

Original Research

Midwives' Experiences in Providing Maternal Health Services during the COVID-19 Pandemic: A Qualitative Study at Sedayu I Primary Health Centre

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ABSTRACT

Background During the COVID-19 pandemic, midwives experienced increased physical and emotional fatigue, elevating their risk of burnout and potentially impacting the quality of maternal healthcare services.

Objective This study aimed to explore midwives' lived experiences in delivering antenatal and childbirth care during the COVID-19 pandemic.

Methods A qualitative study was conducted using a phenomenological approach. Seven midwives from Sedayu I Primary Health Centre were selected through purposive sampling. One-on-one in-depth interviews were carried out using an interview guide, audio recording, and field notes. Data were analyzed using Colaizzi's thematic analysis method. Ethical approval was obtained from the Research Ethics Committee of Universitas 'Aisyiyah Yogyakarta.

Results Five major themes emerged: (1) psychological conditions, including anxiety and preparedness; (2) service changes during the pandemic, encompassing antenatal care, childbirth, and adaptation to new health protocols; (3) constraints, such as challenges in PPE usage and referral systems; (4) internal and external support systems; and (5) needs and expectations, including human resource support and access to updated information.

Conclusion This study offers valuable insights into the challenges and adaptations experienced by midwives during the COVID-19 pandemic. Findings highlight the importance of integrating midwives' experiences into healthcare system planning and policy formulation for future pandemic preparedness and maternal service resilience.

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INTRODUCTION

The Coronavirus Disease (COVID-19) is an illness caused by a virus that spreads from one to another person through droplets released when someone coughs or sneezes. This transmission poses a significant risk, particularly to those in close contact with infected individuals (R. N. Putri, 2020). The SARS-CoV-2 virus's high virulence and ability to spread rapidly took epidemiologists, healthcare professionals, and policymakers by surprise. Consequently, on March 11, 2020, the World Health Organization declared the COVID-19 outbreak a pandemic (Souto et al., 2020). The surge in COVID-19 cases necessitated an immediate response from healthcare workers, including midwives, who had to make informed decisions to ensure the delivery of quality services to patients (Hantoushzadeh et al., 2021). Midwives, as frontline personnel, play a crucial role in implementing health protocols, particularly in managing pregnancy and childbirth. They utilize personal protective equipment (PPE) such as headgear, masks, goggles, face shields, coveralls, gowns, aprons, gloves, and shoes to reduce the risk of virus transmission (Khotimah, 2021).

The safety of healthcare workers, especially midwives on the front lines, is of utmost importance, as they are at high risk of exposure to COVID-19, which jeopardizes their health and well-being (Santoso, 2021). This precarious environment has led to increased levels of stress among health workers, which can be more pronounced compared to their counterparts in other fields (Al-Hanawi et al., 2020). The physical and mental fatigue experienced by healthcare workers during the pandemic significantly raises the risk of burnout (Hantoushzadeh et al., 2021), ultimately affecting the quality of care they provide to patients (Lee et al., 2021). Furthermore, witnessing colleagues fall ill or even succumb to COVID-19 further drains the physical and emotional resilience of these professionals (Saleha et al., 2020).

The mental health challenges faced by healthcare workers during the pandemic stem from various factors, including emotional exhaustion, social isolation—especially during extended quarantine periods—and the fear of transmitting the virus to family members or having loved ones become infected (Al Ghafri et al., 2020). A systematic review and meta-analysis comprising 13 studies with a total of 33,062 participants revealed that 23. 2% of healthcare workers experienced anxiety and 22. 8% suffered from depression during the COVID-19 pandemic (Pappa et al., 2020).

Understanding the experiences of midwives is crucial for identifying the challenges they face in delivering care. This insight can help address their needs and support their mental health, which is vital for maintaining high-quality services. This research aligns with the Health Technology Assessment concept, promoting scientific inquiry to provide new evidence and information for all stakeholders involved. The innovative aspect of this study is its dual focus on the psychosocial and social experiences of midwives as they navigate the complexities of providing care during pregnancy and childbirth. This study focuses on childbirth services during the COVID-19 pandemic, filling a gap in existing research that has primarily explored the psychological experiences of midwives. Specifically, it seeks to understand the experiences of midwives providing care at the Sedayu I Health Centre during this challenging time.

METHOD

This research is qualitative research. Qualitative research is research that intends to understand the phenomenon of what is experienced by the research subject, for

example, behavior, perception, motivation, actions, and others by means of description in the form of words and language (Mamik, 2015). The research approach used by the researcher is a phenomenological approach. This phenomenological approach is carried out to find out human experience by describing what someone receives, feels, and knows based on direct awareness and experience (Hadi et al., 2021). The population in this study was all midwives who provided pregnancy and childbirth services at the Sedayu I Health Center. Informants in this study were selected based on the inclusion criteria (midwives who have worked at the Sedayu I Health Centre for at least 2 years so that she can provide an explanation regarding the differences in experience before and while working during the pandemic, able to communicate well, willing to be informants, and providing care during the COVID-19 pandemic) and exclusion (midwives who are on leave) that have been determined by the researcher. Recruitment of participants in this study began by finding out the number of midwife staff at the Sedayu I Health Centre who were assisted by a midwife coordinator by providing information through a list of midwife names. Based on the data obtained, there were 11 midwives working at the Sedayu I Health Centre who would be used as research samples. The approach to participants was carried out by meeting directly, then explaining the research ethics, the intent and purpose of the research, and then providing informed consent to be signed if they were willing to become participants. The next stage is the interview process, which took place in the Mother and Child Care room of the Sedayu I Health Centre.

The sampling technique that will be used in this study is purposive sampling. The researcher's consideration in selecting research informants is midwives who are directly involved in providing pregnancy and childbirth services during the COVID-19 pandemic at the Sedayu I Health Centre. The number of participants in this study depends on the saturation of the data obtained. This study was conducted at the Sedayu I Health Centre from June 2022 to July 2022. The reason for choosing this place is that the Sedayu I Health Centre is located in the Bantul Region, where Bantul Regency is the area with the highest incidence of COVID-19, and the Sedayu I Health Centre is a POND health centre. Research related to midwives' experiences in providing services during the COVID-19 pandemic has never been conducted at that location. The instruments used in this study were interview guides, audio recorders, and field notes. Before the interview guide is used in the research, the researcher first conducts a trial with a pilot interview. The purpose of conducting a pilot interview is so that the research questions can be understood by potential informants so that the data obtained can answer the research questions, then. The results of the pilot interview conducted on a midwife who provided pregnancy and childbirth services during the COVID-19 pandemic via telephone were that the participant understood the questions asked by the researcher, was able to be cooperative and could work well together during the interview process. In addition, the participant's answers had answered the important points of the researcher's questions, so there were no changes in the interview guidelines. This study used a data collection technique in the form of one-to-one in-depth interviews with informants. Interviews are a process of verbally exchanging information that is carried out when researchers want to dig deeper into the attitudes, beliefs, behaviours, or experiences of respondents towards a social phenomenon (Hartono, 2018). The researcher recruited informants by asking for help from the midwife coordinator of the Sedayu I Health Centre as a gatekeeper in this study to connect researchers with other midwife staff working at the Sedayu I Health Centre. Interviews were conducted based on an agreement between the researcher and the participants approved through an informed consent form by asking questions related to the midwife's experience in providing pregnancy and childbirth services during the

COVID-19 pandemic at the Sedayu I Health Centre. Interviews were conducted in the maternal and child health service room of the Sedayu I Health Centre for 1-2 meetings with an agreement between the researcher and the participants with a duration of 30 to 60 minutes. Participants have the right to refuse to participate or withdraw from the research.

This study uses thematic analysis. This study uses validity and reliability by implementing a strategy to increase the strength of the research through the trust or reliability of qualitative research. There are four criteria for validity and reliability to ensure the validity of qualitative research data, namely member checking (using technical triangulation by checking interview results through taking documentation and voice recordings during the interview process as evidence of the research being conducted), transferability (The entire research process is documented in detail, clearly and reliably), dependability (The researcher provides all research data to the supervisor to then audit the entire research process and clarify the data so that the researcher and supervisor have the same perception), and confirmability (The results of this study will be consulted with the supervisor to get input in improving the findings). Thematic analysis aims to construct several themes from a set of data (Dwi Kristanto & Sri Padmi, 2020). Researchers registered to pass ethics with the Research Ethics Committee of Universitas 'Aisyiyah Yogyakarta before collecting research data and received approval with number No. 2098/KEP-UNISA/VI/2022.

RESULTS

The researcher carried out the analysis process using the data analysis stages in Collaizi's (1978) steps, with several themes and subthemes found as follows:

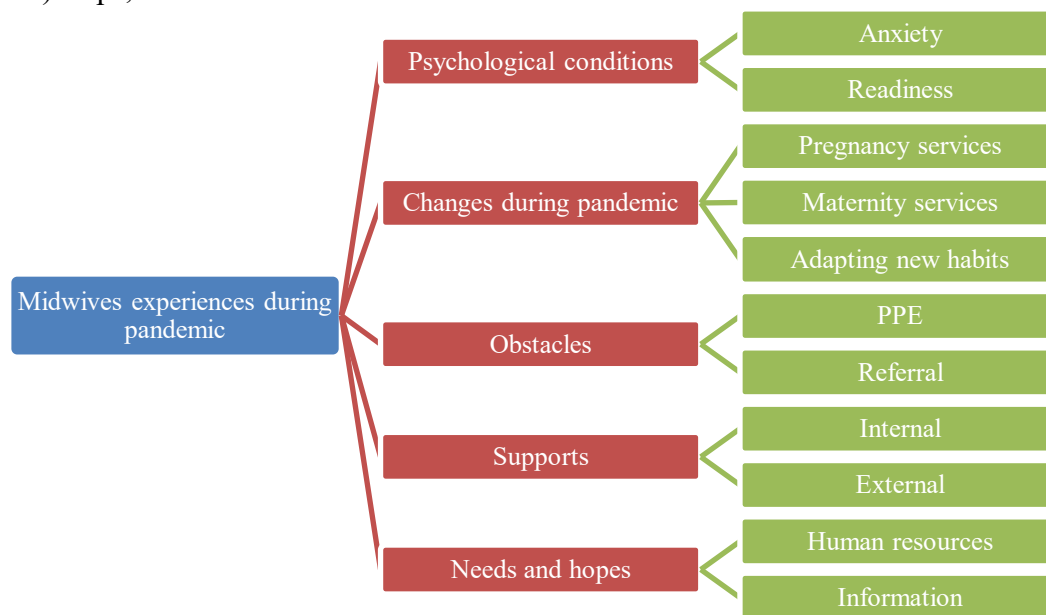


Figure 1. Thematic analysis results

Based on the results of the analysis of data obtained regarding the experiences of midwives in providing services during the COVID-19 pandemic, several themes were found, including the psychological condition of midwives, new things during the COVID-19 pandemic, obstacles, support, needs, and hopes.

Feelings of anxiety about being exposed to COVID-19 and readiness are psychological conditions experienced by midwives when providing pregnancy and childbirth services during the COVID-19 pandemic. This is supported by the results of interviews conveyed by informants as follows:

“...In general, at the beginning of the pandemic, we had to be anxious, worried, I was providing services but, what if I was the one who was exposed? ...” (I.3)

“...Maybe because we as health workers, we have to be ready for any service, because we also use PPE, so we have considered everything and the risks, we have to be ready, like that...” (I.2)

“...the feeling is like we have to be ready to serve but we also have to be alert ...” (I.4)

Pregnancy services are still provided with several new changes in services, including consultations with patients that can be done by telephone, and restrictions on patient visits during the COVID-19 pandemic.

“...so that we minimize our contact with patients. Then we also open consultations via WhatsApp, each hamlet has a midwife in charge, so they can WhatsApp with the midwife, for example, what they feel...” (I.1)

“...for ANC, the number of visits is still reduced, we do minimize it, for example, we educate, if there are no complaints, just vitamins, mothers are also not advised to go out, especially pregnant women who are carrying babies, it's different...” (I.7)

Maternity services are still being held with several new changes in maternity services, including those related to the arrangement of the maternity room and also screening for patients who will give birth at the Sedayu I Health Center during the COVID-19 pandemic.

“...the difference is that we only have the room, it has been set up so that it is not like before the pandemic, the number of people is limited and the place is also set up so that it cannot be directly exposed to the patient, droplets are direct, and our PPE is also more complete than before the pandemic...” (I.4)

“...before giving birth, we swab the family and the patient first, using antigens...” (I.6)

Midwives' experiences in adapting to new habits in pregnancy and childbirth services during the COVID-19 pandemic in terms of hand washing and personal protective equipment.

“...yes, it turns out there is a paradigm shift, people used to wash their hands, people forgot whatever they wanted, now it is mandatory to wash their hands...” (I.3)

“...if there are more births, it has started to return to normal. we are safer and also use level three...” (I.2)

The obstacles experienced by midwives in providing pregnancy and childbirth services during the COVID-19 pandemic include the use of personal protective equipment and referrals.

“...wearing a hazmat suit, the heat is unbearable...” (I.7)

“...it's a bit of a problem, actually we have to contact the hospital to see if there's a place or not. If it's said to be full, and the patient could possibly be born in the health center, then we have no choice but to help here...” (I.2)

The support received by midwives who provide pregnancy and childbirth services during the pandemic includes internal support and external support.

“...there are, vitamins from the health center. There are several times when we usually get multivitamins, honey, zinc, like vitamins for ourselves, for the health center staff...”

(I.7)

“..there are also many drops, from the government and also from the private sector, lots of PPE, yes, they are given...” (I.2)

The needs and expectations of midwives in pregnancy and childbirth services during the pandemic include additional human resources and additional information.

“...resources, of course we need human resources. These nine, sometimes it happens when someone is on leave, then it can't be done, this can't be done...” (I.5)

“... the hope is, the service should probably be better with maybe updates on the latest knowledge about midwifery services, so that the term is not with old knowledge, maybe like for example I went to school a long time ago, now I don't know new knowledge if there are no updates, like that...” (I.1)

DISCUSSION

1. Psychological conditions are emotions that refer to unique feelings that arise as a result of responses to stimuli both from within and outside (Supena et al., 2022). The following are several types of psychological conditions experienced by midwives when providing pregnancy and childbirth services during the COVID-19 pandemic.

- a. **Anxiety**

Anxiety is an unwanted negative emotion that makes the mental condition uncomfortable (Supena et al., 2022). Anxiety includes fear, worry, nervousness, sadness, alertness, restlessness, panic, and phobia (Supena et al., 2022). The COVID-19 pandemic has caused feelings of fear, anxiety, and worry for health workers, including midwives (Goberna-Tricas et al., 2021; González-timoneda et al., 2020; Hantoushzadeh et al., 2021; Hazfiarini et al., 2021). This is in line with the results of this research that midwives experienced anxiety, including fear, anxiety, and sadness, at the beginning of the COVID-19 pandemic. The anxiety felt by midwives from the results of this research is that midwives are afraid and anxious about being exposed to COVID-19. Apart from that, midwives also feel anxious and sad when providing services due to not knowing whether the patient they meet is carrying a disease that could be transmitted to themselves, and they are afraid of transmitting COVID-19 to their family. The most common fear experienced is that midwives are afraid of transmitting the COVID-19 virus to their families (Bradfield et al., 2021; Erkal & Koçak, 2020; Goberna-Tricas et al., 2021; Hantoushzadeh et al., 2021; Hazfiarini et al., 2021). The research results also found that feelings of sadness were also felt as a result of wearing complete PPE, which caused discomfort for midwives. In line with research conducted by Heru et al., there is worker discomfort regarding the use of PPE, especially during the pandemic, which requires the use of more PPE (Ariqah Heru et al., 2022).

- b. **Readiness**

Readiness is a person's overall condition to respond to or practice an activity where this attitude contains the mental skills and attitudes that must be possessed and prepared while carrying out certain activities (Faqumala & Pranoto, 2020).

Health workers, including midwives, have a big role in the health sector, where midwives must be prepared in all conditions, including the risk or threat of contracting disease from patients, with the knowledge and experience in Infection Prevention and Control (PPI); the use of PPE can raise low concerns, moderate, or severe (Wijayanti & Fitriani, 2022). The results of this research indicate that midwives must be ready to provide any service during the COVID-19 pandemic because using complete PPE can protect midwives from exposure to diseases, including COVID-19.

2. Changes during pandemic COVID-19

The COVID-19 pandemic has had a major impact on healthcare systems globally (Townsend et al., 2021). Health services that have an impact include changes in service flow, implementation of screening, and a decrease in the number of patients or visitors coming to the Community Health Center (Pangoempia et al., 2021). The results of this research show that there are changes that have occurred in pregnancy services, delivery services, and the adaptation of new habits during the COVID-19 pandemic as follows:

a. Pregnancy services

Pregnancy services during the COVID-19 pandemic have experienced several changes that have never been experienced before. Health Center as first-level health facilities need to make adjustments in services so that they can still meet minimum standards even though the COVID-19 pandemic is ongoing (Sunarto & Yasin, 2021). The results of this research show that consultations between midwives and patients can be carried out via WhatsApp messages or telephone at pregnancy services at the Sedayu I Community Health Center during the COVID-19 pandemic. The use of telehealth is a means of access to patient care during the COVID-19 pandemic, which aims to maintain physical distance and ease the burden on clinical practice (Madden et al., 2020). This is useful for minimizing exposure to COVID-19 for pregnant women who want to make repeat visits and have a low risk without danger (S. W. Putri & Martya, 2021). Apart from that, the results of this study also show that visiting restrictions are also implemented to reduce direct contact between midwives and patients. Changes to health services largely include reducing face-to-face contact and preventing and controlling the increase in infections in health services (Szabo et al., 2021).

b. Maternity services

Maternity services have experienced significant changes in terms of service policies and practices as well as an increase in the use of personal protective equipment (Szabo et al., 2021). The results of this research show that changes in delivery services that occurred at the Sedayu I Community Health Center include changes to the arrangement of the delivery room and also COVID-19 screening for mothers who are about to give birth. The COVID-19 pandemic has led hospitals across the country to make modifications to delivery rooms designed to protect birthing patients and health care providers from COVID-19 infection (Greene et al., 2020). It is important to standardize the screening, reception, and management of all pregnant women suspected of being confirmed to be infected with COVID-19 and prepare the delivery room in the best possible way in accordance with local, federal, and international guidelines (Susilawati, 2021). Furthermore, screening in the form of an antigen swab for patients who are about to give birth is also carried out at the Sedayu I Community Health Center. The

screening process in the form of an antigen swab has been developed to detect active infections applied to patients who are about to give birth (Vandenberg et al., 2021). Delivery procedures can be carried out at the health center for pregnant women with negative swab results, while for pregnant women who have not had a swab and are confirmed to have COVID-19, a referral will be made immediately (Sandhi & Dewi, 2021). Apart from that, there are visiting restrictions or prohibitions for siblings and other family members from visiting mothers giving birth in hospitals during the COVID-19 pandemic (Szabo et al., 2021). Changes to delivery services during the COVID-19 pandemic aim to protect midwives and patients from becoming infected (Sandhi & Dewi, 2021).

c. Adapting new habits

Community health centers need to make adjustments in ANC services following health protocols in facing the era of adapting to new habits (Sunarto & Yasin, 2021). Midwives use self-adjustment or adapting skills to new circumstances to relieve stress because midwives are aware that they must be strong and focused on their duties while serving even though the pandemic is ongoing (Liu et al., 2020). The results of this research show that midwives need to adapt to new habits in the form of more diligent hand washing and more complete use of PPE in services. Efforts to prevent transmission of COVID-19 can be done by washing hands before and after contact with patients because hands are the biggest source of media for transmitting the disease (Maryani & Himalaya, 2020). Hand hygiene is essential to avoid healthcare-associated infections and transmission of COVID-19. Apart from that, during the COVID-19 pandemic, the use of PPE for medical personnel was emphasized in health services to reduce the risk of transmission of the COVID-19 virus (Agiwahyunto et al., 2022).

3. Obstacles

Midwives as health workers who continue to work while the COVID-19 pandemic is ongoing also face several obstacles in providing pregnancy and delivery services (Mohammadi et al., 2021). The results of this research show that the obstacles encountered by midwives at the Sedayu I Community Health Center are related to the use of personal protective equipment and also related to the referral system, as follows:

a. PPE

Most informants expressed obstacles related to using level three PPE, which caused physical discomfort such as feeling hot, profuse sweating, and midwives having to serve patients with this condition for hours. Wearing PPE for long hours causes physical stress, especially for health workers who have to stay in isolation wards (Liu et al., 2020). The condition of the room where there is no air circulation means that midwives have to endure hot temperatures when assisting with childbirth (Sandhi & Dewi, 2021).

b. Referral

The results of this study indicate that there are difficulties in finding referral hospitals for patients with COVID-19. In line with the research results of Sandhi & Dewi, 2021, the difficulty of finding a referral hospital for mothers giving birth with positive COVID-19 swab results means that births must be ready for assistance at the health center (Sandhi & Dewi, 2021). Informants in this study revealed that sometimes referrals were rejected because referral hospitals were

full. However, all health service facilities must be ready to receive and make patient referrals appropriately in order to reduce transmission and ensure that patients receive appropriate treatment and follow-up care (Ekawati & Andriani, 2022).

4. Support

Support is a great source of strength and has a good impact on a person's psychology. Support can be obtained from husband, father, mother, environment, and also health workers (Pratiwi & Rusinani, 2020). There are two types of support received by midwives in pregnancy and childbirth services during the COVID-19 pandemic at the Sedayu Health Center, as follows:

a. Internal support

During the COVID-19 pandemic, midwives may experience particular concerns regarding the risk of infection (Pollock et al., 2020). Therefore, support is important for midwives. Social support obtained from family and close friends is stated to be able to reduce the difficulties faced by health workers (Hugelius et al., 2020). Midwives need support from other team members or colleagues in order to provide optimal services (González-timoneda et al., 2020). The results of this research reveal that midwives received support from the environment where they worked during the COVID-19 pandemic, namely multivitamins, honey, and milk, which were given regularly to maintain the midwives' immunity, and there were also groups intended for colleagues to provide support to each other. Emotional and psychological support from peers and family is important for midwives to be able to continue working in challenging circumstances during the COVID-19 pandemic (Bar-zeev et al., 2020; Hazfiarini et al., 2021).

b. External support

Support is a form of care that can be given in the form of donations, assistance with medical equipment, provision of health facilities, etc. The external support obtained by midwives in the results of this research was donations from outside the community health center, such as multivitamins, PPE, and food. The vitamins and additional food provided help maintain the body's immunity of health workers because a healthy body condition is needed to support the optimization of services. The results of this research reveal that the Sedayu I Community Health Center did not experience difficulties in providing PPE due to donations from outside the workplace. In line with research by Sasongko et al. (2021) that PPE donations can be obtained from various parties such as health services, government institutions, community organizations, private donations, and others (Sasongko, Suryawati, and Rahardjo, 2021).

5. Needs and hopes

a. Human resources

During the COVID-19 pandemic, midwives had a heavy workload, which could affect their psychological state. Health workers are at increased risk of COVID-19 in the workplace (Ketut Sukasih et al., 2020). Therefore, additional human resources are needed at the Sedayu I Community Health Center based on the expressions of most informants because the number of midwives available is very suitable for pregnancy and delivery services.

b. Information

Information is one of the main sources for the development of various fields of knowledge or human activities which will then shape a person's perception before taking action or making a decision (Nurdiyan et al., 2015). Concerns about the inability to provide competent care, concerns about rapidly changing information, lack of access to the latest information and communication can cause stress for health workers (Rosyanti & Hadi, 2020). Therefore, during the COVID-19 pandemic, information is a necessity for midwives in responding to conditions in pregnancy and childbirth services. The results of this research reveal that midwives need information regarding the latest knowledge in pregnancy and childbirth services.

This study is still limited to one research location, namely at Sedayu I Health Center with a limited number of informants so that the results of the study do not reflect a large perspective. However, the characteristics of the information obtained from midwives at Sedayu I Health Center have been able to construct the overall objectives of this study. In addition, this research is a qualitative research, where the number of participants in this research is limited and cannot cover all existing participants, but this research can explore in depth the information needed to answer the objectives of this research.

CONCLUSION

Based on the results of the study and discussion related to the midwife's experience in providing services during the COVID-19 pandemic, the researcher concluded that there were negative psychological conditions such as concerns in the form of anxiety, fear, and sadness and positive psychological conditions in the form of feelings of readiness to provide pregnancy and childbirth services during the COVID-19 pandemic. The results of this study also found social changes in pregnancy services, namely in the limitation of visits and consultations that can be done by telephone, then in childbirth services, namely screening for patients who are going to give birth and the arrangement of the delivery room, which has changed, and new things that need to be adapted by midwives, such as handwashing activities and the use of more complete personal protective equipment. However, obstacles were also found in the use of personal protective equipment, which caused physical discomfort and the difficulty of finding a referral hospital for patients who were going to give birth with COVID-19. Furthermore, support from within the work environment and outside the work environment is also a positive thing that midwives get in the form of multivitamins, masks, and foods that are useful for maintaining the midwife's body immunity while providing services during the COVID-19 pandemic. In addition, due to the limited number of midwives, midwives have hopes that there will be additional human resources for midwives in services and also the latest information regarding services during the COVID-19 pandemic.

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