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## RESEARCH ARTICLE

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## The Effectiveness of Family Centered Maternity Care (FCMC) Education to Increase The Independence of Pospartum Mother

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## ABSTRACT

Family Cenetered Maternity Care (FCMC) Education is family-centered care by providing care for women and their families that integrate pregnancy, delivery, childbirth, and infant care into the continuum of the family life cycle as usual through healthy living. The care given to the individual prioritizes the support, participation, and choice of the family. Treatments that need to be done in the puerperium are breast care for breastfeeding and postpartum perineal care to avoid infection. The study was conducted with the aim to know the Effectiveness of Family Centered Maternity Care (FCMC) Education in Increasing Independence of Postpartum Mother in Malang Regency. The research type is true experimental with Pretest-Posttest Design approach. Sampling is done by systematic random sample. Data collection was obtained with questionnaires to postpartum physiologic mothers as many as 12 postpartum mothers in the intervention and control group. Result showed after being educated almost all (92%) of respondents have been self-sufficient in breast care, independence in perineal care at 83% independent level and 8% light dependence. FCMC education can increase independence in care needs during the puerperium. Breast care is done to prepare the lactation process, especially during the puerperium for the baby's nutritional needs. While perineum treatment is done to maintain hygiene and prevent infection in the vulva, perineum in the uterus and perineum wound healing.

Keywords: Postpartum, FCMC, Self-reliance, Breast care, Perineal care

## INTRODUCTION

Family Centered Maternity Care (FCMC) is a family-centered treatment by providing care for women and their families that integrate pregnancy, childbirth, childbirth, and infant care into the continuum of the family life cycle as usual through healthy living. Care given to individuals prioritizes the support, participation, and choice of the family<sup>(1)</sup>. Postnatal education provided by health workers to mothers and families during the puerperium is a learning process to improve maternal knowledge in adapting to maternal changes that occur during the puerperium period both physical, psychological changes, and improving mother's knowledge in caring for the baby. With family support through Family Centered Maternity Care (FCMC) approach, it is expected to have optimal ability to adapt maternally during childbirth.

By 2015, AKI East Java Province reached 89.6 per 100,000 live births. Year 2015 25.3 number from BPS Prov. While the number of AKI in Malang reached above 60 per 100,000 live births. The immediate cause of infant mortality is low birth weight (LBW) and labor trauma (asphyxia). In Malang City AKI year 2016 was 29.5 per 100,000 live birth and IMR 87 per 1,000 live birth, coverage of 95.11% pregnant women, maternal mother 93.58%, postpartum 91.18%, family planning 73.43%<sup>(2)</sup>.

One of the most immediate causes of maternal deaths other than eclampsia bleeding and postpartum complications is infection. Among the infections during the puerperium is an infection that occurs due to injury to the birth canal. The birth canal surface may occur due to errors while leading a labor but may also occur due to laceration or episiotomy. Episiotomy is performed because it has several benefits such as preventing perineal rupture, reducing the stretching of the bladder muscle or the prolonged and prolonged septum, reducing the length of the second stage. According to avoid perineal infections need to be treated vulva called vulva hygiene<sup>(3)</sup>. Vulva hygiene is an outer genital wax extracted, that the benefits of vulva hygiene to keep the vagina and surrounding

areas clean and comfortable, preventing the appearance of vaginal discharge, unpleasant odor and itching and keeping the vaginal pH still normal. The emergence of perineal infections may propagate in the bladder or in the birth canal, infection not only inhibits the wound healing process but can also cause damage to the supporting cells, thus increasing the size of the wound itself both the length and depth of the wound. Efforts to avoid the occurrence of infection in the perineum required knowledge and independence of the puerperal mother in perineal care.

In addition to perineal care, breast care is also indispensable postpartum mother in the process of lactation so that milk becomes smooth. Breast milk (breast milk), especially exclusive, is not replaced by any milk. Babies who get exclusive breastfeeding will be healthier, more intelligent, have immunity to various diseases and will be more emotionally comfortable because of closeness to the mother. Positive benefits obtained by mothers who give exclusive breastfeeding. A number of studies have shown that formula feeding and cow's milk can cause allergies for infants. Problems arise with the mother who does not breastfeed her baby, whether intentional or not. Factors affecting the puerperal mother not breastfeeding her baby Roesli among others; 1) breastfeeding will change the shape of the mother's breast, 2) breastfeeding is difficult to lose the mother's weight, 3) breast milk is not enough in the first days so the baby needs additional food, 4) working mothers can not give exclusive breastfeeding, 5) small is not enough to produce breastmilk, 6) First milk out should be removed because of dirty, and 7) Breast milk from the mother is malnourished, and the quality is not good.

Midwives have a very important role in this period through health education, monitoring, and early detection of childbirth hazards. During the postpartum period the mother will experience various changes. Service or care is an important way to monitor and support normal postpartum health and to know early if any deviation is found with the aim that mothers can pass their childbirth period safely<sup>(4)</sup>. The importance of postpartum services for maternal and infant health, minimize maternal and neonatal psychological complications and monitoring, improve exclusive breastfeeding by providing breast care education and decrease the incidence of postpartum infections with perineum care education in the postpartum.

The purpose of this research is to analyze the effectiveness of Family Centered Maternity Care (FCMC) education in improving the independence of postpartum mothers in breast care and perineal care during the puerperium.

Postpartum can improve understanding of postpartum care and newborn care by actively participating in extension activities since pregnancy. In addition, it is strived to start an active role as a parent since the newborn, and have the confidence that the mother is the best nurse for the baby she was born. The family has an optimal role in assisting postpartum care and newborn care in accordance with the advice of health workers. Health Officers apply the postnatal education model to more optimal family involvement<sup>(5)</sup>.

## METHODS

The research design is true experimental with Pretest-Posttest Design. Sampling is done by sampling systematic random sample. Statistical test using Paired t test. Data collection was obtained with questionnaires to postpartum physiologic mothers as many as 12 postpartum mothers in the intervention and control group. The research was conducted in November-Desember 2017 in the working area of Puskesmas Pakis Malang District.

## RESULTS

### Independence of Perineal Care in Postpartum Mother

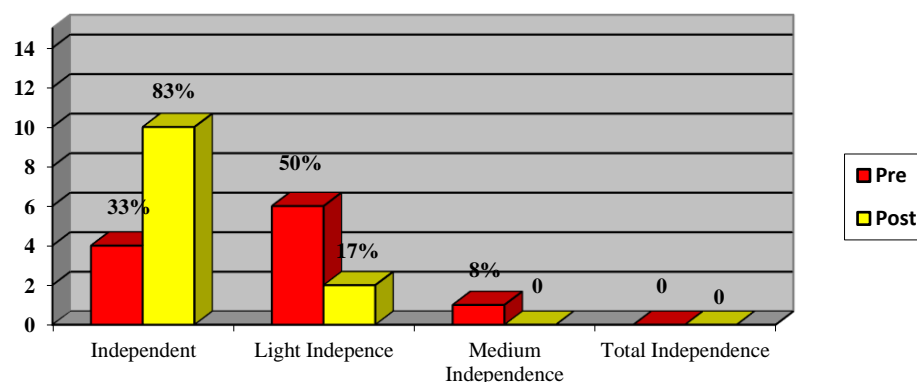


Figure 1. Distribution of respondent based on Independence in Intervention Group

Independence of perineal care in the intervention group showed an increase in independence from pre test with 33% respondents at independent level to 83% in post test.

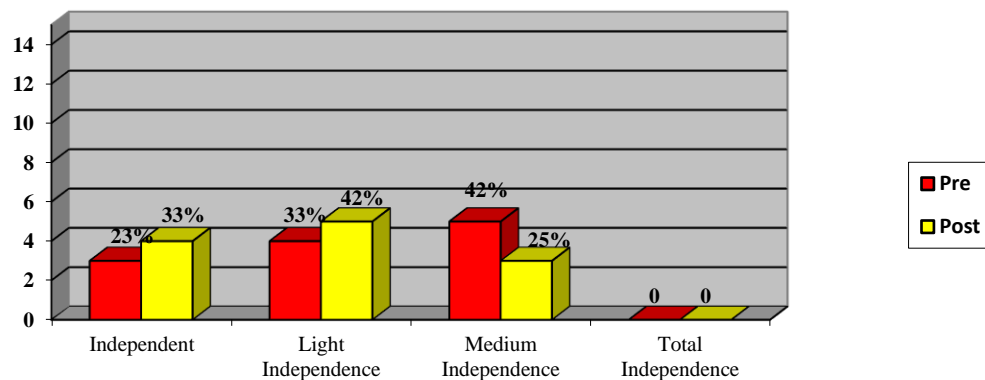


Figure 2. Distribution of respondent based on Independence in control groups

Independence of perineal care in the control group showed in the pre test 42% of respondents on the level of medium dependence and on post test into light dependence of 42%.

#### Independence of Breast Self-Reliance at Postpartum Mother

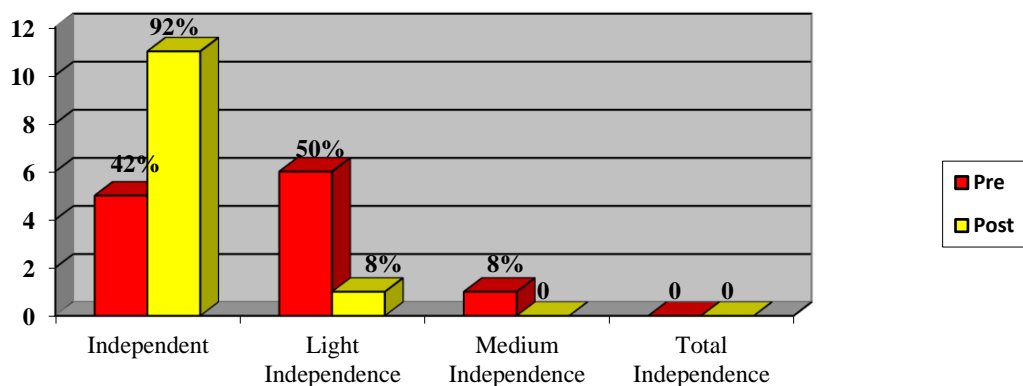


Figure 3. Distribution of respondent based on breast self-reliance in group intervention

The independence of breast care in the intervention group showed on the pre test of independence level of respondents on the level of self-reliance light, ie 50% and increased to 92% in post test.

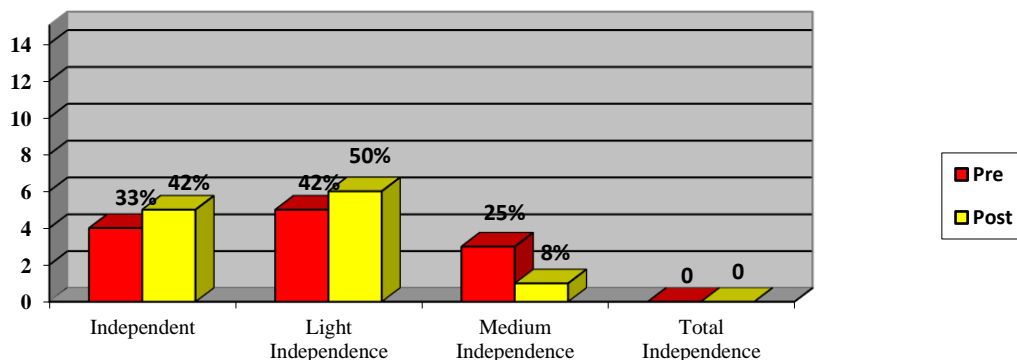


Figure 4. Distribution of respondent based on breast self-reliance in control groups

The independence of breast care in the control group showed some respondents in pre test and post test on independence level of mild dependence.

The result of the research using Paired t test shows that t value is bigger than t table with significance value less than  $\alpha$  ( $0.003 < 0.050$ ), there is significant difference of significant independence between intervention and control group.

## DISCUSSION

Independence is one of the most important aspects of personality for the individual. In living this life the individual is never separated from the trials and challenges. Individuals who have high independence is relatively able to deal with all the problems because independent individuals are not dependent on others, always trying to deal with and solve existing problems.

Differences in the level of independence of postpartum mothers in the intervention and control groups because in the intervention group were given Family Centered Maternity Care (FCMC) education while in the control group were not given education. The provision of education is through 3 stages, namely at the beginning of the puerperium (up to 24 hours postpartum) with the provision of education about early mobilization and pain adaptation, Postpartum Beginning ( $\geq 24$  hours - 1 week) with education about breast care, massage oxytocin, breastfeeding, nutrition, perineal care, personal hygiene, resting needs, postnatal gymnastics, exclusive breastfeeding, neonatal care (baby bath, umbilical cord care, diaper change), and Postpartum End (2 weeks to 6-8 weeks) by providing education about Contraception, sexuality, infant immunization, infant behavior, infant growth, infant safety.

Self-reliance in postpartum care is not only important for reducing maternal mortality and morbidity, but it is also important to strengthen and improve postpartum care's healthy behavior in care. Healthy behavior begins when postpartum and is necessary to ensure that both mothers receive good health care<sup>(6)</sup>.

Information needed during postpartum is one of them is by giving education method of Family Centered Maternity Care (FCMC). Family Centered Maternity Care (FCMC) Education is family-centered care that is by providing care for women and their families that integrate pregnancy, childbirth, childbirth, and infant care into the continuum of the family life cycle as usual through healthy living. The care given to the individual prioritizes the support, participation, and choice of the family<sup>(1)</sup>.

Good nutritional needs can facilitate the production of breast milk in the process of breastfeeding and nutritional fulfillment for infants. However, not only the nutrients that are needed in the process of breastfeeding, breast care needs to be prepared and done so that the breastfeeding process becomes smooth. The independence of breast care mostly (50%) of respondents in the intervention group has a mild dependence and there are 8% of respondents who have medium dependency. After being educated almost all (92%) of respondents have been independent in breast care. Some respondents who have independent independence in breast care before the intervention due to ever get information about breast care done during pregnancy for the preparation of breastfeeding during the puerperium. Some respondents have been doing breast care since the 3rd trimester of pregnancy, but for breast care problems in breastfeeding such as scratching nipples, milk and breast milk dams are not smooth, most respondents have not understood for its management.

Breast care is an act to treat the breast, especially during the puerperium (breastfeeding) to smooth the expenditure of breast milk. Breast care postpartum is a continuation of breast care during pregnancy is done 2x a day and begins as early as possible that 1-2 days after the baby was born. Direct instruction conducted by the researcher is felt by the respondent's mamfaatnya seen from the enthusiasm of respondents when the process of guidance and teaching, so that breast care is always done more often in the morning or evening before bathing and at the time will breastfeed. Postpartum women in primipara and multiparous groups on average claimed to have never received information about breast care in postpartum women, and respondents who do breast care is very feel the difference when the previous breast pregnancy.

In addition to breast care that needs to be done during the puerperium period, perineum treatment is also very important to prevent infections in the perineum. Treatment of the vulva or perineum in the intermediate group after being given the education, the respondent has independent self-sufficiency (83%) and light dependence (8%), while in the control group 42% light dependence and 25% still with medium dependency. Treatment of the vulva or perineum is to maintain hygiene and prevent infection in the vulva, perineum in the uterus and perineal wound healing. Avoiding pressure in the perineal area by lying on your side and avoiding long sitting or standing positions can also help with the perineal discomfort. In addition, by doing kegel exercises will accelerate blood circulation to the perineum, the blood-rich net oxygen is expected to help in the healing process so that the perceived pain perception is reduced.

Perineal and vulvar care is closely related to personal hygiene in post partum mothers. Based on the mother's self-hygiene theory helps reduce the source of infection and will make sense of comfort to the mother. Maintaining and keeping the mother's perineum is always clean and dry and clean the genitals from front to back it will make the wound healing process will quickly heal. Taking care or personal hygiene aims to prevent the risk of infection<sup>(7)</sup>. Based on the results of the study, 100% of postpartum mothers have been independent in the fulfillment of personal hygiene after being given education.

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Personal hygiene and perineal care are very important during the puerperium, including the correct way of cebok, the frequency of changing the sanitary napkins, the frequency of bathing and changing clothes, the care of the perineal wound. Because during childbirth is very vulnerable to infection when the mother of postpartum can not maintain good hygiene herself. The occurrence of infection is most often caused in addition to personal hygiene, other factors that cause less immune, malnutrition or malnutrition, anemia, and fatigue. Therefore, as a postpartum mother should be able to meet the nutrients well in order to help speed up the process of healing the wound perineum.

This study is in line with the results of research with the title of Nutrition Compliance and Personal Hygiene Relationship during the Postpartum Perineum Wound at Health Clinic Harapan Ibu Glumpang Baro District Pidie District STIKes U'Budiyah Banda Aceh, that there is a personal hygiene relationship during childbirth with perineal wound healing in a healthy clinic hope that there is a link between nutrition and perineal wound healing. Nutritional or nutritional factors, especially protein will greatly affect the process of wound healing on the perineum because the turn of the network is in need of protein. With the realization of all the food that is recommended for postpartum then the wound healing process will recover faster and dry<sup>(8)</sup>.

Based on testing with paired t test (Paired t test) shows t value bigger than t table ( $3.272 > 2.074$ ) and with significance value less than  $\alpha$  ( $0.003 < 0.050$ ), then the decision reject  $H_0$ , and a significant difference between the intervention and control groups based on the post independence score measured. It can be seen from the average post-independence scores of intervention groups that are higher than the post-independence scoring average of the control group.

The postnatal education model with the Family Centered Maternity Care (FCMC) approach as the optimization strategy of Competent Mothering has the main objective is to optimize the mother's ability in self-care as well as newborn care<sup>(9)</sup>. Through this model the strategic point taken by health workers is to involve the family actively in the education process. This family involvement is seen as very important because the family is the main social support for the mother as it passes through the perinatal period that the other is the puerperium period. This postnatal Education model with the FCMC approach can be an effective strategy step to prepare the postpartum and her partner in a new role as parent or parent role with sibling and newborn.

## CONCLUSION

Postnatal Education Model can be an appropriate alternative choice for health workers to prepare postpartum mother in adapting to carry out the development tasks that will be lived. This has the basis that mothers in the antenatal period are not all fully and optimally informed about developmental tasks through the puerperium and include tasks in newborn care. While it should be antenatal education is the entrance to all information that must be known by pregnant women, and very effective because the period of pregnancy is very long which is about 37-42 weeks. However, various obstacles turn out to make the condition that during the antenatal period not all mothers get educational packages optimally, and even many postpartum mothers who do not understand well the self care of the puerperium.

## REFERENCES

1. International Childbirth Education Association [Internet]. Family Centered Maternity Care. 2015 [cited 2017 Oct 5]. Available from: <http://www.icea.org/content/mission>
2. Dinkes Kota Malang. Health Profile of Malang City (Profil Kesehatan Kota Malang). Malang; Dinkes Kota Malang; 2016.
3. Maryunani A. Maternal Care During Childbirth (Postpartum) (Asuhan pada Ibu Dalam Masa Nifas (Postpartum)). Jakarta: Trans Info Media; 2009.
4. Saleha S. Midwifery care during childbirth (Asuhan Kebidanan pada Masa Nifas). Jakarta: Salemba Medika; 2009.
5. Asmuji, Indriyani D. Family Centered Maternity Care Model as a Competent Mothering Optimization Strategy. Ners. 2016;11(1):17-28.
6. USAID (United States Agency for International Development). Local Governance Support Program (LGSP) Jakarta: USAID; 2007.
7. Hapsari. Health Education, Personal Hygiene, Istirahat dan Tidur Ibu Nifas [Internet]. 2010 [cited 2017 Oct 10]. Available from: <http://superbidanhapsari.wordpress.com/2010/06/01/healtheducation-personal-hygiene-istirahat-dan-tidur-pada-ibu-nifas-2/>
8. Mukarramah. The Relationship between Nutritional Fulfillment and Personal Hygiene in the Postpartum Period with Perineal Wound Healing in the "Harapan Ibu" Healthy Clinic, Gumpang Baro District, Pidie Regency (Hubungan Pemenuhan Nutrisi dan Personal Hygiene dalam Masa Nifas dengan Penyembuhan Luka Perineum di Klinik Sehat Harapan Ibu Kecamatan Gumpang Baro Kabupaten Pidie). Banda Aceh: STIKes UBudiyah Banda Aceh, 2013.
9. Clay A, Parsh B. Patient And Family-Centered Care: Not Just For Kids. Nursing. 2014;44(5):57-58.