

Determinants of Midwife Compliance in the Recording and Reporting of Maternal and Child Health Services

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ABSTRACT

The note and report MCH services are part of the regular instrumentation for assess health status and degrees health something areas, especially in several target communities such as groups of pregnant women, infants and toddlers which are the core and main variables of the standard of the basic health care system. The urgency of the reporting system, recording and sending reports on time related to maternal and child health data is the *gold standard* for achieving a fast, accurate service system and prioritizing a valid and credible database so that every occur problem could detected as early as possible and get good handling. Studies This *literature review* aims to determine the determinants of midwife compliance in recording and reporting MCH services, by searching a *database* of articles on midwife compliance in recording and reporting MCH services and selecting based on criteria and the final results of finding 10 articles. The inclusion criteria used were journals in English and Indonesian, available in *full text*, and related to the topic of midwife compliance in recording and reporting MCH services. The exclusion criteria in the preparation of this article are articles that only provide abstracts and are not in English and Indonesian. The results of the literature review show that the compliance of midwives in recording and reporting MCH services is determined by several factors, such as; education, consistency, form availability facilities, workload, motivation, supervision, perception, knowledge and attitude, years of service, responsibility, reward, desire, persist with the job position, complete documents, good support from the leadership, good support from colleagues work. It is recommended to the Puskesmas as the person in charge of the area to further complete the facilities to increase the motivation of midwives and support the success of the program recording MCH reporting.

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INTRODUCTION

Indicator for determine the success of health programs, especially on priority and vulnerable targets (Severity targeted) is low Number Dead Mother (AKI) and Number Dead Baby (IMR). effort the could conducted through System Recording and PWS-KIA Reporting for monitor health mother pregnant , baby new born , baby , and toddler as well as evaluate so far where Program success for make

planning Activity next (Matruty & Montolalu, 2014) . Real data accurate , complete , reliable , orderly and continuous , correct time , and up-to -date , very required in program processing and project in effort evaluate degrees health (Sutaip et al., 2012).

Surveillance in service health mother and child with utilizing PWS KIA works as many health monitoring tools played by midwife village . Surveillance can provide more accurate results in assessing the causes of maternal and infant mortality. This community-based surveillance system can help the health care system (Sunarwan et al., 2010).

Documentation is also an authentic record or original document that can be used as evidence in legal matters. Midwifery documentation is very important for midwives in providing midwifery care, this is because midwifery care provided to clients requires recording and reporting that can be used as a reference to demand responsibility and accountability for various problems that may be experienced by clients related to the services provided. In addition, documentation acts as a collection, storage, and dissemination of information in maintaining important facts continuously at a time against a number of events. As a written or recorded information, regarding identity, history taking, physical laboratory determination, all diagnosis of services and medical actions given to patients as well as inpatient and outpatient treatment as well as emergency services (Palifiana, 2016).

The village midwife is one of the health workers who has an important and strategic position in an effort to accelerate the reduction of the Maternal Mortality Rate and Infant Mortality Rate in Indonesia. The existence of village midwives has the aim of bringing closer access to maternal and infant health services in remote areas. Village midwives have an important role in monitoring maternal and child health in their working areas. It is known that the basic forms of recording and reporting carried out by puskesmas, specifically those carried out by village midwives, are very diverse. Village midwives are mostly involved in data collection, but these data components are rarely analyzed and used for follow-up (Sunarwan et al., 2010).

In fact, the information flow of PWS KIA does not run well due to various problems. This literature review aims to determine the compliance of midwives in recording and reporting MCH services.

METHODS

Preparation uses a literature review method on articles regarding the compliance of midwives in recording and reporting maternal and child health services. The inclusion criteria used were full text articles in Indonesian and English. Exclusion criteria in the preparation of this article are abstract articles, articles that do not use English and articles that are not full text.

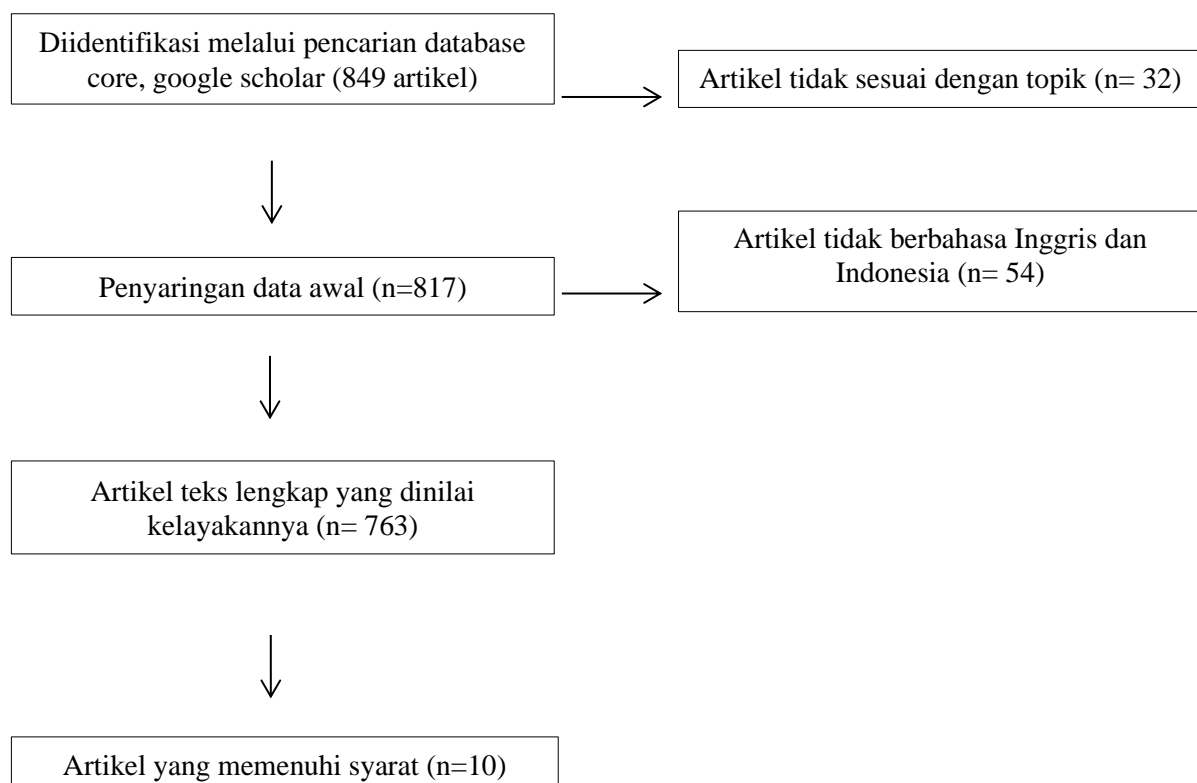
Article search is limited to articles in English and accessed by internet searches from databases, including Core and Google Scholar with the keywords “midwife compliance AND reporting OR recording”. Articles that met the inclusion criteria were collected and examined. The literature search

was seen from the publication of articles in the last 10 years (2010-2020). There were 10 articles that met the requirements according to the inclusion and exclusion criteria.

The articles obtained show that research has been carried out on recording and reporting by midwives in carrying out MCH services in several parts of Indonesia, including Serang Papua, Semarang, Manado, Jember, Banjar, Bantul, Pekalongan, Sampang, and Kapuas. The type of research that has been carried out is mostly cross sectional and there is 1 article using *mixed methods* and 1 article using *non-experimental* quantitative. Data were collected by previous researchers using questionnaires, log books, and in-depth interviews. While the data analysis used by previous researchers were the *spearman* and *Chi-square tests*.

RESULTS

Based on the search database conducted by the researcher, it was found that there were 849 articles that matched the theme, after screening it was found that 32 articles were inaccessible, 54 articles that were not in English and Indonesian and 807 articles that were too broad in their research scheme while those that were in accordance with inclusion and exclusion criteria as well as eligible articles there are 10 articles which will then be reviewed. The literature strategy can be seen from the following figure :



DISCUSSION

Sunarwan, et al. (2010) stated that there are a number of problems in recording and reporting, namely duplication of report formats, reports that are not timely, population data as the basis for calculating target estimates are not accurate, this is possible because routine recording and reporting are still manual and the data congruence has not been well integrated with derived data, and the data platform has not been connected to the digital data system, so that the *real-time , valid and reliable primary* data key has not been fulfilled in most of the subjects in the study, in this case the village midwife . This study also states that the level of education of midwives has no significant effect on the use of time to document midwifery service activities. This is in line with the research of Matruty & Montolalu (2014) and Palifiana (2016). Paliviana (2016) states that education must be balanced with the consistency of midwives in writing documentation. However, this is not supported by research by Yuliastuti (2015) which states that education is one of the factors of midwife compliance in the use of partographs.

Other maternal and child health service activities include *antenatal care* , delivery assistance, postpartum and newborn care, family planning services, sick baby/toddler services, home visits to pregnant women and postpartum mothers, posyandu, implementation of facilitative supervision and midwife meeting. The service visits general patients with various types of disease complaints which include history taking, drug administration and treatment handling (Sunarwan et al., 2010).

Based on the results of interviews and observation sheets Sutaip, et al. (2012) to respondents showed that the performance of midwives in documenting the results of MCH service activities can be influenced by the availability of reporting forms and workload facilities, while motivation, supervision, and perception do not have a significant relationship with the performance of midwives. Good motivation does not necessarily have good performance, in some conditions a person can be motivated because of an urgent need but most respondents think that with the imposition of sanctions, respondents are not motivated to report data in a complete and timely manner and BPS feels waiting for orders from the leadership in carry out MCH service data reporting. Supervision or supervision does not improve performance because even though supervision has been carried out, it does not always provide clear feedback and does not always check the quality of reporting on MCH service data. However, this does not agree with Utami (2015) and Yuliastuti (2015) who state that supervision and motivation have a significant relationship to the implementation of PWS-KIA recording and reporting.

The perception of most respondents is more concerned with MCH service activities than MCH recording and reporting activities (Sutaip, et al. 2012). This is not in line with Fitriyani et al. (2018), which stated that the perception of midwives who were respondents in the research stated that they had the perception that the mother card was good for use as a tool for documenting maternal and child health. As for a small part, they have a bad perception because according to them filling out the mother card takes a lot of time, while after the service the village midwife also has to fill out the MCH and cohort books.

Knowledge and attitudes have a significant relationship with the PWS-KIA recording and reporting system, this is stated by Matruty & Montolalu (2014). The lack of knowledge of midwives about the PWS-KIA recording and reporting system causes midwives to be unable to properly record and report PWS-KIA. The attitude of a midwife to record and report PWS-KIA is also determined by work experience, the longer the midwife has experience in recording and reporting PWS-KIA, the higher the ability to make good reports. This is supported by Utami's research (2015), which states that ability has a significant relationship to the implementation of PWS-KIA recording and reporting.

In addition (Zuhana et al., 2018) also mentions that the completeness of the documentation of the mother's card has a significant relationship with the midwife's tenure. Having a longer working experience will make village midwives more proficient and skilled in providing midwifery care and recording and reporting PWS MCH, this is in line with the research of Hermanuya et al. (2020) on "The Influence of Age, Period of Work, Distance of Residence, and Midwives' Intention to Behave in Recording and Reporting Routine Immunizations". Hermaunya stated that officers with long tenures already have a lot of experience and understand the impact if they do not record and report routine immunizations on time and there is a high potential for errors that will result in extraordinary events for immunization and others which are then implemented in the form of behavior. by recording on time and following established procedures. In addition, Zuhana also mentioned that another component to improve the completeness of documentation is the midwife's sense of responsibility, the existence of *rewards* or rewards. The determinants of the commitment of the coordinator midwife according to Hapsari et al. (2020) in recording and reporting PWS KIA, among others, coordinating midwives who have long work experience, have the desire to stay with their work positions, have complete documents, get good support from the leadership, get good support from colleagues and get more frequent opportunities get supervision.

CONCLUSION

Midwife compliance in recording and reporting MCH services is determined by the following factors: education, consistency, form availability facilities, workload, motivation, supervision, perception, knowledge and attitude, years of service, responsibility, *reward*, desire, staying with the position work, complete documents, good support from the leadership, good support from colleagues. Recommendations from this literature review are so that midwives can improve their performance in recording and reporting PWS KIA and the Health Service and Puskesmas can fulfill the completeness of the reporting form facilities properly and the need for the preparation of a reporting form that is simpler and if it can be done online to support the completeness and reporting security. In addition, it is necessary to pay attention to awarding or appreciating midwives who are orderly in carrying out orderly recording and reporting.

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