



IMPLEMENTATION OF THE “KAMOE SAJAN GATA” INNOVATION TOWARDS THE REDUCTION OF MATERNAL MORTALITY RATE

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ABSTRACT

Various efforts have been made by the government to achieve the target of reducing maternal and infant mortality rates in Indonesia, but these efforts have not provided maximum results. MMR and IMR are still far from the expectations achieved, this is influenced and driven by various medical and non-medical factors such as lack of support from husbands and families, customs that are still strongly embedded in society and gender factors that still dominate, one of the breakthrough efforts made by the Jeumpa Health Center is the "Kamoe Sajan Gata" innovation, namely accompanying and providing care to high-risk pregnant women from pregnancy to the end of the postpartum period by actively involving cross-sectors as policy makers. Objective to determine the performance of the implementation of the "Kamoe Sajan Gata" innovation on reducing maternal mortality rates in the Jeumpa Health Center work area, Bireuen Regency. This type of research is qualitative with a phenomenology study design. The population of this study were high-risk pregnant women in the Jeumpa Health Center area and across sectors. Research informants 17 people from the elements of the Acting Health Office, Head of Health Center, cross-sector, pregnant women and village midwives, The informant selection technique is purposive sampling. Review of aspects of standards, targets and objectives of the Innovation program policy has been carried out quite well, review of aspects of human resources is not yet fully available, review of aspects of implementer characteristics, review of aspects of communication between implementers and review of aspects of implementer attitudes are very good, and review of environmental aspects, support from all parties is very good while economic support is still very lacking. The performance of the implementation of the Innovation program policy "Kamoe Sajan Gata" has a great influence on efforts to reduce MMR and IMR.

Keywords: assistance; cross-sector; high-risk pregnant women; MMR and IMR

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INTRODUCTION

Maternal mortality rate (MMR) is an indicator used to measure the health status of mothers in a region. Currently, the maternal mortality rate is still very high, around 830 women die from complications of pregnancy or childbirth worldwide every day. The high number of maternal deaths in several regions of the world reflects the difficulty in gaining access to health services. It is estimated that in 2019 around 303,000 women died due to complications during pregnancy and childbirth (WHO, 2019). The delay in handling complications in the community is influenced by the community itself and health workers. The delay that occurs in the community is due to the family's delay in recognizing complications, lack of understanding of the dangers of complications and not understanding the referral system. Meanwhile, the delay in handling by health workers is because health workers are late in identifying complications, the distance of health workers is far, the competence of health workers is low and equipment and drugs are not available. The risk of complications is also higher due to the delay in early detection during pregnancy. Some pregnant women who come from families with low economic status prefer to give birth at home and are assisted by the

local village midwife, so that if complications occur during childbirth, the mother is not immediately referred to a complete health facility and is late in getting fast and appropriate help from health workers. (Yohana, Yovita, & Yessica 2018).

The objective of the Sustainable Development Goals (SDGs) is to reduce maternal mortality to below 70 per 100,000 live births and end preventable infant and under-five deaths by 2030, with all countries striving to reduce the Neonatal Mortality Rate to at least 12 per 1,000 live births (LBR) and the Under-five Mortality Rate to 25 per 1,000 LBR (Ministry of Health of the Republic of Indonesia, 2021). The Maternal Mortality Rate (MMR) in Indonesia in 2020 was 189 per 100,000 live births, while the Infant Mortality Rate (IMR) in 2020 showed a Neonatal Mortality Rate (NAR) of 15 per 1,000 live births, IMR of 24 per 1,000 live births, and Under-five Mortality Rate (IMR) of 32 per 1,000 live births. The number of maternal deaths collected from family health program records at the Ministry of Health increases every year. In 2021, it showed 7,389 deaths. This number shows an increase compared to 2020 which was 4,627 deaths (Indonesian Health Profile, 2021).

Based on data from the Aceh Provincial Health Office, the Maternal Mortality Rate (MMR) in 2017-2021 fluctuated, in 2017 it was 143 per 100,000 live births, in 2018 it decreased to 138 per 100,000 live births, in 2019-2020 it increased again to 172 per 100,000 live births but in 2021 it experienced a very significant increase, namely 223 per 100,000 live births, in 2022 141/100,000 live births, while the Infant Mortality Rate (IMR) in 2021 was 11 per 1000 live births, an increase compared to the previous four years, namely 2017-2020 which was only 9 per 1000 live births (Aceh Health Office, 2021). Data from the Bireuen Regency Health Office in 2021 and 2022, the number of maternal deaths was 11 people, a decrease from the previous year which was 13 people, while the number of infant deaths was 110 people, stillbirths 87 people and in 2022 it increased to 125 people and stillbirths 77. The target for pregnant women is 10,043 people, K1 is 9,483 people, K4 is 8,332 people, postpartum mothers are 9,587 people, the target for babies is 9,587 people, traditional birth attendants are 7 people, KF1 is 8,471 people, KF2 is 8,402 people, and KF3 is 7,214 people. (Bireuen Health Office, 2022).

Data obtained from the Jeumpa Health Center, Bireuen Regency, in 2020 there were two cases of maternal death with bleeding and suspected preeclampsia, in 2021 there was 1 case with comorbidities, in 2022 there were no maternal deaths and in 2023 there were 2 cases of maternal deaths while the number of infant deaths in 2020 was 21 cases, in 2021 there were 18 cases, in 2022 there were 15 cases and in 2023 there were 18 cases with causes including LBW, asphyxia, pneumonia, stillbirth and other causes. (Jeumpa Health Center Profile, 2023). This problem is increasingly complex due to the presence of high-risk pregnant women who still use traditional birth attendants for pregnancy and childbirth checks even though health services are available, so strong cooperation and commitment are needed with stakeholders and across sectors to realize these hopes because a program will be easier to implement if there is cooperation with other institutions or parties so that it can facilitate the achievement of the program's goals, based on the data and problems above, researchers together with related staff at the Jeumpa Bireuen Health Center designed an innovation entitled "KAMOE SAJAN GATA" which means Kamoe = We are health workers, across sectors and all villagers, Sajan = Together, namely accompanying, assisting and closely monitoring the pregnancy/childbirth process, Mother = the softest term or greeting for mothers including pregnant women. (Jeumpa Health Center Profile, 2019).

The innovation of “KAMOE SAJAN GATA” is to accompany and provide care to pregnant women from pregnancy until the end of the postpartum period (42 days after giving birth). Assistance is provided to pregnant women, especially high-risk pregnant women, together with cross-sectors according to their respective roles and functions so that pregnant women can go through their pregnancies healthily, undergo safe childbirth and avoid maternal and infant deaths. The purpose of being given a name in the local language is to make it easier to remember and easier for the community to accept, because in the Acehnese language "Kamoe sajan gata" is a language that also has a quite touching and deep meaning. (Jeumpa Health Center Profile, 2019)

The "KAMOE SAJAN GATA" innovation began with a strong desire from the Jeumpa Health Center team to reduce maternal and infant mortality rates. This innovation was motivated by a visit to the homes of mothers and babies who had died to conduct verbal autopsies and maternal perinatal audits. Based on this study, it was found that maternal and infant mortality was not only caused by health factors but also by non-health factors that were more dominant, such as socio-cultural factors: customs, traditions, beliefs and the powerlessness of women in making decisions so that the responsibility is not only by health workers but all stakeholders and cross-sectors must support and be actively involved, especially in handling matters related to social factors, traditions, beliefs and culture (Ministry of Health of the Republic of Indonesia, 2022). The purpose of this study was to determine the performance of the implementation of the “KAMOE SAJAN GATA” (Collaborative Assistance for High-Risk Pregnant Women with Cross-Sector) innovation towards reducing the Maternal Mortality Rate in the working area of the Jeumpa Health Center, Bireuen Regency.

METHOD

This study is a qualitative study using phenomenology study with the aim of exploring in depth the Implementation of the Innovation "KAMOE SAJAN GATA" (Assistance for High-Risk Pregnant Women Together with Cross-Sectors) to Reduce Maternal Mortality Rates in the Work Area of Jeumpa Health Center, Bireuen Regency. The total number of informants was 17 people consisting of health service officials, heads of Jeumpa health centers, cross-sectors, village midwives and high-risk pregnant women. This study was conducted in the work area of Jeumpa Health Center with villages with the largest number of high-risk pregnant women, namely Geulumpang Payong village, Seunebok Lhong village and Lipah Rayeuk village.

After the issuance of the EC letter with the number 044/KEPK/VIII/2023, the researcher was assisted by 2 enumerators who had previously been briefed to align perceptions. The first step the researcher took was data collection, namely by conducting in-depth interviews with research informants which began by first asking for their approval or informed consent. After they agreed and then signed the consent form, I started conducting in-depth interviews using an interview guide. In addition to in-depth interviews, I also conducted FGDs, observations and document reviews. After all the data was collected, the data was processed and analyzed using the Creswell stages, namely, the raw data from the interview recordings was transferred into the form of interview transcripts. Interview transcripts, FGD results, observation checklists, and document reviews were collected, then grouped and prepared for analysis. After that, the researcher read all the data several times to try to understand the results of the findings, then coded and classified the data to identify different themes and their relationships, then separated the descriptions and themes of the research, then connected them in the thesis with the themes. The themes that had been concluded were then triangulated with documents

and policies in the health office. The triangulation results were connected and compared and a complete description or narrative was made. The final stage was for the researcher to interpret the meaning of the themes, namely drawing conclusions from the existing findings. The research period was 2 weeks, from 15 to 31 August 2024.

RESULTS

This study involved 17 informants consisting of Health Service officials, heads of health centers, cross-sector, coordinating midwives, village midwives, and cadres and high-risk pregnant women. The following are the characteristics of the research informants.

Table 1.
Characteristics of Research Informants

Informant	Position/Agency	Amount	Note
Acting Health Office	Head of Health and Nutrition	1 person	Supporting Informant
Health Center	Head of Jeumpa Village	1 person	Supporting Informant
Midwife	KIA Coordinator Midwife	1 person	Key Informant
Midwife	Village midwife	3 people	Key Informant
Subdistrict	Sub-district Head	1 person	Key Informant
KB	Head of UPTD / Family Planning Counselor	1 person	Key Informant
Military District Command	Military District Commander	1 person	Key Informant
Police Station	Police Chief	1 person	Key Informant
Toma/KUA	Head of KUA	1 person	Key Informant
Cadre	Integrated Health Post Cadres	3 people	Key Informant
pregnant woman	High Risk Pregnant Women	3 people	Key Informant

Questions about the expected achievement indicators from the implementation of the "Kamoe Sajan Gata" innovation can be concluded that the results of the answers from the research informants include: (1) Pregnant women and their families know and realize that their pregnancy is high risk; (2) Pregnant women receive strict assistance during their pregnancy from health workers and cross-sectors; (3) Cross-sectors as policy makers can work together to protect pregnant women; (4) Pregnant women can undergo the pregnancy and childbirth process safely and the mother and baby are healthy and safe, and the final goal that is very much hoped for is; (5) Reducing maternal mortality rates (MMR) and infant mortality rates (IMR).

Resource aspects in the "Kamoe Sajan Gata" Innovation

Resources in the implementation of the Innovation program policy are very strategic and important to pay attention to. Resources in this research review include: (1) human resources, (2) supporting facilities and infrastructure, and (3) program budgeting systems.

Characteristics of the Implementing Elements in the Implementation of the "Kamoe Sajan Gata" Innovation

The characteristics of the implementing elements of the Innovation program are characterized by strict, democratic policy implementation by always using the principles of persuasion, empathy and full of kinship between program implementers. The following presents the results of interviews on the organizational characteristics aspects of implementing the innovation program policy "Kamoe Sajan Gata"

Communication between implementers in the implementation of the "Kamoe Sajan Gata" innovation

The aspect of communication between implementing elements in the implementation of the

“Kamoe Sajan Gata” Innovation program is indicated by how information is conveyed to policy implementers about what are the standards and objectives in implementing the innovation program. The following presents the results of interviews on the communication aspect between implementers of the “Kamoe Sajan Gata” Innovation program. Based on the results of in-depth interviews from 3 questions asked regarding communication between implementers in this innovation program, it can be summarized that communication is running quite well and smoothly, mutual respect, mutual assistance, always maintaining harmonious relationships, if there are things or problems, they are immediately discussed and discussed together, implementing officers also have a WA group for communication and discussion. Likewise for coordination, officers always use the WA group as quoted from one of the informants representing the following cross-sector:

Alhamdulillah, so far the communication between us is still quite good, even like siblings. We help each other, remind and support each other, if there is important information, there is a problem or whatever, we always coordinate and confirm in the WA group or personally"

From the answers of informants representing midwives in the village, there were slight differences as shown in the quote below:

"For coordination between members, God willing, it is still going quite well, ma'am, but perhaps because of busyness, sometimes when we want to visit the pregnant woman Risti's house, the sub-district head is unable to attend so the sub-district secretary has to replace us, as well as other cross-sectors."

From the question of how to convey information to the implementers, it can be summarized that all informants answered quite clearly, all team members understand their respective tasks and every time an activity is carried out, it is always opened with a short briefing first to remind them about the targets and objectives of this innovation program, also reminding them about their respective tasks and functions so that nothing is missed. So if there is something that is not clear, team members can also ask directly, It can be concluded that communication between units in the implementation of the Innovation program "Kamoe Sajan Gata" has been running very well. Each unit has carried out this innovation activity according to its respective duties and functions based on smooth communication that can be understood by each implementing officer.

The Implementer's Attitude in Implementing the "Kamoe Sajan Gata" Innovation

From the question about how the implementers responded to the implementation of the innovation, all officers answered very enthusiastically and warmly welcomed the emergence of this innovation because it is very helpful in dealing with high-risk pregnant women who sometimes do not care about their condition, sometimes what the health workers say is never obeyed by them. One of the quotes from the interview with the health office official

"This innovation is extraordinary, I am very optimistic that this innovation program will help reduce maternal and child mortality rates because we will closely monitor pregnant women until they finish postpartum, then we also have a group "sigap bumil risti" from the regent, regional secretary, DPR to village cadres are also in that group, if there is a problem with pregnant women risti we share it in that group"

From the question of the extent to which the implementers understand the implementation of the "Kamoe Sajan Gata" innovation, the answer was that all informants answered that they really understand this innovation program, starting from the basis of its formation, its objectives and the expected results of this innovation. It can be summarized as follows: The attitude of commitment shown by the implementation team in providing services to pregnant women is very good, however due to limited time and the many other activities of some informants, sometimes the activities have to be postponed or replaced by officers, so it can be concluded that they have not fully provided the best service. The team's understanding

of its main tasks and functions, all informants have understood and adhered to preferences or ethical values that are upheld and respected by the organization, all informants have implemented it well.

Social and economic environment

From the question about the obstacles faced in implementing this innovation, most informants answered that it was due to time constraints, as quoted from the village midwife informant below:

"The problem is sometimes we have to wait and adjust to the cross-sector schedule because we visit them together, and the problem is that sometimes the husband/close family of the pregnant woman is not there when we visit even though we have informed them about the visit, they should also be there so that all the information can be conveyed because the decision-making will later be in the hands of the husband/family."

Apart from time constraints, funds and facilities are also obstacles as shown in the following cross-sector interview results:

"Maybe it's more about time, because we have various other activities so that sometimes visits to the pregnant woman's house have to be postponed or replaced. Then funds and facilities are also one of the obstacles, ma'am, sometimes when we want to go down there is no transportation, then for food and drinks we still use personal funds."

DISCUSSION

Standards, Targets and Objectives of the Innovation Program Policy "Kamoe Sajan Gata"

The targets, objectives and achievement indicators expected from the "Kamoe Sajan Gata" innovation program implemented are in accordance with expectations. The results of the answers from the research informants can be summarized that all informants stated that the objectives and achievement indicators of this innovation are to reduce maternal mortality and infant mortality in the Jeumpa health center work area of Bireuen district, which is currently still relatively high and is a locus area. The same thing was also expressed by the acting Health Office of Bireuen district according to the quote from the in-depth interview results below:

"The indicators of achievement and goals that we expect are clear, ma'am, again to reduce maternal mortality and infant mortality, even our hope is that maternal mortality can be zero (none), isn't that indeed our longing and dream from the past until now that has never been realized? In addition, the indicators of achievement that we expect so that cross-sectors as policy makers in our work area can work together to protect and accompany pregnant women, not just health workers."

Thus, in terms of standards, targets and objectives of the Innovation program policy have been implemented quite well. This can be seen based on the results of in-depth interviews that have been conducted, information was obtained that all team members have tried to implement the innovation program policy well, especially in visits to high-risk pregnant women together with cross-sectors, this is in line with the results of Andi Ika Nurul Fadilah's research (2019) which concluded that the implementation of the Sijari Emas innovation in order to reduce MMR and IMR has been in accordance with the guidelines for implementing Innovation.

Resources for Implementing the "Kamoe Sajan Gata" Innovation Program

The aspect of resources in terms of facilities and infrastructure can be summarized from the answers from informants that this is still very lacking and inadequate, does not have a special vehicle for operational implementation of activities, even so, officers remain confident and

committed to implementing this innovation activity, so that activities can continue to run they utilize the existing facilities and infrastructure even though officers must use private vehicles as well as PMT or souvenirs brought when visiting the homes of pregnant women who are at risk still use personal funds, meaning that the availability of facilities, infrastructure and infrastructure in implementing the "Kamoe Sajan Gata" innovation program at the Jeumpa Health Center still needs to be increased, both in quantity and quality.

One of the important issues in the implementation of the health system, especially in implementing innovation programs, is the budgeting system. The function of the health budgeting system is one of the determinants of the performance of the health system. This function is not only related to the process of mobilizing funds but also to channeling or allocating them in the operation of the health system. The financing function is an important control tool for policy makers in implementing the health system in the regions (Trisnantoro L, 2010). The problem of health financing in Indonesia in general is the less than optimal effectiveness and efficiency in use. This is closely related to the amount of funds that are insufficient, allocations that are not in accordance with priorities, and spending patterns that tend to invest in goods and indirect activities. The dominance of investment spending and indirect activities has an impact on the lack of operational costs and costs for direct activities. On the other hand, the performance of a health program is largely determined by the adequacy of operational costs and costs for direct activities. This condition is further exacerbated by the late disbursement of funds which generally affects the achievement of program targets (Gani A, 2009).

Characteristics of implementing units in the "Kamoe Sajan Gata" Innovation program

In implementing the "Kamoe Sajan Gata" Innovation program, it is marked by strict and democratic policy implementation. In addition, the characteristics of innovation organizations in implementing their policies must be attempted to use persuasive principles, namely the principle of empathy, full of kinship between program implementers. Building better organizational characteristics can actually start from internal conditions, including improving the quality of human resources, organizational climate and effective organizational structure. Simamora (2006), said that resources, climate, goals and organizational structure affect career management which has an impact on career development, which in the end can have an impact on employee job satisfaction and the strength of the organization. This shows that organizational characteristics have a significant impact on employee job satisfaction (Sudarsono, 2010). When employees are satisfied with the treatment and facilities provided by the organization, the motivation and work ethic of the employees will be better.

Communication between implementers in the implementation of the "Kamoe Sajan Gata" Innovation Program

Based on the results of in-depth interviews with all informants listed in the table above, the results obtained on the communication aspect in the "Kamoe Sajan Gata" Innovation program can be interpreted that the communication process has been running well. Communication from top to bottom (top down) and from bottom to top (bottom-up) runs smoothly, there is good two-way communication. The delivery of information to policy implementers about what the standards and objectives are in the implementation of this Innovation program has been very good. This is as stated in the quote from the results of the in-depth interview with the village midwife informant. Therefore, in running an innovation program, building effective communication is very important, and one of the keys is to build interpersonal communication. Interpersonal communication skills prioritize understanding each other, there is the ability to communicate thoughts, ideas, feelings of each individual, the ability to accept,

help, and support interpersonal relationships, and have the ability to overcome conflicts that occur in communication.

The Attitude of the Implementers in the Implementation of the Innovation Program "Kamoe Sajan Gata"

This study, the attitude of the implementers in the implementation of the Innovation program is shown in three main things, namely (1) the response of the implementers, (2) the understanding of the implementers of the policy, (3) the commitment and intensity of the implementers towards the value preferences they have. Referring to the results of in-depth interviews with all informants, it was obtained in the aspect of the attitude of the implementers in the implementation of the innovation program. The attitude shown by officers in carrying out their duties is very good, obedient, upholding commitment, providing professional services according to their respective duties and functions, responsive to situations and conditions, sympathy, friendliness and empathy as quoted from the results of interviews with high-risk pregnant women. Working with a good mentality and attitude towards work will be more productive than those who have a bad (negative) mentality or character. This is driven by motivation where positive employees will work more enthusiastically, motivated, diligently, disciplined and other positive things, while employees with negative attitudes are not enthusiastic, not motivated, not active or lazy, not disciplined and do not obey the rules and other negative things (Alas, R., et al. 2017). In addition to a friendly attitude, polite and courteous attitude, and always trying to smile and be friendly in providing services to patients. The attitude shown by the implementer of this innovation program will foster a sense of optimism for the healing that is highly expected by patients.

Social and economic environment in the implementation of the innovation program "Kamoe Sajan Gata"

These variables include economic resources and social environment that can support the success of policy implementation; the extent to which interest groups provide support for policy implementation; characteristics of participants, namely supporting or rejecting, what is the nature of public opinion in the environment; whether or not it supports policy implementation. Based on in-depth interviews, it can be summarized in the social and economic environment in the implementation of the "Kamoe Sajan Gata" innovation program that all informants answered that the government provided full support and this innovation program has been replicated in the district and will be continued to the province, with the support of the local government, the person in charge of this innovation program has participated in the exemplary midwife competition and won up to the national level, as quoted from the statement of the health office official informant. It can be concluded that in the social and economic environmental aspects in the implementation of the innovation "Kamoe sajan Gata" for social support from all parties is very good but for economic support such as funds, infrastructure and facilities are still very lacking and we hope that the government will strive for better economic support in the future as quoted by Van Meter Van Horn (1975) that the social and economic environment really needs to be considered, to what extent the external environment contributes to the success of public policy. The involvement of the external environment in factors also affects the results of the implementation of the policy. An uncondusive social and economic environment can be a source of problems from the failure of policy implementation performance. Therefore, policy implementation efforts require condusive external environmental conditions so that policy implementation will run smoothly and under control.

CONCLUSION

Based on the results of the interview analysis and the description of the discussion of the research results, it can be concluded that the performance of the implementation of the "Kamoe Sajan Gata" Innovation program policy in efforts to reduce maternal and child mortality rates has generally been running very well. The review of the standard aspects, targets and objectives of the "Kamoe Sajan Gata" Innovation program policy has been carried out quite well, all team members have implemented the innovation program policy according to the expected standards. Review of human resource aspects in the Innovation program "Kamoe Sajan Gata". Viewed from each sub-aspect of resources and the results of in-depth interviews, it is concluded that the resource variable is still not fully available. The review of the characteristics of the implementing unit of the "Kamoe Sajan Gata" Innovation program has been carried out strictly, democratically by always using the principles of persuasion, empathy and a sense of family between program implementers. Review of the communication aspect between related units in the Innovation program "Kamoe Sajan Gata" can be interpreted that the communication process has been running well. Communication from top to bottom (top down) and bottom to top (bottom-up) runs smoothly, there is good two-way communication. A review of the attitude aspect of the implementers in the "Kamoe Sajan Gata" Innovation program policy can be concluded that the officers in carrying out their duties are very good, obedient, uphold commitment, provide professional services in accordance with their respective duties and functions, are responsive to situations and conditions, sympathetic, friendly and empathetic. A review of the social and economic environmental aspects of the "Kamoe Sajan Gata" Innovation program can conclude that social support from all parties is very good, but economic support such as funds, infrastructure and facilities is still very lacking.

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