

THE IMPLEMENTATION OF FAMILY CENTERED MATERNITY CARE EDUCATION TO POSTPARTUM MOTHERS AT PMB SITI ISTI'ANATUL AMRIYAH

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Background: The postpartum period was a phase experienced by every woman after giving birth. This postpartum period lasted from the time the placenta was delivered until 6 weeks after birth or 42 days after birth. Visits during childbirth were often considered unimportant by health workers because they felt good and the process proceeded smoothly. One bridge to optimize postnatal education efforts was through family involvement. Mothers with family support through the implementation of family-centered maternity care (FCMC) were expected to have optimal abilities in adapting maternally during the postpartum period, as well as the ability to care for babies; **Method:** This scientific paper employed quantitative research, with a causal study design, which was a method applied to understand individuals more deeply by practicing it in an integrative and comprehensive manner. It was carried out for 2 weeks by providing knowledge using booklets as auxiliary media. Respondents were 5 people in the postpartum mother category with a history of giving birth to their first child and were obtained through observation and documentation; **Results:** From the application of education to postpartum mothers using booklets for 5 respondents (100%), there was a change from the pre-test assessment, which was sufficient, to the post-test assessment, which changed to good; **Conclusion:** The application of family-centered maternity care education to postpartum mothers through booklets increased knowledge to be good;

1. Introduction

The postpartum period is a period that every woman goes through after giving birth. This postpartum period lasts from the time the placenta is born until 6 weeks after birth or 42 days after birth. Visits during postpartum are often considered not important by health workers because they feel good and then go smoothly [6].

One of the government's policies is the Mother Love Movement program (GSI) namely a national program policy that includes at least four postpartum visits. This program aims to detect complications or problems that occur during the postpartum period [28].

Apart from that, postpartum mothers usually experience many problems and complaints during the postpartum period. Postpartum mothers experience discomfort during the postpartum period as a result of these problems or complaints, including the breastfeeding process, the mother's independence in caring for her baby, stitch pain, caring for stitched wounds, personal hygiene, rest, and also swollen feet. The mother's physical, emotional, and psychological condition experiences significant changes during the postpartum period. Consequently, it is very important to understand the changes that are usually considered normal so that any deviation from this normal condition can be immediately identified as abnormal or pathological. Emotional disappointment, pain in the early postpartum period, fatigue due to lack of sleep during labor anxiety about her ability to care for her baby, fear of no longer being attractive to her husband,

especially emotions during the first week become unstable, and mood swings in the first 3 - 4 days, This period is very varied and influenced by so many factors, so the main emphasis is on an approach of providing help, sympathy and encouragement [32].

One bridge to optimize postnatal education efforts is through family involvement. Mothers with family support through enhanced family-centered maternity care (FCMC) are expected to have optimal ability to adapt maternally during the postpartum period, as well as the ability to care for the baby [15].

2. Materials and Method

Case study design is a method applied to understand individuals more deeply by practicing it in an integrative and comprehensive manner. Case studies are used to provide an understanding of things that attract attention, social processes that occur, certain events, or the experiences of the people behind the case. Case studies focus on one particular unit, which can be an individual, group, organization, community [22].

The author in this research used quantitative research with a case study approach. The implementation was carried out for 2 weeks starting from April 1 to May 12, 2023, by conducting 4 visits, namely 8 hours postpartum, 3rd day postpartum, 6th day postpartum, and 2nd week postpartum.

This study met the inclusion and exclusion criteria. The inclusion criteria were pregnant women with a history of giving birth to their first living child; postpartum mothers aged 20-35 years who gave birth at the Independent Practice of Midwife Siti Istianatul from April 1 to May 12, 2023; postpartum mothers who gave birth physiologically; and families willing to be respondents. The exclusion criteria were postpartum mothers who gave birth with complications; those having a mental disorder; and postpartum mothers who were separated from their babies."

3. Results and Discussion

3.1. Results

Table 1. Respondent Characteristics

Respondent Characteristic	Frequency (n)	Percentage (%)
Age		
< 20 year	3	60
20-35 year	2	40
>35 year	0	0
Gender		
Woman	5	100
Man	-	0
Education		
SD	1	20
SMP	1	20
SMA/SMK	3	60
PT	0	0

Based on the table above, there is 3 respondent who is < 20 years old, 2 respondents who are 20-35 years old, 5 respondents are female, 1 respondent is elementary school, 1 respondent Junior high school and 3 have a high school education.

Table 2. Frequency of Respondents Based on Level of Knowledge Before (Pre-Test) Family Centered Maternity Care education regarding breast care for postpartum mothers.

Knowledge Score	Frequency (n)	Percentage (%)	Category
76 - 100	2	40	Good
56 - 75	3	60	Enough
< 56	0	0	Not Enough
Total	5	100	

Based on the table of 5 respondents before being given health education, there were 3 respondents who had a good level of knowledge with a knowledge score of 76-100 with a percentage (40%), and 3 respondents who obtained a knowledge score of 56-75 with a percentage (60%) with good knowledge before getting Family Centered Maternity Care education regarding breast care for postpartum mothers.

Table 3. Frequency of Respondents Based on Level of Knowledge After (Post-Test) Family Centered Maternity Care education regarding breast care for postpartum mothers

Knowledge Score	Frequency (n)	Percentage (%)	Category
76 - 100	5	100	Good
56 - 75	0	0	Enough
< 56	0	0	Not Enough
Total	5	100	

Based on the table above, 5 respondents indicate that the level of education regarding breast care for postpartum mothers after being given health education of breast care for postpartum mothers using the monopoly game method is in the good category with a knowledge score of 76-100 with a percentage of 100%.

Table 4. Frequency of Respondents Based on Level of Knowledge Before (Pre-Test) Family Centered Maternity Care education about care perineal wounds in postpartum mothers.

Knowledge Score	Frequency (n)	Percentage (%)	Category
76 - 100	2	40	Good
56 - 75	3	60	Enough
< 56	0	0	Not Enough
Total	5	100	

Based on the table of 5 respondents before being given health education, there were 3 respondents who had a good level of knowledge with a knowledge score of 76-100 with a percentage (40%), and 3 respondents who obtained a knowledge score of 56-75 with a percentage (60%) with good knowledge before getting Family Centered Maternity Care education about care perineal wounds in postpartum mothers.

Table 5. Frequency of Respondents Based on Level of Knowledge After (Post-Test) Family Centered Maternity Care education regarding breast care for postpartum mothers

Knowledge Score	Frequency (n)	Percentage (%)	Category
76 - 100	5	100	Good
56 - 75	0	0	Enough
< 56	0	0	Not Enough
Total	5	100	

Based on the table above, 5 respondents indicate that the level of education regarding breast care for postpartum mothers after being given health education of breast care for

postpartum mothers using the monopoly game method is in the good category with a knowledge score of 76-100 with a percentage of 100%.

Table 6. Level of Knowledge Before and After Being Education about postpartum maternal care.

Pre Test	n	%	Post Test	n	%
Good	2	40	Good	5	100
Enough	3	60	Enough	-	0
Total	5	100	Jumlah	5	100

Based on the table above, the percentage of knowledge level before and after receiving Education about postpartum maternal care was in the good and sufficient categories for 5 respondents. In the pre-test, 2 respondents were in the good category and 3 respondents were in the fair category. In the post- test, 5 respondents were in the good category.

3.2. Discussion

1. Respondent Characteristics

Based on table 1. In terms of age, the majority of respondents aged <20 years were 3 people (60%), and the minority of respondents aged 20-35 years were 2 people (40%). This shows that some respondents are in the unhealthy reproductive age range, because the healthy reproductive age for women is 20-35 years, apart from that, in this age range a woman has reached a level of mental maturity so that she can undergo the reproductive process well. The majority of respondents had a high school education of 3 people (60%), and a minority of respondents had an elementary school education of 1 person (20%) and a junior high school graduate of 1 person (20%). Mentioning that the level of education also determines whether it is easy for someone to absorb and understand the knowledge they have acquired, in general the higher a person's education, the better their knowledge. However, it does not rule out the possibility that someone with less than a PT (university) education does not have good knowledge [12]. Here it can be seen that someone who has low education does not always have low knowledge because they can get information through various sources of information obtained such as through social media (Tik-Tok, Instagram, YouTube, etc.), TV, radio, and can also getok. transmitted from those who are experienced.

Based on tables 2 and 4, knowledge about postpartum maternal care before implementing education using booklet media.

Based on the implementation that has been carried out, of the 5 respondents, it is known that their knowledge about postpartum mother care before being given education through booklets has sufficient knowledge, there are 2 respondents with a score of 60 with a percentage of (40%) and there are 3 respondents with a score of 76-100 with a percentage of (60%). Based on the analysis of the 30 question questionnaire consisting of 10 multiple choice questions, 20 questions with true and false answers, the pre-test for all 5 respondents was answered without leaving any blanks.

Based on tables 3 and 5, knowledge about postpartum maternal care after implementing education using booklet media. After implementing family-centered maternity care education for postpartum mothers, it showed that 5 people (100%). respondents increased their knowledge, because booklet media can make it easier for someone to increase their knowledge from adequate to good [4]

Increased knowledge score about postpartum maternal care after implementing education from fair to good using booklet media. This application is in line with [1] which carried out health education using booklet media with pre-test and post-test methods with the results of its application there was a significant increase in knowledge and the use of booklet media could be said to be more effective in providing health education, there was an increase in

knowledge to a good level of (100%) after being given health education through booklet media compared to before being given health education [26].

These results show that health education carried out briefly will have a positive impact in increasing a person's knowledge [7]. The results of this research are also in line with theory [12], which states that information obtained from both formal and non-formal education can have an influence resulting in changes or increased knowledge.

Health education is a process of change in a person that is linked to achieving individual and community health goals. Education needs to be given to individuals for life, from the beginning of being able to understand something until the end of life. This is because all activities in aspects of daily life require education [8]. Health education using booklet media aims to create healthy behavior in individuals, families, groups and communities that is in accordance with the concept of healthy living both physically, mentally and socially so as to reduce morbidity and mortality rates. The counseling carried out in this application is the process of changing the behavior of postpartum mothers from not knowing to knowing about the care of postpartum mothers so that they can prevent or overcome the complaints they are experiencing [8].

3.3. Conclusion

Based on the results of the application carried out on respondents in the KarangSambung area, the following conclusions can be drawn:

1. The implementation has been carried out for 2 weeks starting from April 1 – May 12 2023 by carrying out 4 visits, namely 8 hour postpartum, 3rd day postpartum, 6th day postpartum, 2nd week postpartum
2. The characteristics of the respondents were 3 people (60%) who were still under the healthy reproductive age or < 20 years, and 2 people (40%) who were 20-35 years of healthy reproductive age, 2 people (40%), for parity all had never given birth or Primipara 5 people (100%), and for education the results showed that there were 1 elementary school graduate (20%), 1 junior high school graduate (20%), 3 high school graduates (60%)
3. The level of knowledge of respondents before health education was carried out showed that the majority of respondents had a sufficient level of knowledge, namely 2 respondents 40% and 3 respondents 60% had a good level of knowledge about perineal wound care and breast care.

References

- [1] Ambarwati,(2018) dkk. *Media Leaflet, Video dan Pengetahuan Siswa SD Tentang Bahaya Merokok. Jurnal Kesehatan Masyarakat*. Surakarta. Kemas 10 (1) 7-13.2014.
- [2] Asiyah, N., Islami, I., & Mustagfiroh, L. (2017). *Perawatan Tali Pusat Terbuka Sebagai Upaya Mempercepat Pelepasan Tali Pusat*. Indonesia Jurnal Kebidanan, 1(1), 29. <https://doi.org/10.26751/ijb.V1i1.112>
- [3] Bahiyatun. (2013). *Buku Ajar Asuhan Kebidanan Nifas Normal*. Jakarta : EGC
- [4] Brown, B. (2014). *Public health education using pop culture and media*. November. <https://doi.org/10.3389/fpubh.2014.00231>
- [5] Chauhan,T. (2022). *Otonomi ibu dan faktor terkait dalam membuat keputusan untuk memanfaatkan layanan kesehatan untuk diri mereka sendiri dan neonatus di Ethiopia selatan: Survei cross-sectional berbasis komunitas*. Plos one, 17(10 October), 1–13. <https://doi.org/10.1371/journal.pone.0275303>
- [6] Dewi, A. P. S. (2021). *Gambaran Perawatan Ibu Post Partum Pada Masa Pandemi Covid-19*. Buku Kebidanan, 4(1), 1–23.
- [7] Efendi dkk, (2012). *Keperawatan Kesehatan Komunitas: Teori Dan Praktik Dalam Keperawatan*. Jakarta: Salemba Medika.
- [8] *Gemilang*. (2019). *Pengembangan Booklet Sebagai Media*. Journal Of Chemical Information And Modeling, 53(9), 1689–1699.
- [9] Gustina, E., & Djannah, S. N. (2015). *Sumber Informasi Dan Pengetahuan Tentang Menstrual Hygiene Pada Remaja Putri*. Jurnal Kesehatan Masyarakat, 10(2),

147. <https://doi.org/10.15294/Kemas.V10i2.3375>
- [10] Haryanti, S. (2016). *Hubungan Antara Paritas Dengan Tingkat Pengetahuan Ibu Tentang Perawatan Tali Pusat. Profesi, XIV*(1), 67–71.
- [11] Hayati, F. (2020). *Personal Hygiene Pada Masa Nifas*. Jurnal Abdimas Kesehatan (JAK), 2(1), 4. <https://doi.org/10.36565/Jak.V2i1.62>
- [12] Indrayani, E. (2022). *Pemberian VCO & Konsumsi Telur Ayam Kampung Rebus Untuk Mempercepat Penyembuhan Luka Perineum Pada Ibu Postpartum*. The 16th University Research Colloquium 2022 Universitas Muhammadiyah Pekajangan Pekalongan, 477–484.
- [13] Indrayani, E., Dewi, A. P. S., & Khanifah, R. (2017). *Kombinasi Pijat Punggung Dan Endorphin Terhadap Produksi ASI Pada Ibu Post Partum*. Jurnal Ilmiah Kesehatan Keperawatan, 13(2), 62–68. <https://doi.org/10.26753/jikk.v13i2.210>
- [14] Kara, (2019). *Teknik Pengumpulan Data 2*. Paper Knowledge . Toward A Media History Of Documents, 7(2), 107–115.
- [15] Mayasari, S.I. (2018). *Model Edukasi Family Centered Maternity Care (Fcmc) Dalam Keberhasilan Ibu Menyusui Berbasis Pelayanan Homecare Di Desa Sambigede Kec. Sumberpucung*. 2018, 12–26.
- [16] Maulana, (2013). *Promosi Kesehatan*. Jakarta: EGC.
- [17] Nuryanti, Y., Fabanjo, I. J., Idorway, F., & Kurnia, A. (2021). *Jurnal Kebidanan Sorong Pengetahuan Ibu Primipara Tentang ASI Eksklusif*. 1(1), 44–53.
- [18] Nursalam, E.F. 2018. *Pendidikan Dalam Keperawatan*. Jakarta: Salemba Medika. Halaman: 115.
- [19] Nugroho, T., dkk. (2014). *Buku Ajar Asuhan Kebidanan Nifas (Askeb 3)*. Yogyakarta : Nuha Medika.
- [20] Notoatmodjo S, (2017). *Pengertian Pendidikan Kesehatan*. Bab III Metode Penelitian, Bab iii me, 1–9.
- [21] Novembriany, Y. E. (2022). *Implementasi Kebijakan Nasional Kunjungan Masa Nifas Pada Praktik Mandiri Bidan Hj. Norhidayati Banjarmasin*. Jurnal Keperawatan Suaka Insan (Jksi), 6(2), 121–126. <https://doi.org/10.51143/Jksi.V6i2.296>
- [22] Prihatsanti, U., Suryanto, S., & Hendriani, W. (2018). *Menggunakan Studi Kasus Sebagai Metode Ilmiah Dalam Psikologi*. Buletin Psikologi, 26(2), 126. <https://doi.org/10.22146/Buletinpsikologi.38895>
- [23] Purwanti, S. (2015). *Menggunakan Media Video Dan Modul*. Iv(1).
- [24] Sadiman, A.F dkk, (2012). *Media Pendidikan, Pengertian Pengembangan Dan Pemanfaatan*. Jakarta : Raja Grafindo Persada.
- [25] Sulistyawati, A. (2019). *Faktor Risiko Kejadian Gizi Buruk pada Balita Di Dusun Teruman Bantul*. Jurnal Kesehatan Madani Medika, 10(1), 13–19.
- [26] Supriadi, S. (2014). *Model Edukasi Postnatal Melalui Pendekatan*. 128–141.
- [27] Suryanti, Y., & Rizkia, R. (2022). *Penyuluhan Perawatan Payudara Pada Ibu Nifas*. Community Development Journal: Jurnal Pengabdian Masyarakat, 3(2), 421–424. <https://doi.org/10.31004/Cdj.V3i2.4355>
- [28] Septikasari, M. (2019). *Identifikasi Psikologis Ibu Nifas Abstrak*. 08, 1–7.
- [29] Wardani, S., & Yuliasri, T. R. (2018). *Tingkat Pengetahuan Ibu Post Partum Primipara Tentang Perubahan Fisiologi Masa Nifas*. 70–76.
- [30] Wawan, A. dan Dewi, M. (2014). *Teori dan Pengukuran Pengetahuan, Sikap dan Perilaku Manusia*. Yogyakarta : Nuha Medika.
- [31] Widhiastuti, R., & Muryani, S. (2021). *Studi Kualitatif : Identifikasi Kebutuhan Perawatan Bayi BBLR di Rumah Dengan Pendekatan Family Centered Maternity Care*. Jurnal Smart Keperawatan, 8(2), 117. <https://doi.org/10.34310/jskp.v8i2.476>
- [32] Widhiastuti, (2021). *Upaya Peningkatan Perilaku Ibu Postpartum Melalui Edukasi Family Centered Maternity Care (Fcmc) Tentang Perawatan Masa Postpartum Di Wilayah Kerja Puskesmas Gambirsari Surakarta Program Studi Kebidanan Program Sarjana Dan Pendidikan Profesi Bidan Progra (Vol. 2, Issue 2)*.