



## Trends And Patterns of Maternal Referrals from Ciawi Community Health Center To Referral Facilities

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### Abstrak

Rujukan maternal merupakan bagian penting dalam sistem pelayanan kesehatan ibu, khususnya di tingkat primer seperti Puskesmas. Penelitian ini bertujuan untuk menganalisis tren dan pola rujukan maternal dari Puskesmas Ciawi ke fasilitas pelayanan kesehatan rujukan sepanjang tahun 2024. Metode yang digunakan adalah deskriptif kuantitatif berbasis data sekunder, yang diperoleh dari rekapitulasi bulanan layanan persalinan (partus) dan formulir rujukan ibu hamil serta bersalin. Analisis dilakukan dengan melihat jumlah partus dan rujukan tiap bulan, jenis diagnosa terbanyak yang menyebabkan rujukan, serta fasilitas rujukan yang paling sering dituju. Hasil penelitian menunjukkan bahwa terdapat variasi jumlah rujukan tiap bulan, dengan puncaknya terjadi pada bulan desember. Jumlah rujukan tidak selalu berbanding lurus dengan jumlah partus, yang mengindikasikan bahwa faktor risiko klinis menjadi alasan utama rujukan. Diagnosa terbanyak meliputi preeklampsia, ketulan pecah dini (kpd), partus macet, dan perdarahan antepartum. Sebagian besar pasien dirujuk ke rsud ciawi sebagai rumah sakit jaringan utama. Penelitian ini juga menemukan bahwa mayoritas pembiayaan persalinan dan rujukan ditanggung oleh bpjs, menunjukkan peran penting jaminan kesehatan nasional.

### Abstract

*Maternal referral is a vital component of maternal healthcare systems, particularly at the primary care level such as community health centers (Puskesmas). This study aims to analyze the trends and referral patterns of maternal cases from Puskesmas Ciawi to higher-level healthcare facilities throughout the year 2024. The method used is descriptive quantitative research based on secondary data collected from monthly records of childbirth services (partus) and referral forms for pregnant and laboring mothers. Analysis focuses on the number of deliveries and referrals per month, the most common medical indications, and the frequently referred-to facilities. The results show monthly fluctuations in maternal referrals, with the highest peak in December. The number of referrals does not always correlate with the number of births, suggesting that clinical risks are the main drivers of referral decisions. The most frequent diagnoses include preeclampsia, premature rupture of membranes (PROM), obstructed labor, and antepartum hemorrhage. Most patients were referred to RSUD Ciawi as the primary network hospital. The study also found that BPJS (National Health Insurance) covered the majority of deliveries and referrals, highlighting its essential role in facilitating maternal care access.*

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## INTRODUCTION

Maternal health is a crucial indicator for assessing the quality of a country's healthcare system. Every pregnant woman has the potential to experience obstetric complications that can lead to death if not managed promptly and appropriately. Therefore, the maternal referral system plays a vital role in ensuring the continuity of comprehensive and sustainable healthcare services, particularly for high-risk cases that cannot be handled at primary care facilities such as community health centers (Puskesmas) (Fitriani, 2023). As the frontline of primary healthcare services, Puskesmas are responsible for the early detection of complications during pregnancy and childbirth, and for making timely referrals to higher-level health facilities. An effective referral system must adhere to the principles of timeliness, appropriate destination, and correct indication (Ministry of Health RI, 2020). However, its implementation in the field still faces various obstacles, ranging from delayed complication detection and limited transportation infrastructure to unequal capacity across referral facilities (Widyastuti, 2021).

Several studies have examined the maternal referral system in Indonesia, but most focus on service quality or administrative challenges. Research by Siregar et al. found that delays in the maternal referral process are often caused by unprepared families and a lack of communication between facilities (Nuraini, 2024). Other studies indicate

that many referrals are made due to limited human resources and medical equipment at Puskesmas, rather than because of unmanageable medical conditions (Rahmawati & Prabowo, 2020). Specifically, a study by Susanti et al. (2022) on maternal referral patterns in urban health centers showed an increasing trend in referrals during the third trimester, particularly in the months leading up to the rainy season. This study also identified preeclampsia, premature rupture of membranes (PROM), and obstructed labor as the most frequent diagnoses triggering referrals. Similar findings were reported by Handayani and Lubis (2021), who studied maternal referrals in North Sumatra. Nevertheless, detailed studies examining maternal referral dynamics based on real-time monthly data at the Puskesmas level remain scarce.

Ciawi Health Center, located in Bogor Regency, is one of the Puskesmas with an active Basic Emergency Obstetric and Neonatal Care (PONED) unit, capable of handling deliveries and maternal emergencies. The working area of Ciawi Health Center features diverse geographical characteristics and a high population density, making it a representative area for studying maternal referral patterns and trends. However, to date, no research has specifically examined maternal referral patterns from Ciawi Health Center over a full calendar year. The scientific novelty of this study lies in its effort to combine referral data and delivery records quantitatively over the course of one year (2024), in order to identify monthly trend fluctuations, the relationship between the number of

deliveries and referrals, and the frequency of diagnoses leading to referrals. This study aims not only to describe referral numbers but also to analyze logistical patterns and the quality of referral decisions based on actual field data. By utilizing secondary data from two main sources birth recapitulations and monthly referral forms this study is expected to provide practical contributions for maternal and child health program managers, particularly at the Bogor District Health Office level. Additionally, the results of this analysis may serve as a foundation for internal evaluation by Ciawi Health Center in efforts to improve the effectiveness of the referral system, reduce treatment delays, and strengthen networks with referral hospitals. Furthermore, this study is also relevant in the context of implementing the National Health Insurance (JKN) policy, where referrals are an integral part of the tiered financing scheme. The data in this study can be used to assess whether referrals are made in line with financial efficiency principles and clinical benefit, as well as to identify the potential burden on referral hospitals resulting from cases that could have been managed at the Puskesmas level with improved service capacity (Ministry of Health RI, 2022). Thus, this study is not only academically significant in filling a gap in the literature, but also carries important policy implications for improving maternal healthcare systems at the regional level. It is hoped that the findings of this study can serve as an initial model for developing data-based

referral monitoring systems at other community health centers.

## METHOD

This study employs a descriptive analytical quantitative approach, which aims to systematically describe and analyze data regarding actual conditions in the field based on available data (Sugiyono, 2018). The research design does not involve experiments or direct interventions but focuses on the processing of secondary data that has been documented from healthcare service activities at Ciawi Health Center during the period from January to December 2024. The data sources used in this study are secondary data obtained from two types of internal administrative documents from Ciawi Health Center: (1) the 2024 delivery recapitulation data contained in the file titled *partus 2024.xlsx*, and (2) maternal referral data from the health center to referral hospitals contained in the file *Rekap Rujukan 2024.xlsx*. Both files were compiled monthly by midwifery service personnel and the referral coordinator, and were processed using Microsoft Excel. No data were collected through interviews, surveys, or questionnaires, making this study entirely a document-based review.

## RESULT AND DISCUSSION

**Number and Distribution of Deliveries at Ciawi Community Health Center in 2024**  
Throughout 2024, Ciawi Community Health Center (Puskesmas Ciawi)

handled hundreds of childbirth cases that were fairly evenly distributed throughout the year. The data shows monthly fluctuations in the number of deliveries. The average monthly delivery rate ranged from 42 to 55 cases. December recorded the highest number of deliveries with 55 cases, while April had the lowest with 42 cases. Cumulatively, the total number of deliveries throughout the year exceeded 600 cases.

These monthly fluctuations may be influenced by various internal and external factors. External factors such as seasonal conditions, transportation access, and family readiness to welcome childbirth greatly affect the timing of pregnant women's visits to healthcare facilities. In addition, cultural factors such as the tendency to give birth during certain times perceived as spiritually or socially auspicious can also play a role in the increase in deliveries during specific months. In terms of payment types, most deliveries were covered by the BPJS Health program. This indicates that the National Health Insurance (JKN) scheme has been optimally utilized by the community within the working area of Ciawi Health Center. This phenomenon also shows that the government's universal health coverage program has succeeded in improving equitable access to basic maternal services (Ministry of Health RI, 2021).

The parity of delivering mothers showed a fairly balanced distribution, although dominated by women in their second or third pregnancy. This group falls into the moderate-risk category and requires close monitoring, especially if there is a history of complications in

previous pregnancies. The data also revealed a smaller portion of deliveries involving primigravida mothers and high-order multigravidae ( $\geq 4$ ), both of whom are considered high-risk groups and are more vulnerable to complications during childbirth (Prawirohardjo, 2020). Meanwhile, the timing of deliveries was relatively evenly spread across morning, afternoon, evening, and night hours. This indicates that childbirth services at Ciawi Health Center are provided 24 hours a day, which is one of the indicators of readiness for Basic Emergency Obstetric and Neonatal Services (PONED). The fact that services are not concentrated only during working hours shows that healthcare personnel are capable and committed to providing emergency services at any time.

In terms of newborn conditions, the gender distribution was relatively balanced between male and female infants. Most babies were born with normal birth weights (2,500–4,000 grams), although there were some cases of low birth weight ( $<2,500$  grams) that required further attention and monitoring. The balance in baby gender and normal birth weight serves as an early indication that most mothers received adequate antenatal care before delivery. It is also important to note that some deliveries at Ciawi Health Center involved medical interventions such as labor induction, in-partu referrals, or collaboration with other facilities. This suggests that the Puskesmas not only serves as a facility for normal deliveries but also has the initial capacity to manage childbirth cases with mild to

moderate risk, as long as referral to a higher-level facility is not yet required.

The distribution of deliveries at Ciawi Health Center in 2024 reflects a relatively stable pattern, although periodic evaluations are still needed, particularly concerning risk factor monitoring during pregnancy. While most deliveries proceeded smoothly, increased attention to high-risk groups remains necessary to reduce emergency referrals and ensure maternal and infant safety.

In addition to delivery numbers, several demographic and obstetric factors—such as maternal age, gestational age (GA), and parity—play an important role in determining the risk level of pregnancy and maternal referral decisions. Based on the recapitulated data, the majority of mothers delivering at Ciawi Health Center were within the healthy reproductive age range (20–35 years), although there were also cases involving mothers aged <20 years or >35 years. Mothers at extreme ages are known to be more vulnerable to complications such as preeclampsia, preterm labor, and hemorrhage, which could potentially require referral to higher-level facilities (Wulandari & Kurniasih, 2022). Extreme age is also often associated with unplanned pregnancies, delayed antenatal care (ANC), and insufficient physical and psychological readiness.

Most deliveries occurred at full-term gestational age ( $\geq 37$  weeks), although some cases involved preterm births ( $< 37$  weeks). Preterm labor is often linked to neonatal risks such as respiratory distress and low birth weight,

thus requiring NICU (Neonatal Intensive Care Unit) support that is not available at the Puskesmas. Therefore, GA becomes one of the key parameters in maternal referral decision-making (Maulida et al., 2023).

Parity is also a significant factor in obstetric risk. Primigravida mothers (first pregnancies) are at risk of prolonged labor due to untrained uterine muscles, while high-order multigravidae ( $\geq 4$ ) are at higher risk of postpartum hemorrhage or placental disorders. Studies show that referral rates increase among these parity extremes, particularly when accompanied by negative obstetric histories (Putri & Arum, 2022). Considering these three factors, Puskesmas should strengthen early risk screening during initial ANC visits to reduce preventable emergency referrals.

## **Trends and Patterns of Maternal Referrals to Referral Hospitals in 2024**

M on th	Number of Deliveri es	Number of Referral s	Dominant Diagnoses Causing Referrals	Main Referral Facility
1	48	14	Preeclampsia, PROM	Ciawi
2	50	13	Preeclampsia, Obstructed Labor	RSUD
3	43	10	PROM, Preterm Labor	Ciawi
4	42	11	Obstructed Labor, PROM, Preterm	RSUD
5	52	18	Preeclampsia, PROM	Ciawi
6	49	15	Preeclampsia, Abnormal Fetal Position	RSUD
7	51	17	PROM, Preterm Labor	Ciawi
8	47	16	Preeclampsia, Obstructed Labor	RSUD
9	44	12	PROM, Abnormal Labor	Ciawi
10	48	14	Fetal Position	RSUD
11	53	19	Preeclampsia, PROM	Ciawi

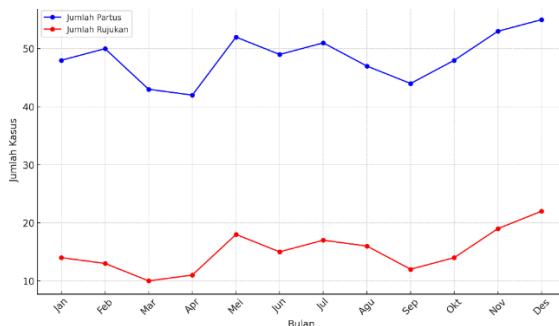
12	55	22	Preeclampsia, Obstructed Labor, Preterm Labor	RSUD Ciawi
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**Table 1**

Monthly Trends in the Number of Deliveries and Maternal Referrals at Ciawi Health Center, 2024

**Notes:**

1. December recorded the highest number of deliveries and referrals, likely due to increased end-of-year visits and weather conditions (rainy season).
2. Preeclampsia emerged as the most consistent cause of referrals throughout the year.
3. RSUD Ciawi was the primary referral destination, indicating the effectiveness of the networking relationship between the community health center and the regional hospital.

**Diagram 1**

Monthly Trends in Deliveries and Maternal Referrals at Ciawi Health Center in 2024

The number of deliveries at Ciawi Health Center throughout 2024 appeared relatively stable from month to month, with slight fluctuations and a significant increase in December. This indicates that childbirth services were provided consistently, despite a noticeable surge at the end of the year. Meanwhile, the number of maternal referrals also tended

to increase during months with higher delivery rates, particularly in May, November, and December. This pattern suggests a relationship between delivery volume and referral needs, where an increase in childbirths also leads to a rise in cases requiring advanced referral facility care.

Maternal referrals from Ciawi Health Center to higher-level healthcare facilities in 2024 demonstrated dynamics that reflect the ability of health workers to detect pregnancy complications early. Based on monthly referral data, the number of referrals per month ranged from 10 to 22 cases, with an average of 15–16 referrals per month. The highest number of referrals was recorded in December (22 cases), while the lowest was in March (10 cases).

The pattern of increased referrals in certain months, such as December and May, likely correlates with a rise in delivery numbers during those months. However, not all increases in delivery volume directly translate to more referrals. This indicates that referral decisions are not solely based on the quantity of deliveries, but more on the clinical condition and quality of each individual pregnant or laboring mother. Referrals are typically made in cases with medical indications that cannot be handled at the primary care level, such as preeclampsia, obstructed labor, or antepartum hemorrhage. Most patients were referred to RSUD Ciawi, which serves as the main referral hospital and network partner of Ciawi Health Center in the maternal healthcare system. Aside from RSUD Ciawi, referrals were also made to other hospitals in Bogor

Regency or nearby areas, depending on bed availability and specific case requirements. This demonstrates that the referral system has been functioning adequately, although evaluations of response speed and logistical efficiency remain necessary.

The most common referral diagnoses based on referral forms included preeclampsia, premature rupture of membranes (PROM), obstructed labor, and preterm birth. Preeclampsia was the leading cause of referrals, reflecting the high prevalence of pregnancy-related hypertension in the region. If not treated promptly and properly, this condition can be fatal for both mother and baby. Referrals for PROM and obstructed labor indicate that health center staff were able to recognize risks and take preventive actions to avoid further complications (Prawirohardjo, 2020). Some referrals were also made due to limited medical resources at the health center, such as in cases of multiple pregnancies, postpartum hemorrhage, or abnormal fetal positions. In such instances, initial actions like resuscitation or patient stabilization were still carried out at the Puskesmas before referral to a hospital with more complete facilities. This shows that the “stabilize before transfer” principle has been implemented in accordance with the basic emergency obstetric care service procedures (Ministry of Health RI, 2020).

Although the referral system operates well administratively, several challenges in implementation have been identified. One issue is limited transportation for referrals, especially

when the health center ambulance is being used for another case or when the patient's family is not yet ready for transfer. Another constraint is the limited number of inpatient beds at the referral hospital, which sometimes forces staff to refer patients to alternative hospitals located farther away. Overall, the high proportion of referrals due to medical reasons shows that Ciawi Health Center staff have good clinical assessment capabilities. However, there are still opportunities to improve the efficiency of the referral system by utilizing referral communication technologies, such as the SISRUTE application or online referral information systems. These technologies can accelerate the referral process, minimize patient rejection, and facilitate coordination between facilities (Handayani & Lubis, 2021).

The involvement of the National Health Insurance (JKN) program through BPJS also influences referral patterns. With most patients registered as BPJS participants, the referral process follows the structured, tiered financing system. This helps reduce patients' out-of-pocket expenses and encourages the community to seek medical help earlier. From a primary healthcare perspective, the high proportion of referrals due to obstetric complications can be used as a key indicator for evaluating antenatal care (ANC) programs at the health center. Improving the quality of ANC, particularly in early risk detection and routine monitoring, is believed to reduce emergency referrals and enhance the safety of both mothers and babies.

Therefore, the analysis of referral trends is important not only for

evaluating service performance but also for developing future preventive program plans. In conclusion, the trend and pattern analysis of maternal referrals from Ciawi Health Center in 2024 shows that the system has been running well, although it still requires strengthening in terms of logistics, facility coordination, and technology adoption. Such improvements will be crucial in reducing maternal morbidity and mortality rates at the primary care level.

### **Most Frequent Diagnoses and Evaluation of Referral Patterns Based on Medical Indications**

Maternal referrals are one of the key indicators in evaluating the quality of healthcare services for pregnant and laboring women at the primary care level. By examining referral data from Ciawi Health Center throughout 2024, a large number of cases can be identified that were referred for recurring and dominant clinical reasons. The most common diagnoses prompting referrals included preeclampsia, premature rupture of membranes (PROM), obstructed labor, preterm labor, and abnormal fetal positions. Each of these cases carries a high level of urgency and requires further management at secondary or tertiary healthcare facilities.

**Preeclampsia**, the most frequent reason for referral, is a hypertensive disorder in pregnancy that can progress to more severe conditions such as eclampsia and HELLP syndrome (Hemolysis, Elevated Liver Enzymes, Low Platelet Count). These cases are typically detected during antenatal care through signs of elevated blood pressure accompanied by proteinuria. When preeclampsia symptoms can no longer be managed at the Puskesmas level, referral

becomes the only safe option to protect both mother and baby (Prawirohardjo, 2020).

**Premature rupture of membranes (PROM)** ranks second as the most common referral indication. PROM increases the risk of intrauterine infection, preterm birth, and other neonatal complications. Optimal management of PROM requires observation and interventions not available at Puskesmas, such as cardiotocography (CTG) monitoring, comprehensive laboratory testing, and administration of parenteral antibiotics. As such, most PROM cases are immediately referred to RSUD Ciawi or the nearest hospital.

**Obstructed labor** is the next significant cause of referral. It is an obstetric emergency in which labor progress halts despite adequate uterine contractions. Obstructed labor can result from cephalopelvic disproportion, fetal malposition, or weak uterine contractions. If not addressed quickly, this condition can lead to uterine rupture or fetal asphyxia. PONED personnel at Ciawi Health Center generally make prompt referral decisions if labor progress does not follow the expected physiological phases within a specific timeframe.

**Preterm labor and abnormal fetal positions** (e.g., transverse, breech, or buttocks presentation) are also strong indicators for referral. Preterm deliveries, especially those before 37 weeks of gestation, require neonatal intensive care unit (NICU) support, which is unavailable at the health center. Meanwhile, abnormal fetal positions typically require operative procedures such as cesarean section, which can only be performed in hospitals.

Given these medical indications, it appears that the majority of referrals made by Ciawi Health Center were

clinically appropriate. In other words, referrals were not made arbitrarily or solely due to non-medical limitations, but rather based on clear clinical evaluations. This demonstrates that the capacity for early detection of complications among health workers is fairly adequate at least in terms of identifying early symptoms and making timely referral decisions (Rahmawati & Prabowo, 2020).

However, the recurring pattern of similar diagnoses throughout the year also highlights the need to strengthen **preventive programs and early detection during antenatal care**. For instance, if preeclampsia remains the leading cause of referrals, upstream interventions such as maternal nutrition education, blood pressure monitoring from the first trimester, and calcium supplementation for women at risk of hypertension must be reinforced. Similarly, preventive efforts against preterm labor should involve empowering pregnant women through educational classes and counseling on early labor warning signs.

Beyond antenatal care evaluation, the diagnostic referral patterns also reflect the **availability of infrastructure and medical equipment at the health center**. Some cases that could potentially be managed at a PONED facility such as non-infected PROM or breech presentation under specific conditions are sometimes still referred due to the lack of monitoring tools or unprepared teams. Therefore, investments in medical devices such as Dopplers, basic ultrasound, and increased numbers of trained healthcare workers are critically needed.

From the perspective of **referral system management**, this analysis shows that referral decisions are primarily driven by rational medical considerations rather than administrative

ones. However, better data integration is still needed for example, through the development of digitized referral forms based on diagnosis and urgency. This would enable real-time referral trend monitoring and facilitate evaluation of referral decision quality against clinical standards.

In conclusion, the evaluation of the most frequent diagnoses that led to referrals from Ciawi Health Center in 2024 reflects two key aspects: the success of early complication detection by primary care providers, and the need to enhance primary service capacity so that not all mild complications require immediate referral. Through this kind of diagnostic mapping, training plans for human resources, distribution of medical equipment, and complication prevention strategies can be more specifically targeted and effectively implemented.

## CONCLUSION

The maternal referral system at Ciawi Health Center in 2024 operated fairly effectively, with the majority of referrals based on medical indications such as preeclampsia, premature rupture of membranes (PROM), and obstructed labor. RSUD Ciawi served as the primary referral facility. Nevertheless, there remains a need to strengthen infrastructure, human resources, and referral-related technologies to enhance service efficiency. Optimizing antenatal services is also essential to prevent complications that may trigger emergency referrals. This study is limited to secondary data analysis and does not explore non-clinical factors that may influence referral decisions. Future research is recommended to incorporate

primary data through interviews or observations to gain a more comprehensive understanding.

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