

THE EVIDENCE-BASED MIDWIFE PROFESSIONALISM

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THE EVIDENCE-BASED MIDWIFE PROFESSIONALISM

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Abstract

Introduction: Midwife professionalism is the basic social contract between a midwife and society so that professionalism is considered to be very important. There are some cases related to midwife professionalism. Midwife as health practitioner should understand about midwifery practice very well. The midwife should realize that she works based on regulation and law.

Material and Methods: The study was aimed to find out the professionalism in midwifery practice. Non-Doctrinal research was used as the research approach. The sample was taken with non-probability sampling, which is a snowball technique.

Findings: 93% of midwifery practices were qualified to administer code of ethics, 86% of midwifery practices were qualified to administer responsibility of midwifery practice, 93% of midwifery practices were qualified to precise collaboration and reference for midwifery practice, all the midwifery practices were qualified to administer continuing education in order to improve midwifery care, 93% of midwifery practices were qualified to competence for midwifery practice, 53% of midwifery practices were qualified to administer advocacy.

Conclusion: It can be concluded that the midwifery practice has fulfilled the professionalism indicators such as profession code of ethics, responsibility, precise collaboration and reference, continuing education, and competence. Nevertheless, there were some professionalism indicators which have not been fulfilled. It was giving advocacy. It was due to the lack of knowledge and comprehension about advocacy in midwifery practice.

Keywords: Professionalism, Midwife, Midwifery Service, Midwifery Regulation

Introduction

Midwife professionalism is the basic social contract between a midwife and society so that professionalism is considered to be very important¹. Midwifery is one of the professions in health area which based on theoretical knowledge, professional association, extensive education, competency test, institutional training, license, autonomous work, code of ethics, self-management, public service and altruism².

Midwifery regulation about midwife authority in administering the practice is regulated in Law No. 4 of 2019 about midwifery. Midwife authority is limited in term of health service administration. A midwife should only give help in physiological birth without complication when administering birth service. In addition, there are some residences which apply the policy that intranatal care should be administered at the public health clinic with the assistance of a midwife. In Semarang, there are only 7 referential public health clinics which become PONED (Basic Obstetric Neonates Essential Service). It is not equivalent compared to the neonatal rate which is 26.337. Besides, a midwife can only give family planning and immunization at the government's health center and in order to do the governmental assignment³.

There were some midwifery cases which were related to professionalism. The cases mainly due to the lack of knowledge about midwife authority and competence in administering midwifery practice⁴. There were also a number of midwives who didn't know about the newest regulation about midwifery. It can be said that most of them administer the practice based on their own experience only. One of the examples of a case in midwifery was when a midwife spontaneously helped premature birth and the fetus experience severe asphyxia, but the midwife didn't make any reference to the hospital. Instead, she gave treatment to the fetus and mother in her own midwife clinic. After an hour, the fetus was dead. From the case, it can be concluded that the midwife could not show professionalism since she did not give clear information about her patient condition, especially when the baby experienced severe asphyxia. In addition, a midwife should not have

helped premature birth as the midwife did not have the authority and competence to do that. As a result, a maternal perinatal audit was done to give a detail description of the case, from the birth process until the death of the fetus⁵.

One of the indicators used to measure the rate of public health achievement is mother and baby mortality rate. All the health practitioners including obstetrician-gynecologist, pediatrician, nurse, and midwife are responsible for it⁶. A midwife is responsible to be a regulated health professional. Therefore, a midwife is supposed to understand the midwifery practice regulated by the system. A midwife should realize that they are responsible to work based on regulation and professionalism. Improving the understanding of the responsibility to be a midwife who works under the regulation is a part of midwife professionalism⁷.

Methods

The approach used in this study was non-doctrinal research which includes empirical studies to find out the theories about the work and process of social law. This kind of research is also known as socio-legal research⁸. The sample was taken using non-probability sampling, particularly the snowball technique. Snowball technique allows the data collection from one respondent to the other respondents which match the criteria through in-depth interview. The data collection stops when there is no new information, stuck interview, or there is repetition during the information delivery. The 15 samples were taken fulfilled the minimum education criteria, which was the diploma of midwifery.

Results and Discussion

a. Professional Code of Ethics

Table 1

Frequency distribution of respondents' answer related to the professionalism indicator about the professional code of ethics of midwifery practice

Data about the professional code of ethics		
Professional Code of Ethics	Respondent	
	N	%
Qualified	14	93
Unqualified	1	7
Total	15	100

Source: primary data, processed in 2018

From the frequency distribution of respondents' answer about the professional code of ethics; it was gained that only 93% of midwifery practices were qualified to administer code of ethics. Meanwhile, the rest 7% was unqualified for code of ethics. Based on Burch's research about midwifery code of ethics, code of ethics can be the indicator of midwife professionalism. According to the national standard competent, a midwife is responsible to make sure that she understands and has enough knowledge about professionalism⁹. The violation toward the code of ethics cannot be considered as professional, and which is contrary to the professional standard. A midwife should be able to work professionally to maintain public trust¹⁰.

b. Responsibility

Table 2

Frequency distribution of respondents' answer related professionalism indicator about the responsibility of midwifery practice

Data about the responsibility of midwifery practice		
Responsibility	Respondent	
	N	%
Qualified	13	86
Unqualified	2	14
Total	15	100

Source: primary data, processed in 2018

From the frequency distribution data of respondents' answer about responsibility of midwifery practice, it was gained that only 86% of midwifery practices were qualified to administer responsibility of midwifery practice. Meanwhile, the rest 14% was unqualified for responsibility of midwifery practice. A midwife is acknowledged as an occupation which accountably responsible as the trusted partner of women to give support and care during pregnancy, intranatal, and postnatal period continuously and completely¹¹. It is in line with the research about responsibility conducted in England about the responsibility of midwife in the form of obeying the regulations about midwifery, give correct information and advice to the patient, give information to the patient with high risk pregnancy, make record and report about every given service, give midwifery service during antenatal, intranatal, and postnatal period, make reference to the healthcare facility in case of emergency, give maternal and fetal care¹².

c. Precise collaboration and reference

Table 3

Frequency distribution of respondents' answer related to professionalism standard about precise collaboration and reference for midwifery practice

Data about precise collaboration and reference		
Precise Collaboration And Reference	Respondent	
	N	%
Qualified	14	93
Unqualified	1	7
Total	15	100

Source: primary data, processed in 2018

From the frequency distribution data of respondents' answer about precise collaboration and reference for midwifery practice, it was gained that only 93% of midwifery practices were qualified to precise collaboration and reference for midwifery practice. Meanwhile, the rest 7% was unqualified for precise collaboration and reference for midwifery practice. Interprofessional collaboration is important for patient's safety, since the collaboration and communication failure may affect the mother and baby mortality rate¹³. Collaboration is an act to share responsibility between partners or other health practitioners in performing health care for the patient. During the practice, collaboration is often needed to discuss the patient condition and cooperate in managing and performing healthcare¹⁴. It is in line with the research conducted in Netherland about interprofessional collaboration in giving comprehensive midwifery care. Interprofessional collaboration is complex and suitable for midwifery care¹⁵.

d. Continuing education

Table 4

Frequency distribution of respondents' answer related to professionalism indicator about continuing education for midwifery practice

Data about continuing education		
Continuing education	Respondent	
	N	%
Qualified	15	100
Unqualified	0	0
Total	15	100

Source: primary data, processed in 2018

From the frequency distribution data of respondents' answer about continuing education for midwifery practice, it was concluded that all the midwifery practices were qualified to administer continuing education in order to improve midwifery care. The continuing education for midwife is all of the activities which should be followed by midwives through non-formal education. It includes knowledge improvement (*cognitive*) as a process to comprehend particular knowledge¹⁶. It is supported by research about continuing education for nurse and midwife which concluded that midwife competence is very important for midwifery care quality. In order to improve midwife competence, good quality continuing education is needed¹⁷.

e. Competence

Table 5

Frequency distribution of respondents' answer related to professionalism indicator about competence for midwifery practice

Data about competence	
Competence	Respondent

	N	%
Qualified	14	93
Unqualified	1	7
Total	15	100

Source: primary data, processed in 2018

From the frequency distribution data of respondents' answer about competence for midwifery practice, it was gained that only 93% of midwifery practices were qualified to competence for midwifery practice. Meanwhile, the rest 7% was unqualified for competence for midwifery practice. The scope of midwifery care given in the midwife clinic includes the scope of premarital, antenatal, intranatal, postnatal, family planning program, neonates, baby, and toddler¹⁸.

A midwife is responsible for her patient to give safe and competent midwifery care. The responsibility of midwife to maintain their competence is important to improve their knowledge and ability. The competence improvement includes participation to maintain and improve knowledge, skill, and behavior based on the clinical practice, management, also education or training¹⁹.

f. Giving advocacy

Table 6

Frequency distribution of respondents' answer related to professionalism indicator about Advocacy for midwifery practice

Data about Advocacy		
Advocacy	Respondent	
	N	%
Qualified	8	53
Unqualified	7	47
Total	15	100

Source: primary data, processed in 2018

From the frequency distribution data of respondents' answer about advocacy for midwifery practice, it was gained that only 53% of midwifery practices were qualified to administer advocacy. Meanwhile, the rest 47% was unqualified for advocacy due to the lack of knowledge and comprehension about advocacy. Most of the midwives didn't know about the form of advocacy they should give to the patient. As the administrator of health care, midwives should actively promote and protect women's health, support women's right to reproductive health, also respect ethnic and cultural diversity²⁰.

Advocacy is the activities to exert all the resource to defend, improve, and even reform in order to achieve the demanded condition. Advocacy and women empowerment strategy to promote women's right is needed to achieve optimum health condition²¹.

Conclusion

From the findings, it can be concluded that the midwife practices have already applied midwifery professionalism by paying attention to the professionalism indicators which include a professional code of ethics, responsibility, precise collaboration and reference, continuing education, and competence. Meanwhile, advocacy is unqualified professionalism standard in the administration of midwifery practice. It is possible since some midwives didn't know about the form of advocacy. The midwife should be able to perform professional midwifery care by implementing professionalism indicators.

Conflict of Interest

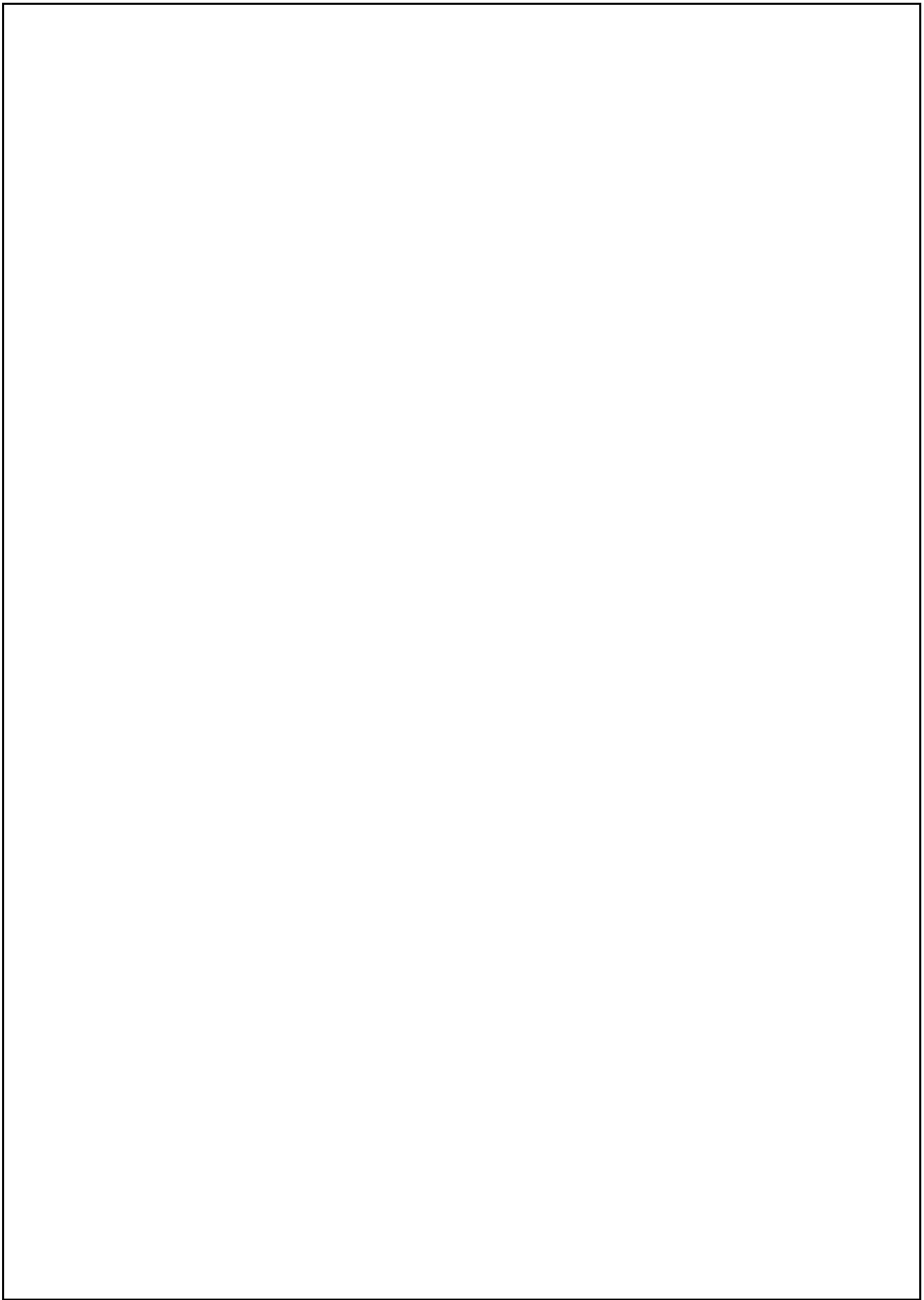
There is no

Ethical Clearance

Not required

Source Of Funding

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THE EVIDENCE-BASED MIDWIFE PROFESSIONALISM

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