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ANALYSIS OF COMPREHENSIVE MIDWIFERY CARE PRACTICE ON MATERNAL ASSISTANCE (Case Study of Diploma III Midwifery Student of Manado Health Polytechnic) Robin Dompas¹, Freike S.N Lumy², Sesca D Solang³

¹, PoltekkesKemenkesManado; rob.dmps@gmail.com ², PoltekkesKemenkes Manado; freike.lumy@yahoo.com ³PoltekkesKemenkes Manado; siscasolang@gmail.com

SUMMARY In general: While managing comprehensive midwifery care in maternal (pregnant, labour, infant, childbirth, contraception) the student assistant has an obligation to find patient as research subject which is a minimum 16-week pregnant woman, and maximum 20-week pregnancy in a health facility such as Public Health Centre or Private Midwifery Practice or Maternal Clinic in Manado city, but in the implementation of midwifery care there are some students that cannot complete their studies at the giving periods. Aim :This study aims to understand the relation between Comprehensive Midwifery Care Practice and time completion of study.

Method: Cross sectional research design, about the effect of Comprehensive Midwifery Care practice by Third Grade Student of Diploma III Midwifery Programs of Manado Health Polytechnic on completion time of study **Result:** Percentage of on time study completion as much as 130 (91,5%) of third grade student of Diploma III Midwifery Programs of Manado Health Polytechnic were bigger than they who didn't ete ontithat (8,5%andtheris relon en midwifery care practice on antenatal visit stage with $p\text{-value}=0.028<0.05$ and study completion time. However, there is no relation between midwifery care practice, delivery visit with $p\text{-value}=0.361>0.05$, childbirth visit with $p\text{-value}=0.470>0.05$, contraception planning visit with $p\text{value}=0.364>0.05$, neonatal visit with $p\text{-value}=0.536>0.05$ and completion time of study.

Conclusion: We suggest to optimize the guidance provided by scientific writing mentor

so that the student progress could be controlled by involving parents and peers to increase study motivation to finish the study on time. Keyword: Comprehensive Midwifery Care Practice in Maternal Assistance, Student of Diploma III Midwifery Programs of Manado Health Polytechnic INTRODUCTION Millennium Development Goals (MDG's) by 2015, the agreement has been extended in **the Sustainable Development Goals** (SDG's) until the year 2030.

The **World Health Organization (WHO)** has published guidelines **for antenatal care (ANC)** to a **positive pregnancy experience** that address maternal health problems that do not improved in some developing country. An experience of a positive pregnancy in order to maintain the normality of the physical and socio- cultural, maintain **a healthy pregnancy for** the mother and the baby, there was **an effective transition to positive** labor and delivery and achieve positive motherhood.

These recommendations will seriously have implications on the ANC which had been in doubt impact on the continuity of life of mother and baby. (Wilopo S A, 2016) One of the targets of **Sustainable Development Goals (SDGs)** is to ensure a healthy life and encourage prosperity for all people in the world at any age. Midwives will be the spearhead on delivery of services in the community.

Indicators associated with the SDG 's document namely human development that includes education and health through increasing the role of the Indonesian Midwives Association (IkatanBidan Indonesia/IBI) as the provider in the form of improving quality and a good resource. Midwives are one category of health workers who play a role in efforts to achieve an optimal degree of public health, especially the welfare of mothers and children, **in line with the** achievement of SDG's.

Qualified midwife personnel are resulted by midwifery educational institutions that are managed with attention to the development of science, technology and regulation. The majority of midwifery education in Indonesia is now in the Diploma III Midwifery with qualification as an executive midwife, which has the competence to implement good practice in care institutions as well as individual practices in Ministry of Health No. 369 / SK / III / 2007 on Standards of Professional Midwives.

Provision of quality midwifery education requires the existence of quality systems as well, both from the input, process and output. To find out the overall and continuous results and each stage of the learning process, **it is necessary to** have an evaluation in the form of exam implementation. One of the stages of the test class held at the institution of Midwifery Health Polytechnic MoH Manado is a scientific work in the form of Final Report (LaporanTugasAkhir/LTA) is a scientific paper / research independently as

one of the requirements to earn Associate Expert (Ahli Madya/AMd) for graduates of the Diploma in Midwifery at the MoH Health Polytechnic Manado in the form of Comprehensive Midwifery care.

In managing comprehensive care (Pregnancy, Maternity, Newborn, Postpartum and Family Planning), students are required to find patients as subjects at health facilities in public health centers or private midwife practices (BidanPraktekSwasta/BPS) or maternity hospitals in Manado city that have established cooperation with educational institution of MoH (Ministry of Health) Polytechnic Manado since the minimum 16-week gestational age and maximum 20 weeks administered during childbirth, newborns and postpartum for 40 days postpartum and family planning (FP/ KeluargaBerencana/KB).

At the beginning of carrying out a comprehensive midwifery care, every student is required to involve in the distribution of stickers regarding Delivery Planning And Complications Prevention program (Program Perencanaan Persalinandan Pencegahan Komplikasi/P4K)(Pusdiknakes, 2011, Depkes RI, 2009, Asri and Clervo. C, 2012). In providing management of midwifery care, pregnant women are monitored on an ongoing basis and visited every month or in certain circumstances that require students to provide guidance during the first visit and on the next visit, if symptoms of discomfort / problems still occur.

On recent visit or two times on the third trimester during childbirth, midwifery care is monitored from the first, second, third and forth stage (2hr postpartum). For respondents who experienced pathologic labor and / or require a referral, students are still allowed to continue such care with the student records must still follow the action is given to the patient and to know the reference indication.

Implementation of Program Final Examination (Ujian Akhir Program/UAP) is intended to measure the mastery, knowledge and understanding of the students to apply the scientific competence of the profession as well as feedback on the process of education. In order to support the smooth process of study program final examination from 2015 to 2016 at Diploma III, Program of Midwifery has held Final Scientific Paper (LaporanTugasAkhir/LTA) which required comprehensive evaluation of the implementation of midwifery care to the mother by the students.

Results of the Final Exam in 2015, the average grade point was 3.24 and in 2016 it tended to decrease to 3.14 (semester final exam report of study program D-III Midwifery 2015 and 2016). The problems commonly encountered by students in preparing the final project were the number of students who did not have the ability in writing, their academic abilities are inadequate, difficulty of the students to find literature and reading

materials, limited funding and dents' ietto consult with the supervisors that have caused failure in the preparation of the final project (Gunawati et al., 2006).

Previous research also showed promptness in completing studies has correlated with the motivation of the students (Fitriana and Khoirunnisa, 2013) General purposes of this study is to understand the implementation of Comprehensive Midwifery Care in Maternal Assistance by Third Grade Students of Diploma III Program, Department f ferMoH (Ministry of Health), Health Polytechnic Manado. **METHODS** This research was **conducted** using cross-sectional design.

This research was done in March untill September 2017, at Midwifery Department MoH Health Polytechnic Manado. Population of this study was all students of Diploma III Program in Midwifery Department of MoH, Health Polytechnic Manado, Graduates from academic year 2014/2015 and 2015/2016, amounting to 142 students. All population was the subject of this study.

The variable in this study is the implementation of Comprehensive Midwifery Care by Diploma III Students, Program of Midwifery Department, MoH Health Polytechnic Manado. Graduates from academic year 2014/2015 and 2015/2016 were the independent variaables and the time in completing the study was the dependent variable Data was collected using checklist of statements related to the implementation of the Comprehensive Midwifery Care in Maternal Assistance by Diploma III Student Program of Midwifery Department, MoH Health Polytechnic Manado and the graduates were from academic year 2014/2015 and 2015/2016.

The **data in this study** is a secondary data in the form of final report assignment of Diploma III Study Program of Midwifery Department, MoH Health Polytechnic Manado from academic year of 2014/2015 and 2015/2016. Data was analyzed using computer with Statistic Program **for Social Science (SPSS)** 17.0. RESULTS 1. Univariate a. Distribution of Study Completion Frequency of student who complete the study at the exact time are 130 (91,5%) and 12 (8,5%) are not complete the study at the exact time. b. Midwifery Care Implementation Table 1 describes the distribution frequency of midwifery care implementation according to comprehensive midwifery care steps.

Table 1 Distribution frequency of students implementing midwifery care Proportion of antenatal visit variable describes complete visit exceeds the incomplete one. Service item shows that incomplete exceeds complete visits. These results can be concluded that the implementation of midwifery care in antenatal stage has not done comprehensively On delivery place and attendant variables everything is already using the facilities and health workers, while the proportion of service shows that incomplete

exceeds the complete one.

From these results can be concluded that the application of midwifery care at the delivery stage has not done comprehensively. The proportion of post partum visits variable shows that complete visits exceeds incomplete visit. While on the service variable, the proportion of incomplete services were more than complete service. We can conclude from this result that midwifery care has not done comprehensively. At Contraception variables, everyone has taken the contraception either LTM contraception or Non LTM 2.

Bivariate In neonatal visits variable, we found that complete were more than incomplete, examination variable also shows that complete more than incomplete. Table 2 Relation of midwifery care implementation with student time completion of study. Table 2 shows that the proportion of antenatal full visits (complete) were more than the incomplete, indicate that the greater the opportunity in the provision of comprehensive midwifery care, through statistical tests there are differences in the prevalence of the completion time of study significantly between visits antenatal with a time of study completion with a value of $p = 0.028$, while the prevalence study completion time based antenatal no significant difference.

Delivery service showed that there is **no difference in the** time prevalence of study completion time based service delivery as evidenced by a value of $p = 0.361 > 0.05$. Delivery service showed that there is **no difference in the** prevalence of study completion time, signified by $p > 0,05$. On post partum variable either visits and service variable shows no significant difference with p value > 0.05 . On contraception planning and neonatus visit either the visit or examination shows no significant difference with p -value > 0.05 . DISCUSSION Concerning timing of completing student study on time, the number is bigger than those who do not.

This result indicates that respondents in this research were mostly students who completed their studies according to the determined program, as much as six semesters. Students who completed their studies passed the timeliness, according to the researcher were caused by many variables both from the student that is in the process of implementing midwifery care starting from the stage of antenatal, delivery, postpartum, contraception planning to neonatus, and process of preparation of report which at this stage need to have special skills in writing, searching for literature related to the final project report and actively communicating with the lecturers of scientific writing.

According to previous research, it is clear that the completion of the study of the

students may be influenced by the motivation of the students (Fitriana and Khoirunnisa, 2013, Setiyaningsih, 2013). Other reasons for the students who did not complete the study were difficulties in the process of preparing reports because of academic inability of the student, to find literature and reading materials and even anxiety in facing supervisor lecturer (Gunawati et al., 2006).

In addition to that, social relations between students could also affect the process of preparing the final report that has caused the student fell behind schedule to complete the education (Iswanto, 2014). The capability of the students to meet the deadline to complete the study is affected by the concentration of learning. This is evidenced from previous results reg th studies which stated that the process during final compilation of the studies, the student s' vitwere increasing that affected the quality of sleep and eventually the concentration for learning (Andriani, 2016).

The implementation of comprehensive midwifery care by students of Midwifery Program of Diploma III Midwifery department of Polytechnic of Health of MoH Manado was related to the completion of the overall study of facilitation stages, namely antenatal care, delivery, fertilization, birth control and neonates which was statistically significant at the antenatal care visit, that there was a relationship between antenatal care and the study completion time of the students of Midwifery Department, MoH Health Polytechnic Manado, while the stage of assistance in delivery, post partum, birth control and neonates showed no relationship.

The antenatal care, especially the visitation, is important in the process of counseling pregnant women by students because according to the theory that antenatal care is a preventive effort of obstetric health program for maternal and neonatal optimization through a series of routine monitoring activities during pregnancy (Prawirohardjo, 2012 , Kuswanti I, 2014).

Antenatal care for pregnant women is a positive experience as an effort to maintain physical and sociocultural normality, maintaining a healthy pregnancy for mothers and babies, an effective transition to positive birth and positive maternity delivery takes place. This recommendation will have serious implications for ANC service that has been doubtful of its impact on maternal and infant survival (Wilopo S A, 2016).

CONCLUSION 1. Student who earned their degrees on time were outnumbered students who did not. 2. There is a relation between implementation of midwifery care at antenatal visitation and completion time of study, while midwifery care implementation has no relation with delivery stage, postpartum, birth control and neonatal.

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