

The role of the midwife as an implementer in handling risk 4T in Puskesmas Basah Rice, Pangkalan Susu subdistrict, Langkat district in 2021

Siti Nurmawan Sinaga
STIKes Mitra Husada Medan

ARTICLE INFO

Article history:

Received Sep 29, 2022
Revised Oct 16, 2022
Accepted Oct 30, 2022

Keywords:

Role of Midwife
Implementers
Risk 4 T

ABSTRACT

A midwife is a woman who has attended and completed midwifery education that has been recognized by the government and passed the examination with applicable requirements and has qualifications to obtain a license to practice midwifery. Midwives have a very important role in reducing maternal mortality (MMR), the MMR in Indonesia is 307/100,000 births. The purpose of this study was to find out how the role of midwives as implementers in dealing with the 4 T risks at the Beras Basah Health Center, P. Susu District, Langkat Regency in 2021. This research was conducted using a descriptive method with a sample of 32 people. The sampling method was all midwives on duty at the Beras Basah Health Center, P.Susu District, Langkat Regency in 2021. By using the total sampling method. This research was conducted in June 2021. As a result of the study, it was found that the role of the midwife as implementer in dealing with 4T risks at the Beras Basah Health Center P. Susu Subdistrict, Langkat Regency in 2021. Based on the age most found at the age of 34-35 years as many as 13 people (40.6%), the most educated had D3 education, namely 23 people (71.9%), the longest working period a lot of work experience that is >10 years as many as 16 people (50.0%), then the role that midwives have in a good category is as many as 32 people (100%). It was concluded that the role of midwives as implementers in handling the 4 T risk at the Beras Basah Health Center, P. Susu District, Langkat Regency in 2021, had a good role.

This is an open access article under the [CC BY-NC](https://creativecommons.org/licenses/by-nc/4.0/) license.



Corresponding Author:

Siti Nurmawan Sinaga,
Midwifery,
STIKes Mitra Husada Medan,
Jl. Watergate IV Ps. VIII No. Kel, Kwala Bekala, Kec. Medan Johor, Medan City, North Sumatra 20142,
Email: sitinurmawan18@gmail.com

INTRODUCTION

According to the WHO definition, maternal death is the death of a woman occurring during pregnancy, childbirth, or within 42 days after delivery with causes directly or indirectly related to childbirth. WHO estimates that 585,000 women die every day due to complications during pregnancy and childbirth. Almost all of these deaths can actually be prevented. WHO also reports that around 80% of maternal deaths are due to increased complications during pregnancy,

childbirth and after delivery (Manuaba, 2002).

In the ASEAN region, although there has been a decline from 307/100,000 live births (2002-2003 IDHS) to 263/100,000 live births (BPS 2005), when compared to the maternal mortality rate in neighboring countries, Thailand is 129/100,000, Malaysia is 39/100,000 and Singapore 6/100,000. The high maternal mortality rate is inseparable from the high unwanted pregnancy rate, which is 16.8%. On the other hand, there are still many pregnancies (too many, too young, too old, and too close between pregnancies), which are very dangerous for the mother's health, or better known as the "4Ts". Currently in Indonesia, there are 22.4% of pregnant women with high risk associated with "4T" with details of pregnancy too young (≤ 16 years) of 4.1%, pregnant too old (35 years) of 3.8 %, birth spacing too close (< 2 years) of 5.2%, and too many children (4 people) of 9.4% (Gegor, 2006). Most of these maternal deaths can actually be prevented if they get help from health workers. Unfortunately they were too late to get help Because Norecognize the signs of life-threatening complications, take a long time to make decisions and seek help very far to get adequate treatment or often called "3 Too Late" (Varney, 2002)

Along with the development of the era of technology and globalization, the role of midwives is spearheading the survival and death of human children being born in the world. Based on the DKI Jakarta health survey, around 77.7% of pregnant women entrusted the birth of their babies to midwives or health workers. Meanwhile, the dependence of pregnant women on midwives is 68.7% (Anwar, 2004). It should be realized that midwifery services and care can make a major contribution in improving the quality of the role in health services, especially during good antenatal visits. The need to improve the service system for midwives was identified in research on the role, function and performance of midwives in managing risks of pregnancy and childbirth (Tidore, 2004).

The research results indicate that the midwife's role implementation care system must be designed in line with national principles and in accordance with local conditions, ensuring the use of standards as a reference for practice, explaining the roles and skills needed both for clinical workers and assistance in professional development (Manuaba, 2002) .

The role of midwives in the health sector is very influential in determining health development, especially when dealing with high risks. During pregnancy, childbirth and postpartum the two groups need the same attention, to prevent and early recognize the occurrence of complications of labor (Obstetric Complications). where assistance can be provided adequately and comprehensively/completely, namely to the Puskesmas with inpatient care or a hospital (Sofyan, 2006).

According to the 2001 Household Health Survey (SKRT) data, the direct causes of maternal death include: puerperal complications 8%, drug embolism 3%, prolonged/obstructed labor 5%, abortion 5%, infection 11%, bleeding 20%. 11%. This shows the magnitude of the problem of maternal mortality, namely being late in recognizing danger signs and making decisions, being late in reaching a health facility and being late in getting help at a health facility. From the results of an initial survey conducted by researchers at the Pratama Ananda Clinic/PUS Gatsu, the magnitude of the problem of maternal death with direct causes is bleeding 28%, pregnancy poisoning 24%, infection 11%, puerperal complications 8%, obstructed/long labor 5%, miscarriage 5%. Based on this background, researchers are interested in taking up research entitled "The Role of Midwives as Executors in Managing 4 T Risks at the Beras Basah Community Health Center, P. Susus District, Langkat Regency in 2021".

RESEARCH METHOD

The design used in this study is descriptive with a cross-sectional approach which aims to describe the role of midwives as executors in managing 4 T risks at the Beras Basah Community Health Center, P. Susus District, Langkat Regency in 2021.

RESULTS AND DISCUSSIONS

This analysis aims to describe the characteristics of each variable studied. Namely looking at the role of midwives as executors in dealing with 4 T risks. Respondent characteristics from demographic data include: age, last education, length of work.

Table 1. Distribution of respondents based on the age of midwives as executors in handling risks 4 T at Beras Basah Health Center, P. Susu District, Langkat Regency in 2021

Characteristics	Frequency	Percentage (%)
23-33 years	11	34,4
34-44 years	13	40,6
45-55 years	8	25.0
Amount	32	100

Based on the table above, it was found that the majority of midwives were 34-44 years old, namely 13 people (40.6%), the least aged 45-55 years, namely 8 people (25.0%), and 23-33 years old, namely as many as 11 people (34.4%).

Table 2. The distribution of respondents based on the education of midwives as executors in handling 4 T risks at the Beras Basah Health Center, P. Susu District, Langkat Regency in 2021

Characteristics	Frequency	Percentage (%)
IN	9	28,1
D3	23	71.9
Amount	32	100

Based on the table above, it was found that the last education of the majority of midwives had D3 education, namely 23 people (71.9%), the least educated was DI, namely 9 people (28.1%).

Table 3. of distribution of respondents based on length of work of midwives as internal executors manage the risk of 4 T at the Beras Basah Health Center, P. Susu District, Langkat Regency in 2021

Characteristics	Frequency	Percentage(%)
<5 years	7	21,9
5-10 years	9	28,1
> 10 years	16	50.0
Amount	32	100

Based on the table above, the majority of midwives have work experience >10 years, namely 16 people (50.0%), the least working experience is <5 years, namely 7 people (21.9%), who have work experience of 5- 10 years, namely as many as 9 people (28.1%).

Table 4. distribution of respondents based on the midwife's role as executor in handling risk of 4 T at Beras Basah Health Center, P. Susu District, Langkat Regency in 2021

Characteristics	Frequency	(%)
Good	32	100
Amount	32	100

Based on table 4.4 above, the majority of midwives have a good role, namely 32 people (100%).

Interpretation and Discussion of Results

a. The role of the Midwife as Executor in dealing with 4 T risks

From the results of data analysis it is known that the role of midwives as executors in dealing with 4 T risks has a good role, namely respondents answering 16-20 questionnaire questions (80-100%) as many as 32 respondents (100%). The results of the research on the role of

midwives as executors in handling 4 T risks based on age characteristics at the Beras Basah Community Health Center, P. Susu District, Langkat Regency in 2021 at the age of 23-33 years, namely 11 people (34.4%), ages 34-44 years, namely 13 people (40.6%), and at the age of 45-55 years, there were 8 people (25.0%).

So this research is in accordance with what was stated by Azrul Azwar (1998) who stated that age is a factor and a person's memory, so that a more mature age is more mature in thinking and can make a role in a special position. This is in accordance with the research conducted by Fitria Indah Yani, a D-IV student midwife educator in 2006 which said that at the age of 34-44 years a person has the desire to progress and have a good position and creativity.

From the results of the research on the role of midwives as executors in handling 4 T risks based on educational characteristics at the Beras Basah Community Health Center, P. Susu Subdistrict, Langkat Regency in 2021, there are 9 people with DI education (28.1%), and 23 people with D3 education (71, 9%). So this research is in accordance with what was stated by Sofyan (2006) which stated that the requirement for midwifery education is D3 which is a stipulation from the Government.

According to Lamtiur (2007) states that education plays an important role in determining human quality. The higher the education, the more qualified in obtaining a role and can make someone more receptive to ideas. From the results of research on the role of midwives as executors in handling 4 T risks at the Beras Basah Community Health Center, P. Susu District, Langkat Regency in 2021 based on length of work <5 years, namely 7 people (21.9%), 5-10 years, namely 9 people (28.1%), >10 years, namely 16 people (50.0%).

So this research is in accordance with Lamtiur (2007) which states that midwives who have worked/practiced midwifery for a long time will have more experience so that with this experience they can improve their skills in conducting midwifery care.

According to Varney (2002) who states that usually someone who has worked for a long time will have more experience and know more positive things. From the research results, the role of midwives as executors in dealing with 4 T risks has a good role, namely as many as 32 people (100%).

So this research is in accordance with what was put forward by Sofyan (2006) which states that a midwife is someone who has completed a midwifery education program recognized by the State and obtained qualifications and was given permission to practice midwifery. She must be able to provide supervised care and provide needed advice to women during pregnancy, labor and the post partum period.

Leading births on their own responsibility and caring for newborns and children. This care includes prevention, detection of abnormal conditions in the mother and baby, and seeking medical assistance and carrying out emergency measures in the absence of other medical personnel. Midwives also have an important role in counseling and health education, not only for the woman, but also for her family and community. That work includes antenatal education, and preparation for parenthood, and extends to certain areas of gynecology, family planning and child care. Midwives can practice in hospitals, clinics, health units, and other service places.

From the above statement it can be seen that midwives have an important task in providing guidance, care and counseling to pregnant women, childbirth, postpartum and assisting in childbirth with their own responsibility and providing care to newborns. This care includes preventive measures, detection of abnormal conditions of mother and child, seeking medical assistance and carrying out emergency measures where there are no medical personnel. Midwives have an important task in education and counseling not only for clients, but also for families and communities. This task includes antenatal education, preparation for becoming parents that an Indonesian midwife is a woman who has attended and completed midwifery education that has been recognized by the government and passed an exam with applicable requirements. If you do practice.

In carrying out the practice, midwives must be able to provide care as needed, for women who are pregnant, giving birth and post partum, as well as mass intervals, carry out delivery assistance under their own responsibility and provide care for newborns, infants and toddlers in order to prepare resources quality human resources/next generation. This care includes maintenance actions, prevention of detection as well as interventions and referrals in high risk situations including emergencies in mothers and children. By taking into account the maternal and perinatal mortality rates, it can be argued that most of them occur when maternal and perinatal assistance and deaths can still be prevented. Midwives play an important role in improving comprehensive and quality services in the community. This statement is in accordance with the opinion of Manuaba (2002).

According to Suryani (2008) Midwifery Care is the implementation of midwives' functions, activities and responsibilities in providing services to clients who have midwifery needs and/or problems (pregnancy, childbirth, postpartum, newborns, family planning, women's reproductive health, and public health service). The aim of midwifery care is to guarantee and extend to certain fields of gynecology, family planning and child care. Midwives can practice in hospitals, clinics, residential environmental health units and other service units. Such is the breadth and depth of the midwifery profession, it can be said that the satisfaction and safety of mothers and their babies throughout the reproductive cycle, creating happy and quality families through empowering women and their families by growing self-confidence.

Research Limitations

Research Design

The design of this research is cross-sectional which is only done at one time and aims to describe / describe variables by discussing frequency and percentage tables. It is better if the next researcher is expected to be able to use a broader design and be able to further develop the extent of the Midwife's Role as Executor in Handling 4 T Risks.

Implications for Midwifery Care/Midwifery Education

On Midwifery Services, From the research results it is known that the role of midwives as executors in dealing with 4 T risks has a role as good executors. So, midwives should develop knowledge and improve the quality of services in midwifery care by participating in training and seminars and providing counseling about the risks of the 4 T's so as to reduce maternal and infant mortality.

CONCLUSION

After conducting research on the role of midwives as executors in handling 4 T risks at the Beras Basah Community Health Center, P. Susu District, Langkat Regency in 2021, the following conclusions are drawn: Based on the characteristics of the respondents, it was found that the majority of respondents were aged 34-44 years as many as 13 people (4.6%), based on education it was found that most of the midwives had D3 education, namely 23 people (71.9%), based on length of service the majority had work experience > 10 years, namely as many as 16 people (50.0%). The role of the midwife as an executor in handling 4 T risks at the Beras Basah Community Health Center, P. Susu District, Langkat Regency in 2022 has a good role, namely as many as 32 people (100%).

ACKNOWLEDGEMENTS

For the Puskesmas Beras Basah Subdistrict, P. Susu District, Langkat Regency to further improve the quality of service. For future researchers to further develop this research on the role of midwives as executors in dealing with 4 T risks with other variables and broader methods. Midwives should develop knowledge and skills by participating in training and seminars to

improve the quality of midwifery services and can be applied in the community and can provide counseling about the 4 T risks so that they can help reduce maternal and infant mortality. It is expected that midwives can improve their knowledge and skills in carrying out midwifery services by following a better level.

References

- Anwar, M. (2004). *Women's Health A Global Perspective*. Yogyakarta: Gajah Mada
- Arikunto, S. (2002). *Research procedure*. Jakarta: Rineka Cipta.
- gegor. (2006). *Textbook of Midwifery Care*. Volume 4. Jakarta: EGC.
- Lisenki. (2003). *Early Detection of Pregnant Women*. Surabaya: Airlangga University Press.
- Manuaba. (2002). *Understanding Women's Reproductive Health*. Jakarta: Arcane.
- _____ IGB (2020). *Obstetrics and Gynecology*. Jakarta: Arcane.
- Mochtar, R. (2002). *Obstetrics Synopsis*. Volume 1. Jakarta: EGC.
- Mohammad, K. (2003). *Contradictions in Reproductive Health*. Jakarta: Sinar Library.
- Sarwono. (2002). *Obstetrics*. Jakarta : EGC.
- Tidore. (2004). *System Development Performance Clinical*. quoted from
:http://www.kinerja_klinik_midwife.net.id/online/medi_ind/public.htm.
- Varney. (2002). *Textbook of Midwifery Care*. Jakarta : EGC