

# Re)visiting the recommendations of Joint Committee on Reducing Maternal and Neonatal Mortality performance in rural areas in Central Kalimantan, Indonesia

*by Riny Natalina*

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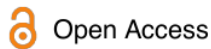
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POLITEKNIK KESEHATAN KEMENKES PALANGKA RAYA: HEALTH FORUM AND INTERNATIONAL SEMINAR  
THE NEW NORMAL : Creating a Pleasant Virtual Communication

## (Re)visiting the recommendations of Joint Committee on Reducing Maternal and Neonatal Mortality performance in rural areas in Central Kalimantan, Indonesia

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Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) are the success indicators of health sector development. Based on Indonesia's Health Profile in 2019, AKI during the 1991-2015 period has decreased from 390 to 305 per 100,000 live births (Kemenkes RI, 2019). Despite the downward trend in MMR, it has not yet reached the Millennium Development Goals target in 2015 of 102 per 100,000 live births (Standar Profesi Bidan, 2020b). The decline of MMR and IMR is carried out with various efforts including improving access and quality of services through increasing the capacity of health workers, health insurance, and improving the outreach of services mainly for the remote. Recent statistics show that the population of large midwives continues to grow since 1989 when the Indonesian government launched a Midwifery Education Rapid Training Program to improve access to basic midwifery services in the villages.



*Figure 1 Poltekkes Kemenkes Palangka Raya Infrastructure Development To Sustain a Healthcare Education And Training (Courtesy: Poltekkes Kemenkes Palangka Raya)*

In general, programs are developed to provide adequate support for maternity care at the level needed to save maternal and newborn lives in Indonesia, particularly in rural communities in Central Kalimantan. Subsequently, another setback emerged as the SARS-CoV2 stroke in early 2020, a global pandemic. As we move along, The Joint Committee on Reducing Maternal and Neonatal Mortality in Indonesia of the U.S. National Academy of Sciences and the Indonesian Academy of Sciences in 2013, has suggested eight recommendations designed to guide future efforts to reduce maternal and neonatal mortality in Indonesia (Joint Committee on Reducing Maternal and Neonatal Mortality, 2013).



*Figure 2 A Snapshot Comparison between Pregnancy in Rural (A) and Municipal (B) in Terms of Tools and Equipment; Yet The Standardize Health Protocol are in Place Carolins (A); Amalia Septiani (B)*

We would like to address six out of eight recommendations since we could not provide recommendation #5 (Financing) and #6 (Data), yet to provide a critical portrait of what are many dedicated midwives faces these days yet provide a critical portrait of what many dedicated midwives face these days.

### **Recommendation 1—Facilities**

We emphasized that basic emergency care for obstetrics and newborns is in place. One can witness elsewhere, the so-called PUSKESMAS, gradually managing their performance as well as their accreditation.

### **Recommendation 2—Strategies and Plans**

Indonesia's districts vary widely in population density, personal wealth, and numbers of doctors and other health workers, as well as in unalterable features such as isolation, island geography, and transport difficulties. As for rural areas in Central Kalimantan, some PUSKESMAS are also equipped with Ambulance, in case of admittance to municipal hospital.

### **Recommendation 3—System of Care**

The organization of this system of care will be adequately followed by standardization of the training and licensing of providers. There are numerous programs have developed to guarantee the health worker's capacities, such as competency tests as well as professional ethics (Standar Profesi Bidan, 2020a). The government is suggested to acknowledge stakeholders and public demand employing equally distributed competent doctors, nurses, and midwives throughout regions (Yuningsih, 2014).



*Figure 3 A Woman is Admitted to Regency Hospital due to Complications in Pregnancy*

#### **Recommendation 4—Training**

As previously described those recent statistics have shown midwives population continues to grow, major turnover was also incorporated into education both infrastructure and curriculum (Standard Profesi Bidan, 2020a). As per the development program, more specifically, PUSKESMAS, there are numerous criteria to meet and fulfill their role in the community, including community involvement and empowerment.



(A)



(B)

*Figure 4 Training on Midwifery Update (a) and Pregnant Women (b) Addressing Rural Bonding Midwife's Performance in Central Kalimantan (Courtesy: Authors)*

**Recommendation 7—Community Involvement and**

**Recommendation 8—Education and Empowerment**





(A)

(B)

**Figure 5 Health Takers along with the Mother Practicing 20 Seconds Rules of Handwashing to Children (A) A Midwife on Duty Has Been Explaining Reproduction and Public Health to Teenagers; Notice That Her Mother has Accompanied Her (B) (Courtesy: Tiana Kaleluni)**

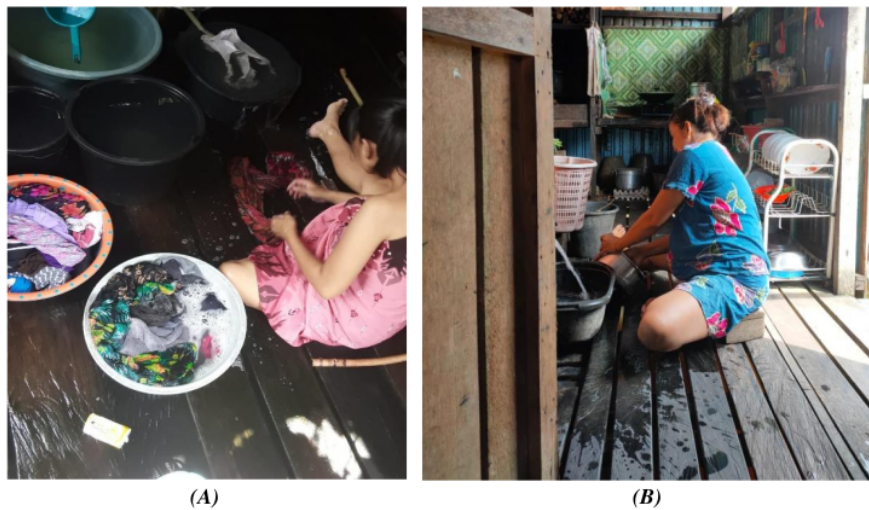


**Figure 6 Physical Workout for Elder Woman (Courtesy: Eka Mentari)**

**Figure 7 A Pregnant Woman with Her Mother Having Checked During The Home Visit (Courtesy: Vety Marsela)**

Moreover, the adequacy of antenatal care was also a prominent factor, including the number and timing of visits, as well as the content of services. Nevertheless, we also notice that willingness of pregnant woman having to interact with healthcare in rural areas are determined by numerous factors, such as traditional birth attendance, taboo (Agus et al., 2012; Christiana et al., 2010; Withers et al., 2018).

We witness a young pregnant woman having washed their clothes. These are conditions that contradict the physical activities (PA) that should be avoided during pregnancy (Pearce et al., 2013). Some research findings suggest beneficial of PA, but somehow, the activity should measure and regularly evaluated by physicians (Harrison et al., 2011; Pearce et al., 2013). Also, as pictured, her appearance was indicating anemia symptoms such as inactive mobility as well as daydreaming (Lebso et al., 2017; Scott & Pritchard, 1974; Soundarya, 2016). All these factors could lead to a complication during delivery. A regular home visit shall be conducted to prevent such complications. A capacity to draw early detection can save both mother and her fetus.



**Figure 8 Pregnant Women, (A) Washed Her Family Clothes; Notice Its Capacity Next To Her (Courtesy: Sonetawati) And (B) Washed Kitchenware After Meals (Courtesy: Erfina)**

A taboo on diets, the nutrition supply of pregnant women was also an adequate factor to address (Putri & Yunita, 2020; Martin-Gronert & Ozanne, 2006). We also would like to draw attention to reproductive health and teenage pregnancy (Indarti et al., 2020; Shrestha, 2012).



**Figure 9 A Midwife in A Regular Home Visit (Courtesy: Yohana Verawati)**

Overall, we can conclude that there are currently both positive and negative aspects associated with the performance of the recommendations. Some major developments are already taking place, but there is also a counter-productive behavior of many pregnant women in rural areas. We hope that the pandemic, as we said earlier, a setback, will also represent a major leap in Indonesia's health performance shortly.



**Figure 10** Sectio Caesarian Team Address Their Salutation to Communities, Stay Strong and Motivated During SARS-Cov2 Pandemic (Courtesy: Siti Chodarsiah)

### Consent

All photographs, pregnant women, communities are subjected to informed consent. All information related is identifiable and well-documented.

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