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

Sri Nuriaty¹, Yanti²

Program Studi D-3 Kebidanan
Fakultas Keperawatan dan Ilmu Kesehatan
Universitas Muhammadiyah Banjarmasin
Email: putriajo96@gmail.com

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 maternity care 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.

| Component | Sub Component | Coding/ Meaning | Coding/ Final Meaning |
|-----------|--------------|-----------------|-----------------------|
| Personalized care | Identifying special needs of every clients | Main complaints are only found on ante-natal and post-natal care report. However, the complaints are not found in labor report. | Knowing how to reveal the client's main complaint. |
| Giving appropriate care according to clients' needs | The maternity care report contains procedure suitable to client's main complaint, physical examination, and diagnosis. | 2 | Knowing the function of procedure in maternal care |
| Honoring the clients' rights to choose the form of care given. | The maternity care report contains evaluation of procedure which is chosen by the clients and its alternatives. | 2 | Comprehending the way to honor clients' rights to choose the form of care given. |

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

https://journal.umbjm.ac.id/index.php/midwiferyandreproduction
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, labor (partus), and puerperium; and acceptance or refusal on pregnancy, labor (partus), and puerperium.

The psychological data is obtained by interviewing the clients, and analyze 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

The maternity care report should contain data of clients' social and economic needs, marriage history, client's family relationships, and familial supports towards the clients.

The social needs data is obtained by interview and observation. This will reveal problems in clients' social state. Knowing the problem will reveal social needs of the clients. However, the interview is not conducted in labor since the client has complication.

Comprehending the way in attending to clients' psychological needs

Comprehending the importance of attending clients' psychological needs

Comprehending the way in attending to clients' spiritual needs

Comprehending the importance of attending clients' spiritual needs

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
| Component | Sub Component | Coding/ Meaning | Coding/ Final Meaning |
|-----------|---------------|-----------------|----------------------|
| Paying attention to clients' cultural needs |  |  |  |
| Pregnancy since there is no prior example and advice from the advisor to do so. |  |  |  |
| 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. |  | Comprehending the way in attending to clients' cultural needs |  |
| Cultural needs data is acquired by interviewing the clients' didapatkandengan menanyakankepada 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 |  | Comprehending the importance of attending clients' cultural needs |  |
| Partner ship care | Involving the client and her family in identifying needs on every phase (pregnancy, labor, and puerperium) | The maternity card 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). | Comprehending how to involve family in identification, however it is undocument ed. |
|  |  | The informant of study stated that they have been involving the family |  |
| to reveal subjective data such as confirming the social data, psychological data, and family health history. However, this is not documented since the informan following the maternity care report's form. Thus, it is unknowingly by the informan to include family involvement data in the report. |  | 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. |  |

The informant of study stated that they have been involving the family in identifying needs on every phase (pregnancy, labor, and puerperium)
| Component | Sub Component | Coding/ Meaning | Coding/ Final Meaning |
|-----------|---------------|-----------------|-----------------------|
| Collabo rative care | Identifying risk factors on clients and discussing with advisor | The maternity card report mentions the analysis of subjective and objective data and secondary examination. Most of them are without consultation sheets. The informan stated that the analysis is made to identify risk factors based on subjective and objective data and secondary examination. Every care given is always discussed with field and academic advisors including the result of risk factors identification to avoid mistakes. However, the consultation sheets are only attached to main reports; maternity care report did not have them. | Comprehending how to identify risk factors | 2 |
| | | | Comprehending that every care including analysis result should be consulted with advisors avoiding any mistakes in care giving. | | |
| | | | | |
| | | | | |
| Making consultation and collaboration and referral plan according to complication of client | 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). The informan stated | Comprehending how to prepare consultation and referral regarding client’s complication. | 2 |
| | | | Comprehending the function of preparing | | |
| | | | | |
| | | | | |
| | | | | |

The informan 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.

In referral case, the maternity care report contains client’s improvement data after referral process and also SOAP data when referral case happened. In normal case, the report contains procedure for normal case.

The informan stated that in

Comprehending function of monitoring the state of client after referral process

Comprehending the procedure of monitoring the state of client after referral case

Comprehending the function of monitoring the state of client during referral case. In referral case, 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.

Comprehending function of accompanying client in referral case

Comprehending the procedure on accompanying client in referral case

Comprehending the function of preparing consultation/collaboration and referral regarding client’s complication.

Comprehending function of accompanying client in referral case.

Comprehending the procedure on accompanying client in referral case

Comprehending the function of preparing consultation/collaboration and referral regarding client’s complication.
The result of quantitative study is given in the following table.

Tabel 4.2 the frequency distribution table of students’ comprehension on the philosophy of maternity care “WomenCenteredCare” in every aspects based on the Continuity of Care reports

| Num. | Category             | Frequency |
|------|----------------------|-----------|
|      |                      | N | %  |
| 1    | Personalized care    | 51 | 93 |
|      | Good Comprehension   | 4 | 7  |
|      | Average Comprehension| 8 | 15 |
| 2    | Holistic care        | 47 | 85 |
|      | Good Comprehension   | 8 | 15 |
|      | Average Comprehension| 8 | 15 |
| 3    | Partnership care     | 12 | 22 |
|      | Good Comprehension   | 43 | 78 |
|      | Average Comprehension| 43 | 78 |
| 4    | Collaborative care   | 55 | 100|
|      | Good Comprehension   | 0 | 0  |
|      | Average Comprehension| 0 | 0  |
| 5    | Evidence based care  | 55 | 100|
|      | Good Comprehension   | 0 | 0  |
|      | Average Comprehension| 0 | 0  |

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 of 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

1. Aune I, Dahlberg U & Ingebrigtsen O. (2011). Relational continuity as a model of care in practical midwifery studies. Br J Midwifery. 19(8):515–23.

2. Brooke M & Jaime M. (2016). Implementation Of Evidence-Based Practice By Nurses Working In Community Settings And Their Strategies To Mentor Student Nurses To Develop Evidence-Based Practice: A Qualitative Study. International Journal of Nursing Practice. 22: 339–347

3. Carolan Mand & Ellen H. (2007). ‘With woman’ philosophy: examining the evidence, answering the questions. Nursing Inquiry.14(2): 140–152

4. Cresswell, J. 2015. Riset Pendidikan (Perencanaan, Pelaksanaan, Dan Evaluasi Riset Kualitatif Dan Kuantitatif. Cetakan Ke 1. Yogyakarta: Pustaka Pelajar

5. Departemen Kesehatan Republik Indonesia. (2014). Pusat Data dan Informasi Kementrian Kesehatan RI. Jakarta; Pusat Data dan Informasi Kemenkes RI.

6. Gray JE, Leap N, Sheehy A & Homer CSE. (2012). The ‘Follow-Through’ Experience In Three-Year Bachelor of Midwifery Programs In Australia: A Survey Of Students. Nurse Education Practice. 12:258–63.

7. International Confederation of Midwives (ICM). (2013) Philosophy and Model of Midwifery Care. [http://www.internationalmidwives.org/assets/uploads/documents/CoreDocuments/CD2005_001.pdf]

8. NMBI. (2015). Recording Clinical Practice Professional guidance. Nursing and Midwifery Board of Ireland.

9. Rawson, S. (2011). A Qualitative Study Exploring Student Midwives Experiences Of Carring A Caseload As Part Of Their Midwifery Education In England. Midwifery 27: 786-792

10. WaterloRegion District School Board. (2013). Learning Services: School Effectiveness & Assessment. Assessment, Evaluation and Reporting Handbook: 9-12

11. Yanti, Claramita M, Emilia O. (2014) Module Developing for CoC Clinical Learning Model in Midwifery Education. Indones J Med Educ. 3:62–71.