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Evaluation of the Quality of Midwifery Care Based on Continuity of Care for Pregnant Adolescents in Central Lombok: Qualitative Study

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ABSTRACT
Adolescents who experience pregnancy are a vulnerable group in accessing reproductive health services. The implementation of continuous midwifery services or Continuity of Care (CoC) is believed to be able to improve the quality of services, but so far, its implementation in adolescent groups has not been widely studied. This research aims to explore perceptions, experiences and identify factors that support and hinder the implementation of CoC-based midwifery services. This study uses a qualitative design with a phenomenological approach. The research locations were in two Community Health Centers in the Central Lombok region, namely work areas that have a high prevalence of teenage pregnancy rates, namely the Sengkol and Batu Jangkih Community Health Centers. Involving 12 teenagers at various stages of pregnancy and 1 head of community health center, as well as 5 midwives implementing the CoC program. Purposive sampling technique was used to select informants. Data collection was carried out through in-depth interviews using semi-structured guidelines, observation of service interactions, and review of service documents conducted over 2 months. Data validity is strengthened by source triangulation and member checking. Data were analyzed using a thematic approach. The research results show that the CoC is implemented consistently and builds adolescent trust through ongoing relationships with midwives, however the quality of service is not optimal due to limited staff, lack of psychosocial approach, stigma, low health literacy, as well as transportation and economic barriers. To increase the effectiveness of the CoC, it is necessary to strengthen the service system and cross-sector support and requires in-depth studies for future researchers regarding the involvement of adolescents in the medical decision-making process, the impact of using digital technology, the relationship between socio-economic factors and the implementation of CoC, and comparing the implementation of CoC in rural areas with urban areas.

Keywords: Continuity of Care, Pregnant Adolescents, Quality of Service, Midwifery Care, Qualitative.

ABSTRAK
Remaja yang mengalami kehamilan merupakan kelompok rentan dalam mengakses layanan kesehatan reproduksi. Implementasi pelayanan kebidanan berkesinambungan atau Continuity of Care (CoC) diyakini dapat meningkatkan kualitas pelayanan, namun sejauh ini penerapannya pada kelompok remaja belum banyak diteliti. Penelitian ini bertujuan untuk mengeksplorasi persepsi, pengalaman, serta mengidentifikasi faktor-faktor yang mendukung dan menghambat pelaksanaan pelayanan kebidanan berbasis CoC. Penelitian ini menggunakan desain kualitatif dengan pendekatan fenomenologi. Lokasi penelitian berada di dua Puskesmas di wilayah Lombok Tengah, yaitu wilayah kerja dengan prevalensi kehamilan remaja yang tinggi, yakni Puskesmas Sengkol dan Batu Jangkih. Penelitian melibatkan 12 remaja pada berbagai tahap kehamilan, 1 kepala puskesmas, serta 5 bidan pelaksana program CoC. Teknik purposive sampling digunakan dalam pemilihan informan. Pengumpulan data dilakukan melalui wawancara mendalam dengan panduan semi-terstruktur, observasi interaksi pelayanan, dan telaah dokumen pelayanan selama 2 bulan. Validitas data diperkuat dengan triangulasi sumber dan member checking. Analisis data menggunakan pendekatan tematik. Hasil penelitian menunjukkan bahwa CoC dilaksanakan secara konsisten dan mampu membangun kepercayaan remaja melalui hubungan berkesinambungan dengan bidan. Namun, kualitas layanan belum optimal karena keterbatasan tenaga, kurangnya pendekatan psikososial, adanya stigma, rendahnya literasi kesehatan, serta hambatan transportasi dan ekonomi. Untuk meningkatkan efektivitas CoC, diperlukan penguatan sistem pelayanan dan dukungan lintas sektor, serta studi lebih mendalam bagi peneliti selanjutnya terkait keterlibatan remaja dalam proses pengambilan keputusan medis, dampak penggunaan teknologi digital, hubungan faktor sosial-ekonomi dengan implementasi CoC, serta perbandingan penerapan CoC di wilayah pedesaan dan perkotaan.

Kata kunci: Continuity of Care, Kehamilan Remaja, Kualitas Pelayanan, Asuhan Kebidanan, Kualitatif.

INTRODUCTION

Teenage pregnancy is a crucial issue in public health that has a significant impact on the physical, psychological and social well-being of teenagers. Pregnant teenagers are more susceptible to pregnancy complications such as anemia, preeclampsia and premature birth than adult women (WHO, 2023). In Indonesia, this challenge is further exacerbated by the high rate of early marriage, limited reproductive health education, and minimal access to youth-friendly health services (Badan Pusat Statistik, 2020). At the regional level such as Central Lombok Regency, the prevalence of teenage pregnancy reaches 9%, reflecting a reproductive health emergency that needs to be addressed immediately (Badan Pusat Statistik NTB, 2023).

In this context, the Continuity of Care (CoC) approach is a promising midwifery service model. CoC ensures continuity of care from pregnancy, birth, to the postpartum period, and has been proven to increase early detection of complications, strengthen the midwife-patient relationship, and increase maternal satisfaction with the services provided (Poggianella et al., 2023). Previous research shows that implementing CoC in midwifery care can reduce maternal and infant mortality rates, as well as improve the overall quality of health services (Adnani et al., 2025)

A study from MacDonald et al., (2022) also shows that the CoC model significantly reduces the risk of unnecessary medical interventions and improves maternal and infant health outcomes. For groups of teenagers, CoC is considered very relevant because it is able to provide a more personal, educational and supportive approach, in accordance with the characteristics of a vulnerable and psychosocially immature agel (MacDonald et al., 2022). However, the implementation of CoC in Indonesia still faces major challenges, ranging from limited numbers of health workers, lack of special training, to weak coordination between services. In addition, most research on CoC still focuses on adult pregnant women, so it does not answer the needs of teenagers who have different social and emotional conditions. The lack of contextual studies in regions such as Central Lombok creates a knowledge gap that needs to be urgently filled to ensure that midwifery services are truly responsive to the needs of this vulnerable population.

Based on this urgency, this research is very relevant to evaluate the quality of CoC-based midwifery care for pregnant teenagers in Central Lombok. Using a qualitative approach, this study will explore the perceptions, experiences and challenges faced by adolescents and health workers, while developing evidence-based recommendations. It is hoped that the results of this research can strengthen the foundations of midwifery policies and practices that are more inclusive, effective and sustainable for adolescent groups.

RESEARCH METHODS

This research used a qualitative design with a phenomenological approach. This approach was used to explore in depth the subjective experiences of pregnant teenagers in receiving CoC-based midwifery services. The research location was in two Community Health Centers in the Central Lombok region, namely work areas that have a high prevalence of teenage pregnancy rates and the availability of actively running CoC programs, namely the Sengkol and Batu Jangkih Community Health Centers. The informants consisted of 12 teenagers who were in various stages of pregnancy (pregnancy, delivery and postpartum) and 1 head of the community health center and 5 midwives implementing the CoC program. Informants were selected using a purposive sampling technique based on the criteria: adolescents aged 10 -19 years who received CoC services at least from the antenatal period to the postpartum period.

Data collection was carried out through in-depth interviews using semi-structured guidelines, observation of service interactions, and review of service documents carried out over 2 months (February to March 2025). The validity of the data was strengthened by source triangulation and member checking. Triangulation was carried out by comparing the results of interviews with teenagers and midwives as well as service documents. Member checking was carried out by confirming a summary of the interview results with the informant. Data were analyzed using a thematic approach. Analysis was carried out through the stages of transcription, coding, theme identification and in-depth interpretation of meaning.

RESULTS

General description of the informant

Main Informant (Pregnant, Maternity and Postpartum Adolescents)

This research involved 12 main informants consisting of female teenagers aged between 16 and 19 years, who were in the final trimester of pregnancy, postpartum. All informants were patients who received Continuity of Care (CoC) based midwifery services from midwives in the two Puskesmas areas of Sengkol and Batu Jangkih in Central Lombok Regency, West Nusa Tenggara.

Table 1. Informant Data

No	Informant Code	Age Year	Status Pregnancy	Frequency of visits CoC	Opt-In Phase	Place of Service
1	R1	17	Pregnancy Trimester III	4 visits (ANC & home visit)	pregnancy	Sengkol Community Health Center
2	R2	18	Pregnancy Trimester III	7 visits (ANC)	pregnancy	Sengkol Community Health Center
3	R3	16	Postpartum (7 days)	6 visits (ANC – PNC 1x)	Postpartum	Sengkol Community Health Center
4	R4	19	Postpartum (2 weeks)	8 visits (ANC lengkap)	Postpartum	Sengkol Community Health Center
5	R5	18	Pregnancy Trimester III	4 visits (not complete CoC)	pregnancy	Sengkol Community Health Center
6	R6	17	Childbirth	6 visits (ANC + INC)	Childbirth	Sengkol Community Health Center
7	R7	14	Pregnancy Trimester III	6 visits (ANC & home visit)	pregnancy	Batu Jangkih Community Health Center
8	R8	19	Pregnancy TrimesterIII	5 visits (ANC & home visit)	pregnancy	Batu Jangkih Community Health Center
9	R9	15	Pregnancy Trimester III	5 visits (ANC)	pregnancy	Batu Jangkih Community Health Center
10	R10	17	Childbirth	5 visits (ANC-PNC)	Childbirth	Batu Jangkih Community Health Center
11	R11	17	Postpartum (2 week)	6 visits (ANC – PNC 2x home visit)	Postpartum	Batu Jangkih Community Health Center
12	R12	18	Postpartum (1 week)	6 visits (ANC – PNC 1x home visit)	Postpartum	Batu Jangkih Community Health Center

Based on data from 12 informants participating in the Continuity of Care (CoC) program, the mothers' ages ranged from 14 to 19 years, with the majority falling between 16 and 19 years old. Among the informants, six were in the pregnancy phase, two were in the childbirth phase, and four were in the postpartum period. Most pregnant participants were in their third trimester. The number of CoC visits varied from 4 to 8, with an average of approximately 5 to 6 visits. These visits included antenatal care (ANC), postnatal care (PNC), and home visits.

The informants come from lower to middle socio-economic backgrounds. All informants married through the customary practice of "merarik" elopement, and most showed limitations in reproductive health literacy.

Supporting Informant

The researcher also conducted interviews with three supporting informants, consisting of two midwives involved in the implementation of CoC services and one leader of the public health center. Information obtained from these informants was used to explore the practical implementation of CoC in the field, institutional policies, and systemic challenges in maintaining the quality of midwifery care.

Table 2. Supporting Informant Data

Informant Code	Position/Role	Place of duty	Length of Work Experience	Involvement in CoC
B1	Executive Midwife CoC	Sengkol Community Health Center	7 Years	Since 2017
B2	Executive Midwife CoC	Sengkol Community Health Center	10 Years	Since 2015
B3	Executive Midwife CoC	Sengkol Community Health Center	10 years	Since 2015
B4	Executive Midwife CoC	Batu Jangkih Community Health Center	6 years	Since 2018
B5	Executive Midwife CoC	Batu Jangkih Community Health Center	5 Years	Since 2019
K1	leader of the public health center + Koord. KIA	Batu Jangkih Community Health Center	14 years	Responsible for CoC policy

The midwife said that the implementation of Continuity of Care (CoC) services had indeed been carried out, but had not yet reached optimal levels, especially for teenagers who faced social, economic challenges and limited access to information. Meanwhile, the Head of the Community Health Center explained that monitoring the quality of services still relies on a manual reporting system and has not specifically assessed the quality of services for vulnerable groups such as teenagers.

DISCUSSION

Pattern of Continuity of Care Services Received

From the results of in-depth interviews with pregnant teenagers and health workers at two Community Health Centers in Central Lombok Regency, West Nusa Tenggara, it is known that the implementation of Continuity of Care (CoC) in midwifery services has occurred consistently and effectively. This is reflected in the presence of the same midwife who accompanies patients from early pregnancy, childbirth, through to the postpartum period and caring for newborns. Most informants said that they received services from the same midwife throughout the process, which helped create a sense of trust, emotional comfort and smooth communication.

> *" I feel good because from the start until now (8 months pregnant), I keep visiting the midwife L. So if I have a complaint, I can go straight to it and she responds quickly,"* (R1 mother, 17 years old, 3rd trimester of pregnancy).

Midwifery services start from the first antenatal visit (K1) and continue with regular visits according to schedule. Both community health centers have also implemented a well-coordinated

internal referral system. If the main midwife is unable to attend, the patient is still transferred to another midwife who has received complete information regarding the patient's history, so that continuity of information is maintained. This is in line with research (Mahalia et al.,2022) which states that this internal referral system aims to increase efficiency and effectiveness in health services, ensuring that every patient gets the right attention even if there are changes in the medical team. With a coordinated referral system, it is hoped that health services can run more smoothly and reduce the risk of errors in patient treatment..

Apart from that, the use of KIA books and digital recording systems in community health centers also strengthens informational continuity. Medical records and examination results are neatly documented and can be accessed by the midwife in charge, supporting the continuity of service management (management continuity), as well as ensuring that all medical actions provided are as needed and well integrated. This also increases patient confidence in the health services they receive, because all relevant information is available and can be accounted for (Aprianti et al., 2023). Although the majority of pregnant teenagers in this study stated that they felt comfortable and trusted the midwives who accompanied them during pregnancy and postpartum, it needs to be studied further whether this feeling of comfort truly reflects the patient's empowerment in making medical decisions. In the Patient Centered Care (PCC) concept, the quality of the relationship between patients and health workers is not simply assessed by emotional closeness or the consistent presence of staff, but also by the extent to which patients are given the opportunity to voice their preferences, receive adequate information, and be actively involved in the decision-making process.

This becomes increasingly crucial in the context of adolescents, who are at a vulnerable stage of psychological and social development, where the ability to make independent decisions is still developing. Therefore, the PCC approach requires communication strategies that are adapted to the level of understanding and emotional conditions of adolescents, as well as considering the social vulnerability factors they experience (Rivera-Romero et al., 2023). However, research findings do not yet clearly show how two-way communication, consultation on action options, or involving adolescents in care planning are implemented in the field.

This condition indicates the possibility of bias in evaluating the relationship between teenage patients and health workers, because the perceived comfort may simply originate from unequal hierarchical relations. For example, teenagers may feel reluctant to express discomfort with services because they view midwives as figures of higher authority. Without a critical approach, CoC implementation can be limited to the continuity of the presence of medical personnel, without truly ensuring the continuity of patient participation in the service process. Therefore, the implementation of a CoC that carries the PCC principle should not only emphasize the presence of the same midwife, but also emphasize the importance of active involvement of adolescent patients in midwifery care. This can be achieved through education tailored to age characteristics, the creation of pressure-free dialogue spaces, and empathetic communication training for health workers to be more responsive to the unique needs of adolescents.

Even though the service provider side and the CoC support system are working well, there are still challenges from the patient side. Some pregnant teenagers have difficulty following the examination schedule because:

1) Limited transportation, especially in remote areas, which results in delays or absences from visits.
2) Lack of family support, especially for teenagers who are pregnant out of wedlock or who have not received recognition from their partner or family.
3) Low level of health literacy, which means some patients do not understand the importance of follow-up visits after delivery.

"Sometimes I can't come because there's no one to take me. If I walk it's too far, and my husband keeps working," (Mrs. R11, 17 years old, postpartum 2 weeks).

To overcome these obstacles, several midwives carry out direct home visits (home visits) to maintain continuity of service. This step shows the high dedication of health workers in implementing the CoC principles thoroughly.

Overall, these findings indicate that CoC services at both community health centers have been implemented well in terms of the system and health personnel. However, the social, cultural and economic barriers faced by pregnant teenagers remain challenges that need to be overcome to realize more comprehensive and sustainable midwifery services. Efforts to increase the understanding and skills of pregnant teenagers in accessing health information are very important to overcome these obstacles. Effective health education can help pregnant teenagers understand the importance of access to health information, so that they can make better decisions for themselves and their babies (Yunida, 2022).

Pregnant Adolescents' Perceptions of the Quality of Care

Based on in-depth interviews with ten pregnant teenagers at two community health centers in Central Lombok Regency, West Nusa Tenggara, it is known that the majority of respondents have a positive view of the quality of Continuity of Care (CoC) based midwifery care they receive. Adolescents feel that continuing their relationship with the same midwife throughout pregnancy and the postpartum period provides a sense of security and trust, and supports more open and effective communication.

"I am more comfortable being examined by the same midwife, so I can tell the story without being embarrassed. I feel more cared for," (Mother R9, 15 years old, third trimester of pregnancy).

Midwives' empathetic, friendly and non-judgmental approach was found to be very helpful, especially by teenagers with unplanned pregnancies. Some stated that the midwife was able to understand their emotional condition and provide easy-to-understand explanations with great patience (Agbi et al., 2022). This approach not only increases teenagers' self-confidence, but also encourages them to be more active in seeking help and information related to reproductive health. This approach also contributes to reducing the stigma surrounding unplanned pregnancies, allowing teenagers to feel more comfortable discussing their health problems. The increasingly common practice of premarital sex among Indonesian teenagers shows the importance of support and understanding from health workers in addressing this issue (Pelamonia, 2022).

"The midwife patiently explained and said don't be embarrassed. I wasn't afraid to check again," (Mrs. R12, 18 years old, postpartum 1 week).

In general, the level of satisfaction with services is relatively high. Postpartum teenagers feel they receive comprehensive services, including physical examinations, monitoring baby growth, and light counseling. Home visits carried out by midwives for patients who are having problems attending the community health center are also seen as a form of meaningful attention (Alves et al., 2021). However, there are several obstacles that originate from the patient's own condition, not from the quality of health workers. These challenges include psychological pressure due to social stigma against out-of-wedlock pregnancies, which makes some teenagers reluctant to have regular check-ups.

"At first I was afraid to go to the community health center because I was embarrassed. But because the midwife came to the house, I wanted to continue checking," (Mrs. R7, 14 years, Pregnancy Trimester III).

Difficulty accessing transportation and limited time are also obstacles, especially for teenagers who live in remote areas or who have domestic responsibilities (Shatilwe et al., 2022). Efforts to improve the accessibility of health services for pregnant teenagers in remote areas are very important to ensure the health of them and their unborn babies. The importance of developing an effective public transportation system can help overcome this problem, especially in remote areas, to support the health of pregnant teenagers and access to necessary health services. Sustainable development of public transportation services can reduce access difficulties and increase the mobility of pregnant teenagers in remote areas. Therefore, appropriate

strategies in public transportation planning must be considered to ensure better access for pregnant teenagers in these areas (Shatilwe *et al*., 2022).

> *"I live in a village, the journey to the health center is about 30 minutes by motorbike. If it rains, I don't go for a check-up," (Mrs. R8, 19 year Pregnancy Trimester III).*

Despite facing various limitations, informants still said that their experience of CoC services was generally positive. A continuous relationship with a midwife is considered to be very helpful in carrying out a pregnancy more calmly and purposefully. In addition, research by (Augustine, 2021) shows that only 52.6% of women in Indonesia complete CoC from antenatal to postnatal care. Factors such as maternal age, education, and distance to health facilities have a significant effect on the completeness of the CoC. These findings are consistent with the results of our research, where pregnant adolescents who live in remote areas or have low levels of education tend to face difficulties in accessing sustainable health services. This shows that the level of education can influence the understanding and implementation of sustainable midwifery care models.

Another study by (Sirikhun & Virasiri, 2022) identified that husband and family support play an important role in the completeness of pregnancy checks. This lack of support can prevent pregnant teenagers from following the predetermined examination schedule. This is also reflected in our research, where several informants admitted that they were reluctant or embarrassed to have their pregnancy checked because of social stigma or lack of support from the family.Thus, it can be concluded that pregnant teenagers' perceptions of the quality of CoC-based midwifery services are very good. This service model has been proven to increase patient comfort and involvement. However, to achieve truly comprehensive services, there needs to be strategic efforts to overcome the social, psychological and economic obstacles faced by pregnant teenagers.

Social and Practical Implications

The results of this research provide a number of significant social and practical implications:

1) The low level of health literacy among pregnant teenagers shows the need for ongoing education programs to increase understanding of the importance of routine pregnancy checks. This educational program can be implemented in school environments, primary health care facilities, or through digital media (WHO, 2025). This effort should also target the family as part of the main support system for pregnant teenagers. Strengthening Social and Family Support: Considering the important role of the family in the success of Continuity of Care (CoC), interventions need to involve husbands, parents, as well as community and religious leaders. This approach can help build a more supportive environment and reduce the stigma around teenage pregnancy.
2) The successful implementation of CoC is very dependent on emotional and social support from the immediate environment, especially the nuclear family and community. Active involvement of partners, parents, and religious or community leaders can strengthen social support networks and help reduce the stigma against teenage pregnancy (Astuti & Lestari, 2024). This is important to create more friendly and inclusive conditions for pregnant teenagers in accessing midwifery services.
3) Limited access to health services in remote areas remains a significant obstacle in implementing CoC. Solutions that can be implemented include developing mobile clinic services, mobile posyandu, as well as providing transportation subsidies for pregnant teenagers (WHO, 2025).
4) A medical recording system that is integrated and easily accessible to all health workers is important to ensure continuity of patient clinical information. The use of digital media such as maternal and child health applications has proven effective in supporting care monitoring and facilitating coordination between health workers (Sholikah et al., 2025) This supports the informational continuity aspect in the CoC model.
5) Health workers, especially midwives, need to be provided with ongoing training in a CoC approach that is sensitive to adolescent conditions. Training should include effective

communication skills, psychosocial counseling, as well as an understanding of adolescent issues such as unplanned pregnancy, stigma, and anxiety (Astuti & Lestari, 2024).

By implementing a community-based approach, a strong support system, and health service innovation, the quality of CoC based midwifery services for pregnant teenagers can be significantly improved. Implementation of this strategy not only strengthens the technical aspects of services, but also addresses complex social and emotional challenges. This effort is in line with the national health development goals of reducing maternal and infant mortality rates and improving the quality of life of the young generation in the future.

Barriers and Challenges in Implementing Continuity of Care (CoC)

Although the implementation of Continuity of Care (CoC) for pregnant teenagers at two community health centers in Central Lombok showed good and sustainable results, this study identified a number of obstacles that hampered the success of the program. These obstacles are classified into two large groups, namely internal factors and external factors, which mutually influence the overall quality of midwifery services.

a) Internal Factors: Adolescent Individuals and Family Environment

1) Low Education and Health Literacy
The lack of education and understanding of reproductive health among teenagers has a direct impact on their awareness of the importance of regular pregnancy checks. Research by Astuti & Lestari, (2024) shows that mothers with a high educational background have a greater tendency to complete a series of CoC services compared to those with a low education. This suggests the need for stronger health education interventions for adolescents.

2) Social Stigma and Lack of Family Support
Teenage pregnancy, especially outside marriage, is often accompanied by a strong social stigma. As a result, some teenagers feel embarrassed or afraid to access health services. Not only that, limited support from the family, both emotional and practical, exacerbates the challenges in implementing CoC (Sholikah et al., 2025) emphasizes that family support is very crucial in controlling high-risk pregnancies through the CoC approach.

3) Economic and Transportation Constraints
The limited economic situation and difficult access to transportation are significant obstacles in ensuring the routine attendance of pregnant teenagers at health facilities. Although the National Health Insurance program helps in the direct financing aspect, indirect costs such as travel costs are still a heavy burden for families with low incomes.

b) External Factors: Community Health Center Services, Policies and Health Resources

1) Unequal Distribution of Health Workers
Health workers, especially midwives, tend to be concentrated in urban areas, while remote areas lack medical personnel. This inequality means that not all regions can receive CoC services equally. Adnani et al., (2025) noted that the shortage of health workers is one of the main challenges in implementing CoC in developing countries.

2) Limited Health Facilities and Infrastructure
Inadequate health service facilities, such as transportation and medical equipment, are barriers to access for pregnant teenagers. Poor road conditions and the lack of proper inspection rooms also worsen the quality of service.

3) Unconnected Health Information System
The lack of integration of health information systems between facilities causes obstacles in sharing patient data and information. The implementation of electronic medical records (EMR) is still hampered by a lack of trained personnel and inadequate technological infrastructure.

c) Analysis Using the Donabedian Service Quality Model
In Donabedian's framework, service quality is assessed from three main aspects: structure, process, and results.

1) Structure includes physical facilities, health personnel, and service system organization. The unequal distribution of health workers and limited facilities show that the structural side still needs to be improved.

2) The process involves the way services are provided, including the relationship between patients and medical personnel. Lack of education, weak family support, and social stigma are the main obstacles in this process.
3) Outcomes refer to the impact of services on the patient's health condition. Existing obstacles can reduce the effectiveness of CoC in improving the welfare of mothers and babies.
To optimize the quality of CoC-based midwifery services, a comprehensive approach is needed. This includes increasing adolescent health literacy, strengthening family and community participation, equal distribution of health workers, as well as developing integrated information systems and service infrastructure.

The Role of Health Workers in Maintaining the Quality of Continuity of Care (CoC)

a) Midwives Professional Commitment to CoC Services
The success of implementing Continuity of Care (CoC) is largely determined by the dedication of health workers, especially midwives, in providing consistent and quality services to pregnant teenagers. This commitment includes professional, moral and ethical responsibilities in accompanying pregnant women continuously from the antenatal period to postpartum.
Research by (Jafaru, 2021) reveals that midwives' compliance with CoC principles is influenced by their work experience and expertise. Midwives who have more than 15 years of experience tend to be more consistent in implementing the CoC model than those who are new. These findings emphasize the importance of ongoing training and skills development to strengthen midwives' capacity to provide holistic services.
b) Establishing a Continuous Relationship with Pregnant Teenagers
The importance of building sustainable relationships with pregnant teenagers is a central aspect in implementing CoC. In their role, midwives not only provide medical procedures, but are also a source of emotional and social support. This approach is very important to face the unique challenges of pregnant teenagers, such as stigma and lack of family role.
Study by Susanti et al. (2024) shows that the CoC model is superior to the use of the KIA Book in increasing support from partners and families for pregnant teenagers. This is due to the CoC approach being more comprehensive and personalized, including emotional, practical support and the health information that patients need.
Furthermore, research (Sholikah *et al.*, 2025) confirms that the CoC approach is also able to strengthen family independence in dealing with high-risk pregnancies, which ultimately helps reduce the possibility of complications for the mother and baby.
c) Utilization of Technology in CoC Services
Digital technology, such as the iPosyandu Bidan application, has been integrated to strengthen CoC services. This application allows monitoring the health of mothers and babies directly and facilitates communication between midwives and patients. Susanti et al., (2022) states that the use of this application not only increases efficiency, but also strengthens the relationship between midwives and patient families.
d) Challenges in CoC Implementation
Even though CoC provides many benefits, its implementation is not free from obstacles. Challenges such as the limited number of medical personnel, inadequate infrastructure conditions, and cultural barriers are inhibiting factors. A systematic review by Zarbiv et al., (2024) states that excessive workload can cause fatigue in midwives and have a negative impact on the quality of service. Apart from that, local culture which requires mothers to rest at home after giving birth is also a challenge in ensuring the continuity of health services.

CONCLUSION

The implementation of Continuity of Care (CoC) at the Sengkol and Batu Jangkih Community Health Centers is going well, marked by continuous assistance from midwives, a coordinated referral system, and medical records that support continuity of information, thereby increasing comfort, trust, and participation of pregnant teenagers in accordance with Patient Centered Care (PCC) principles. However, obstacles such as low health literacy, social stigma, limited transportation, lack of family support, unequal distribution of health workers, and information systems that are not yet integrated still hinder the optimization of services. Factors

that include include the dedication of midwives, home visits, as well as the use of technology such as health applications. To improve quality services, community health centers are advised to provide empathetic communication training and counseling for midwives, provide mobile clinics and transportation subsidies, integrate electronic medical records, and educate the public to reduce stigma. Adolescents and families are encouraged to increase health literacy, utilize social support, and be disciplined in pregnancy checks, while future researchers are expected to explore the involvement of adolescents in the medical decision-making process, the impact of using digital technology, the relationship between socio-economic factors and the implementation of CoC, and compare the implementation of CoC in rural areas with urban areas.

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