

THE EFFECT OF POSTPARTUM ACCOMPANIMENT TO MOTHER'S INDEPENDENCE IN NEWBORN CARE



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Abstract— Train postpartum skill directly of accompaniment carried out by midwife to empowering the mother in her new duties related to the presence of the baby. The purpose of this study was to know the effect of accompaniment through direct Guidance at real situations in postpartum to her independence on newborns care. Design research was a quasi-experimental study with early postpartum subjects in BPM Midwife S and M at Kemang, Bogor. The research subjects were 35 respondents who received the intervention and 35 respondents as control. In this study, the intervention group received mentoring and Guidance for three days in newborn care. On the 7th day, an assessment of independence in newborn care was carried out. The control group received baby care counseling; it was based on midwifery care standards without assistance. The dependent variable was the mother's independence in newborn care. The independent variable was mentoring the postpartum. Data analysis was using the Mann-Whitney Test. The result shows that there were significant differences in mother's independence in newborns care between both groups, where the intervention group had better independence. with a mean value of $160.55 \pm 75,611$ and $p=0,000$ ($<0,005$). This study concluded that mentoring of postpartum mothers could increase mother's independence in newborns care. Suggestions from this study were to optimize mentoring for postpartum in newborns care to help mothers to had independent and to optimize the return of home visits to postpartum and newborns as an effort to increase coverage of health services.

Keywords— Accompaniment, Independence, Newborn Care

BACKGROUND

The Newborn Infant Period is a period that requires adjustment from many parties, both the baby and mother and husband as parents and other family members with their respective roles. This adjustment process can mostly be completed in the first week. In this period, a mother is required to play a role in being able to care for her newborn baby. Mothers may experience confusion about how to care for newborns. Activities such as bathing, changing diapers can make mothers anxious, especially if primiparous mothers do not have prior experience in baby care.

In general, postpartum mothers, especially in the early postpartum period, do not independently carry out newborn care, so that the care of their babies is carried out by others without regard to cleanliness or sterility during treatment. In remote areas, many new mothers deliver care for their babies to biological mothers, grandmothers, or traditional birth attendants (Who is talking "Paraji") or take care based on wrong experiences. From the results of Kurnia study, 71.2% of mothers chose a Paraji to treat a newborn baby. [2] In such situations, the care taken by the mother herself with the right knowledge and skills will be a very good thing to maintain the health of the newborn baby as a form of independent personal ability. From the results of Herawati study, some postpartum primipara mothers did not independently carry out newborn

care, especially at bathing and care for the umbilical cord. [3]The study recommended the health service team to provide information and counseling. It was on the responsibility of newborns for mothers who gave birth to both primiparous and multiparous. The provision of information and counseling for newborn care has been carried out in the class of pregnant women. But as revealed in Mulyati study, of the course of pregnant women and infant care behavior, no significant association was found between maternal participation in the class of pregnant women and infant care behavior.[4]

From the results of Indrayani research, on postnatal education based on perceptions of postpartum mothers, it has not been implemented by paying attention to the information needs according to the stages of the postpartum period.[5]Thus,the information needed to be given during the class of pregnant women. They required in the form of assistance and Guidance on the care of newborns to postpartum mothers. Efforts can be made to strengthen the information and skills of mothers in the care of newborns, is to provide assistance and Guidance to mothers and families. Mentoring and Guidance are carried out by providing a learning process to increase maternal knowledge in adapting to maternal changes that occur during the puerperium period and increasing maternal expertise in caring for the baby. Postpartum mentoring is focused on postpartum mothers by involving families as social support. [6]

In facilitating and mentoring newborn care, midwives can discuss with mothers to provide knowledge, improve understanding and demonstrate the basics of skills to care for newborn babies so that when leaving the place of birth and returning home, the mother has the skills and can independently care for the baby. [1] One technique that can be done by Midwives is in the form of mentoring and Guidance for new parents, especially in caring for and educating their children, and most importantly, how parents can care for their babies properly and correctly. [7]

This newborn care guidance can be done in the form of skills training (drill method) with assistance. The drilling method can be applied in the form of demonstration activities and training mothers and families in performing newborn care, including bathing the baby, care for the cord, keep the baby warm and early stimulation. [8]

Based on the results of a preliminary study in the Kemang Subdistrict of Bogor Regency, from interviews conducted on 30 postpartum mothers, it was found that 60% of postpartum mothers handed over the care of their newborn babies

especially bathing the baby to paraji until the umbilical cord fall out. Based on this background, the researcher was interested in examining the "Effect of postpartum maternal assistance on maternal independence in the care of newborns.

METHODOLOGY

This research is a quasi-experimental study using an approach nonequivalent control group design that is a variable measurement carried out in different groups before. After the intervention was for group selection, both experimental and control groups were not randomly selected. [9]

In this design was the pre-post design. In the Pre-test, treat the independence of postpartum mothers in the care of newborns—interventions for the first 3 (three) days postpartum in the form of assisting mothers. Midwives receive direction on the objectives and research concepts with the method, Bor. The drilling method is to guide and train the mother's skills for newborns directly on the post-test on day 7 (seven) by selecting the independence of the mother.

In the control group was after the mother's independence test. It was carried out in the care of the newborn baby. Then the mother received counseling about the care of newborns according to midwifery care standards before the mother returned home in the first three days postpartum without mentoring for the first three days postpartum by midwives. On the 7th day this control group visited and observed independence in caring for newborns.

RESULTS

Primary data collection was carried out at BPM Midwife S and Midwife M in the Kemang area of Bogor Regency. The data collection locations were divided into two, namely the division of BPM Midwife S for the group that received the intervention and the BPM M Midwife area for the control group, with the number of each group as many as 35 people.

Characteristics of Research Subjects

Characteristics of the research subjects observed consisted of age, occupation, education, parity, and family culture related to the use of paraji.

Table. 5.1 Characteristics of Research Subjects

Characteristics	of Intervention Groups n = 35		Control Groups n = 35		P *
	f	%	F	%	
Age					0.324
Risk	4	11.4	7	20	
Not at Risk	31	88.6	28	80	
Employment					0.314
Not Working	35	100	34	97.1	
Working	0		1	2.9	
Education					0.203
Low	26	74.3	21	60	
High	9	25.7	14	40	
Parity					0.322
Primipara	15	42.9	11	31.4	
Multipara	20	57.1	24	68.6	
Family Culture					0.001
Using paraji	16	45.7	29	82.9	
Do not use paraji	19	54.3	6	17.1	

Table 5.1 shows the characteristics of postpartum mothers in both groups based on age, occupation, education, and parity, most of which are in the age group who are not at risk, do not work, have low knowledge, and have two or more children. Characteristics based on the culture in the family related to the use of paraji, so in the intervention group, most of them did not have a culture in their families using paraji. In contrast, in the control group, most of them had a culture in their families using paraji.

An Overview of the Independence of Mothers in the Care of Newborns

An overview of the independence of mothers in caring for newborns from observations in the intervention group and control group at the pre-test and post-test stages is illustrated in table 5.2, as follows:

Table. 5.2 Overview of the Independence of Mothers in the Care of Newborns

Group	Self-Reliancen = 35			
	Good		Less	
	F	%	F	%
Intervention Group				
Pretest	19	54.3	16	45.7
Posttest	29	82.9	6	17.1
Control Group				
Pretest	15	42.9	20	57, 1
Posttest	6	17,1	29	82,9

Table 5.2 shows the description of maternal independence in the care of newborns. In the intervention group, most of them had independence in the good category, at the two evaluation stages, namely the pre-test and post-test. In the control group at the stage of pre-test and post-test evaluation, most of the independence of mothers in the care of newborns in the category is less.

ANALYSIS RESULTS

In this study, statistical tests were conducted using SPSS to analyze differences in increasing maternal independence in caring for newborns before and after mentoring with using the Mann Whitney test. The results of the analysis are described as follows:

Table 3. Results of Analysis of Differences in Increasing the Independence of Mothers in Caring for Newborn Babies

Group	N	Mean ± to	P *
Increased Independence of the Intervention group	35	160.55 ± 25,611	0,000
Increased independence of the Control group	35	40, 9 ± 13,103	

*Mann Whitney Test

Table 3 shows the differences in independence in the care of newborns between the intervention group and the control group, where the intervention group has better independence. In other words, mentoring in postpartum mothers has a significant influence on increasing maternal independence in the care of newborns compared to the control group with a P value of 0.000 ($P < 0.005$).

DISCUSSION

Characteristics of Research Subjects

In this study, the characteristics of the research subjects were seen from the factors of age, work, education, parity, and family culture in the use of paraji. Based on age, most of the age group who are not at risk or low risk, namely the age of 20 years to 35 years in both the intervention group (88%) and in the control group (80%). Older age is having experience and knowledge compared to young people.[10] Most age groups included in the age group are not at risk even this is the same as that found in the age range of 20-35 years.[11]

The characteristics of the research subjects were based on work mostly.

Subjects who did not work in the intervention group were 100% and in the control group, namely 97.1%. Characteristics of employment status in the same Priscilia study subjects with the characteristics of the research results where most of the research subjects (80%) did not work, so the status of the mother does not work hopes to have more time to perform optimally baby care. [8]

Education is a process for change the attitude and behavior of a person or group to mature people through teaching and research efforts. A person's low education will affect the low level of knowledge he has, and that is the opposite also. [12] Based on the results of the research, the educational characteristics of the research subjects were mostly low educated in the intervention group, namely 74.3% and in the control group, namely 60%. The higher the level of education, the greater the level of concern for health, with good education giving women the power and self-confidence to take responsibility for the woman herself. [9]

The definition of para is a woman who has given birth to a viable baby. [13] Based on subjects characteristics on parity or the number of children owned mostly had two or more children, both in the intervention group, namely 57.1% and the control group, which was 68.6%. Parity affects the experience of mothers in caring for children, and the experience gained provides knowledge and skills and can develop the ability to make decisions that are manifestations of scientific reasoning integration. [12]

In the intervention group, 57.1% did not use paraji services. Paraji is a person who helps with traditional childbirth. The control group was 82.9% using the services of Paraji. This is in line with the results of research Kurnia, where it was explained that the selection of paraji was related to several things, including the level of knowledge and attitudes of mothers in caring for newborns, which gave rise to culture or habits in using the paraji. [2]

Overview of the Independence of Mothers in the Care of Newborns

Independence in the postpartum period is important to strengthen and improve the behavior of postpartum mothers in the care of caring for themselves and their babies, which are influenced by knowledge, motivation, culture, mother's experience, mother's age, support, fatigue and physical condition of the mother. 14

In the intervention group most of them had independence in the good category at the two stages of evaluation, namely pre-test (54.3%) and post-test (82.9%). This is in line with the results of Fajarsari study, that as many as 55.8% of postpartum mothers were able to carry out infant care in an independent category. In the control group at the pre-test and post-test evaluation stage, most maternal independence in the care of newborns was in the less category, ie, pre-test as much as 57.1% and post-test as much as 82.9%. [11]

Effectiveness of Post Partum Mentoring on Increasing the Independence of Mothers in Conducting Newborn Care

Based on the results of the study, after intervention in the form of mentoring for postpartum mothers during the first 3 days postpartum during newborn care including changing diapers, cord care and bathing the baby, giving a significant influence on increasing the independence of mothers in caring for newborns between before and after the intervention.

The results of the analysis using Mann Whitney Test found an increase in maternal independence in the care of newborns after intervention with a mean of 160.55 ± 25.611 . While in the control group increased independence with a mean of $40.9 \pm 13,103$, so it can be said that the intervention group has better independence. In other words, mentoring in postpartum mothers has a significant influence on increasing maternal independence in caring for newborns compared to the control group with a P value of 0.000 ($P < 0.005$).

Mentoring and Guidance to mothers and families is an effort that can be done to strengthen the information and skills of mothers in the care of newborns. This is in line with the results of research Sulistiawati, which states that mentoring and Guidance are carried out by providing a learning process to improve maternal knowledge in adapting to maternal changes that occur during the puerperium period and increasing maternal knowledge in caring for babies. [6] Guidance involves participants and facilitators in One-on-one dialogue and following a structured process, directed at the responsibility of maintaining good progress and performance as well as positive working relationships between facilitators and staff. [15]

In this mentoring, the mother was guided to care for the umbilical cord in a clean and dry manner, as the results of Yuliana study, showed that one of the methods carried out related to umbilical cord care was clean and dry. [16] This is important because umbilical cord care is very closely related to the incidence of infection in the umbilical cord so that treatment efforts must be carried out correctly. In line with the results of Rejeki study, which stated that the practice of umbilical cord care by mothers was associated with the incidence of umbilical cord infection with $p = 0.003$ ($p = 0.005$). [17]

Guidance carried out on this mentoring activity is also carried out to maintain the cleanliness of babies, which will have an impact on their health, namely bathing. Bathing the baby is important for mothers, especially primiparous, so it is necessary to practice and Guidance that is quite intense. That is in line with the results of Herawati's research (2015), which states that the presence of education can make the independence of childbirth mothers. In line with the reports of community service activities of Zakiyah, Ekasari, and Hanifah (2017), that health education and training in bathing babies can condition postpartum mothers to be understanding and able to bathe babies independently. [18]

Directly experience the mother to care for the baby in real situations, encouraging mothers to be more independent. Significantly with a value of $p = 0,000$ ($p < 0.005$), this is also supported by the results of Nour Saudah research, which explains that experiential learning care affects increasing independence with a value of $\lambda = 0.560$. The t-test results showed a significant difference in increasing independence between the aid group and the control group. [19]

CONCLUSION

There was a significant increase in maternal independence in caring for newborns with a value of 160.55 ± 75.611 ($p=0.000$) (in the intervention group). The control group was only $40,9 \pm 73.103$. The result showed the intervention group had a higher score than the control, with the difference was significant ($= 0.000$).

SUGGESTION

Based on the results of the study, the researchers put forward some suggestions as follows:

- 1) Applying mentoring to postpartum mothers in performing newborn care to help mothers to be independent in carrying out treatments according to health standards.
- 2) Optimizing the return of home visits for postpartum and newborn babies as an effort to increase the coverage of maternal and child health services.

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