

## Business Model Reorientation Strategy and Institutional Market Penetration in Innovation Fitamom Child Education Tool

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**Abstract.** *Efforts to reduce the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) require the availability of superior childbirth education facilities. Fitamom is present as one of the local innovators of Childbirth Education Tools that addresses this need, however, this company is facing financial performance stagnation due to dependence on the individual retail market (B2C) which is only able to absorb  $\pm 45\%$  of the revenue target. This study aims to analyze the competitive advantage of Fitamom's Childbirth Education Tool innovation through the VRIO framework, validate institutional market needs, and formulate a business model reorientation strategy to increase institutional market penetration (B2B/B2G). The research method used is qualitative with an applied descriptive case study approach in the Central Java region. Data collection techniques are carried out by triangulating data through in-depth interviews with expert informants from regulatory elements, health practitioners, and institutional leaders, combined with observation and documentation studies. The results of the internal VRIO analysis indicate that Fitamom has an Unused Competitive Advantage, where the intrinsic advantage of a valuable, rare, and difficult to imitate (VRI) product is hampered by the immature organizational readiness dimension (Organization) structurally, characterized by still founder-centric governance and the absence of a legal entity. On the other hand, market validation confirms the multifunctional institutional needs, namely strengthening the competence of health practitioners independently in each agency — including skilling, refresher training, and upskilling — in response to the centralization of officially certified tools and training at the Health Training Center (Bapelkes), while also serving as an educational medium for pregnant women's classes. The results of the business model reorientation strategy formulation indicate that institutional market penetration requires a comprehensive restructuring of the nine blocks of the Business Model Canvas (BMC), including the establishment of an independent legal entity, fulfillment of TKDN certification, integration of the LKPP e-Catalog account, and the formation of a marketing team. It can be concluded that these three findings together emphasize the urgency of managerial intervention to convert Fitamom's innovation potential into a long-term sustainable competitive advantage, boosting real financial profitability, while expanding its contribution to national efforts to reduce maternal and child mortality.*

**Keywords:** *Business Model Canvas (BMC); Business Model Reorientation; Innovation in Childbirth Education Tools; Institutional Market Penetration; VRIO Framework.*

## 1. Introduction

Efforts to reduce maternal mortality rates (MMR) and infant mortality rates (IMR) are strategic priorities in national health development in Indonesia (Ministry of Health of the Republic of Indonesia, 2024). The success of this program depends heavily on the quality of health education provided by medical personnel to the public. From a strategic management perspective, the need for effective educational support creates opportunities for organizations to introduce product innovations that can provide added clinical and educational value (Wheelen & Hunger, 2017).

In line with these innovation demands, the development of teaching aids capable of simulating medical processes is crucial. Based on the Resource-Based View (RBV) theory, organizations possessing unique and legally protected resources have the potential to create a sustainable competitive advantage (Barney, 1991). One such strategic resource is ownership of Intellectual Property Rights (IPR) over product designs. This is supported by research by Sari et al. (2023), which shows that patent ownership significantly improves a company's bargaining position in business-to-business (B2B) negotiations, as it guarantees product originality and exclusivity for institutional partners.

In light of this phenomenon, this research examines Fitamom, a business unit specializing in midwifery services and education. Fitamom has developed a leading innovation called the Fitamom Birth Model. This product is a complete childbirth education tool kit consisting of a phantom newborn, placenta, and pelvis, designed to mimic the anatomy of a real-life situation, prioritizing ergonomic and visual aspects. This innovation aims to improve clinical understanding for midwives and midwifery students, while also serving as an educational tool for pregnant women. Through this latest innovative product, Fitamom represents the power of local innovation, striving to address market needs for more effective and realistic clinical simulation tools. As a business entity in its growth phase, Fitamom was chosen as the research object due to its unique characteristics: on the one hand, it possesses strong intellectual assets in the form of industrial design patents.

Despite possessing a strategic asset in the form of a patent for a Childbirth Education Tool, Fitamom currently faces the challenge of stagnant financial performance that requires serious attention. This business unit initially set an annual revenue target of IDR 200,000,000 with a measurable sales volume projection. However, based on internal company data (2025), realized sales from January 2024 to December 2025 showed a trend of no significant growth and even tended towards saturation, as summarized in the following table:

Table Sales Realization of Fitamom Childbirth Education Tools in 2024 – 2025

| Period               | Sales Realization |
|----------------------|-------------------|
| January – June 2024  | Rp. 45,596,500    |
| July – December 2024 | Rp. 47,886,000    |
| January – June 2025  | Rp. 45,152,000    |
| July – December 2025 | Rp. 41,089,000    |

Source: Fitamom Internal Data (2025)

Data from Table shows that throughout the two-year period, average annual sales realization only reached approximately 45% of the set target. The decline in performance that began to appear in the second half of 2025 indicates that reliance on the individual retail market (Business-to-Consumer/B2C) has significantly limited Fitamom's business growth (Teece, 2010).

## 2. Research Methods

Qualitative research methods are defined as research methods used to research natural object conditions, where the researcher acts as a key instrument, data collection techniques are carried out through triangulation (combination), data analysis is inductive, and research results emphasize meaning rather than generalization (Sugiyono, 2019). Case studies are research strategies carried out through empirical investigations to explore contemporary phenomena in real-life contexts, especially when the boundaries between phenomena and contexts are not clearly visible (Yin, 2018). According to Creswell (2018), a case study is an exploration of a bounded system or a case (either single or multiple) in depth, where researchers collect data in detail through various sources of information.

This research uses a qualitative method with a descriptive case study approach. This type of research was chosen as applied research to explore Fitamom's business model development strategy in depth based on the realities on the ground. The qualitative approach allows researchers to conduct a comprehensive analysis using the RBV, VRIO, and BMC frameworks, which require rich descriptive data to interpret internal capabilities and market position. Furthermore, this method is highly relevant for capturing organizational dynamics in ongoing business events, thus formulating appropriate strategic solutions for B2B and B2G market penetration.

### 3. Results and Discussion

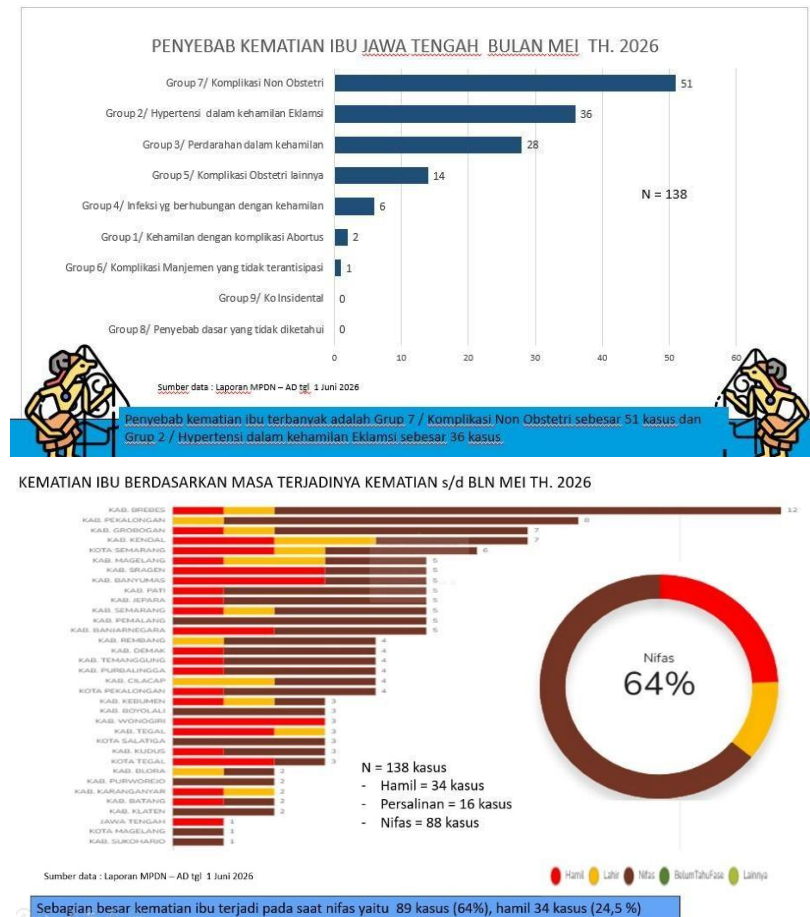
#### 3.1. Validation of Institutional Market Needs (B2B/B2G) in Supporting the Reduction of MMR/IMR

After identifying the company's internal capabilities in the previous section, the next step is to validate the product's relevance to external needs in the institutional market segment. To address the second research question regarding the suitability of Fitamom's innovative solutions to the needs of the B2B and B2G markets, this sub-chapter presents the results of data reduction related to market needs validation. The main focus of this analysis is on the integration of the Childbirth Education Tool and the Childbirth Educator Curriculum Module Package in supporting the national agenda of reducing Maternal Mortality Rates (MMR) and Infant Mortality Rates (IMR), by integrating crucial perspectives from regulators from the Central Java Provincial Health Office as well as practitioners and leaders of health education institutions.

##### a. Scale and Distribution of Cases Based on Documentation Study (Secondary Data from the Central Java Provincial Health Office)

In order to strengthen the triangulation of the interview data above, the researcher also conducted a documentation study on the official reports of the Central Java Provincial Health Office, namely the Maternal Perinatal Death Notification – Diagnostic Audit (MPDN-AD) Report as of June 1, 2026 and the Infant Mortality Analysis report for the period January–May 2026. These two documents quantitatively validate the urgency of the problem conveyed by IF11 and IF12 in the previous section.

**Figure Maternal Mortality Data in Central Java Province Based on Period and Cause of Death until May 2026**



Source: Maternal Perinatal Death Notification–Diagnostic Audit (MPDN-AD) Report, Central Java Provincial Health Office, June 1, 2026

**Maternal Mortality Rate (MMR).** There were 138 cases of maternal deaths recorded in Central Java, with the distribution of deaths during the postpartum period (88 cases) (64%), pregnancy (34 cases) (24.5%), and labor (16 cases). Brebes Regency recorded the highest number of cases (12 cases), followed by Pekalongan Regency (8 cases), and Grobogan Regency and Kendal Regency (7 cases each). Based on the classification of causes, the three highest groups were Group 7/Non-Obstetric Complications (51 cases), Group 2/Hypertension in Pregnancy-Eclampsia (36 cases), and Group 3/Hemorrhage in Pregnancy (28 cases).

Figure Infant Mortality Data for Central Java Province for the Period January–May 2026



Source: Infant Mortality Analysis Report (IMR), Central Java Provincial Health Office, January–May 2026

**Infant Mortality Rate (IMR).** A total of 1,215 neonatal deaths were recorded between January and May 2026, with Brebes Regency contributing the highest number of cases (71 cases) and Magelang City the lowest (4 cases). The three leading causes were N7/respiratory and heart disorders (451 cases or 37.1%), N9/low birth weight and prematurity (309 cases or 25.43%), and N1/congenital malformations, deformations, and chromosomal abnormalities (144 cases or 11.85%). During the same period, 613 perinatal deaths and 1,637 infant deaths were recorded, most of which also stemmed from similar causes.

The secondary data above shows that the MMR/IMR problem in Central Java is massive and spread across many districts/cities, not limited to one particular region, thus reinforcing the urgency of the need for childbirth education tools that are easily replicated widely across all health institutions and education. The dominance of causes of death in the postpartum phase as well as non-obstetric emergencies, hypertension, and hemorrhage, is consistent with the need to strengthen the competence of health workers through hands-on

simulations which have been the main selling point of Fitamom products as discussed in the sub-chapter on internal capabilities (VRIO).

### Root Causes and Priority Programs for Reducing MMR/IMR

*"The highest cause of death in mothers is actually the postpartum period, 64.9%. In pregnant women, the highest cause of maternal death until May 2026 was caused by Group 7/non-obstetric complications (51), then Group 2/Hypertension in pregnancy-Eclampsia (36), Group 3/hemorrhage in pregnancy (28)... It is necessary to implement an Early Warning System specifically for postpartum mothers." (IF11)*

*"The highest number of neonatal deaths from January to May 2026 was still respiratory and heart problems (N7), with 451 cases (37.1%). The underlying cause is the condition of the pregnant woman. This involves ensuring that the pregnant woman is not suffering from CED or anemia, and screening for pregnancy." (IF12)*

*"Yes, for example, APN, APN also prepares students to be skilled at assisting in childbirth... thereby reducing maternal and infant mortality rates. And there's also the CTU being developed... thus reducing unwanted pregnancies, which will also reduce the percentage of maternal and infant mortality rates." (IF05)*

### 3.2. Dependence on Imported Teaching Aids and Limited Government Distribution

Figure MamaNatalie and MamaBirthing Products By Laerdal Medical Corporation





These four quotes demonstrate a pattern of hierarchical disparities stemming from a centralized healthcare worker training model. Official certification from the Indonesian Ministry of Health can only be issued by the Health Education and Training Agency (Bapelkes), resulting in all official training aids, including MamaNatalie and MamaBirthe, being permanently locked away at the three campuses of the Central Java Province Health Education Agency (Gombong, Ungaran, Wonosobo) and the Ministry of Health's Health Education and Training Agency in Magelang, rather than being distributed to end-user agencies. Consequently, primary care units lack the means to conduct Refresh Training and Upskilling, which are efforts to deepen, update, or sharpen the competencies already possessed by healthcare workers independently in each agency. Furthermore, healthcare workers at the primary care level rely on passive educational media such as flipcharts, KIA Books, and YouTube videos, which users themselves acknowledge are incapable of "seeing" the actual birthing process.

**Figure Documentation of the Use of Flip Sheets and KIA Books in the Pregnant Women's Class at the Ngampel Community Health Center**



Source: Personal documentation of researcher at Ngampel Health Center (2026)

*"There are also pictures, and there are videos on YouTube. There's a video of the baby's head passing through the birth canal. But we can't see it in person. This (fitamom) is more realistic, with real bones and the baby." (IF06)*

*"Usually, we get demonstration materials from the District Health Office through the Family Health (Kesga) and Nutrition Program (Promkes). At that time, we received fruit demonstrations as examples of menus for pregnant women." (IF07)*

The field data above shows that the need for childbirth education aids does not stand alone, but is directly related to the priority maternal and child health programs of the Indonesian Ministry of Health that have been implemented at the provincial, district/city, and primary care levels (Integrated ANC, Gadar Matneo, AMPSR, APN, and CTU). IF11 and IF12 confirm

that the root causes of MMR/IMR largely rest on gaps in emergency response competency and the low effectiveness of solely KIA-based education, while the availability of official government aids is very limited and still relies on imported products. This condition validates the absolute need for local solutions that can reach the primary care and educational institutions on a more massive and affordable scale.

### 3.3. Limitations of Existing Pregnant Women's Class Programs: Dosage, Coverage, and Effectiveness of Education

In addition to the limited teaching aids, field findings also confirm that the current prenatal education program has structural limitations in three aspects: the dosage and coverage of participants, the affordability of participation, and the effectiveness of material absorption.

*"Prenatal classes are held four times a year, according to standards... starting in February, then April, July, and October. The prenatal classes usually cover how to take iron tablets to prevent anemia, the dangers of anemia for pregnant women, and preparing for childbirth. I usually use a teaching guidebook (flip-flop). For the prenatal classes, we don't involve husbands or companions. That's how it should be, and every prenatal class is expected to be like that, but due to budget constraints... only pregnant women are invited." (IF06)*

*"...in reality, sometimes pregnant women can't go to prenatal classes because they work, so they can only hear from their fellow pregnant women. So they can't hear directly from us. And usually, a maximum of three meetings are allowed for pregnant women." (IF06)*

*"...their human resources are low, their education is low, so they are less able to understand the knowledge we provide... here they say it means this but they understand it differently... Then there are also those who believe in myths... Sometimes their parents are not facts but myths. Like not being allowed to go for a morning walk, not being allowed to eat shrimp." (IF06)*

The three findings above demonstrate that the existing prenatal class program, despite being regularly scheduled and funded through the integration of the Village Budget (APB Desa) by the Community and Village Empowerment Office (Dispermasdes), still leaves three structural gaps relevant to Fitamom's market needs. First, the lack of involvement of birth companions due to limited operational budgets (participant consumption) creates an empowerment gap untouched by government programs, while also validating the women-centered care philosophy that has been a core value of Fitamom since its inception (sub-chapter 5.2). Second, the limited dosage (four meetings per year) and attendance rate (an average of a maximum of three out of four meetings) leave room for educational solutions that can be accessed independently and repeatedly, not tied to a quarterly schedule. Third, the dominance of myths over medical facts indicates that two-dimensional flipchart-based

education has limited persuasive power compared to three-dimensional, tangible, and tangible visual aids, such as those offered by Fitamom.

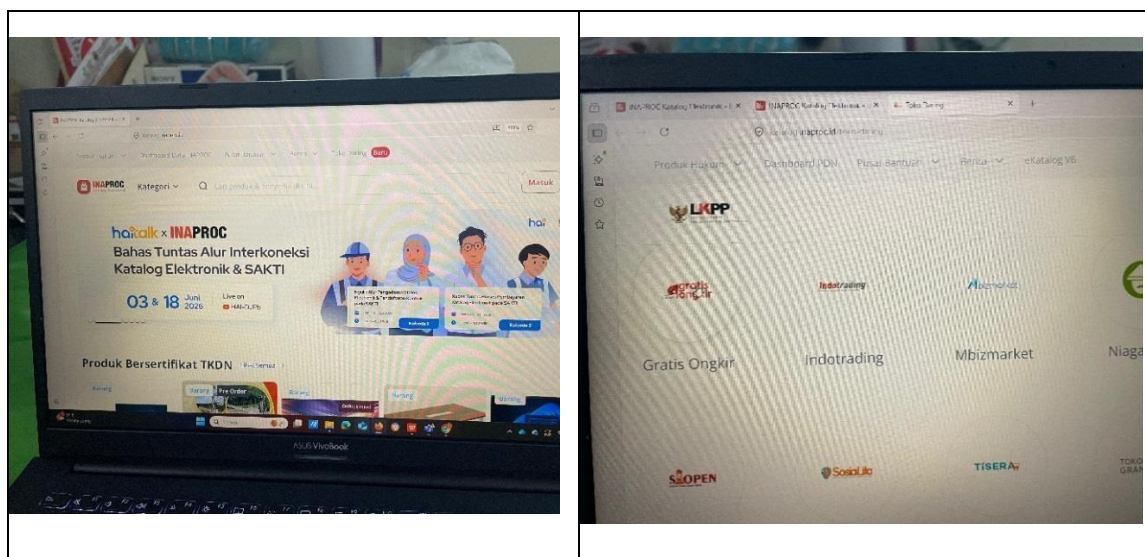
### a. Validating Needs in the Higher Education Segment: Accelerating the Competence of Prospective Midwives

*"Yes, it can be very helpful. Especially for prospective midwives, students. For pregnant women, it's beneficial for educating them about the birthing process. But for prospective midwives, students, there are so many benefits. The labor process, shoulder dystocia, and retained placenta. There are so many benefits." (IF06)*

The above quote expands the scope of previously identified institutional needs (IF04, IF05 from UNISSULA): while upskilling focuses on practicing healthcare workers, the needs in the midwifery higher education segment are pre-service, namely the development of initial competencies (skills) for prospective midwives before entering the world of clinical practice. The convergence of needs in the pre-service phase (skilling), the transition phase for new midwives (refresher training), and the post-practice phase (upskilling) strengthens the validity of Fitamom's institutional market across different phases of the healthcare worker career cycle.

### b. Obstacles and Opportunities for Institutional Market Penetration through Digital Platforms/E-Catalogs

Figure Display of the INAPROC/E-Katalog LKPP application



Source: Screenshot documentation of the INAPROC/LKPP application, Central Java Provincial Health Office (2026)

This third data reduction theme maps the barriers and opportunities for Fitamom's market penetration through official electronic-based procurement channels (e-purchasing), both through the LKPP/INAPROC e-Catalog scheme in the government sector (B2G) and internal procurement mechanisms in the private sector (B2B).

#### c. TKDN Certification Mechanisms and Obligations in the Government Sector (B2G)

*"For Fitamom's Childbirth Aid Kits, I'm actually leaning towards e-purchasing... because in purchasing, partners are published in the e-catalog nationally, which can then be exposed throughout Indonesia. But direct procurement is manual... For us as users, there's a security aspect to the catalog, meaning that the companies that have appeared in the e-catalog have already gone through a filter, the filter being the LKPP." (IF09)*

*"The first thing we automatically look at is the TKDN, right? Now, TKDN is required, so TKDN is now mandatory even if we procure directly... Even though the TKDN is more expensive, usually the addition is 20% or 10%... what is purchased is still TKDN." (IF07)*

#### d. Opportunities in Regulatory Gaps and Transaction Thresholds

*"In Kendal, it's actually already mandatory to have an e-catalog, but only BOK spending is mandatory... Now, this teaching aids are included in BLUD spending. In Kendal, that's not yet mandatory... it can be procured directly." (IF07)*

*"The maximum transaction for online stores is Rp200,000,000. Anything over Rp200,000,000 cannot be done online; it must be done through the e-catalog. Procurement officials are only authorized to select suppliers up to a maximum of Rp200,000,000; beyond that, the PPK has the authority." (IF09)*

#### e. Legal Requirements and Payment Mechanisms in the Private Sector (B2B)

*"During my tenure here, most of the PTs and CVs, which are already legally registered and have legal status... for equipment above 2 million, we have to have offers from three vendors." (IF03)*

*"Usually, CVs, if they're not yet legally incorporated, aren't allowed. Because it's related to taxes... you have to have a CV at least to be able to pay taxes." (IF07)*

The field data above confirms the two sides of the coin in digital-based institutional market penetration. On the one hand, there are structural barriers in the form of mandatory TKDN certification, formal legal entity ownership (PT/CV), and LKPP administrative filters that Fitamom cannot currently meet. On the other hand, short-term opportunities have also been identified in the form of regulatory loopholes in BLUD/capital expenditure items that

are not yet required to use e-catalogs in several regions, an online store transaction threshold of IDR 200,000,000 that allows for gradual penetration, and a direct B2B procurement route that requires basic legality (CV) as an initial entry point before Fitamom is fully ready to enter the e-Catalog/INAPROC ecosystem nationally.

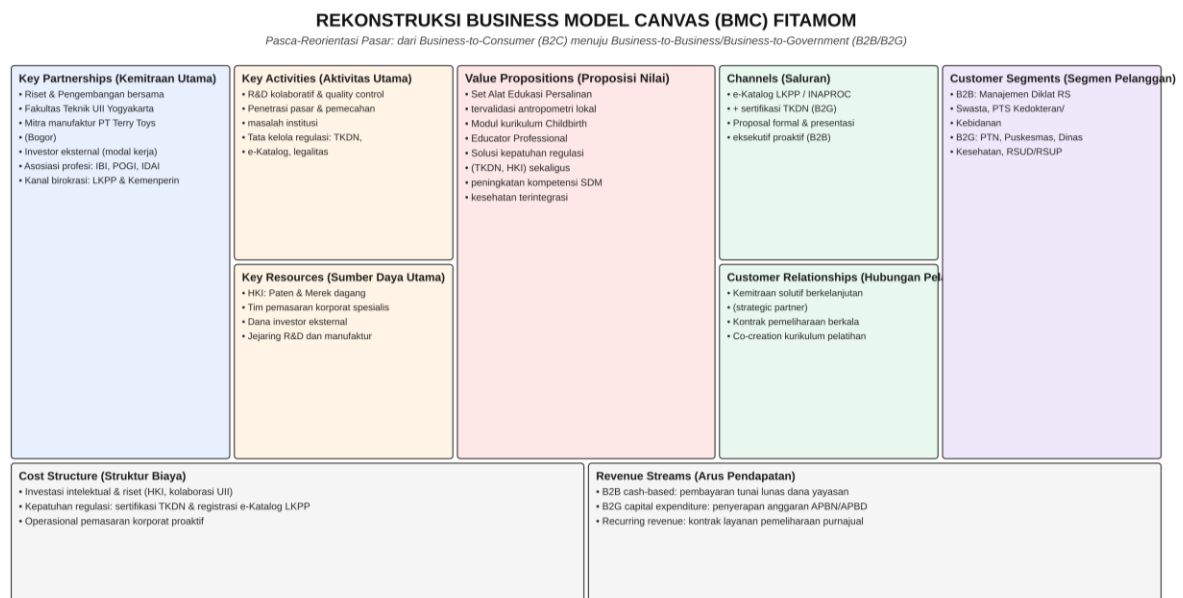
**Table Summary of Institutional Market Needs Validation (B2B/B2G) in Supporting the Reduction of MMR/IMR**

| Data Sources / Stakeholders                                                                                               | Focus Perspective                                                                                               | Key Findings / Market Needs                                                                                                                                                                                                                                                                 | Strategic Implications for Fitamom                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Regulator</b><br><br><i>(Central Java Provincial Health Office)</i>                                                 | Policies, program standardization, and macro MMR/IMR reduction targets.                                         | <ul style="list-style-type: none"> <li>There is an urgent need for massive standardization of clinical training tools and media.</li> <li>Intervention programs must be in line with the performance indicators of the national maternal and child health program.</li> </ul>               | Fitamom is required to expedite formal legality, TKDN ownership, and integration into the LKPP e-Catalog so that legal products are absorbed by government agencies (B2G). |
| <b>2. Practitioners &amp; Institutional Leaders</b><br><br><i>(Head of health institutions &amp; midwifery education)</i> | Effectiveness of clinical learning, psychomotor skills of students/health workers, and availability of modules. | <ul style="list-style-type: none"> <li>Comprehensive training needs, not only selling physical teaching aids, but also standardized curriculum modules.</li> <li>The high urgency of improving the competence of birth attendants to reduce the risk of complications (AKI/AKB).</li> </ul> | The sales model must shift from retail transactional (B2C) to an integrated solution: Educational Tool Set + Childbirth Educator Module Package (B2B).                     |

### 3.4. Analysis and Reorientation of Business Model Canvas (BMC)

After validating internal capabilities and institutional market needs in the previous section, the third problem formulation demands the formulation of a concrete business reorientation strategy. To that end, this sub-chapter presents an analysis and restructuring of Fitamom's Business Model Canvas (BMC). This approach is used to holistically map and evaluate the business model transition from the retail B2C segment to the more complex institutional segment. This analysis will outline fundamental changes to the nine building blocks of Fitamom's business as a strategic response to the market reorientation phase.

Figure Reconstruction of Fitamom's Business Model Canvas (BMC) Post-Reorientation



Source: Modified Reorientation of BMC Fitamom Birth Model

#### a. Customer Segments(Customer Segment)

The Customer Segments building block defines the various groups of people or organizations a company wants to reach and serve. In formulating Fitamom's business reorientation strategy, remapping this element is the most crucial step because it determines the direction of all other elements of the Business Model Canvas (BMC).

- Existing Conditions

Fitamom's target market initially focused on the micro-personal level, namely independent midwives, prenatal exercise instructors, small-scale private maternity clinics, doulas, and childbirth educators.

- Reorientation Strategy

The customer segment has undergone a radical shift to the institutional level with large budgets. The marketing focus has shifted to a single, integrated institutional market. In the private sector (B2B), the segment has shifted to the Training Management of Private Hospitals and Private Universities (PTS) with Faculties of Medicine/Health. Meanwhile, in the government sector (B2G), the segment has been aggressively directed to State Universities (PTN) with Faculties of Medicine/Health, Community Health Centers (Puskesmas), Health Service Units, and the Training Management of Government Hospitals (RSUD/RSUP).

This reorientation step towards the institutional market is empirically supported by the results of in-depth interviews with informants who confirmed the urgency of the need for teaching aids in the institutional realm:

*"...hospitals need one for training... What's definitely needed is a school, whether it's a midwifery school, a health college, or a university. What's more, if they build it quickly, they don't have one now. There are so many medical schools now. Or there's one here too." (IF01)*

*"Students don't really know what it will look like if it's cut. But if, for example, there's a connection here, when it's cut and removed, students will know." (IF04)*

*"It's necessary because, for example, if I were to provide education to pregnant women, it would be easier to understand. Even for midwives, especially young, new ones who aren't used to assisting with deliveries, it's also necessary." (IF06)*

*"So far, teaching aids have usually come through my nutrition program or the usual health promotion program. Well, they usually come from the health department, receiving drop-offs like teaching aids for that time... Wait, for refreshment, it's best to practice them" (IF07)*

The field data above demonstrates the broad spectrum of needs within Fitamom's new target institutions. IF01 and IF04 represent the absolute needs in the B2B/B2G segment of the healthcare education and hospital management training sectors. Meanwhile, IF06 and IF07 validate the potential of the B2G segment at the primary care level, where the bureaucratic pathway for procuring educational aids is directly controlled by the health promotion unit of the regional Health Office for distribution to the Community Health Centers (Puskesmas) in the region.

**b. Value Propositions(Value Proposition)**

The Value Proposition building block describes the combination of products and services that create value for a specific customer segment. In the reorientation phase of Fitamom's business model, the value proposition underwent a fundamental evolution to adapt to the purchasing characteristics of the B2B and B2G institutional segments, which are based on functionality, regulatory compliance, increased human resource competency capacity, and long-term investment efficiency. This transformation aims to close the revenue gap in the old business model by offering integrated solutions that differentiate the current offering condition with a new development direction, as follows:

- Existing Conditions

The value offered focuses on providing an integrated childbirth education tool unit based on flexible and safe fabric materials, which is marketed at retail to meet the needs of independent midwifery practitioners personally in supporting pregnancy classes, childbirth education classes, breastfeeding and newborn care classes, basic clinical education, and prenatal exercise classes.

- Reorientation Strategy

The value proposition has been transformed from simply selling physical teaching aids to integrated regulatory compliance and competency-building solutions. Fitamom offers an ecosystem of locally validated anthropometrically validated teaching aids with high mechanical durability, supported by professional childbirth educator training curriculum modules, ready to be integrated into in-house training programs for undergraduate midwifery and midwifery professions, as well as independent training conducted by Indonesian midwives.

This shift in value proposition based on clinical functionality, hands-on skill stimulation, and professional standardization programs is strongly supported by empirical field data from in-depth interviews:

*"I want to practice breech presentations, using a mannequin. If you just watch, it's easy to forget. For example, we want to practice manual placental insertion. There are four click buttons. Make sure you feel it go in, then comb the sides." (IF01)*

*"The hospital should be able to hold all activities, including childbirth educators. But perhaps this is due to limitations, as the hospital is new. Perhaps in the future, as the hospital develops, there will definitely be certified educators." (IF02)*

*"Students don't really know what it will look like if the umbilical cord is cut. But if, for example, this one has a connection, when it's cut and removed, students know, 'Oh, it will look like this, the distance will be like this.'" (IF04)*

*"At the time, the theory of childbirth and pregnancy courses already existed, but specifically about childbirth educators, the cardinal movements weren't yet covered. How to perform cardinal movements, for example, how to inlet, pelvic biomechanics... well, there wasn't any training like that. Some of the theory was there, but the practice wasn't yet." (IF05)*

*"For prospective student midwives, it offers numerous benefits. It covers the labor process, shoulder dystocia, and retained placenta. There are so many benefits... It can then show if a part of the fetus is retained, which can then require manual placental removal or ICU due to bleeding." (IF06)*

The field data above confirms that the economic value and total utility (total value of ownership) offered by Fitamom has succeeded in shifting the perception of product value from a consumable expenditure (cost) to a Strategic Asset Investment that Enhances Competence.

### **c. Channels(Channel)**

The Channels building block describes how a company communicates with its customer segments and reaches them to deliver its Value Proposition. In formulating the reorientation of Fitamom's business model, restructuring the marketing channel elements is absolutely necessary to offset the shift in target markets that now focus on institutional institutions (B2B and B2G). Passive and retail marketing channels must be transformed into active, structured, and accountable corporate channels. This change clearly separates current tactical operational methods from the new channel development direction, as follows:

- Existing Conditions

Fitamom's communication and distribution channels have relied entirely on digital platforms based on individual consumer retail, through Instagram, TikTok, WhatsApp, the company's official website, and simple partnerships in the form of resellers and a social gathering system. These channels are passive-transactional, where the company waits for individual buyers to come to them after being exposed to digital educational content.

- Reorientation Strategy

Channels were transformed into a Multi-Level Institutional Marketing System. Given the bureaucratic nature of decision-making in the institutional segment, Fitamom adopted a

combination of formal government channels, such as the INAPROC ecosystem/LKPP e-Catalog, and a TKDN requirement. In private institutions, direct sales channels proactively involve sending proposals and presenting products.

The bureaucratic mechanisms and stages of direct bidding in the state and private institutional segments are validated by the results of field research:

*"Usually, suppliers first go to the Community Health Center to make a bid. First, we look at the TKDN, right? Now, TKDN is required, so TKDN is now mandatory. Even though we procure directly without using the e-catalog, we always ask about TKDN or not. They will definitely ask why this product has TKDN or not. Is it officially purchased or not. That's what the treasurer usually rejects before the inspection" (IF07).*

*"For selected vendors, the system usually involves the vendor submitting a price list to us. Then we make an offer," (IF03).*

*"For product procurement, we usually look for vendors first, as we have a relationship with the foundation. Then, if approved, the foundation will call the vendors. They will then submit proposals and present them. Once we've settled on a single vendor, we'll then go to the study program and they'll provide the catalog. While explaining that there are usually several series of one product," (IF06).*

*"What's definitely needed are schools, whether midwifery schools, health colleges, or universities. Especially if they can build them quickly, and they don't have them yet. There are so many medical faculties now. But it depends on how Ms. Fita can present her strengths." (IF01).*

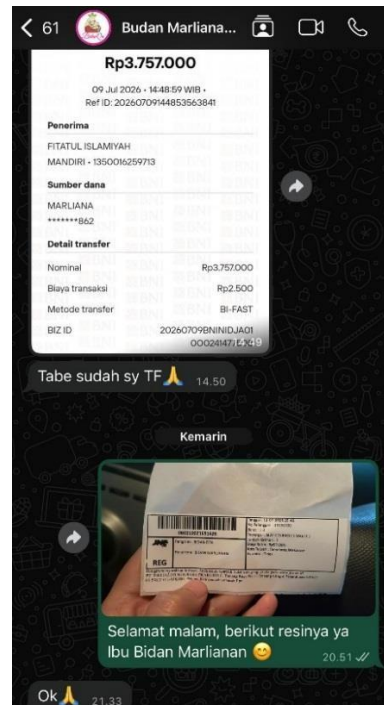
The field data above confirms that all these new channels have fundamentally changed the pattern of Fitamom's marketing approach, from being based on Push Marketing to shifting to Sustained Pull Marketing & Institutional Relationship-Building.

#### **d. Customer Relationship(Customer Relations)**

The Customer Relationships building block describes the various types of relationships a company builds with specific customer segments. In Fitamom's business model reorientation, customer relationship patterns underwent a profound shift, as follows:

- Existing Conditions

Figure Documentation of service and closing to customers



Source: personal documentation of fitamom

The customer relationships built by Fitamom were initially based on short-term personal service, where interactions were dominated by Communication via WhatsApp covers product purchase confirmation, standard after-sales service, and midwife community management. This relationship is terminated once the retail transaction or arisan-style program is completed.

- Reorientation Strategy

Customer relationships are transformed into Sustainable Solution Partnerships. Fitamom positions itself not simply as a freelance vendor but as a strategic partner, directly assisting institutions in the regular maintenance of teaching aids, developing in-house training programs, and mapping the specific needs of obstetric laboratories and hospital training.

This restructuring of institutional customer relationship patterns is based on empirical field findings through in-depth interview results:

*"Midwifery schools, health colleges, universities definitely need it.... But it depends on how Ms. Fita can present the advantages of her product" (IF01)*

*"Fitamom must continue to approach institutions. For example, at Unissula, what exactly is needed, and what are the shortcomings of the existing equipment. We can then develop from there... Then, is there a training program that already exists? Is there a curriculum here like this? We might request something like this, because it doesn't exist here yet. It will develop, so we'll approach midwifery institutions like that. For development, we have to know the field, see how it works from the users," (IF04)*

*"If it's ongoing, for example, the model usually has a service. Because we have an SOP for maintenance, so it requires cooperation... oh, this item is damaged, we'll call the vendor again, the vendor knows too, right? Because we still have a partnership. If maintenance and service are carried out through cooperation, that's better" (IF04)*

*"Capital expenditure, as I mentioned earlier, includes capital expenditure for goods and maintenance. Perhaps educational equipment could be included in that category as well. Maintenance capital expenditure will be returned to the provider." (IF07)*

The field data above confirms that in the agency's customer relationships, this transition shifted Fitamom's success metrics from measuring immediate retail transaction satisfaction to measuring high customer switching costs. Fitamom successfully created positive operational dependency for the agency.

#### 4. Conclusion

1. Internal capability exploration through the VRIO Framework concluded that the Fitamom Childbirth Education Tool Set innovation has absolutely met the Value, Rarity, and Inimitability (VRI) criteria. The physical superiority of flexible fabric material, anthropometric and biomechanical accuracy of research results, official patent protection, and the founder's reputation capital built from a historical track record as a community educator midwife and public figure covered by the mass media (Jogle Jateng, 2023; Info Jateng, 2025), successfully brought Fitamom out of the competitive equality trap. However, the asymmetric potential of this product has not been able to be converted into optimal financial performance because it is held back by the organizational readiness dimension (Organization) which is in an unready state. The absence of corporate legal separation between clinical and manufacturing units, founder-centric governance, and the unfulfilled state socio-regulations (TKDN certification and LKPP e-Catalog) are the main bottlenecks that place Fitamom in a position of Unused Competitive Advantage.
2. Institutional market needs validation (B2B/B2G) confirmed that the demand for an integrated Childbirth Education Tool and Childbirth Educator Curriculum Module Package solution is based on real and measurable public health urgency, not just business assumptions. Official secondary data from the Central Java Provincial Health

Office confirms the massive scale of the MMR/IMR problem and its spread across almost all districts/cities, while primary interview data shows a pattern of tiered gaps in the centralized health worker training model, as well as the limitations of the existing prenatal class program which is only held four times per year without involving birth companions. This institutional market need is multifunctional, reaching four beneficiary groups simultaneously: skilling for prospective midwife students (Novice), refresher training for new midwives (Advanced Beginner), upskilling for experienced health workers (Competent-Expert), and women-centered care for pregnant women and birth companions, referring to the Novice to Expert clinical competency development model (Benner, 1984). The convergence of functional needs validation from the institutional user side and policy urgency validation from the regulator side provides a solid foundation for Fitamom to enter the institutional market more aggressively and in a targeted manner, particularly by positioning itself as a solution for independent competency development at all levels of healthcare workers' careers, as well as a means of direct patient empowerment.

3. The restructuring of the nine building blocks of the Business Model Canvas (BMC) concluded that Fitamom's market reorientation from individual consumer retail (B2C) to institutional market penetration (B2B/B2G) was a measured managerial response to reduce the revenue gap by 64% in the old business model. The transformation of the front-end market component successfully aligned the value proposition into a regulatory compliance solution and integrated competency enhancement that is valid locally anthropometrically, protected by IPR patents, and supported by TKDN certification to meet the expectations of government institutional bureaucracy (B2G). This value offering was delivered proactively through direct corporate sales channels and the formal LKPP e-Catalog platform. In the back-end operational component, Fitamom consistently adopted an asset-light model by delegating the total physical manufacturing process on a net receipt basis to alliance partners to minimize the risk of fixed capital expenditures. This comprehensive reconfiguration leads to a very healthy improvement in financial logic, where the cash conversion cycle moves quickly through a cash payment scheme in full by internal funds and is combined in a balanced manner with the certainty of absorption of the capital expenditure post of the government's APBN/APBD as well as recurring revenue from after-sales maintenance contract services.

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