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Research article

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Effectiveness of the use module handling emergency retention plasenta in training on midwife attitude

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ABSTRACT

Background

Midwives telatih more appreciated, more confident and capable of behaving with incidents obstetric complications. [1] When the knowledge and attitude of a midwife is low, the possibility of vaginal birth and treatment of complications is difficult. [2] Less than optimal attitude for the officers acted appropriately, and the fear and confusion attendant identified as a major obstacle in providing obstetric care services. [3] Pregnant women complained that the assistance they received during labor is not adequate and questioned about the attitude and competence of midwives and doctors that address. [4] Necessary efforts to overcome the lack of adequate attitude in handling obstetric emergency personnel including retained placenta. Optimizing retrieval capability right attitude and immediately, Thought to beone with learning enhanced through training modules. This enelitian create a simple module modified with an algorithm on the front cover. In order to guide the midwife in making the proper attitude and immediately if encountered the case of retained placenta. expected to avoid mishandling and delays in handling Refer.

Objective

Knowing the effective use of retained placenta emergency handling module on the attitudes midwife training and development modules.

Method

Experiment study randomized trial control group pretest-posttest design approach with a questionnaire. The independent variable use emergency handling module placenta in training. The dependent variable attitudes midwife. Confounding variables: age, length of employment, education, and experience retained placenta menanangani Population: midwife in the community in seven health centers and a sample of 50 participants.

Results

The use of retained placenta emergency handling module on training, Effectively improve the attitude of 0.63 points (95% CI 0.46-0.79) $p = 0.001$, an increase of 45.82%.

Conclusion

Training modules using the emergency handling of retained placenta most effectively improve posture (45.82%).

Keywords: Attitude, Modules, Training, Handling emergencies and Retained placenta.

INTRODUCTION

Midwives telatih more appreciated, more confident and competent in handling obstetric complications occurrence. [1] When the knowledge and attitude of a midwife is low, the possibility of vaginal birth and treatment of complications is difficult. [2] Less than optimal attitude for the officers acted appropriately, and the attendant confusion was identified as a major obstacle in providing midwifery care. [3] Pregnant women complained that the assistance they received during labor is not adequate and questioned about the attitude and competence of midwives and doctors that address. [4] Necessary efforts to overcome the lack of adequate attitude in handling obstetric emergency personnel including retained placenta. Optimize decision right attitude and immediately, Thought to beone with learning enhanced through training modules. PThis enelitian create a simple module modified with an algorithm on the front cover. In order to guide the midwife in making the proper attitude and immediately if encountered the case of retained placenta. expected to avoid mishandling and delays in handling Refer.

Delays and lack of adequate obstetric emergency first aid treatment including retained placenta by officers (midwives) are at risk of life-threatening mother. This illustrates the low quality of the first treatment in emergency obstetrics independently by a midwife. The amount of trust a mother to give birth with a midwife (70%), should be supported by the quality of service that is based on the optimization of kemampuan taking a stand.

Results of analysis of the Ministry of Health and WHO, HOGSI, UNICEF and UNFPA in 2012, that the mother and child care in Indonesia is still lacking in quality, particularly the handling of emergency obstetrics. [5] Emergency management of complications and poor-quality, closely related to the quality penolangan and maternity facilities that contribute to high maternal morbidity and mortality. [6] Less qualified service conditions under which service standards, handling missed

not even available means and not based on evidence that terjadiketerlambatan handling and Refer. [7]

The attitude of improper handling of them, still their fault or lack of adequate treatment on postpartum hemorrhage including retained placenta and fault management of third stage of labor which is the sole cause of the occurrence of postpartum hemorrhage to life-threatening shock mother. [8] The third stage errors include uterine already Di Massage before the placenta separated from the uterine wall that would cause retention with active bleeding or hidden and can almost be predicted to occur bleeding of the third stage [9], Massaging the uterus and push it down to delivery of the placenta can cause bleeding atonic [8], And the placenta is separated but not delivered immediately causing contraction circle at the bottom of the uterus (placental inkarseratio) that become the placenta barrier. [8] An emergency postpartum hemorrhage caused by uterine atony, retained placenta with a partially detached from the uterus (kesalahanan officer because the uterus is already DiMassage before the placenta separated from the uterine wall and can almost be predicted to occur bleeding of the third stage), injuries to the birth canal and retained placenta. [10, 8]

Retained placenta is also a major cause of maternal mortality in PPH. Magann et al explain, if the placenta has not been born more than 30 minutes (3% incidence in vaginal deliveries) will occur PPH 6x larger.¹¹This bleeding is rare if not wrong handling of the third stage. This situation shows the third stage of labor management were less accurate and adequate. Management of the inadequate delivery of the placenta can cause variations in the amount of bleeding. The risk of bleeding increases if the delivery of the placenta lasts more than 30 minutes are known as retained placenta emergency complications.⁹Varney explained that, behind the placenta (placenta retention) resulted in no visible bleeding that will threaten the life of the mother. Not only midwife who gives care to the third stage, but bidanlah

responsible for arranging its management.⁹ Mothers with retained placenta without haemorrhage should be referred immediately and prohibited from doing manual placenta. [12]

Manual placenta had to be done because there is bleeding that accompanies the placenta, uterus in order to discharge immediately and these are listed in the authority of the midwife as first aid.¹³ WHO reported that 16-17% of postpartum hemorrhage caused by a retained placenta and 2/3 cause of maternal mortality.¹⁴ According to preliminary study data obtained by researchers in April 2019. About 36% of the officers met and retained placenta emergency menagani more than 10 times during the practice community. Approximately 64% meet and menagani emergencies retained placenta is less than 10 times during practice (there were <10 years and > 10 years).

Allegedly less optimal capability of taking the right attitude and soon, also affects the less inadequate handling and delays Refer kewatdaruratan obstetrics. The attitude of a person will be affected by the environment, experience and education. [15]

Learning to effectively change the misconceptions believed module participants toward scientific concepts, thus optimizing the quality of the knowledge and ability to behave. [16] Kegawatdarutan handling module contains components retained placenta Midwifery Services Standard (DSS) with government guidelines that have been made in accordance with WHO recommendations that have been adapted to the state of Indonesia. Many midwives do not know so do not take advantage of this CMS. Results of a preliminary study researcher in April 2019, from 20 midwives interviewed only 2 (10%) ever memafaatkannya. They were more (18) based on

the book maternal neonatal (not complete SPK), APN book (which did adopt SPK, but more perfect SPK) and lecture notes.

Another advantage of media modules can be studied independently, more attractive and effective because it is the smallest unit of learning, relevant materials with a focus on competence and efficiency penggandan affordable cost. While the book, menurut Muslich, too many lessons are presented, with the full text tend to be boring and deadly interest in reading and pengadaan cost is quite high. Attitudes acquired through learning and training can be formed through experiences. Because of that attitude can be changed according to individual environments at different times and places. Attitude is not talent or innate. Attitude merupakan the relationship between object and subject. [17]

RESEARCH PURPOSES

Determine the effectiveness of the use of emergency handling module retained placenta. the training of midwives attitude.

Research methods

Experiment study randomized trial control group pretest-posttest design approach with a questionnaire. The independent variable use emergency handling module placenta in training. The dependent variable attitudes midwife. Confounding variables: age, length of employment, education, and experience retained placenta menanangani Population: midwife practice at seven health centers in the community. Sample 50 intervention and control group participants.

RESEARCH RESULT

Table 1, Basic Characteristics of the participants in the intervention group and control group

Characteristics of participants	Intervention group		The control group		p
	mean	± SD	mean	± SD	
Age	36.04	6:30	38.04	9:36	0254
Education					
DIII	21	84%	24	96%	0157
Length of working	13.92	7:02	15:50	10:27	0248

Experience emergency menanangani retained placenta	5.84	5:25	6:38	6:27	1,000
Workplace	f	%	f	%	0214
village midwife	13	52	7	28	
midwives PKM	11	44	17	68	
BPM	1	4	1	4	

Table 1 illustrates the mean age of 36.04 years intervention group and the control group of 38.04 years. Mean education intervention group participants 84% DIII Midwifery and control 96%, the rest is educated DIV Midwifery. The average length of employment in the intervention group and control 15:50 13.92 years. Average experience dealing with emergencies retained placenta 5.84 times the intervention group and the control group 6:38 times.

At the age data of participants with a value of $p = 0.254$ or $p > 0.05$, mean age of participants intervention and control groups was no significant age difference between the two groups. Variants of both age groups and homogeneous. Education

participants with $p = 0.157$, also no significant difference in the level of education DIII and DIV Midwifery midwifery between intervention and control groups. That is the second participant education variant homogeneous group. Length of work with a value of $p = 0.248$, meaning there is no longer a difference of meaningful work or homogeneous variant.

Menanangani experience emergencies retained placenta with $p = 1:00$, also means there is no significant difference or variance is homogeneous. The frequency distribution workplace with a value of $p = 0214$, also means that there is no significant difference or variance is homogeneous.

BIVARIATE ANALYSIS RESULTS

Table 2. Relationship Attitude Before and After treatment Using the Module Handling Emergency retained placenta On Training

variables	The intervention group			The control group			p	P Intervention
	mean	± SD	P	mean	± SD	p		
value attitudes								
pre test	2.62	0:29		2.66	0:24		0068	
Post test	3:25	0:37	0.001□ □	2.66	0:25	0.900□	0067	
difference in attitude	0.63			0006				0.001▪

Wilkcoxon, Paired T test, ▪Independent T test,

The mean value of the attitude control group is higher than the intervention group (2.66 vs. 2.62). In the pre-test value of $p = 0795$ attitudes among participants in the control group and the intervention had a significant difference ($p > 0.005$). The intervention group had a mean attitude score (2.62 vs 3:25) was higher than the control group (2.66 vs. 2.66). Value posttest attitude of participants in the control group had significant difference $p = 0.067$ ($p > 0.005$).

With $p = 0.001$ in the intervention group showed no significant effect between pre and post test. While the control group showed no significant association with p value 0.100. Value pre and post

test attitude control group (2.66 vs. 2.66) there was no improvement. While the value pre and post test the attitude of the intervention group (2.62 vs. 3:25) No significant increase.

After treatment in the intervention group in the form of training in the use module handling emergencies retained placenta, obtained value of the post-test in the intervention group had a mean value of the attitude (3:25 vs 2.66) No significant increase with a p -value 0.001 Value of pre and post-test attitude (2.66 vs 2.66) no increase. Value pre and post intervention group (2.62 vs. 3:25) showed the most significant increase with p value 0.001.

There are differences between the mean value of the results of pre-test and post-test after the training intervention with emergency handling module retained placenta. The intervention group had a mean perbedan attitude score (2.62 vs 3:25) no significant effect before and after the use of

retained placenta emergency handling module on training on the attitudes of $p = 0.001$ ($p < 0.005$). This means that the use of retained placenta emergency handling module on giving a significant effect on improving knowledge, attitudes and self-efficacy of participants.

MULTIVARIABLE ANALYSIS

Table 3. Effectiveness of Using the Module Handling Emergency retained placenta On Training of Knowledge, Attitude and Attitude Midwives After Controlled With Variable Disruptors

Variables	Attitude		
	Beta coefficient	(95% CI)	p
Control			
Intervention	0.63	[0.46,0.79]	0000
Education	-0.0023	[-0.28,0.27]	0986
D IV			
D III			
Age	-0.26	[-0.68,0.16]	0222
<40 years			
> 40 years			
Length of working	0:31	[-0.11,0.74]	0142
<15 years			
> 15 Years			
Experience dealing with retained placenta	-0.12	[-0.32,0.078]	0227
<10 times			
> 10 times			
Pre Knowledge test			
Pre test Attitude	-0.39	[-0.71, -0067]	0019
Pre test Self Efficaci			
Constant	1:05	[0.14,1.96]	0025
pseudo R2	0634		
Aic		21.6	
df_m	6		
Observation	50		

95% confidence intervals in brackets

Regression

aic = LR Test from Aka iki, df_m = degress of freedom of the models

$P < 0.05$, $p < 0:01$, $p < 0.001$

Beta coefficient value of 0.63 means that the attitude of the group intervention group had higher attitude score of 0.63 points (15%) compared to controls. $P = 0.001$ means that there is a significant relationship or no effect after treatment the use of retained placenta emergency handling module on training to increase participants' attitudes. 0:26

That coefficient at the age of participants aged ≤ 40 years had a higher attitude 0:26 points compared to age > 40 years and there is a significant difference $p = 0:18$ ($p > 0.005$). Participants who work ≤ 15 years old have a higher stance than the 0:31 point working time > 15 years, but there was no significant difference $p = 0:23$. Participants were educated DIII Midwifery has a lower stance than 0,002 points DIV Midwifery educated, but there was no significant difference $p = 0.986$.

Efektvitas increase participants' attitudes after the use of emergency handling module retained

placenta were analyzed by linear regression. Determinant coefficient value (r-square) of 0.597. This means that the influence of age, education and work long experience of dealing with retained placenta. Influence contributed by 59.7% against the knowledge of participants.

Training modules use the results of the effectiveness of the "moderate" according to the criteria Ngain score. The theory of the division of scores effectiveness Ngain score sure; g values > 0.7 category of high effectiveness, $0.3 \leq g \leq 0.7$ effectiveness of the medium and $g < 0.3$ low effectiveness. The result of analysis NGain score against an increase of 45.82% Midwives attitude.

DISCUSSION

The changes and the effect of the use of retained placenta emergency handling module on training on attitudes

Picture of the attitudes also showed significant differences in pre-test $p = 0.068$ and $p = 0.067$ post test. After experimental treatments use emergency handling module retained placenta with training, with a value of $p = 0.001$ showed a significant improvement or no effect on the increase in the attitude of the midwife. While the pre and post test the attitude of the participants in the control group (2.66 vs. 2.66), did not show an increase of no significant effect with $p = 0.100$. Liesabeth analyzed the last decade, Refer cases increased, which can partly be attributed to the attitude of a midwife because of insecurity and anxiety. This could threaten the long term associated with women who want to give birth at home. [17]

Effective use of retained placenta emergency handling module on training of midwives attitude

Regression coefficient value of 0.63 artinya attitude of the intervention group had a higher attitude score 0.63 points compared to controls. $R^2 = 0.634$. Based on 0.001 means there is a significant effect of age, education, length of labor, retained placenta deal with its experience to the improvement of attitudes and accounted for 63.4% is influenced by other factors. The result of analysis NGain score Attitude intervention value of 0.4582 menunjukkan efektivitas use emergency handling module retained against an increase of 45.82% Midwives attitude.

The picture is in line with research analysis Oflah but in the training of early detection of complications with BSE, that the increase in attitudes with $p = 0.048$ in the treatment group and 0.003 in the control group, but there was no effect on attitudes training using the module. [18]

Training with speaker teaching approach is someone who is experienced and respected according to Bandura's theory will increase interest in improving absorption pelatihan. sehingga more optimal understanding. According Boggosian correlative Analytical samples with questionnaires semi terstruktur midwife. Midwives telatih emergency care (abortion) stance was much appreciated. midwife confident provide competent support. 97% of midwives play an important role to give sufficient support among all health professionals involved in maternity care. The difference analysis kegawatdarurata case of retained placenta.¹ Marion analytic correlation analysis module using well-operated in the maternity hospital. The difference with the normal delivery of training materials handling kegawatdarurata retained placenta. Midwives with less experience, need support and training to contribute and to be providing services. When the midwife feels supported will increase confidence in the ability of (self-efficacy) helping normal delivery, will strengthen the resolve for more practice. Confidence is needed to generate confidence and must be cultivated in serving kebidanaan. [2] The study analyzed the attitude Kun A. midwife but in exclusive breastfeeding research menganalisisakan that: participants (doctors, midwives) in the intervention group were given training on exclusive breastfeeding. Showed a significant increase in physician, clinical and non-clinical staff having received training ($p < 0.05$). When compared with the control group seen in the attitude of midwives do not show significant improvement. [19]

CONCLUSION

Training modules use the emergency handling of retained placenta, effectively improve the attitude of 0.63 points (95% CI 0.46-0.79) $p = 0.001$, an increase of 45.82% and an increase in the average value of 2.62 to 3.25.

SUGGESTION

1. Training modules use efficient handling of emergencies retained placenta increase midwife attitude. Research has resulted in the modification algorithm module on the front cover for easy reading and midwives to reach the current module retained cases occurred.
2. For further research, research must be done with a better design with a larger sample to optimize the validity of the study. Need to add variables such as support for strengthening the attitude of the government, which instituted rules or SOP, reflection supervisi received midwife and the type of training received emergency treatment midwife regularly.

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