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Improving Quality Antenatal Care Services Used By Pregnant Women With The Client Oriented Provider Efficient Method Through Self Need Assessment, Client Right Assessment, Client Flow Analysis At Bojonegoro District Community Health Center

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ABSTRACT

The Maternal Mortality Rate (MMR) in Bojonegoro Regency has increased in the last 3 years, in 2019 the MMR was 157.23 per 100,000 live births (KH), in 2020 it reached 161.80 per 100,000 KH, in 2021 it reached 200.30 per 100,000 KH from the MMR target of 98.5 Per100,000 KH. The low coverage of antenatal care services, K1 in 2021 was 99.5%, K6 coverage was 82.99% of the target of 100%. To reduce MMR, quality health services are needed at the Health Center, namely improving the ability of midwives, it is hoped that they can provide health services that are oriented to the needs of their clients. The health service process that focuses on its clients is the Client Oriented Provider Efficiency (COPE) method which will have an impact on Customer Satisfaction. This study aims to improve the quality of maternal health services using the COPE method and analyze the commitment of midwives, the satisfaction of pregnant women at the Bojonegoro Regency Health Center. The research location was at the Ngumpak Dalem Health Center and the Dander Bojonegoro Health Center. The population was the Health Center, Midwives and Pregnant Women. The Health Center sample was by purposive sampling with an operational research design. The COPE method has 4 stages consisting of Stage I: Information gathering and analysis including 1) Self Need Assessment (SNA) 2) Client Right Assessment (CRA) 3) Client Flow Analysis (CFA). Stage II Action Plan Development and Priority including the USG Method, Fish Bone Diagram, CARL, MEER, 5W + 1H, Stage III Implementation Stage IV Follow Up and Evaluation. In Year I 2024, this research was implemented by applying the COPE Method in Stages I and II. The results of the study showed that the commitment of midwives at the Ngumpak Dalem Inpatient Health Center and the Dander Non-Inpatient Health Center in Bojonegoro Regency was the Morally Committed commitment type, the Commitment During Later commitment stage, low commitment level. The COPE Stage I process at the SNA at the Ngumpak Dalem Health Center and at the Dander Health Center it was not fulfilled Information up date, training and development. CRA at both Health Centers on Information; Dignity, comfort, and expression of opinion; Continuity of care was not fulfilled. CFA showed that the Client waiting time at the Ngumpak Dalem Health Center was longer than the Dander Health Center. Stage II Action Plan and Priority through FGD discussing data from Stage I with the Health Center team consisting of Midwives and Heads of Health Centers obtained priority problems of the lack of fulfillment of midwives' rights to supervision by the Health Office, Information Up Date, Training and development and the lack of fulfillment of pregnant women's rights to information. The priority of the cause of the problem is the lack of understanding of Customer service. Alternative Priority of Problem Solving in Interpersonal Communication Training/Counseling, Improvement Activity Plan Low Fulfillment of Midwives' Needs for Updated Information, Training and Development. The satisfaction of pregnant women at the Ngumpak Dalem Health Center and Dander Health Center is mostly quite satisfied. It is

recommended to improve the ability of midwives in the technical aspects of midwifery and interpersonal communication and counseling through training.

Keywords: COPE; Antenatal Care; Quality; Commitment; Satisfaction

INTRODUCTION

The goal of Indonesia's health development is directed to further improve the health level and quality of human resources. This is indicated by, among others, reducing the mortality rate of infants, children and mothers giving birth. Strategies for efforts to reduce maternal mortality and improve the quality of life of infants include increasing public access to quality health services by improving the quality of health services at Community Health Centers as basic health service centers. This improvement can be done by improving maternal and child health services (KIA) both in terms of reach and quality, one of which is improving antenatal services at service facilities with good quality and the highest reach and to realize the need for health workers as managers of health services must have the ability to provide health services professionally both in the technical field of obstetrics and communication skills (in this case interpersonal communication and counseling/KIP&K)

The quality of health services at the Health Center can be identified by the Health Center officers who are providing health services that are oriented to the needs of their clients and always aim to satisfy the clients. In an effort to improve the quality of health services, many approaches are used, including the Client oriented Provider Efficiency (COPE) approach.(EngenderHealth 2003). Client oriented Provider Efficiency (COPE) is a service that is oriented towards consumer satisfaction and service efficiency by the provider, because COPE provides staff capabilities, availability of appropriate technology, a conducive situation, where staff practically and easily use tools or technology to be able to provide services according to patient needs and

expectations, which are patient rights that must be fulfilled. By implementing COPE management, patient rights can be fulfilled and ultimately can lead to patient satisfaction and loyalty.

In Bojonegoro Regency there are 36 Community Health Centers. From the Bojonegoro Regency health profile data, the coverage of KIA service indicators in the last three years was obtained.shows that the performance of Maternal and Child Health at the Bojonegoro District Health Office is still low, where the number of maternal deaths is trending upwards,The Maternal Mortality Rate (MMR) has tended to increase sharply over the past 2 years, in 2020 reaching 161.80 per 100,000 KH. In 2021 it reached 200.30 per 100,000 KH from the MMR target of 98.5 per 100,000 KH. The low coverage of antenatal care services, K1 coverage in 2021 was 99.5% and K6 coverage was 82.99% of the target of 100%.

The purpose of this study was to analyze the process of improving the quality of antenatal care using the Client Oriented Provider Efficiency (COPE) method through midwife commitment and pregnant women's satisfaction before and after the implementation of COPE at the Ngumpak Dalem Inpatient Health Center and the Dander Non-Inpatient Health Center, Bojonegoro Regency.

RESEARCH METHODS

Type This research is a qualitative research, namely research that produces descriptive data in the form of images and written or spoken words from informants and observed behavior.DesignThis research is aOperational Research.The location of this research is inNgumpak Dalem Inpatient Health Center and Dander Non-Inpatient Health Center, Bojonegoro Regency, conducted in May-July 2024. The

source of information is midwives at the Community Health Center, pregnant women who visit the Community Health Center. The sample size is 29 midwives consisting of 12 midwives at the Community Health Center Ngumpak Dalem Hospitalization and 12 midwives in Dander Non-Inpatient Health Center, Bojonegoro Regency and pregnant women, where in the Health Center Ngumpak Dalem Hospitalization There were 26 pregnant women consisting of before the intervention and at the Dander Non-Inpatient Health Center there were 30 pregnant women before the intervention. Data collection was carried out with the help of instruments in the form of questionnaires, checklists, document checks and direct observations in the field. Because the research is operational research with the application of the COPE method, data collection is through a problem-solving process consisting of 4 stages, namely Stage 1 Information gathering includes Self Need Assessment, Client Right Assessment and Client Flow Analysis). Stage 2 Action Plan Development and Priority. Stage 3 Implementation Stage 4 Conducting Follow Up and Evaluation. For Research Year I 2024, including Stage 1 Information gathering includes Self Need Assessment, Client Right Assessment and Client Flow Analysis). Stage 2 Action Plan Development and Priority

The data were analyzed analytically, to determine whether there were differences in the type of commitment and stages of midwife commitment (nominal data scale) towards antenatal care before the COPE intervention between the Ngumpak Dalem Inpatient Health Center and the Dander Bojonegoro Non-Inpatient Health Center using the chi square test. To determine whether there were differences in the level of midwife commitment, maternal satisfaction (interval data scale) using the two-sample t-test independent samples.

RESULTS AND DISCUSSION

Midwife Commitment Before Intervention

The results of the study found that the commitment of midwives before the intervention at the Ngumpak Dalem Inpatient Health Center and the Dander Non-Inpatient Health Center, Bojonegoro Regency is The type of midwife commitment is the Morally Committed Type. The commitment stage is at the Commitment During Later stage. The level of commitment is low.

EngenderHealth, (2003) To build commitment, it is necessary to emphasize staff involvement, a sense of ownership of the service, independent analysis and working as a team, which will enable staff to understand local conditions and resources. The principle of COPE management is empowerment. COPE emphasizes staff discipline, service management. COPE requires self-assessment and teamwork. COPE requires staff to understand local conditions, resources and provides a communication forum for discussion among staff. The COPE process also helps staff identify concretely and immediately understand opportunities for action and responsiveness to local needs, thereby building staff commitment towards quality improvement.

Based on the field conditions in both health centers, both inpatient and non-inpatient health centers, the type of commitment, stages of commitment and levels of commitment show similarities, so that the commitment factor does not affect the COPE implementation process in both health centers. Meanwhile, the level of commitment in both health centers is still low, so to improve the commitment of midwives, it is necessary to improve the quality through the COPE process, namely *Self Assessment* is an assessment of organizational resources and management, This self-assessment will motivate staff to feel and have a sense of ownership that the program is their responsibility. Self-assessment will create commitment. Staff

assess their own services (Self Assessment), and not be assessed by outsiders, then they feel that the problems they identify are "theirs", and they feel responsible for solving the problem. This creates a sense of ownership and commitment to the solutions being attempted.

Client Oriented Provider Efficient (COPE) Process

The results of the Client Oriented Provider Efficient (COPE) Process at the Ngumpak Dalem Inpatient Health Center and the Non-Inpatient Health Center with 4 (Four) Stages are as follows:

Stage I Information Gathering and Information

- a. **Self Need Asssment** at the Ngumpak Dalem Inpatient Health Center, the needs that are not met are: *Facilitative supervision and management, Information up date, training and development*, while at the Dander Non-Inpatient Health Center, the only things that are lacking are information updates, training and development.

According to Wijono (2008) Supervision or guidance is an activity of providing guidance on how to implement a business in accordance with applicable provisions and regulations with the aim of obtaining unity of action and achieving the highest efficiency and effectiveness. Every supervision needs to be followed by feedback, so that it will provide a response on the implementation of the program that can be known and improved earlier.

According to EngenderHealth (2003), health workers need knowledge, skills and continuous training as well as opportunities to develop themselves up to date in their field of work and continuously improve the quality of the services they provide. Even according to Huezo (2003), the needs of officers are not only technical training but also require communication skills training. This is understandable because these officers will be in direct contact with consumers, in this case pregnant women. Because according to Karyajaya (2003), communication plays a

major role in shaping consumer perceptions.

To fulfill the needs of midwives' rights to information on training and development, it is necessary to allocate Midwife Training, especially technical midwifery training and interpersonal communication and counseling training in maternal health services. Based on Wiyono, 2008, to fulfill the needs of midwives' rights to supervision, it is necessary to improve the quality of supervision and provide feedback.

- b. **Client Right Assessment** in both Health Centers regarding *Information; Access to service; informed choice; Safe service; Privacy and confidentiality; Dignity, comfort, and expression of opinion; Continuity of care* still not fulfilled.

According to Freya et al (2004) one of the dimensions of service quality is timeliness, meaning that health services must reduce patient waiting time and service delays. According to EngenderHealth (2003), pregnant women have the right to obtain information about service knowledge (product knowledge) about types of services, places, human resources for services, facilities and infrastructure, and others, so that clients can choose and determine the type of service they want. According to EngenderHealth (2003), clients or pregnant women have the right to obtain safe health services. According to the Indonesian Ministry of Health (2020) in providing antenatal services that meet standards, midwife skills are needed at every level of service in order to provide safe services for pregnant women, so that they can maintain quality assurance, provide reasonable services and avoid additional diseases when receiving services.

To fulfill the ease of service, officers are expected to provide ease of service by reducing or as far as possible eliminating existing obstacles and increasing access to pregnant women by providing ease of service. Based on the theory above, in an effort to improve the quality of service, it is

necessary to provide information about the status of pregnancy and signs of labor from the beginning. So that from the beginning, pregnant women can choose and arrange when to return to the Health Center to give birth. The possible cause is the lack of knowledge of officers about the information needs required by pregnant women who are checking their pregnancy. So one solution is to socialize officers about the rights of pregnant women, especially regarding the need for information about pregnancy and health care so that the rights of pregnant women can be fulfilled.

c. Client Flow Analysis about Client waiting times; Client contact time in Ngumpak Dalem Inpatient Health Center longer than Dander Non-Inpatient Health Center.

According to Freya et al (2004) one of the dimensions of service quality is timeliness (on time) meaning that health services must reduce patient waiting time and service delays. For that, it is necessary to create a standard response time that must be implemented in health centers. And in

the study quoted from Rosa's writing in the book Ambulatory Care Organization and Management, it was found that one of the patient's complaints about doctors was that the waiting time was too long.

Based on the theory above, there needs to be special handling to improve the conditions experienced by pregnant women, especially the waiting time for services as an effort to improve the quality of services at Community Health Centers. Stage II Action Plan and Priority Through Focus Group Discussion (FGD) Discussing problems from Information Gathering and Analysis data between teams at the Ngumpak Dalem Inpatient Health Center consisting of 8 people consisting of 7 midwives and 1 Head of the Health Center and at the Dander Non-Inpatient Health Center consisting of 8 people consisting of 7 midwives and 1 Head of the Health Center with a brainstorming system with the following stages:

1. Stage I Problem Identification

No	Variables	Sub Variables	Health Center	
			Deep Inside	Dander
1.	Midwife Commitment	Level of Commitment	of Medium Commitment percentage 75%, (table 5.11)	The commitment of midwives is 1%. (table 5.11)
2.	Pregnant Women's Satisfaction		The level of satisfaction of pregnant women with ANC is sufficient with a value of 46% (table 5.13)	The level of satisfaction of pregnant women with ANC is sufficient with a value of 3% (table 5.13)
3.	Fulfillment of officer needs (Self Needs Assessment)	Supervision		-Lack of supervision by the Health Service, value 70% (Table 5.15)
			Lack of Up-to-Date Information, Training and Development with a value of 25% (Table 5.17)	Lack of Up-to-Date Information, Training and Development, value 47% (Table 5.17)

No	Variables	Sub Variables	Health Center	
			Deep Inside	Dander
4.	Fulfillment of the Rights of Pregnant Women (<i>Client Right Assessment</i>)	Information about pregnancy and health care	Lack of fulfillment of pregnant women's rights to information with a value of 62% (Table 5.22) The low value in the information variable is the lack of information provided about pregnancy status (58.97%), danger signs for pregnant women (46.15%), signs of labor (53.85%).	Sufficient fulfillment of pregnant women's rights to information with a value of 71.33% (Table 5.22) The low value in the information variable is the lack of information provided about pregnancy status (56%), danger signs for pregnant women (52%), signs of labor (60%).
		<i>Informed choice</i>	Fulfillment of pregnant women's rights to Informed Choice Sufficient, value 69.23% (Table 5.26) There is a low score on Information about service type options (58.97%)	Lack of fulfillment of pregnant women's rights to informed choice, value 56% (Table 5.26) It is found in all Informed Choice variables, namely less information about the choice of service type (56%). types of officers (56%) and infrastructure (56%)
		Privacy and confidentiality	Fulfillment of pregnant women's rights to privacy and confidentiality is sufficient with an average value of 2.85 (Table 5.30) There are values of examination locations that are not private (15.38%), there is never confidentiality of services provided by midwives (30.77%)	
		Treated with courtesy, friendliness, comfortable service and the	Fulfillment of the rights of pregnant women to polite, friendly treatment and safe services is	Fulfillment of pregnant women's rights to polite, friendly treatment and safe services is

No	Variables	Sub Variables	Health Center		
			Deep Inside	Dander	
		right to have complaints responded to	sufficient with an average value of 2.57 (Table 5.32) There was the highest score for midwives who did not treat them in a friendly manner (35.90%), midwives did not give the opportunity to ask about what they felt during the pregnancy (30.77%).	sufficient with an average value of 2.99 (Table 5.32). The highest score was for midwives not treating them in a friendly manner (28%), midwives not giving them the opportunity to ask about what they felt during their pregnancy (32%).	
		Continuity service of	Fulfillment of pregnant women's rights to continuity of services is sufficient with an average value of 2.79 (Table 5.34) The highest score was that midwives never provided information about referral efforts if pregnancy care could not be handled (17.95%).	-	
5	<i>Client Flow Analysis</i>	Service Time	Waiting	Longer with an average value of 24 minutes compared to Dander Health Center with an average value of 17 minutes (Table 5.36)	-
		Pregnant women's contact time with midwives	Average value 66 minutes	Faster contact time, with an average value of 21 minutes compared to (table 5.36)	

2. Stage II Priority Problems with USG Method

Table 5.38 Priority Problems with the Ultrasound Method at the Ngumpak Dalem Inpatient Health Center, June 2024

No	Problem	Urgency	Seriousness	Growth	Total	Rank
1.	Lack of Fulfillment of Midwives' Rights to Supervision by the Health Service	3	1	2	6	5
2.	Lack of Fulfillment of Midwives' Rights to Supervision by the Health Service Information Update, Training and Development	7	7	7	21	1
3.	Lack of fulfillment of pregnant women's rights to information	5	4	5	14	3
4.	Sufficient fulfillment of pregnant women's rights to informed choice	4	4	3	11	4
5.	Sufficient fulfillment of pregnant women's rights to privacy and confidentiality	2	2	2	6	6
6.	Sufficient fulfillment of the rights of pregnant women to polite, friendly treatment, comfortable service	6	6	6	18	2
7.	Sufficient fulfillment of pregnant women's rights to continuity of services	1	3	2	6	7
8.	Length of Waiting Time for Pregnant Women to Receive Services	0	1	1	2	8

Based on Table 5.38 of the Priority of problems using the USG method, the results of the priority of problems were obtained, three priority problems were taken, with ranking 1 (one) on the problem of Lack of Fulfillment of Midwives' Rights to Supervision by the Health Service for

Up-to-Date Information, Training and Development, ranking 2 (two) on the problem of Sufficient Fulfillment of Pregnant Women's Rights to Polite, Friendly Treatment, Comfortable Services and ranking 3 (three) Lack of Fulfillment of Pregnant Women's Rights to Information.

Table 1. Priority Problems with USG Method at Dander Non-Inpatient Health Center, June 2024

No	Problem	Urgency	Seriousness	Growth	Total	Rank
1.	Lack of Fulfillment of Midwives' Rights to Supervision by the Health Service Information Update, Training and Development	4	4	4	12	1
2.	Lack of fulfillment of pregnant women's rights to information	2	1	2	5	3

3.	Sufficient fulfillment of pregnant women's rights to informed choice	2	1	1	4	4
4.	Sufficient fulfillment of the rights of pregnant women to polite, friendly treatment, comfortable service	2	3	3	8	2
5.	Fast Time of Contact between Pregnant Women and Midwives	0	1	0	1	5

Based on Table 1 of the Priority of problems using the USG method, the results of the priority of problems were obtained, three priority problems were taken, with ranking 1 (one) on the problem of Lack of Fulfillment of Midwives' Rights to Supervision by the Health Service for Up-to-Date Information, Training and Development, ranking 2 (two) on the

problem of Sufficient Fulfillment of Pregnant Women's Rights to Polite, Friendly Treatment, Comfortable Services and ranking 3 (three) Lack of Fulfillment of Pregnant Women's Rights to Information.
3. Stage III Finding the root cause of the problem using the fish bone diagram method

c. Diagram Fish Bone

1) Fish Bone Diagram at the Ngumpak Dalem Inpatient Health Center June 2024

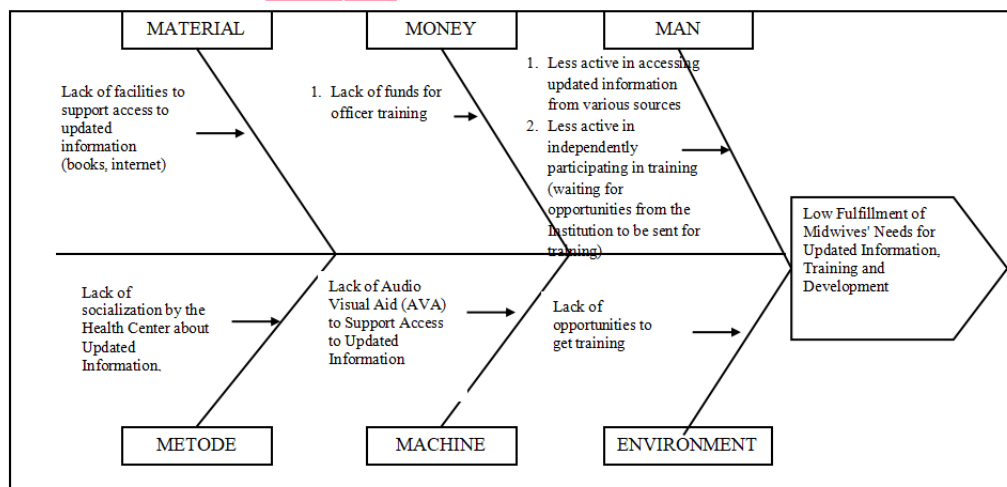


Figure 5.3 Low Fulfillment of Midwives' Needs for Updated Information, Training and Development

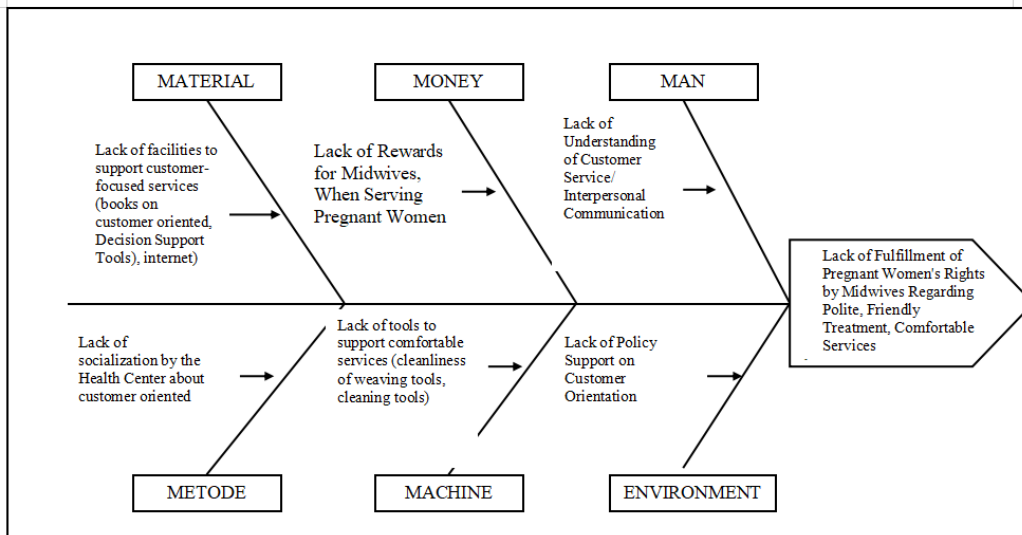


Figure 5.4 Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Polite, Friendly Treatment, Comfortable Service

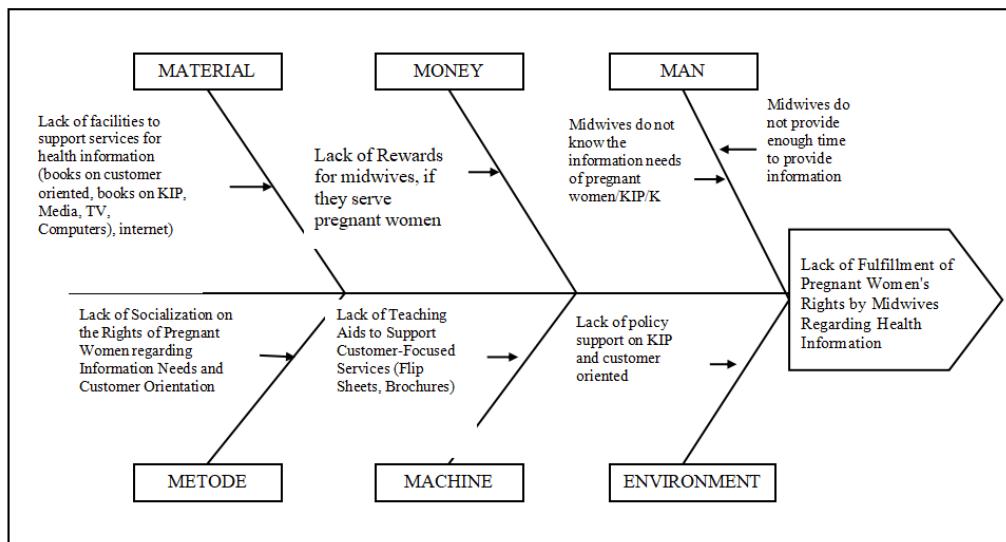


Figure 5.5 Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Health Information

Fish Bone Diagram at Dander Bojonegoro Non-Inpatient Health Center June 2024

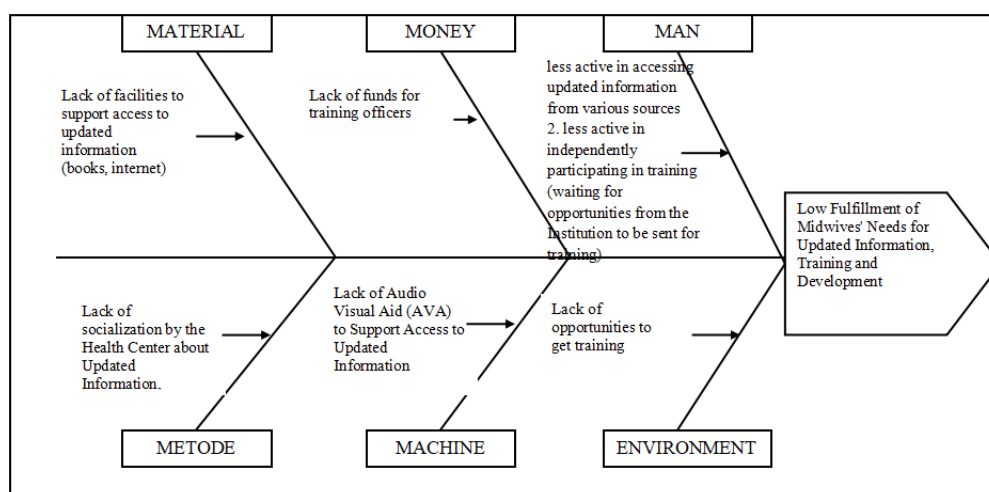


Figure 5.6 Low Fulfillment of Midwives' Needs for Updated Information, Training and Development

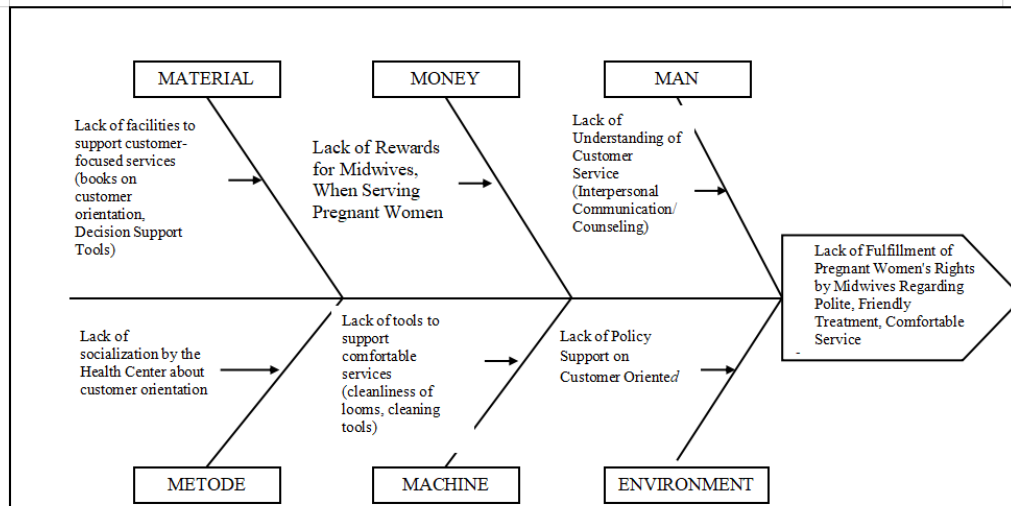


Figure 5.7 Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Polite, Friendly Treatment, Comfortable Service

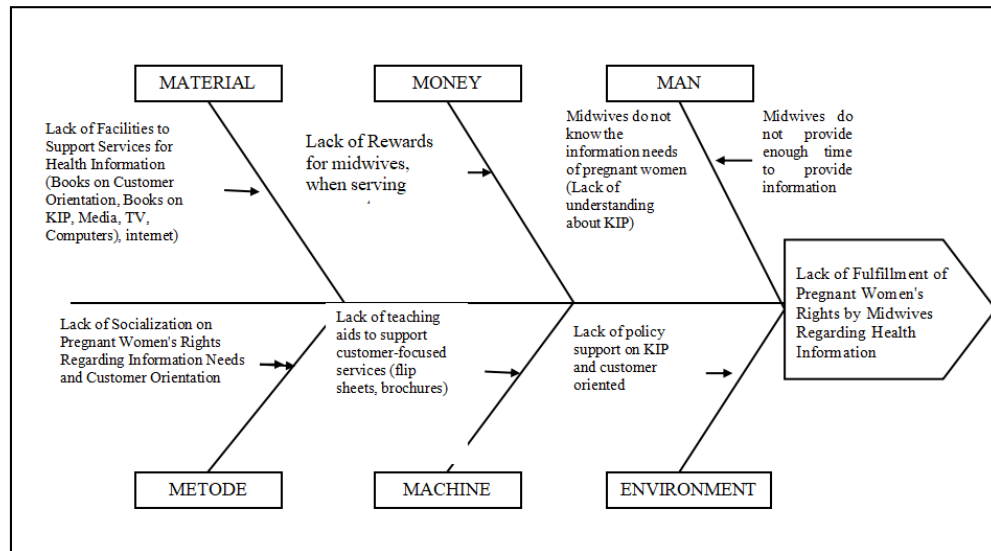


Figure 5.8 Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Health Information

4. Stage IV Prioritize the causes of problems using the CARL method

a. Priority Causes of Problems at Ngumpak Dalem Inpatient Health Center, June 2024

Table 2. Priority Causes of the Problem of Low Fulfillment of Midwives' Needs for Updated Information, Training and Development, Ngumpak Dalem Inpatient Health Center 2024

No	Problem	C	A	R	L	Total	Rank
1.	Less active in accessing up-to-date information from various sources	1	2	2	3	12	5
2.	Less active in independently participating in training (waiting for opportunities from the Institution to be sent for training)	3	2	2	3	36	4
3.	Lack of funds for officer training	3	3	3	2	54	3
4.	Lack of facilities to support access to up-to-date information (books, internet)	4	3	3	2	72	2
5.	Lack of opportunities for training	5	4	4	5	400	1

6.	Lack of socialization by the Health Center regarding Updated Information, Training.	2	1	2	1	4	7
7.	Lack of Audio Visual Aid (AVA) to Support Access to Up-to-Date Information	2	2	2	1	8	6

Based on Table 2, the priority causes of the problem are ranked 1 (one) Lack of opportunity to receive training.

Table 3. Priority Causes of the Problem of Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Polite, Friendly Treatment, Comfortable Services at the Ngumpak Dalem Inpatient Health Center 2024

No	Problem	C	A	R	L	Total	Rank
1.	Lack of understanding about Customer service (Interpersonal communication/Counselling)	5	4	5	5	500	1
2.	Lack of rewards for midwives when serving pregnant women	3	3	3	2	54	4
3.	Lack of socialization by the Health Center regarding customer orientation	2	3	4	4	96	2
4.	Lack of policy support on KIP and customer oriented	3	2	3	4	72	3
5.	Lack of means to support customer-focused service (books on customer oriented, Decision Aid Tools)	2	3	2	2	24	5
6.	Lack of tools to support comfortable service (cleanliness of weaving tools, cleaning tools)	2	2	2	2	16	6

Based on Table 3, the priority of the causes of the problem is ranked 1 (one) Lack of understanding of customer service (interpersonal communication/counseling).

The priority causes of the problem of the lack of fulfillment of pregnant women's rights by midwives regarding health information can be seen in Table 5.42.

3) Priority Causes of the Problem of Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Health Information

Table 4. Priority Causes of the Problem of Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Health Information at the Ngumpak Dalem Inpatient Health Center 2024

No	Problem	C	A	R	L	Total	Rank
1.	Midwives Do Not Know the Information Needs of Pregnant Women/ Lack of understanding about KIP	4	3	4	5	240	1
2.	Midwives do not provide enough time to provide information	2	2	3	2	24	4

3.	Lack of socialization about the rights of pregnant women regarding information needs and customer orientation	3	3	3	4	108	2
4.	Lack of policy support on KIP and customer oriented	2	2	2	4	32	3
5.	Lack of rewards for midwives when serving pregnant women	2	2	2	1	8	7
6.	Lack of facilities to support services for health information (books on customer orientation, books on KIP, Media, TV, Computers)	2	3	2	1	12	6
7.	Lack of teaching aids to support customer-focused service (flip sheets, brochures)	2	2	2	2	16	5

Based on Table 4, the priority causes of the problem are ranked 1 (one), namely the midwife does not know the information needed by pregnant women/lack of understanding about KIP.

b. Priority Causes of Problems at Dander Bojonegoro Non-Inpatient Health Center, June 2024

Priority Causes of the Problem of Low Fulfillment of Midwives' Needs for Updated Information, Training and Development.

Table 5. Priority Causes of the Problem of Low Fulfillment of Midwives' Needs for Updated Information, Training and Development, Dander Bojonegoro Non-Inpatient Health Center 2024

No	Problem	C	A	R	L	Total	Rank
1.	Less active in accessing up-to-date information from various sources	2	2	2	2	16	5
2.	Less active in independently participating in training (waiting for opportunities from the Institution to be sent for training)	2	3	2	2	24	4
3.	Lack of funds for officer training	2	2	3	3	36	3
4.	Lack of facilities to support access to up-to-date information (books, internet)	4	4	3	2	96	2
5.	Lack of opportunities for training	4	4	4	4	256	1
6.	Lack of socialization by the Health Center regarding Updated Information, Training.	2	2	2	1	8	7
7.	Lack of Audio Visual Aid (AVA) to Support Access to Up-to-Date Information	2	1	2	3	12	6

Based on Table 5, the priority causes of the problem are ranked 1 (one) Lack of opportunity to receive training.

- 1) Priority Causes of the Problem of Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Polite, Friendly Treatment, Comfortable Service.

Table 6. Priority Causes of the Problem of Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Polite, Friendly Treatment, Comfortable Services at the Dander Bojonegoro Non-Inpatient Health Center 2024

No	Problem	C	A	R	L	Total	Rank
1.	Lack of understanding about Customer service (Interpersonal communication/Counselling)	4	4	4	3	192	1
2.	Lack of rewards for midwives when serving pregnant women	2	2	2	2	16	4
3.	Lack of socialization by the Health Center regarding customer orientation	2	3	3	4	72	2
4.	Lack of policy support on KIP and customer oriented	2	2	3	3	36	3
5.	Lack of means to support customer-focused service (books on customer oriented, Decision Aid Tools)	2	1	2	3	12	5
6.	Lack of tools to support comfortable service (cleanliness of looms, cleaning tools)	2	1	2	2	8	6

Based on Table 6, the priority of the causes of the problem is ranked 1 (one) Lack of understanding of customer service (interpersonal communication/counseling).

2) Priority Causes of the Problem of Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Health Information

Table 7. Priority Causes of the Problem of Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Health Information at Dander Health Center 2024

No	Problem	C	A	R	L	Total	Rank
1.	Midwives Do Not Know the Information Needs of Pregnant Women/ Lack of understanding about KIP	3	3	3	4	108	1
2.	Midwives do not provide enough time to provide information	2	3	2	2	24	4
3.	Lack of socialization about the rights of pregnant women regarding information needs and customer orientation	2	3	3	3	54	2
4.	Lack of policy support on KIP and customer oriented	2	3	2	3	36	3
5.	Lack of rewards for midwives when serving pregnant women	2	2	2	1	8	7
6.	Lack of facilities to support services for health information (books on customer orientation, books on KIP, Media, TV, Computers)	2	3	2	1	12	6
7.	Lack of teaching aids to support customer-focused service (flip sheets, brochures)	2	2	2	2	16	5

Based on Table 7, the priority causes of the problem are ranked 1 (one), namely: Midwives do not know the information needs of pregnant women/lack of understanding about KIP.

5. Stage V Determine alternative solutions and solution priorities using the MEER method.

The compilation of alternative problems at the Ngumpak Dalem Inpatient Health Center can be seen in Table 5.46 below.

Table 8. Preparation of Alternative Problems at the Ngumpak Dalem Inpatient Health Center, June 2024

No	Problem	Cause of the Problem	Alternative Problem Solving
1.	Low Fulfillment of Midwives' Needs for Updated Information, Training and Development.	Lack of opportunities for training	1) Training for officers according to their needs, especially to improve the quality of ANC services. 2) Implementing education improvement programs to a higher level
		Lack of facilities to support access to up-to-date information (books, internet)	1) Provision of facilities to support access to up-to-date information
2.	Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Polite, Friendly Treatment, Comfortable Services	Lack of understanding about Customer service (Interpersonal communication/Counselling)	1) Interpersonal Communication Training/Counselling for ANC services 2) Midwives increase intensive counseling and education for pregnant women 3) Customer oriented Policy Support
		Lack of socialization by the Health Center regarding customer orientation	1) Socialization of ANC services that focus on customers
3.	Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Health Information	Midwives Do Not Know the Information Needs of Pregnant Women/Lack of Understanding about KIP	1) Interpersonal Communication Training/Counselling for ANC services 2) Midwives increase intensive counseling and education for pregnant women 3) Customer oriented Policy Support
		Lack of socialization about the rights of pregnant women regarding information needs and customer orientation	Socialization of ANC services that focus on customers

Based on Table 8 of the Problem of Low Fulfillment of Midwives' Needs for Updated Information, Training and Development, there are 3 (three) Alternative Problem Solving, for the problem of Fulfillment of Pregnant Women's Rights by Midwives for Polite, Friendly Treatment, Comfortable Services, there are 4 (four) alternative problem solving and for the problem of Lack of Fulfillment of Pregnant Women's Rights by

Midwives for Health Information, there are 4 (four) alternative problem solving.

b. Compilation of Alternative Problems at the Dander Bojonegoro Non-Inpatient Health Center June 2024

The compilation of alternative problems at the Dander Bojonegoro Non-Inpatient Health Center can be seen in table 9 below.

Table 9. Arrangement of Alternative Problems at the Dander Bojonegoro Non-Inpatient Health Center, June 2024

No	Problem	Cause of the Problem	Alternative Problem Solving
1.	Low Fulfillment of Midwives' Needs for Updated Information, Training and Development, Dander Health Center	Lack of opportunities for training	1) Training for officers according to their needs, especially to improve the quality of ANC services. 2) Implementing a program to increase education to a higher level
		Lack of facilities to support access to up-to-date information (books, internet)	1) Provision of facilities to support access to up-to-date information
2.	Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Polite, Friendly Treatment, Comfortable Services at Dander Health Center	Lack of understanding about Customer service (Interpersonal communication/Counselling)	1) Interpersonal Communication Training/Counselling for ANC services 2) Midwives increase intensive counseling and education for pregnant women 3) Customer oriented Policy Support
		Lack of socialization by the Health Center regarding customer orientation	1) Socialization of ANC services that focus on customers
3.	Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Health Information at Dander Health Center	Midwives Do Not Know the Information Needs of Pregnant Women/Lack of Understanding about KIP	1) Interpersonal Communication Training/Counselling for ANC services 2) Midwives increase intensive counseling and education for pregnant women 3) Customer oriented Policy Support
		Lack of socialization about the rights of pregnant	Socialization of ANC services that focus on customers

women regarding
information needs and
customer orientation

Based on Table 9 of the Problem of Low Fulfillment of Midwives' Needs for Updated Information, Training and Development, there are 3 (three) Alternative Problem Solving, for the problem of Fulfillment of Pregnant Women's Rights by Midwives for Polite, Friendly Treatment, Comfortable Services, there are 4 (four) alternative problem solving and for the problem of Lack of Fulfillment of Pregnant Women's Rights by Midwives for Health Information, there are 4 (four) alternative problem solving

3. Alternative Problem Solving Priorities

Based on the priority of the causes of the problem that have been classified using

the CARL method, the priority of alternative problem solving will be determined using the MEER method.

a. Priorities for Alternative Problem Solving at the Ngumpak Dalem Inpatient Health Center 2024

Alternative Priorities for Solving the Problem of Low Fulfillment of Midwives' Needs for Updated Information, Training and Development with the MEER Method

Alternative Priorities for Solving the Problem of Low Fulfillment of Midwives' Needs for Updated Information, Training and Development can be seen in Table 5.48 below.

Table 10. Alternative Priorities for Solving the Problem of Fulfilling Midwives' Needs for Updated Information, Training and Development at the Ngumpak Dalem Inpatient Health Center in 2024

No	Alternative Problem Solving	Results				Amount Mark	Ranking
		M	E	E	R		
1.	Training for officers according to their needs, especially to improve the quality of ANC services.	4	4	4	5	17	1
2.	Implementing a program to improve education to a higher level	3	2	2	3	10	3
3.	Provision of facilities to support access to up-to-date information	3	3	2	3	11	2

Based on Table 10, the priority of alternative solutions to the problem of fulfilling midwives' needs for updated information, training and development is prioritized in Rank 1 (one), namely training for officers according to their needs, especially to improve the quality of ANC services.

1) Alternative Priorities for Solving the Problem of Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Polite, Friendly Treatment, Comfortable Services with the MEER Method

Table 11. Alternative Priorities for Solving the Problem of Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Polite, Friendly Treatment, and Comfortable Services at the Ngumpak Dalem Inpatient Health Center 2024

No.	Alternative Problem Solving	Results				Amount Mark	Ranking
		M	E	E	R		
1.	Interpersonal Communication Training/Counseling for ANC services	4	4	3	4	15	1
2.	Midwives increase intensive counseling and education for pregnant women	4	4	2	3	13	2
3.	Customer oriented Policy Support	2	2	3	3	10	4
4.	Socialization of ANC services that focus on customers	4	2	2	3	11	3

Based on Table 11, the priority of alternative solutions to the problem of the lack of fulfillment of the rights of pregnant women by midwives regarding polite, friendly treatment and comfortable services is prioritized in Rank 1 (one), namely Interpersonal Communication Training/counseling for ANC services.

2) Alternative Priorities for Solving the Problem of Lack of Fulfillment of Pregnant

Women's Rights by Midwives Regarding Health Information Using the MEER Method

Alternative Priorities for Solving the Problem of Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Health Information can be seen in Table 5.50 below.

Table 12. Alternative Priorities for Solving the Problem of Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Health Information at the Ngumpak Dalem Inpatient Health Center 2024

No	Alternative Problem Solving	Results				Amount Mark	Ranking
		M	E	E	R		
1.	Interpersonal Communication Training/Counseling for ANC services	3	4	3	3	13	1
2.	Midwives increase intensive counseling and education for pregnant women	3	3	2	3	11	3
3.	Socialization of ANC services that focus on customers	3	2	2	3	10	4
4.	Customer oriented Policy Support	4	3	3	2	12	2

Based on Table 12, the priority alternatives for solving the problem of the lack of fulfillment of pregnant women's rights by midwives regarding health information are prioritized in Rank 1 (one), namely Interpersonal Communication Training/counseling for ANC services.

b. Alternative Priorities for Problem Solving at Dander Bojonegoro Non-Inpatient Health Center 2024

Alternative Priorities for Solving the Problem of Low Fulfillment of Midwives' Needs for Updated Information, Training and Development with the MEER Method

Alternative Priorities for Solving the Problem of Low Fulfillment of Midwives' Needs for Updated Information, Training and Development can be seen in Table 5.51 below.

Table 13. Alternative Priorities for Solving the Problem of Low Fulfillment of Midwives' Needs for Updated Information, Training and Development at the Dander Bojonegoro Non-Inpatient Health Center 2024

No.	Alternative Problem Solving	Results				Amount Mark	Ranking
		M	E	E	R		
1.	Training for officers according to their needs, especially to improve the quality of ANC services.	4	4	5	3	14	1
2.	Implementing a program to improve education to a higher level	2	3	2	3	10	3
3.	Provision of facilities to support access to up-to-date information	3	3	4	3	13	2

Based on Table 13, the priority alternatives for solving the problem of low fulfillment of midwives' needs for updated information, training and development are prioritized in Rank 1 (one), namely training for officers according to their needs, especially to improve the quality of ANC services.

1) Alternative Priorities for Solving the Problem of Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Polite, Friendly Treatment, Comfortable Services with the MEER Method.

Table 14. Alternative Priorities for Solving the Problem of Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Polite, Friendly Treatment, and Comfortable Services at the Dander Bojonegoro Non-Inpatient Health Center 2024

No.	Alternative Problem Solving	Results				Amount Mark	Ranking
		M	E	E	R		
1.	Interpersonal Communication and Counseling Training for ANC services	4	5	4	5	18	1
2.	Midwives provide intensive counseling and education to pregnant women.	2	2	2	3	9	4
3.	Customer oriented policy support.	4	2	2	3	11	3
4.	Socialization of ANC services that focus on customers.	4	3	3	3	13	2

Based on Table 14, the priority of alternative solutions to the problem of the lack of fulfillment of the rights of pregnant women by midwives regarding polite, friendly treatment and comfortable services is prioritized in Rank 1 (one), namely

Interpersonal Communication Training/counseling for ANC services.
2) Alternative Priorities for Solving the Problem of Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Health Information Using the MEER Method

Table 15. Alternative Priorities for Solving the Problem of Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Health Information at the Dander Bojonegoro Non-Inpatient Health Center 2024

No.	Alternative Problem Solving	Results				Amount Mark	Ranking
		M	E	E	R		
1.	Interpersonal Communication/Counselling Training for ANC services	4	4	5	5	18	1
2.	Midwives increase intensive counseling and education for pregnant women	3	4	3	3	13	2
3.	Socialization of ANC services that focus on customers	3	2	2	3	10	4
4	Customer oriented Policy Support	4	3	3	2	12	3

6. Stage VI: Create an activity plan that decides to whom and when the problems will be conveyed using the 5 Ws (Why, What, Where, When, Who, + 1 H (How)).

a. Activity Plan at Ngumpak Dalem Inpatient Health Center in 2024

1) Improvement Activity Plan for Low Fulfillment of Midwives' Needs for Updated Information, Training and Development

The activity plan to improve the low fulfillment of midwives' needs for updated information, training and development can be seen in Table 16 below.

Table 16. Plan of Activities to Improve the Low Fulfillment of Midwives' Needs for Updated Information, Training and Development at Ngumpak Dalem Health Center 2024

No	Reason	Why (Why)	What (What)	Where (Where)	When (When)	Who (Who)	Method (How)
1.	Lack of opportunities to get training, especially training on Antenatal Care	There is no opportunity to get training on ANC	Improving the quality of ANC services by midwives	At the Health Service	June 4th Week	TOT Integrated ANC Services	Training for Community Health Center Midwives Create a training needs plan for officers according to their needs.
2.	Lack of facilities to support access to updated information	There is no facility to access up to date information	Planning for easy access to information	At the health center, bro	June 4th Week	Head of Health Center	Provision of facilities to support access to information including books on

midwifery services (integrated ANC, maternal health service books, books on excellent customer-oriented service

Based on Table 16, the Improvement Activity Plan for the Low Fulfillment of Midwives' Needs for Updated Information, Training and Development at the Ngumpak Dalem Health Center is through Training for Health Center Midwives, Making a Training Needs Plan for Officers according to their Needs, Fulfillment of Facilities to Support Access to Information, including Books on Midwifery Services (Integrated

ANC, Maternal Health Service Books, Books on Excellent Customer Oriented Service

- 2) Action Plan to Improve the Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Polite, Friendly Treatment, Comfortable Services at Ngumpak Dalem Health Center

Table 17. Plan of Activities to Improve the Lack of Fulfillment of the Rights of Pregnant Women by Midwives Regarding Polite, Friendly Treatment, Comfortable Services at the Ngumpak Dalem Health Center

No	Reason	Why (Why)	What (What)	Where (Where)	When (When)	Who (Who)	Method (How)
1.	Lack of understanding about customer service, Interpersonal Communication/Counseling	Midwives are less aware of the importance of customer orientation in service	Improve the knowledge and technical skills of midwives in implementing midwifery care standards	At the Health Department	June, Week 4	TOT KIP/IBI Surabaya Branch	Training for Community Health Center Midwives on Interpersonal Communication and Counseling in Services so that Midwives serve pregnant women politely,

							friendly and respond to complaints from pregnant women.
2.	Lack of socialization for midwives about customer-oriented services	There is no policy regarding the importance of customer orientation towards service.	Improving the knowledge and technical skills of midwives in implementing midwifery care standards	At the Health Service	June, Week 4	TOT KIP/KIBI Surabaya Branch	Socialization of Customer-focused ANC Services, Integrated ANC
						public health Office	

Based on Table 17, the Improvement Activity Plan for the Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Polite, Friendly Treatment, and Comfortable Services at the Ngumpak Dalem Health Center is Training for Health Center Midwives on Interpersonal Communication and Counseling in Services so that Midwives serve pregnant

women politely, friendly and respond to complaints from pregnant women as well as Socialization on ANC Services that focus on Customers, Integrated ANC
3) Activity Plan for Fulfillment of Pregnant Women's Rights by Midwives Regarding Health Information at Ngumpak Dalem Health Center

Table 18. Plan of Activities for Fulfillment of Pregnant Women's Rights by Midwives Regarding Health Information at the Ngumpak Dalem Inpatient Health Center 2024

No	Reason	Why (Why)	What (What)	Where (Where)	When (When)	Who (Who)	Method (How)
1.	Midwives' ignorance about the information needs of pregnant women	Midwives are less aware of the importance of customer orientation in service	Improving the knowledge and technical skills of midwives in implementing midwifery care standards	At the Health Service	June, Week 4	TOT KIP/KIBI Surabaya Branch	Training for Community Health Center Midwives on Interpersonal Communication and Counseling in Services so that Midwives serve pregnant women

							politely, friendly and respond to complaints from pregnant women.
2.	Lack of socialization for midwives about customer-oriented services	There is no policy regarding the importance of customer orientation towards service.	Improving the knowledge and technical skills of midwives in implementing midwifery care standards	Public health Office	June, Week 4	TOT KIP/KIBI Surabaya Branch public health Office	Socialization of Customer-focused ANC Services, Integrated ANC

Based on Table 18, the Activity Plan for Fulfilling the Rights of Pregnant Women by Midwives Regarding Health Information at the Ngumpak Dalem Health Center in 2024 is Training for Health Center Midwives on Interpersonal Communication and Counseling in Services so that Midwives serve pregnant women politely, friendly and respond to complaints from pregnant women and

Socialization on ANC Services that focus on Customers, Integrated ANC.

b. Activity Plan at Dander Bojonegoro Non-Inpatient Health Center in 2024

- 1) Improvement Activity Plan for Low Fulfillment of Midwives' Needs for Updated Information, Training and Development.

Table 19. Activity Plan to Fulfill Midwives' Needs for Updated Information, Training and Development at the Dander Bojonegoro Non-Inpatient Health Center 2024

No	Reason	Why (Why)	What (What)	Where (Where)	When (When)	Who (Who)	Method (How)
1	Lack of opportunities to get training, especially training on Antenatal Care	There is no opportunity to get training on ANC	Improving the quality of ANC services by midwives	At the Health Service	June 4th Week	TOT Integrated ANC Services	Training for Community Health Center Midwives Create a training needs plan for officers according to their needs.

2.	Lack of facilities to support access to updated information	There is no facility to access updated information	Planning for easy access to information	At the health center, bro	June 4th Week	Head of Health Center	Provision of facilities to support access to information including books on midwifery services (integrated ANC, maternal health service books, books on excellent customer-oriented service
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Based on Table 19, the Improvement Activity Plan for the Low Fulfillment of Midwives' Needs for Up-to-date Information, Training and Development at the Dander Bojonegoro Health Center in 2024 is through Training for Health Center Midwives, Making a Training Needs Plan for Officers according to their Needs, Fulfillment of Facilities to Support Access to Information including Books on

Midwifery Services (Integrated ANC, Maternal Health Service Books, Books on Excellent Customer-Oriented Service.
2) Activity Plan to Improve the Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Polite, Friendly Treatment, Comfortable Services at the Dander Bojonegoro Non-Inpatient Health Center 2024

Table 19. Plan of Activities for Fulfillment of Pregnant Women's Rights by Midwives Regarding Polite, Friendly Treatment, Comfortable Services at the Dander Bojonegoro Non-Inpatient Health Center 2024

No	Reason	Why (Why)	What (What)	Where (Where)	When (When)	Who (Who)	Method (How)
1.	Lack of understanding about customer service, Interpersonal Communication/Counseling	Midwives are less aware of the importance of customer orientation	Improving the knowledge and technical skills of midwives in implementing midwifery	At the Health Service	June, Week 4	TOT KIP/IBI Surabaya Branch	Training for Community Health Center Midwives on Interpersonal Communication and Counseling

		on in service	care standards				in Services so that Midwives serve pregnant women politely, friendly and respond to complaints from pregnant women.
2.	Lack of socialization for midwives about customer-oriented services	There is no policy regardin g the importa nce of custome r orientati on towards service.	Improving the knowledg e and technical skills of midwives in implement ing midwifery care standards	At the Health Service	June, Week 4	TOT KIP/ IBI Sura baya Bran ch Publi c healt h Offic e	Socializatio n of Customer- focused ANC Services, Integrated ANC

Based on Table 19, the Activity Plan for Improving the Lack of Fulfillment of Pregnant Women's Rights by Midwives Regarding Polite, Friendly Treatment, and Comfortable Services at the Dander Bojonegoro Non-Inpatient Health Center in 2024 is Training for Health Center Midwives on Interpersonal Communication and Counseling in Services so that Midwives serve pregnant women politely,

friendly and respond to complaints from pregnant women as well as Socialization on ANC Services that focus on Customers, Integrated ANC.

3) Activity Plan for Fulfillment of Pregnant Women's Rights by Midwives Regarding Health Information at the Dander Bojonegoro Non-Inpatient Health Center 2024

Table 20. Plan of Activities for Fulfillment of Pregnant Women's Rights by Midwives Regarding Health Information at the Dander Bojonegoro Non-Inpatient Health Center 2024

No	Reason	Why (Why)	What (What)	Where (Where)	When (When)	Who (Who)	Method (How)
1.	Midwives' ignorance about the information needs of	Midwives are less aware of the importanc	Improving the knowledge and technical	At the Health Service	June, Week 4	TOT KIP/K IBI Sura baya	Training for Community Health Center Midwives on Interpersonal

	pregnant women	e of customer orientation in service	skills of midwives in implementing midwifery care standards			Branch	Communication and Counseling in Services so that Midwives serve pregnant women politely, friendly and respond to complaints from pregnant women.
2.	Lack of socialization for midwives about customer-oriented services	There is no policy regarding the importance of customer orientation towards service.	Improving the knowledge and technical skills of midwives in implementing midwifery care standards	Public health Office	June, Week 4	TOT KIP/KIBI Surabaya Branch public health Office	Socialization of Customer-focused ANC Services, Integrated ANC

Based on Table 20, the Activity Plan for Fulfilling the Rights of Pregnant Women by Midwives Regarding Health Information at the Dander Bojonegoro Non-Inpatient Health Center in 2024 is Training for Health Center Midwives on Interpersonal Communication and Counseling in Services so that Midwives serve pregnant women politely, friendly and respond to complaints from pregnant women and Socialization on ANC Services that focus on Customers, Integrated ANC.

Pregnant Women's Satisfaction Before Intervention

Based on Table 5.12, it can be seen that the satisfaction of pregnant women at the Ngumpak Dalam Health Center and the Dander Health Center is mostly quite satisfied with all variables, and there are still statements from pregnant women at the Ngumpak Dalem Health Center and the Dander Health Center who are less satisfied with Attitude and Behavior, Accessibility and Flexibility, Reliability and

Trustworthiness, Recovery and Reputation and Credibility.

Wilkie (1990) in Tjiptono (2005), defines customer satisfaction as an emotional response to the evaluation of the consumption experience of a product or service. Nasution (2001), states that basically customer satisfaction can be defined simply as a condition where the customer can be defined simply as a condition where the customer's needs, desires and expectations can be met through the products or services consumed. In providing services to customers, service providers and providers must always strive to refer to the main purpose of the service, namely achieving consumer satisfaction or customer satisfaction.

Based on the theory above, in accordance with the facts, that the Satisfaction of Pregnant Women increased in antenatal services after Midwives received intervention training in interpersonal communication and counseling, so that Midwives in antenatal

services have been in accordance with services that fulfill client rights. For that, there needs to be special handling to improve the conditions felt by pregnant women including service waiting time, fulfillment of 7 (seven) client rights, services that are oriented towards the interests of their clients, namely being able to carry out Interpersonal Communication and Counseling as an effort to improve the quality of services at the Health Center.

Recommendations in Efforts to Improve the Quality of Antenatal Services Based on the COPE Method in Community Health Centers

Recommendations in efforts to improve the quality of antenatal services based on the COPE method at the Ngumpak Dalem Inpatient Health Center and the Dander Non-Inpatient Health Center are as follows: To fulfill the rights of pregnant women is to carry out an increase in the knowledge of officers about the 7 rights of pregnant women through socialization; improve the ability of midwives as managers of maternal health services in the field of obstetrics and interpersonal communication and counseling; develop an assessment of good communication skills with clients that can be measured quantitatively through communication skill quality standards. To fulfill the needs of officers is to carry out supervision activities with two-way communication methods and planning the needs of officer training and education.

CONCLUSION

The type of commitment of midwives at the Ngumpak Dalem Inpatient Health Center and the Dander Non-Inpatient Health Center is the Morally Committed Type. The commitment stage is at the Commitment During Later stage. The level of commitment is low.

The satisfaction of pregnant women before the intervention at the Ngumpak Dalem Inpatient Health Center was quite satisfied and at the Dander Non-Inpatient Health Center was very satisfied.

The COPE process in Stage I Information Gathering and Analysis includes Self Need Assessment which has not been fulfilled. *Facilitative supervision* and on Information up date, training and development. *Client Right Assessment* less fulfilled. Client Flow Analysis about waiting time and service time there is a difference. Phase II *Action Plan and Priority* is Training for Midwives on Interpersonal Communication and Counseling.

Recommendations for Improving the Quality of Antenatal Services based on the Client Oriented Provider Efficiency (COPE) Method at the Health Center are Socialization for officers about the 7 rights of pregnant women, planning training needs for officers in the field of obstetrics and interpersonal communication and counseling (KIP&K), developing a measurable Midwife KIP&K Ability Assessment, implementing supervision activities with a 2 (two) way communication method. planning training and education needs for officers.

SUGGESTION

From the research that has been conducted, the suggestion that can be given is that the Bojonegoro Regency Health Center pIt is necessary to form a COPE quality control team (COPE Committee) which functions to monitor and control the quality of services at the Health Center; provide fulfillment of the needs of midwives' rights by increasing facilitative supervision, providing up-to-date information, training and development and providing adequate facilities and infrastructure; Conduct meetings at least once a week with the Head of the Health Center, Health Center Staff, to build staff commitment (staff from all areas of the health facility must participate in identifying problems and solutions, from administration and support staff to service providers towards the implementation of antenatal services and improving the management of antenatal services at all

levels; provide socialization to midwives about the legal basis for midwifery practice and antenatal service standards, increase commitment by providing rewards; socialization to pregnant women about 7 (seven) rights of pregnant women in pregnancy services through leaflets, placing posters about the rights of pregnant women in front of the KIA polyclinic.

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