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Assessment of Continuity of Care Policies Implementation for Low-Birth-Weight Infants in DKI Jakarta: A Nursing Perspective

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ABSTRACT

Background: Despite the introduction of several policies aimed at supporting continuity of care for low birth weight (LBW) infants in DKI (Daerah Khusus Ibukota) Jakarta, significant challenges remain in delivering consistent and high-quality services. Community-based care programs continue to struggle with limited coverage and suboptimal quality. Data from the Central Statistics Agency of DKI Jakarta reveals a concerning increase in LBW cases—from 1,381 in 2018 to 2,145 in 2021—highlighting persistent gaps in both prevention and care. **Methods:** This qualitative study employed a multi-method approach, including literature reviews, policy document analysis, and in-depth interviews with healthcare professionals across six sub-districts of Central Jakarta. The analysis focused on assessing the feasibility and acceptability of current policy implementation. **Results:** Findings show that although policies for continuity of care for Low-Birth-Weight (LBW) cases infants exist, their implementation remains suboptimal. Key issues include weak coordination between hospitals and community health centres, limited trained personnel, and inadequate parental education. Nurses face challenges due to workload and lack of access to discharge information. Despite this, nurses play a pivotal role in delivering education, conducting home visits, and coordinating follow-up care. **Conclusion:** To improve outcomes for LBW infants in DKI Jakarta, stronger implementation of continuity of care policies is imperative. Key strategies include building nursing capacity, enhancing inter-facility coordination, and increasing support for parents. Strengthening these components is crucial to establishing sustainable, community-based care for this vulnerable population.

INTRODUCTION

Globally, the prevalence of low birth weight (LBW) infants in 2020 was estimated at 19.8 million newborns, or about 14.7 percent of all babies born that year (UNICEF, 2025). LBW, which includes infants weighing less than 2500 grams and those born prematurely (before 37 weeks of gestation), is the leading cause of death or contributes to 63.5% of neonatal deaths based on the Maternal Perinatal Death Notification (MPDN) data from 2019 to 2022 (UNICEF, 2025). In Indonesia, the prevalence rates of low birth weight (LBW) and premature infants are 6.1% and 11.1%, respectively. Based on its distribution, the prevalence of LBW ranges from 2.7% to 8%, whereas that of premature infants ranges from 3.1% to 36.9%. There were 17 provinces with LBW prevalence at or above the national figure, including DKI Jakarta, and 13 provinces with premature prevalence above the national figure. The national prevalence of low birth weight has decreased by 0.1%, while the prevalence of premature births has decreased by 18.4% compared to the Riskesdas 2018 data (Badan Kebijakan Pembangunan Kesehatan Kementerian Kesehatan RI, 2023).

Infants with LBW have both short and long-term health consequences. Short-term complications include neonatal and postnatal death caused by respiratory issues, infections, growth failure, and developmental delays (Natarajan & Shankaran, 2016). In the future, low birth weight may lead to lower intelligence and the emergence of non-communicable diseases in adults, such as diabetes and coronary heart disease (Jornayvaz *et al.*, 2016; Gu *et al.*, 2017). Poor neonatal care has a significant impact on the socioeconomic burden of families, healthcare system, and national budget. High-quality and standardised care provided through well-structured and coordinated continuous care is essential to improve the health outcomes of newborns and reduce their economic burdens. In environments with limited resources, healthcare services are often fragmented without a specific post-discharge referral system for LBW infants, who require additional care after hospitalisation.

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Addressing this fragmentation requires well-planned care coordination that connects hospital care with primary health facility and home care. This will reduce the tendency of patients to receive suboptimal care because of poor connections with continuous care (Haile *et al*., 2020; Gebremedhin, Dawson & Hayen, 2023).

The concept of continuity of care involves integrated services and personnel to provide those services. Continuity of care is an effective approach to improving the well-being of mothers and children. However, its implementation in low- and lower-middle-income countries remains still inadequate. A study in Nepal reported that postnatal care coverage for newborns was only 12%. Factors such as women's educational status, region, place of residence, socio-economic status, and distance to health facilities affect continuity of care differently at different levels of the composite coverage index (Gebremedhin, Dawson & Hayen, 2023). The same study was conducted in Malang, East Java, and found that 10.4% of the total LBW infants treated in the Perinatology room were re-hospitalised after one month, so they had to be re-hospitalised due to serious health problems. This is influenced by the health conditions of LBW infants that cannot be maintained properly after returning home. The mother's lack of ability and independence in knowledge, attitudes, and actions in caring for her baby is part of the cause (Astuti *et al*., 2019).

Indonesia is one of the countries with the lowest levels of community-based primary healthcare, located in villages, and providing primary healthcare services as well as preventive services (Andriani *et al*., 2022). In Indonesia, the government has established policies for LBW infant services as part of neonatal healthcare, but care for LBW infants as a continuum has not received adequate attention (Ahmed & Fullerton, 2019; Andriani *et al*., 2022), because data on continuous care and critical transitions for LBW infants at various levels of care are still very limited (Badan Kebijakan Pembangunan Kesehatan Kementerian Kesehatan RI, 2023). Meanwhile, based on the Health Profile of DKI Jakarta Province in 2022, the percentage of mothers who gave birth to live-born children with LBW in the last two years reached 11.35 percent. The highest percentages were found in Central Jakarta (21.08%), North Jakarta (17.83%), and the Kepualauan Seribu (Thousand Islands) (11.61%) (Badan Pusat Statistik Provinsi DKI Jakarta, 2023). The percentage of LBW infants receiving follow-up visits from healthcare professionals at home has shown a declining trend, from 70% in 2018 to 58% in 2022. Similarly, the number of LBW infants requiring hospital readmission has increased. This indicates that more LBW infants do not receive direct health monitoring after being discharged from the hospital (Dinas Kesehatan DKI Jakarta, 2022). Decreasing neonatal visits 2 and 3 affect the quality of health monitoring by healthcare workers to detect health risks in LBW infants in the community (Badan Kebijakan Pembangunan Kesehatan Kementerian Kesehatan RI, 2023).

Although there are policies supporting the implementation of continuous care for LBW infants in Indonesia, particularly DKI Jakarta, still faces many challenges in achieving continuity and quality in healthcare services. Continuity of care program for LBW infants in community still faces obstacles in terms of both quantity and quality. One of the major challenges is suboptimal coordination among hospitals, community health centres, and other healthcare facilities. Nurses often face difficulties obtaining complete medical information from hospitals regarding the condition of LBW infants referred for community care. This can hinder smooth monitoring and continuation of appropriate care. Meanwhile, healthcare workers at community health centres have not been effective in monitoring families' ability to practice care for LBW infants at home. Nurses often face limitations in the number of available healthcare personnel, especially nurses specifically trained to handle LBW infants. This issue underscores the need to re-evaluate regulations that support the sustainability of healthcare services, extending to home visits currently in place.

The aim of this research was to evaluate the implementation of policies related to sustainable care for LBW infants in DKI Jakarta. The urgency of research is important to support health transformation in primary healthcare in an effort to reduce the morbidity rates of LBW infants. This study will examine policies regarding neonatal visits, particularly for LBW, and analyse the issues in implementing continuous care for LBW infants, as well as the solutions.

METHODOLOGY

Research Design

This study used a qualitative research design with a document analysis approach, focusing on public policy

regarding continuity of care for low birth weight (LBW) infants in Indonesia, particularly in DKI Jakarta. The qualitative method was chosen to explore and understand the complex implementation of policies at the community level, which cannot be fully captured through quantitative means (Creswell & Poth, 2018)

Data Sources and Collection Methods

Primary data were collected through group discussions and in-depth interviews conducted in six sub-districts in Central Jakarta. Informants included: 6 nutrition program holders, 6 maternal and child health program holders, 6 community health cadres, 3 mothers of LBW infants, 1 nutrition program coordinator and 1 maternal and child health program coordinator. Triangulation was also carried out with family members of LBW infants and the Head of the Health Centre ensure the validity of the findings. Secondary data were gathered through document analysis of relevant national policies and regulations, including Government Regulations, Minister of Health Regulations, and Technical Guidelines related to LBW infant care in Indonesia.

Key Areas of Inquiry

Interview transcripts and documents focused on: (1) Feasibility of the continuous care policy (availability of health workers, facilities, funding), and (2) Acceptance among health workers, community cadres, and families. Implementation challenges related to: (1) Coordination and communication between hospitals and Community Health Centers, (2) Capacity and training of health workers, and (3) Parental knowledge and support systems.

Secondary Literature Review

To enrich the policy analysis and contextualise findings, a literature review was conducted using national and international sources, including peer-reviewed journals and reports. The review helped assess: (1) Global best practices for continuity of care for LBW infants (Lawn et al., 2014; WHO, 2017), (2) National challenges in maternal and neonatal healthcare service delivery (Amelia et al., 2021; Kemenkes RI, 2020), and (3) Policy implementation barriers in decentralised health systems (Grundy et al., 2014).

Ethical Considerations

The researchers obtained ethical clearance from the Ethics Commission of the Health Polytechnic of the Ministry of Health Jakarta III, Indonesia with the reference number of PKJ3/061/VIII/2023 on 30th August 2023.

RESULTS

Barriers to implementing continuity of care for LBW infants can be explained in Figure 1. This figure illustrates the fragmented continuity of care from discharge from the hospital to a community health facility and finally to home care by parents. The main barriers identified include lack of communication and coordination from the hospital to the health center (eg, lack of information on discharge summary to the health center). Gaps in the capacity and training of health center nurses, leading to inadequate follow-up services, limited parental knowledge, leading to ineffective home care.

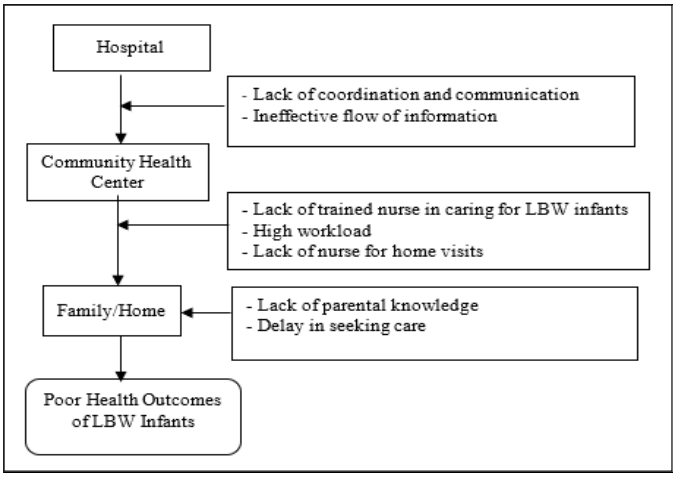

Figure 1: Overview of the Gap in the Implementation of the Policy on Continuity of Care for LBW Babies in DKI Jakarta

Based on the description of the problem, the results of this study are reviewed from two main aspects: (1) Feasibility of Implementing Continuity of Care Policies for LBW infants, and (2) Acceptability of the Sustainable Care Policy for LBW infants.

Feasibility of Implementing Continuity of Care Policies for LBW Infants

Feasibility was assessed by examining the availability of human resources, health information readiness, and competency of nurses or other health workers.

Table 1: Feasibility Challenges in Implementing Continuity of Care for LBW Infants in DKI Jakarta

Theme	Key Findings	Nurses' Perspective
Human Resources	Decline in home visits due to staff shortages and high workloads	Nurses are overwhelmed and unable to consistently carry out post discharge visits, especially in remote areas
Communication Systems	Ineffective flow of information and limitation of technology and information system	These technological limitations not only hamper the flow of information but reduce the efficiency of nurses in monitoring and analysing infant health.
Training and Competency	Lack of specialised training on LBW care at the community level	Many nurses report feeling unprepared to handle LBW cases independently without hospital-level guidance
Supervision & Evaluation	The lack of effective supervision and evaluation for the implementation of sustainable care policies for LBW infants	Inadequate monitoring can make it difficult for nurses to identify problems encountered in the field and make necessary adjustments to improve implementation and acceptance of policies.

As shown in Table 1, the feasibility of implementing continuity of care for LBW infants remains suboptimal. The shortage of healthcare workers, particularly nurses, is a significant barrier. Nurses are the primary actors in conducting postnatal home visits, but their numbers are insufficient, and many are assigned to multiple programs simultaneously, leading to reduced service coverage. Health workers also reported that they often did not have adequate access to relevant medical information about infants discharged from hospital, without an integrated information system, communication between hospitals and community health centres becomes fragmented, potentially reducing the quality of care provided to infants with LBW. The data showed a significant increase in the number of LBW infants referred back to the hospital, from 1,381 in 2018 to 2,145 low birth weight infants in 2022 (Badan Pusat Statistik Provinsi DKI Jakarta, 2023). The lack of targeted training is another major issue. Nurses reported receiving limited continuing education on LBW specific protocols, leading to a lack of confidence in managing infants at home, particularly those with special feeding, warmth, or monitoring needs. Lack of structured supervision and consistent monitoring can contribute to poor policy implementation at the ground level.

Acceptability of the Continuity of Care Policy for LBW Infants

Acceptability was assessed by examining the availability of healthcare workers, parents of LBW infants, and health institutions.

Table 2: Stakeholders' Acceptance of the Continuity of Care Policy

Stakeholder	Observations	Nurses' Perspective
Healthcare Workers	Recognise the importance of home-based follow-up and parental education	Nurses support the policy but feel overworked and inadequate access to infant discharge information
Parents of LBW Infants	Aware of infant vulnerability, but have limited knowledge of home care practices	Insufficient parental education programs, delays in seeking care
Health Institutions	Acknowledge policy importance, but lack structured communication and coordination mechanisms	The absence of clear guidelines and formal coordination systems between hospitals and primary care limits nurses' ability to ensure seamless care transitions.

Table 2 illustrates that although the acceptability of the sustainable care policy is relatively positive in principle, practical limitations reduce its effectiveness. Health workers understand the value of sustained follow-up but face operational challenges. Parents value the presence and guidance of nurses but often lack access to structured education. Nurses reported that they rarely have enough time or materials to conduct proper training for parents on topics like kangaroo care, feeding, and danger signs. The lack of structured communication and coordination channels between hospitals and primary care facilities hinders health centres

nurses from providing continuous and well-coordinated care. In many cases, incomplete discharge data forces nurses to re-evaluate and re-create health records for LBW infants, leading to inefficiencies and a higher likelihood of missing critical information.

DISCUSSION

Continuity of care for LBW infants is crucial to ensuring their survival and quality of life. The Indonesian government, through the Ministry of Health, has established policies to ensure continuous care of LBW infants, including home visits by healthcare workers and ongoing monitoring after the baby is discharged from the hospital. Continuity of care from the primary to tertiary levels is crucial to ensure that LBW infants receive timely and appropriate interventions, thereby reducing the risk of long-term complications (Gebremedhin *et al.*, 2023). The DKI Jakarta region, the capital city of the country, has relatively better healthcare facilities than other areas. However, the implementation continuity of care policies for LBW infants in DKI Jakarta still faces various issues.

In this discussion, regulations that support, feasibility, and acceptability are examined to address issues in the implementation continuity of care policy for LBW infants in DKI Jakarta.

Government Regulations Related to Continuity of Care

The Ministry of Health of the Republic of Indonesia has taken several steps to strengthen the health system to support continuity of care for maternal and child health. In 1997, the Integrated Management of Childhood Illness (IMCI) approach was introduced in Indonesia and established as a policy by the government in 2000 through the Decree of the Minister of Health of the Republic of Indonesia No. 159b/MENKES/SK/II/2000 regarding the Guidelines for the Implementation of IMCI at Community Health Centers, aimed at reducing morbidity and mortality among children under five years old, including monitoring services for low birth weight infants in the community, particularly for babies younger than 2 months of age. The IMCI policy was subsequently revised based on the Regulation of the Minister of Health of the Republic of Indonesia No. 70, 2013, which placed a greater emphasis on active community involvement (Kementerian Kesehatan RI, 2013) .

Continuity of care for newborns is also regulated by the Minister of Health Regulation No. 97 of 2014, which emphasises the importance of health services from the pre-pregnancy period to the post-delivery phase, including services for newborns. This includes services for LBW infants, monitoring growth and development, and early interventions for high-risk infants (Kementerian Kesehatan RI, 2014). This regulation is further reinforced by Minister of Health Regulation No. 53 of 2014 concerning neonatal service standards, which establishes health service standards for neonates, including LBW infants, covering intensive care management, appropriate nutrition provision, and routine health monitoring to ensure optimal growth. (Kementerian Kesehatan RI, 2014). Efforts for continuity of care are also carried out up to the family level, as regulated by the Ministry of Health Regulation No. 39 of 2016 concerning the Guidelines for the Implementation of the Healthy Indonesia Program with a Family Approach. Based on this regulation, access to and quality of healthcare for children are provided at the family level, including infant care, immunisation, and monitoring of child growth and development (Kementerian Kesehatan RI, 2016). Contribution of Nurses: As frontline healthcare workers, nurses can also play a role in health policy advocacy by explaining the needs of LBW infants and their families to policymakers. It is important to ensure that programs and policy support promote continuity of care.

Feasibility of Implementing Continuity of Care Policies for LBW Infants

The implementation of continuity of care policies for LBW infants in DKI Jakarta assessed the feasibility of health facilities, competence of healthcare personnel, and budget.

Health Facilities

One of the factors determining the feasibility of the continuity of care policy for LBW infants is the availability of adequate healthcare facilities throughout the DKI Jakarta region, with a number of referral hospitals have relatively good Neonatal Intensive Care Units (NICUs), as well as community health centres

distributed in each district. However, there is still a gap in the quality of healthcare facilities among these regions, especially between the city centres and the outskirts. Several community health centres, particularly in peripheral areas such as Kepulauan Seribu (Thousand Islands), a regency in the Special Capital Region of Jakarta, have reported a lack of supporting facilities to effectively monitor LBW infants after they are discharged from the hospital. These limitations can hinder the implementation of sustainable care policies, especially when conducting adequate home visits to ensure the health of infants with LBW (Yu *et al*., 2025). To address this challenge, the government needs to invest in improving the health infrastructure, particularly in marginalised areas that still lack adequate medical facilities (Mitchell *et al*., 2021).

Competence of Healthcare Workers

The availability of sufficient and competent health care personnel is an important requirement for the feasibility of this policy (de Wit *et al*., 2025). Although DKI Jakarta has a relatively high number of healthcare workers compared to other regions in Indonesia, there are still issues with the distribution and competence of healthcare personnel, especially those working in community health centres. Not all healthcare workers in community health centres have specialised training in handling LBW cases, which reduces their ability to provide adequate care. The inadequacy of this training poses a risk of suboptimal handling of LBW infants (Kementerian Kesehatan Republik Indonesia, 2023).

Availability of Health Budget

The Jakarta administration has set aside funding to promote maternal and child health initiatives, particularly neonatal care. However, available cash is frequently insufficient and poorly divided among various community health centres and hospitals, notably for home visits as part of the ongoing care program for LBW infants. This financial constraint makes it difficult for community health centres and hospitals to deliver long-term, high-quality services that, affect policy adoption (Vulcănescu *et al*., 2025). The DKI Jakarta administration must strengthen the finance system through National Health Insurance and ensure sufficient budget allocation to support.

Acceptability of the Sustainable Care Policy for LBW Infants

The acceptance of an important aspect of policy evaluation evaluation, especially in the context of implementing sustainable care for LBW infants in the DKI Jakarta region. The acceptability of the sustainable care policy for LBW infants in DKI Jakarta was examined based on the issues that arise from healthcare workers, parents, and families.

Healthcare Workers

Healthcare professionals, especially nurses, are responsible for providing clear and thorough education to parents before at baby is discharged. The nurse teaches kangaroo care techniques, temperature monitoring, signs of dehydration, and adequate nutritional intake. Through effective educational sessions, nurses can enhance parents' ability to care for their babies at home. The knowledge and skills acquired by the mother are then applied to care for LBW infants at home. Community health center nurses monitor the continuity of home care in accordance with Minister of Health Regulation Number 53 of 2014 concerning Essential Neonatal Health Services.

In general, healthcare workers in DKI Jakarta strongly supportive at sustainable care policy for LBW infants. This strategy is viewed as an essential step in improving the quality of care and lowering the risk of problems in newborns with LBW. Most healthcare workers understand the significance of ongoing monitoring and home visits to ensure that newborns with LBW grow and develop normally. Despite, although there is support for this strategy, its implementation presents major problems. Healthcare personnel frequently encounter demanding workloads and a lack of resources. The number of available healthcare staff is insufficient to provide home visits for all LBW newborns, particularly in heavily populated areas. The DKI Jakarta government must boost the quantity and quality of healthcare personnel.

Parents and Family

Parents often do not recognise early signs of complications (Baysoy *et al.*, 2021; Astuti *et al*., 2022). The

lack of adequate education from healthcare professionals about how to care for LBW infants at home and the warning signs that need to be monitored. Several studies have indicated that health education for parents in the community is very important and effective in improving infant survival, as evidenced by a decrease in morbidity and mortality rates (Astuti *et al*., 2019). Similar results were also shown in quantitative and qualitative studies in Jakarta, which indicated that family empowerment programs are effective in increasing maternal knowledge, improving infant immunisation status, enhancing follow-up health checks, and reducing the frequency of acute visits (Rustina *et al.*, 2014). Several studies have shown that to maintain continuity of healthcare for LBW infants in the community, parents must be prepared to continue care practices at home (Braga & de Sena, 2017; Nalwadda *et al*., 2023). Parents should receive information on caring for LBW infants, such as keeping the baby warm, maintaining hygiene and feeding, the importance of follow-up visits, kangaroo care (skin-to-skin contact with the baby) and danger signs to watch out for (Maluni *et al*., 2025).

In addition to awareness, social and economic variables influence the acceptance of policies among families with LBW infants. Families with low incomes frequently encounter barriers to receiving critical health services, both due to transportation costs and the time needed to accompany the baby to healthcare. Families with low incomes frequently face barriers to receiving necessary healthcare, whether owing to high fees or limited transportation alternatives (WHO, 2022). This is particularly problematic in highly populated areas and in the outskirts of Jakarta, where access to proper healthcare facilities may be limited. The barriers to accessing healthcare facilities are severe. This is one of the causes of the decrease in the number of follow-up visits. These obstacles may reduce the acceptance of sustainable care policies, as parents might view them as an additional burden rather than as a crucial necessity for their baby's health (Andriani *et al.*, 2022).

Health Facilities in Communication and Coordination

Poor coordination between hospitals and community health facilities also poses a significant barrier to implementation of this policy. Hospitals often do not provide adequate information to community health centres or healthcare workers regarding the condition of LBW infants who have been discharged, which hinders the process of monitoring and ongoing care (Tanaka *et al*., 2024). A home visit study after patients were discharged from the Paediatric Intensive Care Unit reported that parents experienced frustration due to difficulties related to communication and coordination of healthcare services (Baysoy *et al*., 2021). Another study conducted in Depok City in 2019 reported that barriers in the referral of LBW infants, particularly concerning referrals from hospitals back to the community, included a lack of communication and coordination between health services, hospitals, and community health centres as well as the absence of human resources specifically handling referrals (Amelia *et al*., 2021).

Accurate communication and coordination between the hospital and community health teams is crucial for community health workers to understand the extent of parents' readiness to care for their babies (Gebremedhin, Dawson & Hayen, 2023; Hermans *et al*., 2025). Nurses can act as a bridge between hospitals and community health centres by creating care plans involving both institutions (Grewal *et al*., 2024). They informed the health centres team about the condition of the baby to ensure follow-up care after the baby was discharged. This coordination can be carried out through information technology or inter agency meetings (Andriani *et al*., 2022). The local government in DKI Jakarta supports the policy for continuity of care of LBW infants in the community, but its implementation is often hindered by ineffective coordination among agencies. Issues in communication and coordination directly affect the acceptance of sustainable care policy for LBW infants in DKI Jakarta. The inability of hospitals and community health centres to communicate and coordinate effectively can lead to dissatisfaction among healthcare workers and parents of infants with LBW (Kahsay *et al.*, 2025).

The DKI Jakarta government needs to establish stronger and more coordinated policies to enhance the connections between various levels of care. Policies must include strengthening the referral system, enhancing the capacity of healthcare personnel, and utilising information technology to support patient data integration. For example, the implementation of policies that support the use of electronic medical records and telemedicine can be a step forward in ensuring that infant health information is accessible in real-time by all service providers involved (Bhutta, 2017).

Limitation

Considering the complexity of the healthcare system and variations in policy implementation across different healthcare facilities, research conducted in a short timeframe may not capture long-term changes or the sustained impact of these policy implementations. The focus of the research on policies in DKI Jakarta may limit the generalisability of the findings to other regions in Indonesia, which may have different situations and challenges in implementing neonatal care policies.

CONCLUSION

Several key issues identified in the implementation of continuity of care for LBW infants in DKI Jakarta include gaps in the availability and competence of healthcare personnel, limitations in budgets and health financing, and problems in coordination and communication between hospitals and community health centres. These issues pose challenges that hinder the effectiveness of policy. Inadequate coordination between hospitals and community health centres as well as a lack of specialised training for healthcare workers in handling low birth weight infants.

Nurses contribute to the acceptability and effectiveness of policies by building trust with families, advocating for infant health needs, and providing emotional support to caregivers. Their presence enhances parental capacity to care for LBW infants and supports long-term outcomes. Therefore, empowering nurses through proper training, policy inclusion, and system-level support is essential for the success of sustainable care for LBW infants.

In the future, the results of this policy evaluation will serve as a foundation for DKI Jakarta to develop more targeted and adaptive policies to meet the needs of LBW infants. This study could serve as a basis for developing a better community-based care model. This model could include enhancing community and local government participation to support the care of LBW infants. Based on the problems that have occurred, further research is needed, including: 1) analysing cross-sector coordination in the Implementation of Continuous Care Policies for LBW infants, 2) analysing policies and practices of Continuous Care for LBW infants from the perspective of Health Workers, and 3) Integration of Health Information Systems to Support the Implementation of Continuous Care Policies for LBW infants.

Recommendation

To improve the feasibility and acceptance of continuity of care for LBW infants in DKI Jakarta, several key actions are recommended, with nurses playing a central role. To enhance feasibility, regular and focused training is essential for nurses in the care of LBW infants, including kangaroo care and early treatment. The government should ensure a fair distribution of trained nurses, particularly in underserved areas such as Kepulauan Seribu (Thousand Islands). In addition, Indonesia's National Health Insurance (BPJS) and local funding mechanisms should be effectively utilised to support nursing services in delivering health education, conducting home visits, and providing essential care supplies for LBW infants. Investment is also needed in essential infrastructure and digital health systems at community health centers to maintain continuity of care following hospital discharge. To increase acceptability, nurses should lead ongoing, practical education programs for parents, focusing on home-based care, feeding, recognition of danger signs, and providing emotional support. Clear systems must be established to improve coordination between hospitals and community health centres, with nurses serving as care coordinators to ensure effective handover of patient information. Additionally, monitoring and evaluation mechanisms should be strengthened. Nurses can play a pivotal role by gathering field data, reporting challenges, and contributing to service improvements based on real conditions in the community.

Conflict of Interest

The authors declare that they have no competing interests.

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