

Exploratory study on the handling of childbirth assistance during the covid-19 pandemic

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ABSTRACT

Introduction: Health professionals who handled deliveries with confirmed COVID-19 reported that they followed government regulations while adhering to the health protocol and wearing PPE level 3 to prevent exposure to the virus. This was done while taking into consideration the delivery services' capacity for health security, health services, efforts to promote and prevent, and response management. **Objectives:** To learn about the management of aid during the COVID-19 pandemic in hospitals, public health centers, and independent practice midwives. **Methods:** This research is qualitative. The research was conducted from July to August of 2022. In this study, 13 midwives who worked in hospitals and with mothers giving birth were chosen via snowball sampling. The six participants in this study were one village midwife, Banjarsari Sayung, the head of the panel room at Sunan Kalijaga Demak Hospital, and the team leaders for midwife coordination at Wonosalam 1 and Wonosalam 2 health centers. An in-depth interview instrument was used in this investigation. Before proceeding to the deductive phase, run the data through the normal inductive analysis technique. **Results:** The interviews revealed that the local government plays an important role in strengthening the health security capacity and the service capacity of all facilities to ensure that maternity mothers are not exposed to COVID-19. Response management takes the form of questionnaires and suggestion boxes. **Conclusion:** security capability in terms of service, the capacity of the services offered is of high quality, and response management takes the form of measurement tools such as surveys and suggestion boxes.

KEYWORDS: childbirth assistance; covid-19; explanatory; pandemic period

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INTRODUCTION

Covid 19 is a disease caused by infection with the SARS-CoV-2 virus. COVID-19 can cause respiratory system diseases ranging from minor symptoms like the flu to lung infections and pneumonia. (Kementrian Kesehatan Republik Indonesia, 2020; *PENANGANAN COVID-19*, 2021) According to WHO, on January 11, 2022, there were 523,786,368 COVID-19 cases globally, with 6,279,667 deaths. According to data given by the Task Force for the Acceleration of Handling COVID-19, there were 4,267,451 confirmed positive cases as of January 11, 2022, with 144,144 deaths. These two numbers indicate that the case fatality rate or mortality rate due to COVID-19 in Indonesia is approximately 3.4%.

The case fatality rate (CFR) is the percentage of deaths among all confirmed and reported positive COVID-19 cases. According to data from the COVID-19 Task Force in Jakarta, the province with the next highest daily incidence, Central Java, had 5,623 confirmed positive cases, 2,805 patients recovered, and 67 persons died. As of June 28, 2021, Demak had 7,210 corona cases. There were 444 active cases, 5,937 recovered, and 793 died. Meanwhile, 174 of the 44 active cases were treated outside Demak Hospital, 59 within Demak Hospital, and 211 under quarantine. (Bappenas, 2021; Kementrian Kesehatan Republik Indonesia, 2020; World Health Organization, 2021). The

maternal death rate in Central Java in 2020 jumped to 530 from 419 cases in 2019, according to POGI. In Indonesia, up to 536 moms in labor tested positive for covid 19 in 2020. In Demak district alone, 56 maternity mothers were exposed to covid 19, and one of them died in 2021. (Ariyanti, 2021) (Anisha et al., 2021) The greatest concerning consequence is for laboring moms who have positive COVID-19; research from the World Health Organisation (WHO) suggests that the pandemic can reduce the quality of care for unwell newborns and even result in mortality. According to the WHO website, a study published in the *Lancet Eclinical Medicine* emphasizes the importance of ensuring babies maintain close contact with their parents. One of these is for low-birth-weight and preterm newborns. The Ministry of Health has prepared rules for managing childbirth in hospitals, health centers, and clinics, as well as independent practicing midwives because health workers are trying to prevent the transmission of Covid-19 to mothers, babies, and health workers. The rules have been listed in the circular letter of the Directorate General of Health Services number HK.02.02/III/2878/2020. (Bappenas, 2021; World Health Organization, 2021)

The delivery of patients under supervision (PDP) or proven COVID-19 patients must be performed via caesarean section under varying conditions. First, it takes place in a negative-pressure operating room. Second, the operational team uses level 3 PPE. If there are no operating room facilities that meet the standards, the labor process in PDP or Covid 19 verified patients can be completed using alternate methods. One of these is the caesarean section procedure in a modified surgical room, which may include turning off the air conditioner or other adjustments. Normal labor can be carried out under particular settings, such as using a delivery chamber, and a team of health workers must wear level 3 PPE. All delivery actions are carried out by first providing full informed consent to the patient and/or family. According to an agreement with the Indonesian Paediatric Association (IDAI), PDP and CCOVID-19-certified patients can nurse their kids after giving birth as long as both the mother and the baby wear PPE. The mother wears a face shield and an N95 mask, while the infant wears a specialized neonate face shield. (Utami & Enny, 2019) (Pengurus Pusat Perkumpulan Obstetri dan Ginekologi Indonesia et al., 2020)

To reduce the burden on both mother and baby, it is recommended that you give birth in a medical facility. Based on the results of observations and interviews with health workers in health facilities or the VK or PONEC room in the Demak area, including at Sunan Kalijaga Demak Hospital, Sunan Kalijaga Demak Hospital, Wonosalam 1 PKM, Wonosalam 2 PKM, Virayekti PMB, Sudarti Banjarsari Sayung PMB, it can be summarized that the handling of childbirth with confirmed covid 19 Health workers stated that they followed the government's rules while adhering to the Health protocol and wearing level 3 PPE to avoid exposure to covid 19, paying special attention to the handling of childbirth services with the capacity of health safety, health services, promotional and preventive efforts, and response management. (Aidah & Tim Penerbit KBM Indonesia, 2021; Kementerian Kesehatan Republik Indonesia, 2020)

According to Ririn Ariyanti's 2021 research on the selection of places and birth attendants during the covid 19 pandemic in the city of Tarakan Kalimantan, the place of delivery during the covid 19 pandemic was mostly in clinics (private clinics, Health Centers, hospitals) and delivery assistants, namely doctors, at up to 53%. (Ariyanti, 2021) Meanwhile, according to Shinta Ika Sandhi and Desi Wijayanti Eko Dewi's research, the implementation of labor assistance by midwives during the Covid-19 pandemic and the new normal era followed the rules of health center services during the COVID-19 pandemic. Midwives confront several challenges, including the usage of level 3 PPE, the lack of air circulation in the room, and the difficulty of referring laboring mothers to hospitals with positive COVID-19 swabs (Sandhi & Dewi, 2021).

Demak Regency alone has 444 current cases of covid 19, 5,937 recovered cases, and 793 deaths. Meanwhile, 174 of the 44 active cases were treated outside Demak Hospital, 59 within Demak Hospital, and 211 under quarantine. At Sunan Kalijaga Hospital, 14 birth mothers have been affected by the coronavirus in the last year, and for BPM Virayekti, patients with confirmed covid 19 are directed to level 1 health facilities, and if that is not possible, a referral to the hospital is made. The goal of this research is to investigate the management of birthing aid during the Covid 19 epidemic in hospital health facilities, health centers, and independent midwives.

METHODS

Design

This research includes qualitative research using a phenomenological approach.

Research Questions

Researchers investigated how labor assistance was handled for laboring women during the COVID-19 epidemic.

Sample and Settings

Snowball sampling was used in this study 13 midwives working in medical facilities and mothers giving birth at Sunan Kalijaga Demak Hospital, Wonosalam 1 Health Centre, Wonosalam 2 Health Centre, PMB Virayekti, and PMB Sudarti Banjarsari Sayung were chosen using the purposive sampling method through a key person, or someone who is aware of the informant's circumstances.

Six participants were triangulated for this study: one village midwife, one village midwife Banjarsari Sayung, the head of the ponek room at Sunan Kalijaga Demak Hospital, and the team leaders for midwife coordination at Wonosalam 1 and Wonosalam 2 health centers.

Variables

Researchers investigated how labor assistance was handled for laboring women during the COVID-19 epidemic.

Instruments

Using interview instructions created in notebooks and observation sheets, data was collected through in-depth interviews about phenomena among moms who gave birth during the epidemic. In-depth interview instrument was used in this study. Test the data with the general approach of inductive analysis, then the next step becomes deductive.

Data Collections

The study was carried out in Virayekti PMB, Sudarti Banjarsari Sayung PMB, Wonosalam 1 Health Centre, Wonosalam 2 Health Centre, and Sunan Kalijaga Demak Hospital between June and July of 2022.

Study Procedure

Among other methods, member checks, triangulation, debate, and increased research persistence are used to conduct data credibility tests or trust in qualitative research data. The purpose of this test is to gather more detailed information about the study topic.

Data Analysis

Analysis of qualitative data is done interactively and never stops until it is finished. The Miles Huberman data analysis model, which comprises data reduction, data display, conclusion drawing, and verification, is the data analysis method that researchers employ.

Ethical Consideration

This research has passed the ethical test with ethical clearance number 036/KEP/UNKAHA/SLE/VII/2022.

RESULTS

The raw data from the in-depth interviews that were gathered was processed to produce the research's findings. After the data has been gathered, it is reviewed multiple times and searched for terms that align with the study's goals. The gathered keywords have been compiled into themes and categories. The research findings were then presented as a story. According to the results of the interviews about service capacity generally, every participant stated that all facilities ensure that expectant mothers are exposed to COVID-19, offer the best service, have good facilities, and offer services that are safe and comfortable. They also stated that their health facilities can be trusted because they follow standard operating procedures.

According to the findings of the interviews on security capacity in the process of providing services to expectant mothers in medical facilities, local governments' responsibility in creating effective COVID-19 handling rules needs to be reinforced. Because they have complete control over (1) efforts to comply with filling out/inputting COVID-19 data regularly and encouraging data completeness by offering incentives for policy compliance or sanctions for regions that fail to enter hospital COVID-19 patient data into the RS Online system, as well as keeping an eye on the creation of daily reports, local governments play a significant role in enhancing health security capacity; (2) guaranteeing that human resources, logistics, facilities and infrastructure, and budget support are available for surveillance, data management, and laboratory examinations; (3) putting in place monitoring and evaluation of incoming reports; (4) initiatives to create a more comprehensive information system for recording COVID-19 down to the RT/RW level; and (5) carrying out additional research on risk factors for COVID-19-related deaths, which is followed up on by responsive policies and local regulations. The interview results were obtained through response management. The responses from the participants, specifically those from the RSUD, indicated that the RSUD already has measuring tools, such as questionnaires and suggestion boxes; at the PMB, there is no measuring tool for the services; and at the Health Center, there is only a suggestion box.

DISCUSSION

The interview's findings about security capacity in the course of providing services to mothers in medical facilities were derived from the responses. It is necessary to enhance the role of local governments in developing effective COVID-19 handling policies. Because they have complete control over (1) efforts to comply with filling out/inputting COVID-19 data regularly and encouraging data completeness by offering incentives for policy compliance or sanctions for regions that fail to enter hospital COVID-19 patient data into the RS Online system, as well as keeping an eye on the creation of daily reports, local governments play a significant role in enhancing health security capacity; (2) guaranteeing that human resources, logistics, facilities and infrastructure, and budget support are available for surveillance, data management, and laboratory examinations; (3) putting in place monitoring and evaluation of incoming reports; (4) initiatives to create a more comprehensive information system for recording COVID-19 down to the RT/RW level; and

(5) carrying out additional research on risk factors for COVID-19-related deaths, which is followed up on by responsive policies and local regulations.

According to the results of the interviews about service capacity, all participants generally stated that all facilities ensure that maternity mothers are exposed to COVID-19, offer the best service, have good facilities, and offer services that are safe and comfortable. They also stated that their health facilities can be trusted because they follow standard operating procedures (Marta, 2020).

During the COVID-19 epidemic, health services employ the surge capacity concept. In contrast to a crisis, a pandemic requires health services to simultaneously manage inpatient and outpatient surge capacity while monitoring patients across several medical institutions. In order to manage surge capacity effectively, the private sector and other sectors must be included, and hazard vulnerability assessments (HVAs) must be taken into consideration. Planning, training, research, equipment, logistics, coordination, monitoring, and the process of modifying laws or regulations all require funding. Enhancing human resources' ability to focus on the right number of people and protect them from infection risk by WHO guidelines requires focusing on mental health and welfare as well as the use of task shifting. The proper number of skilled health workers must be a priority for local governments, which should also prepare medical and non-medical volunteers through training and specific licensing processes (Sandhi & Dewi, 2021). The possibility of medical personnel becoming infected while acting as rescues distinguishes a pandemic from a natural disaster. In the meantime, producing specialists takes a long time. Task-shifting—the transfer of responsibilities from highly qualified health workers to less qualified health workers to increase the utilization of existing human resources—must be implemented to overcome the limitations of certain specialist doctors in light of the growing demand for specialist doctors. Maintaining current health human resources requires preventing their physical and mental health from deteriorating, which leaves them susceptible to COVID-19, as well as shielding the general population from getting medical care from improper behavior (Bappenas, 2021)

Strengths and Limitations

Researchers' qualitative research has restrictions because the data required is subjective and does not need to be generalised, thus researchers just write about what they learnt during interviews with participants.

Implications for Practice

The findings of this study can be used as information material on how to handle labor assistance that must be carried out by health facilities, to supplement the library's knowledge of labor assistance handling, and as a reference in conducting similar research.

CONCLUSIONS

According to the participant's responses to the security capacity theme—that is, the ability of health services to provide laboring mothers with security in terms of services—all of them indicated that the quality of the services offered was high, and the majority of them indicated that there were measuring tools, such as suggestion boxes and questionnaires, for the response management theme.

Conflict of Interest Statement

None

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