

The Effect Of Continuity Of care On Postpartum Women's Health

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ABSTRACT

Continuity of care (CoC) is a midwifery service through a continuous service model for women throughout pregnancy, childbirth, postpartum and family planning. The design used is a quasi experiment with the Posttest-Only Control Design method. The sample size was 208 postpartum women divided into two groups. The group that was assisted was 104 respondents and the control group was 104 respondents. The statistical test used was the Mann Whitney test. Result: the majority of respondents were at reproductive age (74,6%), most respondents were 2-3 times gravida (58,33%), there were 46 (19,16%) postpartum women who experienced problems and complications. The most postpartum problems and complications were nipple blisters, there were 27 postpartum women (11.3%), there is a significant difference between complications and danger signs of puerperium between groups given continuous care and those not given continuous care ($p = 0.000$). Conclusion : Continuity of care affects the health of postpartum women. Postpartum complications and danger signs can be minimized because if there are postpartum complications and danger signs, they have been detected from the beginning of the postpartum period.

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1. INTRODUCTION

The success of maternal health efforts can be seen from the number of maternal mortality rates (MMR). MMR is the ratio of maternal deaths during pregnancy, childbirth and postpartum caused by pregnancy, childbirth, and postpartum or their management but not due to other causes such as accidents or incidental in every 100,000 live births. The period 1991-2015 generally saw a decrease in maternal mortality from 390 to 305 per 100,000 live births. Although there was a decrease in MMR, it did not succeed in achieving the MGDs target of 102 per 100,000 live births in 2015 [1]. Maternal mortality of 60% occurs after childbirth and almost 50% of postpartum deaths occur in the first 24 hours after delivery [2]. This is caused by complications of the puerperium, namely bleeding, hypertension and puerperal infections [3]. Postpartum infections still play a role as the main cause of maternal death, especially in developing countries such as Indonesia, the problem occurs as a result of obstetric services that are still far from perfect [4].

MMR in the Special Region of Yogyakarta in 2019 there were 36 cases of death of pregnant women, this year 2020 the cases increased to 40 cases. The most common causes of maternal death in Yogyakarta are due to other diseases (20), bleeding (6), hypertension in pregnancy (3), infection (5), and circulatory system disorders (6) [5].

Efforts to accelerate the reduction of MMR are carried out by ensuring that every mother is able to access quality health services, such as maternal health services, delivery assistance by trained health workers at health service facilities, postpartum care for mothers and babies, special care and referrals in case of complications, and family planning (KB) services including postpartum family planning [1]. One of the efforts that can be made to support this is the Continuity of care (CoC) approach intervention. CoC or continuous care is midwifery services through a sustainable service model for women throughout pregnancy, childbirth, postpartum and family planning [6]. The goal of midwifery care is to assess from the beginning of the complications found in order to improve the welfare of mothers and babies comprehensively and in the long term, and can have an impact on reducing the number of cases

of complications and the number of cases of complications and deaths of pregnant women, maternity, postpartum women, and neonates [7]. This is in line with government programs related to postpartum maternal health services must be carried out at least four times with the timing of maternal and newborn visits together, namely at six hours to two days after delivery, on the third day to the seventh day after delivery, on the eighth day to the 28th day after delivery, and on the 29th day to 42 days after delivery. The purpose of this study was to determine the effect of Continuity of care on the health of postpartum women this is in line with government programs related to postpartum maternal health services must be carried out at least four times with the timing of maternal and newborn visits together, namely at six hours to two days after delivery, on the third day to the seventh day after delivery, on the eighth day to the 28th day after delivery, and on the 29th day to 42 days after delivery [1]. The purpose of this study was to determine the effect of continuity of care on the health of postpartum women in the Special Region of Yogyakarta.

2. METHOD

The design used is a quasi experiment with the Posttest-Only Control Design method. The data sources in this study used primary and secondary data. Primary data used is data from direct observation in the field. The instruments used in this study were observation sheets. The sample size was 208 postpartum women divided into two groups. The group that was assisted was 104 respondents and the control group was 104 respondents. The statistical test used was the Mann Whitney test.

3. RESULTS AND DISCUSSION

a. Characteristics of Respondents Based on Age

The results showed that the frequency distribution of postpartum women's age can be described as follows

Table 1. Frequency Distribution of Mother's Age

Age	F	%
<20 year	6	2,5
20-35 year	179	74,6
>35 year	55	22,9
Amount	240	100

Characteristics of respondents based on age, the majority of respondents were at reproductive age, namely 20-35 years, 74.6%. There were 22.9% of pregnant women aged more than 35 years.

b. Descriptive Overview of Gravida

The results showed that the frequency distribution of gravida description can be described as follows

Table 2. Frequency Distribution of Gravidas

Gravida	F	%
1	78	32,5
2-3	120	58,33
>4	22	9,2
Amount	240	100

The characteristics of respondents based on gravida were 9.2% who were more than 4 times gravida, while the most were 2-3 times gravida, 58.33%.

c. Descriptive Overview of Postpartum Complications

The results showed that the Frequency Distribution of Postpartum Complications description can be described as follows

Table 3. Frequency Distribution of Postpartum Complications

Postpartum Complications	F	%
No complications	194	80,5
Nipple chafing	27	11,3
Anemia	3	1,3
Pre eclampsia	4	1,7
Breast Dam	2	0,8
Mastitis	5	2,1
Suture Infection	5	2,1
Amount	240	100

Based on the descriptive postpartum complications, there were 46 (19,16%) postpartum women who experienced problems and complications. The most postpartum problems and complications were nipple blisters, there were 27 postpartum women (11.3%).

d. Test of Differences in Complications and danger signs of puerperium between groups that were given continuous care and those that were not given continuous care

Table 4. Differential Test Results of Postpartum Complications and Danger Signs

Group	Postpartum Complications		Mean Rank	U	W	Z	P
	Complications	No complications					
<i>Continuity Of Care</i>	12	108	109,50				
<i>Non Continuity Of Care</i>	34	86	131,50	5880,000	13140,000	-3.600	0,000

When viewed from the mean rank value in the continuous care group, the average rank is 109.50 lower than the average rank of the non-continuous care group, which is 131.50, a difference of 22. The results of the analysis test with a value of $p = 0.000$, so it can be concluded that H_0 is rejected, there is a significant difference between complications and danger signs of puerperium between groups given continuous care and those not given continuous care.

DISCUSSION

Continuity of care in midwifery practice is a service through a model of continuous care for women throughout pregnancy, birth and the postpartum period. Because all women are at risk of complications during the prenatal, natal, and post natal periods. Continuity of care carried out by midwives provides the same evidenced-based services to women in all categories (classified as high or low categories). Continuity of care in midwifery services can empower women and promote participation in their services as well as increase supervision of them so that women feel valued [8]. Continuity of care has three types of services: management, information and the relationship between midwife and patient. Continuity of management involves communication between women and midwives [9]. The philosophy of the continuity of care model emphasizes natural conditions, namely helping women to be able to give birth with minimal intervention and monitoring the physical, psychological, spiritual and social health of women and families [10]. It is important to provide information and individualized guidance to women so that the care provided by midwives is reliable during labor and puerperium and to identify and refer women who need further care to obstetric or other specialists [11]. Continuity of care is a very important issue for women because it contributes to their sense of security and comfort during pregnancy, labor and postpartum [12].

Complications that arise during the postpartum period include breast milk dams, mastitis and others [13]. This continuity of care can prevent postpartum women from postpartum complications,

such as pathological lochia, postpartum infection, bleeding, and others. Women who undergo obstetric services in a continuity of care manner will directly receive the information needed, have high self-confidence, and feel safe and comfortable while undergoing care and have a relationship with trusted health workers on an ongoing basis [14]. CoC also supports the success of postpartum women in providing their first breastfeeding because it is known that breastmilk is very important for newborns. If there are problems in breastfeeding, through this continuous care, they will be detected and treated immediately, so that complications during breastfeeding can be prevented and overcome [15]. Women who receive such care are more likely to receive effective care, a more efficient experience, higher quality clinical outcomes and some evidence of improved access to hard-to-reach services and more beneficial coordination [12].

4. CONCLUSION

Based on the results of The Effect Of Continuity Of care On Postpartum Women's Health, it can be concluded that Continuity of care affects the health of postpartum women. Postpartum complications and danger signs can be minimized because if there are postpartum complications and danger signs, they have been detected from the beginning of the postpartum period.

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