

# Analysis of the Application of Partographs in Normal Childbirth Care (APN) by Midwives

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**Abstract:** The purpose of this study was to analyze the Application of Partographs in Normal Childbirth Care (APN) by Midwives. The study was conducted at the Regional General Hospital in Aceh's Pidie District using quantitative analytic descriptive methods. The results showed there was an influence of knowledge, attitudes, motivation and training with the application of partographs in Normal Childbirth Care (APN) by Midwives in the Tgk Chik Ditiro Midwifery Room of Pidie Regency. The limitation of this study is that this research is still not extensive enough so that the data obtained are still very limited data obtained.

**Keyword:** Knowledge, Attitudes, Motivation And Training, Application Of Partographs In Normal Childbirth Care

## I. Introduction

Maternal and newborn mortality rates in Indonesia have not shown the expected changes in the last 10 years. The tendency that arises now is the shifting of death to hospital as a referral health facility. While some programs have been rolled out by the government as an effort to reduce maternal and newborn mortality in Indonesia, such as puskesmas-PONED (Basic Obstetric Services) programs, PONEK Hospital and others. All that is expected / the program is needed to save mothers and newborns in Indonesia.

One indicator in the assessment of community welfare in a country is the maternal mortality rate (AKI) that occurs during pregnancy, childbirth and the puerperium. According to the Word Health Organization (WHO) in 2015 the maternal mortality rate in the world was 303,000 mothers ie 216 / 100,000. Based on data from the Indonesian Demographic and Health Survey (SDKI) in 2016, the maternal mortality rate in Indonesia is still high at 359 / 100,000 live births. This figure is slightly down, although not too significant.

Maternal Mortality Rate (MMR) is one indicator to see the degree of women's health. AKI is one of the targets in the MDGs (Millennium Development Goals) program, but until the deadline for the implementation of the MDGs to achieve the target of reducing the AKI it still shows suboptimal results so that a new program is held for the purpose of sustainable development SDGs (Sustainable Development Goals) in an effort to reduce global MMR to less than 70 per 100,000 live births by 2030

One critical period that is at risk arising from morbidity and maternal death approximately 90% of maternal deaths occur during labor and approximately 95% of the causes of maternal death are unforeseen obstetric complications, as a result of the impact of the Ministry of Health (Kemenkes) on each delivery facilitated health services aimed at reducing maternal morbidity and mortality. As for other causes of maternal death in Indonesia are due to bleeding (28%), eclampsia (24%), infections (11%), Puerperium complications (8%), Obstructed Labor (5%), Abortion (5%), Obstetric Trauma (5%) 3% Obstetric emboli (3%) and other causes (11%). Maternal death is the death of a woman caused by a process of events related to pregnancy, childbirth, and abortion within 42 days after the end of pregnancy regardless of gestation.

Various efforts have been made by the government including labor assistance by professional health workers and childbirth care using partographs, where partographs are proven to be used to detect problems and complications in childbirth early so that they can overcome the problem or refer the mother in the right conditions. This instrument is one component of the complete monitoring and management of the birth process so that maternal and infant mortality rates can be reduced. From the description above, the author is interested in researching on the Analysis of the Application of Partographs in Normal Childbirth Care (APN).

In the province of Aceh since 1997, midwives have been asked to use partographs to assist childbirth, with a total of 3919 midwives (Dinkes, 2015). Assistance in labor that does not use partographs can cause uninterrupted progress in labor and can cause delays in making decisions in the management of labor that requires complications. Normal childbirth care is a clean and safe care for every drunken childbirth and the difficulties of postpartum bleeding and hypothermia complications as well as newborn asphyxia contained in RI Minister of Health No. 97 of 2014 concerning health services during pregnancy, pregnancy, childbirth and the period after delivery, the administration of contraception and health services section. Some of the reasons underlying the design of Normal Childbirth Training are based on the fact that most maternal deaths are caused by postpartum hemorrhage. The incidence of bleeding after childbirth in Indonesia is estimated at around 45% of all deliveries. Based on these contributions it can be assumed that 90% of deliveries will take place normally and vice versa deliveries required by the discussion, Based on the above background, we are interested in discussing with the Title: Analysis of the Application of Partographs in Normal Childbirth Care (APN) By Midwives in Midwifery Hospital Tgk Chik Ditiro Pidie Regency in 2019.

## **II. Literature Review**

### **The Concept of Partographs**

Partographs are tools to monitor the progress of the first stage of labor and information for making clinical decisions (JNPK-KR, 2014). Partographs are graphic records of progress in labor to monitor the condition of the mother and fetus, which have been used since 1970 to find abnormal labor, which is a guide for performing obstetric surgery, and finding narrow pelvis before labor becomes jammed (Sumapraja, 2013).

### **Purpose of Use of Partographs**

The purpose of the use of partographs in labor are:

a. Record the observations and progress of labor

Record the observations and progress of labor by assessing the opening of the cervix through a deep examination. Before conducting an internal inspection, hands are washed with running soap and clean water, then dry with a dry, clean towel. Ask the mother to urinate first. Explain to the mother every step that is taken. after completing all history taking and physical examination, record all results of history taking and physical examination findings thoroughly and completely. Determine whether there are problems or complications that must be specifically managed (MOH RI, 2014).

b. Detect whether labor is running normally.

When giving care to mothers who are giving birth, helpers must always be aware of problems or complications that might occur. During history taking and physical examination, stay alert for possible indications so that labor does not proceed normally such as severe vaginal bleeding, rupture of membranes with thick meconium, long-standing rupture of membranes, jaundice, jaundice, severe anemia, signs or symptoms of infection, fetal distress , the percentage is not the head, the umbilical cord is growing and shock.

c. Complementary data related to monitoring the condition of the mother, the condition of the baby, progress chart of labor, materials and medical supplies provided, laboratory examination, making clinical decisions and care or actions given where they are recorded in detail in the status or medical record of the mother and baby Newborn. Thus, early detection can also be carried out, any possibility of prolonged labor. If used appropriately and consistently, partographs will help assist labor to record the progress of labor and birth, and use recorded information, so that early identifying labor complications, and making clinical decisions that are appropriate and timely. Regular use of partographs will ensure that the mother and fetus have received safe and timely delivery care. Moreover, it can prevent complications that can threaten the safety of their lives.

### **How to Fill Partographs**

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Recording begins during the active phase of the 4 cm cervical opening and ends the point where the opening is complete. Complete opening is expected if the opening rate is 1 cm per hour. Recording during the active phase of labor must begin at the alert line. Maternal and fetal conditions are assessed and recorded by: a. Fetal heart rate: every ½ hour. b. Frequency and duration of uterine contractions: every ½ hour.c. Pulse: every ½ hour.d. Cervical opening: every 4 hours. Decreased fetal bottom: every 4 hours.f. Blood pressure and body temperature: every 4 hours. Urine, acetone and protein production: every 2 to 4 hours (JNPK-KR, 2014).

### **Normal Childbirth Care**

Childbirth is a process of expulsion from the conception that can live outside the uterus through the vagina to the outside world. Normal delivery or spontaneous delivery is when the baby is born with the back of the head without going through special tools and does not hurt the mother and baby and generally takes place in less than 24 hours.

Normal childbirth care is a clean and safe care during labor and after the baby is born and efforts to prevent complications, especially postpartum bleeding, hypothermia and asphyxia of newborns. Childbirth is the process by which the baby, placenta and membranes exit the maternal uterus. Labor is considered normal if the process occurs at term of gestation (after 37 weeks) without complications. The aim of normal childbirth care is to strive for survival and achieve a high degree of health for mothers and their babies, through various integrated and complete efforts and minimal infestation so that the principle of safety and quality of service can be maintained at optimal levels.

### **Implementation of Delivery Assistance with APN**

Birth attendants are health workers who have legality in assisting childbirth, including doctors, midwives and have competence in assisting childbirth, managing emergencies and making referrals if needed, child birth attendants always implement recommended infection prevention efforts including washing hands, wearing gloves and equipment personal protection and decontaminated used equipment.

The role of childbirth helpers is to anticipate and handle complications that may occur to the mother and fetus, in this case depends on the ability and readiness of the helper in dealing with the delivery process. Delivery assistance by health workers is a safe delivery service performed by health workers with midwifery competencies. improvement of childbirth in health care facilities through childbirth program guarantees, the model of waiting homes in the sub-district, revitalization of coordinating midwives through the implementation of facilitative supervision to improve the quality and quality of labor assistants, and Local Area Monitoring for Mother and Child Health (PWS KIA). Delivery at a health care facility can reduce maternal mortality during labor because labor is assisted at the site by health workers and adequate health facilities are available so that they can handle complications that may occur at the time of delivery which endanger the lives of mothers and babies. Safe and clean rescue services by carrying out Childbirth Assistance with 60 Steps of Normal Childbirth Care (APN).

### **State of the Art**

Several studies related to the application of partographs in normal childbirth care have been carried out. Among the studies are research conducted by Siti Rahmaringsih, Djonis, Citra Trisna (2013) with the title Training of Pertograf Filling in Carrying Out Normal Childbirth Care, obtained research results  $p: 0.001 < 0.05$ , meaning  $H_0$  is rejected and  $H_a$  is accepted, thus there is a relationship between the dependent variable and the independent variable. Thus there is a significant relationship between partograph filling training in carrying out Normal Childbirth Care in the working area of Pontianak Health Office.

In another study conducted by Khusnul Khotimah Arum Nurcahyanti (2014) with the title Analysis of Factors Associated with Midwife Compliance in Using Partographs in Conducting APN in the Sumbang Puskesmas of Banyumas Regency, it was found that there was a relationship between education and compliance ( $p = 0.023$ ), between knowledge with adherence ( $p = 0.001$ ) and there is no relationship between age and compliance ( $p = 0.426$ ), between tenure and compliance ( $p = 1.000$ ), between attitude and compliance. It can be concluded that there is a relationship between the level of education and knowledge with compliance with the use of partographs in conducting APN, there is no relationship between age, years of work and attitudes with the occurrence of compliance with the use of partographs in conducting APN.

Research conducted by Aminoto, et al (2016) about midwives' knowledge about partographs results showed that of 115 midwives 65% of midwives had less knowledge about partographs and did not apply filling, while 35% with good knowledge and applied partographs. The number of deliveries in Palembang up to October 2012 was 24,370 people who

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were assisted by health workers and those assisted by non health workers 37 people, the achievement of delivery in Puskesmas 7 Ulu assisted by health workers was 67.7% under the target, while Puskesmas Sukarami achieved coverage of childbirth coverage only 40.5%. The number of Independent Practice Midwives in Palembang is 382 people and in the Seberang Ulu Satu Palembang district are 51 BPM.

### **III. Methodology**

This research is a quantitative descriptive study. Where is descriptive one type of research whose specifications are systematic, planned, and clearly structured from the beginning of the research design, besides that quantitative research uses a lot of numbers, starting from collecting data, interpretation of the data, and looking for results. The design of this study is analytical research with a cross-sectional design (cross-sectional) where the independent and dependent variables will be collected at the same time. In this design, sectional researchers will look at the factors that influence the application of Partographs in Normal Childbirth Care (APN).

Data collection was carried out by distributing questionnaires and observing midwives who filled in the partograph at the time of delivery. The questionnaire consisted of several written questions covering the data requirements needed related to the application of partographs in Normal Childbirth Care (APN) to the reduction in maternal and infant mortality and the results of observations on midwives when filling in partographs.

The data collected consists of primary, secondary and tertiary data, namely:

- 1) Primary data in this study were obtained from respondents' answers based on questionnaire questions.
- 2) Secondary data in this study were obtained from the status of maternity patients, inpatient report books in the midwifery room of Tgk Chik District Hospital, Pidie District, as well as library references relating to research and other related literature.
- 3) Tertiary data in this study are data obtained from published journals.

### **IV. Results**

Based on the research results obtained after distributing the questionnaire and making observations, it was found:

#### **Knowledge**

Based on the results of research on the relationship of knowledge with the application of partographs in Normal Childbirth Care (APN) in the midwifery room Tgk. Chik Ditiro in Pidie district showed that from 27 knowledgeable respondents who did not apply APN standards well as many as 18 people (85.7%) and from 11 respondents who were well knowledgeable dominantly applied partographs in the APN well namely 8 people (47.1%). Based on the Chi-Square statistical test analysis results obtained  $p\text{-value} = 0.03 < \alpha 0.05$ , which means there is a relationship between knowledge and the application of partographs in the APN.

#### **Attitude**

Based on the results of research on the relationship between attitude and the application of partographs in Normal Childbirth Care (APN) in the midwifery room of Tgk. Chik Ditiro of Pidie District showed that out of 15 respondents who were negative did not apply partographically in APN properly as many as 13 people (61.9%) and out of 23 respondents who behaved positively applied partograph in APN well ie 15 people (88.2%). Based on the Chi-Square statistical test analysis results obtained  $p\text{-value} = 0.005 < \alpha 0.05$ , which means there is a relationship between attitude and the application of partographs in the APN.

#### **Motivation**

Based on the results of research on the relationship of motivation with the application of pertograf in Normal Childbirth Care (APN) in the midwifery room Tgk. Chik Ditiro Pidie district showed that from 23 respondents who had less motivation to apply pertograf in APN properly as many as 12 people (57.1%) and from 15 respondents who had good motivation did not apply pertograph in APN properly as many as 9 people (42.9%). Based on the Chi-Square statistical test analysis results obtained  $p\text{-value} = 0.88 > \alpha 0.05$ , which means there is no relationship of motivation with the application of graphs in the APN.

## **Training**

Based on the results of research on the relationship of training with the application of partographs in Normal Childbirth Care (APN) in the midwifery room Tgk. Chik Ditiro, Pidie district showed that out of 21 respondents who did not participate in the training did not apply partograph in APN properly as many as 17 people (81%) and from 17 respondents who had attended training applied partograph in APN well as many as 13 people (76.5%). Based on the Chi-Square statistical test analysis results obtained  $p\text{-value} = 0.001 < \alpha 0.05$ , which means there is a relationship between training and the application of partographs in the APN.

## **V. Conclusion**

This study aims to analyze the application of Partographs in Normal Childbirth Care (APN) by Midwives in Midwifery Room Tgk. Chik Ditiro Pidie Regency. The results of this study indicate that Midwife knowledge about partographs from theory until the method of filling has been determined, this is because midwives before work already has requirements / criteria Specifically for obtaining a Practice License Midwives (SIPB), among others, have followed the test labor competency training and training Normal / APN, and when following education has already gotten material about partographs. There is an influence of knowledge with the application of partographs in Normal Childbirth Care (APN) by Midwives in the Tgk Midwifery Room. Chik Ditiro Pidie Regency with  $p\text{-value} = 0.03 < \alpha 0.05$ . From the results of the study through the distribution of questionnaires and observations obtained midwife attitudes towards the use of partograph mostly have a positive and supportive attitude against partographs in help labor, marked by a statement that The partograph is very important to monitor labor progress and can determine when to act. There is an influence of attitude with the application of partographs in Normal Childbirth Care (APN) by the Midwife in the Midwifery Room Tgk. Chik Ditiro Pidie Regency with  $p\text{-value} = 0.005 < \alpha 0.05$ . There is no influence of motivation with the application of partographs in Normal Childbirth Care (APN) by the Midwife in the Midwifery Room Tgk. Chik Ditiro Pidie Regency with  $p\text{-value} = 0.88 > \alpha 0.05$ . There is an influence of training with the application of partographs in Normal Childbirth Care (APN) by Midwives in the Tid Midwifery Room. Chik Ditiro Pidie Regency with  $p\text{-value} = 0.001 < \alpha 0.05$ . For the next research, it recommended to be done by midwives must continue to improve soft skills, both intellectual and interpersonal skills by attending APN training and to be able to apply partograph in every delivery and develop cooperation with work teams to achieve APN implementation, which is an effort to reduce maternal and infant mortality.

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