
Preferences among Pregnant Women in Choosing a Private Midwife Practice as a Service Provider for Antenatal Care (ANC)

Preferensi Ibu Hamil dalam Memilih Praktik Mandiri Bidan sebagai Penyedia Layanan Antenatal Care (ANC)

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ABSTRACT/ ABSTRAK

Antenatal Care (ANC) is essential in achieving a healthy pregnancy. During the pandemic, pregnant women tended to carry out ANC in private midwife practice. The reasons for pregnant women choosing private midwife practice might differ for each individual. This study aims to describe the preference of pregnant women in choosing private midwife practice as a service provider for ANC. This research is a quantitative observational descriptive. The population was pregnant women who performed ANC at a private midwifery practice in Bandar Lampung City from June to July 2023. Eighty-eight samples obtained by accidental sampling met the inclusion criteria and expressed consent to participate. The instrument used was a questionnaire, and data was analyzed using univariate. It was found that preferences of pregnant women in choosing private midwife practice as ANC provider were more experienced midwives (27.3%), previous pregnancy history (22.7%), friendly midwives (18.2%), distance (13.6%), recommended by husband or relatives (9.1%), more affordable costs (4.5%), comfort and complete facilities (4.5%). To increase the number of ANC visits, midwives must pay attention to increasing competency in midwifery care, improving their personality, and providing the facilities pregnant women need.

Kata kunci:

Fasilitas kesehatan;
Asuhan kebidanan;
Pelayanan kebidanan.

*Antenatal Care (ANC) sangat penting bagi ibu hamil untuk meraih kehamilan yang sehat. Pada saat pandemi, terdapat kecenderungan ibu hamil melakukan kunjungan ANC di praktik mandiri bidan. Alasan ibu hamil memilih praktik mandiri bidan akan berbeda pada setiap individu. Penelitian ini bertujuan untuk mengetahui gambaran preferensi ibu hamil dalam memilih praktik mandiri bidan sebagai penyedia layanan Antenatal Care (ANC). Penelitian merupakan kuantitatif observasional bersifat deskriptif. Populasi penelitian adalah ibu hamil yang melakukan ANC pada praktik mandiri bidan di kota Bandar Lampung pada bulan Juni s.d. Juli 2023, dengan teknik *accidental sampling* diperoleh sebanyak 88 sampel memenuhi kriteria inklusi dan setuju berpartisipasi. Instrumen yang digunakan berupa kuesioner dan data dianalisis secara univariat. Preferensi ibu hamil dalam memilih praktik mandiri bidan sebagai penyedia layanan ANC adalah karena bidan lebih berpengalaman (27,3%), riwayat kehamilan sebelumnya (22,7%), bidan ramah dan bersahabat (18,2%), jarak tempat tinggal (13,6%), rekomendasi suami atau keluarga (9,1 %), biaya lebih terjangkau (4,5%), kenyamanan dan kelengkapan fasilitas (4,5%). Untuk meningkatkan jumlah kunjungan ANC, bidan harus memperhatikan peningkatan kompetensi dalam asuhan kebidanan, meningkatkan kepribadian, serta menyediakan fasilitas yang dibutuhkan oleh ibu hamil.*

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INTRODUCTION

Midwives have an important role in health services for pregnant women in Indonesia. Based on the results of primary health research (Riskesmas) in 2018, it was reported that midwives carried out 85% of the antenatal care (ANC), and the rest were carried out by ANC providers from other health workers (Ministry of Health RI, 2018a). Antenatal care is a health service for pregnant women that aims to improve the physical and mental health of pregnant women to face the delivery and postpartum period to realize the optimum health of the mother and newborn. ANC includes early pregnancy identification, screening high-risk pregnancies, and educating pregnant women to achieve a healthy and positive pregnancy.

High-quality implementation of ANC will reduce maternal mortality and infant mortality (Ministry of Health RI, 2018b; Amungulu et al., 2023). The Ministry of Health of the Republic of Indonesia (2022) recommends pregnant women to make ANC visits at health care facilities for at least six visits. Midwives can provide antenatal care in at least four of the six recommended visits because a medical doctor will lead two ANC visits (Ministry of Health RI, 2020).

Private midwife practice in Indonesia, also known as the practice of midwife independently, is one of the health service facilities that provide promotive, preventive, curative, and rehabilitative health services based on Government Regulation of the Republic of Indonesia (Sekretariat Negara Republik Indonesia, 2016). Midwives should handle low-risk pregnancies. ANC provided by private midwife practice is very commonly used by many families in Indonesia. This provides many benefits, both from an emotional and financial aspect, without compromising the safety of the mother, the fetus, and the newborn.

Not only in Indonesia, private midwife practice abroad also provides ANC services; for example, in China, there are clinics led independently by midwives. The clinic provides individual examination and consultation services for pregnant women with midwives, as well as services that adapt to the needs of pregnant women, such as counseling or antenatal education about exercise during pregnancy, nutrition education, supplementation, and weight management, to monitoring the condition of the mother and fetus, to birth plans (Liu et al., 2021).

Various studies have been reported regarding the factors influencing pregnant women's access to health services. The results of a systematic review conducted by Santi et al.

(2022), perceptions, practices, and access of pregnant women to healthcare facilities in developing countries are determined by cultural factors, knowledge, distance of residence, education, experience, mental pressure, autonomy in decision making, and factors of social support (Santi et al., 2022). The educational level and employment status of pregnant women were also reported to be related to the complete number of ANC visits during pregnancy in the era of adapting to new habits of the COVID-19 pandemic or new normal era (Fatriani, 2023b). Knowledge factors, distance, occupation, husband's support, ownership of Maternal and Child Health (MCH) books, and parity also affect the presence of pregnant women in antenatal education activities as a part of ANC services (Risneni & Yenie, 2018).

In addition, negative attitudes towards health service providers and financial aspects also affect visits (Amungulu et al., 2023; Denny et al., 2022). Pregnant women's access to media also significantly influences ANC visits (Suleman Hassen et al., 2021). ANC visits were also influenced particularly by midwives' support in maintaining antenatal education activities, promotion, and routine motivation of pregnant women to carry out regular ANC (Wau & Razella, 2020). This follows the results of a study reported by Rachmawati et al. (2017). One of the reinforcing factors for pregnant women is the support factor of health workers for pregnant women to perform ANC (Rachmawati et al., 2017).

Decision-making in choosing maternity care is a dynamic and temporary process, determined within a certain period based on past considerations, including personal, family, social, and historical considerations, as well as the future (Yuill et al., 2020). Pregnant women can choose antenatal care during their pregnancy, whether provided by the midwife in private midwife practice or other health care facilities. Pregnant women must be careful in choosing a provider of pregnancy examination and care because it affects the health of the fetus or baby to be born. These preferences are very different when choosing general health care (Leahy-Warren et al., 2021). The interaction between pregnant women and ANC providers will allow for an effective exchange of information. This information will be a preference issue for pregnant women regarding choices related to their health during pregnancy and childbirth (Heri et al., 2023).

The COVID-19 pandemic that has occurred since 2020 has shown a tendency to use the services of private midwife practices by pregnant women in Indonesia due to safety reasons from the

potential transmission of COVID-19 (United Nations Population Fund Indonesia, 2020). Apart from considerations of safety reasons, pregnant women prefer to go to midwives because of the autonomy and freedom midwives give in discussing and making the best choices during pregnancy. Apart from safety considerations, pregnant women prefer to visit midwives because of the autonomy and freedom given by midwives in discussing and determining the best choices during their pregnancy (Gildner & Thayer, 2021)

The reasons pregnant women choose private midwife practice as ANC providers will vary for each pregnant woman. A study on pregnant women's preferences is needed to maintain the number of visits and improve the quality of ANC services in private midwife practice. This study aims to determine the preferences of pregnant women in choosing private midwife practice as antenatal care (ANC) providers in Bandar Lampung City, Indonesia.

METHOD

This research is a type of descriptive quantitative observational research. Descriptive research is the most basic type of inquiry that aims to gather large amounts of information. The design will make it possible to describe the distribution of one or more variables, although it does not pay attention to the relationship between variables. This can be used in analyzing facts and helps to deepen understanding of the problem in research (Jones et al., 2013; Aggarwal & Ranganathan, 2019).

The population of this study is pregnant women in Bandar Lampung City of Indonesia who carry out Antenatal Care (ANC) at ten private midwife practices in Bandar Lampung City, Indonesia. The private midwife practices chosen as research locations were those accredited by Ikatan Bidan Indonesia or IBI (Indonesian Midwives Association). This accreditation program was known as 'Bidan Delima'. Samples were obtained by accidental sampling technique of as many as 88 pregnant women who met the inclusion and exclusion criteria. The inclusion criteria were pregnant women who had ANC at a private midwife practice, had at least two ANC visits, lived in Bandar Lampung, had no history of illness or pregnancy complications, could read and write, and agreed to participate in the study. The exclusion criterion was that the respondent did not fill out the questionnaire and stated that he was leaving the research activity.

The research instruments included the socio-demographic characteristics of respondents

and reasons for choosing private midwife practice as an ANC provider during her pregnancy. The questionnaire begins with a question about consent to participate in the study, then collects data on the identity of pregnant women, including name, age, gestational age, number of pregnancies (gravidity), education, and occupation of pregnant women. The next part of the questionnaire is the collection of information about the preferences of pregnant women in choosing a private midwife practice as a provider of Antenatal Care (ANC) services by asking why they chose the private midwife practice as their ANC provider. In this part of the question, respondents were asked using a semi-open questionnaire, presumed reasons as answers were provided in the form of multiple choices. However, blank space is provided to state reasons not found in the available answer choices following the respondent's condition.

This research was conducted from June until July 2023. Data sources are obtained directly from respondents through a self-administered questionnaire. Pregnant women have explained the purpose of the research and how they participate in the research. It was assured that their personal information would be kept confidential. When they agreed, questionnaires were distributed to be filled. All the participants read and signed the consent before completing the questionnaire and returning it to the researcher. Univariate analysis was conducted to determine the frequency distribution of each research variable on the respondent characteristics and reasons for pregnant women choosing private midwife practice as provider of their ANC.

The ethics committee approved the content of the consent forms and the procedure. All the research procedures were conducted to protect health research subjects' human rights and welfare. Considering the ethical approval, the research procedures were carefully reviewed and approved by the health research ethics committee of Panca Bhakti College of Health Sciences, Indonesia (Ethical Clearance Approval Code No. 007/UE.STIKes/V/2023).

RESULT

The frequency distribution of respondent's characteristics shows in Table 1. The respondents were mostly 20-35 years old, with as many as 82 pregnant women (93.2%). The gestational age of the respondents, mostly in the third trimester, was 40 pregnant women (45.5%), the education level of the respondents was mostly the majority of secondary education amounted to 56 pregnant

women (63.6%), the gravidity of the respondents were mostly primigravidas as many as 48 pregnant women (54.5%), and most of the respondents' occupation were unemployed or being housewife 72 pregnant women (81.8%).

Table 1. Respondent Characteristic

Variables	f	%
Age		
< 20 years old	4	4.5
20 - 35 years old	82	93.2
> 35 years old	2	2.3
Gestational age		
First trimester	12	13.6
Second trimester	36	40.9
Third trimester	40	45.5
Level of education		
Higher	20	22.7
Secondary	56	63.6
Primary or incomplete	12	13.6
Gravidity		
Primigravida	48	54.5
Multigravida	40	45.5
Occupation		
Employed	16	18.2
Unemployed	72	81.8

Table 2. Frequency Distribution of Data on Reasons for Pregnant Women Choosing a Private Midwife Practice as Service Provider of Antenatal Care (ANC)

Reasons for Pregnant Women	f	%
Midwife is experienced, so they trust more	24	27.3
ANC and delivery in my previous pregnancy here	20	22.7
Midwife is friendly and welcoming	16	18.2
Close to my residence	12	13.6
Recommended by my husband or relatives	8	9.1
Affordable cost	4	4.5
Comfortable and complete facilities	4	4.5

Table 2 shows the distribution of the frequency of reasons for pregnant women choosing private midwife practice as ANC provider because the chosen midwife is more experienced, so they have more trust in as many as 24 pregnant women (27.3%), because previous pregnancies carried out ANC and childbirth at the practice of the same midwife as many as 20 pregnant women (22.7%), because the midwife was friendly and welcoming as many as 16 pregnant women (18.2%), because it was close to where she lived as many as 12 pregnant women

(13.6%), due to recommendation from her husband or relatives as many as 8 pregnant women (9.1%), due to cost affordability was four pregnant women (4.5%), and because of the comfort and completeness of the facilities was four pregnant women (4.5%).

DISCUSSION

The results obtained through this research show that pregnant women choose a private midwife practice because of the trust factor in the experience of midwives. This reason occupies the top of the list of pregnant women's preferences. It was found that 27.3% of pregnant women respondents stated that they had trust because the midwife had experience in caring for pregnant women. Pregnant women's views on the competence of midwives will raise perceptions about the competence of midwives. This aligns with the previous research on pregnant women in Laos, which focused on the midwife seniority aspect. Pregnant women stated that younger midwives tend to lack the competence to measure the position and heart rate of the fetus when conducting obstetric examinations. Pregnant women also conduct a direct assessment by observing how a more experienced midwife providing antenatal education during ANC explains better to pregnant women and their families (Phommachanh et al., 2019).

A descriptive study of the experiences of 4192 pregnant women in Shanghai, China, shows that counseling services in antenatal clinics provided by senior midwives with a minimum of ten years of experience are an essential component of the positive maternal experience. This satisfaction is seen as one of the mother's preferences in choosing a midwife as an ANC service provider, especially the need for maternal and fetal health information. Pregnant women are more confident in health advice delivered by experienced midwives. Senior midwives are considered better at providing counseling and more competent in practicing midwifery care. The satisfaction of counseling by senior midwives is one of the mothers' preferences in choosing midwives as ANC providers, especially the need for maternal and fetal health information. Pregnant women are more confident in health advice delivered by experienced midwives (Liu et al., 2021).

This study also revealed the reason pregnant women choose private practice midwives as ANC providers. They also carry out ANC on their previous pregnancies with the same

midwife. This reason ranks second highest from the preference of pregnant women, which is 22.7%. This is in line with studies conducted by Kozhimannil et al. (2015), midwives who provide care in previous pregnancies will be re-selected by pregnant women for ANC in subsequent pregnancies because it has proven successful and safe. Pregnant women believe that the private practice of the midwife she once chose will repeat the success of the subsequent pregnancy (Kozhimannil et al., 2015). In other words, this can be attributed to the growing level of maternal confidence about competence in the practice of pregnancy and childbirth care that is already carried out by the midwife safely.

The result obtained from this research showed that the selection of private midwife practices for ANC services as recommended by husbands or families was 9.1%. This aligns with research conducted in Ghana that choosing health services is highly dependent on the husband and mother-in-law (Peprah et al., 2018). Some other reasons behind the preference of pregnant women to choose midwives as ANC service providers are because friends recommend midwives and also consideration of popularity factors in cyberspace or information available on internet sites (Kozhimannil et al., 2015). Recommendations given by others are testimonials or proof of trust in the competence of the chosen midwife in conducting safe midwifery practice, either because of the influence of the media or the talk of people around.

The manifestation of midwives competence in carrying out midwifery practices can be inferred from the reasons pregnant women choose midwives because of their experience or seniority (27.3%), the experience of pregnant women in previous ANC (22.7%), and recommendations from husbands or relatives (9.1%). If all the reasons are combined and concluded, the aspect of competency related to midwife practice will be the primary preference of pregnant women in choosing ANC services. The experience of pregnant women in previous pregnancies and recommendations from others are two things that make pregnant women choose ANC in the midwife practice. Pregnant women believe midwives are more competent, have proven in previous pregnancies, and are also supported by the recommendations of the closest or trusted person. Based on this, it can be stated that the preference of pregnant women considering midwife's competency in safe practices is the reason most pregnant women use the ANC provided by private practice midwives in this study, 59.1%.

The findings in this study are also consistent with the statement report of the Chairman of the Indonesian Midwives Association (IBI) in 2020. Since the COVID-19 pandemic, there has been a tendency for pregnant women to visit midwives' private practices due to security and safety considerations. Pregnant women feel safer visiting private midwife practices than going to hospitals, which are perceived as more worrying (United Nations Population Fund Indonesia, 2020). Not only in Indonesia, the COVID-19 pandemic has also resulted in a shift in the preferences of pregnant women in the United States in choosing pregnancy health services. Pregnant women in the United States are concerned about safety and risk factors. The results of the study reported by Gildner et al. (2021) show an increase in the number of pregnant women using maternity health services provided by midwives outside the hospital. Pregnant women choose midwives because they feel safer and are not worried about the delivery that will be faced (Gildner & Thayer, 2021).

Midwives should respond to the high attention of pregnant women to safety factors in ANC preferences to make efforts to improve the quality of service and serious attention to the safety of pregnant women. Midwives are expected to apply safety principles in providing care, carry out best practices based on scientific knowledge, collaborate communication with other health care providers needed in the referral process, involve pregnant women and their families, and participate in service quality management programs to improve safe midwifery practices (American College of Nurse-Midwives, 2016). Midwives must comply with implementing the minimum standards of ANC services and always make efforts to improve their competency continuously (Paramita, 2022).

This research also shows that pregnant women strongly consider the personality aspects of midwives in choosing private midwife practices for ANC services. This finding showed that 18.2% of pregnant women chose private midwives because midwives are friendly and welcoming. This reason ranks third among most of the respondents surveyed in this study. This is consistent and identical to the results of a study reported by Peprah et al. (2018) in Ghana; pregnant women tend to prefer midwives with a more friendly profile, patience, and respect for the personal autonomy of pregnant women (Peprah et al., 2018). Friendly and easily accessible midwives are the primary preference for expectant mothers in Tanzania in choosing pregnancy check-up services (Camacho et al., 2022).

Pregnant women choose ANC provided by midwives because the communication is good compared to pregnancy care from other health workers such as doctors. Pregnant women prefer midwife practice because of the ability to convey messages that are easier to understand, not too much use of medical terms that are difficult for pregnant women to understand, midwives are also willing to assist with a longer duration to pregnant women, midwives are very communicative because they serve all questions asked by pregnant women at the time of consultation, midwives also encourage pregnant women to ask and express all the problems they face (Kozhimannil et al., 2015).

A study conducted by Stoll et al. (2016) on 760 students in Australia on pregnancy care plans for low-risk pregnancies showed that 35.8% of students chose midwives, while the rest chose 21.8% obstetricians and 18.2% general practitioners. This is due to the desire for standard delivery and the tendency to disbelieve the assumption that every pregnancy and delivery is risky. Another preference plan to use ANC services provided by midwives is due to an appreciation of the well-established relationship between pregnant women and midwives (Stoll et al., 2016). The behavior and attitudes of health workers are highlighted by pregnant women as ANC service users in Laos. Most pregnant women mentioned a negative interpersonal interaction between health care providers and pregnant women as users of ANC services. This is common occurred in health facilities. Health workers who do not smile, are aggressive, disrespectful, unfriendly, speak in high tones, and even use inappropriate words to pregnant women and their families (Phommachanh et al., 2019).

The role of midwives in implementing education and counseling as part of the ANC is crucial in improving the health status of pregnant women and newborns. Previous studies that have been conducted have stated that antenatal education through the implementation of classes for pregnant women affects the knowledge and attitudes of pregnant women about early breastfeeding initiation (Fatriani, 2018). Midwives also play an essential role in the success of exclusive breastfeeding (Nurchairina & Risneni, 2019). Midwives are expected to increase knowledge about the nutritional intake of pregnant women to prevent iron deficiency anemia and increase the coverage of iron supplement consumption (Fatriani, 2021). Education and information must be delivered to increase maternal knowledge about the physical discomfort they experience during pregnancy (Fatriani, 2023a). The low communication skills of

midwives in antenatal education will reduce the success of ANC practice midwives.

This finding is consistent with a study conducted in Pakistan by Yazdani et al. (2023); midwives need to improve their communication skills regarding requests for consent and the implementation of antenatal counseling. Midwives' compliance with a respectful maternity care approach will increase the number of pregnant women using ANC services by midwives (Yazdani et al., 2023). The findings in this study are also identical to the preferences of pregnant women in choosing ANC services provided by maternity specialist nurses in Indonesia, as Fujiana et al. (2020) reported. Based on the research, good service and communication by service providers is the first theme of pregnant women's preferences. In addition, family-centered pregnancy care is also the next preference factor; namely, service providers do not only focus on pregnant women but pay attention to the families of pregnant women (Fujiana et al., 2020).

According to this study, the affordability of services is one reason pregnant women choose private midwife practice in making ANC visits. The results of this study showed that 13.6% of pregnant women chose private midwife practice because of the location of the midwife's practice close to her home, and 4.5% of pregnant women chose private midwife practice for reasons of affordable cost or the cost incurred is not too expensive. It means accessibility of the midwife practice location and affordability regarding costs incurred in ANC. If both items are combined, a total percentage of 18.1% is obtained based on the survey.

The results of this study follow research on pregnant women in Ghana in the selection of health services, considering the ease of access and affordability of locations (Peprah et al., 2018). The distance between residence and the location of healthcare facilities is a determinant factor of ANC visits (Santi et al., 2022; Amungulu et al., 2023); Denny et al., 2022). These results also align with research from Risneni and Yenie (2018) that the presence of mothers in classes of pregnant women as part of ANC is influenced by distance (Risneni & Yenie, 2018). Based on a study by Paramita (2022), the location of residence is a significant factor influencing the selection of midwife services for pregnancy checks. The distance factor is the preference of pregnant women to choose the location of ANC services (Paramita, 2022). According to Camacho et al. (2022), locations that can be reached on foot are the primary choice for pregnant women in Tanzania.

The results of this study support previous studies on the affordability of ANC services. Cost affordability is also why pregnant women choose midwives (Kozhimannil et al., 2015), especially if the service can receive health insurance (Denny et al., 2022). Pregnant women perceive that the examination carried out by midwives is more uncomplicated. No additional examinations are considered unnecessary, so simple examinations will be related to the costs that pregnant women must incur. Affordable costs are one of the preferences of pregnant women choosing ANC services in midwives (Mattern et al., 2017).

In addition to the affordability of location and cost, previous study results have yet to be revealed in this study. The reason for choosing private midwife practice is because of midwife availability. Pregnant women want time flexibility because the private midwife practice is open 24 hours (Peprah et al., 2018). Fujiana et al. (2020) reported that one of the considerations for pregnant women in choosing pregnancy care at maternity healthcare facilities is the flexibility of visit time (Fujiana et al., 2020). Birhanu et al. (2020) also stated that the short waiting time of no more than half an hour to queue to get ANC services is a measure of satisfaction of Ethiopian pregnant women, so it becomes one of the preferences in choosing health facilities for ANC visit (Birhanu et al., 2020). The same was also reported by Tasneem and Ozdal (2023) in Punjab, Pakistan; pregnant women's perceptions of the length of waiting time to get services are part of pregnant women's perceptions that affect the quality of ANC services (Tasneem & Ozdal, 2023).

Pregnant women need clear information about the schedule of midwife availability in the practice room because they want to reach midwives whenever needed. Pregnant women also want midwives to provide telephone services that can be contacted anytime in normal conditions or emergencies (Mattern et al., 2017). Expectant mothers choose ANC care, allowing them to ask questions, talk, and interact with providers anytime. This is important for ANC service providers to pay attention to reduce concerns and provide appropriate support to pregnant women (Heri et al., 2023).

The results of this study also show that pregnant women choose private midwife practice as ANC providers because of the comfort and completeness of facilities. Although the number of pregnant women who revealed this reason was only 4.5% of the total respondents, the comfort and completeness of facilities could not be ignored.

Following several previously reported study results, the comfort factor of pregnant women when making ANC visits is a consideration in choosing these services. Consideration of gender equality because midwives are women is also one of the preferences of pregnant women to choose midwives as ANC service providers because they are seen as more comfortable (Kozhimannil et al., 2015). The inconvenience of pregnant women regarding privacy concerns is related to limited facilities for conducting pregnancy check-ups in Laos. This makes several pregnant women examined simultaneously in the same room for physical examination. In situations like this, pregnant women feel embarrassed and uncomfortable when their bodies are seen by others (Phommachanh et al., 2019).

Expectant mothers in Ireland prefer the private practice of midwives over public health services owned by the government because each time an expectant mother visits the ANC, health workers at these health facilities often change. The inability of the system in public health services to provide a single midwife or the same midwife at every stage of care makes pregnant women prefer private midwife practice (Fawsitt et al., 2017). In other words, pregnant women in Ireland choose private midwife practice because they are more comfortable with the Continuity of Midwifery Care principle. They are finding from research conducted by Mose et al. (2023) in Ethiopia that pregnant women tend to choose pregnancy care from known midwives or midwife teams, so the model of continuous antenatal care led by midwives is one of the preferences of pregnant women in the country. Most pregnant women have a positive and comfortable perception of continuous care led by midwives (Mose et al., 2023). Midwifery care with the Continuity of Midwifery Care (CoC) model is continuous care by midwives recommended by the World Health Organization (WHO). This care model is expected to provide a positive experience during maternal pregnancy, optimize utilization, and improve the quality of ANC (World Health Organization, 2018).

Another reason for choosing ANC services is the consideration of facilities provided by private practices. Expectant mothers want services other than prenatal check-ups that adapt to their needs, such as antenatal education activities, yoga classes, etc. (Fujiana et al., 2020). A study conducted by Fatriani (2023) in Bandar Lampung stated that most pregnant women's knowledge level about prenatal yoga classes is in the excellent category (55.6%). Pregnant women know that

complementary midwifery care, such as prenatal yoga, is what they need because it is considered beneficial for their pregnancy (Fatriani, 2023a). Private midwife practices offering prenatal yoga facilities or similar facilities are likely one of the preferences in choosing an ANC. However, this needs to be studied in further research.

CONCLUSIONS

Based on this research, it is concluded that the preferences of pregnant women in choosing a private practice midwife as an Antenatal Care (ANC) service provider are more experienced

midwives (27.3%), previous pregnancy history (22.7%), friendly midwives and welcoming (18.2%), distance (13.6%), recommended by husband or relatives (9.1%), more affordable costs (4.5%), comfort and complete facilities (4.5%). It is recommended that midwives pay more attention to the aspects of competency in midwifery care, personality and communication skills, affordability of services, and the provision of facilities that suit the needs of pregnant women. This is intended to maintain and increase the number of ANC visits in private midwife practices.

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