

THE INTERVENTION OF THE MIDWIFE IN THE PRENATAL SURVEILLANCE CONSULTATION OF THE HEALTH CENTER OF FORMOSA MUNICIPALITY OF DILI, TIMOR-LESTE, 2022

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Abstract

Introduction: Midwives as health professionals have an important and strategic position, especially in reducing maternal mortality, morbidity and infant mortality. Midwives provide services focused on aspects of prevention, promotion, partnership building together with other health professionals. The midwife's profession is regulated in Timor-Leste as one of the health professionals recognized by the International Confederation of Midwives.

Objective: To highlight the intervention of the midwife in the prenatal surveillance consultation of the Health Center of Formosa, Dili Timor-Leste.

Method: This is an exploratory and descriptive study, with a qualitative approach, through semi-structured interviews.

Results: The total number of midwives in this health center is 16 people. The sample consisted of the 6 midwives who perform functions in the prenatal surveillance consultation. A total of 4 interviews were obtained. The results indicated the opinion about the prenatal surveillance consultation. All midwives consider that prenatal surveillance consultations are of great importance. This is ensuring good health treatment for the mother and great health for the baby who will be born. Therefore, it can prevent complications in the delivery process and the health of the baby. Realizam that prenatal consultations for pregnant women in the Center of Saúde Formosa still experience difficulties due to the lack of infrastructure and support of human resources in the provision of services.

Conclusions: To ensure good care, resources such as care facilities and sufficient human resources are needed to be able to provide more professional care.

Keywords: Midwife, Prenatal Imgility, Intervention, Formosa Health Center Dili.

INTRODUCTION

The development of health is essentially directed to the ability and will to maintain a healthy life for all people, involving mental and social, cultural and economic division. To achieve optimal health status, several targeted and continuous global health efforts are carried out. Reproductive health problems in Asia, especially indonesia, are two-dimensional, the first is latent and concerns maternal mortality and infant mortality because it is still high due to several factors, including poor care. The second is due to the onset of degenerative diseases, can-

cer and menopause¹. Midwives as well as health professionals have an important and strategic position, especially in reducing maternal mortality, morbidity and infant mortality. Midwives provide services focused on aspects of prevention, promotion, partnership building together with other health professionals, APTL (2014). The midwife's profession is regulated in Timor-Leste as one of the health professionals recognized by the International Confederation of Midwives².

According to the World Health Organization maternal

death is death that occurs during pregnancy, childbirth or within 42 days after delivery due to causes related right or indirectly with pregnancy, as may be the case of hemorrhage, sepsis, hypertension, premature birth, fetal death and complications in abortion contributing directly to the justification of 83% of maternal causes at all, according to the World Health Organization in Geneva (WHO, 2020 cited by Carlos Tilman & Isabelita Madeira, 2022)³. The lack of participation of pregnant women in prenatal surveillance becomes a risk factor for women themselves and is due to the low level of maternal education, low economic capacity of the family, culture, social position and lack of knowledge of pregnant women during pregnancy, this is a point of perception of the situation, at national and international level in Asia and Africa (2020)³.

Based on health data from Timor-Leste (2021) the fertility rate was 7.8 in 2014, and 5.7 in 2019-2020. Thus, andm 2019-2020 maternal mortality was 55 9/100,000 live births, in 2021 increased to 978/100,000 due to complications, and 40 cases were due to abortion, and 789 cases due to other complications. The main causes were hemorrhage, eclampsia, labor and sepsis. In 2021, in Timor-Leste, of 45965 pregnant women 4 1.6% had postpartum hemorrhage. The goal in these women is for prenatal surveillance consultations to increase to 84%, but this number is still far from being achieved. One of the reasons for low coverage is low schooling and low social, cultural and economic conditions of pregnant women (Ministry of Health, 2012)⁴. Midwives as obstetric carers play an important role in reducing maternal mortality and infant mortality rates. A contribution to reducing maternal mortality and infant mortality is to provide quality obstetric care. The midwife's f anointings go through roles of executioner, educator, manager and researcher. In providing quality obstetric care, midwives have a duty to provide all information to the pregnant woman, on the evolution of pregnancy, care for the

health of the pregnant woman and the baby, as well as the preparation for birth. Informed pregnant women remain more attentive to signs of risk that may arise and thus potentially risky situations can be prevented⁵.

The scope of this work is part of my experience as a midwife, which allowed me to realizethat many midwives have difficulty in performing effective communication with pregnant women during the pregnancy period, which can condition the health of the pregnant woman and the fetus. Thus, I consider it important to understand the health practices of pregnant women, defining the following starting question: What is the intervention of the midwife in the prenatal surveillance consultation of the Health Center of Formosa Dili Timor-Leste.

Goals:

General Objective: To highlight the intervention of the midwife in the prenatal surveillance consultation of the Health Center of Formosa, Dili Timor-Leste.

Specific Objectives are:

- Know the opinion of midwives about the prenatal surveillance consultation.
- Describe the interventions of midwives in the prenatal surveillance consultation.
- Identify the difficulties of midwives in prenatal surveillance consultation.

THEORETICAL FRAMEWORK

The midwife is recognized as a responsible, reliable professional who works in partnership to provide support, assistance and counseling during pregnancy, during childbirth and postpartum. This care includes prevention measures, the promotion of natural delivery, the detection of complications in the mother and child, and access to medical care or other appropriate care, as well as emergency measures, if necessary, support cited by (Carlos Tilman & Isabelita Madeira, 2022)⁶. The midwife has an important activity in health and education

counseling, not only for women, but also for their families and communities. These activities should include prenatal education and preparation for fatherhood and may extend to women's health, sexual health and reproductive health⁷. The midwife can perform her duties in various contexts such as the community, hospital, clinics or other health units, which exists in Timor-Leste and universally plays a role in her professional technique^{role}⁷.

The Association of Midwives of Timor -Leste defines midwifery as a person who graduated with an educational level recognized through professional organizations of the National Territory and Democratic Law of Timor-Leste, with the competence and qualifications to be registered and certified or legally licensed for the practice of obstetrics in accordance with professional law of Timor-Leste. The midwife has 4 various functions².

- As executor, midwives have three categories of tasks, independent, collaborative and dependent on universal rules in midwives.
 - Function as a manager, the midwife has two tasks, the task of developing basic health services and participating in the activities of the team. Midwives participate in teams to implementation health programs in their region through the training of traditional midwives, health professionals and other health professionals who are under the guidance of their area of work:
1. Collaborate with community health centers, other institutions as a member of the of the team in providing care to clients in the form of referral and follow-up consultations.
 2. Implementation of training sessions and health guidance.
 3. Provide service to reference customers of traditional midwives.
 4. Promote activities that exist in society related to

health.

- As an educator, the midwife has two duties. One as a trainer for health and the other as a training in midwife practices.
 - Function as a researcher, the midwife has the research skill in the area of maternal health includes:
1. Identify the need for investigations to be carried out.
 2. Develop a work plan.
 3. Carry out the investigation, according to the plan.
 4. Process and interpretation the results of the investigation.
 5. Prepare reports on research and monitoring results.
 6. Use research results to improve and develop the work programme or health services in government and private sector.

All health professionals have responsibilities in their daily performance. Thus, the responsibilities of midwives to their clients/family are⁸:

- Comply with the hospital regulations, in accordance with the legal relationship;
- Provide obstetrics care in accordance with professional standards, respecting their rights;
- Refer situations with complications to the medical doctor;
- Offer the opportunity to be accompanied by a partner or family;
- Given the opportunity to perform the worship according to your own belief;
- Maintain professional secrecy;
- Provide accurate information about the action to be taken and the risks that may arise;
- Request informed consent;
- Document obstetric care;
- Invest in formal and non-formal education is very important;
- Cooperate with other professions in the reciprocity of the provision of obstetrics care;
- Communicate with other health professionals with

respect and dignity;

- Maintain cooperation with the medical team is a fundamental process.

Pregnancy, according to Leal (2005), is a phase of fascination, which causes physical and psychological changes. This phase is a moment of reflection for women, of personal investment in self - image, confirming her identity as a woman⁹. Pregnancy corresponds to a period of growth and development of an embryo within the woman. A normal pregnancy lasts about 39 weeks, or 280 days, counting from the beginning of the last menstrual period. Sometimes women give birth before 36 weeks, giving rise to a premature baby¹⁰. Typical pregnancy signs and symptoms are as follows: Fome out of time; Urinary urgency; Swollen and sore breasts; Morning sickness; Menstrual delay; Nauseas and vomiting; Constipation; Tiredness; and change in taste and smell (cited by Carlos Tilman & Isabelita Madeira, 2022)¹¹.

Prenatal consultations are the prenatal care address ed to the pregnant woman and the fetus, are performed by certified professionals and include at least 4 moments of evaluation during pregnancy (first trimester, second trimester and twice in the third trimester). Prenatal care is important for the early detection of pregnancy complications and pregnancy education. Irregularity in the frequency of prenatal consultations increases the propensity of prolonged labour by three times than in pregnant women who regularly use consultations¹². Dand in order to increase the quality of the services provided, it is recommended the systematized follow-up in the gestational period, made during prenatal consultations, where the main risk factors are identified for both maternal health and the fetus. Low-risk pregnancy should be monitored without major interference. Prenatal care should be started as early as possible and consultations should be monthly by the 30th week, fortnightly or weekly until the 37th week, and weekly until delivery. Although pregnancy is a normal biological event, it is a period in which the

woman's health may be affected, due to changes even if slight to the physiology of the mother, which may threaten her well-being and that of the fetus¹³.

Therefore, care in the periodic prenatal surveillance consultation is considered essential to identify problems and enhance maternal-fetal health. The increase in the number of consultations in the last weeks of pregnancy is important to improve obstetric evaluation and provide emotional support at the time of delivery to pregnant women. Previously associated with the institutionalization of childbirth, prenatal care had as its main objective to contribute in the development of a healthy newborn and reduce the high rates of infant mortality that existed in the late nineteenth century and in the first half of the twentieth century, as a social concern with the demographics and quality of children born, and not as protection for women, in all worldand especially Timor-Leste (cited by Carlos Tilman & Isabelita Madeira, 2022)

¹⁴. The concept of humanized care for women should extend from prenatal to birth and puerperium, emphasizing health promotion. Thus, the main objective of the prenatal period is to welcome women since the beginning of their pregnancy, a period of physical and emotional changes that each pregnant woman experiences differently (Schirmer et al, 2018)¹⁵. Prenatal consultations are oppositions:

- Monitor the evolution of pregnancy to ensure the health of the mother and baby;
- Recognize the early presence of anomalies or complications that may occur during pregnancy;
- Prepare labor;
- Prepare the mother for the period of breastfeeding;
- Prepare the mother and family for the birth.

In Timor-Leste and based on the World Health Organization program, prenatal consultation is planned in 4 moments (1 in the first trimester and 1 in the second trimester and two in the third quarter)¹⁶.

METHODOLOGY

This is an exploratory and descriptive study, with a qualitative approach, through semi-structured interviews. According to Fortin (2009, p.168 cited by Carlos Tilman & Isabelita Madeira, 2022), descriptive studies consist of "simply describing a phenomenon or concept related to a population, in order to establish the characteristics of the population under study that it performs"¹⁷. The population in this study is all midwives working in the Dili Health Centers. As a sample, we consider midwives who perform functions in the Health Center of Formosa Dili, and pregnant women who are in prenatal surveillance consultation at the time of data collection and sampling is therefore intentional¹⁸. Data collection was carried out through a semi-structured interview with midwives. The results presented, related to the socio-demographic characterization are described through descriptive statistics and interviews through content analysis.

RESULT AND DISCUSSION

The present study was carried out at the Health Center of Formosa Dili, with the objective of showing the intervention of the midwife in the prenatal surveillance consultation. The total number of midwives in this health center is 16. The sample consisted of midwives who perform functions in the prenatal surveillance consultation, and the data were collected through semi-structured interviews during October 2021. A total of 4 interviews were obtained with midwives (response rate of 25%). The target midwives of the study have an average age of 48 years and an average service time of 19 years. Of the 4 midwives, 2 have a degree in public health, 1 has a bachelor's degree in midwife and 1 has a diploma I.

Table 1 - Analysis of midwives' interviews

Categories	Registration Unit
Opinion about prenatal surveillance consultation	- Provide health for the mother and baby. (E1) - To determine the health of mothers and babies. (E2) - Preparation to perform normal delivery. (E3) - Prevent complications. (E4)

All midwives consider that prenatal surveillance consultations are of great importance for maintaining the mother's health and a health for the baby who will be born, as well as preventing complications

Categories	Registration Unit
Midwife's intervention in prenatal surveillance consultation	4 consultations and evaluation of blood pressure, weight, abdominal palpation, tetanus vaccine, iron administration, analysis and teaching. (E1, E2, E3, E4)

All midwives carry out their intervention according to the guidelines of the Ministry of Health and that is directed to the evaluation of blood pressure, weight, abdominal palpation, tetanus vaccine, iron administration, analysis and teaching training is fundamental.

Categories	Registration Unit
Difficulties of midwives in prenatal surveillance consultation	Damaged material, for example blood pressure device. Many pregnant for the number of midwives. (E1, E2, E3, E4) -Lack of material for the number of pregnant women. (E3, E4)

All midwives report that there is difficulty in providing care to pregnant women due to lack of material, damaged and incomplete material as well as a very low midwife\pregnant ratio (1 midwife to 25 pregnant women). The results show that each midwife gives a positive response in the provision of prenatal care for pregnant women (Ministry of Health -TL, 2014)⁴

In interviews with midwives, questioning their opinions about the examination of pregnant women, they present a different perception, but with the same meaning that consists of determining complications as early as possible and maintaining the baby's health during childbirth (Ministry of Health-TL, 2014)⁴. Prenatal care is important for the early detection of pregnancy complications and pregnancy education. Irregularity in the frequency of prenatal consultations increases the propensity of prolonged labour by three times than in pregnant women who regularly use consultations¹⁹. According to scientific evidence, prenatal care is important because it allows to know the health status of the mother and fetus so that complications can be prevented as early as possible and a normal case delivery is prepared (Schirmer et al, 2010 cited by Carlos Tilman & Isabelita Madeira, 2022)¹⁵.

Based on the results of the interviews, each midwife responded positively to the execution of each antenatal step for pregnant women. All midwives carry out their intervention according to the guidelines of the Ministry of Health (2014) and that is directed to the evaluation of blood pressure, weight, abdominal palpation, tetanus vaccine, iron administration, analysis and teaching. But most prenatal care services have equipment and human resources failures²⁰. The activities developed by the midwife in the prenatal consultation include weighing the pregnant woman, assessing blood pressure, evaluating the height of the uterine fundus. Iso imuntenicization, administration of iron tablets, conducting tests to

assess the presence of sexually transmitted diseases and referral the woman to medical consultation if the tests are positive (Ministry of Health, 2013). Prenatal care for a pregnant woman should be complete in order to detect complications in a timely manner and correct them.

Based on the interviews obtained on the difficulties faced by midwives providing prenatal care, there is a negative assessment regarding the conditions of care delivery. The difficulties relate to the lack of equipment, the unbalanced ratio of midwives to pregnant women, the absence of a special bed for the analysis of pregnant women and the absence of a special place for advice with privacy of each person (Calmes, B; Maniatar, V; Portear, R., 2011 cited by Carlos Tilman & Isabelita Madeira, 2022)²¹. The concept of humanized care for women should extend from prenatal to birth and postpartum, emphasizing health promotion. In this period of prenatal care, the main objective of prenatal care is to welcome women since the beginning of their pregnancy – a period of physical and emotional changes – that each pregnant woman experiences differently. According to the literature, the intervention of a midwife in the provision of prenatal care should be based on high standards, in this case defined by the Association of Midwives of Timor-Leste.

CONCLUSIONS

All midwives who work at the Formosa Health Center perform prenatal care for pregnant women and understand the goals and benefits of prenatal examination. The prenatal examination performed regularly can avoid the risk, of reducing infant and maternal mortality in East Timor as soon as possible (National Program for The Surveillance of Low-Risk Pregnancy, 2021). However, midwives name failures in the care system such as lack of facilities and infrastructure as well as lack of time and energy in the provision of care due in large part to the ill-suited midwife/pregnant ratio (National

Low Risk Pregnancy Surveillance Programme, 2021). The equipment used is incomplete and is damaged. The place and space for consultations is small, the space does not confer complete privacy so that women can ask questions freely or reveal general complaints to the midwife. It is a negative impact for pregnant women and midwives, there is a good practice of discussion of clinical cases, among midwives, in which it is reflected on the health problems experienced by pregnant women in Timor-Leste cited by Carlos Tilman & Isabelita Madeira, 2022.

The current midwife/pregnant ratio is not efficient and effective for the provision of total and systematised care. Based on the above conclusions, it is expected that this work will help to raise awareness among decision-makers in improving the provision of complete equipment for use in providing prenatal care to pregnant women. As well as a special room for prenatal examinations, so that pregnant women feel safe and comfortable with privacy. It is also desirable that midwives in their service provision always act in accordance with existing standards. Based on the results obtained we hope that there will be a strengthening in infrastructure, equipment and clinical devices to meet the needs that pregnant women in prenatal surveillance present. In this way, quality care is ensured in a safe climate and in accordance with international guidelines, minimizing prenatal and neonatal complications in Timor-Leste situation. Throughout the study, the author was always aware of the presence of some limitations:

- In the knowledge and experience of conducting qualitative research, so there were many deficiencies in terms of the discussion;
- Research limited to a health center that does not allow extrapolation of data;
- Writing of the work in Portuguese.

In order to project these results, we hope that this work will be based on the need to change the working condi-

tions of midwives at the Health Center of Formosa Dili and that pregnant users will benefit from a more complete and personalized service. The study should be replicated in other realities in so that the need for change can also be seen elsewhere. In this way we hope to contribute to the growth of the midwife's profession and take responsibility according to the results investigation (Carlos Tilman & Isabelita Madeira, 2022).

REFERENCES

1. Amiruddin R. (2005) *Studi pemanfaatan pelayanan ante natal terhadap kelainan kesehatan pada ibu hamil*. Jakarta.
2. APTL. (2014) *Standard Profession of Midwives*, Dili Timor-Leste.
3. CHALMERS, B; MANGIATERRA, V; PORTER, R. *Principles of perinatal care: the essential antenatal, perinatal and postpartum care course*. WHO Birth, [sold], v. 28, n. 3, p. 202-207, 2018
4. Ministry of Health (2014/2015). *Health Statistics Report, Health Information System Office*, Timor-Leste.
5. World Health Organization (2016). United Nation Found Population (UNFPEA).
6. Brazil. Ministry of Health. Department of Health Policies. Technical Area of Women's Health. *Childbirth, abortion and puerperium: humanized assistance to women*. Brasilia: Ministry of Health, 2015.
7. Sharon, et al. (2018). *Maternity nursing volume 1 edition 18 medical book*, Jakarta.
8. Arnold, &., Bogas, (2017). *Interpersonal Relationships: Professional Communication Skills for Nurses*, 5th ed. St. Louis, Missouri: Saunders Elsevier.
9. Leal, I. (2015). *Psychology of Gravides and Parenthood*. Lisbon: End of Century.
10. World Health Organization (WHO). *Promoting Health Pregnancy*. WHO Press, 2022.
11. Mochar, M. (2018). *Sinopsias Obstetetri Editions 2 medicine books*, Jakarta.

12. Martins (2016) *The prenatal care program in primary health care*. Braga: University of Minho, Portugal.
13. Ullah (2019). *Knowledge of pregnant women about the signs of childbirth*. Jakarta.
14. Ministry of Health (2018). Demographic and Health Survey (2009 and 2010). *Office of Health System and Epidemiological Surveillance*. Timor-Leste.
15. Schirmer, J. et al. *Prenatal care: technical manual*. 3. ed. Brasília: Health Policy Secretariat - SPS/ Ministry of Health, 2017. 69 p.
16. World Health Organization-South East Asian Regional Office (WHO-SEARO). *Health Information System (Maternal Health)*. WHO Press, 2016.
17. Fortin, M. (2009). *The research process: From design to realization* (3rd edition). Loures: Lusoci-ence.
18. Tilman C.B et al. (2020). *The Perception of Population and Health Professionals Regarding the National Immunization Program of East Timor*. Health Systems and Policy Research, ISSN 6698-9137 Vol.7 No.1:2 2020. <http://www.imedpub.com> published date May 11, 2020.
19. Grasse, L. (2015). *Maternal-fetal medicine*. 4th ed. Lisbon: Lidel
20. World Health Organization-South East Asian Regional Office (WHO-SEARO). *Health Information System (Maternal Health)*. WHO Press, 2018.
21. CHALMERS, B; MANGIATERRA, V; PORTER, R. *Principles of perinatal care: the essential antenatal, perinatal and postpartum care course*. WHO Birth, [sold], v. 28, n. 3, p. 202-207, 2016

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