low. If possible, the amount for midwives should be increased. Honestly, one million is no longer sufficient given current costs..." (BJ2)

The results of this study are consistent with previous findings that show a relationship between incentives and midwife performance. The research explains that compensation or incentives are forms of reward provided by an organization to its members for their contributions. These rewards can be financial or non-financial. Providing compensation is an important factor in improving midwives' performance as it can motivate them to work better and more productively.⁽¹⁵⁾

Midwives Personality

A warm personality and empathy from midwives can foster a positive relationship with pregnant women, enhancing their comfort and trust in the care provided. This, in turn, encourages more women to choose delivery at primary healthcare facilities or with NHI network midwives. Informants have noted that midwives who are friendly and provide excellent service make patients feel more at ease and secure, which increases their preference for delivering with midwives.

"...happy to give birth here. It also helps with the economic aspect. The costs are also supported. The service here is good, the midwives are friendly and efficient. Even this morning, when I came here, the mother was already prepared..." (IB2)

Studies show that the quality of service in marketing is greatly influenced by physical evidence, such as the use of appropriate equipment, the availability of necessary supplies, and the individual's ability to provide satisfactory service. Beyond these physical aspects, mothers also consider the midwives' politeness, friendliness, and attentiveness as crucial factors. These qualities make mothers feel valued, enhancing their happiness and satisfaction, which in turn fosters loyalty to the services offered by the midwifery practice.⁽¹⁹⁾

External Factors (Opportunities and Threats) Influencing Delivery Services by Network Midwives in the NHI Program in Tabanan Regency.

This study identifies several external factors influencing delivery services by network midwives in the NHI program in Tabanan Regency. These external factors include opportunities and threats, which can be examined from various aspects such as interpersonal, institutional and organizational, community, and public policy.

Interpersonal Factors

Support from healthcare institutions, such as CHC and clinics, combined with close collaboration between independent midwives and other primary healthcare facilities, can enhance the referral system and improve both access to and the quality of delivery services. The study highlights an opportunity in interpersonal factors, particularly the collaboration among midwives, nurses, and doctors, to elevate the delivery services offered by network midwives in the NHI program. Such professional collaboration can increase midwives' confidence, especially when managing potential complications during childbirth.



“...there is indeed collaboration with doctors, and having a team, including doctors from the CHC, can boost our confidence when we are supported by them...” (PP1)

This situation differs from the findings of the previous study, which indicated no relationship between collaboration between midwives and supervising doctors and performance in antenatal care, whether for NHI or general patients. The study revealed that midwives' performance remained very high, regardless of whether they collaborated with supervising doctors or not. This high performance despite the lack of collaboration could be attributed to the midwives' sufficient knowledge, skills, experience, and expertise.⁽¹⁸⁾ Additionally, support from professional organizations can significantly contribute to improving the quality and accessibility of delivery services, as well as strengthening the role of midwives within the healthcare system. In this study, informants noted that the Indonesian Midwives Association Branch Tabanan regularly organizes various activities to support midwives in delivering healthcare services. These activities include training and updates on the management of normal deliveries, handling emergencies, and care for pregnant women, postpartum mothers, and newborns. Continuous training allows midwives to stay abreast of the latest developments in midwifery practice, enabling them to provide higher-quality care that meets current standards.

“...opportunities for enhancing midwives' capacity are frequently provided through seminars and training sessions. Nowadays, we are often required to attend seminars, and the Indonesian Midwives Association also plays a role by instructing us to participate in these events...” (BJ3)

Community Factors

A good relationship between midwives and the community significantly influences the utilization of healthcare services. Active involvement of midwives in the community can enhance public trust in the healthcare services provided.⁽²⁰⁾ This study finds that, although not widespread, some pregnant women still choose to deliver with midwives. This choice is often influenced by previous positive delivery experiences with the same midwife, the accessibility of services in rural areas, and other personal reasons.

“...effective community outreach regarding the essential aspects of delivery care is crucial. This ensures that people have a clear understanding of the services they are entitled to and alleviates their concerns about delivering under the NHI financing scheme...” (TKI).

Effective communication between midwives and pregnant women, as well as their families, can potentially increase the number of deliveries at primary healthcare facilities (FKTP) and reduce referrals to higher-level facilities (FKRTL). This is because patients feel more comfortable and confident in the midwives' ability to manage deliveries.¹⁰ These findings align with Ramadhan (2021), who noted that women enrolled in NHI tend to have easier access to formal healthcare services during childbirth and often deliver in hospitals with medical assistance. Additionally, women in rural areas are more likely to access healthcare services, including midwifery care, compared to those in urban areas, thanks to the positive impact of NHI.⁽²¹⁾

However, the study also revealed that misinformation about NHI delivery services at midwifery practices affects public perception and diminishes trust in delivery services at FKTPs.

“...there's a lot of misinformation about whether deliveries at midwifery practices are allowed. However, once we provide explanations and clarify that there are no such restrictions, patients start to understand and trust us as network midwives under NHI. Despite this, some patients still prefer to deliver in hospitals...” (BJ2)

The study reveals that misconceptions about delivery services at midwifery practices can stem from a lack of outreach and understanding among pregnant women. This negatively impacts the enhancement of delivery services.⁽²²⁾ Cultural and social norms, such as the preference for hospital deliveries or obstetric specialists over midwives, can also reduce the number of deliveries conducted at



primary healthcare facilities (FKTP). The research indicates that many people prefer to have antenatal care (ANC) with obstetric specialists, often leading to cesarean sections (CS).⁽⁴⁾ Additionally, limitations in examination facilities at FKTPs necessitate referrals to hospitals, thereby reducing the opportunities for independent midwives to handle deliveries.

"...most of them prefer to visit obstetric specialists for ANC. Even though it's just for routine, normal physiological care, they seek specialists. Often, after a few visits, the outcome ends up being a cesarean section. I've observed that this is one reason why the rate of C-sections is increasing. They often come to healthcare facilities with a recommendation already in hand..." (PPI)

These findings indicate that when pregnant women do not receive adequate information about the services available at network midwives, including the utilization of NHI with these midwives, they are more likely to choose hospital deliveries. This tendency reduces the opportunity for midwives to provide delivery services and hinders efforts to increase the rate of normal deliveries at the primary care level.⁽²³⁾

Public Policies

Government policies that support universal access to maternal and child healthcare through the NHI program provide an opportunity to increase the number of deliveries at primary healthcare facilities (FKTP). Previously, the claims had to go through doctors, but now midwives can submit claims directly. This change allows midwives to propose an increase in the number of claims for their services, supported by data. Additionally, the 2023 policy to increase rates for normal delivery services at primary healthcare facilities serves as an additional incentive for midwives to be more actively involved in the NHI program.

"...it seems that we, as midwives, are now allowed to submit claims directly to BPJS..." (KII)

In its health transformation efforts, the government is dedicated to enhancing primary healthcare services. This research highlights that maternal classes held in villages provide midwives with increased opportunities to engage with and educate pregnant women. This engagement can lead to a rise in the number of normal deliveries managed by midwives, thereby strengthening primary care and improving maternal health outcomes.⁽¹⁶⁾

"...that is our primary responsibility. The government organizes prenatal classes with specific objectives. The goal is to empower pregnant women, helping them to recognize and understand themselves better, and prepare gently for childbirth."

These findings indicate that government regulations are a crucial guide for midwives in providing maternal healthcare. These regulations support delivery services at midwifery clinics, particularly regarding meeting service standards and fostering interprofessional collaboration. However, the study reveals that the low reimbursement rates from BPJS for delivery services make midwives feel that their compensation does not match their efforts. This discrepancy diminishes the interest of independent midwives in partnering with BPJS. Additionally, complex bureaucratic procedures in the NHI claims process can be a barrier for midwives to access the necessary funding for delivery services.⁽²⁴⁾

"...when reimbursement does not meet expectations, the effort and sleepless nights do not match the income received. This becomes a weakness as it makes midwives less interested."

These findings align with Astri Nurdiana's research, which highlights that the low BPJS tariff for delivery services poses a threat to improving healthcare quality. The study revealed a significant disparity between the reimbursement rates for pregnancy and delivery care under BPJS and those for non-NHI patients. The tariffs set by BPJS Health for delivery services are substantially below the median rates observed in both rural and urban areas.⁽²⁵⁾ Other studies also mention that negative perceptions among midwives regarding the non-capitation payment mechanisms imposed by local governments, along with delays in receiving non-capitation funds, significantly disadvantage midwives



who provide maternity and neonatal services. To address these issues, policies are needed to regulate the cooperation between primary healthcare facilities or clinics providing services, midwives, BPJS Kesehatan, and local governments. Such policies should be carefully formulated to ensure that the payment mechanisms for maternity and neonatal services are clearer and fairer for midwives.⁽¹⁶⁾

In some cases, deliveries may be at risk of complications. However, because medical standards do not permit the handling of complicated deliveries at midwives' practices, claims for the initial management of maternal emergencies often cannot be submitted. Additionally, stricter regulations related to practice licenses and service standards for midwives compel them to adapt to new rules, which can pose a significant threat.

"...for BPJS, we are not allowed to claim for complications during childbirth, it is said that it must be classified as normal delivery. We can only claim normal delivery costs of 800, whereas we have encountered cases like placenta retention and uterine atony several times, which are quite concerning..." (BJ3).

Moreover, if the referral system is not functioning properly or there are administrative obstacles in submitting NHI claims, this can complicate midwives' ability to perform their duties and affect the quality of the services provided.

"...because some might find it cumbersome, as the administration is quite involved. So, this could be what leads some to not cooperate, and they might also feel that the claims are not appropriate..." (PP1)

CONCLUSION

Positive attitudes, high motivation, and adequate experience and skills in childbirth services are strengths of midwives. Support from organizations, interprofessional collaboration, supportive policies, and community trust in midwives create opportunities that influence the utilization of childbirth services within the national health insurance network. However, the lack of information regarding the utilization of national health insurance in the midwifery network, as well as the midwives' limited understanding of administration and claims processes for national health insurance, still hinders the utilization of childbirth services by midwives. Additionally, low claim rates, complex administrative processes, and insufficient socialization regarding administration and bureaucracy in the registration and reporting to the national health insurance network are factors that affect the utilization of childbirth services within this network. Therefore, several steps need to be taken to address these challenges, such as enhancing the competence and confidence of midwives, improving service quality, requesting socialization on administrative procedures, strengthening interprofessional collaboration, and establishing a service team available 24 hours a day. Furthermore, it is also important to utilize social media as an educational tool and to build community trust, collaborate with hospital specialists in managing complications, and conduct regular reviews of childbirth rates.

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REFERENCES

1. Badan Pusat Statistik. Hasil Long Form Sensus Penduduk Tahun 2020. Jakarta:Badan Pusat Statistik; 2023. 1–44 p.
2. Dinas Kesehatan Provinsi Bali. Profil Kesehatan Provinsi Bali 2021. Dinas Kesehatan Provinsi Bali.Denpasar; 2022.
3. Kemenkes RI. Peraturan Menteri Kesehatan Republik Indonesia Nomor 3 Tahun 2023 Tentang



- Standar Tarif Pelayanan Kesehatan Dalam Penyelenggaraan Program Jaminan Kesehatan. 2023.
4. Novitasari M, Hendrartini J, Wahab A. Determinan Tempat Bersalin di Rumah Sakit Pada Kasus Persalinan Normal Peserta JKN Kota Semarang Tahun 2022. 2023;2022–3.
5. Ismawardani D, Larissa R, Alhafiz I. BPJS Kesehatan. 2022 [cited 2024 Apr 23]. Media Info BPJS Kesehatan. Available from: <https://bpjs-kesehatan.go.id/#/>
6. Nurdiana A, Nurlailasari E. Evaluation of Midwifery Care Standard Policy BPJS Health Participants. J Ilmu Dan Teknol Kesehat. 2021;7(2):172–84.
7. Soewondo P, Afdhally H, Rachmadewi M. Analisis Infrastruktur Kesehatan dalam Pelaksanaan JKN. J Kesehatan Masyarakat. 2022;14(1):45–52.
8. Larsman P, Pousette A, Törner M. The impact of a Climate of Perceived Organizational Support on Nurses' Well-being and Healthcare-Unit Performance : A Longitudinal Questionnaire Study. J Adv Nurs. 2024;1–12.
9. Purnamasari F, Muliawati R, Faidah N. Factors Affecting Midwives' Performance In Antenatal Care Services. Int. Int J Heal Sci. 2020;14(2):23–130.
10. Linda H, Zufendri Z, Juanita J. The Influence of Individual Characteristics and Extrinsic Factors toward the Performance of Midwives. J Samudra Ekon dan Bisnis. 2021;12(2):271–85.
11. Nurdiana A. Socio-Economic Factors Influencing Maternal Health Service Utilization in Rural Areas. Indones J Public Heal. 2020;15(3):310–8.
12. Makkasau S, Setiawati Y. Hubungan Pengetahuan , Sikap dan Motivasi Bidan dalam Penerapan Standar Asuhan Persalinaan Normal (APN). 2018;01.
13. Marsaoly S. Performance of Midwives in Childbirth Assistance at Sulamadaha Health Center. Promot J Kesehat Masy. 2019;9(2):231–8.
14. Nove A, Friberg IK, Bernis L De, Mcconville F, Moran AC, Najjemba M, Hoope-bender P, Tracy S. Potential impact of midwives in preventing and reducing maternal and neonatal mortality and stillbirths : a Lives Saved Tool modelling study. Lancet Glob Heal [Internet]. 2021;9(1):e24–32. Available from: [http://dx.doi.org/10.1016/S2214-109X\(20\)30397-1](http://dx.doi.org/10.1016/S2214-109X(20)30397-1)
15. Nisa K, Serudji J, Sulastrri D. Analisis Faktor yang Berhubungan dengan Kinerja Bidan dalam Memberikan Pelayanan Antenatal Berkualitas Diwilayah Kerja Puskesmas Kota Bukittinggi Tahun 2018. J Ilm Univ Batanghari Jambi. 2019;19(1):53–60.
16. Yuliana N, Setiawan H, Damayanti NA. Penerapan Sistem Jaminan Kesehatan Nasional Pada Pelayanan Kebidanan dan Neonatal. J Keperawatan Silampari. 2020;4(1):195–204.
17. Karkee R, Tumbahanghe KM, Morgan A, Budhathoki B, Manandhar DS, Karkee R, Tumbahanghe KM, Morgan A. Policies and actions to reduce maternal mortality in Nepal : perspectives of key informants Policies and actions to reduce maternal mortality in Nepal : perspectives of key informants. Sex Reprod Heal Matters [Internet]. 2022;29(2):167–81. Available from: <https://doi.org/10.1080/26410397.2021.1907026>
18. Djunawan A, Haksama S. Correlation of Midwife's Cooperation, Motivation, Attitude and Performance on Antenatal Care. J Adm Kesehat Indones. 2015;3(1):11–20.
19. Kartini, Hikmandayani, Yuniar N, Mardiana N, Harianis S, Fatimah S, Nurprilinda, Larasati DM, Astuti H. Profesionalisme Kebidanan. Purbalingga: Eureka Media Aksara; 2023. 1–42 p.
20. Wiyati Z, Petralina B, Sunarsih NE, Herdiawati H, Romlah S, Sundari E, Dini M, Kurnia I, Soumokil M, Kadarsih M, Hartanti A, Jannah N, Mirawati, Widyastuti, Elisabet SA, Asmoro A a., Andrias N, Utami FR, Gloria IA, Finsae MC, Utami AP. Respectful Midwifery Care (RMC) bagi Praktik Mandiri Bidan. Ikatan Bidan Indoensia; 2020. 1–118 p.
21. Ramadhan MM. Dampak Jaminan Kesehatan Nasional Akses Pelayanan Asuhan Kebidanan Bagi Wanita di Indonesia. PHPMA. 2021;9(1):66–71.
22. Halimah N. Hubungan pengetahuan dan Sikap Ibu Bersalin tentang Fasilitas Persalinan dengan Pemilihan Fasilitas Pemerintah dan Swasta di Wilayah Kerja Puskesmas Terara. Sekolah Tinggi



-
- Ilmu Kesehatan (STIKes) Hamzar; 2023.
23. Mayasari D, Hardisman, Desmiwati. Analisis Faktor Determinan Kinerja Bidan dalam Pelaksanaan Asuhan Persalinan Normal di Kabupaten Merangin Tahun 2019. *J Ilm Univ Batanghari Jambi*. 2019;19(3):554–9.
 24. Tarigan N, Silaen M, Ginting CN. Analisis kebijakan hubungan klinik provider BPJS Kesehatan dan Praktek Mandiri Bidan sebagai jejaring. 2020;02(1):18–23.
 25. Nurdiana A, Nurlailasari E. Perbedaan Tarif Asuhan Kehamilan dan Persalinan Antara Peserta BPJS Kesehatan dan Non-BPJS Kesehatan. *J Kesehat Al-Irsyad*. 2021;3(1):73–83.