

## The Interference of the Obstetrician in the Prenatal Surveillance Consultation of the Maubara Health Center of the Municipality of Liquica, Timor-Leste (2025).

Carlos Boavida Tilman, ESE FMCS UNTL, Lídia Gomes, ESP FMCS UNTL, Ana do Rosário de Jesus Leite, ESE FMCS UNTL, Deny Richardo Rambing, ESE FMCS UNTL, Gregório Belo, DMG, FMCS UNTL, Manuel da Costa Fernandes, ESE FMCS UNTL.

\*Correspondence: Carlos Boavida Tilman

Received: 25 Aug 2025; Accepted: 30 Aug 2025; Published: 05 Sep 2025

**Citation:** Carlos Boavida Tilman. The Interference of the Obstetrician in the Prenatal Surveillance Consultation of the Maubara Health Center of the Municipality of Liquica, Timor-Leste (2025). AJMCRR. 2025; 4(9): 1-9.

### Abstract

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

**Research Objective:** To demonstrate the interference of the obstetrician in the prenatal surveillance consultation at the Maubara Health Center, in Municipality of Liquiçá, Timor-Leste.

**Research Methodology:** This is an exploratory and descriptive study, with a qualitative approach, through semi-structured interviews of the study by episode.

**Discussion Results:** The total number of midwives in this health center is 16 people. The sample consisted of 6 obstetricians who work in prenatal consultations. A total of 4 interviews were obtained. The results that indicated the opinion about the prenatal surveillance consultation. All midwives consider that prenatal check-ups are of the utmost importance. This ensures good health care for the mother and excellent health for the unborn baby. Therefore, it can prevent complications in the birth process and the baby's health. They noted that prenatal consultations for pregnant women at the Maubara Health Center still face difficulties due to the lack of infrastructure and human resources support in providing services to the public health.

**Conclusion:** *To ensure good service, resources are necessary, such as service facilities with sufficient human resources to be fully able to provide better, more professional service; this is what is very important to understanding of prenatal consultation of pregnant women.*

**Keyword:** Obstetrician, Prenatal Surveillance, Interference, Maubara Health Center of Liquica.

## Introduction

Based on health development is essentially directed towards the capacity and willingness to maintain a healthy life for all people, involving mental and social, cultural and economic division. To achieve the ideal state of health, several directed and continuous international health efforts are undertaken. Reproductive problems in Asia, especially in Indonesia and East Timor, almost all have two dimensions, the first is latent and concerns maternal mortality and infant mortality, which is still high due to several factors, including poor care. The second is due to the emergence of degenerative diseases, cancer and menopause<sup>1</sup>. Midwives, as well as Health professionals have an important and strategic position, especially in reducing maternal mortality, morbidity and infant mortality. Midwives who provide services in care with a focus on aspects of prevention, promotion, building partnerships together with other health professionals, APTL (2018). The profession of midwife is regulated in Timor-Leste as one of the health professionals recognized by the International Confederation of Midwives<sup>2</sup>.

With according to the World Health Organization (WHO, 2021), maternal death is death that occurs during pregnancy, childbirth or within 42 days after childbirth due to causes directly or indirectly related to pregnancy, such as hemorrhage, sepsis, hypertension, premature birth, fetal death and complications in abortion, directly contributing to the justification of 85% of causes of maternal mortality in all, according to the World Health Organization

in Geneva (WHO, 2022; cited by Tilman CB., 2025)<sup>3</sup>. The lack of participation of the pregnant woman in prenatal surveillance becomes a risk factor for the woman herself and is due to the low level of maternal education, low economic capacity of the family, culture, social position and the lack of knowledge of the pregnant woman during pregnancy, this is a point of perception of the situation, at national and international level in Asia and Africa (2024)<sup>3</sup>.

Based on Timor-Leste health data (2021) the fertility rate was 7.8 in 2018, and 5.7 in 2020-2021. Thus, in 2022-2024 maternal mortality was 559/100 thousand live births, in 2022 it increased to 979/100 thousand due to complications, with 42 cases being due to abortion, and 789 cases due to other complications. The main causes were hemorrhage, eclampsia, labor and sepsis. In 2023, in Timor-Leste, out of 45,968 pregnant women, 42.6% had postpartum hemorrhage. The goal for these women is for prenatal care consultations to increase to 85%, but this number is still far from being achieved. One of the reasons for low coverage is the low level of education and low social, cultural and economic conditions of pregnant women (Ministry of Health, 2022)<sup>4</sup>. Midwives as providers of obstetric care play an important role in reducing maternal mortality and infant mortality rate. One contribution to reducing maternal and infant mortality is to provide quality obstetric care. The midwife's functions involve roles as executor, educator, manager and researcher. When providing quality obstetric care, midwives have a duty to pro-

---

vide all information to the pregnant woman about the progress of the pregnancy, care to be taken with the health of the pregnant woman and the baby, as well as preparation for birth. Informed pregnant women remain more alert to signs of risk that may arise and, in this way, potentially risky situations can be prevented <sup>5</sup>.

Definitely interested in the scope of this work falls within my professional experience as a midwife, which has enabled me to perceive that many midwives have difficulty in communicating effectively with pregnant women during pregnancy, which can affect the health of the pregnant woman and the fetus. Therefore, 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 monitoring consultation at the Maubara Health Center in the Municipality of Liquiçá, Timor-Leste.

during pregnancy, and also during childbirth and postpartum. This care includes preventive measures, in promoting natural childbirth, in detecting cases of complications for mother and child, and always having access to medical care or other appropriate assistance, as well as emergency measures, if necessary, through alternative support, as cited by (Tilman CB., 2025) <sup>6</sup>. Thus, the midwife's activity will be important in providing health advice and promotion, not only for women, but also for their families and communities as an educational method. These activities should include prenatal education and preparation for parenthood and may extend to women's health, sexual health and reproductive health <sup>7</sup>. From what the midwife can perform her functions in various contexts such as in the community, in the hospital, in clinics or other health units, which have and exist in Timor-Leste universally, she has a role in her function of adequate responsibility monumental as a professional technique <sup>7</sup>.

### Research Objectives:

#### General Objective:

To highlight the interference of the obstetrician in the prenatal surveillance consultation at the Maubara Liquiçá Health Center, Timor-Leste.

Both especially in the Association of Midwives of Timor-Leste which defines the midwife as a person who has graduated with an educational level recognized through professional organizations of the National Territory and Democratic Law Timor-Leste, with the competence of qualifications to be registered and certified as legally licensed and more for the practice of obstetrics in accordance with the professional law of Timor-Leste, the midwife presents herself in 4 different functions <sup>2</sup>:

#### Specific objectives are:

1. To find out the opinion of obstetricians about prenatal monitoring consultations.
  2. Describe the interference of obstetricians in prenatal surveillance consultations.
  3. Identify the difficulties faced by midwives during prenatal monitoring consultations.
- A. Functioning as executors, the midwifery has three categories of tasks, independent, collaborative and dependent on the universal rules of midwives.
  - B. As a manager, the midwife has two tasks: to develop basic health services and to participate

### Integration Also Theoretical Framework

Second the midwife is recognized as a responsible, trustworthy professional who works in partnership to provide support services, assistance and advice

B. As a manager, the midwife has two tasks: to develop basic health services and to participate

in team activities. Midwives work in teams to implement health programs in their region by their daily work. Thus, midwives have <sup>8</sup> Responsibilities towards their clients/families: professionals and other health professionals who are under their supervision:

1. Collaborate with community health centers, other institutions as a member of the team in providing care to clients in the form of regulated referrals and consultations with support for monitoring patients in some situations.
2. Implement training sessions and health guidance.
3. Provide service to nationally renowned clients of traditional midwives.
4. Promote activities that exist in society related to health.
- Functioning as an educator, the comadre has two duties. One as a health coach and the other as a midwifery coach, this is an important role.
- As a researcher, the midwife has the ability to research in the area of maternal and child health, which includes:
  1. Identify the need for research to be carried out in various health situations.
  2. Develop a work plan based on data and evidence-based information.
  3. Carry out the research in accordance with the plan to be realistic.
  4. Analyze and process the interpretation of the research results.
  5. Prepare reports of the research results and follow-up data.
  6. Use the research results to improve and develop the work program.
  - or health services based on scientific evidence.

All health professionals have responsibilities in their daily work. Thus, midwives have <sup>8</sup> Responsibilities towards their clients/families:

1. Comply with hospital regulations, in accordance with the legal relationship;
2. Provide obstetric care in accordance with professional standards, respecting their rights;
3. Refer complicated situations to the appropriate specialist doctor;
4. Offer the opportunity to be accompanied by a partner or close family;
5. Given the opportunity to perform worship according to one's own beliefs;
6. Maintain professional confidentiality in the service process;
7. Provide accurate information about the action to be taken and the risks that may arise;
8. Request informed consent for procedural agreements;
9. Document information about obstetric care;
10. Invest in formal and non-formal education if possible;
11. Cooperate with other professions in the reciprocity of the provision of obstetric care;
12. Communicate with other healthcare professionals in the facility with respect and dignity;
13. Maintain cooperation with the medical team and continue to continuously update real information.

About the pregnancy, as well considered according to (Leal, 2020; Tilman CB., 2025), is a phase of fascination, which entails physical and psychological changes in human beings. This phase constitutes a moment of reflection for women, in the personal investment in self-image, confirming their identity as women <sup>9</sup>. Pregnancy corresponds to a period of growth and development of an embryo fetus inside a woman's womb. A normal pregnancy

---

lasts about 39 weeks, or 280 days, counting from the beginning of the last menstrual period and fertile. Sometimes, women give birth before 36 weeks, giving rise to a premature baby <sup>10</sup>. Typical signs and symptoms of pregnancy are the following: Untimely hunger; Urinary urgency; Swollen and tender breasts; Morning sickness; Delayed period; Nausea and vomiting; Constipation; Fatigue; and change in taste and smell in women, counting on the seriousness and process of naturally cited by (Tilman CB., 2025) <sup>11</sup>.

The prenatal consultations are prenatal care aimed at pregnant women and their fetuses, performed by certified professionals and including at least 4 assessments during pregnancy (first trimester, second trimester and twice in the third trimester). Prenatal care is important for the early detection of complications during pregnancy and for providing education about pregnancy. Irregular prenatal consultations increase the likelihood of prolonged labor three times more frequently than in pregnant women who regularly seek out the indicated consultations <sup>12</sup>. In order to improve the quality of services provided, systematic monitoring during pregnancy is recommended, carried out during prenatal consultations, where the main risk factors for both maternal and fetal health are identified. Low-risk pregnancies should be monitored without major interventions. Prenatal care should be started as early as possible; consultations should be monthly until the 30th week, biweekly or weekly until the 37th week, and weekly until delivery. Although pregnancy is a normal biological event, it is a period in which a woman's health can be affected, due to even slight changes in the mother's physiology, which can threaten her well-being and this is a crucial moment for the health of both the mother and the fetus <sup>13</sup>.

Therefore, assistance in periodic prenatal consultations is considered essential to identify problems and enhance maternal-fetal health. Increasing the number of consultations in the last weeks of pregnancy is important to improve obstetric assessment and provide emotional support to the pregnant woman at the time of birth. Previously associated with the institutionalization of childbirth, prenatal care had the main objective of contributing to the development of a healthy newborn and reducing the high infant mortality rates that existed at the end of the 20th century and the beginning of the 21st century. In other words, prenatal care emerged as a process of intrauterine childcare, as a social concern with demographics and the quality of children born, and not as protection for women, all over the world and especially in the case of Timor-Leste cited by (Tilman CB., 2025) <sup>14</sup>. The concept of humanized care for women should extend from prenatal care to birth and the postpartum period, emphasizing the importance of health promotion. Thus, the main objective of the prenatal period is to welcome the woman from the beginning of her pregnancy, a period of physical and emotional changes that each pregnant woman experiences differently (Schirmer., 2021; Tilman CB., 2025) <sup>15</sup>.

The objectives of prenatal consultations are:

- Monitor the progress of the pregnancy to ensure the health of the mother and baby;
- Recognize the early presence of anomalies or complications that can occur highly during pregnancy;
- Be well prepared for labor in the conditions of childbirth, this is important in care;
- Prepare the mother for the breastfeeding period according to the health guide;
- Preparing the mother and family for the birth is well prepared.

In Timor-Leste and based on the World Health Organization program, prenatal consultation is scheduled at 4 moments (first trimester of number one, second trimester of number two and third trimester considering the last of the consultations process) <sup>16</sup>.

Research Methodology

This is an exploratory and descriptive study, with a qualitative approach, through semi-structured interviews. According to Fortin (2019, p.178; Tilman CB., 2025). In descriptive studies, good ways of presenting the model consist of “simply describing a phenomenon or a concept related to a population, in order to establish the characteristics of the population that will be the object of the study to be carried out” <sup>17</sup>. The population, in this study, are all the midwives who work in good condition at the Maubara Health Center in the Municipality of Liquiçá. Designated as the sample, we consider the midwives who work at the Maubara Health Center, and the pregnant women who are in prenatal surveillance consultations at the time of data collection and the sampling is therefore considered intentional <sup>18</sup>. Data collection was carried out through semi-structured interviews directed at the midwives or comadres in the study carried out. The results presented, relating to the sociodemographic characterization, are described through descriptive statistics and the interviews through content analysis in the study mentions.

Research Result of Discussion

This study was carried out at the Maubara Health Center in the Municipality of Liquiçá, with the aim of highlighting the intervention of midwives in prenatal surveillance consultations. The total number of midwives in this health center is 16 people. The sample consisted of midwives who work in prenatal surveillance consultations, and data were col-

lected through semi-structured interviews during the month of March 2025. A total of 4 interviews were obtained with midwives (response rate of 25%). The midwives targeted by the study have an average age of 50 years and an average length of service of 22 years. Of the 4 midwives, 3 have a degree in public health, 3 have a degree in midwifery and 1 has a diploma III. Table 1 describes the content analysis carried out on the interviews with the midwives.

Table 1 – Analysis of interviews with midwives

Categorizes	Registration Unit
Opinion on prenatal and monitoring consultation	- Provide health for the mother and baby. (E1) - To determine the health of mothers and babies. (E2) - Preparation for natural birth. (E3) - Prevent complications. (E4)

All midwives consider that prenatal monitoring consultations are of great importance for maintaining and restoring the mother's health and optimal health for the unborn baby, as well as preventing complications.

Categorizes	Registration Unit
Midwife's intervention in the prenatal monitoring consultation is so fundamental.	Conducting 4 consultations and assessing blood pressure, weight, abdominal palpation, tetanus vaccination, iron administration, analysis and teaching. (E1, E2, E3, E4)

All midwives carry out their intervention in accordance with the guidelines of the Ministry of



Health, which focus on assessing blood pressure, weight, abdominal palpation, tetanus vaccination, iron administration, carrying out analyses and teaching.

Query Categorizes	Registration Unit
Difficulties faced by midwives during pre-natal monitoring consultations, but they continue to work to improve them.	Damaged material, for exemple blood pressure monitor. Too many pregnant women for the number of midwives. (E1, E2, E3, E4)  - Lack of material for the number of pregnant women and rapid intervention. (E3, E4)

Both all midwives reported that there were difficulties in providing care to pregnant women due to a lack of equipment, which was damaged and incomplete, as well as a very low ratio of midwives to pregnant women (1 midwife to 25 pregnant women). The results show that each midwife responded positively to providing prenatal care to pregnant women, with an ideal ratio according to (MS-TL, 2024) <sup>4</sup>.

In the interviews with midwives, when asked about their opinions on the examination of pregnant women, they presented a different perception, but with the same meaning, which is that determining complications as early as possible and maintaining the baby's health during childbirth is essential to improving (MS-TL, 2024) <sup>4</sup>. Prenatal care is important for the early detection of complications in pregnancy and education about pregnancy. Irregularity in the frequency of prenatal consultations increases the likelihood of prolonged labor three times more than in pregnant women who attend

consultations regularly <sup>19</sup>. According to scientific evidence, prenatal care is important because it allows us to know the health status of the mother and fetus so that complications can be prevented as early as possible and a normal birth can be prepared under midwifery care according to (Schirmer, 2020; Tilman CB., 2025) <sup>15</sup>.

Based on the results of the interviews, each midwife responded positively to the implementation of each step in antenatal care for pregnant women. All midwives carry out their intervention in accordance with the guidelines given by the Ministry of Health (2024) and which are aimed at assessing blood pressure, weight, abdominal palpation, tetanus vaccination, administration of iron, carrying out tests and teaching learning. However, most prenatal care services have deficiencies in terms of equipment and human resources <sup>20</sup>. The activities carried out by the midwife in the prenatal consultation include despite the pregnant woman, assessing blood pressure, assessing the height of the uterine fundus. Therefore, tetanus immunization, administration of iron tablets, carrying out tests to assess the presence of sexually transmitted diseases and referring the woman for medical consultation if the tests are positive (Ministry of Health, 2023). Prenatal care for a pregnant woman must be complete in order to detect complications in a timely manner and correct them.

According of the interviews obtained about the difficulties faced by midwives who provide prenatal care, there is a moderate assessment regarding the conditions of care provision. The difficulties are related to the lack of equipment, the unbalanced ratio of midwives to pregnant women, the absence of a special bed for analyzing pregnant women and the absence of a special place for counseling with

privacy for each person (Calms, B; Maniatar, V; Porter, R., 2018; Tilman CB., 2025)<sup>21</sup>. Thus, the concept of humanized care for women should extend from prenatal care to birth and the postpartum period, emphasizing health promotion. In this regard, the main objective of prenatal care is to welcome the woman from the beginning of her pregnancy – a period of physical and emotional changes –, which 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 Timor-Leste Midwives Association (TL, 2018).

## Conclusion

According all the midwives working at the Maubara Health Centre in Liquiçá Municipality perform well in providing prenatal care to pregnant women and understand the objectives and benefits of prenatal screening. Regular prenatal screening can prevent risk and reduce infant and maternal mortality as early as possible in Timor-Leste (National Programmer for Low-Risk Pregnancy Surveillance, 2023). However, midwives point to shortcomings in the care system such as lack of facilities and infrastructure as well as lack of time and energy in providing care, largely due to the inadequate midwife-to-pregnant woman ratio (National Programmer for Low-Risk Pregnancy Surveillance, 2023).

All the equipment used is sufficient and incomplete, and some is damaged. The place and space for consultations is still small, and the space does not provide complete privacy so that women can freely ask questions or disclose general complaints to the midwife. It has a negative impact on pregnant women and midwives. There is no good prac-

tice in discussing clinical cases among midwives, in which the health problems experienced by pregnant women are reflected upon. The current midwife/pregnant woman relationship is not efficient and effective for providing comprehensive and systematic care. Based on the above conclusions, it is expected that this work can contribute to raising awareness among decision makers to improve the provision of complete equipment for use in the provision of antenatal care for 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, when providing their services, always act in accordance with existing standards. Based on the results obtained, we hope that there will be a reinforcement in infrastructure, equipment and clinical devices to meet the needs that pregnant women in prenatal care presented. This ensures quality care provided in a safe environment and in accordance with international guidelines, minimizing prenatal and neonatal complications in East Timor.

Throughout the study, the author was always aware of the presence of some limitations:

1. In the knowledge and experience of conducting qualitative research, so there were many deficiencies in terms of the discussion;
2. Research limited to a health center that does not allow exploration of complete data;
3. Writing the work in Portuguese, there are some translations.

The information in order to project these results, we hope that this work will support the need to change the working conditions of midwives at the Maubara Health Center in the Municipality of



Liquiçá and that pregnant users will come for consultation and benefit from more complete and personalized care. The study should be replicated in other realities so that we can see the need for change in other places as well. In this way, we hope to contribute to the growth of the midwifery profession, according to the results of research according to (Tilman CB., 2025).

## References:

1. Amiruddin R. Studi pemanfaatan pelayanan ante natal terhadap kelainan kesehatan pada ibu hamil. Jakarta (2018).
2. APTL. Standard Profession of Midwives, to a particular Dili Timor-Leste (2019)
3. CHALMERS, B; MANGIATERRA, V; PORTER, R. Principles of perinatal care: the essential antenatal, perinatal and postpartum care course. WHO Birth, [sold], v. 28, no. 3, p. 202-207, (2019)
4. Ministry of Health. Health Statistics Report, Health Information Surveillance System Office, Timor-Leste. (2024).
5. World Health Organization & United Nation Children's Fund Population. (2023).
6. Brazil. Ministry of Health. Policies. Technical Area for Women's Health. Childbirth, abortion and puerperium: humanized care for women. Brasília: Ministry of Health, (2024).
7. Sharon, et al. Maternity nursing volume 1I edition 20 medical textbooks, Brazil. (2024).
8. Arnold, &., Bogas. Interpersonal Relationships: Professional Communication Skills for Nurses, 6th ed. St. Louis, Missouri: Saunders Elsevier. (2023).
9. Leal, I. Psychology of Pregnancy and Parenting. Lisbon: Fim do Secular (2018).
10. World Health Organization (WHO). Promoting Healthy Pregnancy . WHO Press, (2023) .
11. Mochar, M. Synopsis Obstetrics 4th edition medical textbook, Jakarta. (2019).
12. Martins. (2019). The prenatal care program in primary health care. Braga: University of Minho, Portugal.
13. Ullah. Knowledge of pregnant women about the signs of childbirth. Jakarta (2018)
14. Ministry of Health. Demographic and Health Survey ( 2009/2010). Health System and Epidemiological Surveillance Office. Timor-Leste (2019).
15. Schirmer, J. et al. Prenatal care: technical manual. 6th ed. Brasília: Secretariat of Health Policies – SPS/ Ministry of Health, (2020. 68 p.)
16. World Health Organization - South East Asian Regional Office (WHO-SEARO). Health Information System (Maternal Health) . WHO Press, (2022)
17. Fortin, M. The research process: From conception to realization (5th edition). Lourdes: Luscious (2018).
18. Tilman CB et al. The Perception of Population and Health Professionals Regarding the National Immunization Program of Timor- Leste. Health Systems and Policy Research.
19. Tilman CB., et al (2025). The Literature Review on the Study Design in Qualitative Research Methodology.
20. GRACE, L. Maternal-fetal medicine. 5th ed. Lisbon: Liddell (2018).
21. World Health Organization-South East Asian Regional Office (WHO-SEARO). Health Information System (Maternal Health). WHO Press, (2023.)
22. 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, (2019).