

MIDWIFE ASSISTANCE ON THE INDEPENDENCE OF POSTPARTUM MOTHERS CARING THEIR NEWBORNS IN THE MARTAPURA PUBLIC HEALTH CENTER 1

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Abstract

Improving maternal and child health has always been a concern every year; it remains a concern throughout the world, various efforts have been made to raise the level to a higher level. The most significant contributor is neonatal mortality; worldwide, in 2015 it was 21 neonatal deaths per 1000 live births. South Kalimantan province accounted for 578 infant deaths in 2018, and Banjar Regency was the third-largest contributor to infant mortality, with 72 deaths. This research used a descriptive method. The sample in this study was 32 postpartum mothers who had newborns from 0-28 days old. Midwife assistance for postpartum mothers caring for newborns is assisted by 93% and unaccompanied by 7%. The mother's independence in performing umbilical cord care is 70% dependent, 15% independent, and 15% total dependence. The mother's independence in bathing the baby is 47% dependent, 40% independent, and total dependence 12%. The mother's independence in breastfeeds their baby is 78% independent, 15% dependent, and 7% total dependence. It is hoped that midwives will continue to provide maximum education and assistance to postpartum mothers to increase mothers' independence in caring for.

Keywords: Assistance, Independence, postpartum mothers, newborns

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1. Introduction

Efforts to create a healthy life must start from infancy because rapid growth and development greatly determine growth and development in adulthood. Mothers must take care of babies appropriately and adequately to create a healthy life for their babies because mothers are the primary caregivers for their babies in meeting the healthy physical,

social, emotional, and cognitive development in babies.^[1]

Data from the World Health Organization (WHO) stated that the majority of all neonatal deaths (73%) occur in the first week of life, and about 36% occur within the first 24 hours. UNICEF data in 2015 reported that the neonatal mortality rate worldwide was 21 neonatal deaths per 1000 live births. Neonatal death usually begins with the newborn's condition and the wrong handling,

both from the helper and the parents.^[2]

Based on the Indonesian Demographic and Health Survey by IDHS, in 2017, the neonatal mortality rate decreased by 15 per 1000 live births compared to 2012, 32 per 1000 live births. Indonesia was of the ten countries with the highest neonatal mortality rate in the world. The infant mortality rate is one of the targets in the 2015-2030 Sustainable Development Goals (SDGs) to reduce preventable infant mortality by reducing the Neonatal Mortality Rate to 12 per 1000 live births.^[3]

Data from the South Kalimantan Provincial Health Office reported that in 2016 there were 669 cases of neonatal deaths. This figure decreased in 2017 to 576 cases and decreased again in 2018 to 574 cases. However, neonatal mortality was still the highest regional mortality contributor in South Kalimantan. In 2018, Banjar Regency was recorded as the first contributor to neonatal mortality, namely 72 cases spread over several regions, with various causes of death such as low birth weight, neonatal tetanus, asphyxia, and others.

A mother must prepare herself by increasing knowledge in caring for newborns. If the mother did not have good knowledge, she would have difficulty carrying out her role as a mother^[5]. Damayanti et al., in her finding, stated that 20 mothers (75%) were independent in caring for their newborns during the postpartum period. Mothers knew how to bathe their babies. She also found that all primiparous mothers were not independent before intervention being given. After the mother received the intervention, there were 16

mothers (80%) become more independent.^[6]

The importance of assisting in the care of newborns during the puerperium is vital. Midwives have the authority to provide neonatal health services equitably to newborns.

Based on the preliminary study, the coverage of neonatal visits in Banjar Regency in 2018 reached 98%, exceeding the provincial coverage of 92.5%. However, Banjar Regency also ranks first as the highest neonatal mortality in South Kalimantan. There were 11 cases of newborn death with various causes of low birth weight, asphyxia, IUFD, stillbirth, and other causes. There was a Public Health Center located in Banjar Regency, namely Martapura Public Health Center 1. The birth rate at the health center in 2019 was 1776 cases, and the number of live births of babies was 1716; also, there were infant deaths. The role of midwives is essential in assisting postpartum mothers in caring for their newborns to hope of reducing problems that may occur, such as difficulties in breastfeeding, umbilical cord care, and bathing the baby. Giving sufficient breast milk help protecting babies from infection and reduce the risk of death. Based on the explanation above, it is crucial to research midwives' assistance on the independence of postpartum mothers in caring for newborns.

2. Method

The design of this research was descriptive; this is a method that describes a phenomenon at one time. The approach used in this research was a cross-sectional approach.

The population in this study were all postpartum mothers who had babies in the Martapura Public Health Center 1 in 2019. The sample determination in this study was purposive sampling, which was carried out with specific considerations in taking the sample. Inclusion criteria were postpartum mothers with newborns 0-28 days who have been treated at the Martapura Public Health Center 1.

Data analysis used descriptive analysis by looking at the percentage of data collected and presented in a frequency distribution table, then looking for the percentage of each respondent's answer and then discussing it using the existing literature theory.

3. Results and Discussion

The results of this study are following the research objective, namely to find out how midwives assist postpartum mothers to be independent in caring for newborns. The analysis results showed that most respondents who received assistance from midwives were 30 people (93%), and those not were two people (7%).

a. The independence of postpartum mothers in umbilical cord care

Table 1. Distribution of Postpartum Mothers Independence in Umbilical Cord Care

No	Variable	f	%
1	Independent	5	15
2	Partial dependency	22	70
3	Dependent	5	15
	total	32	100

Table 1 shows that most respondents partially depend on

umbilical cord care or are not fully independent, as many as 22 people (70%). Most mothers were still needed assistance in umbilical cord care. This finding is due to the great fear of holding the umbilical cord. Most mothers were afraid of an infection in the umbilical cord, so most respondents continue wearing their baby with the baby's vest (*gurita*). Postpartum mothers with total dependence on umbilical cord care for newborns amounted to 5 people (15%), where mothers completely surrendered to health workers and other people to carry out umbilical cord care such as cleaning and drying the umbilical cord and dressing the baby. Respondents thought that while the umbilical cord is still wet, it is vulnerable to break or bleed.

One of the factors that influence a person's behavior is internal factors such as age, education, experience, and work; while external factors are information, environment, socio-culture, and knowledge [7][8]

Based on education, 16 respondents (50%) were only graduate from junior high school. Knowledge is influenced by internal factors such as education, age, experience, and work, while external factors affect knowledge such as information, environment, and socio-culture. [6][7].

Education is related to maternal behavior in umbilical cord care. It can be concluded that someone with a high educational background tends to have good knowledge.

Five postpartum mothers were independent in umbilical cord care. Many factors can influence, including previous knowledge and experience. From the research results, 20 respondents (62.5%)

have given birth to more than one child. The study results show that parity can affect a person's knowledge obtained from their own experience and the experience of others. For example, a primiparous mother tends not to know about umbilical cord care due to the mother's lack of experience, while multiparous mothers could do umbilical cord care correctly based on their experience from their previous child.^{[3][4]}

Health education affecting the way mothers caring the umbilical cord. The caring of the umbilical cord should be done by the mother itself, the most favored person by the baby. The mother is also the person who was by his side 24/7. When the mother did not know or experience umbilical cord care, it can correctly affect their caring for the umbilical cord. For first-time mothers, health workers usually teach the mothers how to do it correctly until they can do it by themselves. Mothers' knowledge help to gain their independence in caring for newborns at home.^{[8][9]}

b. Independence of postpartum mothers in bathing newborns

Table 2. Distribution of Postpartum Independence in Bathe Newborn

No	Variable	f	%
1	Independent	13	40
2	Partial dependency	15	47
3	Dependent	4	12
	total	32	100

Table 2 shows that 15 respondents (47%) are still partially dependent on bathing their newborns. They argue that the midwife is responsible for bathing their baby until the umbilical

cord break. Also, some respondents are afraid of hurting their babies. The babies were weak, small, and look easy to slip. 21.9% of respondents had a cesarean section, so they could not care for their babies on the first day due to the pain. Also, they could not move due to a cesarean section wound. That is why most mothers with cesarean section are dependent.

Other studies stated that parents' duties begin during pregnancy and then caring and nurturing the baby. Therefore, a mother needs knowledge about newborn care. One of the baby care skills that mothers must master is bathing the baby and caring for the umbilical cord. It is the way to protect babies from infection by managing their hygiene. [8]

The independence in caring for newborns gives many advantages, such as increasing the mother's confidence and creating a sense of pride for caring for their baby. Mother's independence is influenced by education, experience, and knowledge. Mother's knowledge can be increased through counseling from health workers (midwives) while at the maternity home before going home or from electronic media and others.^{[7][10]}

c. Data on the independence of postpartum mothers in breastfeeding

Table 3. Distribusi of Postpartum Mothers in Breastfeeding

No	Variable	f	%
1	Independent	25	78
2	Partial dependency	5	15
3	Dependent	2	7
	total	32	100

Table 3 shows that 25 respondents (78%) postpartum mothers are breastfed their babies independently. The number of mothers who can exclusively breastfeed occurs thanks to the provision of good information from midwives, parents, and friends. The information given before pregnancy helps mothers understand how to breastfeed correctly, namely the correct position, time to breastfeed. Also, complicating factors in the breastfeeding process can be avoided or prevented.^{[6][10]}

Table 3 shows, two respondents have total dependence on breastfeeding. This dependency can be influenced by factors other than knowledge, such as beliefs, attitudes, values, environment, and health facilities' availability.^[6] According to Arba & Zana, the mother's lack of knowledge about breastfeeding was caused by family/environmental factors, misperceptions about formula milk. Lack of information from health workers also can cause mothers to prefer formula or give complementary foods too soon.^{[10][11]}

As in the learning process, breastfeeding in postpartum mothers requires guidance from health workers, such as the correct technique so that postpartum mothers are able and willing to care for and breastfeed their babies without depending on others.^{[12][13][14]}

After being given the intervention, 67% of respondents experienced an increase in their ability to provide care for new babies, but 33% of respondents were still not independent even though they had been assisted.^{[12][15]}

4. Conclusion

The results showed that midwives provided assistance to form postpartum mothers' independence in caring for newborns; the majority were still dependent, especially with health workers, namely midwives. Most postpartum mothers are still dependent on caring for the umbilical cord and bathing the baby. Meanwhile, in terms of breastfeeding, most mothers are independent without the assistance of a midwife. It is hoped that postpartum mothers will increase their knowledge through various sources of information and media about nursing. Midwives must also continue to provide education to the community to increase the independence of mothers in caring for newborns.

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