

The Role of Midwives in the Education of Labor and Childbirth Readiness

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ABSTRACT

Background: Efforts to reduce maternal mortality ratio can be done promotively, preventively, curatively, and rehabilitatively. One of the promotive efforts is to provide education during pregnancy, especially in the third trimester or before the estimated delivery. Childbirth preparation education is essential for pregnant women, husbands and families to improve knowledge and skills, one of which is the prevention and early detection of complications. The World Health Organization strongly recommends strengthening preparedness programs for childbirth and complications to increase utilization of quality care at delivery and to increase the use of health services for obstetric and newborn complications.

Purpose: This study aims to identify the implementation of childbirth readiness education to prevent complications of childbirth in independent midwife practices in the DKI Jakarta area.

Methods: Qualitative research design was used in this study with an explanatory descriptive design. Informants for this research were 15 midwives in the DKI Jakarta area. Selection of informants using purposive sampling technique. Analysis was done by means of data reduction, data presentation, and conclusion verification.

Results: The implementation of labor and childbirth readiness education to prevent labor complications was quite good. Education on physical, psychological, and financial preparation has been carried out adequately, but there were several aspects of education related to cultural preparation related to pregnancy and childbirth that was still not optimal.

Conclusion: It is expected that midwives can maintain the education that has been given to pregnant women. Midwives actively participate in monitoring and educating pregnant women so that they can carry out early detection of complications and appropriate treatment if emergencies occur.

Keywords: childbirth, complication, education, midwives, preparedness

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BACKGROUND

Labor is a natural event that is going to be experienced by pregnant women. For primigravida mothers, pregnancy is the first experience in their life period. The situation can cause drastic changes in both physical and psychological for mothers (Bethsaida and Pieter, 2013). It is necessary to prepare for labor in order to be able to go through the labor process. Childbirth preparation is a foremost part of the labor process that aims to improve optimal well-being before childbirth and immediately prepare for the lactation process (Manuaba, 2017).

Maternal unpreparedness in dealing with labor and childbirth is one of the factors causing the high maternal mortality ratio (MMR). If obstetric complications are found during labor but the mother does not understand the preparation needed before delivery, it could result in getting inappropriate and unpunctual service (Depkes RI, 2014). In other words, there will be three delays in referral due to these situations. Birth Preparedness and Complication Readiness (BPACR) is a strategy to provide preparation for pregnant women, their families and surrounding communities to plan for labor and childbirth and prepare for emergencies (Gebre et al, 2015).

Labor and childbirth readiness can be pursued by preparing a birth plan, care and preparing a plan if complications occur in the mother during pregnancy and childbirth. Preparing a birth plan is a plan made by pregnant women with their husbands or families and health workers in preparing for labor and birth both physically and psychosocially (Munkhondya et al., 2020).

The planning and prevention of complications (P4K) is an Indonesian government program that aims to prepare for childbirth and prevent complications. This program is in line with WHO recommendations, which state that interventions on childbirth preparedness and complications are important elements that need to be incorporated into the continuum of antenatal care (ANC).

The results of a study on the quality of maternal and infant health services conducted by the Ministry of Health in collaboration with WHO, HOGSI, UNICEF and UNFPA in 2012 in 10 provinces, found that the implementation of education and counseling at community health services (Puskesmas) was only 45% and hospitals only 24.2%. Low education provision can lead to a lack of risk detection in pregnant women and lack of readiness to face childbirth, therefore it is necessary to provide assistance and education to pregnant women.

The assistance given to pregnant women is an effort to increase the mother's knowledge during pregnancy and childbirth. There are 4 things that must be prepared in labor. According to Yuliana (2018), the preparations made include physical, psychological, financial and cultural preparations. Education for pregnant women ought to be provided so that mothers can prepare physically, psychologically, financially and culturally. Thereby, families and midwives can detect risks early and prevent complications in labor.

METHODS

The research design was qualitative with an explanatory descriptive design. Informants totaled 15 midwives in the DKI Jakarta area. Selection of informants using purposive sampling technique is a technique of sampling data sources with certain considerations, for example, the person is considered to know best about what we expect.

Researchers analyzed based on the items of questions and statements and observed to obtain information about the role of midwives in labor and childbirth readiness education to prevent complications of childbirth in the DKI Jakarta area. Analysis consists of three streams of activities that occur simultaneously, namely data reduction, data presentation, and conclusion drawing/verification.

RESULTS

In this study, researchers made themes related to the role of midwives in labor readiness education to prevent labor complications, including physical, psychological, financial, and cultural preparation. The results of the interview are described in the following table:

Table 1. The Role of Midwives in Physical Preparedness Education

No	Physical Preparedness
1.	Midwives have provided education about pregnancy discomforts
2.	Midwives have provided education about danger signs of pregnancy
3.	Midwives have provided education about signs of labor
4.	Midwives have provided education about the danger signs of labor
5.	Midwives have provided education about pregnancy exercises
6.	Not all midwives have conducted pregnancy exercises at the TPMB
7.	Midwives have encouraged mothers to prepare at least 2 prospective blood donors, but sometimes find many obstacles

Table 2. The Role of Midwives in Psychological Preparedness Education

No	Psychological Preparedness
1.	Midwives have provided education on dealing with anxiety before labor
2.	Midwives have provided education about relaxation techniques
3.	Midwives help pregnant women prepare a companion at the time of delivery
4.	Midwives facilitate pregnant women's husbands to become standby husbands.
5.	Midwives always recommend discussing with husbands and families for every decision that will be made

Table 3. The Role of Midwives in Financial Preparedness Education

No	Financial Preparedness
1.	Midwives have explained the needs of the mother and baby for delivery
2.	Midwives have explained the cost of childbirth to the mother and family.
3.	Family has prepared funds for pregnant women other than health insurance
4.	If she does not have health insurance, mother and husband have prepared funds for delivery

Table 4. The Role of Midwives in Cultural Preparedness Education

No	Cultural Preparedness
1.	Midwives sometimes do not ask about customs and traditions related to pregnancy and childbirth.
2.	Pregnant women and their families ask about customs related to local culture.
3.	Some midwives explore and ask about food restrictions that negatively affect the health of the mother and fetus.
4.	Some midwives explore and ask about local culture related to pregnancy and childbirth.

DISCUSSION**Physical Preparedness**

Physical preparation is related to aspects of body preparation to facilitate labor, birth

and lactation processes. Physical readiness is related to the problem of the mother's health condition, where the mother needs to prepare her physical condition before pregnancy. The mother understands in the form of physiological changes such as the mother will often urinate due to the descent of the fetal head into the pelvic inlet which presses the urinary vesica and the mother feels a false contraction (Braxton hicks), namely sometimes the stomach twitches (Joyce Y. Johnson, 2014).

The findings of this study explain that all midwives have conducted education about discomforts during pregnancy, danger signs of pregnancy, signs of labor and danger signs of labor. Education is given according to the mother's gestational age and problems felt at the time of antenatal examination at the midwife's place.

Another physical readiness that needs to be considered is by doing exercises such as pregnancy gymnastics, because a pregnant woman needs a fit physique to give birth. The main function of prenatal exercises is to help dealing with the labor process, the movements in pregnant exercises also serve to avoid the position of the breech baby (Fedrico Patria, 2015). In this study, midwives had provided education on prenatal exercises, but not all TPMB organized pregnant women's exercises.

ANC examination is carried out in accordance with the standards so that midwives are able to recognize precisely and early signs as well as symptoms of complications so that midwives will take appropriate action, starting from treatment, referring the mother and or carrying out emergency treatment appropriately.

Psychological Preparedness

Psychological preparation is associated to mental resistance to fear and anxiety in the process of pregnancy and childbirth. The process of labor and birth often results in psychological aspects that cause various psychological problems for pregnant women, one of which is anxiety (Lucia, 2015). The findings of this study reveals that some midwives have provided education about relaxation techniques to face labor and childbirth. It also was found that several TPMB organized prenatal yoga to help mothers get through pregnancy and labor well. A qualitative study in Brazil found that mothers who attended educational classes in pregnancy were more able to control themselves during labor and used breathing exercises, exercises with a birthing ball and upright position to control pain during labor (Miquelutti et al., 2013).

The results of this study explain that all midwives provide education about labor companions, midwives also empower husbands to become alert husbands. In independent midwife practices, which organizes pregnancy exercises, this activity is carried out by involving husbands from the time of pregnancy. Husband involvement in pregnancy will improve the health of pregnant women and babies. Pregnant women who have caring husbands and are heavily involved in their pregnancies tend to be more comfortable undergoing pregnancy and reduce bad things for their pregnancies. In addition, pregnant women who feel emotional support from their husbands are also less stressed during pregnancy (O'Connell et al, 2020). Forms of husband's involvement include talking about pregnancy with his wife, accompanying her to the doctor, feeling the baby's movements in the stomach and attending pregnant women's classes or childbirth preparation classes with his wife. The role of the husband greatly affects the condition of pregnancy, labor and fetus. Cooperative support from the father and mother as well as the fetus can be a soul healer for them. (Irianti, 2014).

An accomplishment of a mother in pregnancy until the birth process can be seen from how much attention and support is given to pregnant women so as to reduce anxiety, fear, and can also reduce pain during labor (Heriani, 2016). Research shows that mothers-to-be whose labor is accompanied by their husbands are less likely to experience postpartum depression

than unaccompanied mothers. Other studies also mention that the presence and involvement of husbands during labor makes delivery time faster and reduces birth canal tears. The participation of husbands and wives as future fathers and mothers can help reduce levels of anxiety and fear, and help mothers be calmer in facing labor (Siregar, 2021).

1. Financial Preparedness

Financial preparation for mothers who will give birth is an absolute need to be prepared, which is related to the income or finances owned to meet the needs during pregnancy until delivery such as preparing labor costs, preparing baby diapers and other equipment (Harumawati, 2012). The results of this study found that midwives had provided education about the needs of mothers and babies that must be prepared before the delivery process. Midwives also check whether pregnant women have health insurance both BPJS and other health insurance. TPMB where the research has not all cooperated with BPJS so that mothers have to pay independently, for that mothers and husbands should have budgeted funds for preparation for childbirth.

The cost prepared by the mother or family must be adjusted to the delivery rate at the planned place where the delivery will take place. In addition to the cost of delivery, it is also necessary to determine the place of birth according to their ability, for example, at a maternity home or at home with a midwife. Adequate planning includes determining the right place with consideration in choosing a place of delivery by considering the distance of the place of delivery from home, the quality of its services, the availability of assistants, the facilities owned, the ability to finance where each clinic or hospital has various cost provisions.

2. Cultural Preparedness

Mothers should be aware of the customs, habits and traditions that are unfavorable to pregnancy so that preparations related to unfavorable habits during pregnancy can be avoided. Beliefs and culture about appropriate behavior during pregnancy will affect the response of husbands and health workers to the needs of mothers (Bobak, 2004). In this study, not all midwives explained the cultural preparation that would be faced by mothers based on local culture. Midwives only provide explanations when pregnant women ask about the culture related to pregnancy and the labor process that will be undertaken. Cultural issues including addressing practices and beliefs may vary from place to place, but it is important for midwives to be aware of customs, habits, traditions and lifestyles that are unfavorable to pregnancy, and try to prevent them by providing education as early as possible. Preparation related to bad habits before pregnancy and during pregnancy can be avoided during pregnancy and labor.

The status of mothers in society is influenced by socio-cultural factors, where in general with a low level of education they have limited autonomy, among others due to sub-ordination to husbands, in-laws, other family members so that without the permission of other parties outside themselves it is very difficult for mothers to get health services even though they are facing the risk of death. A person's choice in health care utilization is influenced by the opinions of others. Generally, close relatives or friends are the first source of information before someone decides to utilize certain health services (Rochayah, 2012).

Research by Solnes Milnerburget, et al. (2013) suggests that health workers have a role in carrying out labor preparation of pregnant women to detect possible complications. This program is one of the effective strategies to reduce the number of maternal deaths, besides that childbirth assisted by trained midwives also plays a role in reducing maternal morbidity and mortality.

The cooperation of midwives with pregnant women and families is also important in the successful implementation of childbirth readiness education, by providing counseling to pregnant women and families indirectly provides education on how to prepare for safe and

comfortable childbirth, the participation of pregnant women and families has a positive influence in preventing complications in childbirth (Fauziah, 2014).

CONCLUSION

The implementation of labor readiness education to prevent labor complications is quite good. Education on physical preparation, psychological preparation, and financial preparation has been carried out adequately, but there is some education related to cultural preparation related to pregnancy and childbirth that is still not optimal.

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