



## Analysis of Therapeutic Communication of Delima Midwives in Antenatal Care Services in Pekanbaru City

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*Abstract - The number of MMR in Indonesia is high among ASEAN countries, one of the causes is the low level of health services obtained during pregnancy. This condition can be prevented by regular and focused ANC by midwives who are skilled at therapeutic communication so that the visit of K1-K4 pregnant women can be realized. Pekanbaru has a coverage of K4 pregnant women visits that are still below the target, lower than K4 coverage in several other districts in Riau Province, one of the causes is due to the lack of maximal therapeutic communication for midwives in providing midwifery care. The purpose of this study was to determine how the stages of Therapeutic Communication of Midwives Delima in Antenatal Care services in Pekanbaru City. This study uses a qualitative approach, observation techniques, in-depth interviews, literature and documentation. The data collection technique was purposive, the informants were 4 midwives, 4 pregnant women patients in 4 clinics in the city of Pekanbaru. This research approach uses the phenomenological method with constructivism paradigm and symbolic interactionism theory. The results showed that the therapeutic communication performed by the midwife was not in accordance with the recommended therapeutic communication phases so that the benefits of the care were not maximized.*

**Keywords:** Antenatal Care, Therapeutic Communication, Midwife Delima

### 1. Introduction

One of the health problems in the world is the high maternal mortality rate (MMR). MMR in Indonesia, although the number has decreased from 359 per 100,000 live births in 2012 to 306 per 100,000 live births in 2019, Indonesia is among the highest among ASEAN countries (Hardian, 2019). According to WHO in Muhammad Agus Mikrajab & Tety Rachmawati (2015), maternal death cases occur between 33-50% which is closely related to the low level of health services obtained during pregnancy. Whereas the largest contribution to the causes of maternal death was pre-eclampsia or eclampsia, antepartum bleeding and infection, respectively. (Ministry of Health RI, 2016). One of these conditions can be prevented by regular and focused ANC by health workers who can apply Therapeutic Communication well so that the visit of K1-K4 pregnant women can be realized (Maisuri T. Chalid, 2018). Riau Province is one of the provinces where the coverage of K4 pregnant women visits is still far from the target of 76.16%, and Pekanbaru city as the provincial capital has 84.66% coverage of K4 pregnant women visits, which is lower than the K4 coverage of several other districts (Nova Yulita & Sellia Juwita, 2019). Midwife Delimas are one of the health workers who have an important and strategic position in reducing MMR and IMR, therefore the knowledge, friendly and wise attitude, full responsibility, and creativity of the midwife can help the client's recovery which is reflected in therapeutic communication to clients as an effort to keep clients healthy (Stella Minria Benu & Ina Kuswanti, 2016). However, not all Delima midwives can communicate well with clients therapeutically. Therefore, researchers conducted research on the Analysis of Therapeutic Communication for Midwives Delima in Antenatal Care Services in Pekanbaru City.

### 2. Method

This study uses a qualitative method with a phenomenological approach design using the constructivism paradigm and symbolic interactionism theory. The research location was in 4 (four) places



where the Pratama Clinic / Independent Practical Midwife (BPM) Midwife Delima in Pekanbaru was held on December 7 - 19, 2020. The subjects of this study were Delima Midwives in Pekanbaru City as Main Informants and clients. or ANC patients who have had their pregnancy checked by the midwife as key informants. The technique of selecting informants in this study was taken based on purposive sampling with research variables Pre-interaction phase, orientation phase, work phase, termination phase. The analysis used is a thematic analysis that allows researchers to find patterns that other parties do not see clearly.

### 3. Research result

#### 3.1 Pre-Interaction Phase

Based on the results of in-depth interviews with informants about the pre-interaction phase, it shows that the informants have not completely carried out the pre-interaction phase in carrying out therapeutic communication to clients in Antenatal Care services, but informants can make clients feel comfortable when viewed from the results of interviews with key informants. Informants appear confident when meeting patients and can act professionally. The informant explained that he did not have a special way to prepare himself and how to approach the patient so that the patient was comfortable with having pregnancy checks with the mother, the important thing was to prepare ANC equipment, medicines, a clean and comfortable place, be good at maintaining patient privacy and friendly and servicing the patient. This can be seen in the following quote:

*"Mum, if you see a patient, just relax. Don't tense up. If we are tense, our patient will be tense again. Assume that our family comes, so we just relax with the patient. Mother doesn't have to wear special midwife clothes, right? Later, I will be afraid of the patient like seeing a doctor. In fact, patients like to go to midwives because we serve these patients without using a formal, as is. The important thing is that the patient is comfortable with us. Do not let us bitch with patients. Alhamdulillah, my mother is comfortable checking her pregnancy with your mother. There were those who just checked, but they were born at the doctor or in their village because their mother told them to be born in the room, right? So what matters is we listen to our complaints. If we can help the problem, then we can help. In fact yesterday someone confided in my mother if her husband was cheating on her, until she cried she told me, yes mom just advise, mom say patient If we help encourage her life, it can be a vitamin for her to face her pregnancy. "*

(Main Informant 1)

*"Mother There is no special preparation for seeing a patient. Usually, if the mother is cooking or leaving the house, the mother is serving the patient. If they check for pregnancy they can already do it, then if someone is serious they will call mother. The children are smart, they are ANC, you can be left alone. If you start accepting a patient, please, hopefully Allah will protect us, we will be healthy and the birth will be smooth. There are no special tricks for mothers to deal with this patient. The important thing is that we don't have a bad name with this patient, because word of mouth spreads fast. Saba, our king is with a patient, sometimes pregnant people act a lot right ... he ... he ... he ... Let this patient tell him his complaints, the important thing is that our examination room is comfortable, right? If he tells about his shame, Do not tell others, our good name will be destroyed. Because again Covid, we sometimes consult ANC via cellphone, the important thing is that the patient is comfortable and we can find out about complaints and we provide solutions. For patients who check here, they usually are born here, right? In fact, there is someone who checks in another place, he was born here, that's what makes your mother confused. We didn't know the condition of her pregnancy from the start, suddenly just when she was about to give birth in our clinic.*

(Main Informant 2)

*"The general preparation for the mother, nyo ki ... Most prepare the ANC examination kit and the medicines. If she needs to be referred then we will refer you. If the approach with the patient is like that, ki... We ask what is his complaint, what did he eat if he had diarrhea or nausea and nausea. We checked, we gave OBA. There is no special approach or special preparation. When you first opened the BPM, you used to accept the patient, I was afraid of mistaking your mother's care for the patient. You have to read the book first, mother, later you will be afraid to ask questions that are heavy with the patient, it will be messed up later if you don't know. If now the patient is smart, just look at his cellphone again, he already know the disease. If our clinic is clean, tidy, maintain patient privacy and our service is friendly, I think the patient must be comfortable. The important thing is we follow the applicable standards in providing care. That's the difference between us and doctors. We want to massage the patient if we want to give birth, if the doctor wants it, the assistant is most likely to be ordered. That's our win. The patient*

is comfortable with us. But maybe not all the midwives who service the patient do it, bro ??? Yes ... different people, ki. If you ask, what are the stages of preparation for your mother so that the patient is comfortable, there are no special steps, ladies. What does the patient's mother think will be comfortable? But maybe not all the midwives who service the patient do it, bro ??? Yes ... different people, ki. If you are asking what are the stages of preparation for your mother so that the patient is comfortable, there are no special steps for your mother. What does the patient's mother think will be comfortable? But maybe not all the midwives who service the patient do it, bro ??? Yes ... different people, ki. If you are asking what are the stages of preparation for your mother so that the patient is comfortable, there are no special steps for your mother. What does the patient's mother think will be comfortable?

(Main Informant 3)

"I don't have any tricks, ma'am. Most of the preparations I will prepare the ANC tool, the vitamins and the consultant later. Yes ... so that the patient is comfortable with us, we have to be friendly, don't talk to the patient. If I wear a special midwife's clothes, I don't have it. I only wear everyday clothes, the important thing is we wear neat and clean clothes. Because again, Covid, we require patients and employees to wear masks too. It's not comfortable to talk, ma'am, but what else is there ... Instead of getting our Covid ... I have quite a number of patients. For the K-4 visit, not all of them come back. Maybe because she gave birth in another place or maybe because my place is far from her house, there are many causes. But on average those who check here are born here, bro,

(Main Informant 4)

### 3.2 Orientation Phase

Based on the results of in-depth interviews with informants, it shows the results that not all informants have carried out an orientation phase in implementing therapeutic communication to clients in Antenatal Care services. Among them explained that there was no special way for a midwife to explore the complaints felt by patients, the important thing was to keep the patient's feelings, use soft and kind sentences so that the patient was comfortable to convey his complaints to get a solution. In carrying out this orientation phase, the midwife said that the therapeutic communication steps that were carried out might not be in accordance with the existing theoretical steps because sometimes the circumstances experienced when meeting these patients could not be carried out according to theory. This can be seen in the following quote:

"Mother, when the patient came, mom immediately asked what the complaint was about her pregnancy. If she doesn't have any complaints, then she can also say that she came for a pregnancy check-up. Mother asked what her complaint was, then mom checked her starting from weighing her weight, measuring height, blood pressure until it was over, then mom told me how her pregnancy was, mom gave vitamins and medicine if she had a complaint, then mom told her when she should check again. Sometimes there are people who forget to check for pregnancy. If you remember, I will call the patient so you can check for pregnancy, so it's not too late. No mother can use to introduce herself. The patient already knows him with my mother. Mother doesn't have to use digging for complaints, do ki, when mom asks what complaints they tell me all the complaints. There is a family whose story the man has not returned home for a long time because he was taken by the actor. Want him to tell the problem with mother If you are mom, let's go, please. If according to the patient's mother it is not true, yes, I will tell you, but of course use a good sentence. Mother advise the patient if it's wrong. Mum, if you check pregnant women rarely do you tell me the purpose of this examination is for this... I'll just tell you the results of the examination. Because the patient does not need to be with him for anything, the important thing is that his condition is healthy and happy. The mother did not explain the next care, at best, she told the patient to come in a month or if there was a complaint come immediately. Mother also advised the patient to read the KIA-KB book. If there is something she doesn't understand, ask the mother. Alhamdulillah, no one asked my mother about the contents of the book. Was it read by the patient or not, bro ... he ... he ... he ... "

(Main Informant 1)

"Alhamdulillah, my mother has never faced a patient with a severe condition. So the complaints that the patient feels are mild and general, such as nausea and vomiting during pregnancy, back pain, toothache, difficulty sleeping in the 3rd trimester, that's like that. It's not bad, Mother digs up her other complaints. If the patient is nauseous and vomits young, the mother asks what she eats, how is the relationship with her husband, parents-in-law or parents? Whether he is stressed or has a lot of work or a lot of thoughts, it can relate to the problems he is facing with his complaints and his diet. If the patient is quiet, we are terrible, we have to be extra digging for us. Maybe if the procedure should be like what Kiki says yes, you have to say hello, introduce yourself, explain the care you will do and so on, but if in reality we can't be fixated on that context ki. The situation we experience is different from the theory, no mother should

introduce herself to the patient, right from her registering with my employee she already knows that I exist and I will investigate her. His complaint was already written in the visit book. What the mother did was when the patient came, the mother asked her directly what the complaint was. When the employee has worked on height, weight, tension and other things, my mother immediately asks for complaints and checks. Then yes, mom, give me a solution, what is the complaint, I give medicine, I give the health center and I suggest that he come in a few weeks " right from him registering with my employee he already knows that I exist and I will check on him. His complaint was already written in the visit book. What the mother did was when the patient came, the mother asked her directly what the complaint was. When the employee has worked on height, weight, tension and other things, my mother immediately asks for complaints and checks. Then yes, mom, give me a solution, what is the complaint, I give medicine, I give the health center and I suggest that he come in a few weeks " so the mother immediately asked for complaints and checked. Then yes, mom, give me a solution, what is the complaint, I give medicine, I give the health center and I suggest that he come in a few weeks " so the mother immediately asked for complaints and checked. Then yes, mom, give me a solution, what is the complaint, I give medicine, I give the health center and I suggest that he come in a few weeks "

(Main Informant 2)

### 3.3 Work Phase

The work phase shows that in theory, the informants have not carried out the work phase in implementing therapeutic communication to clients in Antenatal Care services. Among the main informants explained that the stages of therapeutic communication carried out were not as perfect as theoretical standards but the important thing was that the goal of care was achieved. Besides that, among them said that if the midwife delivered therapy or a solution to the patient, make sure beforehand what complaints were experienced then investigate what caused them. The important thing is that these patients do not worry too much about their condition for fear of affecting their pregnancy. This can be seen in the following quote:

"If you convey a therapy or solution to a patient, please make sure first what the complaint is, then I will find out what caused it. The important thing is that these patients do not worry too much about their condition for fear of affecting their pregnancy. Usually, the complaints of pregnant women are nausea, even vomiting often in the first pregnancy. Sometimes they feel worried later, we give him peace first so he doesn't worry, then we give him a solution to his complaint. There is also tu ki who complained to the mother, as long as she was pregnant her husband cheated on her. Mother told him to be patient and tawakal and always pray and bring the midnight prayer so that her husband was given instructions by Allah. So, this patient should be comfortable and want to hear solutions from us which are important to make him calm, if the condition is really serious,

(Main Informant 1)

"Mother, there is no special trick for asking this patient's complaints. And maybe the communication that my mother does is not as perfect as the theoretical standard. But the important thing is that the goal of care is achieved. If the mother asks the patient what complaints are felt, the patient will tell you what the complaint is. Later we just need to find out what triggered his complaint and we will give therapy. If the mother provides a solution to the patient's problem, then you will invite the patient to discuss it, so you know whether she understands or does not understand what you are saying. The most important thing is that my mother keeps her feelings so that she is willing to open up with us or listen to our solutions. You don't use the steps according to your theory to provide a solution to this patient's problem, I feel comfortable hearing the solution from my mother and I'm happy, he ... he ... he ... "

(Main Informant 2)

"We checked the patient, then we asked him what his complaint was or maybe the problem he was facing. After we check it, we invite the patient to sit down together to ask more questions related to their illness or complaints. So we answer all the questions. Sometimes these patients think we are gods, so they have to know all the answers they ask. Even though it's not all we know. That's why we really have to read a lot of ki so that a lot of our knowledge is in the world of midwifery. If we just answer wrong or are a little nervous we explain sometimes the patient thinks we are not professional, ki. We protect our patient's heart so that he is always enthusiastic and strong in facing his problems "

(Main Informant 3)

"I am trying to be his best friend, not when I am trying to be a parent, brother or whatever, so that the patient can feel comfortable so that he can tell me about any complaints or problems he feels. If the patient already believes in us to convey his personal problems, then there is one advantage in us, not in the eyes of the patient. So I try to be smart about the patient's problem if what he says is a household secret, ma'am. I encourage the patient, not, the problem that often occurs in the household is an affair, so I tell the patient not to rush to divorce, think carefully again. I strengthened his heart. The most important thing is that it seems impossible to convey the best solution for a patient's complaint is to make his heart comfortable, but this is the hardest thing to do. Sometimes I have to be patient too when I meet patients who don't understand what I'm busy with, so it's forced to use our time to provide solutions to household problems, uh ... he ... he ... "

(Main Informant 4)

### 3.4 Termination Phase

Based on the results of in-depth interviews with the main informant, it shows that in theory, the informants have not done the termination phase in implementing therapeutic communication with clients in Antenatal Care services. Among the main informants explained that in order to end the conversation with this ANC patient, first make sure whether the patient understands or not with the advice or therapy that was delivered, then advise the mother to read the MCH book which becomes the patient's pregnancy record book, give vitamin therapy or drugs and so on. recommends to come check back. This can be seen in the following quote:

"If the patient doesn't have any more complaints and he doesn't have to ask again, then that's where you end the conversation, mom. The mother asks the patient if he understands what she said earlier. If you understand, he said yes my mother told him to come check again in a month or if he has any complaints that he feels ki. The important thing is that when the patient's problem is resolved, the patient understands. But there was a patient who forgot to come to check again, mother called the patient to let him check. Moreover, this corona season, right? I'm afraid of patients being examined, afraid of the corona. Mother always tells the patient, it's okay to check with the midwife on her important schedule, don't forget to wear a mask, keep your distance, wash your hands or use a hand sanitizer.

(Main Informant 1)

"To end the conversation with this ANC patient beforehand, let me first confirm whether the patient understands or not with the recommendations or therapy that we convey to us. That's why if you can, give a penkes to the patient, use your props or use flipcharts This is so that the patient really understands and understands what the mother said. Then the mother advised her to read the pink KIA book so that she would know the danger signs during pregnancy and other information. Anyway, mom always reminds her ki, especially if you are pregnant for the first timeright, you really need to remind the patient.

(Main Informant 2)

"After my mother gives health advice according to her complaint, usually I explain to the patient how to take the medicine or vitamins that I give, sometimes the patient is wrong in how to take medicine, that's true what you emphasize so that the maximum benefit of the drug or vitamin is ki. If the patient understands and there are no more questions, then the mother recommends that he come in 2 weeks or a month depending on the condition of the pregnancy, right?

(Main Informant 3)

The results of this study found that the therapeutic communication carried out by the midwife to the patient had not been able to be carried out optimally in accordance with the recommended therapeutic communication so that the benefits of therapeutic communication could be felt by the patient maximally to motivate himself so that he could always be in a healthy condition so that he could give birth normally.

Stuart and Sundeen in Cristina, et al (2003) in TH. Endang.P & Elisabeth Siwi Walyani (2015) explained that in fostering a therapeutic relationship, midwives are required to master 4 stages of therapeutic communication which at each stage have a main function and need to be implemented properly so that the relationship between midwives and patients can be maintained properly and the benefits of therapy or the care given can be felt by the patient to speed up the healing process. The first stage that needs to be done is the Pre-interaction phase, where midwives must prepare themselves so that the worst possible experience when interacting with patients can be resolved immediately. The second phase that must be mastered is the orientation phase, where this phase provides the opportunity for midwives and patients to get to know each other as the spearhead of the success of the care given later. In this orientation phase, in addition to the midwife being able to recognize the patient's identity, the midwife can also recognize the patient's character as a basis for being able to place herself with the patient to provide further care. The

third phase is the work phase, where in this phase all cognitive abilities. Affective and psychomotor midwives both in communicating and analyzing are needed so that the diagnosis is enforced and the therapy is appropriate. The fourth phase is the termination phase. This phase is not far from important. It really needs to be done to evaluate patients for the therapy or health education that has been given, so that the goal of the midwifery care that is given gets the benefits. Midwives can also recognize the character of the patient as a basis for being able to position themselves to the patient to provide further care. The third phase is the work phase, where in this phase all cognitive abilities. Affective and psychomotor midwives both in communicating and analyzing are needed so that the diagnosis is enforced and the therapy is appropriate. The fourth phase is the termination phase. This phase is not far from important, it is very important to evaluate the patient for the therapy or health education that has been given, so that the goal of the midwifery care that is given gets the benefits. Midwives can also recognize the character of the patient as a basis for being able to position themselves to the patient to provide further care. The third phase is the work phase, where in this phase all cognitive abilities. Affective and psychomotor midwives both in communicating and analyzing are needed so that the diagnosis is enforced and the therapy is appropriate. The fourth phase is the termination phase. This phase is not far from important, it is very important to evaluate the patient for the therapy or health education that has been given, so that the goal of the midwifery care that is given gets the benefits. Affective and psychomotor midwives both in communicating and analyzing are needed so that the diagnosis is enforced and the therapy is appropriate. The fourth phase is the termination phase. This phase is not far from important, it really needs to be done to evaluate the patient for the therapy or health education that has been given, so that the goal of the midwifery care provided gets the benefits.

In therapeutic communication, sympathy, empathy, mutual respect, openness, skill, warmth and friendliness must be applied to patients so that patients feel comfortable in discussing their state of health and are comfortable in receiving care and this can affect their level of health related to their psychology (Suryani, 2012).

It is not easy to carry out therapeutic communication with patients because there are many obstacles faced by midwives including uncomfortable or noisy environments, physical limitations experienced, misunderstandings, past trauma, stress experienced by patients, and so on. By increasing experience in dealing with patients, always maintaining self-image, higher educational background and increasing age greatly affect a midwife in carrying out good therapeutic communication. Therefore, to deal with this, midwives need to equip themselves by always exploring knowledge, always honing skills and often discussing a lot with colleagues or clients and training themselves to always be empathetic, open, patient, maintain self-image and understand each other.(Rismalinda, et al, 2016).

#### **4. Conclusion**

Based on the results of research conducted using observation, in-depth interviews and documentation on 4 main informants and 4 key informants about the therapeutic communication of pomegranate midwives in ante natal care services in Pekanbaru, it can be concluded that the form of therapeutic communication carried out by the main informant is interpersonal communication through delivery of messages verbally, in writing, and nonverbally. Therapeutic communication made by midwives to patients is not in accordance with the recommended therapeutic communication phases so that the benefits of the care provided are not maximized.

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