

Implementation of Childbirth Assistance by Independent Midwifery Practice During the Covid-19 Pandemic

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ABSTRACT. Childbirth is one of the health services provided by the Independent Midwifery Practice (IMP) in addition to public health centre and hospitals. IMP providing pregnancy care as well as delivery assistance must be certified, licensed and apply the Normal Delivery Care procedure. Childbirth assistance and care carried out by independent midwives during the Covid-19 pandemic needs attention given that the IMP is one of the available health service facilities in the community. This study aims to identify and evaluate the process of providing childbirth assistance and care by IMP during the Covid-19 pandemic. Methods: A survey was conducted in Aceh Province, Indonesia from March to June 2020. The sample in this study were 90 IMP, selected at random. The survey comprises a questionnaire with open and closed ended questions conducted online. Data processing was carried out using SPSS version 22. Results: From this survey conducted over 4 months, statistics show there were more than 5 deliveries per month on average performed by 35 (39%) IMP, 87 (97%) IMP provided delivery assistance and care during the Covid-19 pandemic, 55 (61%) IMP accepted patients from other areas, 72 (80%) IMP had 1 or more assistants during delivery services, 66 (73%) IMP still allowed patients to be accompanied by their families during the delivery process, during the Covid-19 pandemic 43 (48%) midwives performed special procedures before interacting with patients in the birthing process such as washing hands, 73 (81%) of the IMP never received training/guidance on special procedures for providing delivery assistance during the Covid-19 pandemic, 74 (82%) IMP do not have hazmat suits, 9 (10%) independent midwives used personal protective equipment (PPE) according to Normal Delivery Care procedures and 14 (16%) IMP used a hazmat suit when assisting with childbirth. Conclusion: Delivery and birthing services continue to be provided by IMP during the Covid-19 pandemic and the majority of them allowed patients to be accompanied by their families. Personal protective equipment used adhered to Normal Delivery Care standards, no hazmat suit used.

Keywords: covid-19 pandemic, delivery assistance, Independent Midwifery Practice, delivery care.

1. INTRODUCTION

Corona virus disease-19 (Covid-19) is a virus that has spread throughout the world and has entered Indonesia since March 2020. WHO states that Covid-19 has become a pandemic that has hit the entire world, is a virus that can spread very quickly between humans through droplets from coughing or sneezing which can cause of death. While prevention and treatment are still being carried out considering the Covid-19 vaccine has not been found because it is still in the research and testing stages [1] Health protocols for the prevention and spread of Covid-19 that must be obeyed by everyone, namely wearing masks, washing hands with soap / hand sanitizer, social distancing and physical distancing including quarantine for those who travel outside the red zone [2]. The implementation of health protocols during the Covid-19 pandemic has an impact on public services such as education, offices, religious facilities, including health services, especially childbirth services

2. LITERATURE REVIEW

Childbirth is one of the health services provided at the Midwifery Independent Practice (IMP) in addition to Public Health Centre and Hospitals. Midwives who open IMP are required to have a Midwife Registration Certificate (STRB) and a Midwife Practice License (SIPB) [3]. IMP who provide birth assistance must apply Normal Childbirth Care (APN) according to the National Reproductive Health Insurance National Guarantee for Normal Delivery [4]. APN is a service standard for childbirth care that applies the principles of clean and safe and prevents complications for mothers and their babies.

Childbirth assistance carried out by IMP as a service provider that ensures professional service and accountability in independent practice during the Covid-19 pandemic, so it needs attention considering that IMP is one of the health service facilities that is closest to the community. This study aims to determine how the implementation of childbirth assistance in independent practicing midwives during the Covid-19 pandemic.

3. RESEARCH METHOD

This survey was conducted in Aceh Province, Indonesia from March to June 2020. The sample in this study were midwives who practiced independently, totalling 90 people, taken randomly. IMP is managed by midwives with the following criteria: minimum D3 midwifery education, has a Registration Certificate (STR), a Midwife Practice License (SIPB), and has a practice place that remains in accordance with the standards set by the Indonesian Midwives Association (IBI).

The instrument used in this study was a questionnaire with open and closed questions which was conducted online using Google Form and distributed through social media such as Facebook, WhatsApp Groups, Email and Instagram. This survey includes questions about the knowledge, skills and attitudes of midwives in providing delivery services during the Covid-19 pandemic. The variables surveyed included latest education, age, APN training, length of time to open the IMP, number of deliveries per month, knowledge of covid-19, sources of information about covid-19, serving patients who gave birth during the covid-19 pandemic, serving delivery patients from outside the region, helped deliveries during covid-19, had special training in

childbirth assistance during the covid-19 pandemic, availability of PPE hazmat, PPE according to standards / not, standard knowledge of PPE during covid-19, screening of covid-19 patients, allowing patients to be accompanied by their family during labour covid-19, midwives assisted by assistants in helping deliveries during covid-19, implementing health protocols in childbirth services during covid-19, a special procedure in assisting childbirth during the Covid-19 pandemic. Survey data processing is displayed in tables, graphs are processed using SPSS version 22 software

4. RESULT AND DISCUSSION

From a survey conducted for 4 months, it was found that midwives with the latest Diploma III education were 51 midwives (56.7%), 29 midwives (32.2%) Diploma IV, 3 midwives (3.3%) with Bachelor of Midwifery degree and 7 midwives (7.8%) with Masters in Midwifery degree. Based on the Midwifery Law No. 4 of 2019, the minimum education requirement for a midwife who opens IMP is Diploma III midwifery vocational education. The minimum education requirements are in accordance with the 2019 midwife law

TABLE 1. Respondents characteristics

Categories	N = 90	%
Latest Education		
1. DIII Midwifery (Vocational)	51	56,7
2. DIV Midwifery (Vocational)	29	32,2
3. Bachelor of Midwifery	3	3,3
4. Masters in Midwifery	7	7,8
Age		
1. 21-30 years	5	5,6
2. 31-40 years	20	22,2
3. 41-50 years	47	52,2
4. 51-60 years	18	20
5. > 61 years	0	0
Time span manage IMP		
1. < 1 year	5	5,6
2. 1-5 years	4	4,4
3. 6-10 years	20	22,2
4. > 10 years	61	67,8

Based on the survey results on the age variable, 47 midwives (52,2%) were aged 41-50 years, 20 midwives (22,2%) were aged 31-40 years, 18 midwives (20%) were between 51-60 years old, 5

midwives (5,6%) were between 21-30 years old, and none of the midwives were older than 61 years (elderly). This shows that midwives who are still

managing IMP are midwives who are fit, healthy and of the working / productive age.

The time span for midwives to manage IMP was 61 midwives (67,8%) more than 10 years, 20 midwives (22,2%) 6-10 years, 5 midwives (5,6%) less than 1 year, 4 midwives (4,4%) more than 1 year. The Midwifery Law No. 4 of 2019 states that midwives with the latest D-III Midwifery education who have managed IMP before the midwife law was enacted are

still given the opportunity to continue managing IMP while continuing professional education until 2026. The work period of midwives in managing IMP will affect quality and the quality of normal delivery care and can minimize the occurrence of complications during delivery and postpartum [5]. Learning and work experiences can improve the quality and quality of good midwifery care services and can increase the professionalism of a midwife [6].

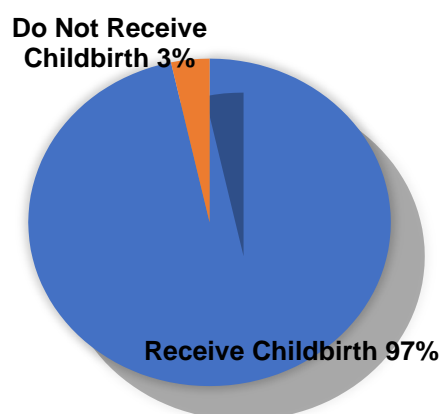


FIGURE 1. Receive Childbirth Services During the Covid-19 Pandemic

As many as 87 IMP (96,7%) continued to receive childbirth services during the Covid- 19 pandemic and the remaining 3 IMP (3,3%) did not provide delivery assistance. During the Covid-19 pandemic, IMP can still provide delivery assistance. This is guided by the Guidelines for Pregnant Women, Postpartum and Newborns During Social Distancing [7]. With the provision of being able to sort and select patients who can be assisted in childbirth at IMP or who must be referred to the hospital. Patients with no Covid-19 symptoms and certainly have never had physical contact with a patient infected with Covid-19 can be considered admission and given birth assistance services. However, if when screening there are symptoms of Covid-19 such as fever, cough, runny nose, the patient is immediately referred to the hospital [8].

Services for delivery patients who come from outside the IMP location can be served by midwives

who manage IMP on condition that they conduct initial screening of patients and their families who accompany the patient. Initial screening includes asking for the zone where the patient lives, is there a red zone, yellow zone, orange zone or green zone. Furthermore, ensuring that the patient is free from the symptoms of Covid-19 and has never had physical contact with a patient who has been confirmed as Covid-19 [9].

Childbirth is something that occurs naturally and cannot be planned. Midwives who manage IMP should create a conducive atmosphere by providing comprehensive and safe midwifery care to every mother who comes to give birth and also to her baby [10]. Helping childbirth during the Covid-19 pandemic is still allowed by first screening patients who come. If the patient's history shows the risk of contracting Covid-19, the patient is referred immediately [7].

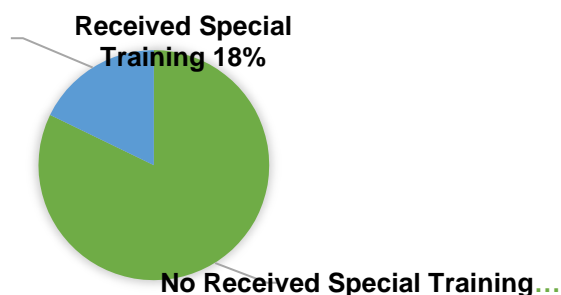


FIGURE 2. Special Training for Midwife During Covid-19 Pandemic

During the Covid-19 pandemic, the survey results found that 74/90 IMP (82,2%) had never received special training for childbirth assistance, 16 (17,8%) ever training. Apart from the ban on mass gathering in general, the Covid-19 pandemic also occurred suddenly and there has never been a problem as severe as the Covid-19 pandemic before. However, information about midwifery services at IMP is

conveyed through scientific meetings held online and a manual for midwifery services on pregnancy, childbirth and childbirth and newborns during the COVID-19 pandemic [11]. Information conveyed, for example, was about the initial screening of patients who came, the use of PPE with level 2, and other health protocols [12]

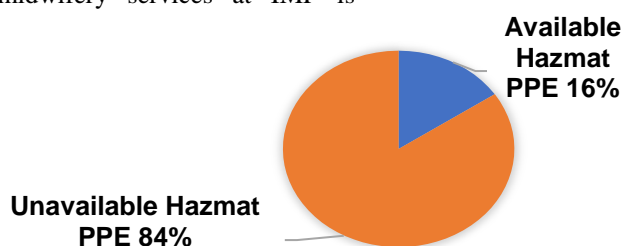


FIGURE 3. Availability PPE Hazmat at IMP

The unavailability of PPE hazmat at 76 IMP (84,4%), available of PPE hazmat at 14 IMP (15,6%) when this survey was carried out it was still in the early stages of spreading covid-19 to Indonesia, so the availability of PPE hazmat is still very limited for health facilities such as hospitals and Puskesmas including IMP. In addition, IMP is not a place that can serve pregnant, childbirth and postpartum patients with Covid-19 symptoms so that if a patient with Covid-19 symptoms arrives, they are immediately referred to a higher type of facility. A study conducted by [13] states that the majority of midwives have not used PPE according to level 2 standards when giving birth assistance during the Covid-19 pandemic. However, midwives only use PPE according to APN standards or equivalent to level 1. Hazmat is a standard garment that must be worn by medical personnel including midwives when facing the Covid-19 pandemic [14].

Screening for covid-19 patients is carried out by taking anamnesis or an interview when the patient first comes to IMP. In this survey, there were 2 IMPs who were still doing delivery assistance to patients who were at risk of contracting Covid-19. This is due to a lack of information about the screening of patients during Covid-19. This is evidenced by the 74 IMP who have never received information about the management of obstetric patients during the Covid-19 pandemic. Patients giving birth during the Covid-19 pandemic need to be screened early, with the question of whether the mother has fever, cough or other respiratory problems / and whether the patient has had contact with a patient who is suspected or has been positive for Covid-19 based on the results of a rapid test or swap test. Then the patients were divided into 2 groups, the symptom group and the risk group. Groups with covid-19 symptoms need to be consulted with an anesthetist and also carry out a covid test, but

groups with no symptoms need to be self- quarantined [8].

The survey results showed that 66 IMP (73,3%) still allowed their patients to be accompanied by their husbands / families during the delivery process. The APN management reference book, patients are required to be accompanied by their husband (standby husband) or family during the delivery process [8]. The husband's role is needed during childbirth, and the husband's job is one of the factors that play a role in childbirth [15]. Childbirth companions can improve the smoothness of the delivery process, because the presence of a husband or family can reduce the

psychological and emotional burden of the mother giving birth [16]. However, during the Covid-19 pandemic, patients who give birth cannot be accompanied by their husbands / families to minimize the risk of contracting Covid-19 to mothers and babies. Mothers giving birth in midwifery facilities are still allowed to accompany childbirth, but it is limited to one person only. It is certain that childbirth assistants are not sick with Covid-19 symptoms such as: fever, cough, flu and are advised to maintain health protocols such as wearing masks and washing hands [17].

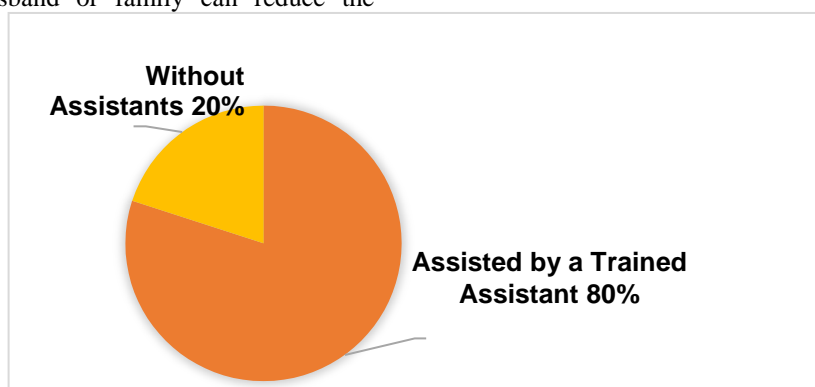


FIGURE 4. Assisted with Trained Assistant

In organizing IMP, midwives are assisted by a trained assistant from health or non- health personnel. The survey results showed that 72 IMP (80%) were assisted by assistants in delivery assistance [18]. Whereas 18 IMP (20%) provided childbirth assistance without assistants, this is actually not justified according to Permenkes considering that during the Covid-19 pandemic the patient was not accompanied by a husband / family during the delivery process.

Especially if there are complications or complications in the delivery process such as bleeding that requires assistants to help manage the External Bimanual Compression (KBE) procedure. The survey results showed that 43 IMP (47,8%) applied special procedures or implemented health protocols in assisting childbirth during the Covid-19 pandemic including using complete PPE, washing hands, screening / initial patient screening, providing hand washing facilities at the entrance, providing masks for patient, keeping distance. This is as in general preventive efforts that can be done by mothers who give birth and postpartum, including: Wash hands with soap under running water, avoid touching eyes, nose and mouth before washing hands, avoid meeting

directly with sick people if you have to meet using masks that are according to standards Covid-19 [14].

5. CONCLUSION

Childbirth assistance in independent midwives during the Covid-19 pandemic is still carried out and patients can be accompanied by their families. In providing delivery assistance, midwives apply APN and are assisted by 1 assistant. PPE used according to APN standards, not PPE hazmat.

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