

IMPLEMENTATION OF MIDWIFERY CARE DOCUMENTATION ON INDEPENDENT PRACTICE OF MIDWIVES IN THE SOUTH CIMAHI WORK AREA

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ABSTRACT

Background: Documentation in midwifery is evidence of recording and reporting that midwives have in carrying out midwifery records which are useful for the client's interests. Midwives and health teams provide health services based on accurate and complete communication in writing, with the responsibility of midwives. Documentation in midwifery care is a complete and accurate recording of conditions/events seen in the implementation of midwifery care (midwifery care process).

Objective: To find out about the implementation of midwifery care documentation for midwives who have Independent Midwife Practices in the South Cimahi Work Area by 2023.

Research Method: Research was carried out at each Independent Practice Midwife (PMB) in the South Cimahi work area, Quantitative Research Type with a Descriptive design. Using a total sampling technique, with a research population of 36 midwives who have Independent Midwife Practices (PMB) and a research sample of 36 Midwives who have active Independent Midwife Practices (PMB) in the South Cimahi area.

Results: Based on the research results, it shows that the age of midwives ≥ 41 years is as much as 58.3% of midwives' education in D-III Midwifery is 55.6%, the length of time midwives have been in opening an Independent Midwife Practice (PMB) ≥ 5 years is 69.4%, the midwives' knowledge of documentation is in the good category as much as 52.8%, Implementation of documentation in the Good category 63.9%.

Conclusion: From the research results, it was found that the most knowledge of midwives was in the good category with the application of SOAP Midwifery documentation (Subject, Object, Analysis, Management) with characteristics including age, education, length of time opening PMB, knowledge of midwives with the application of midwifery care documentation.

Keywords: Implementation of Documentation, Midwifery Care, Independent Practice Midwives

INTRODUCTION

Documentation in midwifery is evidence of recording and reporting that midwives have in carrying out midwifery records that are useful for the interests of clients. Midwives and health teams provide health services based on accurate and complete communication in writing, with the responsibility of midwives. Documentation in midwifery care is a complete and accurate recording of conditions/events seen in the implementation of midwifery care (midwifery care process).

Society's demands are increasingly high for professional midwives and an efficient documentation system. But in reality there are still some Independent Practicing Midwives who have not carried out documentation according to the format and completely. Minister of Health Regulation Number 28 of 2017 concerning Licensing and Implementation of Midwife Practice in Article 28 letter (e) explains that "In carrying out practice/work, midwives are obliged to record midwifery care and other services systematically." According to the Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/MENKES/320/2020

concerning Midwife Professional Standards, Midwifery Care Management is the approach used by midwives in providing midwifery care starting from assessment, formulation of midwifery diagnosis, planning, implementation, evaluation and recording of midwifery care. These notes are written in a complete, accurate, concise, clear and accountable manner, written in the form of Subjective, Objective, Assessment and Plan (SOAP) Notes.

Documentation is the legal basis for midwives in providing services, documentation can identify the quality of midwife services and documentation is a valuable asset for midwives because the data that has been documented can be used as reference material if there is a problem with the care services provided. The form of documentation can be in the form of SOP (Standard Operating Procedure) or using midwifery care management.

The obligation to document midwifery care is regulated in the midwifery professional standards, namely in standard IX regarding documentation which explains that midwifery care is documented in accordance with the midwifery documentation standards provided, namely, carried out at every stage of midwifery care, carried out systematically, precisely and clearly and documentation is legal evidence. from the implementation of midwifery care. After providing midwifery care in midwifery services, midwives must carry out documentation.

Midwifery documentation is very important for midwives in providing midwifery care, this is because midwifery care provided to clients requires recording and reporting which can be used as a reference to claim responsibility and accountability for various problems that may be experienced by clients related to the services provided. Apart from recording and reporting, midwifery documentation is also used as information about the patient's health status in all midwifery care activities carried out by the patient in all midwifery care activities carried out by the midwife.

METHOD

This type of research is quantitative with a descriptive research design. This research variable is the implementation of midwifery care documentation in midwives' independent practice. The research population was 36 Midwives who had PMB (Independent Practice of Midwives) in the South Cimahi area and the sample in this study were 36 Midwives who had active PMB in the South Cimahi area. The sampling technique uses total sampling.

The research was carried out from 1 October 2023 to 30 November 2023. The research instrument used was the first observation sheet which contained characteristics including the midwife's age, the midwife's education, the length of time the midwife had opened the PMB, the second questionnaire contained the midwife's knowledge about documenting midwifery care, and the third questionnaire contains the application of documentation of midwifery care. Data collection in this research was done by observers providing assessments on observation sheets.

RESULTS

a. Univariate Analysis of Midwives' Age

Table 1. Age Frequency Distribution of Midwives in PMB in the South Cimahi Working Area

Age	Frequency	Percentage (%)
>41	15	41.7
<41	21	58.3
Total	36	100.0

b. Univariate Analysis of Midwife Education

Table 2. Frequency Distribution of Midwife Education in PMB in the South Cimahi Working Area

Education	Frequency	Percentage (%)
DIII	20	55.6
S1	7	19.4
PROFESI	4	11.1
S2	5	13.9
Total	36	100.0

c. Old Univariate Analysis of Opening PMB**Table 3. Frequency Distribution of Time to Open PMB in the South Cimahi Work Area**

Practice for a long time	Frequency	Percentage (%)
>5 tahun	25	69.4
<5 tahun	11	30.6
Total	36	100.0

d. Univariate Analysis of Midwives' Knowledge**Table 4. Frequency Distribution of Midwives' Knowledge about Documentation**

Knowledge	Frequency	Percentage (%)
Good	19	52.8
Enough	7	19.4
Not enough	10	27.8
Total	36	100.0

e. Univariate Analysis of Implementation of Midwifery Care Documentation**Table 5. Frequency Distribution of Implementation of Midwifery Care Documentation in the South Cimahi Work Area**

Application	Frequency	Percentage (%)
Good	23	63.9
Not good	13	36.1
Total	36	100.0

DISCUSSION**1. Age**

Human behavior in this research is the role of midwives in implementing documentation of midwifery care which is an activity or activity that exists in humans (Natoadmodjo, 2010). In accordance with Mubarak (2009) states that as a person ages, they will experience changes in the psychological and mental aspects of a person's thinking stage, becoming more mature and mature. This will influence a person's activeness or participation in an activity

2. Education

The results of the analysis of educational characteristics showed that the majority of respondents had a D-III Midwifery education (55.6%). The education level of midwives, most of whom were respondents, had D-III Midwifery in accordance with the regulations set by the Indonesian Midwives Association (IBI) and the government that midwives must have a minimum education of D-III Midwifery.

The level of education pursued by the respondent will influence a person's mindset in viewing things. A person with a high level of education will have a better mindset and will find it easier to accept new concepts that are considered beneficial for him. The midwife's education level will of course influence the documentation of midwifery care.

3. Long time open practice

The results of research data analysis showed that the majority of midwives had been opening PMB for a long time (> 5 years) as much as 69.4%. These results show that the respondents already have a lot of experience because they have been opening PMB for a long time. According to Widiastuti (2009), a person's work results will be better if they have skills in carrying out tasks and skills in carrying out a person's tasks and skills can be seen in the length of time a person works. Likewise with midwives, the longer someone opens a PMB and handles patients, the better their skills in documenting midwifery care will be (Pramitasari, 2014).

4. Midwives' Knowledge of Documenting Midwifery Care

The results of the research analysis show that midwives' knowledge about documenting midwifery care is mostly in the good category, 52.8%. This shows that midwives have good knowledge about documenting midwifery care, so the hope is that midwives can at a minimum avoid legal action if they accidentally treat a patient

because they already have complete documentation. On the other hand, if the midwife's knowledge about documenting midwifery care is lacking, this will affect the midwife. in documenting the services that have been provided to patients (Nurdian, 2009).

5. Implementation of Midwifery Care Documentation

The research results showed that the implementation of documentation of midwifery care carried out by midwives was in the good category, namely 63.9% and in the Poor category 36.1%. Documentation is an authentic record or original document that can be used as evidence in legal matters (Wildan, 2012).

CONCLUSION

From the research results, it was found that the most knowledge of midwives was in the good category with the application of SOAP (Subject, Object, Analysis, Management) Midwifery documentation, including in midwifery care, Antenatal care, Intranatal care, Postnatal care, Newborn babies, and family planning contraception in the independent practice of midwives in the work area. South Cimahi.

ACKNOWLEDGEMENTS

Thank you to all parties who have helped so that this research can be completed, I hope this research is useful and able to increase knowledge regarding the application of midwifery care documentation.

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