

Implementation Analysis of Active Management of the Third Stage of Labour on Midwives in Puskesmas the Department of Health District Sambas West Borneo of 2015

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ABSTRACT

The county Sambas Henan Borneo west is still high the mortality rate mother in 2013 as much as 17 cases. Research purposes to know the implementation of active management of third stage by a midwife the health center the work the Department of Health District Sambas. Study design cross sectional with mixed method, Simple random sampling 58 using the results of the study midwife apply management active time treaty 63,8 % and not apply management active time treaty 36,2 %. There is a relationship variable knowledge and attitude with Implementation active Management words treaty. Variable attitude toward the management active time treaty most dominant (p value= < 0,01) is the most dominant factor.

Key word: Implementation Active Management of Third Stage of Labour, midwife

INTRODUCTION

One of the important milestones in creating a healthy Indonesia is pressing the Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR) in Indonesia is still relatively high compared with other ASEAN member countries. Results Indonesian Demographic and Health Survey (IDHS, 2012) for MMR MMR announced the results were surprisingly jumped very significantly to 359 per 100,000 live births. (IDHS). Indonesia is a country in Asia that have failed in achieving the target of reducing maternal mortality rate. In fact, from the baseline MDGs which began in 1990, AKI Indonesia is actually much better than some other countries in Asia. (Police review).

Bleeding occupy the highest percentage of maternal mortality (28%), anemia and chronic energy deficiency (KEK) in pregnant women is a major cause of bleeding and infection is a major factor maternal mortality. In many countries in at least a quarter of all maternal deaths are caused by bleeding; proportions ranging from less than 10% to 60%. Although the woman survived after postpartum bleeding, but he will suffer from severe lack of blood (severe anemia and will experience prolonged health problems (WHO, 2012)

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Three active management time is the attempt to produce uterine contractions more effective so as to shorten the time, prevent bleeding and reduce blood loss third stage of labor compared with physiological management¹. Makt include: provision of 10 units oksotoksin soon after birth, before the delivery of the placenta, and is followed by controlled cord traction (CCT) to help the placenta faster and last give a massage of the uterus (massage) in order to keep to contract after delivery of the placenta.

Coverage of births attended by skilled health personnel and competent midwifery is one of the indicators to assess the success of maternal and child health program and is one of the most effective ways to suppress Mother. Percentage mortality rate of births attended by skilled health personnel increased from 66.7 percent in 2002 to 77.34 percent in 2009¹. This figure increased to 82.2 percent in 2010⁴.

Sumantri (2004) in his research in Klaten District concluded only at 16.7% a midwife who has performed well makt. Febryana study (2006) found; 66% of midwives had given an injection of oxytocin, 66% of the midwives had to stretch cord traction, as well as the overall midwives have been doing massage procedures and Massase fundus well. Mistakes in the management of

third stage of labor is the major cause of bleeding in the third stage that can cause death in maternal.

MATERIAL AND METHODS

This study was observational analytic with cross sectional approach, with mixed method. The research method sequential explanatory model or design. This research was conducted in the Work Area Health Center Sambas Regency was conducted in October-December 2015. The samples were all midwives in health centers working area Sambas Regency. Unuariatprocessing quantitative data analysis, bivariate and multivariate analyzes using SPSS and qualitative analysis with a qualitative approach by identifying similarities and differences in the answers of informants (content analysis). The process of mixing (mixing) between quantitative and qualitative discussion occurs in the chapter by describing it side by side between the data source to another data source.

RESULTS

Based on the results of research in Sambas District Work Area Health Center on the implementation of active management of the third stage of the data obtained are presented in tabular form distribution.

Table 1: Distribution Frequency Active Management Implementation Kala III On PKM Midwives in Sambas district of West Kalimantan Province in 2015

Kala Active Management Implementation III	Percentage (%)
No	36,2%
Yes	63,8%

Distribution of active management of the third stage of implementation that are not doing active management of the third stage as much

as 36.2% and the active management of the third stage do as much as 63.8%.

Table 2 Relationship Factors Age, Education, Work Period, Total Delivery Assistance, APN Training, Knowledge, Attitudes, Income, Supervision towards Active Management Implementation by a midwife

variables	Kala Active Management Implementation III				P value
	No		Yes		
	N	%	N	%	
age midwife < 35 years old	8	38,1%	14	37,8%	0,985
≥35 years old	13	61,9%	23	62,2%	
Education midwife <DIII	11	52,4%	10	47,6%	0,201
≥DIII	13	35,1%	24	64,9%	
Years of service < 10 years	7	33,3%	14	33,8%	0,731
≥10years	14	66,7%	23	62,2%	
JumlahPertolonganPersalinan <5	12	57,1%	16	43,2%	0,308
≥5	9	42,9%	21	56,8%	
APN training Never	7	33,3%	14	66,7%	0,464
Ever	9	24,3%	28	75,7%	
Knowledge Low	15	71,4%	6	28,6%	0,005
High	17	45,9%	20	54,1%	
Attitude Negative	17	81,0%	4	19,0%	0,007
Positive	17	45,9%	20	54,1%	
Supervision < 3/years	9	42,9%	9	24,5%	0,146
> 3/years	12	57,1%	28	75,7%	

Midwife with over 35 years of age as 23orang (62.2%) more implement active management of the third stage of implementation compared midwife with age less than 35 years as many as 14 people (37.8%) and there was no correlation between age and the implementation of active management the third stage with a p-value 0.985. Midwife education less than DIII many as 10 people (47.6%) that implement active management of the third stage and 24orang (64.9%) with more education than DIII implement active management of the third stage of the p value 0.201 so the lack of correlation between education midwife with implementation active management of the third stage. Midwife midwives working period of less than 10 years and implement makt 14 (37.8%), while more than 10 tahun23 people (62.2%), there was no correlation between tenure with the active management of the third stage of the value of p = 0.731. The number of births attended by midwives less than a fifth as many as 16

people (43.2%) and more than 5 many as 21 people (56.8%), there was no correlation between the number of births attended by active management of the third stage, with p = 0.308. APN training in midwifery as many as 28 people (75.7%) who carry out active management of the third stage.

Results of the final multivariate analysis shows that attitudes have a significant relationship with the implementation of active management of the third stage (p value <0.05 is <0.001). Midwives who have a positive attitude towards active management of the third stage will apply 1.62 times the active management of the third stage of implementation compared to midwives who have a negative attitude towards active management of the third stage. The research proves that the attitude of the midwife is the most dominant factor related to the implementation of active management of the third stage (OR = 1.62 95% CI 0.39 to 0.67). Meanwhile, other variables such as maternal

age, maternal education, employment, the number of delivery assistance, training APN, income and supervision is a confounding variable.

DISCUSSION

According to the table 1 that the implementation of management who do not perform active management of the third stage as much as 36.2% and the active management of the third stage do as much as 63.8% results of this study have not been in accordance with the target. Demographic Health survey results of 2012 the result is surprisingly a significant increase MMR from 228 (in 2007) to 359 (in 2012) per 100,000 live births. In Table 2 looks univariate.

In Table 3 the relationship age center midwife who served in the district work Sambas are age <35 years of 37.9%, and those aged ≥ 35 years as much as 62.1%. Midwives with age <35 years more than the midwife aged ≥ 35 years. midwife age does not affect the implementation of active management of the third stage. The education level of midwives working in health centers work area as much as 41.4% Sambas Regency educated <DIII, and as much as 58.6% \geq educated DIII where it should be minimal education midwife is DIII. The results of the bivariate analysis of the relationship between education midwife with active management of the third stage of implementation shows that there were 10 (47.6%) midwives who carry out active management of the third stage of the study <DIII while the midwife who carry out active management of the third stage with \geq DIII education were 24 (64.9%). Education midwives have an influence on the implementation of active management of the third stage. Based on interviews with midwives educated they feel with education D1 D1 is still a lack of information that prevents them from carrying out active management of the third stage.

The tenure of the midwife in the study 14 (37.8%) midwives who carry out active management of the third stage with tenure <10 years of years, while the midwife who carry out active management of the third stage with

tenure ≥ 10 yrs as many as 23 (62.2%) , Statistical test results obtained by value $p = 0.731$, it can be concluded there was no difference in the implementation of active management of the third stage between the midwife with tenure <10 years with a midwife with tenure ≥ 10 yrs. Based on interviews with midwives who do not implement active management of the third stage of labor said that the future does not specify activism management of the third stage. Between senior and junior had no effect, but the information obtained, the training obtained that may affect the implementation of active management of the third stage. There is no relationship anantara tenure with the implementation of active management of the third stage.

The result of the analysis of the relationship between the number of deliveries by midwife to the active management implementation of the third stage found that there were as many as 16 (43.2%) midwives who carried out the active management of the third stage with the number of deliveries <5, while the midwife conducted the active management of the third stage with The number of deliveries ≥ 5 as many as 21 (56.8%) .The results bivariate analysis between the APN training with the implementation of active management of the third stage found that there are as many as 14 (66.7%) midwives who carry out active management of the third stage by never participating in the training APN While in midwife who carry out active management of stage III with APN training as much 28 (75.7%).

Based on the interview with the midwife that there are not trained midwives already APN The APN training follow not implement active management of the third stage because of the difference when training with those in the field. The employee must be in the learner systematically if they will do the job nicely. In connection with the number of messages that must be delivered to the APN training, the condition of infrastructure is inadequate and still midwives in the field of education and the many factors that block, then an understanding

of training materials does not guarantee understanding of the results of training.

The result of this research is the analysis of the relationship between knowledge midwife with active management of the third stage of implementation shows that there are as many as six (28.6%) midwives who carry out active management of the third stage with less knowledge while the midwife who carry out active management of the third stage with a good knowledge of 20 (64.1%). An association of midwives with higher education to implement active management of the third stage, while a midwife with lower education tend to not perform active management of the third stage.

The results of this study the results of the analysis of the relationship between the attitude of a midwife to the implementation of active management of the third stage shows that there are as many as four (19%) of midwives carry out active management of the third stage with a negative attitude towards active management of the third stage while the midwife who carry out active management of the third stage with attitude positive for the active management of the third stage of 20 (54.1%). this is in line with the results of interviews that attitudes affect the implementation of active management of the third stage where knowledge (possibly in the form of information from the electronic media, print media, or training), where lack of training makes synergy of knowledge and attitude so that its output is not the implementation of the implementation of active management of the third stage. Knowledge is not supported attitude and impact on behavior

The result of the analysis of the relationship between supervision and implementation of active management at the third stage found that there were 9 (24.5%) midwives who received supervision <3 / years on active management at the third stage while in midwife who carried out active management at the third stage with ever got supervision > 3 / Years related to active management at the third stage of 28 (75,7%).

CONCLUSION

Number of Active Management Implementation of stage III By Work Area Health Center Midwives in Sambas district were 58 respondents, there were 63.8% of midwives perform Active management of stage III, and 36.2% of the midwives did makt. Factors related to the implementation of active management of the third stage of that knowledge bivariate analysis results 6 (28.6%) with low knowledge to implement active management of the third stage, and as many as 20 (54.1%) midwives with high knowledge who carry out active management kala III with p value <0.05 so that there is a relationship between knowledge midwife with the implementation of active management of the third stage.

The attitude of the midwife is the most dominant determinant of the active manajemen implementation of the third stage. Results of multivariate calculation showed the value (OR = 1.62 with CI 0.39 to 0.67), which means if a positive attitude tend to 1.62 times midwife implement active management of the third stage.

Inhibiting factor in the implementation of active management of the third stage does not stand alone, where the educational factors as one source of information, skills, knowledge, and the knowledge factor is understanding are still lacking on the active management of the third stage, the factor of attitude or response informant to the active management of the third stage affects someone's performance.

SUGGESTION

1. For health office Sambas
 - a. Establish coordination with local IBI in terms of perception related to active management of the third stage
 - b. Improving knowledge midwife by holding seminars related to active management of the third stage
 - c. Study permit those who will continue pendidikanke higher level here, especially those who have DIII

- d. Conducts evaluations and regular supervision associated with active management of the third stage
2. For public health centers in Sambas district
 - a. Coordination with the coordinator midwife related to the implementation of active management of the third stage
 - b. Establishment of midwife mentoring system especially here active management at the third stage
 - c. Impose strict rules regarding the implementation of active management of the third stage.

REFERENCES

1. Bappenas. Peta Jalan Percepatan Pencapaian Tujuan Pembangunan Milenium di Indonesia (2010).
2. British Journal of Midwifery. Active Management of The Third Stage of Labour with and Without Controlled Cord Traction: a randomised Controlled non Inferiority Trial: 2010 <http://www.thelancet.com/journals/lancets/article/PIIS0140-6736120/fulltext>. diakses (2015).
3. Buletin WHO. 2009. Use of Active Management Of The Third Stage Of Labour In Seven Developing Countries: 2009. <http://www.ncbi.nlm.nih.gov/>. diakses 10 September 2015
4. Departemen Kesehatan RI. Riset Kesehatan Dasar 2010. Jakarta: Badan Penelitian dan Pengembangan Kesehatan (2010).
5. Gibson, James. Organizations (Behaviour, Structure, Process) Twelfth Edition. New York: McGraw Hill (2006).
6. Hadi. Tesis Implementasi Manajemen Aktif Kala III oleh Bidan bersertifikasi APN Di Kodya Medan: Universitas Sumatera Utara (2008).
7. Hidayat, Sri. Konsep Kebidanan. Yogyakarta : Mitra Cendikia Press Yogyakarta
8. Helen Varney. Buku Ajar Asuhan Kebidanan. Ed. 4. vol 2. Jakarta: EGC (2004).
9. Karim, Ruksana. Comparassion of Active Versus Expectant Management Of Third Stage Of Labour. Department of Obstetrics and Gynecology, Lady Reading Hospital, Peshawar Pakistan (2011).
10. Pontianak Post. AKI di KALBAR Tinggi: <http://read/2013/01/31/156457/Angka-Kematian-Ibu-di-Kalbar-Masih-Tinggi>. Diakses (2015).