The Students’ Comprehension on the Philosophy of Maternity Care “Women Centered Care” Based on the Report of Continuity of Care (COC)

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ABSTRACT

Background: The mortality rate of maternal woman in Indonesia has significantly increased reaching 359 per 100,000 live births. One solution to decrease the number of mortality rate of maternal woman is through high quality maternity care. The qualified midwives come from a standard of education based on the philosophy of maternity care. Continuity care (COC)maternal clinic model of learning is proven in giving wide chances for the student to learn the philosophy.

Objectives: reveals the level and form of students’ comprehension toward the maternity care “woman centered care”philosophy, the application of PKK-CoC, and the quality of maternity careCoC in STIKES Estu Utomo Boyolali.

Method: this study is carried under mixed method and sequential explanatory strategy. The qualitative parts are fulfilled by the use of analtic descriptive design, while the quantitative side is carried under case study design. The population and sample of this study is 55 students of STIKES Estu Utomo Boyolali who have taken PKK-CoC. The sample for qualitative design is taken using mixed purposive sampling which are criterion and intensity sampling.

Result: qualitatively, students overall comprehension is good. However, the documentation of maternity care in partnership care is still ineffective. Quantitatively, students overall comprehension on personalized care, holistic care, collaborative care, and evidence based care is also good. Partnership care is the only aspect considered in effective.

Conclusion: the maternitycare continuity of care shows that client and family are in good health, all the care given shows zero mortality rate, client feels safe and comfortable, and client has correct and fast care. It is also found that students’ confidence, skills, and comprehension are increased. It is suggested that the stakeholder can include the PKK-CoC model into curriculum of midwife education.

Keywords :maternity care philosophy, women centered care, continuity care

INTRODUCTION

Background

The mortality rate of maternal woman in Indonesia, based on Indonesian health demography survey, reaches 359 / 100,000 live births on 2012. The efforts to decrease AKI include the provision of competent and professional midwife. This provision is preceded by building a qualified educational institution which is able to deepen the students’ comprehension on midwife philosophy “women centered care” and facilitate the students in experience gathering and fulfill their duty to public.

The practice of midwife cliniccontinuity of care (PKK CoC) is proven in widening the chance of the students to enhance their comprehension of maternitycarephilosophy. The effort to enhance students comprehension is carried by theoretical
addition and practical implementation to give broad, real and comprehensive experiences for the students.

Maternity care on most of the midwife education institution is still using maternity care case target (report quantity evaluation) without any preparation and experience on maternity care continuity (continuity of care) which is unrelated to the philosophy of maternity care.

Thus, a study revealing students’ comprehension of maternity care philosophy using continuous maternity care (continuity of care) report is needed.

Method

This study is carried under mixed method design and sequential explanatory strategy in which the quantitative data collection and analysis is applied first then followed by qualitative analysis. Quantitative aspect of this study is carried under descriptive analytics while qualitative aspect is carried under case study design.

The sample used for quantitative study is the whole population which is 55 students of STIKES Estu Utomo Boyolali who have done PKK-CoC. While qualitatively, the sample is 5 students from 4th semester of STIKES Estu Utomo Boyolali in praktik klinik kebidanan continuity of care taken using mixed sampling method (criterion and intensify sampling).

Result

Qualitatively, the comprehension of students on every aspect (personalized care, holistic care, partnership care, collaborative care and evidence based care) is good. The problem occurs on documentation the report of maternity care on partnership care aspect. Quantitatively, the researcher found similar problem in partnership care.

The result of quantitative study can be seen on table 4.5. below.

<table>
<thead>
<tr>
<th>Component</th>
<th>Sub Component</th>
<th>Coding/ Meaning</th>
<th>Coding/ Final Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personalized care</td>
<td>Identifying special needs of every clients</td>
<td>Main complaints are only found on ante-natal and post-natal care report. However, the complaints are not found in labor report.</td>
<td>Knowing how to reveal the client’s main complaint.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The data shows that the way to reveal clients’ main complaints is through direct interview. This will reveal clients’ problem in detail thus will also reveal clients special needs. However, the interview is not conducted in labor since the client has complication.</td>
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<tr>
<td>Giving appropriate care according to clients’ needs</td>
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<tr>
<td>Honoring the clients’ rights to choose the form of care given</td>
<td>The maternity care report contains evaluation of procedure which is chosen by the clients and its alternatives.</td>
<td>Knowing the function of honoring the rights of clients on giving appropriate care.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>The data shows that honoring clients rights can be done through letting the clients know and choose the procedure. This is</td>
<td></td>
</tr>
</tbody>
</table>

Table 4.5. Categorization and Coding/Meaing on every component of Maternity care Continuity of Care report and Semi-Structured Interview

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Holistic care

Paying attention to clients' physical needs

The maternity care report should contain complete physical examination result (head-to-toe).

The data shows that the way to give attention to clients' physical needs is by doing complete physical examination. This will reveals clients physical problem and their physical needs.

Paying attention to clients' psychological needs

The maternity care report should contain psychological data consist of clients anxiety; clients' feeling during pregnancy (graviditas), labor (partus), and puerperium; and acceptance or refusal on pregnancy (graviditas), labor (partus), and puerperium.

The psychological data is obtained by interviewing the clients, and analyzing their psychological state. The interview will reveal psychological needs of clients. However, the interview is not conducted in labor since the client has complication.

Paying attention to clients' spiritual needs

The maternity care report should contain data on spiritual activities of clients such as prayers activities, recital during pregnancy (graviditas), labor (partus), and puerperium; zikir recited on pregnancy (graviditas), labor (partus), and puerperium based on clients religion.

Spiritual needs data is acquired by interviewing the clients. This is important to reveal and analyzed spiritual problem clients had. Knowing the problem leads to appropriate way to fulfill clients' spiritual needs. Spiritual needs are not documented during
Paying attention to clients’ cultural needs

The maternity care report should contain clients’ cultural data such as traditional customs regarding pregnancy (graviditas), labor (partus), and puerperium which are believed and applied by the clients.

Cultural needs data is acquired by interviewing the clients’ didapatkandengan menanyakan kepada klien. This is important to reveal and analyzed clients’ cultural states in order to point out clients’ cultural needs. However, the interview is not conducted in labor since the client has complication

Partner care

Involving the client and her family in identifying needs on every phase (pregnancy, labor, and puerperium)

The maternity care report did not mention any familial (husband, parents, parents in-law, siblings, other family member) involvement on every reports of maternity care given to the researcher (objective, analysis, and procedure).

The informant of study stated that they have been involving the family

Comprehending how to involve the family in identifying, however it is undocumented.

Cooperating with the client and her family in giving care during pregnancy, labor, and puerperium

The maternity care report did not mention any cooperation with client’s family (husband, parent, parent in-law, siblings, and other family member) on the procedure given.

The informant of study stated that they have been cooperating with client and her family in giving appropriate care and procedure. However, this is not documented because of several reasons such as forget, no advice given by advisor, no such documentation on prior reports, and some of the advisor did not encourage to mention the involvement of family.

Involving the client in deciding of care

The maternity care report mentions evaluation of each steps of procedure including client’s

Comprehending how to involve the client in deciding on
<table>
<thead>
<tr>
<th>Component</th>
<th>Sub Component</th>
<th>Coding/ Meaning</th>
<th>Coding/ Final Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Component given during pregnancy, labor, and puerperium</td>
<td></td>
<td>decision to do the care.</td>
<td>care given to her.</td>
</tr>
<tr>
<td>Collaborative care</td>
<td>Identifying risk factors on clients and discussing with advisor</td>
<td>The maternity care report mentions the analysis of subjective and objective data and secondary examination. Most of them are without consultation sheets.</td>
<td>Comprehending how to identify risk factors</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2 Comprehending that every care including analysis result should be consulted with advisors avoiding any mistakes in care giving.</td>
</tr>
<tr>
<td>Making consultation and collaboration and referral plan according to complication of client</td>
<td></td>
<td>The maternity care report contains complete data on identification of complication and preparation of P4K (program perencanaanpersalinan dan pencegahan komplikasi – labor planning and complication prevention).</td>
<td>Comprehending how to prepare consultation and referral regarding client’s complication.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2 Comprehending the function of preparing</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3 Comprehending the procedure of monitoring the state of client after referral process.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>In referral case, the maternity care report contains the data on student involvement in referral process and also SOAP data when referral case happened. In normal case, the report contains procedure for normal case. The informer stated that in complication case and in need of referral, the midwife always accompany the client, monitoring client’s state according to the procedure applied in referral place. In continuous care, a midwife should monitor and accompany the client the whole time.</td>
</tr>
</tbody>
</table>

The informer stated that the P4K data is completely obtained. This data is important in handling complication and preparing the clients for referral case. In referral case, the maternity care report contains the data on student involvement in referral process and also SOAP data when referral case happened. In normal case, the report contains procedure for normal case. The informer stated that in.

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Component | Sub Component | Coding/ Meaning | Coding/ Final Meaning
--- | --- | --- | ---
complication case with referral she monitors client’s state after referral according to procedure. By monitoring clients state, midwife care can be given whenever necessary.

Evidence Based care
Using up to date literature as basis on planning and giving care for clients
The maternity care report contains up to date literature in its content and bibliography. Up to date means published after 2007. The literature is considered as the basis of theory for care given.

The informan stated that the literature is chosen based on the case of clients in case overview (chapter 2). The literature published maximum within 10 years since the report is made. Every informant is able to describe the usage of literature in maternity care.

The function of the literature is as the basis on giving maternity care which is written in chapter 3 and discussed on chapter 4. The rational is included in chapter 3. The informan stated that rationale is taken from references ans sources such as books and previous continuity care.

Showing the rationale of the whole maternity care based on the latest evidence for
The result of quantitative study is given in the following table.

<table>
<thead>
<tr>
<th>Num.</th>
<th>Category</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Personalized care</td>
<td>51 93</td>
</tr>
<tr>
<td></td>
<td>Good Comprehension</td>
<td>4 7</td>
</tr>
<tr>
<td></td>
<td>Average comprehension</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Holistic care</td>
<td>47 85</td>
</tr>
<tr>
<td></td>
<td>Good comprehension</td>
<td>8 15</td>
</tr>
<tr>
<td></td>
<td>Average Comprehension</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Partnership care</td>
<td>12 22</td>
</tr>
<tr>
<td></td>
<td>Good Comprehension</td>
<td>43 78</td>
</tr>
<tr>
<td></td>
<td>Average Comprehension</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Collaborative care</td>
<td>55 100</td>
</tr>
<tr>
<td></td>
<td>Good Comprehension</td>
<td>0 0</td>
</tr>
<tr>
<td></td>
<td>Average Comprehension</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Evidence based care</td>
<td>55 100</td>
</tr>
<tr>
<td></td>
<td>Good Comprehension</td>
<td>0 0</td>
</tr>
<tr>
<td></td>
<td>Average Comprehension</td>
<td></td>
</tr>
</tbody>
</table>

From the table, the best comprehension is collaborative care and evidence based care aspect. Students'comprehension that still needs to improve is partnership care aspect. However, overall understanding of the aspects in the philosophy of maternity care “women centered care” is good.
DISCUSSION

The results of this study are in line with Anue (1) and Gray (6) learning model midwife clinic Continuity of Care (PKK-CoC). This model is proven in giving broad chances to improve students’ comprehension on the philosophy of maternity care “women centered care”.

Brooke (2) and Carolan (3) stated that the philosophy of “women centered care” consists of cares that fulfill clients’ needs, attend clients’ physical, psychological, psychosocial, spiritual and cultural needs, collaborate with clients, consult and collaborate with other health institution when needed, and give case based on the latest literature available. Maternity care reports of D III midwife students of STIKES Estu Utomo Boyolali contain every aspect of philosophy of maternity care “women centered care” and the data contained are good written and clear.

CONCLUSION

The practice of midwife clinic continuity of care in STIKES Estu Utomo Boyolali has applied the philosophy of maternity care “women centered care”. The comprehension of students of D III Kebidanan STIKES Estu Utomo Boyolali based on maternity care continuity of care reports can be categorized as good. Every student has good level of comprehension, especially on personalized, holistic care, collaborative care and evidence based care aspects. However, the comprehension on partnership care aspect need to be improved.

The students’ comprehension can be seen through their application of every aspect and their ability on describing the procedure and function of every aspect. The quality of maternity care “Continuity of Care” in STIKES Estu Utomo Boyolali is good since the clients and their family are in good condition and there are zero mortality rates. The clients are also feel comfortable, safe and cared since they got correct and fast responses. The students then become more confidence, more skillful, and more competent.

DAFTAR PUSTAKA


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