

Relationship of Midwife Knowledge in Management Referral to Maternity and Obstetric Disorders at the Panombeian Panei Health Center, Simalungun Regency in 2022

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ABSTRACT

Based on WHO research worldwide, there are 500,000 maternal deaths per year and infant mortality, especially neonates, at 10,000,000 people per year. These maternal and infant deaths occur mainly in developing countries by 99%. Although the number is very large, it does not attract attention because the incidence is widespread, in contrast to deaths that occur due to floods, landslides, other natural disasters or accident victims (Manuaba, 1998). In Indonesia, based on calculations by BPS, the MMR in 2007 was 248/100,000 KH. When compared with the AKI in 2002 of 307/100,000 KH, the MMR has decreased considerably, but is still far from the 2015 MDG (Millennium Development God's) target (102/100,000 KH) so it still requires hard work from all components to achieve the target. But, If we look at the MMR based on the data sent by Puskesmas throughout Indonesia, the MDG's target will be a little more likely to be achieved. Based on reports from all Puskesmas in Indonesia in 2005, the MMR was 151, in 2006 it was 127 and in 2007 it was 119/100,000 KH. This study aims to determine the relationship between the knowledge of midwives in the management of referrals and obstetric disorders at the Panombeian Panei Public Health Center, Simalungun Regency in 2022. This study was a descriptive analytic study with a cross sectional approach. The population in this study amounted to 30 people, and the entire population was used as a sample (total sampling). Respondents' knowledge data were collected using a questionnaire and analyzed using the chi-square test. The results showed that the respondents' knowledge about the management of referrals and obstetric disorders was mostly sufficient for 19 respondents (63.3 %). The chi-squer test on respondents' knowledge with referral management showed p value = 0.001 (p <0.05). From these results it can be concluded that there is a relationship between respondents' knowledge and the management of referrals and obstetric disorders at the Puskesmas. An increase in the knowledge of midwives is needed to increase the decrease in the management of referrals and obstetric disorders.

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1. Introduction

The ability to provide health services for a nation is measured by determining the high and low rates of maternal and perinatal mortality in 100,000 live births. Meanwhile, the level of welfare of a nation is determined by how far the family planning movement can be accepted by the community.

Based on WHO research worldwide, there are 500,000 maternal deaths per year and infant mortality, especially neonates, at 10,000,000 people per year. These maternal and infant deaths occur mainly in developing countries by 99%. Although the number is very large, it does not attract attention because the incidence is widespread, in contrast to deaths that occur due to floods, landslides, other natural disasters or accident victims (Manuaba, 1998).

In Indonesia, based on calculations by BPS (Balai Suasta Medicine), the MMR in 2007 was 248/100,000 KH. When compared with the 2002 MMR of 307/100,000 KH, the MMR has decreased considerably, but is still far from the 2015 MDG (Millennium Development God's) target (102/100,000 KH) so it still

requires hard work from all components to achieve this target. However, if we look at the MMR based on the data sent by Puskesmas throughout Indonesia, the MDG's target will be a little more likely to be achieved. Based on reports from all Puskesmas in Indonesia in 2005, the MMR was 151, in 2006 it was 127 and in 2007 it was 119/100,000 KH. If we look at the MMR data from the field, it shows a very significant decline. Meanwhile, for IMR, based on calculations from BPS, in 2007 the IMR was 26.9/1000 KH. This figure has decreased considerably compared to 2002-2003 of 35/1000 KH and the effort will be lighter when compared to the efforts to achieve the MDG's target for reducing MMR. The IMR target in the MDG's 2015 is 17/1000 KH. If we look at the 2007 data from the Puskesmas report, we get an IMR of 9.1/1000 KH. This figure has far decreased and exceeded the MDG's target. The downward trend in the MMR and IMR shows the success of Indonesia's efforts in achieving the MDG's targets. However, these figures, especially the MMR, are still high among countries. ASEAN outside Laos and Cambodia (Rineke, 2001).

2. Research Methods

The conceptual framework of the research entitled Relationship of Midwife Knowledge in Management of Referrals to Maternal Maternity and Obstetric Disorders at Panombeian Panei Public Health Center, Simalungun Regency. As independent variables are age, education, length of work. While the dependent variable is: Management of referrals to mothers in labor and obstetric disorders

2.1 Types of research

This type of research is descriptive analytic with a chi-square approach. To see if there is a relationship between the knowledge of midwives in the management of referrals to maternity and obstetric disorders at the Panombeian Panei Health Center, Simalungun Regency in 2022.

2.2 Population and Sample

a. Population

The population is a collection of individuals who have characteristics that will be counted/measured. The population in this study were all 30 staff midwives at the Panombeian Panei Public Health Center, Simalungun Regency.

b. Sample

The sample is partly taken from the entire object under study, the research sample is taken by total sampling, namely all 30 employee midwives at the Panombeian Panei Health Center, Simalungun Regency.

2.3 Method of collecting data

Data collection was carried out using a questionnaire that had been prepared and then distributed it directly where previously the respondents were given an explanation about the procedure for filling out the questionnaire. Respondents are welcome to ask things that are not clear about the questionnaire given. After the questionnaire was filled out by the respondent, then the questionnaire was collected again for further data processing.

3. Results and Analysis

3.1 Results

From the results of the study entitled "The Relationship of Midwife Knowledge in Management of Referrals to Maternal Maternity and Obstetric Disorders at the Panombeian Panei Health Center, Simalungun Regency in 2022." Data were obtained from 30 respondents and the results are presented in the following distribution tables:

Table 1

Frequency Distribution of the Relationship of Knowledge of Midwives in Management of Referrals to Maternity and Obstetric Disorders at Panombeian Panei Health Center, Simalungun Regency in 2022

No	Knowledge	Frequency	Amount
1	Well	9	30%
2	Enough	19	63.3%
3	Not enough	2	6.7%
	Amount	30	100%

Based on the table above, the results show that of the 30 respondents the majority of respondents had sufficient knowledge as many as 19 people (63.3 %), and the minority of respondents with less

knowledge were 2 people (6.7%).

Table 2

Frequency Distribution of Knowledge Relationships Based on Respondents Age in Management of Referrals to Maternal Maternity and Obstetric Disorders at Panombeian Panei Health Center Simalungun Regency in 2022

No	Age	Knowledge						Amount	
		Well		Enough		Not enough		F	%
		f	%	F	%	F	%		
1	< 30 years old	2	6.7	4	13.3	1	3.3	7	23.3
2	30-40 years	6	20	14	46.7	1	3.3	21	70
3	>40 years	1	3.3	1	3.3	-	-	2	6.7
Amount		9	30	19	63.3	2	6.6	30	100

Based on the table above, it is known that from 9 respondents aged <30 years, the majority of respondents are knowledgeable enough as much as 4 respondents (13.3%), and the minority has less knowledge as much as 1 respondent (3.3%), from 19 respondents aged 30-40 years. the majority have sufficient knowledge as many as 14 respondents (46.7%), and the minority have less knowledge as much as 1 respondent (3.3%), from 2 respondents aged >40 years the majority have good and sufficient knowledge each as much as 1 respondent (3.3). %).

Table 3

Frequency Distribution of Knowledge Relationships Based on Respondents' Education in Management of Referrals to Maternal Maternity and Obstetric Disorders at Panombeian Panei Health Center Simalungun Regency in 2022

No.	Education	Knowledge						Amount	
		Well		Enough		Not enough		f	%
		f	%	F	%	f	%		
1	IN Obstetrics	-	-	2	6.7	-	-	2	6.7
2	D-III Midwifery	6	20	16	53.5	2	6.7	24	80
3	D-IV Midwifery	1	3.3	1	3.3	-	-	2	6.7
4	S-1 Profession	2	6.7	-	-	-	-	2	6.7
Amount		9	30	19	63.3	2	6.7	30	100

Based on the table above, it is known that of the 2 respondents who are educated in Midwifery, the majority have sufficient knowledge as many as 2 respondents (6.7%), of 19 respondents with D-III Midwifery education the majority have sufficient knowledge as many as 16 respondents (53.5%), and the minority 2 respondents with less knowledge (6.7%), from 1 respondent with D-IV Midwifery education the majority have good knowledge as much as 1 respondent (3.3%) and 1 respondent with S-1 Midwifery education the majority have good knowledge as much as 2 respondents (6,7%).

Table 4

Frequency Distribution of Knowledge Relationships Based on Respondents' Length of Work in Management of Referrals to Maternity and Obstetric Disorders at Panombeian Panei Health Center Simalungun Regency in 2022

No	Length of work	Knowledge						Amount	
		Well		Enough		Not enough		F	%
		F	%	F	%	F	%		
1	<5 years	2	6.7	4	13.3	1	3.3	7	23.3
2	5-10 years	6	20	14	46.7	1	3.3	21	70
3	>10 years	1	3.3	1	3.3	-	-	2	6.7
Amount		9	9	30	19	63.3	2	6.6	30

Based on the table above, it is known that of the 7 respondents with less than 5 years of service, the majority have sufficient knowledge as many as 4 respondents (13.3%), and the minority with less knowledge are 1 respondent (3.3%), of the 21 respondents who have worked for 5 years. 10 years the majority have sufficient knowledge as many as 14 respondents (46.7%), and the minority with less knowledge are 1 respondent (3.3%), from 2 respondents who have worked for >10 years the majority have good and sufficient knowledge each 1 respondent (3.3%).

3.2 Discussion

a. Knowledge

Based on the results of research that has been carried out on the relationship between knowledge of midwives in the management of referrals to maternity and obstetric disorders at the Panombeian Panei Health Center, Simalungun Regency in 2022, it shows that of the 30 respondents the majority of respondents had sufficient knowledge, namely 19 people (63.3%), and a minority of respondents less knowledgeable as many as 2 people (6.7%). The results of this study indicate that in general the respondents have sufficient knowledge about the knowledge of referrals to mothers giving birth with obstetric disorders.

Knowledge is the result of knowing, and this occurs after people have sensed a certain object. Sensing occurs through the five human senses, namely the senses of sight, hearing, smell, taste and touch (Notoatmodjo, 2003).

According to the author's assumption, the knowledge of the midwife in the management of referrals to maternity mothers with obstetric disorders is closely related to the maternal mortality rate. This shows that if the knowledge of the midwife in the management of referrals for maternity mothers with obstetric disorders is better, then the midwife will be able to act quickly and precisely in making decisions in the implementation of referrals. In the case of referrals, midwives are part of the health service chain unit. Early detection and case management must be a unit that is able to deliver maternal patients safely and safely. Cases that have been detected at an early stage of high risk must be monitored and managed effectively so as to avoid emergencies, complications and death. Carelessness in one service unit will have a negative impact on the network as a whole. Inadequate management or not in accordance with service standards will increase the risk of death or permanent disability in every referral case served.

b. Knowledge by Age.

From the results of research that has been conducted on Knowledge Based on Age of Respondents in Management of Referrals to Maternity with Obstetric Disorders at Panombeian Panei Health Center, Simalungun Regency in 2022, it shows that of 7 respondents aged <30 years the majority have sufficient knowledge as many as 4 respondents (13.3%), and the less knowledgeable minority was 1 respondent (3.3%), from 21 respondents aged 30-40 years the majority had sufficient knowledge as many as 14 respondents (46.7%), and the less knowledgeable minority was 1 respondent (3.3%), from 2 respondents aged >40 years, the majority have good and sufficient knowledge, each of which is 1 respondent (3.3%).

Age is the length of life in years calculated from birth (Notoatmodjo, 2002). Age is the length of time living or existing since birth or held (BKKBN, 2011).

According to the author's assumption, as the age increases, the more experience the midwife gains. In this mature age, midwives can analyze problems better than midwives in early adulthood. With maturity, midwives are able to choose the best from the various alternatives available. Midwives can correct mistakes that have been made either by themselves or by others by considering logical considerations. From these things will be achieved a truth.

c. Knowledge Based on Education

From the results of research that has been carried out on Knowledge Based on Respondents' Education in Management of Referrals to maternity mothers with Obstetric disorders at the Panombeian Panei Health Center, Simalungun Regency in 2022, it shows that of the 2 respondents who are educated in Midwifery, the majority have sufficient knowledge as many as 2 respondents (6.7%), of the 24 respondents with D-III Midwifery education, the majority had sufficient knowledge as many as 16 respondents (53.5%), and the minority with less knowledge were 2 respondents (6.7%), of 1 respondent with D-IV Midwifery education the majority had good knowledge as much as 1 respondent (3.3%) and the majority of respondents who have a bachelor's degree in Midwifery education have good knowledge as much as 1 respondent (3.3%).

Education is the main formal institution to acquire knowledge. Education is organized as a lifelong process of empowering and empowering students. So the higher a person's education, the higher the level of knowledge (WHO).

Education is all efforts that are planned to influence other people, both individuals, groups / communities so that they do what the actors expect, education, processes and outputs (Notoatmojo, 2003). According to the author's assumptions, from certain results above, it can be seen that the more education, the better the level of knowledge.

This is related to the knowledge gained at the education level, where midwives with an education in midwifery in midwifery only attend lectures for 1 year, midwives with a D-III midwifery education study for 3 years while midwives with a D-IV education in Midwifery study for 4 years. Of course, with the large number of subject matter that midwives receive during college, especially at the D III midwifery level, it affects the level of knowledge. The higher the level of education, the easier a person will be to accept new ideas and technologies that continue to develop.

d. Knowledge Based on Length of Work

From the results of research that has been conducted on Knowledge Based on Respondents' Length of Work in Management of Referrals to Maternity Mothers with Obstetric Disorders at Panombeian Panei Health Center, Simalungun Regency in 2022, it shows that of 7 respondents who worked <5 years the majority had sufficient knowledge as many as 4 respondents (13, 3%), and the minority with less knowledge is 1 respondent (3.3%), of the 21 respondents who have worked for 5-10 years the majority are knowledgeable enough as many as 14 respondents (46.7%), and the minority with less knowledge is 1 respondent (3,3%) , from 2 respondents aged >40 years, 1 respondent has good knowledge (3.3%), and 1 respondent has less knowledge (3.3%).

Knowledge is often derived or obtained from own experience as well as experience gained from others, experience is a good teacher, so the saying goes which means that experience is a source of knowledge, experience is a way to get a truth of knowledge, therefore personal experience can be used as an effort acquire knowledge (WHO). The longer a person works, the more experience that person gets (Notoatmodjo, 2002).

According to the writer's assumption, a person gains knowledge from experience as he works for a long time. Knowledge is obtained from own experience and the experience of others. If it is associated with the results of this study, there is no gap between the results of the research and the theory, where midwives who have worked for more than 10 years have better knowledge than midwives who have worked for less than 10 years. Midwives get these experiences and are useful (beneficial) to deal with or overcome problems that arise. This method is commonly referred to as the trial and error method, namely by using one possible way to achieve success, and if it doesn't work, try another possibility.

4. Conclusion

From the results of research and discussion on the management of referrals in maternity with obstetric disorders at the Panombeian Panei Health Center, Simalungun Regency in 2022. The following conclusions can be drawn:

- a. Knowledge of Midwives in Management of Referrals to Maternity with Obstetrics Disorders based on knowledge, the results obtained from 30 respondents, the majority of respondents had sufficient knowledge, as many as 19 people (63.3 %).
- b. Knowledge of Midwives in Management of Referrals to Maternity with Obstetrics Disorders is based on. Age it is known that from 9 respondents aged <30 years the majority have sufficient knowledge as many as 4 respondents (13.3%), and the minority has less knowledge as much as 1 respondent (3.3%) from 19 respondents aged 30-40 years the majority have sufficient knowledge. as many as 14 respondents (46.7%) and the minority with less knowledge as much as 1 respondent (3.3%), of the 2 respondents aged >40 years the majority having good and sufficient knowledge each as much as 1 respondent (3.3%)
- c. Knowledge of Midwives in Management of Referrals to Maternity with Obstetrics Disorders based on Education, the results showed that of the 2 respondents who were educated in Midwifery the majority had sufficient knowledge as much as 2 respondents (6.7 %), of 24 respondents who had D-III Midwifery education the majority had sufficient knowledge as much as 16 respondents (53.5%), and the minority with less knowledge as many as 2 respondents (6.7%), from 1 respondent with D-IV Midwifery education the majority had good knowledge as much as 1 respondent (3.3%) and from 1 respondent who had an education The majority of S-1 Midwifery have good knowledge of 1 respondent (3.3%).
- d. Knowledge of Midwives in Management of Referrals to mothers in labor with Obstetric disorders based on Length of Work, the results showed that of 7 respondents who worked <5 years the majority had sufficient knowledge as many as 4 respondents (13,3%), and the minority had less knowledge as much as 1 respondent (3.3. %), of the 21 respondents who have worked for 5-10

years, the majority have sufficient knowledge, as many as 14 respondents (46.7%), and the minority with less knowledge as much as 1 respondent (3.3%), from 2 respondents aged >40 years with good knowledge as many as 1 respondent (3.3%), and less knowledgeable as much as 1 respondent (3.3%).

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