

THE ROLE OF THE MIDWIFE IN POSTPARTUM FAMILY PLANNING SERVICES : A CASE STUDY ON THREE DIFFERENT HEALTH FACILITIES IN SOUTH CENTRAL JAVA

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ABSTRACT

Postpartum family planning coverage in Central Java is below the national standard, or it only reached 26.8%. Postpartum mothers are at risk of getting pregnant if they do not use contraception. Modern contraceptives prevent 3.2 million of 5.6 million under-five deaths and 109,000 of 155,000 (70%) maternal deaths. Continuity of Midwifery Care during the extended postpartum period encourages mothers to use modern contraception to manage the pregnancy gap. This study aimed to explore midwifery services for Family Planning Postpartum from the perspective of providers and clients in three health facilities: hospitals (RS), Public Health Centers, and Independent Midwifery Practice (PMB). The research was implemented through a qualitative descriptive, a case study approach design in 2021. Informants were ten postpartum mothers, nine midwives, two heads of Puskesmas, head division of Family Planning, Women and Children Empowerment (KBPPA) conducted an in-depth interview. The interviews were digitally recorded, transcribed, and analyzed using the Miles and Huberman method. Providers and clients identified several benefits of Postpartum Family Planning (KBPP). Midwives stated several obstacles in providing services, such as limited counseling time during labor and lack of support from hospital management. The competence of midwives constrained KBPP services at the Puskesmas. There were still few midwives at the Puskesmas certified to provide Long Term Contraception Method services. Midwives were also overloaded with work during the pandemic. Obstacles in the Independent Midwifery Practice were the lack of IMP with clinical networks and the limited authority of the midwife. Meanwhile, postpartum mothers' barriers included lack of knowledge about fertility and KBPP, worry about side effects, and the husband's lack of support. Therefore, optimizing the referral mechanism for long-term contraception in advanced health facilities is necessary. Continuity of care midwives and integration of services will increase coverage of postpartum contraception

Keywords: *postpartum family planning, midwife service, health facility*

ABSTRAK

Cakupan KB Pasca Persalinan di Jawa Tengah dibawah standar nasional baru mencapai 26.8 %. Padahal, ibu postpartum beresiko hamil jika tidak menggunakan kontrasepsi. Kontrasepsi modern mencegah 3.2 juta dari 5.6 juta kematian balita serta 109.000 dari 155.000 (70 %) kematian ibu. Asuhan berkesinambungan bidan masa extended postpartum mendorong ibu menggunakan kontrasepsi modern untuk mengatur jarak kehamilan. Penelitian bertujuan mengeksplorasi pelayanan kebidanan Keluarga Berencana Pasca Persalinan perspektif provider dan klien di tiga fasilitas kesehatan yaitu rumah sakit, puskesmas dan Praktik Mandiri Bidan (PMB). Penelitian dilaksanakan tahun 2021 menggunakan deskriptif kualitatif, desain pendekatan studi kasus. Informan wawancara mendalam adalah 10 ibu nifas, 9 bidan, 2 kepala puskesmas, 1 kepala bagian Keluarga Berencana, Pemberdayaan Perempuan dan Anak (KBPPA). Wawancara direkam secara digital, ditranskrip, kemudian dianalisis menggunakan metode Miles and Huberman. Provider dan klien mengidentifikasi beberapa manfaat dari Keluarga Berencana PascaPersalinan (KBPP). Bidan menyatakan beberapa hal kendala dalam memberikan pelayanan. Kendala bidan di RS adalah waktu konseling terbatas dan kurangnya dukungan dari manajemen Rumah Sakit. Pelayanan KBPP di Puskesmas terkendala kompetensi bidan. Bidan di Puskesmas tersertifikasi pelayanan Metode Kontrasepsi Jangka Panjang masih sedikit. Bidan juga overload pekerjaan selama pandemi. Kendala di Praktek Mandiri Bidan, minimnya PMB yang berjejaring klinik dan terbatasnya kewenangan bidan. Sedangkan, hambatan dari ibu postpartum diantaranya kurangnya pengetahuan mengenai kesuburan dan KBPP, khawatir efek samping, suami tidak

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mendukung. Mekanisme rujukan Metode Kontrasepsi Jangka Panjang masih belum optimal. Perlu optimalisasi rujukan dan asuhan berkesinambungan bidan dan integrasi pelayanan meningkatkan cakupan kontrasepsi pasca persalinan

Kata Kunci : keluarga berencana pascapersalinan, pelayanan bidan, fasilitas kesehatan

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Introduction

Initiating mothers to use modern postpartum contraception immediately will effectively and efficiently improve maternal and child health.¹ Pregnancy in the extended postpartum period (1 year after birth) can harm both mother and baby. Planning a pregnancy will reduce maternal mortality by 64% to 112,000 per year and infant mortality by 76% to 655,000 per year.² Women in the postpartum period will interact more frequently with midwives through postpartum visits and immunization services, which means that family planning counseling will become one of the focuses of midwife services.³ Mothers who do not breastfeed their babies will be fertile within < 23 days. Meanwhile, there is a possibility that their fertility will return to < 42 days for breastfeeding mothers.⁴ because 79.3% of mothers and husbands have started the sexual activity in 0-5 months postpartum.⁵

Based on data from the Demographic Health Survey (DHS) in 27 countries, 95% of women in the first year postpartum do not expect pregnancy. However, 70% do not use modern contraception.⁶, and less than 5% of mothers want to get pregnant in the first year of their last pregnancy.⁷ Conventional contraception has a high failure rate; it's necessary to educate mothers about using modern contraception to prevent unplanned pregnancies. A subsequent survey (DHS) in 57 countries indicated that women who experienced an unmet need for postpartum contraception were 62% after delivery, 43% after six months, and 32% at 12 months.⁸ The unmet need for modern postpartum contraception in Indonesia was 28% (2007), 23% (2012), and 24% (2015).⁹ Postpartum family planning coverage in Central Java was 26.8%. The distribution of postpartum family planning by region is 35.46% in rural areas and 28.43% in urban areas.¹⁰

Contraception use in the postpartum period is affected by various factors. Family factors, such as the husband's support and work, will affect the use of modern contraception in the postpartum period.^{11,12} Factors in family planning services, including family planning counseling during antenatal care and postpartum care, affect the decision-making on the use of modern contraception in the postpartum period.¹³ Satisfaction in family planning services by health practitioners contributes to the use of postpartum family planning.¹⁴ A qualified family planning service will provide positive experiences for mothers and support the use of family planning services.¹⁵ Based on IDHS data, the health practitioners who were more frequently accessed during the postpartum were midwives (56.2%). Mothers also received more information about family planning from midwives (24.3%).¹⁶ Midwives have a great chance to educate and provide

counseling to mothers regarding postpartum family planning. This study explores how midwives services in postpartum family planning from the perspective of midwives and postpartum mothers at different health facilities, such as hospitals, public health centers (Puskesmas), and Independent midwifery practice (PMB).

Method

Design this research is descriptive qualitative with a case study approach. Data were collected using in-depth interviews with midwives and postpartum mothers. Participants in the in-depth interviews were representatives from Puskesmas areas with low and high postpartum contraceptive coverage in each district. Before conducting in-depth interviews, the researchers met and coordinated in advance to agree on the timing of the interview activities. When the researcher found data limitations, the researcher continued to have the interview by telephone. In addition to in-depth interviews, the researchers also collected data through the Standard Operating Procedures document regarding Postpartum Contraception Services at each health facility (Public Hospital, Community Health Center, and Independent Midwife Service).

This research was conducted in two regencies in Indonesia, Banyumas and Cilacap, located in the Southern Central Java Region. The selection of these areas considers the scope of postpartum contraceptive use and the Community Reproductive Health Development Index.

The population covered all midwives and postpartum mothers in the districts of Banyumas and Cilacap regencies. The technique of determining the informant was purposive sampling. Primary informants included in this study were nine midwives, including two coordinating midwives at Baturaden I and Baturaden II Health Centers, one midwife in the health center Sumbang II area in Banyumas Regency, 1 Coordinator Midwife, and independent Midwife Practice in Jeruk Legi I, 1 Midwife Kesugihan Health Center and one independent Midwife Practice in Kawunganten, one independent Midwife Practice in Kroya, two midwives from the Banyumas District Hospital. Postpartum mother informants were 5 from Banyumas Regency (Baturaden I, II, Contributing II) and 5 from Cilacap Regency (Jeruk Legi I, Kesugihan and Kawunganten). Secondary informants were two heads of health centers (Kembaran II Banyumas and Jeruk Legi I Cilacap). 1 person was the Head of Family Planning, Family Resilience, and Welfare, Family Planning Service's Empowerment and Child Protection (KPPPA Cilacap Regency).

Before starting the interview, the informants were addressed with an explanation and asked to sign an informed consent form. They were allowed to ask questions related to this research. After signing the informed consent, the researcher started the interview in a private room using Indonesian. Because COVID-19 pandemic situation, the interview process was carried out with a health protocol (using protective masks, maintaining distance, and avoiding crowds). The interview process was recorded with the informant's permission, and then the recording was transcribed and

analyzed. For the interview content, the researcher asked the informants based on the framework of technical instructions BKKBN and Bruce Fundamental Family Planning Service, which involved: 1) Standard Operational Procedures, 2) barriers, 3) Supporting factors to access postpartum family planning.^{16,17}

The researcher read the entire transcript to obtain general information from each transcript. Then, the general messages were compiled to take specific messages; the general data pattern was obtained from these particular messages. Data validation was conducted through triangulation and expert judgments. The data were obtained until it was completely saturated. Furthermore, the data could be grouped based on the topic sequence, categories, and subcategories. Data were analyzed using the Miles and Huberman method.

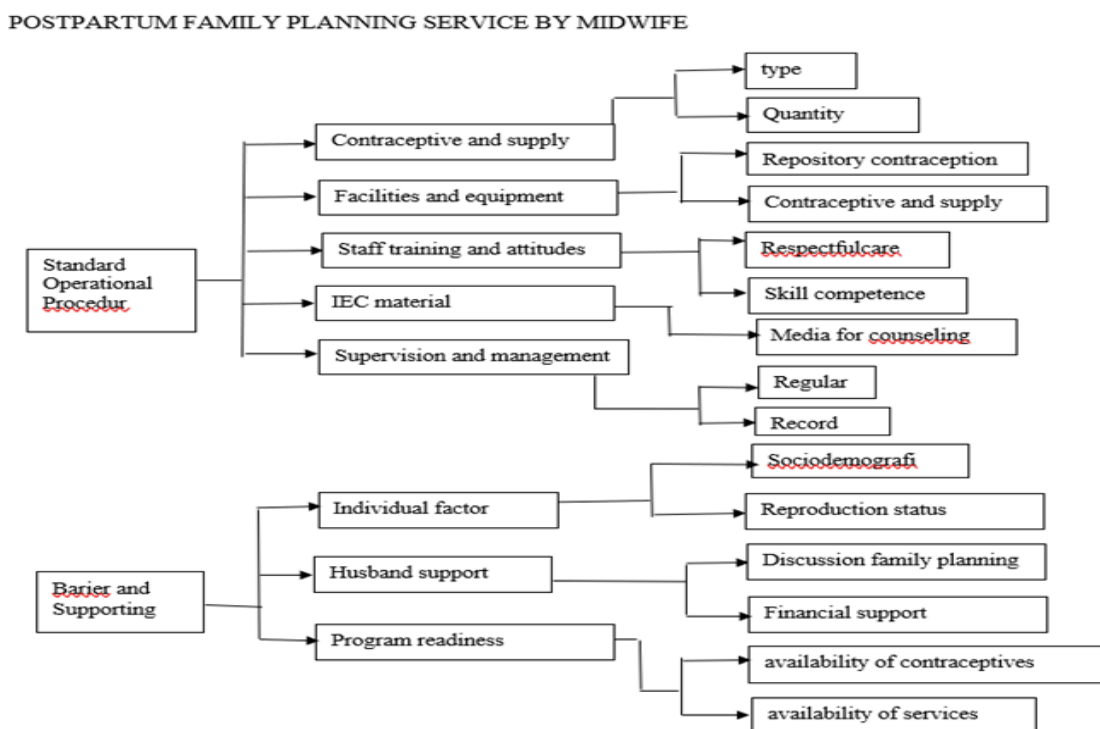
This research has received ethical approval from the Ethics Committee of the Faculty of Health, University of Muhammadiyah Purwokerto No. KEPK/UMP/38/III/2021.

Results

The informants in this study were ten postpartum mothers, nine midwives consisting of 3 health center coordinator midwives, one midwife Puskesmas who was also a village midwife, three midwives in the Independent Midwife Practice, two midwives at the hospital, two informants as the head of the Puskesmas and one head of KBPPA division. The age of the informants was between 21-49 years. Midwife informants have professional experience of 3-25 years. The duration of the In-depth interview ranged from 45-60 minutes.

Categorization by topic

There were three topics categorized into several themes. It can be seen in the following graph



Graph 1. Topics Categorized

The Independent Midwifery Practice (PMB) is a health facility that provides the most Family Planning services or 52.5% of acceptors.¹⁸ However, postpartum family planning services at PMB were limited to contraceptive pills, injections, and condoms. Intra-Uterine Device (IUD) and Implant contraceptive services could be provided by PMB, which partnered with doctor's clinics. Midwives' family planning counseling began to give services to pregnant women in the third trimester and continued during the postpartum period.

"I started counseling pregnant women from the second trimester, part of P4K. Especially for pregnant women at high risk, I advise immediately using family planning after birth. For those who are not at high risk, I will explain the benefits of family planning. Alhamdulillah, 90% of mothers who gave birth in my PMB used family planning before 42 days. My PMB has partnered with a clinic. I recommend postpartum mothers to use implants or IUDs, so they do not need to go back and forth to PMB"

-H 5, Midwife, 25 years of professional experience

The postpartum family planning services at PMB started with the mother taking a history and examination to screen for the mother's suitable contraceptive method. Then the midwife gave

pre-tide counseling and signed the informed consent, and the final contraceptive installation was posted tide counseling. Mothers who did labor in PMB would also use postpartum family planning in PMB. The time of contraception insertion at the time of the postpartum visit or immunization. Postpartum mother informants at PMB said:

"I was born at the midwife's place. When I checked for pregnancy, I was also at the midwife. My child is already 3, and the midwife said I should use family planning to prevent pregnancy until my baby is 2 years. Now I use birth control implants."

-P6, 40th-day postpartum mother at PMB

"It's more comfortable in the midwife's place. Not too busy, not too many queues. The midwife is friendly, she has the experience, so it's more stable to install family planning with the midwife. I use the IUD contraception to insert it when the puerperal blood is clean."

-F8, 23rd-day postpartum mother at PMB

Puskesmas is a First-Level Health Facility (FLHF). The procedure of the family planning service mechanism at the Puskesmas started with prospective acceptors registering. Step two acceptor must go to the KB service room. The mother's history included identity, number of children, last menstruation, and history of illness. Mother was screened through a physical examination: weight, blood pressure, special examination. After the mother was declared to have passed the screening, pre-installation counseling was carried out; then contraception was installed. If the mother has a risk disease, the mother was given medication or considered for referral. If the mother was in good health, then after the installation was allowed to go home.

Contraceptives served at the health center include injections, pills, condoms, IUDs, and implants. A doctor or midwife carried out long-term family planning services under the supervision of a general practitioner. Service times were determined on certain days so that services could be centralized. However, because there were many acceptors, the waiting time for the queue was quite a lot. Postpartum Family Planning Services at the Puskesmas were carried out before the mother returned home (6-8 hours postpartum). The Puskesmas did not provide IUD services 2 hours postpartum but 6-8 hours postpartum. The most popular KBPP contraceptives were implants. BKKBN provided health center contraceptives

"Usually, family planning services are available on Tuesdays from 08.00-12.00, and the most common is contraceptive injection. Mother was given counseling, but yes, because it was busy, the time was limited."

-Y7, Community Health Centre Midwife 5 years of professional experience

"Puskesmas will provide reports on the distribution and use of contraceptives every month. We supply to the Puskesmas every 1-2 months, depending on the number of acceptors in the area. Free contraceptives from the BKKBN are expected to increase the coverage of modern family planning acceptors."

-E10, KBPPA staff 20 years of professional experience

"The queues for injections at the Puskesmas were old, so I leave in a hurry so that it's still a bit quiet. I use three-month injectable birth control."

-D9, 6th month extended postpartum mother at the Puskesmas

As a contraceptive service health facility, the hospital is an advanced referral health facility (FKRTL).¹⁹ Postpartum contraceptive services at the hospital include the installation of an IUD two hours postpartum, Tubectomy (Female Operation Method/MOW), and Vasectomy (Male Operation Method/MOP). Installation requirements: not in pregnant condition, not expecting more children, fulfilling informed consent, no contraindications for surgery. MOP and MOW, the midwife's authority is limited to counseling during the first stage of labor, before and after IUD insertion. Midwives in KB installation become assistants to Obstetrics and Gynaecology Specialists. After leaving the hospital, the patient becomes the responsibility of the local midwife. Mothers can carry out postpartum control back to the hospital or control at the Puskesmas/IMP.

"If the mother had not received IUD family planning counseling two hours postpartum, patients rarely wanted to use the IUD for fear of going out on their own. Yesterday, one case was inserted, but because of the excitement, it became a bit crowded in the area."

-S8, Hospital Midwife 20 years of professional experience

"I don't want to use an immediately contraceptive after birth because my mother said If you still bleed, don't put on a family planning, let it clean first. The dirty blood can cause illness if using contraceptives."

-N1, postpartum mother 1-day postpartum P1A0

Maternal decision-making using postpartum family planning is a complex matter. It was influenced by the mother's knowledge and beliefs and family support. Some families in the Cilacap area were Long Distance Married (LDM) because the husband works outside the city while his wife lives in Cilacap. When the husband disapproves of his wife using contraception, the wife tends to follow her husband's opinion. Meanwhile, in Banyumas, the culture of using postpartum contraception to wait for menstrual blood to clear is still a belief for postpartum mothers. So, postpartum contraception is done after > 42 days postpartum.

"Sometimes her mother is willing to do it, but her husband disagrees... just say wait to use contraception after it's clean. Self-confidence and husband's support are important for mothers' decisions to use family planning."

-R4, Midwife with seven years of professional experience

"I started giving counseling since I was pregnant, but it's really hard to tell when it comes to faith. Finally, I give another explanation, which is important for postpartum family planning to prevent unwanted pregnancy."

-W, Midwife 14 years of professional experience

"My brother said that if you use a contraceptive used in the womb when you have sexual activity, it does not feel good. I'm also afraid of the tide mechanism."

-L3, postpartum mother 4 hours postpartum P2A0

Postpartum family planning services at the Puskesmas are constrained by the competence of only a few certified midwives for family planning training, so the installation is waiting for the midwife's watch schedule. Midwives also have responsibilities in several services for pregnancy, childbirth, immunization, Posyandu, vaccinators, and family planning services. Many midwife responsibilities; however, the number of midwives in the Puskesmas is still limited. Everyone the shifts were only 2-3 midwives. He was worried that if more than one patient gave birth, counseling services and installation of contraception for family planning were still limited. The supply of IUD and Implant contraceptives also needed to be increased, especially in integrated services programs between the Puskesmas and community organizations.

"Not all midwives at the Puskesmas have participated in the CTU training, only three people. The total number of midwives is 18. They have not worked yet; now, there are more, and there are also many reports. The family planning coordinator is at the health center's family planning program. In the last month, two postpartum mothers who installed family planning at the Possesses."

-W3, midwife 14 years of professional experience

"Indeed, during this pandemic, our service focus is more on handling Covid. Midwives are also vaccinators. Family planning services, the attendance of acceptors has decreased"

-T11, head doctor of Possesses with 18 years of professional experience.

"My labor was at the health center, but I had insertion my contraception at the midwife's practice. There are various types of contraception methods at the midwife, different from public health centers which are fewer."

-S5, a postpartum mother with two months postpartum G2 P1

The mother's limited information regarding the IUD two hours postpartum was a source of concern for mothers to use. The lack of time to interact with midwives while the patient was in the hospital also limited the time for educational counseling and information about postpartum family planning. The integration of postpartum family planning services when the mother controlled/immunized the baby was also constrained by personnel and infrastructure. There was no follow-up care after delivery from the hospital.

"It's a bit difficult to give counseling to the patient, Ms. But yes, it is still offered to the patient; whether you want it or not, it goes back to the patient."

-I10, a midwife with 14 years of professional experience

"I am afraid to put IUD two hours after birth because of self-exposure risks. I just want to use it after the postpartum period."

-N1, postpartum mother P1A0

Midwives must connect with Family Planning Field Officers (PLKB) and health cadres to motivate pregnant and postpartum women to use modern postpartum contraception to prevent unwanted pregnancy. They were improving PMB services to become a clinical network partner so that the Family Planning services provided could be more comprehensive, including IUD and implant services. Midwives must educate about family planning for prenatal care, especially for high-risk pregnant women.

"The KB counseling is to prevent complications in the next pregnancy. I plan to collaborate with a clinic, but my patients are only a few, so I focus on giving independent service."

-HF1, midwife 20 years of professional experience

"The midwife mostly installs postpartum family planning contraceptive method because they often use injection and IMP is also close to the community."

-W12, head of Puskesmas with 23 years of professional experience

"Education is now more widespread through social media. We have a WhatsApp group, and I share information in the WhatsApp group, although sometimes only a few respond, but those who have post-KB want to ask questions, especially young mothers."

-M6, midwife 14 years of professional experience

The need for SOPs regarding family planning counseling could be begun when the couple immunized the prospective bride and groom. Midwives in Public Health should encourage brides-to-be to access the SKATA application and plan their pregnancy. They should improve their skills through scheduled training to have more certified midwives. Increasing family planning service time was not in a short time. They should also upgrade privacy in family planning services to make mothers more comfortable when their privacy is maintained.

"If there is a bride and groom, I ask you to download the SKATA application. Today's young people are more technology literate, so they don't want verbal information. Through SKATA, young couples can get more health information from a valid source."

-R4, Midwife 7 years of professional experience

"Don't make us wait too long in the queue. Sometimes we go to the health center while bringing the child, and the child can be fussy."

-M7, nine months extended postpartum mother

The Efforts to integrate immunization and family planning services can mean increasing the coverage of postpartum family planning for mothers who give birth in hospitals. Innovation was needed to reduce maternal concerns regarding IUD contraceptives 2 hours postpartum. In addition, it also increased men's involvement through MOP family planning. Providing training to midwives was essential and effective counseling on family planning.

"It is necessary to prepare infrastructure and health practitioners to provide family planning services during the immunization period because that is a different service."

-S8, midwife 20 years of professional experience

"Postpartum mothers who give birth via Section Caesarea can be motivated to use family planning before going home. Usually, 2-3 days the patient is in the postpartum room, you can also give counseling."

-I9, a midwife with 16 years of professional experience

"My husband told me to do family planning so that I don't get pregnant first. If the child is already an adult, then I can get pregnant again."

-N1, postpartum mother P1A0

Discussion

Based on statements from clients, clients were more comfortable consulting about family planning with midwives than other health practitioners. Using modern short-term contraception is more visible than long term because clients can directly access it at the Independent Midwifery Practice. The Long-Acting Reversible Contraceptives (LARCs) were a more effective and lower risk of dropping out. LARCs can only be accessed at IMP, which collaborated with level one health facilities, and indeed, it was still limited. Therefore, it was necessary to optimize the referral flow for postpartum family planning. Clients in the Hospital tend to use LARCs and permanent contraception because most of them are mothers with a high risk of pregnancy

In-depth interviews with nine midwives in three different health facilities stated that postpartum family planning services were essential and needed to improve the quality of their services. Training on installing IUD and Implant contraceptives for health practitioners, especially midwives, could increase the satisfaction of using contraceptives by acceptors. Midwives who had been trained were expected to be able to transfer their knowledge and skills to their colleagues.³ The training was about KBPP and counseling services effectiveness in providing more precise information to patients. Midwives needed to increase the frequency of health education and family counseling during pregnancy, especially in the 3rd trimester, to increase maternal knowledge and rectify the myths circulating.²⁰

In in-depth interviews with ten postpartum and extended postpartum mothers, the decision to use contraception was affected by various factors such as individual factors, lack of knowledge about family planning, and fear of the side effects of contraception. Interviews with two heads of Puskesmas and the head of the KBPPA section explained the importance of an integrated program between the health office, BKKBN/KBPPA, heads of sub-districts, heads of villages, family health empowerment team (PKK), and community organizations. Efforts to integrate family planning services into immunization and Posyandu activities were also crucial.³ PLKB and health cadres

provided information, communication, and education regarding postpartum family planning so that families could determine what contraceptive method was right for the mother. The postpartum mother who gives birth in more complete health facilities (hospitals) receives more satisfactory services and counseling than in primary care facilities (Puskesmas and Independent Midwifery Practices).²¹

Midwives provided counseling and screened whether contraception was suitable for the mother. Besides, family planning services and post-installation counseling were also required.²² Quality service was client-oriented service.²³ Lack of husband's support for the use of postpartum contraception became a problem. The husband was worried that IUD insertion would interfere with their sexual activity. If his wife used injections or implants, she was worried that his wife would go fat. However, the husband was reluctant to use contraception.²⁴ There was a growing belief in the community that contraceptive installation should wait until after the menstrual blood is clean because it can interfere with the discharge of blood and cause disease. It was one of the obstacles faced by midwives in initiating the use of modern postpartum contraception.

Education through social media and health applications could help mothers determine the appropriate contraception for the client. SKATA application helped to promote young couples and pregnant women. Telemedicine was one way to increase mothers' knowledge about family planning. Mothers who understood the needs and benefits of managing pregnancy could choose which contraceptive was the most appropriate for them.²⁵ Information and Education Communication (IEC) and counseling reduced missed-opportunity family planning services.²⁶ The quality and quantity of midwives' counseling were increased to maximize the coverage of modern postpartum contraception.²⁷

Conclusion

Referral mechanism in Long Term Contraception After Birth and health practitioner competence to insertion is still low in health facility level one (basic). The efforts to optimize the referral flow for family planning services need to be improved. Communication of Education and Counseling on long-term contraception methods KBPP had been more intensified. Midwifery care during the puerperium, especially in-home visits, needs to intensify counseling on the importance of PPF. Health facility seeks to provide quality services in postpartum family planning services. Independent Midwifery Practices have limited competence in PPF, such as condoms, pills, and injections. Public Health Center, as a first-level health facility, has more competence than IMP in long-term contraception implants and intrauterine devices. Meanwhile, as an Advanced Referral Health Facility for family planning services for mothers with pathological births, the hospital directs the use of long-term contraception and surgical methods.

Conflict of Interest

All authors declare that they have no conflicts of interest.

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