



The implementation of midwifery competency standards in applying behaviour of normal childbirth care (APN) on BIDAN PRAKTIK MANDIRI PERA[☆]



Ester Simanullang^{a,*}, Regidor III Dioso^b

^a Lecturer, Faculty of Midwifery, Stikes Mitra Husada, Medan, Indonesia

^b Lecturer, Faculty Lincoln University College, Malaysia

Received 25 September 2019; accepted 11 November 2019

KEYWORDS

Competence standard;
Midwife;
Behavior;
APN implementation

Abstract Maternity illness and death rate is high in many developing countries, including Indonesia due to bleeding in the post childbirth (28%), miscarriage complication (12%), and sepsis (9%). The main reason for maternity illness in implementation of APN which is in accordance with midwife competence standard is carried out. The objective of the research was to find out the implementation of midwife competence standard in APN implementation behavior.

The research used qualitative narrative method. It was conducted at RSU Ridos, Medan. The informants were 4 midwives, 1 owner, and 2 childbirth women. The data were analyzed qualitatively by interpreting the data in the form of sentences.

The result of the research showed that the implementation of midwife competence standard in carrying out normal childbirth care in RSU was good. Midwives' knowledge was good since all of them were D-III midwifery graduates. Senior midwives' skill was better than that of young ones although the latter were controlled by their seniors and pay the hospital owner. The skilled midwives had participated in APN training, while the unskilled ones had not. Midwives behavior, especially the seniors' was good in implementing APN in RSU Ridos, but young midwives still needed experience in implementing APN so that their behavior was in accordance with midwife competence standard and to oath of office.

It is recommended that the hospital management increase midwives' knowledge and skill in Normal Childbirth Care, and make midwives who not yet followed training participate in it.

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[☆] Peer-review under responsibility of the scientific committee of the 3rd International Conference on Healthcare and Allied Sciences (2019). Full-text and the content of it is under responsibility of authors of the article.

* Corresponding author.

E-mail address: estersimanullang13.es@gmail.com (E. Simanullang).

<https://doi.org/10.1016/j.enfcli.2019.11.030>

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Introduction

According to the third objective¹ the good healthy and prosperity: to ensure a good health and promote prosperous life for society at all ages, the government try to decrease morbidity and mortality rate on mother and baby.

In 2020 SDGs reduce a maternal mortality rate under 70–100.00 per birthrate. Infant and toddler mortality can be prevented by decreasing mortality neonatal rate and toddler mortality in the world in 2030 until 12 per 1.000 KH to 25 per 1.000 KH.² Indonesia has the highest morbidity and mortality rate. They caused postpartum hemorrhage (28%), eclampsia (22%), miscarriage (12%) and sepsis (9%).³

It is designed to restore the competent midwife who will be staff in childbirth effectively. The material for the training is arranged based on knowledge, technology updates and experience of officers to manage in the field. The background of officer is still relevant to the material. The objective of the training is to get competency skill level like knowing, knowledge and changing attitude to support giving quality with service standard.⁴

Applying APN is behavior of midwifery. According to⁵ the factors that influence behavior and performance individual are individual variable factor consists of ability, skill, background and demografis. The second is psychology variable factor consists of perception, behavior, personal, motivation, satisfying work and stress because of working. While, the third is organization factor that consists of leadership, compencacy, conflict, power, organizational structures, job design, organizational design and career.

The problem of study

The problem of the study is how the implementation of midwife's competency standards in applying behavior of normal childbirth care (APN) on BIDAN PRAKTIK MANDIRI PERA.

The objective of study

To describe the implementation of midwife competency standards qualitative in applying of normal childbirth care (APN) on PRAKTEK Mandiri PERA

The method of study

The study was a qualitative narrative approach. The location was on RSU RIDOS MEDAN. The study was in April 2016. The correspondent of study were 4 midwives (2 junior midwives and 2 senior midwives) and the head of BIDAN PRAKTEK MANDIRI PERA. Data were collected by presenting at the research location by interviewing the correspondent. Analysis of data collected by qualitative method is to interpret data that has been obtained in the form of sentences.

Results and discussion

The result of the study was obtained.

Knowledge

Based on the study showed that the correspondents have a good knowledge about normal childbirth care and standard of midwife competency. They have same knowledge based on their education are midwifery diploma so that they had

got the material about 60 procedures of normal childbirth care become 58 procedures. Knowledge of midwife is the important who must be had every midwife in giving birth. If a midwife knowledge is poor the problem will arise a disorder that we don't want.

Midwives knowledge of APN is support compliancein applying a good and safe APN in accordance with the task carried out and needs to be optimized. APN is childbirth care that carried out to a mother with an intervention minimal. The effect disobedience in applying APN is a mother is not comfortable when childbirth process. It is not accordance with the care of mother which is included in five red threads, as an application in implementing APN.⁶

One of the effect disobedience in applying APN is a mother is not comfortable when childbirth process, when a mother is having childbirth for a long time, sometimes assistance is not patient so that they do episotomi action that doesn't need to be done. It is not included mother care in five threads (making clinical decision, a mother and baby caring, infection preventing, recording of maternity care and referrals). As an implementation of APN, care is given to a normal maternal childbirth and intervention minimal.

Skill

Midwife competencies include knowledge, skill and behavior who must be had by a midwife in carrying out midwifery practice safe and responsible in various health care. The competencies have 2 categorizes, they are basic and additional competency.

Skill in normal childbirth training must be applied in accordance with standard care for marternals childbirth at all stages of labor by each birth assistance wherever it occurs. Labor and birth of infant can occur in house, hospital and community health care (puskesmas). Childbirth assistants are midwife, nurse, general practitioner or obstetrician. The type of care that will be provided can be adjusted to the conditions and place of delivery as long as it occupy the specific needs mothers and newborns.⁷

The result of study showed that it has different skills between the young midwife skills who work 1–2 years and the senior midwife skills who work more than 10 years. Because of deficient knowledge in providing normal childbirth care, there are still that are missed in providing childbirth care (APN) to patient who give birth. The skills can be improved when you help a patient more often. Midwives skills are a comfort factor for patient who gives birth, patient is more comfortable to give birth on midwife who has a good skill than the young midwife who does not have a good skill.

The result of study by⁸ in Kabupaten Gayo Lues showed that the correspondents skill level after collecting and processing data it was only found 2 of 3 categorize, they are medium and good. More respondents with good skill categories (89.3%) correspondents, while medium categories 10.7%. From the result it is known that the correspondents skill are good. This can be seen from the midwives response to the statement on questionnaire regarding the midwives skill in carrying out more normal deliveries in "always" category.

Behavior

Based on the results of the study that the behavior of midwives on BIDAN PRAKTIK MANDIRI will have an impact on the comfort by patients in a normal childbirth process. The behavior of the senior midwife is more favored by the patient than the young midwife which makes the patient was anxious about the actions carried out in childbirth. The deficient experience for the young midwives causes their behavior in helping childbirth also still needs guidance from the owner of BIDAN PRAKTIK MANDIRI PERA. But the head of BIDAN PRAKTIK MANDIRI PERA believes that the more experience in helping childbirth process, the better the midwives behavior. A good behavior will be remembered by a patient and informed by people around so that it becomes promotion that has a positive impact on visiting of pregnant women and birth mothers to BIDAN PRAKTIK MANDIRI.

There was different in skills and behavior of midwives in the implementation of normal childbirth care due to differences in learning at the Midwifery Academy in the past with Midwifery Academy now where in Diploma learning process the midwifery students were required to assist the delivery of 100 people while the midwifery Diploma now most use fictive data (only writing midwifery but not necessarily helping with labor). For the reason it is necessary between theory and practice for childbirth.

The implementation of midwife competency standards in normal delivery care on BIDAN PRAKTIK MANDIRI is good. The knowledge of all the midwives is good about midwife competency and normal childbirth care (APN). Because all the midwives are diploma of midwifery.

The skills of the senior midwives are better than the young midwives, and the senior midwives and the head of BIDAN PRAKTIK MANDIRI supervises (control) the young midwives. It is also based on skilled midwives who have participated normal childbirth care training (APN), while who are less skilled have not participated the normal childbirth care (APN) training.

The behavior of midwives in applying of normal childbirth care (APN) on BIDAN PRAKTIK MANDIRI has been good, especially the senior midwives. However the young need more experience in providing normal childbirth care (APN) so that their behavior is in accordance with midwife competency standards and oath as a midwife.

Suggestions

1. To the head of BIDAN PRAKTIK it is suggested to improve the knowledge and skills of midwives about normal childbirth care by taking midwives who have never participated in training organized by Ikatan Bidan Indonesia (IBI).
2. Midwife – Suggested to midwife who never to be participated, so as followed of normal childbirth care training to improve the knowledge, skill and behavior so that midwives can provide comfort for maternity.
3. Midwifery Academy – Suggested to midwifery academy pay more attention to the implementation of student practices and Post Training Evaluations to produce professional midwives.

Conflict of interest

The authors declare no conflict of interest.

References

1. Sustainable Development Goals 2016–2030. NPC (2015a). Kathmandu: National Planning Commission [2016–2030]. Available from: http://www.indiaenvironmentportal.org.in/files/file/National_Review-SDGs.pdf.
2. Menteri kesehatan republik indonesia. Kementerian Kesehatan RI [2015]. Available from: http://ppid.kemkes.go.id/uploads/img_5cd07f7e6d039.pdf.
3. Varney HS, Swartz WE, Hysell LD, Huba DJ. A model of the ionosphere including multistream interhemispheric photoelectron transport. *J Geophys Res.* 2012;117.
4. Asuhan Persalinan Normal. Jakarta: Jaringan Nasional Pelatihan Klinik-Kesehatan. Reproduksi. JNPK-KR. [2012]. Available from: https://www.academia.edu/16299715/Penuntun_Belajar_Asuhan_Persalinan_Normal_PDF.
5. Gibson JL. Organisasi, Perilaku, Struktur dan Proses Edisi ke-5. Cetakan ke-3. Jakarta: Penerbit Erlangga; 2000.
6. Depkes RI. Buku Acuan pelatihan klinik Asuhan Persalinan Normal Oleh Jaringan Nasional Pelatihan Klinik – Kesehatan Reproduksi (JNPK-KR). 2009.
7. Brooten D, Youngblut MJ, Donahue D, Hamilton M, Hannan J, Neff FD. Women with high-risk pregnancies, problems, and APN interventions. *J Nurs Scholarsh.* 2007;39:349–57.
8. Mutia MT. Biodiversity conservation. Geothermal Development Company Limited; 2009.