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**Relationship Between History Of Ante-Natal Care Visits And The Incidence Of
Caesarean Section At The Buleleng General Hospital**

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ABSTRACT

Caesarean section (SC) delivery results in higher maternal morbidity and delivery costs compared to vaginal delivery. The low coverage of K4 visits, at 85.6%, which is still below the target of 95%, also affects the delivery method mothers choose. Based on interviews, seven of 10 mothers who underwent SC delivery did not have antenatal care (ANC) visits according to the standard. This study aims to determine the relationship between the history of antenatal care visits and the incidence of caesarean section at the Buleleng General Hospital. The Study placed at Buleleng General Hospital, implementation in March until April 2025. This study is an analytical correlational study with a cross-sectional design. Data collection was conducted by distributing questionnaires. The respondents were 83 postpartum mothers. The inclusion criteria were postpartum mothers who had delivered at Buleleng General Hospital, have a maternal health record book and were willing to participate in the study. The exclusion criteria were mothers with twin pregnancies, HIV, or other medical conditions for which a caesarean section is required based on examination results. Data analysis was performed using univariate and bivariate analysis with the chi-square test at a significance level of $p < 0.05$. The results of the study showed that most of pregnant women whose ANC visits were conducted according to the standard gave birth by SC 46 respondents (70%), and 52 respondents (78.7%) had received quality ANC gave birth by the caesarean section method. There was no relationship between the frequency of antenatal visits and the incidence of caesarean section. There was a significant relationship between the quality of ANC and the incidence of caesarean section. Health workers are advised to provide comprehensive obstetric care to pregnant women who seek health services

Keywords: antenatal care, caesarean section, pregnant women

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INTRODUCTION

The incidence of Caesarean Section (CS) deliveries continues to rise globally, exceeding the World Health Organization's (WHO) recommended threshold of 5–15%. The WHO Global Survey (2021) reported that approximately 46.1% of all births worldwide were performed via Caesarean Section.(World Health Organization, 2021).

In Indonesia, the proportion of Caesarean Section deliveries increased from 17.6% (RISKESDAS 2018) to 25.9% (SKI 2023), with Bali Province showing the highest rate at 53.2% (Kementerian Kesehatan Indonesia, 2024).Caesarean delivery carries a fivefold higher risk of complications compared to vaginal birth, including postoperative infections, hemorrhage, and thromboembolic events (Dila et al., 2022). Although some Caesarean Section procedures are medically indicated, up to 98% of such cases can potentially be prevented through high-quality and standardized Antenatal Care (ANC)(Kementerian Kesehatan, 2020).

Previous studies (Etty et al., 2023);(Pradnyawati et al., 2023) (Melinda et al., 2024) have reported a significant relationship between the frequency of ANC visits and the likelihood of CS delivery, suggesting that inadequate ANC contributes to higher CS rates. However, these studies mainly focused on the number of ANC visits, without thoroughly assessing the quality of ANC services or exploring local-level data from areas with high Caesarean Section prevalence.

The 2023 Indonesian Health Profile data indicate that the coverage of the fourth antenatal care visit (K4) in Indonesia is 85.6%, which remains below the target of 95% (Kementerian Kesehatan RI, 2023). In Bali Province, data from the 2023 Bali Provincial Health Profile show a 7.4% gap between the first antenatal care visit (K1) and the fourth visit (K4). This discrepancy, which results in K4 dropout, illustrates that antenatal care attendance still does not meet the established standards (Dinas Kesehatan Provinsi Bali, 2024).

In Buleleng Regency, Bali—where the K4 visit coverage in 2023 was only 83.39%, below the national target of 95%—the number of Caesarean Section deliveries at Buleleng General Hospital reached 65.46% of all births. (Dinas Kesehatan Buleleng, 2025). Preliminary findings also showed that 70% of mothers who underwent Caesarean Section did not meet the standard

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ANC visit frequency. Therefore, this study differs from previous research by simultaneously examining both the frequency and quality of ANC visits and their relationship with Caesarean Section incidence at a regional referral hospital, providing a more comprehensive understanding of maternal care practices in Buleleng Regency.

Based on the exposition above, the researcher is interested in conducting a study on the relationship between antenatal care visits and Caesarean Section deliveries at the Buleleng General Hospital.

METHOD

The type of research used in this study was correlational analytic with a cross-sectional design. This study was conducted at Buleleng General Hospital from March to April 2025. The study population consisted of all postpartum mothers at Buleleng General Hospital during the study period who met the inclusion and exclusion criteria. The sample size was determined using the formula for correlational analytic studies (Dahlan, 2013), resulting in a total of 83 respondents. The sampling technique used was non-probability purposive sampling, in which participants were selected based on specific criteria or considerations (Sugiyono, 2022).

Inclusion criteria were postpartum mothers who:

1. Delivered at Buleleng General Hospital,
2. Were willing to participate in the study, and
3. Possessed a Maternal and Child Health (MCH) handbook.

Exclusion criteria were mothers who:

1. Had twin pregnancies, HIV, or other medical conditions that medically required a Caesarean Section based on examination results
2. Had incomplete medical records, or
3. Declined to complete the questionnaire.

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The types of data collected included primary and secondary data. Primary data were obtained directly from respondents using a structured questionnaire as the research instrument, while secondary data were obtained from maternal health record books and hospital delivery records. Data collection involved interviews using questionnaires regarding the frequency and quality of antenatal care (ANC) visits. Data processing included editing, scoring, entering, and tabulating the collected data (Riyanto, 2022). Univariate analysis was used to describe the distribution and frequency of the dependent and independent variables, including education, occupation, parity, frequency of antenatal visits, quality of ANC services, and the incidence of Caesarean Section (CS). Bivariate analysis was conducted to examine the relationship between two variables using the Chi-Square test based on cross-tabulation. The level of significance (α) was set at 0.05, and results with a p -value < 0.05 were considered statistically significant. If the significance value (p) was less than α , the hypothesis was accepted; otherwise, it was rejected. This analysis was used to determine the relationship between the frequency and quality of ANC visits and the incidence of Caesarean Section at Buleleng General Hospital.

RESULTS

This research was conducted at Buleleng General Hospital (RSUD Buleleng), a government-owned referral hospital located in Singaraja City, Bali Province. The hospital serves as the main referral center for northern Bali, providing comprehensive maternal and child health services. The hospital's Obstetrics and Gynecology Department manages both normal and complicated deliveries, with standardized operational procedures for labor management in accordance with the Ministry of Health of Indonesia (Kementerian Kesehatan RI) and WHO intrapartum care guidelines.

Operational Procedures for Labor Management

Labor management at Buleleng General Hospital follows standard obstetric protocols, beginning with admission assessment, monitoring of maternal and fetal conditions, and decision-making

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regarding the mode of delivery. Indications for performing a Caesarean Section (CS) at the hospital are based on both maternal and fetal factors, including but not limited to:

- Fetal distress
- Cephalopelvic disproportion
- Malpresentation (e.g., breech or transverse lie)
- Placenta previa or placental abruption
- Failed induction or prolonged labor
- Previous CS with obstetric contraindications for vaginal birth
- Maternal complications such as preeclampsia, eclampsia, or severe infection

All Caesarean Section procedures are carried out by a qualified obstetrician, assisted by trained nurses and anesthesiologists, in line with the hospital's standard operating procedures (SOP). Postoperative care includes maternal monitoring, infection prevention, and counseling for postpartum recovery.

Respondent Characteristics.

The following table presents the demographic characteristics of the respondents, which include age, occupation, educational attainment, and number of children

Table 1. Frequency Distribution of Respondents' Characteristics in Buleleng General Hospital Period March – April 2025

Characteristic	Category	n	%
Age	< 20	5	6.0
	20 – 35	75	90.4
	> 35	3	3.6
Occupation	Working	41	49.4
	Housewife	42	50.6
Education	SD / SMP	8	9.6
	SMA	69	83.1
	Higher Education	6	7.2
Parity	Primiparous	29	34.9

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Multiparous	54	65,1
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Table 2. Frequency Distribution of Variables

Variable	f	%
ANC Frequency		
Meets the standard	66	79,5
Does not meet the standard	17	20,5
Total	83	100,0
ANC Quality		
Meets the standard	67	80,7
Does not meet the standard	16	19,3
Total	83	100,0
Cesarean Delivery		
Yes	56	67,5
No	27	32,5
Total	83	100,0

Table 3. The Relationship Between the Frequency of Antenatal Visits and the Incidence of Cesarean Section Deliveries at Buleleng General Hospital

ANC Frequency	Cesarean Delivery				Total	P value		
	Yes		No					
	f	%	f	%				
Meets the standard	46	70	20	30	66	100		
Does not meet the standard	10	58,9	7	41,1	17	100		
Total	56	67,5	27	32,5	83	100		

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Table 4. The Relationship Between Antenatal Care Quality and the Incidence of Cesarean Section Deliveries at Buleleng General Hospital

ANC Quality	Cesarean Delivery				Total	
	Yes		No		f	%
	f	%	f	%		
Meets the standard	52	78,7	15	22,3	67	100
Does not meet the standard	14	25	12	75	16	100
Total	56	67,5	27	32,5	83	100

DISCUSSION

1. The Relationship Between the Frequency of Antenatal Visits and the Incidence of Cesarean Section Deliveries at the Buleleng General Hospital

The results of this study indicate that the majority of pregnant women who had antenatal care (ANC) visits in accordance with the recommended standards underwent Cesarean Section (CS) deliveries, accounting for 70% (46 respondents). However, statistical analysis revealed no significant relationship between the frequency of ANC visits and the decision to undergo CS delivery (p -value = 0.393 $> \alpha = 0.05$). This finding differs from the study conducted by Etty et al., (2023), which stated that pregnant women who attended fewer than six ANC visits had a higher risk of delivering via Cesarean section.

Antenatal visits refer to the contact between pregnant women and healthcare professionals who provide antenatal services for pregnancy monitoring. Antenatal care should meet the minimum standard of six pregnancy check-ups, including at least two ultrasound examinations conducted by a doctor (Oktova et al., 2023). The purpose of Antenatal Care is to ensure that pregnant women receive comprehensive care throughout pregnancy, including health education, early detection of risks, and timely interventions to reduce morbidity and mortality (Mujahidah, 2020).

A high frequency of ANC visits does not necessarily indicate that a woman will have a normal delivery. Instead, it may reflect the mother's awareness and preparedness regarding potential

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risks, as well as her responsiveness to medical advice (Sri Rahayu et al., 2025). However, it can also suggest that mothers with frequent visits may have had pregnancy complications that required more intensive monitoring. In such cases, despite regular ANC attendance, medical or obstetric indications identified during these visits may have led to a decision for CS delivery.

At Buleleng General Hospital, CS procedures are performed based on both obstetric and non-obstetric indications in accordance with the hospital's Standard Operating Procedures (SOP). Obstetric indications include fetal distress, cephalopelvic disproportion, malpresentation, placenta previa, prolonged labor, or failed induction. Non-obstetric indications include maternal systemic diseases such as hypertension, preeclampsia, diabetes mellitus, cardiac disorders, or infections such as HIV, as well as elective requests based on psychological or social considerations.

Therefore, even among mothers who completed ANC visits according to the recommended frequency, the presence of these medical or non-medical indications often required delivery by CS to safeguard maternal and fetal health. This contextual factor explains why ANC frequency alone was not statistically related to CS incidence in this study.

This finding aligns with (Permatasari et al., 2022), and (Sandalayuk et al., 2023), who reported that frequent ANC attendance does not guarantee a normal delivery outcome, as the decision to perform a CS is often determined by clinical complications and hospital policies rather than the number of ANC visits.

Similarly, (Handayani & Marfu'ah, 2023) highlighted that maternal comorbidities—such as hypertension, diabetes, or infection—can influence the mode of delivery regardless of ANC attendance. The diversity of CS indications at Buleleng General Hospital, including both emergency and elective cases, demonstrates the hospital's dual role in handling high-risk referrals and managing patient requests. This may partly explain the high proportion of CS deliveries (65.46%) observed in this setting, as the institution functions as a referral center for complicated obstetric cases in northern Bali.

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Additionally, sociodemographic factors such as maternal age, education, and parity may further influence delivery outcomes. Some respondents were under 20 years old and over 35 years old, both of which are considered high-risk reproductive ages Prawirohardjo (2020), maternal age is one of the risk factors associated with the quality of pregnancy and the mother's reproductive readiness. In terms of education, the majority of respondents had completed senior high school, with only 7.2% being university graduates. According to Notoatmodjo (2022), education level influences a mother's ability to understand and apply health information received during ANC visits. Elmeida et al., (2024) reported that mothers with lower education levels are 1.8 times more likely to experience delivery complications, often due to limited comprehension of antenatal information. Parity also affects delivery outcomes. Mothers with more than two children are twice as likely to experience delivery complications, such as dystocia or postpartum hemorrhage, compared to those with fewer births (Elmeida et al., 2024 ;Oktova et al., 2023).

These findings indicate that high compliance with ANC visits does not necessarily correlate with the choice of delivery method, as the decision to undergo a Caesarean section is influenced by various other factors, such as the clinical condition of the mother and fetus, as well as the mother's obstetric history (Wulandari et al., 2021).

In summary, the lack of a significant relationship between ANC visit frequency and CS incidence in this study can be attributed to the fact that CS decisions at Buleleng General Hospital are primarily guided by medical, obstetric, and institutional indications, not by the number of ANC visits alone. Hence, improving ANC quality and risk-based clinical decision-making is more crucial than merely achieving high visit frequencies.

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2. The Relationship Between the Quality of Antenatal and the Incidence of Caesarean Section Deliveries at the Buleleng General Hospital

The results of the study showed that the majority of pregnant women who received high-quality ANC services underwent Caesarean section delivery, with 52 respondents (78.7%). Statistical analysis indicated a significant association between the quality of ANC and the mode of delivery by Caesarean section at the Buleleng General Hospital.

High-quality ANC services for pregnant women include pregnancy examinations that meet the 10T criteria as defined by the Indonesian Ministry of Health (2021) (Kementerian Kesehatan Republik Indonesia, 2021). This enables the early detection of pregnancy complications that may make normal delivery risky, leading healthcare professionals to recommend Caesarean section based on medical indications. This finding is supported by a study conducted by (Permatasari et al., 2022), which stated that the quality of ANC services—particularly in aspects such as physical examinations, risk detection, and information provision—has a significant influence on subsequent actions in the delivery process, including the decision to perform a Caesarean section.

A study by (Pradnyawati et al., 2023) demonstrated that women who received adequate ANC services were less likely to experience obstetric complications after delivery, including the need for a Caesarean section, compared to those who had limited access to quality ANC care. Another study emphasized that high-quality ANC can enhance awareness of pregnancy complications, enabling healthcare providers to carry out safer interventions, including performing a Caesarean section when necessary. The quality of ANC services is measured by aspects such as physical examinations, risk detection, and adequate information provision to pregnant women (Dickson et al., 2024). Early risk identification allows healthcare professionals to refer pregnant women to more intensive care if needed, thereby minimizing the likelihood of complications that could endanger both mother and baby during the delivery process (Turnip & Kamso, 2024).

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In the context of Buleleng General Hospital, which serves as a referral center for high-risk pregnancies in northern Bali, the association between ANC quality and CS incidence can be explained by the hospital's standardized clinical protocols. Pregnant women who receive quality ANC are often referred early to the hospital when risk factors such as preeclampsia, placenta previa, malpresentation, or fetal distress are identified. Consequently, these patients are more likely to undergo CS—not because of poor care—but because high-quality ANC enabled timely recognition of complications and appropriate clinical management through surgical delivery. The hospital's operational procedures for labor management require that all decisions regarding the mode of delivery be based on medical indications identified through diagnostic examinations and specialist evaluations. Thus, ANC quality directly contributes to accurate risk classification and referral, influencing the likelihood of CS delivery. In contrast, mothers who received substandard ANC were more likely to arrive at the hospital late in labor or with undiagnosed complications, which may result in emergency CS or unfavorable outcomes. The findings also align with the WHO (2022) recommendations emphasizing that the success of ANC programs depends not only on the number of visits but also on the content and quality of care delivered during each encounter. According to WHO, every ANC visit should include clinical assessment, laboratory screening, preventive interventions, and education to prepare mothers for childbirth and identify high-risk pregnancies early. This relationship between ANC quality and CS rates reflects a positive outcome of effective screening and referral systems. High-quality ANC allows health workers to anticipate and prevent complications, ensuring that CS procedures are performed based on medical necessity rather than as elective or convenience procedures.

This is consistent with findings by Saraswati et al. (2023), who reported that comprehensive ANC contributes to improved clinical decision-making and reduces preventable emergency CS cases. At Buleleng General Hospital, non-obstetric medical indications—such as hypertension, diabetes, and cardiac disease—are also common reasons for planned CS delivery. These conditions are typically identified during high-quality ANC visits that include

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laboratory tests and specialist consultations. In this way, quality ANC functions as a preventive and preparatory step that ensures CS is performed in cases where vaginal delivery poses a risk to the mother or fetus. However, the high proportion of CS deliveries among mothers who received quality ANC (78.7%) also suggests a need for further evaluation of clinical decision patterns. While appropriate CS can prevent maternal and neonatal complications, unnecessary procedures increase the risk of surgical morbidity and healthcare costs. Continuous monitoring of clinical indications and adherence to hospital CS guidelines is therefore essential to ensure that CS remains medically justified.

In summary, the significant relationship between ANC quality and CS incidence found in this study emphasizes that the quality of care—not just visit frequency—determines pregnancy outcomes. High-quality ANC promotes early detection of complications, appropriate referrals, and evidence-based decisions for delivery. At the same time, these findings highlight the importance of maintaining balanced clinical judgment to avoid excessive surgical interventions in cases without clear medical indications.

CONCLUSIONS

Based on the results of the study, the following conclusions can be drawn:

1. The frequency of antenatal visits is not correlated with the incidence of Caesarean section deliveries at the Buleleng General Hospital.
2. The quality of ANC services is significantly correlated with the incidence of Caesarean section deliveries at the Buleleng General Hospital.

CONFLICT OF INTEREST

The author(s) declare that they have no conflict of interest.

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