

## **TIME MANAGEMENT AND THE QUALITY OF POSTNATAL CARE SERVICES**

**Dian Suzanti<sup>1</sup>, Devy Lestari Nurul Aulia<sup>2</sup>**

njasuzan28@gmail.com<sup>1</sup>, dv.aulia87@univbatam.ac.id<sup>2</sup>

<sup>1,2</sup>Midwifery Study Program, Faculty of Health Sciences, Batam University

uploaded:29/07/2026    revised:10/09/2026    accepted:16/09/2026    published: 30/09/2026

### **ABSTRACT**

*Efforts to reduce maternal mortality and infant mortality are closely related to the quality of service. One of the elements that contribute to the quality of postnatal care is the time management of health workers. This study aims to determine the relationship between midwives' time management and the quality of postnatal care services. This study uses the Analytical Survey method, with a Cross Sectional approach, the study was conducted at the Tanjung Pinang Community Health Center in November - August 2025 with a population of 34 midwives in the Tanjung Pinang Community Health Center work area. The sampling technique used total sampling. The research instrument used a questionnaire. The data obtained were analyzed using SPSS. The results of the study showed that the majority of midwives had time management in the good category, namely 21 respondents (61.8%), while the remaining 13 respondents (38.2%) were in the sufficient category. The quality of postnatal care services was also mostly in the good category, namely 28 respondents (82.4%) and 6 respondents (17.6%) in the sufficient category. The statistical test obtained a significance value of 0.001 ( $<0.05$ ), thus concluding that there is a significant relationship between midwives' time management and the quality of postnatal care services. Midwives are expected to improve their time management skills through effective planning and prioritization of postnatal care services.*

**Keywords: Time Management, Service Quality, Postnatal Care**

### **INTRODUCTION**

Maternal and child healthcare is a fundamental component of the healthcare system, playing a critical role in reducing maternal and neonatal morbidity and mortality. One of the most critical stages in the maternal and infant care continuum is the postnatal period, which extends from childbirth to six weeks postpartum. During this period, both mothers and newborns are particularly vulnerable to a range of physical and psychological complications, making the provision of effective, timely, and high-quality postnatal care essential. High-quality postnatal care facilitates early detection and management of maternal and neonatal complications, promotes

maternal recovery, supports successful breastfeeding, and contributes to improved health outcomes for both mother and child (Iswanti & Agustiniingsih, 2025).

Indonesia recorded 4,627 maternal deaths in 2020, representing an increase compared with 4,221 cases reported in 2019 (Ministry of Health of the Republic of Indonesia, 2021). Approximately 60% of maternal deaths occur during the postpartum period, with nearly half occurring within the first 24 hours after childbirth, particularly during the initial 6 hours postpartum. This early postpartum period is recognized as a critical window requiring continuous monitoring and comprehensive

assessment of both the mother and the newborn to ensure early identification and management of potential complications.

Significant physiological changes occur during the first hours following delivery, making timely postnatal care essential for preventing maternal and neonatal morbidity and mortality. Common postpartum complications include postpartum hemorrhage, puerperal infection, foul-smelling lochia, uterine subinvolution, abdominal and pelvic pain, excessive dizziness and weakness accompanied by headache, epigastric pain with blurred vision, fever exceeding 38°C, breast infections, edema of the face and extremities, and urinary tract infections (Hidayah, Rini, & Hikmanti, 2022). Effective monitoring and prompt management of these conditions are fundamental components of high-quality postnatal care and contribute substantially to improving maternal and neonatal health outcomes.

Efforts to reduce maternal and neonatal mortality are closely associated with the quality of maternal healthcare services. Midwives play a pivotal role in achieving these outcomes by serving as providers and managers of midwifery services, health educators, counselors, clinical facilitators, community mobilizers, women's empowerment advocates, and researchers. The delivery of midwifery care is grounded in evidence-based knowledge and professional competencies that are continuously developed to meet the evolving healthcare needs of women, newborns, and families (Indonesian Midwifery Law, 2019).

Among the factors influencing the quality of postnatal care, effective time management is recognized as an essential component of professional

midwifery practice. Midwives are required to prioritize multiple clinical responsibilities while ensuring that postnatal services are delivered promptly, comprehensively, and in accordance with established clinical standards. Effective time management enables healthcare providers to conduct timely maternal and neonatal assessments, facilitate early detection of postpartum complications, allocate sufficient time for breastfeeding support and health education, and provide individualized counseling on maternal self-care and newborn care. Furthermore, efficient time allocation helps optimize workload distribution, reduce occupational stress and burnout, enhance job satisfaction among healthcare professionals, and ultimately improve patient satisfaction and the overall quality of postnatal care services (Hatijar, Utama, & Toyo, 2021).

Despite its importance, effective time management remains a significant challenge in clinical practice. Healthcare professionals frequently encounter heavy workloads, high patient volumes, workforce shortages, and inefficient scheduling systems, all of which may limit their ability to deliver comprehensive and timely postnatal care. These challenges can reduce the time available for maternal and neonatal assessment, health education, breastfeeding support, and individualized counseling. Consequently, postpartum mothers may not receive adequate care and education, potentially compromising both maternal and neonatal health outcomes (Aisyah & Wahyono, 2021).

Time management is defined as the systematic process of organizing and allocating time effectively to achieve predetermined goals in an efficient manner. In healthcare

settings, effective time management is essential for minimizing stress, preventing errors caused by time pressure, and ensuring that sufficient time is allocated to deliver high-quality patient care. The process of time management generally involves three interrelated stages: planning and prioritizing tasks according to their level of importance, implementing priority activities efficiently, and continuously reassessing priorities based on newly available information or changing clinical conditions. Effective time management also requires sound decision-making regarding task allocation and workflow organization. For healthcare professionals, particularly midwives, these competencies are fundamental to maintaining the quality of clinical practice, ensuring accurate documentation, and improving the overall quality of postnatal care services (Harefa, 2019).

Postnatal care is provided through a series of scheduled follow-up visits designed to monitor maternal recovery and ensure the well-being of both mother and newborn. The first postnatal visit, conducted within 6–8 hours after childbirth, aims to prevent postpartum hemorrhage, provide counseling on danger signs and postpartum self-care, initiate and support early breastfeeding, promote mother–infant bonding, and maintain the newborn's body temperature. The second visit, performed approximately 6 days postpartum, focuses on assessing normal uterine involution, confirming adequate uterine contraction with the fundus below the umbilicus, detecting signs of infection or abnormal bleeding, evaluating maternal nutritional intake and rest, supporting successful breastfeeding, and providing counseling on newborn care, including umbilical cord care and

routine infant care. The third visit, conducted around 2 weeks postpartum, evaluates the continuation of maternal recovery and uterine involution, while the final visit, at approximately 6 weeks postpartum, assesses any maternal or neonatal health concerns and provides counseling on postpartum family planning (Rini & Dewi, 2016).

Maternal and child health (MCH) programs constitute one of the highest-priority public health programs implemented at community health centers (*Puskesmas*) in Indonesia. This priority reflects the increased vulnerability of pregnant women, postpartum mothers, breastfeeding women, newborns, and children to illness and health complications. Consequently, improving the quality of maternal and child healthcare requires competent and professional midwives who possess the knowledge and clinical competencies established by national healthcare standards. Strengthening midwifery competencies and ensuring the delivery of high-quality maternal and reproductive healthcare services remain essential strategies for improving health outcomes and addressing persistent maternal and child health challenges in Indonesia (Adiputri et al., 2014, as cited in Ningsih & Wintarsih, 2022).

The persistently high rates of maternal and neonatal mortality are frequently associated with high-risk postpartum conditions that are not identified and managed promptly. Early detection of maternal and neonatal complications is therefore essential to prevent adverse outcomes. In this context, midwives, as the frontline providers of maternal healthcare, are expected to possess the clinical competence and professional skills necessary to deliver postnatal

care in accordance with established national standards (Amelia, 2016). Their strategic role within the healthcare system places them at the forefront of efforts to expand the coverage and improve the quality of maternal and child health (MCH) services. However, inadequate coverage of MCH services has been linked to suboptimal midwife performance, highlighting the importance of strengthening workforce capacity and service quality (Ernawati, 2017).

Midwife performance is influenced by multiple internal and external factors. According to Timple, as cited by Mangkunegara (2017), internal factors include individual characteristics and personal competencies, whereas external factors relate to the organizational and work environment. Among the internal relationship, time management is considered a critical competency that directly affects work efficiency, task completion, clinical decision-making, and adherence to service standards. Effective time management enables midwives to prioritize clinical responsibilities, optimize workflow, and provide comprehensive postnatal care, thereby contributing to improved service quality and better maternal and neonatal health outcomes.

Previous studies have demonstrated that the quality of midwifery services is closely associated with patient satisfaction during the postnatal period. A study conducted by Aisyah and Wahyono (2021) reported that 78.28% of patients expressed a moderate level of satisfaction with the healthcare services provided by midwives. Patient satisfaction was influenced by several dimensions of service quality, including the effectiveness of

communication between midwives and patients, responsiveness to patients' concerns, and the ability of midwives to demonstrate empathy and provide individualized care. These findings support previous evidence indicating that the quality of postnatal care delivered by midwives is a key relationship of maternal satisfaction and overall healthcare quality (Susilawati & Nilakesuma, 2021).

Improving the quality of postnatal care requires not only effective time management but also continuous professional development through education and training. Training represents an important organizational strategy for enhancing the knowledge, clinical competencies, and professional skills of healthcare providers, enabling them to meet the increasing demands of maternal healthcare services. For midwives, who often manage substantial workloads and multiple clinical responsibilities, participation in competency-based training programs is essential for maintaining high standards of clinical practice. Previous research has shown that midwives who receive training relevant to their professional roles demonstrate higher levels of knowledge and competence, which positively influence their performance in delivering standardized midwifery services. Consequently, strengthening professional training alongside effective time management may improve the quality and coverage of postnatal care services while supporting the achievement of national maternal and child health targets (Syafri & Alwi, 2019).

Evidence from the literature indicates that midwives' competencies and work motivation are important relationship of their performance in postnatal care services. A systematic

literature review identified strong evidence supporting the association between professional skills, work motivation, and midwife performance, whereas the influence of leadership on postnatal care performance remains inconclusive (Susanto et al., 2021). These findings highlight the importance of strengthening individual competencies and fostering motivation to improve the quality of maternal healthcare services.

Several strategies have been recommended to enhance midwives' competence and professional performance, including the provision of continuous professional education and training, the establishment of supportive and conducive work environments, the implementation of fair and performance-based incentive systems, and the development of well-structured organizational work programs (Barbara, 2019; Widyawati, 2018). Collectively, these interventions are expected to improve workforce performance, optimize the quality of postnatal care, contribute to reductions in maternal and neonatal mortality, and ultimately strengthen maternal and child health outcomes.

High-quality postnatal care is essential for safeguarding the health and well-being of both mothers and newborns during the postpartum period. Previous studies have demonstrated that mothers' perceptions of the quality of postnatal care significantly influence their willingness to attend follow-up visits and continue utilizing maternal healthcare services (Arindita Reinissa & Fitri Indrawati, 2017). These findings underscore the importance of delivering comprehensive, patient-centered postnatal care supported by effective resource management to improve maternal and neonatal health outcomes.

In addition to clinical competence, the interpersonal skills of midwives play a crucial role in the delivery of high-quality maternity care. Effective communication, empathy, and the ability to establish trusting relationships with patients contribute to greater patient confidence and engagement throughout the postpartum period (Juwitasari et al., 2019). Furthermore, evidence has shown a significant association between midwife performance and patient satisfaction with antenatal care services (Isarotun et al., 2022). Similarly, key dimensions of service quality—including responsiveness, individualized attention, and continuity of care—have been positively associated with maternal satisfaction during the postnatal period (Hatijar et al., 2021). These findings suggest that optimizing professional performance, supported by effective time management and strong interpersonal competencies, is fundamental to improving the quality of postnatal care services.

Midwives play a strategic role in the delivery of postnatal care services. As frontline healthcare professionals in maternal and neonatal care, they are responsible for monitoring the health status of postpartum mothers and newborns, facilitating the early detection and management of complications, providing health education, and offering psychosocial support throughout the postpartum period. Consequently, the professional competence of midwives is a fundamental relationship of the effectiveness and quality of postnatal care management.

Growing evidence suggests that the quality and management of postnatal care have a substantial impact on maternal health outcomes.

Previous studies have reported a strong association between mothers' perceptions of service quality and their satisfaction with midwifery care during the postpartum period (Hatijar et al., 2021). Key dimensions of healthcare quality—including reliability, responsiveness, assurance, empathy, and tangible aspects of service delivery—have been shown to influence mothers' willingness to attend follow-up postnatal visits (Arindita Reinissa & Fitri Indrawati, 2017). Furthermore, effective time management in maternal healthcare services has been associated with improved completion rates of scheduled postnatal visits, highlighting the importance of efficient service organization in ensuring continuity of care (E. Erlina et al., 2023). In addition, the implementation of active management of the third stage of labor has been demonstrated to significantly reduce the risk of postpartum hemorrhage, one of the leading causes of maternal mortality (Is Susiloningtyas & Yanik Purwanti, 2020). Collectively, these findings emphasize that high-quality, well-managed maternal healthcare services are essential for improving maternal and neonatal outcomes, preventing postpartum complications, and strengthening the continuity of care across pregnancy, childbirth, and the postnatal period.

Previous studies have demonstrated that the effectiveness of postnatal care management is influenced by multiple factors, including healthcare policies, the availability of facilities and infrastructure, and the competencies of healthcare professionals. However, one factor that has received relatively limited attention is time management, despite its critical role in ensuring the timely and efficient delivery of postnatal care. In clinical practice,

healthcare providers frequently encounter challenges such as excessive workloads, workforce shortages, and inefficient scheduling systems, which may compromise the quality and continuity of postpartum services. These constraints can reduce the time available for comprehensive maternal and neonatal assessments, health education, counseling, and follow-up care, ultimately affecting the overall quality of postnatal care.

Although previous studies have examined service quality, patient satisfaction, and midwives' performance, evidence regarding the relationship between midwives' time management and the quality of postnatal care services remains limited, particularly within primary healthcare settings in Indonesia. Addressing this knowledge gap is essential for identifying strategies to optimize workforce performance and improve the effectiveness of maternal healthcare services. Therefore, this study aims to examine the relationship between midwives' time management and the quality of postnatal care services, with the expectation that the findings will provide evidence to support the development of more efficient service management and contribute to improving maternal and neonatal healthcare outcomes.

## RESEARCH OBJECTIVE

This study aimed to investigate the relationship between midwives' time management practices and the quality of postnatal care services. The findings are expected to provide evidence for improving workforce management strategies and enhancing the quality of maternal healthcare services.

## METHODS

This study employed an analytical survey design using a cross-

sectional approach to examine the relationship between midwives' time management and the quality of postnatal care services. The study was conducted at Tanjung Pinang Community Health Center (Puskesmas Tanjung Pinang), Indonesia, from November 2024 to August 2025. The study population consisted of 34 midwives working within the service area of the health center. Because the study population was relatively small, a total sampling technique was employed, whereby all eligible midwives were included as study participants.

Data were collected using a structured questionnaire designed to assess midwives' time management practices and the quality of postnatal care services. The questionnaire consisted of items covering the relevant indicators of each study variable. Responses were scored according to the predetermined scoring system, and the total scores were subsequently classified into the corresponding categories based on the established cut-off points. Prior to data collection, the questionnaire was reviewed and tested to assess its validity and reliability. The validity test was conducted to determine whether each questionnaire item appropriately measured the intended

construct, while reliability testing was performed to assess the internal consistency of the instrument. Items that met the predetermined validity criteria were retained for data collection, and the reliability of the instrument was assessed using Cronbach's alpha, with a coefficient of  $\geq 0.70$  considered indicative of acceptable internal consistency.

The collected data were analyzed using the Statistical Package for the Social Sciences (SPSS). Descriptive statistics were used to summarize respondents' characteristics and the distribution of the study variables. Inferential analysis was performed to examine the association between midwives' time management and the quality of postnatal care services. The statistical test was selected according to the characteristics and distribution of the data. For categorical variables, the Chi-square test was used when its assumptions were fulfilled; otherwise, Fisher's Exact Test was applied, particularly when the expected frequency in one or more cells was less than five or when zero cells were present. Statistical significance was determined at a 95% confidence level, with a  $p$ -value  $< 0.05$  considered statistically significant

## RESULTS

**Table 1. Frequency Distribution of Midwives' Time Management**

| No    | Time Management | Frequency (n) | %    |
|-------|-----------------|---------------|------|
| 1     | Good            | 21            | 61.8 |
| 2     | Fair            | 13            | 38.2 |
| 3     | Poor            | 0             | 0    |
| Total |                 | 34            | 100  |

Based on Table 1, the majority of respondents demonstrated good time management, with 21 respondents (61.8%), while 13 respondents (38.2%) were categorized as having fair time management. No respondents were classified as having poor time management.

**Table 2. Frequency Distribution of the Quality of Postnatal Care Services**

| No    | Quality of Postnatal Care Services | Frequency (n) | %    |
|-------|------------------------------------|---------------|------|
| 1     | Baik                               | 28            | 82.4 |
| 2     | Cukup                              | 6             | 17.6 |
| 3     | Kurang                             | 0             | 0    |
| Total |                                    | 34            | 100  |

Based on Table 2, the majority of respondents rated the quality of postnatal care services as good, with 28 respondents (82.4%), while 6 respondents (17.6%) rated the quality of postnatal care services as fair. No respondents rated the quality of postnatal care services as poor.

**Table 3. Cross-tabulation of Midwives' Time Management and the Quality of Postnatal Care Services**

|                 |      | Quality of Postnatal Care Services |      |      | Total |
|-----------------|------|------------------------------------|------|------|-------|
|                 |      | Good                               | Fair | poor |       |
| Time Management | Good | 20                                 | 1    | 0    | 21    |
|                 | Fair | 8                                  | 5    | 0    | 13    |
|                 | Poor | 0                                  | 0    | 0    | 0     |
| Total           |      | 28                                 | 6    | 0    | 34    |

Based on Table 3, the majority of respondents demonstrated good time management (21 midwives). Among these, 20 midwives (95.2%) provided good-quality postnatal care services, while only 1 midwife (4.8%) provided fair-quality services. In contrast, 13 midwives were classified as having fair time management. Of these, 8 midwives (61.5%) provided good-quality postnatal care services, whereas 5 midwives (38.5%) provided fair-quality services. No respondents were classified as having poor time management or poor-quality postnatal care services.

**Table 4. Association Between Midwives' Time Management and the Quality of Postnatal Care Services**

| Time Management | Quality of Postnatal Care Services |      |      |      | Total | P – Value |
|-----------------|------------------------------------|------|------|------|-------|-----------|
|                 | Good                               | %    | Fair | %    |       |           |
| Good            | 20                                 | 95.2 | 1    | 4.8  | 21    | 0.001     |
| Fair            | 8                                  | 61.5 | 5    | 38.5 | 13    |           |

Based on Table 4, a statistically significant association was found between midwives' time management and the quality of postnatal care services ( $p = 0.001$ ). These findings indicate that better time management is associated with higher-quality postnatal care services.

## **DISCUSSION**

Based on the findings of this study, a statistically significant association was identified between midwives' time management and the quality of postnatal care services ( $p = 0.001$ ,  $p < 0.05$ ). These findings indicate that effective time management is an important relationship of high-quality postnatal care. The results are consistent with Donabedian's healthcare quality framework, which proposes that the quality of healthcare outcomes is influenced by the interaction between structure, process, and outcome. Within this framework, the process component refers to how healthcare services are delivered and encompasses essential elements such as timely service provision, prioritization of clinical activities, continuity of care, and effective communication. Consequently, improvements in time management are expected to enhance the quality of healthcare delivery and contribute to better maternal and neonatal outcomes.

In postnatal care, timely service delivery is particularly critical because many postpartum interventions are time-sensitive. The World Health Organization (WHO, 2022) recommends that mothers and newborns receive at least three scheduled postnatal contacts—within 48–72 hours, between 7 and 14 days, and at 6 weeks postpartum—supported by a comprehensive package of essential services, including maternal and neonatal complication screening, breastfeeding support, family planning counseling, mental health assessment, and education on postpartum danger signs. Effective time management enables midwives to organize these scheduled contacts efficiently, minimize missed or delayed care, and ensure the continuity of comprehensive postnatal services. Therefore, the significant association identified in this study supports the theoretical expectation that efficient

scheduling, timely clinical interventions, and effective workflow management contribute substantially to improving the quality of postnatal care services and enhancing mothers' overall care experience.

The findings of the present study are supported by the research conducted by Vizeshfar, Rakhshan, Shirazi, and Dokoochaki (2022), which demonstrated that time management training significantly improved nurses' abilities to prioritize tasks and manage clinical time effectively in intensive care and emergency department settings. Although the study was conducted among nurses, its findings are transferable to midwifery practice because both professions require efficient prioritization, timely clinical decision-making, and effective coordination of patient care. These competencies are particularly important during the postnatal period, when midwives are responsible for multiple time-sensitive interventions involving both mothers and newborns.

Conversely, the presence of time wasters, such as frequent interruptions, duplicated documentation, and inefficient workflow processes, has been shown to reduce healthcare professionals' capacity to deliver high-quality care. At the organizational level, previous studies have also reported that variations in the quality of inpatient postnatal care are associated with midwifery staffing levels, suggesting that effective time management is influenced not only by individual competencies but also by workload distribution and scheduling practices. These findings reinforce the results of the present study, indicating that when midwives are able to manage their time effectively, they are more likely to provide timely, comprehensive, and high-quality postnatal care services.

The findings of this study are further supported by the work of Adnani,

Maulina, Ramadhan, et al. (2025), who reported that the successful implementation of clinical practice guidelines is strongly influenced by healthcare workforce capacity and healthcare system factors, including service workflows, resource availability, and interprofessional coordination. These organizational components directly affect how healthcare professionals allocate and utilize their working time, ultimately influencing the efficiency and quality of service delivery. Consequently, effective time management should be viewed not only as an individual professional competency but also as an organizational capability supported by well-designed healthcare systems.

Evidence from both global and national studies on the utilization of midwifery services, including postnatal care in Indonesia, consistently highlights the central role of midwives in ensuring continuity of maternal care. As the primary providers of postnatal services, midwives are responsible for delivering timely assessments, health education, breastfeeding support, and early identification of maternal and neonatal complications. Therefore, optimizing midwives' time management represents an important strategic lever for improving access to postnatal care, enhancing mothers' healthcare experiences, and strengthening the overall quality and continuity of postnatal care services.

Based on the findings of this study, it is assumed that differences in service workload across the study units may have contributed to variations in the quality of postnatal care, making individual time management a key of service quality. Because standardized postnatal care protocols were already implemented at the study site, differences in service quality are more likely to reflect variations in the execution of care processes rather than the absence of

clinical guidelines. Although potential confounding factors—including workload (e.g., extended work shifts and midwife-to-patient ratios), the availability of healthcare resources, and documentation requirements—may influence midwives' ability to allocate their time efficiently, the independent effect of time management remained evident in the analytical findings. This interpretation is consistent with previous evidence demonstrating that excessive workload and prolonged working hours are associated with reduced patient safety and lower quality of healthcare delivery.

From a quality improvement perspective, process indicators such as the timeliness of postnatal care contacts, the completeness of the recommended postnatal care package, waiting times, and the proportion of home visits should be routinely monitored within the Donabedian quality framework and Continuous Quality Improvement (CQI) approach. Monitoring these indicators is essential to ensure that improvements in time management translate into better maternal and neonatal outcomes, enhanced continuity of care, and more positive patient experiences.

This study contributes contextual evidence highlighting that midwives' time management, as a modifiable process-related factor, is significantly associated with the quality of postnatal care services. These findings extend the existing literature, which has largely focused on structural relationship, such as workforce capacity and healthcare resources, or on general aspects of clinical quality. By explicitly linking time management with adherence to the WHO (2022) recommended schedule and essential package of postnatal care, this study emphasizes time management as a practical and feasible operational target for quality improvement initiatives within maternal healthcare facilities.

**Study Limitations and Future Research.** This study has several limitations that should be considered when interpreting the findings. First, the data were collected using a self-reported questionnaire, which may be subject to recall bias, response bias, or social desirability bias, as participants may have provided responses that did not fully reflect their actual practices. Second, the sample size was relatively small, consisting of only 34 midwives, which may limit the statistical power of the analysis and the generalizability of the findings to a larger population. Third, the study was conducted at only one community health center, limiting the representativeness of the findings across different healthcare settings and geographical areas. Therefore, future studies involving larger and more diverse samples and multiple healthcare facilities are recommended to provide more comprehensive evidence regarding the relationship between midwives' time management and the quality of postnatal care services.

## CONCLUSION

1. The majority of respondents demonstrated good time management, with 21 midwives (61.8%) categorized as having good time management and 13 midwives (38.2%) categorized as having fair time management.
2. The majority of respondents also provided good-quality postnatal care services, with 28 respondents (82.4%) classified as delivering good-quality care, while 6 respondents (17.6%) provided care of fair quality.
3. A statistically significant relationship was found between midwives' time management and the quality of postnatal care services ( $p = 0.001$ ,  $p < 0.05$ ). These findings indicate that

effective time management is associated with higher-quality postnatal care services, highlighting the importance of strengthening time management competencies to improve maternal healthcare quality.

## RECOMMENDATIONS

Midwives are encouraged to strengthen their time management competencies by improving the planning, prioritization, and organization of postnatal care services. These competencies can be enhanced through continuing professional development activities, including training programs, workshops, and self-directed learning focused on time management and evidence-based postnatal care practices in accordance with the World Health Organization (WHO) recommendations. Effective implementation of time management strategies is expected to improve the quality of postnatal care services, facilitate the early detection of maternal and neonatal complications, and promote more positive healthcare experiences and outcomes for mothers and their newborns during the postpartum period.

## REFERENCES

- Aisyah, R. P., & Wahyono, B. (2021). Mutu Pelayanan Kesehatan Setelah Persalinan Yang Berhubungan Dengan Kepuasan Pelayanan Ibu Nifas. *Indonesian Journal of Public Health and Nutrition*, 1(2), 282-290.
- Aisyaroh, N. (2022). Efektifitas kunjungan nifas terhadap pengurangan ketidaknyamanan fisik yang terjadi pada ibu selama masa nifas. *Majalah Ilmiah Sultan Agung*, 50(127), 67-81.
- Adnani, Q.E.S., Maulina, R., Ramadhan, K. *et al.* Trends and determinants

- of antenatal, intranatal, and postnatal care utilization among Indonesian women (2012–2017): associated factors in midwifery service utilization between midwives and other health professionals. *BMC Nurs* **24**, 912 (2025).  
<https://doi.org/10.1186/s12912-025-03527-6>
- Ernawati, E., & Rosidah, N. (2017). Motivasi Ibu Nifas dalam Perawatan Payudara di Wilayah Kerja Puskesmas Tegalrejo Kabupaten Magelang Tahun 2013. *Journal of Health (JoH)*, **4**(1), 42-48
- Erlina, E., Aisyah, S., Handayani, S., & Yunola, S. (2023). HUBUNGAN PENGETAHUAN IBU, POLA MAKAN DAN RIWAYAT KELUARGA DENGAN KEJADIAN HIPERTENSI PADA KEHAMILAN DI PUSKESMAS BUAY RUNJUNG. *Jurnal Ilmu Kesehatan MAKIA*, **13**(2), 82-90.
- Harefa, E. I. J. (2019). *Konsep Dasar Keperawatan. Penerapan Konsep Dasar. Proses Keperawatan Keluarga*, 1–8.
- Hatijar, H., Utama, R. P., & Toyo, D. S. (2021). Post Natal Care Client Satisfaction with Midwife Service Quality at the Health CENTER. *Jurnal Ilmiah Kesehatan Sandi Husada*, **10**(2), 585-591.
- Haq, R. A., Lukmantoro, T., & Sunarto, S. (2023). Pengaruh Tingkat Kompetensi Komunikasi Interpersonal dan Kualitas Pelayanan Tenaga Kesehatan terhadap Tingkat Kepuasan Pasien BPJS Kesehatan di Kota Semarang. *Interaksi Online*, **11**(1), 179-190.
- Hidayah, F., Rini, S., & Hikmanti, A. (2022). Asuhan Kebidanan Pada ibu Nifas. In *Prosiding Seminar Nasional Unimus* (Vol. 5).
- Ikatan Bidan Indonesia. (2017). [www.ibi.or.id](http://www.ibi.or.id)
- Iswanti, D. I., & Agustiniingsih, N. (2025). Kesenambungan Pelayanan Kesehatan Ibu Hamil untuk mencegah perdarahan post-partum: Studi Literatur. *Link Journal of Midwifery*, **1**(1), 1-12.
- Juwitasari, D. A. (2020). Implementasi Gerakan Ibu Sehat Reproduksi (GERBUSEPRO) dalam Rangka Meningkatkan Status Kesehatan Ibu di Tambakasri Kabupaten Malang. *Jurnal Pengabdian Masyarakat Al-Irsyad Vol. II*, 120.
- Kementerian Kesehatan RI. 2021. Profil Kesehatan Indonesia 2020. Jakarta
- Kemenkes RI. *Panduan Pelayanan Pasca Persalinan bagi Ibu dan Bayi. Baru Lahir*. (2019)
- Maigeni, M. (2018). Lama masa kerja dan manajemen waktu dengan pelaksanaan dokumentasi asuhan keperawatan. *Real In Nursing Journal*, **1**(1), 30-41.
- Ningsih, S., & Wintarsih, W. (2022). Hubungan Kompetensi, Pelatihan Dan Pendidikan Dengan Kinerja Bidan. *Jurnal Keperawatan Muhammadiyah*, **7**(3).
- Pamundhi, T. E., Sariatmi, A., & Jati, S. P. (2018). Faktor-Faktor yang Berhubungan dengan Kinerja Bidan dalam Pelayanan Nifas di

- Kota Salatiga. *Jurnal Kesehatan Masyarakat*, 6(1), 93-102.
- Pinaringsih, T., Riyanti, E., & Kusumawati, A. (2017). Faktor-Faktor Yang Berhubungan Dengan Niat Kunjungan Ibu Nifas Ke Pelayanan Kesehatan Di Wilayah Kerja Puskesmas Tlogosari Kulon Kota Semarang. *Jurnal Kesehatan Masyarakat*, 5(3), 653-660.
- Purnomo, D., Sudana, I. P., & Sasrawan Mananda, I. G. (2016). Pengaruh Pendidikan Dan Pelatihan Terhadap Kompetensi Serta Dampaknya Pada Kine Pramuwisata Bali. *Jurnal IPTA*.
- RAHAYU, F. N. H. (2024). HUBUNGAN CARING BIDAN DENGAN KEPUASAN PELAYANAN PERSALINAN PADA IBU BERSALIN DI PUSKESMAS KEREK KABUPATEN TUBAN
- Reinissa, A., & Indrawati, F. (2017). Persepsi Ibu Nifas tentang Mutu Pelayanan Postnatal Care dengan Kunjungan Ulang. *HIGEIA (Journal of Public Health Research and Development)*, 1(3), 33-42.
- Rini, Feti Kumala Dewi. 2016. Panduan Nifas dan Evidence Based Practice
- Rini, S., & Andayani, T. R. (2024). Postnatal Complementary Care Training Model for Preeclampsy. *Nusantara Science and Technology Proceedings*, 31-37.
- Sari, D. P. (2019). Persepsi Ibu Nifas terhadap Pelayanan Kunjungan Nifas. *Biomedika*, 12(1), 92-99.
- Susiloningtyas, I., & Purwanti, Y. (2020). Kajian Pengaruh Manajemen Aktif Kala. III Terhadap Pencegahan Perdarahan PostPartum (Sistematik Review)
- Syafri, & Alwi. (2019). Manajemen Sumber Daya Manusia dalam Organisasi Publik. IPDN Press.
- Susilawati, D., & Nilakesuma, N. F. (2021). Faktor-Faktor yang berhubungan dengan Pencapaian Kepuasan Layanan Masa Nifas. *Jurnal Ilmiah Universitas Batanghari Jambi*, 21(2), 612-615.
- Telaumbanua, A. S., & Absah, Y. (2021). Pengaruh Pendidikan Dan Pelatihan Terhadap Kinerja Melalui Kompetensi Bidan: Studi Kuantitatif. *Jurnal Penelitian Pendidikan, Psikologi Dan Kesehatan (J-P3K)*, 2(2), 142-147.
- Undang Undang Kebidanan Tahun 2019
- Wardah, Y. (2022). Analisis Mutu Pelayanan Nifas Pertama di Puskesmas Bogor Tengah Tahun 2021.
- Wahyuningsih, sri. (2019). Buku Ajar Asuhan Keperawatan Post Partum Di Lengkapi Dengan Panduan Persiapan Praktikum Mahasiswa Keperawatan
- Wulandari. 2020. Asuhan Kebidanan Nifas. Nuha Medika: Yogyakarta
- Yuliana Wahida, & Hakim, B. N. (2020). Emodemo Dalam Asuhan Kebidanan. Masa Nifas. In asuhan kebidanan masa nifas