

# Implementation of Making Pregnancy Saver (MPS) Policy to Reduce Maternal Mortality in Sampang Regency

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**Abstract:** Maternal mortality in Indonesia is still high. One of the highest maternal mortality rates in the country is in the Sampang regency. The high number of deliveries performed by the medicaster is detrimental and endangers the safety of both mother and baby. This is because the medicaster does not have the sufficient skills and/or ability to deal with complications that can occur during and after childbirth. To reduce the rate of maternal mortality, it is necessary to develop a policy that can overcome the barriers against the efforts to make pregnancy safer. One of the strategies is Making Pregnancy Safer (MPS), in order to overcome maternal problems. Being assisted by health personnel will reduce the risk of maternal morbidity and mortality. This study has used qualitative methods using secondary data from other research studies. The findings have been analysed using descriptive analysis. The evaluation and assessment of the success of the program was conducted by the health services in cooperation with the government. The policy can be measured using the key indicators: K-4 coverage, delivery by skilled health personnel, and the maternal and infant mortality rates.

## 1 INTRODUCTION

In an effort to accelerate the reduction of Maternal Mortality Rate (MMR), as well as to achieve the MMR target of 125/100,000 live births in 2010, and Millennium Development Goals (MDGs) target 102/100,000 live births in 2015, Making Pregnancy Safer (MPS) was initiated by the WHO. It is a health sector strategy aimed at reducing MMR.

The complications and/or emergencies that occur in childbirth and the first week postnatal are estimated to account for 60% of all maternal deaths. WHO research results in 97 countries in 2002-2003 concluded that there was a significant correlation between the quality of the delivery assistance and maternal mortality. The results suggest that the higher the number of deliveries performed by medicaster, the higher the risk that there is of jeopardising the safety of mothers and infants. This is because the medicaster does not have a sufficient enough ability to deal with complications that occur during and after childbirth. To reduce the morbidity

and mortality of mothers and new-borns, the WHO has made Safe Motherhood efforts. Safe delivery assistance by trained health personnel is an effective way to reduce MMR. Nevertheless, it is undeniable that many Indonesians, especially those living in remote villages and areas, entrust delivery assistance to those who are a part of the belief system and culture of the community. Therefore the role of medicaster cannot be eliminated, but they can be invited to partner with and divert some of their roles as a birth attendant to a trained midwife.

One of the strategies focused on in this study is Making Pregnancy Safer (MPS), which was set up to overcome maternal and infant health problems. By ensuring a safe delivery assisted by health personnel, it will reduce the risk of maternal morbidity and mortality. The partnership between midwives and medicasters in rural areas will also further reduce the risk that occurs during childbirth.

## 2 METHODS

This study using a study literature method from existing studies. The aim of this study is to get explanation about the policy for making pregnancy safer and “*Kemitraan Bidan Dukun*” in the Sampang Regency.

## 3 RESULT AND DISCUSSION

### 3.1 Maternal Mortality and Causes

One of the causes of high MMR is the low utilisation of health services and delivery by trained health personnel. Geographical conditions, population distribution, socio-cultural and a low level of education are some of the factors causing the low utilisation of health workers by the community. According to Riskesdas’ data in 2010, the gap of birth attendants to health workers based on residence was wide; i.e. 91.4 percent in urban areas and 72.5 percent in rural areas. As many as 55.4 percent of deliveries occurred in health facilities, while 43.2 percent gave birth at home. Out of the pregnant women who gave birth at home 51.9 percent were helped by midwives and 40.2 percent by midwives.

The role of medicaster in the community in relation to helping a mother during pregnancy, during delivery and after childbirth is closely related to the local culture and customs. Medicasters are mostly well-known people in the village, who are respected and regarded as trustworthy, experienced parents. In addition to prenatal care, attending births, and taking care of the mother and baby after birth, medicasters are generally believed to provide rituals of indigenous accomplishments, so as to provide comfort and security in childbirth. Facts that exist in the field are that the number of medicasters is far more than the number of midwives. This is inversely related to the presence of a relatively limited number of midwives, especially in remote villages and areas. Midwives have recognised expertise in assisting in childbirth. However, despite their experience, their comparatively young age alongside that of the medicasters, especially for those located in remote areas, is often an obstacle to achieving public trust

### 3.2 Making Pregnancy Safer Policy

In an effort to improve the health of mothers and new-borns, the government has launched the National Movement to Making Pregnancy Safer

(MPS) as the Strategy of Public Health Development towards Healthy Indonesia 2010, as part of the Safe Motherhood program. The goal of the MPS Policy is to protect human rights by reducing the pain, disability and death rate associated with pregnancy. MPS is a health sector strategy, which focuses on health planning and service approaches. MPS has been implemented based on existing efforts with an emphasis on partnerships between government sectors, development agencies, the private sector, families and community members. Based on the lessons learned from the Safe Motherhood program, one of the important objectives of MPS is to guarantee that every delivery is assisted by health personnel.

Based on these facts and the government's policy that every mother's delivery should be handled by health personnel, efforts to build midwife and medicaster partnerships has become very necessary. Medicasters are willing to shift their role as birth attendants to the midwives, but still play a role in the care of the mother during pregnancy, assisting at the delivery (by performing traditional rituals to make the mother feel calm and safe), and caring for mothers and babies after birth (postnatal).

### 3.3 Partnership of Midwives and Medicasters

The partnership of midwives and medicasters is a form of collaboration with a mutual benefit that has been developed by the Ministry of Health of the Republic of Indonesia through the principles of openness, equality and trust in an effort to save mothers and babies. The partnership places midwives as the helper in childbirth and converts the role of medicaster from birth attendants to partners in caring for pregnant women, accompanying mothers at the time of delivery, and caring for the mothers and babies after childbirth. This established partnership is based on agreements made between midwives and medicasters through the involvement of various elements of the community. The program is called “*Kemitraan Bidan Dukun*” (KBD).

The purpose of KBD is as follows:

1. Improving the services offered to pregnant women, nursing mothers and infants.
2. Increasing community participation in supporting the progress of health development in the villages.
3. Establish cooperation between midwives and medicasters when providing services to pregnant women, nursing mothers, and infants.

### 3.4 Reduce the Maternal Mortality Rate in Sampang Regency

The Maternal Mortality Rate (MMR) in Sampang Regency is high. To overcome this problem, in accordance with the mission of the Making Pregnancy Safer program, each delivery is assisted by skilled health personnel. Each obstetric and neonatal complication should receive adequate services, and every fertile woman has access to unwanted pregnancy prevention and treatment for miscarriage complications. Problems when implementing safe labour performed by health workers is the traditional Madurese culture. For example, traditional healers, herbal remedies and pregnancy myths. There is still the belief in the community that when it comes to maternity and infant-related problems, shamans are more comfortable to deal with and cheaper.

### 3.5 Implementation of the Making Pregnancy Saver (MPS) Policy

The implementation of policies has been initiated in order to decrease MMR in Sampang. One of these policies is the Midwives and Medicaster Partnership program called "KBD", which is the formation of midwifery cooperation with medicasters in the community to ensure that all the deliveries can be helped by health personnel. The midwife's activities cover the medical aspects, while the medicaster's activities cover the non-medical aspects. The medical aspect is the process of managing and servicing maternal and child health programs through planning, implementation, monitoring and assessment (evaluation). The non-medical aspect is to mobilise the involvement of individuals, families (including the partners of pregnant women), and communities in the maternal and child health services, and empowering pregnant women and their families. Maternal and child health services include activities undertaken by the midwife in performing midwifery care in accordance with the authorities, and the ethics and responsibilities of the midwife. The medicaster's duty to help deliver has become referring pregnant women to the service and caring for postpartum and newborn babies based on the agreement between midwives and medicasters.

The support of the stakeholders at the Sampang regency level can encourage the acceleration of the partnership formation, mainly through program support, the budget and moral support. Direct support from the Head of the Region towards the medicaster in the village and the midwife is very

influential. The form of activities conducted to obtain the support of the involved parties has been done through intensive consultation and coordination with the Head of the Region and in the form of hearings with the District Legislative of the Sampang Regency.

Output from the KBD programs show good results. The coverage of K1 and K4 have each passed the ANC coverage standard. There has been an increase in deliveries assisted by health personnel. It shows that the KBD Program is a good program for controlling pregnant women's health in the Sampang Regency.

## 4 CONCLUSION

Childbirth performed by a medicaster endangers the mother and baby. This is because the medicaster does not have the sufficient skills and ability to deal with complications that occur during and after delivery. To reduce the morbidity and mortality rate of mothers and newborns, strategies have focused on Making Pregnancy Safer (MPS) to overcome maternal and infant health problems. By ensuring a safe delivery assisted by health personnel, the program will reduce the risk of maternal morbidity and mortality. The partnership between midwives and medicasters in rural areas will reduce the risks that occur during childbirth. Alongside the program called "Kemitraan Bidan Dukun" (KBD), it will establish cooperation between the midwife and medicaster to help promote safer deliveries in accordance with the MPS policy in the Sampang Regency. The output from the KBD programs show good results and have reduced MMR in the Sampang Regency.

## REFERENCES

- Badan Penelitian Dan Pengembangan Kesehatan Kementerian Kesehatan RI. 2010. *Riset Kesehatan Dasar*. From [www.depkes.go.id/resources/download/general/Hasil%20Risksesdas%202010](http://www.depkes.go.id/resources/download/general/Hasil%20Risksesdas%202010).
- BASICS Responsive Initiative & Kementerian Dalam Negeri RI. 2010. *Buku Panduan Penerapan Praktik Cerdas Kemitraan Bidan, Dukun Bayi, dan Kader Posyandu*.
- Depkes RI. 2006. *Kesehatan Reproduksi Sebagai Isu Keamanan Nasional*. From <http://www.depkes.go.id>.
- Depkes RI. 2014. *Profil Kesehatan Kabupaten Sampang 2014* [online]. From [http://www.depkes.go.id/resources/download/profil/PROFIL\\_KAB\\_KOTA\\_2014/3527\\_Jatim\\_Kab\\_Sampang\\_2014.pdf](http://www.depkes.go.id/resources/download/profil/PROFIL_KAB_KOTA_2014/3527_Jatim_Kab_Sampang_2014.pdf)

- Dwilaksono, Agung. *Upaya Peningkatan Persalinan Tenaga Kesehatan Berdasarkan Analisis Need dan Demand di Kecamatan Palengaan Kabupaten Pamekasan*. [online] From <http://journal.unair.ac.id/download-fullpapers-10.Agung%20Dwilaksono.pdf>.
- Imron, Ali. 2013. *Implementasi Kebijakan Kesehatan LIBAS 2+ Sebagai Upaya Menurunkan Angka Kematian Ibu dan Bayi di Kabupaten Sampang*. Jurnal Kebijakan Kesehatan Indonesia; September 2013
- Iswarno, Hasanbasri, M., Lazuardi, L., 2013. *Analisis Untuk Penerapan Kebijakan: Analisis Stakeholder Dalam Kebijakan Program Kesehatan Ibu dan Anak di Kabupaten Kepahiang*. Jurnal Kebijakan Kesehatan Indonesia; Juni
- WHO. 2004. *Making Pregnancy Saver; the Critical Role of the Skilled Attendant. A Joint Statement by WHO, ICM and FIGO*. Geneva: World Health Organisation.

