



## **IMPLEMENTATION OF COMPLEMENTARY MIDWIFERY SERVICES ON MOTHER**

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ABSTRACT	Keywords
<p>: Complementary therapy is one of the community's treatment options, especially for pregnant and giving birth women. In various health service settings, quite a few clients ask health workers, such as midwives, about complementary or alternative therapies. This happens because clients want to get services according to their choices, so if their wishes are fulfilled, it will have an impact on client satisfaction. This can be an opportunity for midwives to play a role in providing complementary therapy. Regarding complementary therapy, it is regulated in the Decree of the Minister of Health No. 1109/Menkes/Per/IX/2007 concerning complementary-alternative medicine.</p> <p><b>Objective:</b> to determine the implementation of complementary midwifery services at the Independent Midwife Practice Place (TPMB) in the Blimbing area, Kesamben District, Jombang. <b>Method:</b> Survey, descriptive type with quantitative and qualitative approaches. The population in this study were all midwives who carry out midwifery practice independently and provide complementary therapy in the Blimbing area, Kesamben subdistrict, Jombang, a total of 5 midwives. The total sample taken was 5 TPMB. The data was analyzed and presented quantitatively in the form of a frequency distribution and qualitatively using an interactive model according to Miles and Huberman in Sugiyono (2013). <b>Results:</b> complementary midwifery services were provided by 5 respondents. Respondents were 30-49 years old, had midwifery education at Diploma III Midwifery and Midwifery Professional level, and had been in independent practice for more than 8 years. The types of services provided are 2-5 types, namely acupressure, baby/toddler massage, oxytocin massase, use of herbal medicine/traditional as a complement to conventional medicine, and yoga.</p>	<p><b>Midwifery Services, Complementary, Mother and Child</b></p>

## INTRODUCTION

Health services must be provided fairly and equally to the community. Health services have a very important role in improving health, preventing and curing disease and improving the health of individuals, families, groups and communities. Therefore, the government is obliged to support and facilitate the implementation of health services related to health, health workers and patients. Without exception, maternal and child health services have become the government's focus to reduce morbidity and mortality rates.

The current paradigm of midwifery services has experienced a shift. Over the past decade, midwifery care has been implemented by combining conventional and complementary midwifery services, and has become an important part of midwifery practice. (Harding & Foureur, 2009).

According to WHO, complementary medicine is non-conventional medicine that does not originate from the country concerned. So for Indonesia, herbal medicine, for example, is not considered complementary medicine but is traditional medicine. Traditional medicine in question is treatment that has been used since ancient times and passed down from generation to generation in a country. But in the Philippines, for example, this Indonesian herbal medicine is categorized as complementary medicine. Complementary therapy is a method of disease management that is carried out as a support for conventional medical treatment or as another treatment option outside conventional medical treatment. Based on data sourced from the World Health Organization in 2005, 75 – 80% of the world's population had undergone non-conventional treatment. In Indonesia itself, non-conventional medicine is popular, including one of the treatment methods

Midwifery services are an integral part of Midwifery, health services provided by registered midwives, can be carried out independently, in collaboration and with referrals to pregnant women, postpartum mothers, newborns, babies and children, as well as women of reproductive age and age. carry on. (Kepmenkes RI, No. 369/ME NKES/SK/I II /2007). To achieve the Sustainable Development Goals (SDGs) by 2030, every health worker in carrying out his duties requires commitment and consistency to increase his professionalism. Currently, midwives are at the forefront of direct contact in providing reproductive health services for women's life cycles and the health of mothers and newborns. Currently, midwives are at the forefront of direct contact in providing reproductive health services for women's life cycles and the health of mothers and newborns. For this reason, midwives must have a strategic role in providing healthy and prosperous life services, especially maternal and baby health. The National Health System (SKN) in accordance with Article 3 of Presidential Decree Number 72 of 2012 states that the national health system includes seven health management sub-systems. One of the government's priority strategies and programs in the health sector is health research and development (R&D), including the creation of health services for pregnant women and mothers giving birth in Indonesia. Therefore, it is necessary to develop the midwifery profession, which often comes into contact with the community in carrying out midwifery practices, namely by increasing knowledge and skills that are based on evidence-based services because midwives are required to be able to provide quality services and have advantages compared to other medical centers. Application of complementary medicine in the midwifery service setting,

which aims to improve the level of public health and includes promotive, preventive, curative, and rehabilitative efforts that are quality, safe, and effective.

The role of midwives that can be provided in complementary therapy can be adjusted to the role of existing midwives, according to the limits of their abilities. Basically, the development of midwives who pay attention to this already exists. The increasing needs of society and the development of research on complementary therapies provide opportunities for midwives to participate according to society's needs. Midwives can act as consultants for clients in choosing appropriate midwifery services or help provide direct therapy. However, this needs to be developed further through research so that it can be used as better midwifery therapy and can be used by clients.

## METHOD

This research uses a survey research method, where the research is carried out without intervening with the research subjects. The population in this study is TPMB, which provides complementary services to mothers in the Blimbing area, Kesamben District, Jombang Regency, for a total of 5 TPMB. Data collection was carried out directly from respondents. In-depth interviews were conducted directly by researchers, either by visiting their residence or by telephone interviews to explore and expand hidden information using open questions.

## RESULT

### Characteristics of the TPMB studied

DESC RIPTI ON	TP MB 1	TP MB 2	TP MB 3	TP MB 4	TP MB 5
Number of midwives	2	4	2	2	2
Owner's latest education	Midwife Prof ession	Diploma III Midwife ry	Diploma III Midwife ry	Diploma IV Midwife ry	Diploma III Midwife ry
Owner's ages	45 year s old	38 year s old	30 year s old	49 year s old	30 year s old
Long standing	22 year s	12 year s	8 year s	15 year s	8 year s
Duration of provision of complementary services	3 year s	4 year s	1 year s	1 year s	3 year s
Number of complementary	2	5	2	2	2

services  
provided

## DISCUSSION

Based on data from table 1, the owner of TPMB is a graduate of the midwife profession, Diploma IV Midwifery and Diploma III Midwifery. Long established over 5 years. Duration of providing complementary services: 1-4 years. Meanwhile, the number of complementary services provided is still limited. Except for TPMB 2, which provides 5 types of complementary therapy services.

Complementary therapy is known as traditional therapy combined in modern medicine. Complementary is the use of traditional therapy in modern medicine (Andrews et al., 1999). This terminology is known as therapeutic modalities or activities that add to orthodox approaches in health services (Crips & Taylor, 2001). Some people also call complementary therapy holistic medicine. This opinion is based on a form of therapy that affects the individual as a whole, namely an individual's harmony to integrate mind, body, and soul in a functional unity (Smith et al., 2004).

Based on research results, there are 5 complementary midwifery services carried out by midwives, with complementary midwifery services in the type of massage (100%). Followed by acupressure (30%), then yoga services (20%) and herbal medicine (10%). The results of research by Koc Z (2012) in Turkey stated that 58.9% of 129 midwives working at family health centers in the Samsun region provided

alternative and complementary medicine to their patients, especially pregnant women.

Complementary medicine and therapy have been regulated in PERMENKES No. 1109/Menkes/Per/IX/2007. The types of complementary therapies include:

1. Mind and body interventions include hypnotherapy, mediation, spiritual healing, prayer, and yoga.
2. Alternative medicine service systems include acupuncture, acupressure, naturopathy, homeopathy, aromatherapy, and Ayurveda.
3. Manual healing methods include: chiropractic, healing touch, tuina, shiatsu, osteopathy, and massage.
4. Pharmacological and biological treatments include: herbs, ginseng, and ginseng.
5. Diet and nutrition for prevention and treatment include macronutrient and micronutrient diets.
6. Other means of diagnosis and treatment include ozone therapy and hyperbaric.

Based on the regulations of the Minister of Health of the Republic of Indonesia regarding the types of complementary therapies that have been recognized in Indonesia mentioned above, in fact every health worker has legal protection to be able to provide health services using complementary therapies in accordance with the scope of services based on their profession. In midwifery services, almost all of the above can be applied by midwives to mothers and children. Types of massage applied by midwives in complementary services include:

1. . Oxytocin Massage: Oxytocin massage is a massage of the spine from the 5-6th rib to the scapula, which will speed up the work of the parasympathetic nerves by stimulating the posterior pituitary to release oxytocin (Hashimoto, 2014).
2. Postpartum Massage: This massage is generally carried out by midwives in the first to second week after delivery of the postpartum mother. The results of the interview explained that the aim of carrying out postpartum care (postpartum spa) by performing massage is to improve blood flow and increase the comfort of postpartum mothers.
3. Baby Massage: Some midwives receive baby massage as part of a series of baby spa treatments. The results of the midwife's presentation explained that baby massage would make the baby less fussy and increase appetite. The ages of babies being massaged vary, ranging from 0 to 12 months.
4. Breast Massage: The breast massage referred to in this study is breast massage during the postpartum period. Midwives who provide this care do so at the same time as postnatal care treatment. The midwife's explanation explained that the massage was done gently, with the aim of increasing breast milk production.
5. Perineal Massage: Perineal massage is a gentle massage or stretching performed on the perineal area (the skin between the anus and vagina). Perineal massage aims to increase the elasticity of the perineum. Increasing the elasticity of the perineum will prevent perineal tears during normal delivery or during episiotomy.

The most common use of complementary therapy by midwives is massage therapy (100%). Followed by acupressure (30%), then yoga services (20%), and herbal medicine (10%).

Efforts that can be made to increase the scope of providing complementary midwifery services are: every health worker and community uses and develops complementary therapies, there is a need for further research regarding and alternatives, there is a need for full support from professional organizations and the government in the form of facilitating health workers in providing education and training on the use of complementary therapies, there needs to be outreach and promotion efforts to the community about the benefits of using complementary and alternative therapies as a complement to providing medical services, and empowering midwives as facilitators for the community to increase promotive and preventive efforts through complementary therapies.

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