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**Implementation Of Continuity Of Care (CoC) In Midwifery Care**Ainun Jariyah^{1*}, Raehan², Eka Mustika Sari Abukasim³, Rezqiqah Aulia Rahmat⁴,
Sulistiyani Prabu Aji⁵¹Department of Midwifery, Cokroaminoto University Makassar, Indonesia²Midwifery Study Programs, STIKes Marendeng Majene, Indonesia³Midwifery Professional Study Program, Gunung Sari Health College, Makassar⁴Faculty of Medicine, Bosowa University, Indonesia⁵Doctoral Program in Community Empowerment and Health Promotion, Sebelas Maret University, Indonesia*Correspondent Author: Ainun Jariyah, Email: kebidananfik@gmail.com**ABSTRACT**

Continuity of The Continuity of Care (CoC) is a continuous approach to midwifery care, encompassing pregnancy, childbirth, postpartum, newborn care, and family planning services. This approach positions midwives as the primary providers of continuous care, thus improving service quality, maternal satisfaction, and reducing the risk of maternal and neonatal complications. This study aims to determine the application of *Continuity of Care (CoC) of Care* in midwifery care. The study used a descriptive analytical design with a *cross-sectional approach*. The study sample consisted of 40 mothers who received continuous midwifery care, selected using a purposive sampling technique. Data were collected through observation sheets and questionnaires. The results showed that most mothers received midwifery care with good implementation of CoC, especially in the aspects of pregnancy and childbirth. It was concluded that the implementation of CoC in midwifery care plays an important role in improving the quality of midwifery services and the experience of mothers during the reproductive period.

Keywords: *Continuity Of Care*, Midwifery Care, Midwives, Maternal and Child Health



1. Introduction

Maternal and infant mortality rates remain important indicators for assessing the success of health development. One contributing factor to the high risk of pregnancy and childbirth complications is the lack of continuity of health care services. Fragmented obstetric care often leads to delayed complication detection and a lack of continuity of information between health workers and mothers.

Continuity of Care (CoC) is a midwifery service model that emphasizes a continuous relationship between mother and midwife throughout pregnancy, childbirth, postpartum, newborn care, and family planning services. This model provides midwives with the opportunity to understand the mother's overall condition, including physical, psychological, social, and cultural aspects.

The implementation of CoC has been proven to increase maternal satisfaction, enhance trust in healthcare professionals, and reduce unnecessary medical interventions. Furthermore, this approach facilitates early detection of risk factors and provides more personalized and comprehensive care.

Although the CoC concept has been recommended in midwifery practice, its implementation in the field still faces various challenges, such as limited resources, midwife workload, and a suboptimal referral system. Therefore, this study is important to describe and analyze the implementation of *Continuity of Care (COC)* of Care in midwifery care.

2. Research Methods

a. Types and Design of Research

This research is a quantitative descriptive analytical study with a cross-sectional approach. This design is used to describe and analyze the application of *Continuity of Care* (CoC) in midwifery care at a single observation point. A *cross-sectional approach* was chosen because it provides a comprehensive overview of CoC implementation at various stages of midwifery care.

b. Location and Time of Research

The research was conducted at Community Health Center X and the Independent Midwifery Practice (PMB), which implements continuous midwifery services. Data collection was conducted from May to August 2025, covering the preparation stage, field data collection, data processing, and analysis of research results.

c. Population and Research Sample

1) Population

The population in this study was all pregnant women in the third trimester to the postpartum period who received midwifery services from midwives in the working area of Health Center X and PMB.

2) Sample





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The research sample consisted of 40 respondents, who were selected using purposive sampling techniques, namely selecting respondents based on certain criteria according to the research objectives.

d. Inclusion Criteria

- 1) Pregnant women in their third trimester who continue services until the postpartum period.
- 2) Receive midwifery care from the same midwife.
- 3) Have a KIA Book.
- 4) Willing to be a research respondent.

e. Exclusion Criteria

- 1) Mothers with severe obstetric complications who require further referral.
- 2) Mothers who moved domicile during the research period.
- 3) Mothers who do not complete the series of midwifery care.

f. Research Variables

- Main variable: Implementation of *Continuity of Care* (CoC)
- Supporting variables: Maternal satisfaction with midwifery care

g. Operational Definition of Variables

Variables	Operational Definition	Measuring instrument	Scale
Implementation of CoC	The level of continuity of midwifery care provided by midwives from pregnancy, childbirth, postpartum, newborn, to family planning.	CoC observation sheet	Ordinal
Mother's satisfaction	Mothers' perceptions of the quality of midwifery services received	Satisfaction questionnaire	Ordinal

h. Research Instruments

The instruments used in this study include:

- 1) CoC implementation observation sheet, which assesses the continuity of services at each stage of midwifery care.
- 2) Maternal satisfaction questionnaire, which consists of several statements using a Likert scale.

The research instruments have undergone validity and reliability tests before use.

i. Data Collection Procedures

Data collection is carried out through the following stages:

- Researchers take care of research permits with the relevant agencies.
- The researcher explained the research objectives and procedures to the respondents.
- Respondents signed informed consent.





- Researchers conducted observations on the implementation of CoC.
- Respondents filled out a maternal satisfaction questionnaire.
- Data is checked for completeness and collected for analysis.

j. Data Processing Techniques

Data processing is carried out in several stages:

- Editing – checking data for completeness and consistency.
- Coding – assigning codes to data.
- Data entry – entering data into statistical software.
- Cleaning – ensures there are no input errors.

k. Data Analysis Techniques

- Univariate analysis was used to describe the frequency and percentage distribution of CoC implementation and maternal satisfaction.
- Descriptive analysis was used to describe the implementation of CoC at each stage of midwifery care.

l. Research Ethics

This research was conducted by paying attention to the ethical principles of health research, including:

- Informed consent
- Confidentiality of respondent identity
- Anonymity and fairness
- Nonmaleficence (do not harm the respondent)

3. Research Results And Discussion

a. Research Result

This study involved 40 mothers who received continuous midwifery care (*Continuity of Care from the third* trimester of pregnancy through postpartum care and family planning services. The analysis of the research results includes respondent characteristics, the general level of CoC implementation, and the implementation of CoC based on the stages of midwifery care.

1) Respondent Characteristics

a) Mother's Age

Age (years)	f	%
< 20	4	10.0
20–35	26	65.0
> 35	10	25.0
Total	40	100



**Interpretation:**

The majority of mothers are of healthy reproductive age (20–35 years), who are physiologically and psychologically more ready to receive continuous midwifery care.

b) Parity

Parity	f	%
Primipara	14	35.0
Multipara	26	65.0
Total	40	100

Most of the respondents were multiparas, so they had previous experience in midwifery services.

c) *Continuity Implementation Level of General Care*

Implementation of CoC	f	%
Good	28	70.0
Enough	9	22.5
Not enough	3	7.5
Total	40	100

Interpretation:

Most respondents received midwifery care with good implementation of CoC, indicating continuity of service from one stage to the next by the same midwife.

d) Implementation of CoC Based on Stages of Midwifery Care

Stages of Parenting	Good	Enough	Not enough
Pregnancy	32 (80%)	6 (15%)	2 (5%)
Labor	30 (75%)	7 (17.5%)	3 (7.5%)
Postpartum	26 (65%)	10 (25%)	4 (10%)
Newborn baby	27 (67.5%)	9 (22.5%)	4 (10%)
Family planning	24 (60%)	11 (27.5%)	5 (12.5%)

Interpretation:



The most optimal implementation of CoC is during pregnancy and childbirth, while during the postpartum period and family planning services, there is still a decrease in the level of continuity of care.

- e) Summary of Research Findings
 - 1) The majority of mothers are of healthy reproductive age and are multiparous.
 - 2) The implementation of CoC is generally in the good category.
 - 3) The most consistent midwifery care is provided during pregnancy and childbirth.
 - 4) The postpartum and family planning stages still require increased continuity of service.

b. Discussion

1) Implementation of *Continuity of Care* in Midwifery Care

The results of the study show that the implementation of *Continuity of Care* in midwifery care was largely categorized as good. This indicates that midwives have strived to provide continuous service, particularly by maintaining consistency in care from pregnancy to delivery.

CoC approach allows midwives to understand the mother's overall condition, including her medical history, risk factors, and psychosocial well-being. This ongoing relationship facilitates early detection of complications and more informed clinical decision-making.

2) Optimizing CoC during Pregnancy and Childbirth

Implementation of CoC is found during pregnancy and childbirth. This is due to a structured schedule of antenatal visits and intensive labor monitoring. The continuity of the relationship between the midwife and the mother during this phase increases the mother's sense of security, trust, and satisfaction with midwifery care.

In addition, during pregnancy, midwives have greater opportunities to provide ongoing health education, nutritional counseling, and childbirth preparation.

3) Challenges of Implementing CoC in the Postpartum Period and Family Planning

CoC implementation during the postpartum period and family planning services indicates challenges in the continuity of postpartum care. Contributing factors include limited time for postpartum visits, low maternal awareness of the need for follow-up visits, and midwives' workload.

In fact, the postpartum period is a critical period for the health of the mother and baby, so continuity of care is essential to prevent complications and support the mother's recovery.

4) The Impact of CoC on the Midwife-Mother Therapeutic Relationship





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The implementation of the CoC contributes significantly to building a therapeutic relationship between midwives and mothers. This relationship increases the mother's openness in expressing concerns and needs, enabling midwives to provide more personalized and responsive care.

A strong therapeutic relationship also influences maternal compliance in following health recommendations, including postpartum visits and postpartum contraceptive use.

5) Implications for Midwifery Practice

The results of this study confirm that the application of *Continuity of Care* is an effective strategy for improving the quality of midwifery care. Therefore, it requires support from a healthcare system that enables midwives to provide continuous care, including workload management and a supportive referral system.

6) Research Limitations

Some of the limitations of this study include:

- a) The research design is descriptive in nature so it cannot yet assess causal relationships.
- b) The number of samples is relatively limited.
- c) CoC assessment is still based on respondents' observations and perceptions.

Further research is recommended using an analytical or longitudinal design to assess the impact of CoC on maternal and neonatal outcomes.

4. Conclusion And Suggestions

a. Conclusion

Implementation of *Continuity of Care* in midwifery care was largely good. The CoC approach plays a crucial role in improving the quality of midwifery care and maternal satisfaction.

b. Suggestion

- 1) Midwives are expected to increase the consistency of implementing CoC until the postpartum period and family planning services.
- 2) Health care facilities need to support a continuous midwifery care system.
- 3) Further research is recommended to analyze the influence of CoC on maternal and neonatal outcomes.

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