

# How is the Midwife's Self-Management System? A Lesson from the Independent Practice of Midwives Bekti, Kulon Progo, Indonesia

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## Abstract

**Background:** globally the existence of the midwifery profession is needed by a wide range of stakeholders. The midwife profession has been proven to be able to change discipline and leadership in the world of health. Independent Practice Midwives (PMB) becomes one of the basic health facilities engaged in the field of women's health in which requires the management of health management.

**Methods:** this type of research uses descriptive quantitative methods to look at the management of the Independent Practice system of Midwives Bekti, Kulon Progo. The populations in this study are all officers who are registered as employees. Samples are being used in this study determined by accidental sampling, namely employees who were found to be at work at the time of the research was carried out, as well as the founder of PMB.

**Results:** building requirements, space and infrastructure can be known that the percentage number that has met the standard as much as 95% and 5% of them that do not meet the fire extinguisher (APAR) is not available in ready-made conditions. The percentage of employee indicators has met as much as 100%. The entire process of each examination is recorded in the patient's Medical Record (RM) in the form of a book or hard copy. The types of services provided include ANC (Antenatal Care), Ultrasound, pregnant women, maternity, post-partum and infants, MTBS (Integrated Management of Sick Toddlers), family planning for pills, injections, implants, Intrauterine Device, simple Emergency Unit services, infant massage and immunization.

**Conclusion:** Organizational Management in PMB Bekti Kulon Progo has fulfilled the requirements rules in the implementation of Standards of Midwifery Services and permenkes RI Number 28 Year 2017 on the License of Midwife Practice Implementation but in the use of ambulances are still not in accordance with health standards.

## Keywords

Management, Midwife, PMB

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## INTRODUCTION

Globally the existence of the midwifery profession is needed by a wide range of stakeholders. According to research conducted by Fealy, et al concluded that the midwife profession changed discipline and leadership in maternal and child health[4]. This can be proven by the issuance of various laws related to midwifery and maternal and child health in each country. Research conducted by Walker,et al states that midwives working in clinics are able to change laws that restrict business-related matters in terms of midwifery such as the implementation of clinics for mothers and children, the birth of babies and maternity assistance for women with low incomes conducted outside the hospital[27]. The statement is in line with research conducted by Ventura, et al which is states that it is important for a midwife as a multiprofessional person to improve policy regulations in the field of women's health[26]. This has contributed greatly to tackling maternal and child health problems.

It is well known that the main health problem of each country is the high maternal and infant mortality caused by

pregnancy, childbirth and sedophany. The World Health Organization reports that every day women die approximately 810 people due to pregnancy or childbirth, in 2017 it was mentioned that 295.000 women died from childbirth or pregnancy[28]. A report from the Ministry of Health of the Republic of Indonesia states that Indonesia is a country that still contributes a high maternal and infant mortality rate of 305 per 100.000 live births at the end of the 2015 period[10]. Given this, midwives as health workers who focus on maternal and child health are very important in the strategy of decreasing maternal and infant mortality. One of the efforts carried out is the establishment of independent practice of midwives who are in the middle of rural communities. Uwizeye in his research mentioned that the professionalism of a midwife from various health institutions has proven her commitment and contribution in terms of the advancement of midwifery in every corner of the world. Midwives are able to conduct cross-cultural collaboration with medical who produce holistic elements in it in accordance with maternal and child health needs[24].

Indonesia has established a Regulation of the Minister of

Health of the Republic of Indonesia Number 28 of 2017 concerning License and Implementation of Midwife Practice[13]. It is known that the number of independent practices of midwives in the territory of Indonesia reaches 66.3%[14]. Independent Midwife Practice which is hereinafter abbreviated as PMB is a basic level health facility in which requires management as well as other health facilities. However, until now there are still few journals that discuss management in midwifery practice. Therefore, researchers are interested in discussing management in Independent Practice of Midwives.

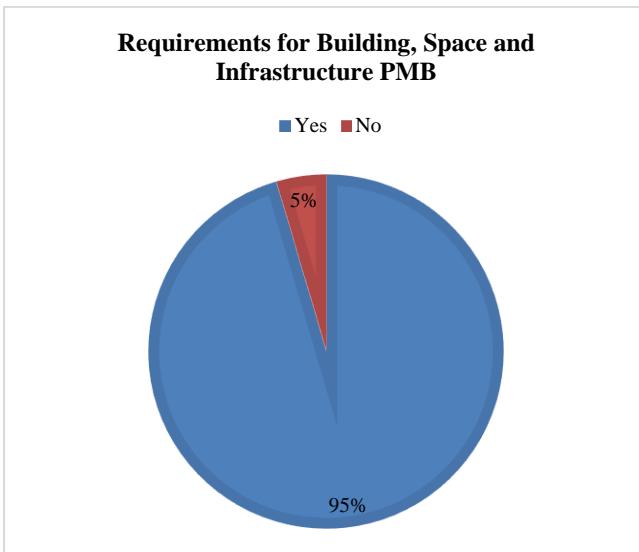
## METHOD

This type of research uses descriptive quantitative method to see the management of Independent Practice system of Midwife Bakti Kulon Progo located in Gegulu Village, Gulerojo Village Lendah District, Kulonprogo Regency, and Special Region of Yogyakarta. This research was conducted from January 22 to February 4, 2019. The populations in this study are all officers who are registered as employees in The Independent Practice of Midwives Bakti Amd.Keb. Samples used in this study were determined by accidental sampling, namely employees who were found to be at work at the time of the research was carried out, as well as the founder of Independent Practice Midwives in this case Midwife Bakti Amd.Keb. In this study uses two types of data collection methods, namely primary data and secondary data. Primary data was obtained through direct interviews with respondents, as well as direct observations at the location of Midwife Self-Practice. Secondary Data Obtained from the administration of Independent Practice Midwives where research is carried out. The collected data is processed manually using a calculator, and then the results are presented descriptively in the form of tables, diagrams with explanations

## RESULTS AND DISCUSSIONS

### Structural Aspects / Input Independent Practice Midwives

The following physical and building aspects are a combination of interviews and observations that have been done, showing that the Midwife's Independent Practice has 9 areas including the registration room, patient waiting room, anamnesis room and counseling, patient action room, pharmacy room, two delivery rooms, a study room, a rest room for officers, a patient bathroom and a parking area that has been equipped with tools and materials to support the practice of services to patients. This is done calculations and percentage forms as follows:



**Figure 1.** Requirements for Building, Space and Infrastructure PMB

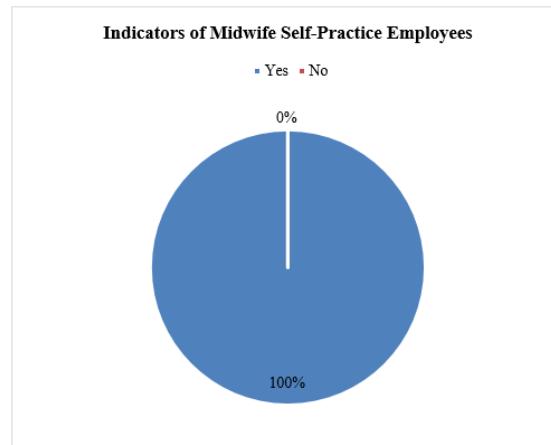
Based on the diagram of Building, Space and Infrastructure Requirements, it can be known that the number of percentages that have met the standard as much as 95% but there are still some who do not meet as much as 5% that is not available fire extinguishers (APAR) in ready-made conditions. This measurement is carried out by referring to the Regulation of the Minister of Health of the Republic of Indonesia Number 28 of 2017 concerning The License of Midwife Practice Implementation. Another thing found is that these basic health facilities do not provide standard-based ambulances to refer patients. In in-depth interviews, when health workers or midwives experience obstacles where they have to make patient referrals, they will use their own private car, unfounded by ambulance standards. This is different from other basic health facilities such as health centers.

In a study conducted by Sri Nuryati in 2017 conducted in the puskemas sleman district stated that the health center has an ambulance inventory as an operational support facility for patients in need. Ambulance inventory of each puskesmas averages 2 units of amulans in each health center in Sleman Regency[18]. Even the latest research in 2020 by Yuliastuti, et al mentioned that the Semarang Bangetayu Health Center has succeeded in organizing the Great Ambulance Program Si Cepat in supporting the implementation of the PONED Bangetayu Health Center based on the partnership element has a great opportunity to synchronize. There are 4 elements of partnership that become supporting factors, namely aspects of openness and trust, clear & measurable goals, willingness to sacrifice, and mutual benefit[9].

Another research conducted by Marda Nova in 2018 created an ambulance service application for android-based emergency situations, providing some conclusions including the application can bring up the location of the nearest hospital from the emergency event in Yogyakarta, especially Sleman Regency, the application can bring up the number of hospitals registered in the application located in the city of

Yogyakarta especially Sleman Regency and application user can send emergency messages to the nearest hospital in Yogyakarta city via smartphone[17]. In an effort to hold ambulances at the basic health care facility level, the Indonesian government has sought a program known as village standby ambulance in accordance with the Decree of the Minister of Health of the Republic of Indonesia with the number: 564/Menkes /SK/VIII/2006 on August 2, 2006, but according to research conducted by Ubaidilah in 2018 mentioned that the implementation of village standby ambulance operations in Jogoloyo Village has not been able to be done to the maximum, the village only reports to check the physical condition and vehicle number certificate of the Village Standby Ambulance car once a year, this is not in accordance with the procedure of utilizing the Village Standby Ambulance point 11 that each Village Head / Lurah as the person in charge of the utilization of Village Standby Car must report the utilization of Village Standby Car to the Sub-District every quarter. There are no reports of the utilization of Village Standby Ambulance cars in Jogoloyo Village regarding the username, date of use, purpose of use, angaka kilometers departing, number of kilometers home, driver, in the procedure of utilization of Village Standby Ambulance point 9 that there must be a report on the username, date of use, purpose of use, angaka kilometer departing, number of kilometers home, driver, thus it can be concluded that in the Village Standby Ambulance Operations have not carried out in accordance with the procedures of utilization of Village Standby Ambulance[23][12]. One of the main drivers of the success of standby villages is village midwives, but further research conducted by Nawalah in 2010 mentioned that there is no relationship between individual characteristics, psychological state, attitude and motivation to work village midwives with the process of community empowerment in the standby village program[15].

Another input aspect is the number of Human Resources working in the Midwife's Independent Practice. It was found that the total number of employees consisted of two midwives with graduates of Diploma III Midwifery, each of which has had STR (Registration Letter) and one pharmacy officer with graduates of Vocational High School Pharmacy and one owner of the independent practice of the midwife who is also a midwife clinical practitioner in patient care, has the last educational qualification Bachelor of Applied Midwifery equipped with SIPB (License of Midwife Practice) and STR (Registration Letter) Midwifery. The following is a diagram of the percentage measurement of the requirements of the number of employees in The Independent Practice of Midwives according to the Regulation of the Minister of Health of the Republic of Indonesia Number 28 of 2017 concerning The License for The Implementation of Midwife Practice



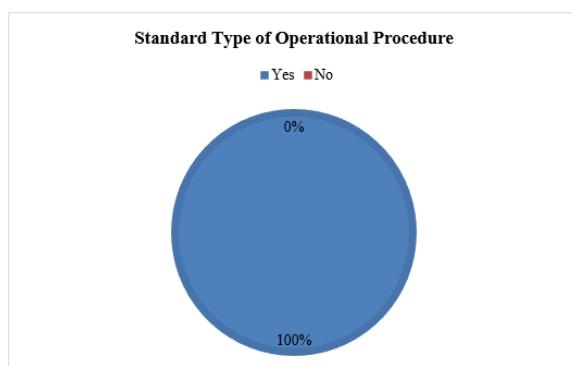
**Figure 2.** Indicators of Midwife Self-Practice Employees

Based on the diagram above, it can be found that the percentage of employee indicators has met as much as 100%. So the author concluded that the Independent Practice of Midwives is in accordance with the Regulation of the Minister of Health of the Republic of Indonesia Number 28 of 2017 concerning The License of Midwife Practice Implementation. Based on Law No. 4 of 2019 on midwifery clause 14 namely Independent Practice Midwives is a Health Service Facility organized by Midwives graduates of Professional Education to provide direct services to clients, furthermore clause 73 states that the Midwife Registration Letter which is then abbreviated to STR that can be obtained when passing the midwifery competency test and Midwife Practice License abbreviated to SIPB is a mandatory thing that must be owned by midwives in the establishment of Independent Midwife Practice with limited time can be extended by meeting certain requirements. In the clause 76, midwives who graduated from diploma 3 education and midwives graduates of diploma four education who have carried out midwifery practice independently in place of Independent Practice midwives before this law was enacted, can carry out midwifery practice independently in the Place of Independent Practice Midwives for a period of not later than 7 years after this Law was enacted[13]. Jane L Carr in her research mentioned that there is a relationship between employee interest in a field and the value of competence[2].

Therefore in this case the founder who is also the owner of Independent Practice Midwives has the appropriate educational qualifications and competencies in the implementation of the Midwife Practice License. The presence of village midwives in each region is very important, given that the indicators of achieving improved maternal health are lower maternal mortality and the increasing proportion of birth aid by trained health workers. Trained health workers, in this case one of them is a midwife with a minimum education qualification diploma III and it has become known that the tip of the tombang in maternity assistance by health workers is midwives. Even if it refers to the concept of standby village (Kepmenkes no. 564/menkes/SK/VIII/2006) the target in every village in all regions in Indonesia there is at least one midwife[12]. In East

Java, the results of Pramono's research, et al in 2012 showed a very significant relationship between infant mortality and the percentage of last delivery aid workers[19].

The types of services provided include ANC (Antenatal Care), ultrasound, pregnant women, maternity, dental and infant, MTBS (Integrated Management of Sick Toddlers), family planning for pills, injections, implants, intrauterine device, simple emergency services and baby massage. Each type of service has its own standard of service. This has been contained in the SOP (Standard Operating Procedure) with a total of 29 SOPs. The vulnerable determination of the number of service rates to patients ranges from 2 to 100 \$.



**Figure 3.** Types of Standard Operating Procedures

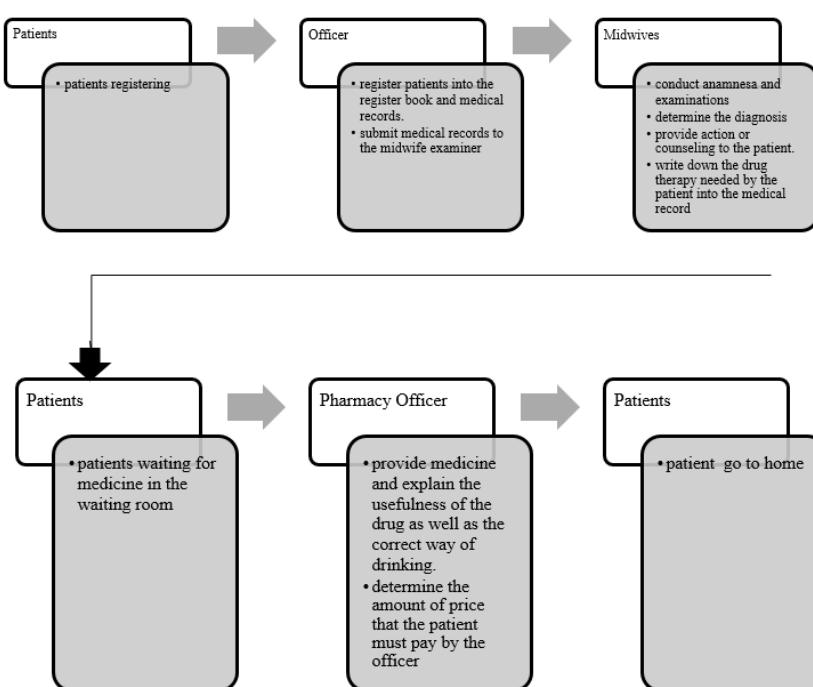
Based on the diagram of the Type of SOP (Standard Operational Procedure) in The Independent Practice of Midwives Bakti Sri Astuti it can be concluded that all SOP that must exist and be available in these health facilities are available and carried out in accordance with existing services, and it is in accordance with the Standards of Midwifery Services and decrees ri Number 28 Year 2017 on The License of Midwife Practice Implementation. Like other

basic health facilities such as health centers and hospitals, Independent Practice Midwives also have SOP (Standard Operational Procedure) in every action. Research conducted by Dian in 2016 mentioned that there is an influence of managerial function of puskesmas head and motivation of midwives with the practice of implementing sop pre-eclamsi and exclamasi[3].

According to research conducted by Hidayati in 2012 mentioned that the results of regression test factors that affect the compliance of the implementation of basic health service SOP is sop policy with a large significance of 0.014[8]. This indicates that the existence of SOP policy can be a policy guideline that becomes the basis of all organizational, operational and administrative activities. Policy as an unwritten rule of the leadership becomes important for subordinates to carry out an activity that is not yet clear impact as a basis or protection for the officer himself. But the practice in the field shows that not all health workers are able to perform in accordance with the sop that has been set. Research conducted by Hakam in 2018 stated that in its implementation of distribution activities and provision of medical records files are not based on the applicable SOP and health workers do not understand the contents of the SOP. The lack of understanding of officers related to the existing SOP, caused by socialization is not carried out thoroughly and continuously, and the absence of controlling mechanisms in monitoring the suitability of SOP with the activities that take place[6].

### Process Aspects

In this study found the process or flow of examination of patients as follows



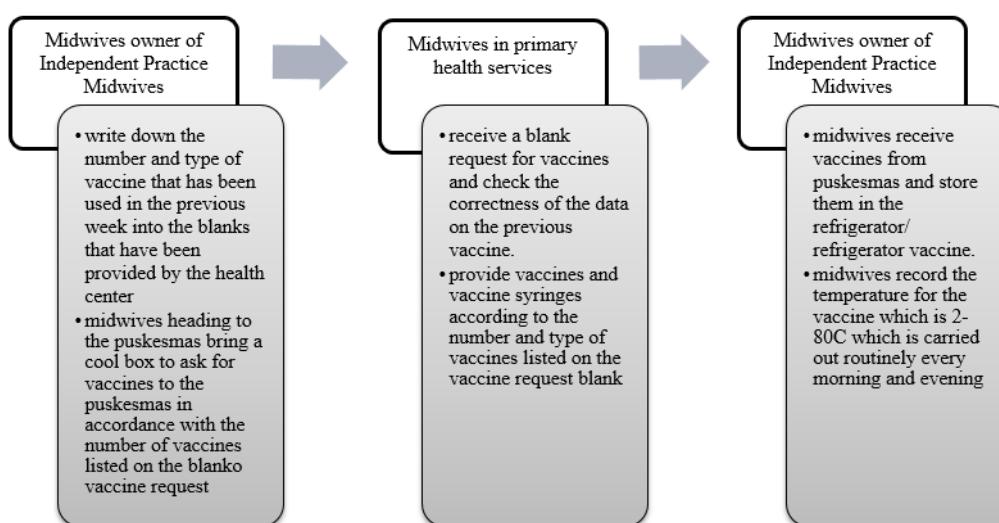
**Figure 4.** General Patient Screening Flow

The entire process of each examination is recorded in the patient's medical record in the form of a book or hard copy. Vafaei's research mentioned that the importance of documenting in health care practices can improve the quality of leadership and can be easily monitored and controlled continuously[25]. Documentation in midwifery practice can be detailed legal recording evidence in the patient's medical history. In addition, it can be a means of communication between health workers professionally. But the research conducted in this basic health facility, has not been able to record the patient's health history in the form of soft copy through a computer such as other health facilities such as hospitals or health centers. Research conducted by Matt-Mouley Bouamrane mentioned that the use of computer systems to memenagmen in documenting health services is statistically related in the effectiveness of communication between health officers in several teams (Bouamrane & Mair, 2014).

This is related to the condition of independent practice of midwives in Indonesia, considering that these health facilities also require communication between other hospital teams to discuss referrals to patients. Thus, health officers can see the recording clearly, thoroughly and completely from the beginning of the examination to the end of the examination of the patient, if it is carried out by every health facility in the independent practice of midwives in Indonesia. On the other hand Andrew H Sims mentioned that technology contributes highly in health services especially for some pathology diseases such as tumors and breast cancer[20]. Technology is a mandatory tool used in supporting patient care. In this study, no virtual services have been found to be performed to patients. Research conducted by Nerpin, et al mentioned that virtual tools are increasing among health facilities. This can

complement the treatment of patients, especially in clinical management[16].

The types of services provided include ANC (Antenatal Care), Ultrasound, pregnant women, maternity, post-partum and infants, MTBS (Integrated Management of Sick Toddlers), family planning for pills, injections, implants, Intrauterine Device, simple emergency unit services, infant massage and immunization. In Indonesia midwives are very attached to their duties as women's health centers, especially in the process of birth or childbirth. Jordan, et al, noted that the independent practice of midwives is not only a place of holistic birth care, but also a female-centered birth study and investigation[11]. Research conducted by Foster,et al, it is because nurses and midwives implement quality improvement care, they seek to develop sustainable and transferable programs that can be available elsewhere where nurses also manage maternity care in the same way (Foster & Heath, 2007). According to research conducted by Kyu Than also helps in normal childbirth and helps provide immunization services. In practice, they also give oral supplements to pregnant women (84%), give antibiotics to mothers during the period of sedation (43%), and give misoprostol to prevent postpartum bleeding (41%) (Than et al., 2018). The vulnerable determination of the number of service rates to patients ranges from 2 to 100 \$. According to research conducted by Stone, et al mentioned that there is a link between the large cost and the interest of patients to visit the hospital, while immunization services for children and pre-marriage can be done in the independent practice of midwives but the flow of vaccine taking is carried out in the health center of the basic services of the region still[21]. The chart is as follows. The following is the vaccine management flow.



**Figure 5.** Vaccine Management Flow

### Output Aspect

According to Hasibuan, Output is the result of a management job, the result or output is the result of the implementation of activities[7]. As a result of the

implementation of activities in PMB Bakti Sri Astuti has provided the implementation of services in accordance with the standards of midwifery services, ranging from midwifery care, KIE (Information Communication and Education), and so forth. However, the results of this study showed that every

activity that has been done during the practice period is not evaluated as a benchmark in providing services to patients. Research conducted by Jepsen, et al, on the case of midwifery is a form of work with inherent and inescapable commitments and obligations that put forward the desire of midwives to do their best and in return receive awards, social recognition and meaningful work with high job satisfaction[11]. There is a balance between the benefits of meaningful work and the loss to the personal life of the midwife, but it turns out that the benefits outs outsideside her.

## CONCLUSION

Management Organization in Independent Practice Midwife Bekti, Kulon Progo has fulfilled the rules of requirements in the implementation of Standards of Midwifery Services and permenkes RI Number 28 Year 2017 on The License of Midwife Practice Implementation but in the use of ambulances are still not in accordance with health standards.

## ACKNOWLEDGMENTS

The research result has been reviewed and presented for management practice exam in profesi-midwifery

## CONFLICT OF INTEREST

There is not conflict of interest in this research.

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