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# The Role of Midwife through Antenatal Class Pregnancy for Improvement Delivery Assistance with Professional Health Workers

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## ABSTRACT

One of the major public health problem in Indonesia is the high of maternal mortality rate (MMR). Based on data, the number of maternal mortality in Balangan in 2014 there were 294.3/100,000 live births. One of the efforts to decrease MMR through antenatal class pregnancy, right election for the delivery assistance and optimize the program through the role of midwife. This study used qualitative method. Population is the midwife in the working area of Health Office Balangan District and informant is 13 midwife coordinator. The research instrument is indepth interviews guide. Data were analyzed qualitative (interview transcript). The results showed the implementation of the antenatal class pregnancy in Balangan walking routinely within the guidelines of the antenatal class pregnancy through the role of midwives in performing their duties, although still found a lack of initiative to moving the antenatal class pregnancy creatively to attract participants. Midwife as the spearhead of the antenatal class pregnancy program implementation class stated that there are several obstacles, among others, uneven funding, which is not ideal infrastructure in accordance with the guidelines, and there are still pregnant women who are illiterate thus hindering the process of providing information. The impact of this program implementation is an increase in birth attendance by skilled health worker. Therefore, it can be concluded that the midwife's role in the implementation of a the class of pregnant women in Balangan is good enough although they encountered some problems and may increase the scope of delivery assistance by professional health worker . Required all of sector cooperation and sustainable and that further study about mother health and mortality for decrease MMR.

**Keyword:** role of midwife, delivery assistance, antenatal class pregnancy

## INTRODUCTION

One of the major public health problem in Indonesia is the high rate of maternal mortality related to pregnancy and childbirth. Maternal mortality is a phenomenon tip of the iceberg because the case quite a lot but that appears on the surface only a small part. World Health Organization (WHO) estimates that there are 500,000

maternal deaths each year, 99% of which occur in developing countries. Maternal Mortality Rate (MMR) in Indonesia is 208/100,000 live births<sup>1</sup>. Maternal Health Problems also be a problem in South Kalimantan province, especially in Balangan District. Based on data from the Provincial Health Office of South Kalimantan, that a rise in cases of the year 2013 as many as 105 cases to 120 cases in 2014. According to data on the number of maternal deaths in Balangan, in 2014 there were 294.3/100,000 (7 cases)<sup>2,3</sup>.

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An efforts to decrease MMR can be done by increasing the coverage of health services especially delivery assistance by health workers. But in Balangan,

delivery assistance by health professionals (midwife) only reached 87.6% in 2014. One of the efforts to improve delivery assistance by midwife and reduce the maternal mortality rate through the implementation of an antenatal class pregnancy. Based on research conducted by Saswaty (2010) obtained statistically significant relationship ( $p=0.005$ ) among pregnant women class participation with election birth attendants<sup>4</sup>. A class of pregnant women aims to increase knowledge, change attitudes and behavior in order to understand about the mother's pregnancy, body changes and complaints during pregnancy, prenatal care, childbirth, postnatal care, and baby care<sup>5,6</sup>.

Based on data from the Health Service of Balangan District the number of pregnant women from the class of 2013 as many as 86 classes, 64 classes became pregnant in 2014 and in 2015 the number of pregnant women were 58 grade class. In the implementation of Pregnancy Class, Midwife have an important role. Midwife act as facilitators or resource persons in the classroom and in each meeting midwife will delivered material appropriate to the needs of pregnant women but still give priority to the subject matter accompanied by the sharing and discussion in its implementation. Additionally outline midwife have a role as a facilitator, motivator and catalyst. As a facilitator midwife should be able to direct the pregnant women to deviate from the rules that have been set. As a motivator midwife should be able to mobilize pregnant women to participate in classroom courses and pregnant women as catalysts midwife should be able give stimulus to the community so that all activities can run smoothly, evolving and improving public health<sup>5</sup>.

Based on the background above it is necessary to study how the implementation process of antenatal class pregnancy how to optimize the program and how the midwife's role in the implementation of a class of pregnant women that would affect pregnant women in the choice of childbirth by professional health workers.

## MATERIALS AND METHOD

This study uses a qualitative method through indepth interview with explorative approach. Informants in this study were 13 midwife coordinator. The object of research is the role of midwife, improving the help of childbirth, well as implementation of pregnant women classes. While the subject is a midwife in Health Office

of Tabalong District Working Area. The chosen location is Balangan District South Kalimantan. The research instruments that can be developed in this research is indepth interview guide. This study used a qualitative analysis used to see the implementation of Antenatal class pregnancy, the role of the midwife as well as obstacles and problems were found.

## FINDING

### A. Implementation of Antenatal Class Pregnancy

#### 1. Implementation Activities

In the execution of antenatal class pregnancy, midwife has a very important role. Based on the interview with the midwife coordinator known that midwife identify the number of pregnant women and gestational age in the region regularly. On the implementation of the antenatal class pregnancy, midwife/health personnel responsible for the execution of pregnant women class participant identification who will attend antenatal class pregnancy. It is included in the stage of preparation of implementation<sup>6</sup>.

The next role of the midwife is provide materials on pregnancy, childbirth, postnatal care and newborn care class activity for pregnant women. Third role is to motivate pregnant women and also her husband to participate in a class husbands of pregnant women at least 1 meetings. Midwife have the role being motivator. Motivator role is to sensitize and encourage the group to recognize the potential and problems, and can develop their potential to solve the problem<sup>7</sup>. The fourth midwife's role is to advocate for support from community leaders and local authorities in the organization of antenatal class pregnancy. The role of midwife in the community midwifery service returned a concern in this case, a midwife not only play a role in maternal and child health services alone but also in advocating for the passage of a program with good health<sup>5</sup>.

Based on interview with the midwife at Halong Public Health Center Balangan District, antenatal class pregnancy activities carried out routinely. This is in accordance with the guidelines for the implementation of antenatal class pregnancy by the Ministry of Health Republic of Indonesia, that the execution of antenatal class pregnancy meetings conducted in accordance with the agreement between the midwife/health workers with participants/pregnant women<sup>8</sup>. The scheduled



implementation of antenatal class pregnancy in Balangan did during three meetings by scheduling agreed jointly between midwife and pregnant woman. Only Public Health Center in Lok Batu Village which states that the implementation of antenatal class pregnancy are not routinely performed. The routine was not intended by the respondent was caused by funding from third parties and class stages pregnant women more than one activity. Meeting time adapted to the readiness of mothers, can be done in the morning or late afternoon meeting with long time of 120 minutes including pregnancy exercise 15-20 minutes<sup>8</sup>. Although the timing of classes maternal health centers in each region varies, but still meet the standards guidelines.

### FUNDING

The government's role in the implementation of antenatal class pregnancy in Balangan by providing funds, facilities and infrastructure<sup>8</sup>. Obtaining funds in organizing antenatal class pregnancy in Balangan of them come from the APBD, BOK, Public Health Service, and the funds of stakeholders in this case is PT. ADARO. Obtaining each region has a different health centers. There are several area of health centers that receive funding from stakeholder some are not. On the other hand, there is also the only area health centers to obtain funds from the health department, including the Pirsus II Public Health Center, Uren Public Health Center, and Batu Habang Public Health Center. Based on the interviews, respondents from Pirsus II Public Health Center states that the fund does not meet the target number of pregnant women in one year. PHC have contributed to the budget plan class activities targeting pregnant women with the number of pregnant women in one year<sup>5</sup>. It was concluded that, the greater the amount of funds raised each antenatal class pregnancy. In the implementation of a program, it needs the support and coordination with other agencies, in this case required good communication and continuous<sup>9</sup>.

### INFRASTRUCTURES

Based on the guidelines for the implementation of antenatal class pregnancy infrastructure that ideal is their<sup>8</sup>:

- a. Study room for a capacity of 10 students
- b. Stationery writing (whiteboard, paper, markers, pulpen) if there

- c. KIA Books
- d. Paper sheets antenatal class pregnancy
- e. antenatal class pregnancy guidelines book
- f. Facilitators handbook
- g. Props (KB kit, food models, dolls, kangaroo method, and so on) if there
- h. Carpet
- i. Pillows and chair (if there)
- j. Pregnancy exercise book/ CD

Based on the findings in the field, facilities and infrastructure in the execution antenatal class pregnancy still less than ideal. As stated by respondents in Halong public health centers, facilities and infrastructure that support is still lacking. Based on the guidelines for the implementation antenatal class pregnancy, the lack of facilities and supporting infrastructure. The ingredients found in many health centers Balangan is a mattress. In addition to health centers that have been mentioned above, several other health centers have facilities such as a CD for Pregnancy Exercise, a flip chart, as well as props, but owned by different health centers. It can be concluded from the results of the interview respondents existing health centers in Balangan that facilities and infrastructure owned in running antenatal class pregnancy is still not evenly distributed.

### 4. Problems and Barriers

Problems were found by officers of antenatal class pregnancy is the presence of pregnant women who are illiterate. This condition is found in the Awayan Public Health Center. Then, the obstacles perceived some health centers in Balangan in the conduct of is too far away access to a class implementation so that the antenatal class pregnancy started late. The next obstacle faced is the lack of funding for transportation from the executor of classroom activities for pregnant women. Another obstacle is still the lack of participation of the husband/ family member faced by several public health centers in Balangan. Husband/family is the one which of target antenatal class pregnancy implementation<sup>8</sup>.

### 5. Impact of Antenatal Class Pregnancy

Based on the overall results of the interview,

all respondents expressed a positive impact on the implementation of antenatal class pregnancy. The positive impact of the implementation of antenatal class pregnancy to pregnant women healthy and reduce the risk during delivery, among others, is more a patient/pregnant women who changed their behavior of maternity with village shaman into a midwife and in some areas of public health centers in Balangan no longer found the numbers of infant or child mortality. Impacts that will arise from doing health education activities to behavioral change requires a long time, but if such behavior was successfully adopted by individuals or communities, then the change will take some time, perhaps a lifetime to be performed<sup>10</sup>.

Based on the results of these observations that the implementation of antenatal class pregnancy from the beginning given positive impact on increasing knowledge of pregnant women and the election of delivery assistance, which is originally from the village shaman turned to health care providers. While the scope of delivery by health personnel is not 100%, but this increase is quite an impact on the increase in deliveries by health workers in Balangan. The results are consistent with research conducted by Kartini (2012) where in this study showed that 95.8% of pregnant women who attend antenatal class pregnancy will selecting health personnel as birth attendants, and the factors that influence voting behavior birth attendants are age, knowledge, distance and travel time to health facilities, the cost of delivered, decision makers, health workers role and support of antenatal class pregnancy participants<sup>11</sup>.

#### **B. The Role of Midwife Through Antenatal Class Pregnancy**

Based on the interview stated clearly that the midwife mentoring pregnant women with regular classes. This can be evidenced by the role of the midwife in every implementation of antenatal class pregnancy, ranging from coordination to the division of tasks, and the provision of material. However, the obstacles encountered by midwife in performing their role is still found the class participants who have received the knowledge about delivery by health personnel but they still birth to the local village shaman. The occurrence of resistance caused by local culture against delivered in the village shaman. Meanwhile midwife initiative in moving the creative antenatal class pregnancy still looks so less, where it is reflected in classroom activities

were done only based on the guidance antenatal class pregnancy. This means that antenatal class pregnancy activities carried out for three days with no different activities per day, and generally only three days filled with the provision of material and exercises for pregnant women. The initiative is the ability to perform midwife obstetric care without awaiting orders. It aims to improve the results of the work, creating new opportunities, or avoid problems<sup>12</sup>.

#### **C. The Relation of mother's participation in antenatal class pregnancy with the Election of Delivery Assistance**

Based on the interview, the relationships of mother's participation in antenatal class pregnancy activities with the election of delivery assistance given very positive influence. Pregnant women tend to choose a birth attendant with health personnel after attending antenatal class pregnancy.

However, some little more still found pregnant women who choose birth attendants with village shaman though after joining the antenatal class pregnancy for reasons of access to a midwife home were too far. Implementation of antenatal class pregnancy provides many benefits. The perceived benefits for the mother and the family are as a means to gain a friend, as a means to ask, and also helps the mother in the face childbirth safe and comfortable, as well as improving knowledge of mothers on maternal and child care after birth. In addition, the benefits of which can be felt health care workers are able to know more about the health problems of pregnant women and their families, as well as being closer to the pregnant women and society<sup>14</sup>.

### **CONCLUSION**

The implementation of antenatal class pregnancy in Balangan District running routinely according to the antenatal class pregnancy guideline through the village midwife's role in carrying out their duties. Still found several problems related to funding not yet equally, the infrastructure is not yet ideal, some pregnant women are illiterate, and the participation of pregnant women family especially their husband not optimal because the reasons such as work.

Need to increase midwife and cadres participation to provide counseling and health education about the importance of antenatal class pregnancy for pregnant



women and their families and the support of all parties. Further research is needed to explore the factors that lead an increase of maternal mortality for developing preventive and promotive programs to reduce maternal morbidity and mortality.

**Ethical Clearance:** this study approved and received ethical clearance from the Committee of Public Health Research Ethics of Medical Faculty, Lambung Mangkurat University, Indonesia. In this study we followed the guidelines from the Committee of Public Health Committee of Public Health Research Ethics of Medical Faculty, Lambung Mangkurat University, Indonesia for ethical clearance and informed consent. The informed consent included the research title, purpose, participants's right, confidentiality and signature.

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**Conflict of Interest:** The authors declare that they have no conflict interest.

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