

Reproductive Health Training Program to Strengthen Private Midwifery Practice in The Context of Covid-19 Pandemic in Indonesia – an Emergency Response

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Abstract: The COVID-19 pandemic has had impact on reproductive health services. Based on data from Basic Health Research in 2018, more than 50% reproductive health services provided by midwives in private midwifery practices. As private midwifery practice was first choice for women to fulfil essential need in reproductive health, it is important to strengthen its quality. Cross-sector collaboration led by Knowledge Hub for Reproductive Health Indonesia has carried out training on reproductive health services during COVID-19 pandemic. The aim of the training is building capacity to offer high-quality reproductive health services while at the same time minimizing the risk of COVID-19 transmission.

Keywords: Midwifery, Training, COVID-19

The COVID-19 pandemic has had impact on reproductive health services not exception Private Midwifery Practice (PMP). PMP is one of the health facilities that focus on reproductive health and family planning services in Indonesia. Based on data from Basic Health Research in 2018 regarding maternal and child health services, 85% antenatal care were provided by midwives, of which 41% were conducted in the PMP (P2PTM Kemenkes RI, 2018). While the child-bearing was 62,7% assisted by midwives and 29% in the PMP. Moreover, 76,5% of family planning contraceptive services were provided by midwives, of which 54,6% were at the PMP (Herawati et al., 2020).

Midwives as the front line in fighting against public health disaster (He et al., 2022). Midwives have an important role in decreasing maternal and neonatal mortality rates, which are the leading development indicators of countries (Akyıldız, 2021; Fullerton et al., 2016). Midwives who provide reproductive health services to women, including pregnant women, infants and toddlers, are all high risk and vulnerable groups for contracting COVID-19 (Bradfield et al., 2022). Midwives' knowledge and skills regarding health service protocols during a pandemic are important so that COVID-19 mitigation can be carried out properly (Bradfield et al., 2022; He et al., 2022), especially at PMP.

During the COVID-19 pandemic, almost all service activities were disrupted with the main focus on handling COVID-19, including the focus on disaster response (Ahmed & Sonfield, 2020; Wynter et al., 2022). The lack of response to support midwives certainly has an impact on reproductive health services (Jacobsen et al., 2022; Rice & Williams, 2022). As PMP is first choice for women to fulfil essential need in reproductive health, it is important to strengthen its quality. In this respect, the quality of midwifery education is very important. Therefore, Knowledge Hub for Reproductive Health in collaboration with UNFPA Indonesia and Indonesian Midwives Association (IBI) has carried out training on reproductive health services during COVID-19 pandemic. The aims of the training is building capacity for midwives practitioners to offer high-quality reproductive health services while at the same time minimizing the risk of COVID-19 transmission.

Participants

The initial target for the training is 300 Midwives in 4 Provinces with 9 Districts/Cities based on high cases of COVID-19 in January 2021, DKI Jakarta, Banten, West Java and East Java. Requirements for training participants include: a) organizing midwife practices in the target training areas; b) willing to attend online training consistently according to the schedule; c) have the

ability to carry out learning and assignments using online media both written and in video form. The training is carried out online using the zoom meeting application. Assignments during training are carried out using Virtual Synchronous, Virtual Asynchronous and Collaborative Asynchronous methods.

Training materials

A training needs assessment (TNA) was carried out in order to obtain information related to needs in the field in an effort to improve the quality of reproductive health services during the COVID-19 pandemic. Series of focus group discussion (FGD) conducted with involving cross sectors such as Midwife Association, Ministry of Health, Indonesia Family Planning Board (BKKBN), and several NGOs. The curriculum and training modules are prepared in accordance with the Curriculum Development Guidelines and Training Modules for Health Workforce Board for Development and Empowerment Human Health Resources Ministry of Health, Republic of Indonesia. The reviewer team are experts in the field of learning/training methodology as well as practicing midwives who have teaching backgrounds in educational, government, and existing midwifery training institutions.

Training stages

The training consist of three stages that completed in six months: (1) Pre-training; (2) training; and (3) post training. The pre-training stage starts from November 2020 to February 2021 which includes training need assessment, curriculum development, modules, material support, participant packaging, training of trainers (ToT), and try out. The ToT was carried out for four days guided by experts from across sectors who were involved in module development. While try out were carried out to be able to assess whether all training instruments including curricula, modules, supporting materials, and training schemes that have been designed can be implemented and are as expected. Try out participants involving practice midwives outside the target area with consider the same criteria.

Training divided in 3 batches, each batch consist of 100 participants and were grouped into 25 participants for each classes. Each class was facilitated by 2 facilitators who delivered the training materials. The facilitator has criteria with a competency background according to the module material, has the ability to manage classes online,

and has a strong commitment. Training method consists of lesson delivery, video, assignments, roleplay, and discussion. Training will be held in 5 days for each batch and started on first week of March 2021.

After the training completed, all participants took part at mentoring or post-training assistance for 3 months, we called it post-training stages. Post-training activities include mentoring programs through teleconsulting via Telegram apps, case reviews, and final evaluations in the end of June 2021.

DISCUSSION

How Was The Training Program?

A total of 283 midwives were obtained from 4 provinces with 9 districts/cities based on high cases of COVID-19 in January 2021, DKI Jakarta, Banten, West Java and East Java. Training divided in 3 batches, each batch consist of maximum 100 participants and were grouped into 25 participants for each classes. Each class was facilitated by 2 facilitators who delivered the training materials. The eight modules are:

- 1) Basic knowledge of the health crisis during the COVID-19 pandemic in Indonesia
- 2) Antenatal care services (ANC) during the COVID-19 pandemic
- 3) Management of childbirth, postpartum and post-abortion during the COVID-19 pandemic
- 4) Family Planning and Reproductive Health Services during the COVID-19 Pandemic
- 5) Medical Waste Management and Personal Protection in the Provision of Reproductive Health Services during the COVID-19 Pandemic
- 6) Psychosocial support for midwives in providing reproductive health services during the COVID-19 Pandemic
- 7) Prevention and management of sexual violence in health crisis situations
- 8) Prevention and Handling of Clients with Sexually Transmitted Infections (STI) and HIV during the COVID-19 Pandemic.

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Evaluation of the training was carried out through pre-test and post-test by using Google Form to assess the training impact on participants' knowledge in providing reproductive health services during COVID-19 pandemic. Paired T-Test was used to analyse the test scores.

There was significant increases of participants' knowledge before and after attending the training ($P = 0.000$). The average results of the pre-test and post-test are presented in figure 1.

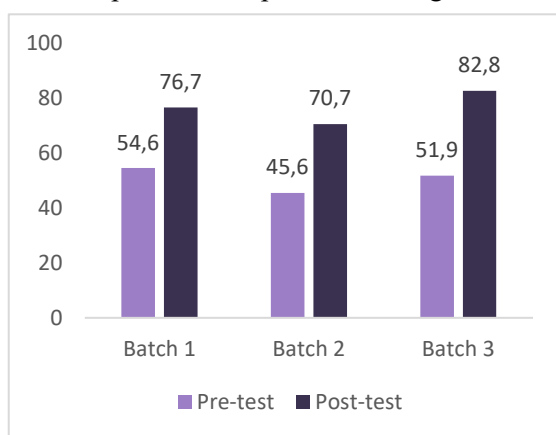


Figure 2. Average pre-test and post-test

Qualitative lesson learned reported from the participants, facilitators, and the entire team involved. The teaching of specific midwifery program remains a clear challenge during online training. This training program is the first online training during COVID-19 which involves many sectors. The changes of increased digitalization and distance learning can definitely be highlighted as opportunities to improve the current ways of delivering midwifery education (Luyben et al., 2020).

There were several shortcomings during the program including the following

- a. Challenges in preparing training materials (curriculum, modules and other teaching materials) in a very short and urgent preparation time
- b. Challenges in setting the training schedule by adjusting the midwife's service hours
- c. Most of the participants experienced problems in operating online platform technology such as using virtual meeting platforms, online surveys, etc.
- d. Internet signal is one of the obstacles in the training process so that attendance was not always complete
- e. Participant switching laptop to smartphone due to busyness with service schedules that affected the assignment process
- f. The duration of the online training was still considered too long.

Continuity Of The Training Program: What We Can Do Next?

In addition, there are program recommendations based on lessons learned to improve the quality of training program implementation, including:

- a. It is necessary to revise curriculum and module according to current conditions
- b. The participant recruitment process must be well prepared before the training
- c. Emphasis on participant criteria related to schedules, responsibilities, and commitments during the training
- d. The delivery of each training module is shorter, concise and more focused through strengthening in the training of trainers process
- e. Adding innovative case discussions during the mentoring process

Some findings from different countries suggest distance learning for midwife require curricula to be updated, support from trained instructors, and guarantee that the competencies needed, and skill acquired will be achieved at the same level as before the disruption (Luyben et al., 2020; Topuz et al., 2021).

CONCLUSION

Regardless of the obstacles in program implementation, the evaluation results showed significant changes in participants' knowledge. Therefore it is important to ensure the continuity of the program with the target of midwives more broadly. Midwife training programs can be made more attractive if attention is paid to: (a) micro-level planning before, during and after each training period; (b) proper assessment of the needs of midwifery problems; (c) the sociocultural characteristics of practicing midwives and their clients; (e) ensure adequate technological capability; and (d) supervision and follow-up of trained midwives. This integrating program should be better enable midwives to increase services and provide patient safety.

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