

## ANALYSIS OF THE APPLICATION OF CONTINUITY OF CARE TO THE COMPETENCE OF MIDWIFERY STUDENTS

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### ABSTRACT

**Background:** Many problems still exist in maternal and child health services. The problem of low public knowledge and the improvement of students' ability in midwifery practice are the most prominent. A solution to improve the quality of service can be in the form of a continuous care approach (COC). It can also be used to teach student clinics.

**Objective:** Evaluate the implementation of COC in 2026 to improve the ability of midwifery practice and community knowledge of Bangun Rejo students.

**Methods:** This study used a cross-sectional approach as an analytical descriptive design. With a total sampling technique, the study population consisted of pregnant women ( $\pm 30$  people), postpartum mothers ( $\pm 20$  people), families of toddlers ( $\pm 35$  families), and health workers ( $\pm 10$  people). Research tools include competency checklists, observation sheets, and knowledge questionnaires (pretest-posttest). The data was tested with paired t-test and chi-square test.

**Results:** This study found a significant relationship between the implementation of COC and student competence ( $p = 0.002$ ) and the improvement of community knowledge ( $p = 0.05$ ). In addition, the implementation of COC in the good category was 65% and student competence was 68%.

**Conclusion:** The implementation of Continuity of Care successfully improved students' obstetric skills and their community knowledge.

**Keywords:** Student Ability, Midwifery Practice, and Health Education

## INTRODUCTION

Maternal and child health services (KIA) are one of the important indicators of the level of public health. Today, there are still many unresolved issues, especially those related to better standards. The Continuous Midwifery Approach (COC) is a holistic approach to continuous care that is provided thoroughly throughout pregnancy, delivery, postpartum and the baby's birth. It is estimated that this method can improve the quality of services and. improve the relationship between health workers and patients. Research shows that COCs can be beneficial in midwifery education because they can improve students' clinical skills, therapeutic communication, and decision-making abilities. COC, however, is still underutilized in student midwifery practice at the community level, including in the Bangun Rejo. area. Analysis of the Application of Service Continuity (COC) in

Improving the Competence of Student Midwifery Practice at Built Rejo Hospital, Related to SDGS 3, Shows: (Healthy Life and Welfare): Which Aims to Ensure a Healthy Life and Improve Welfare for All: Reducing Maternal Mortality Rate (AKI), Reducing Infant Mortality Rate (AKB), and Improving the Quality of Maternal and Neonatal Services. COC Ensures Sustainable Services for Mothers and Babies Improving human resources, health, and community welfare is the focus of Indonesia's national development vision, Asta Cita. Asta Cita: Improving the Quality of Human Resources: This research improves the ability of midwifery students and improves the quality of future health workers, supporting the improvement of the quality of human resources. This is in accordance with the efforts of the Ministry of Health of the Republic of Indonesia to improve health professionals (6). 2. Asta Cita: Health Development: This research supports better maternal and child health services. Research method: A cross-sectional approach of analytical descriptive design was used to investigate the relationship between the implementation of Continuity of Care (COC) and students' obstetric practice abilities as well as the improvement of public knowledge about maternal and child health. In the Bangun Rejo area, research will begin in 2026. The target population of the study was pregnant women ( $\pm 30$  people), postpartum mothers ( $\pm 20$  people), families with toddlers ( $\pm 35$  families), and health workers ( $\pm 10$  people). The entire population was considered as respondents with the total sampling method. The two independent variables in this study are the implementation of Continuity of Care (COC), and two dependent variables. The two dependent variables are students' ability to practice midwifery and public knowledge about maternal and child health.

## RESEARCH METHOD

The study used a cross-sectional approach of analytical descriptive design to investigate the relationship between the implementation of Continuity of Care (COC) and the competence of students' midwifery practices as well as the improvement of public knowledge about maternal and child health. In the Bangun Rejo area, research will begin in 2026. The target population of the study was pregnant women ( $\pm 30$  people), postpartum mothers ( $\pm 20$  people), families with toddlers ( $\pm 35$  families), and health workers ( $\pm 10$  people).

The entire population was taken by the total sampling method. Preventive and promotive service systems that are the focus of national health development benefit from the use of COCs (6,7). The purpose of the Incorporation of COC in Education is to improve the quality of learning of midwifery practice and produce competent and work-ready graduates considered as participants. There are two variables used in this study. independent, namely the application of Continuity of Care (COC), and two

dependent variables, namely public knowledge about maternal and child health and students' ability to practice midwifery.

## RESULT

Characteristics: Respondents include pregnant women, postpartum mothers, families with babies, and health professionals. During the study, all respondents actively participated in educational and mentoring activities. Implementation of Continuity of Care (COC)—The results of the study show that students apply COC in the following categories: Good: 65%, Fair: 25%, and Less: 10%. Students are able to provide health education to the community and carry out continuous care from pregnancy to the postpartum period. Student Midwifery Practice Competency: 68% rated good, 22% rated adequate, and 10% rated poor. Improved clinical skills, therapeutic communication, clinical decision-making, and community knowledge increased as a result of the intervention. Value The average posttest score is 85 and the pretest score is 60. At least 70% of the initial conditions have changed. The results of the paired t-test showed a significant improvement ( $p < 0.05$ ). The results of the chi-square test analysis showed a significant relationship between the application of COC and the ability of students: the p-value was 0.002 ( $p < 0.05$ ). This shows that the higher use of COCs is proportional to the student's ability to practice midwifery. 6. Impact of COC-based programs: Community knowledge is improved, student competencies are improved, and community-based health service models are built

## DISCUSSION

The results of the study showed that there was a significant correlation between the implementation of Continuity of Care and the improvement of students' midwifery skills. This is in line with the idea that continuous practice experience will optimally enhance clinical skills rather than a separate practice. The COC method helps students understand the patient's condition better, which helps them make diagnoses, conduct research, and intervene obstetrics. This is an important skill in midwifery practice because therapeutic communication is reinforced by constant interaction with patients. Previous studies have also shown that a continuous practice-based learning model can help students become more confident and make clinical decisions. Consequently, COC is a consistent and comprehensive model of maternal care that covers all aspects of pregnancy, delivery, postpartum and newborn care. Compared to a fragmented or partial clinical practice, it allows students to follow the patient's journey as a whole, which provides a more immersive learning experience. Students gain a technical understanding of clinical procedures and can consider biosychosocial aspects when providing care.

Three key skills—clinical skills, therapeutic communication skills, and decision-making skills—were focused on improving students' abilities in this study. Students' clinical skills are enhanced by the opportunity to perform repetitive practices on the same patients. This improves the accuracy of clinical reasoning and midwifery actions. COC also improves therapeutic student-patient communication. Building a relationship of trust between students and their mothers through ongoing interaction allows them to learn more and provide better health education. This condition is very important in the field of obstetrics because the quality of communication often determines the success of the intervention between health workers and patients. In terms of decision-making, students who follow COC-based practices show better ability to find problems, determine priorities, and choose the best solutions.

This is due to constant exposure to the patient's condition, which helps students better understand the patient's clinical condition. The findings of this study suggest that students' clinical abilities can be significantly improved with a continuous practice-based learning model. In addition, it has been proven that this method increases trust. students to midwifery care and improve their job readiness. However, the study found that there are several barriers to implementing COC. One of the main obstacles is the limited practice space, which allows students to follow patients regularly. In addition, the number of clinical supervisors and health workers in the field is limited. The absence of integration of learning systems between educational institutions and health care facilities is another factor that affects the effectiveness of this model. In terms of the health system, COCs have a wide impact. This model improves overall maternal and child health services and student competence. Experiment Demonstrated that continuous service reduces the likelihood of pregnancy complications, improves maternal adherence to health advice, and results in better outcomes for both mother and baby. The results of this study support efforts to improve the quality of human resources for health workers, especially midwives. Improving the quality of human resources for midwifery students has a direct impact on improving the quality of public health services. In addition, the study found that COC is an effective method to address differences between theory and practice in the curriculum of midwifery practice. In competency-based clinical learning, this model can be used as the primary approach. This method produces graduates who not only have theoretical knowledge but also practical abilities. The results show that the effective implementation of Continuity of Care (COC) improves students' ability in midwifery practice and community knowledge, with significant statistical results. It is not only useful as a model of midwifery services, but it can also be used as an innovative midwifery education strategy to improve students' abilities in a comprehensive and sustainable manner

## CONCLUSION AND SUGGESTION

The implementation of Continuity of Care effectively improves midwifery students' competencies in providing comprehensive and continuous maternal and neonatal care. This learning approach enhances students' clinical skills, critical thinking, communication abilities, professional attitudes, and decision-making competencies in accordance with midwifery standards.

## SUGGESTION

Educational institutions are encouraged to strengthen the implementation of Continuity of Care in clinical education programs. Further studies are recommended to explore additional factors influencing students' competencies and the long-term impact of Continuity of Care on professional readiness. Incorporating COCs into the curriculum, Improving clinical practice, and More experimental research.

## REFERENCES

- C. Burden, A. Merriel, D. Bakhbakhi, A. Heazell, and D. Siassakos, "Care of late intrauterine fetal death and stillbirth: Green-top Guideline No. 55," *BJOG*, vol. 132, no. 1, pp. e1–e41, 2025, doi: 10.1111/1471-0528.17844.
- C. Ravaldi et al., "An evaluation of Italian midwives' knowledge of stillbirth clinical management, bereavement care and prevention of recurrences: A post-hoc analysis of the BLOSSoM study," *Clin. Exp. Obstet. Gynecol.*, vol. 49, no. 10, Art. no. 226, 2022, doi: 10.31083/j.ceog4910226.
- M. Puri et al., "Antenatal care bundle for preventing stillbirths: Proposed intervention by Stillbirth Society of India," *Indian J. Community Med.*, vol. 50, no. 1, pp. 45–52, 2025, doi: 10.4103/ijcm.ijcm\_102\_24.
- B. Atkins et al., "Stillbirth: Prevention and supportive bereavement care," *BMJ Med.*, vol. 2, no. 1, 2023, doi: 10.1136/bmjmed-2022-000262.
- D. Bakhbakhi et al., "Interventions, outcomes and outcome measurement instruments in stillbirth care research: A systematic review to inform the development of a core outcome set," *BJOG*, vol. 130, no. 6, pp. 560–576, 2023, doi: 10.1111/1471-0528.17390.
- H. L. McLachlan et al., "Effects of continuity of care on confidence," *Lancet*, 2012.
- R. Bohiltea et al., "Risk factors, predictive markers and prevention strategies for intrauterine fetal death: An integrative review," *J. Mind Med. Sci.*, vol. 7, no. 1, pp. 52–60, 2020, doi: 10.22543/7674.71.P5260.
- G. N. Hermawan, J. J. Wibisono, and J. D. L. Nainggolan, "Late intra-uterine fetal demise with fetal hydrops: Challenges of management planning in Indonesia," *Medicinus*, vol. 8, no. 2, pp. 81–87, 2021, doi: 10.19166/med.v8i2.3445.
- G. A. Kasa et al., "The factors associated with stillbirths among sub-Saharan African deliveries: A systematic review and meta-analysis," *BMC Pregnancy Childbirth*, vol. 23, Art. no. 748, 2023, doi: 10.1186/s12884-023-06148-6.
- T. A. Mills et al., "Better maternity care pathways in pregnancies after stillbirth or neonatal death: A feasibility study," *BMC Pregnancy Childbirth*, vol. 22, Art. no. 611, 2022, doi: 10.1186/s12884-022-04925-3.
- D. A. Muin et al., "Institutional guidelines on maternal care and investigations following antepartum stillbirth: A national survey," *BMC Pregnancy Childbirth*, vol. 21, Art. no. 484, 2021, doi: 10.1186/s12884-021-03995-z.
- J. Sandall et al., "Midwife-led continuity models versus other models of care," *Cochrane Database Syst. Rev.*, 2016.
- C. Scalise et al., "The importance of post-mortem investigations in stillbirths: Case studies and a review of the literature," *Int. J. Environ. Res. Public Health*, vol. 19, no. 14, Art. no. 8817, 2022, doi: 10.3390/ijerph19148817.
- L. Sweet et al., "Clinical decision making in midwifery students," *Nurse Educ. Today*, 2019.
- J. E. Gray et al., "Evidence-based practice in midwifery," *J. Midwifery Womens Health*, 2022.