

Evidence-based implementation of normal childbirth: what are the obstacles? (qualitative study)

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ABSTRACT

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Evidence-based is a very effective strategy to improve the quality of midwifery services. One of the most frequently problems faced is the gap between midwifery practices that are in accordance with the procedures (based on evidence-based) with clinical care practices that occur in the clinic. The purpose of this study was to explore in-depth the obstacles to the implementation of *evidence-based* normal childbirth, which are the position of delivery, monitoring and documenting delivery by using partographs in the Independent Practice of Midwives of Gunungkidul District, Yogyakarta.

This research was a qualitative research with a phenomenological descriptive approach. The participants of this study were midwives who had the Independent Midwife Practice (PMB) consisting of 7 informants. Participant selection in this study used a *purposive sampling* technique with *convenience sampling* and identification of obstacles used was the *Consolidated Framework for Implementation Research* (CFIR). Data collection used was semi-structured interviews and observations. Data analysis used was a thematic analysis. The interview and observation of delivery assistance is done at the Independent Midwife Practice Center (PMB).

The position of delivery that was often used by patients was lithotomy and left slant, and the application of evidence-based monitoring and documentation using partograph was still not optimal. This was because there were several obstacles in its application, which were obstacles from patients, families, midwives, and obstacles from the organization. The impact of these obstacles was that it can reduce the quality of obstetric care in patients according to *evidence-based*. The evaluation of clinical practice based on *evidence-based* by the organization and the existence of feedback from patients to midwives are expected to improve the quality of service to patients.

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1. Introduction

Evidence based practice is an effective strategy to improve the quality of midwifery care. WHO has also emphasized that practices that are not effective or dangerous must be replaced with practices that are in accordance with *evidence based practice* (Irvani, Janghorbani, Zarean, & Bahrami, 2016).

One of the most common problems in health service research is the gap between evidence-based practice guidelines and the implementation of clinical care practices. Studies in the United States and the Netherlands show that 30% -40% of patients get clinical care that is not following evidence-based, while 20% or more patients get the treatment that is not needed or potentially dangerous for patients (Grol & Wensing, 2004). Other research states that there are still many developing countries using ineffective practices during delivery, while effective practices are not implemented as care interventions for patients (Shaban, Hatamleh, Khresheh, & Homer, 2011).

The results of the study by Shaban et al (2011) show that some ineffective practices are still used in normal childbirth which are augmentation in labor (95%), episiotomy with varying degrees of laceration without indication (37%), continuous external monitoring of the fetus (77%), families are not permitted to accompany maternity to provide support, and patients cannot determine a comfortable position for themselves, that is only a lithotomy position (100%). In addition, there are still many midwives who have not used partographs as a tool for delivery observation (29,5%) (Hailu, Nigus, Gidey, Hailu, & Moges, 2018). Other studies have shown that there are several ineffective practices that are still being applied, namely the use of episiotomy (76%), fundal pressure (59%), amniotomy (71%), oxytocin induction (33%), oxytocin augmentation (45%), enemas (11 %). Midwives do not apply effective practices, namely free walking (22%), free position (0%), free eating (2%), free drinking water (52%) (Pazandeh, Huss, Hirst, House, & Baghban, 2015)

The results of the systemic review included 6177 women from 12 countries representing Europe, North America, South America, South Asia and Southeast Asia. Showed that the rate of intervention, selective episiotomy, ranged from 8% to 59% while the rate for routine episiotomy ranged from 61% to 100% (Jiang, Qian, Carroli, & Garner, 2017). The results of research in Indonesia indicate that there is a relationship between knowledge of midwives and the implementation of partograph in childbirth care (Subani & Wulandari, 2020)

It is not easy to encourage health care providers to change the interventions given to patients according to evidence-based (Shaban et al., 2011). This may occur due to obstacles in the application of evidence-based on normal childbirth such as constraints from the social context (patients), obstacles from professional individuals (health care providers), and from organizations and economic matters (organizational environment, health system, and financial resource constraints (Grol & Wensing, 2004; Irvani et al., 2016).

Preliminary studies conducted at the professional organization IBI (Indonesian Midwives Association) and some *Bidan Delima* in Gunungkidul Regency related to obstacles in implementing evidence-based in normal childbirth, obtained information that midwives in the Gunungkidul Region have tried to apply according to evidence-based, but in their implementation there are obstacles from social factors, such as from community behavior, like family, especially husbands who do not want to accompany patients during delivery due to fear, and patients who feel comfortable with one of the positions. While obstacles to documentation using partographs are midwives, students and midwife assistants who assist in delivery do not understand how to fill partographs and the lack of compliance of midwives such as documenting partographs is done after labor is complete.

Evidence-based practice in midwifery is significantly able to reduce morbidity, mortality, and can be evaluated using the Consolidated Framework for Implementation Research (CFIR) (CFIR, 2017). Therefore there is a need for national policies based on *evidence-based* and quality assurance systems that will contribute to the reduction of unnecessary practices (Irvani et al., 2016). Based on the description above, the writers want to find out the obstacles of implementing *evidence-based* normal childbirth in the Independent Practice Midwife (BPM) of Gunungkidul Regency, Special Region of Yogyakarta.

2. The Proposed Method/Algorithm

This *study* aimed to explore in-depth the obstacles to the implementation of *evidence-based* normal childbirth, which are the position of delivery, monitoring and documenting delivery by using partographs in the Independent Practice of Midwives of Gunungkidul District, Yogyakarta.

3. Method

This research was a qualitative research with a phenomenological descriptive approach, with the aim to find out the phenomenon of obstacles in implementing *evidence-based* positions during delivery and to monitor and document labor using partographs by describing the form of words and language in a special natural context and by utilizing various natural methods (Castellan, 2010). Interviews with informants were conducted at the Independent Midwife Practice (PMB) or at an agreed place and observations were made when there were cases of normal childbirth at the midwife's clinic.

The selection of participants used was a *purposive sampling* technique with *convenience* sampling. The participants of this study are midwives who are administrators of the IBI organization (Indonesian Midwives Association) and midwives who have independent clinics with inclusion and exclusion criteria. Inclusion criteria were midwives who had independent clinics (independent midwife practices) for at least 3 years, had standardized Bidan Delima, had a minimum educational qualification of Diploma 3, had STR (Registration Certificate) and Midwife Practice License (SIPB) that were still active, had attended training normal childbirth (APN), and willing to be a participants. Exclusion criteria were a history of psychological disorders and participants who decided to leave during the study. Bidan Delima is a standardized system of service quality for private practice midwives with an emphasis on monitoring and evaluation activities as well as routine and ongoing training and training activities. Ethical approval (ethical approval) from the research ethics committee of the Universitas 'Aisyiyah Yogyakarta (No.781 / KEP-UNISA / I / 2019). All participants were given written consent before the interview.

The researcher functions as the main instrument and is at the same time a planner, executor of data collection, analysis, interpretation of data, and ultimately becomes a reporter of the results of the research (Creswell, 2014). The researcher also has a role to reflexively identify participants' biases, values, personal backgrounds, such as gender, culture, history and socioeconomic status (Creswell, 2014). The data collection in this study was in-depth semi-structured interviews and normal delivery observations in each of the Independent Midwife Practices (PMB). The interview began with general questions about implementing *evidence-based* positions during delivery and monitoring and documenting delivery using a partograph then participants were asked to explain their experiences of the obstacles to implementing that *evidence-based* implementation. Probing techniques are used by researchers to develop questions during interviews. All interviews were recorded and noted by the first author (midwifery master's student) at each participant's practice site. The duration of the interview was around 30 minutes to 60 minutes, and some participants were interviewed twice if needed. Interviews were conducted on 7 participants. All participants were willing to answer all questions during the interview. The interview continued until data saturation. Data saturation occurred if other new codes or categories did not appear from the last two interviews. The observation that the researchers used was passive participatory observation. Observations were made when there were cases of normal childbirth at the participant's clinic and the researchers made observations before the interview to minimize the effects of Hawthorne.

Analysis of the data used was thematic analysis by identifying patterned themes. These themes can be identified, coded inductively from raw qualitative data (interview transcripts) or deductively based on theory and the results of previous research. Analysis consisted of 3 activities namely data reduction, data presentation, and conclusion.

4. Results and Discussion

Table 1 describes the characteristics of informants.

Table 1. Characteristics of Main Informants

Characteristics	Inf1	Inf2	Inf3	Inf4	Inf5	Inf6	Inf6
Age	52	43	62	53	53	52	63
Religion	Christian	Islam	Islam	Islam	Islam	Christian	Islam
Education	Bachelor of Applied Science in Midwifery	Bachelor of Applied Science in Midwifery	Diploma 3 Midwifery	Magister of Hospital management	Diploma 3 Midwifery	D4 Midwifery	D4 Midwifery
The experience of being <i>Bidan Delima</i>	10 years	8 years	16 years	14 years	10 years		

Table 2 shows preparation of themes and categories of obstacles to evidence-based implementation of normal childbirth assistance in the independent practice of midwives (PMB) in Gunungkidul Regency.

Table 2. Preparation of Themes and Categories of Obstacles to Evidence-Based Implementation of Normal Childbirth Assistance in the Independent Practice of Midwives (PMB) in Gunungkidul Regency.

No	Theme	Category	Coding / Meaning / Keywords
1	Obstacles from Patients and Families	Family behavior	1. customs 2. Habit or culture of society
2	Obstacles from Midwives	Psychological patient and family Compliance on <i>evidence-based</i> Motivation	Patient and family trust in certain midwives Midwives' lack of compliance with <i>evidence-based</i> implementation Motivation based on the effectiveness of evidence-based normal childbirth, the midwife's curiosity about new knowledge and is a rule that has been enforced
3	Obstacles from Organizations	Availability of facilities Development of the latest ideas Latest scientific information Evaluation and <i>reward</i>	Lack of availability of facilities for the implementation of labor positions The latest ideas from IBI members are still lacking and not yet accessed 1. IBI member meetings are scheduled but can adapt to situations and conditions 2. Information from other health professionals only on certain events 3. New information was obtained from seminars and workshops 1. Evaluation of <i>evidence-based</i> implementation in PMB is carried out during delivery, but for evaluation of the organization is only done when the license extension practice 2. <i>Reward</i> is only general and there is no specific rewards regarding <i>evidence-based</i> application.

Table 3 shows observation of *Evidence-Based* implementation of normal childbirth in the independent practice of midwives (PMB) in Gunungkidul Regency

Table 3. Observation of *Evidence-Based* Implementation of Normal childbirth in the Independent Practice of Midwives (PMB) in Gunungkidul Regency

No	Action	Informant				
		Inf1	Inf2	Inf3	Inf4	Inf5
Position during delivery						
1	Standing position (upright)	-	-	-	-	-
2	Sitting position	-	-	-	-	-
3	Crawling position	-	-	-	-	-
4	Squatting position	-	-	-	-	-
5	Tilted sleeping position	√	√	√	√	√
6	Lithotomy position	√	√	√	√	√
If not done, explain the reason all patients felt comfortable in their left-leaning position and lithotomy						
Labor Monitoring and Documentation Using Partographs						
Partograph Documentation						
Fetal Components						
1	Fetal heart rate every 30 minutes	√	√	√	√	√
2	Head drop every 4 hours	√	√	√	√	√
3	Moulase every 4 hours	√	-	√	√	√
Maternal Components						
1	State of amniotic fluid every 4 hours	√	-	√	√	√
2	Cervical dilation every 4 hours	√	√	√	√	√
3	Uterine contractions every 30 minutes	√	√	√	√	√
4	A pulse check every 30 minutes	√	√	√	√	√
5	Temperature check every 2 hours	-	√	-	-	√
6	Urine protein examination every 2 hours	-	-	-	-	-
7	urine count every 2 hours	√	√	-	-	√
If not done, explain the reason						
<ul style="list-style-type: none"> Patients on PMB informant 2 (Inf2) had examined moulase and amniotic fluid but were not documented in partographs Patients on PMB informant 3 (Inf3) came with an opening of 8 cm and the recording of the partograph was done after delivery Patients on PMB informant 4 (Inf4) came with an opening of 7/8 cm and had BAK before being examined 						
Delivery Monitoring Using Partographs						
Fetal Components						
1	Fetal heart rate every 30 minutes	-	-	√	√	-
2	Head drop every 4 hours	√	√	√	√	√
3	Moulase every 4 hours	√	√	√	√	√
Maternal Components						
1	State of amniotic fluid every 4 hours	√	-	√	√	√
2	Cervical dilation every 4 hours	√	√	√	√	√
3	Uterine contractions every 30 minutes	-	-	√	√	√
4	A pulse check every 30 minutes	-	-	-	-	-
5	Temperature check every 2 hours	-	√	-	-	√
6	Urine protein examination every 2 hours	-	-	-	-	-
7	Urine count every 2 hours	√	√	-	-	√

Patient and family obstacles

Customs are still very trusted by families, so this can affect patient and family acceptance of information and education from health workers, especially midwives. The results of this study are consistent with other studies that explain that ethnicity or customs as social identities adopted by families can significantly influence health behavior (Craig & Kabybekova, 2015; Craig & Kapysheva, 2018)

“...customs in the field of the community, especially, we want to give as much detailed information as we can, but for our families and communities we must be patient because it is the custom that influences us...” (Inf4)

Another obstacle is the custom or culture of the community on certain matters such as the application of the position of the local community always using a left-leaning position and lithotomy during delivery, even though the informant states that it has provided information about various positions and the patient's freedom to choose a comfortable position. The left-tilted position (lateral

to left) is often applied with the reason to accelerate the decline of the head while the lithotomy position is applied when the opening is complete. The results of other studies revealed that the majority of patients know walking and lateral position as a delivery position aimed at accelerating head delivery, while most patients know that the supine position as a birthing position (Zileni et al., 2017). The results of other studies revealed that the risk of *Obstetric Anal Sphincter Injury* (OASIS) in nulliparous women, parous women, and women undergoing vaginal delivery with a history of cesarean section was the lowest level of risk in an upright position and the highest level in the lithotomy position. In nulliparous and parous women the lithotomy position increases the risk of OASIS compared to the sitting position. While the squatting position and the use of labor chairs can also increase the risk of OASIS (Elvander, Ahlberg, Thies-Lagergren, Cnattingius, & Stephansson, 2015)

Most patients did not know the benefits of each position, they only knew the position model through pictures but did not try to practice during pregnancy, so they only applied positions that were generally used by the community. According to Zileni et al (2017), education about various delivery positions for patients is needed so that they can make decisions based on information about their own choices. But midwives must also have the competence to encourage and help patients to choose different positions that are comfortable for patients.

“...then from that culture, the upside-down position is unfortunate for patients because of fear of falling, usually like that...” (Inf4)

“...most often it is oblique position, because the mother giving birth will need us, family, husband, and with her client, we need KIE first to give understanding first because we have to slowly explain...” (Inf4)

The psychological state of the family also influences the implementation of evidence-based normal childbirth. Patients' trust in certain midwives can prevent midwives from providing information and education. This can occur if the patient is accustomed to and feels comfortable with the services of only certain midwives, so if during delivery that provides other midwife services then this makes the patient need time to adapt again to the newly recognized midwife. Building patient confidence in midwives is not only done during antenatal care services but also during delivery, midwives are also expected to be able to build the confidence of patients who are getting new services for the first time by taking a more intense approach to make patients feel comfortable with midwives who provide services. Other results revealed that the relationship between midwives and patients was largely formed when meeting for the first time in delivery because the majority had not yet formed during pregnancy. However, both midwives and patients show commitment in just a few hours (Sosa, Crozier, & Stockl, 2018).

“...so if the patient is comfortable with the midwife ... cooperation is easy but sometimes some patients want to go to midwife A, midwife A does not go to midwife B, this makes things uncomfortable for themselves, so to cooperate is rather difficult....” (IP1)

Obstacles from midwives

In the evidence-based implementation of monitoring and documenting labor using partographs there were some informants who had not complied, this was due to some obstacles felt by the informants in its implementation, that if the patient came in a complete opening so that documentation was done after delivery was complete, they preferred to use separate notes for documentation, then transferred to the partograph sheet if the delivery was complete.

“...most of them still did not apply the filling correctly, the maximum was when the patient arrived, then when the patient entered in the first phase of the active phase then filled in continued on the partograph sheet but mostly fills it after delivery...” (Inf1)

“...If it's an emergency, we have to hold the patient first, it's flexible. because when a patient comes there is no way to do a partograph first, we still serve the patient first...” (Inf2)

“...sometimes I am half-hearted because sometimes she comes when the opening is complete so she doesn't use (partograph)....” (Inf3)

Some informants sometimes did not carry out monitoring that lasts 30 minutes on the grounds to maintain patient comfort. In addition, observations show that there were some informants who did monitoring according to the partograph but they did not document it, and there were informants who did partograph documentation 1 week after delivery assistance. This is due to the lack of knowledge and skills of midwives about the importance of using partographs. The lack of midwives at PMB can also hamper the implementation of evidence-based partograph documentation, so that sometimes with students who practice can assist midwives in implementing evidence-based delivery monitoring and documentation using partographs.

“...we have to do a Fetal Heart Rate check every 30 minutes that's sometimes because the patient feels uncomfortable but the check can't be ordered for every half hour once checked, so maybe it's more likely an hour just to check again...” (Inf1)

“...if there are no partograph students, the process will always be stalled, it can't be 100% smooth. Sometimes the patient is only written on the observation sheet, this hour there will be an opening like this, the partograph is written later, so after finishing cleaning the instrument and so on then the partograph is written...” (Inf4)

The results of this study are in line with other studies which state that there is inadequate documentation of vital parameters on partographs by health workers, this is due to gaps in the knowledge and skills of health workers about the importance of partographs and how to use partographs (Mandiwa & Zamawe, 2017). Continuous audits are needed, evaluations and feedback carried out by supervisors can improve performance in terms of professional practice and have also been shown to increase the use of partographs (Ivers et al., 2012). The strategy can be a lesson, showing the commitment of sustainable health workers to the implementation of partographs (Bedwell, Levin, Pett, & Lavender, 2017).

From the majority of informants, the motivation to change practices for the better is very good. The motivation is based on the effectiveness of evidence-based normal childbirth that has been applied to midwifery practices, evidence-based is a rule that has been enforced by the IBI organization and the Public Health Service, and the midwife's curiosity about new knowledge.

“...the success of the pattern (evidence-based) that we apply...” (Inf1)

“...if that's the case, we can see the reality, if the reality of the new one is better than the old one, it means it's the best. We do real practice, not just theory, if it's good for patients, the reaction is also good, that's all....” (Inf2)

“...my first motivation is ... my curiosity is very high so it makes me want to understand what is right, what is appropriate. Then the next is because this knowledge develops, then society is clever, then now is the era of law, we must be in accordance with existing standards...” (Inf4)

“.....if it is indeed a rule, and the regulation must have been researched and has gone through a long process and it must be good. I think like that, so if it is not done then it will be detrimental to other parties or others or even yourself...” (IP1)

Motivation is one of the success factors in the application of evidence-based. The high motivation of health workers, especially midwives will increase awareness of the importance of the application of evidence-based in daily practice. Grol and Wensing (2004) stated that health workers need to be given the latest information, motivation, and training to apply evidence-based in their daily practices. Other research results claimed that lack of awareness and motivation, as well as the presence of external factors, are important obstacles in the application of evidence-based (Wallace et al, 2012)

In the evidence-based implementation of positions during delivery, most of the informants stated that they had received training and seminars on various positions in delivery, but not all midwives had the tools to support the implementation of these positions. This is in line with research that explains that health facilities will be able to provide quality services if there is adequate and functional infrastructure (equipment), and have sufficient human resources who are trained to work according to standards (Fisseha, Berhane, Worku, & Terefe, 2017)

“...yes, my birth position is still like that. I also haven't changed the labor bed yet...” (Inf3)
 “...we had a birthing ball ... what's that called ?? well that's to help the head come out. But after that, the ball was broken...” (Inf4)

Obstacles from the organization

The results of interviews with informants stated that the IBI organization strongly supports new ideas from members as long as it is positive and does not harm patients and health workers. But the latest ideas from members of the organization are still lacking and have not yet been accessed. Lack of access to information, lack of interest in members of the IBI organization to read research journals, especially international research journals, and not being able to assess (critical appraisal) of this study are obstacles to making changes by finding the latest information. The critical appraisal of a study is to formulate clinical questions that can be answered, find the best evidence, critically evaluate the evidence, apply the evidence, and evaluate the results of the application (Halas et al, 2015).

“...supported, if it's positive then it will be supported...” (Inf3)
 “...yes, all this time, from the organization, things are very positive, very supportive, for things that lead to the future, even the support is not only moral, but also material...” (Inf4)
 “...eee really supported if there is new knowledge, even those who have finished training. Not all members keep training. Later the results will be given when the meeting is delivered, so all members can know because they are socialized, so the IBI organization is very concerned...” (Inf5)
 “...as long as it does not harm the patient why not just accept it and I support it...” (IP1)
 “...yaaa .. so far for specifically in Gunungkidul not so accessible as that, so just discussing then adjusting or waiting for SOPs from the government level for example from RSUP Dr. Sardjito, from the Department of Health, but specifically for professional organizations themselves actually have not developed to get there in Gunungkidul ... so it's still adjusting the government...” (Inf1)
 “...I don't think there is an idea from the members...” (Inf2)

The latest information on evidence-based normal childbirth is usually obtained from seminars and workshops organized by IBI organizations, other health professional organizations, hospitals and also health institutions. As for accessing and reading journals are still rarely done. Other research states that health workers who provide care for childbirth patients must attend training and be regularly updated in the implementation of clinical practices, training methods can improve learning for health workers and improve the quality of service to patients (Bedwell et al., 2017)

“...yes from seminars and from products that sometimes hold. From the product, it is like sponsoring the training...” (Inf3)
 “...from seminars and training, it's not often anymore, only once a month and it used to be very frequent training workshops back then...” (Inf5)
 “...usually obtained from seminars and workshops...” (IP1)

IBI members 'meetings in the Gunungkidul Regency are scheduled at the branch level every 1-2 months, branch management meetings are planned once every 1 month and *Bidan Delima* meeting is held every 2 months, but the meeting schedule can change according to the members' schedules because most of IBI organization member is ASN. The special meeting of members of the IBI organization allows organization members to exchange experiences related to obstacles in the implementation of evidence-based childbirth or delivery and discuss the latest case findings or issues regarding maternal neonatal occurring in the community so that the presence of activity can increase midwives' awareness to apply daily practices *evidence-based*. The local consensus process (agreement between professionals on clinical issues) is quite effective in influencing health workers in applying *evidence-based* to clinical practice.

"...IBI meetings are regularly held at the branch level every 2 months, then for the branch management meeting it is planned to be held every month for the daily management to adjust the needs and conditions so that it cannot be routine, but coordination continues through WA...." (Inf1)

"...organized But sometimes ... it is not easy to gather members, but long before they were held, they were informed..." (Inf5)

"....So for each branch, it has its own schedule, actually scheduled every month but because of the busyness it can be once every 2 months just a meeting ... so it depends on the situation because there are many jobs at the puskesmas now..." (IP1)

Based on interviews with informants the exchange of information from other health workers only on certain events such as seminars and training conducted by other health organizations. The exchange of information between midwives and other health workers will be able to improve midwives' knowledge and skills in implementing evidence-based normal childbirth. There are several strategies to influence health workers in applying evidence-based into clinical practice, that by distributing educational materials such as guidelines, practice recommendations and research journals, as well as attending conferences (seminars and training) and continuing lecture, but this method is still considered ineffective.

"...The exchange is clear that from the outside it is from the profession of every particular event from IDI. Then from the Nurse, there were also activities from PPNI which also had a seminar...." (Inf4)

"...depending on the type of training, for the information we get, it is adjusted to our needs as well, if indeed it is new knowledge that we have never trained and we want to update about the sciences that might have been different yesterday than now so it depends on the type of training that is held, if it is about exchanges information..." (Inf2)

An evaluation of evidence-based implementation in PMB is carried out during delivery in the hope that the midwife will immediately correct practices that are not appropriate for subsequent delivery patients. Every PMB at Bidan Delima or who has not become a Bidan Delima must be able to conduct an Independent Study in their own independent practice. Conducting Independent Study means that midwives independently assess the performance of maternal and child health services, reproductive health and family planning (KB). This Independent Study is a study guide or guides used to help midwives make their own assessments of services without the need for intensive guidance from the facilitator in achieving service according to standards Bidan Delima, 2018.

".....I evaluated it from the question on the patient. Then the partograph is physically filled out with reports from the documentation..." (Inf1)

".....we also saw during the monitoring process of the SOP and sometimes if he (the employee) helped with the delivery, I observed it directly..." (Inf4)

Evaluation from the organization is only done when the license extension practices for *Bidan Delima* only. Permit to extend the practice of *Bidan Delima* is done every 5 years, if the evaluation by the organization is done every time the license is extended, then this is not in accordance with the statement stated in the Technical Book of Branch Level *Bidan Delima* Program (2013) that monitoring of *Bidan Delima* is carried out 6 (six) months after PMB becomes a Bidan Delima and must be done routinely at least once a year in each district/city.

"....if evaluating directly to a friend's place like that, it is done if there are members who want to extend their practice permit, it must get a recommendation, the recommendation is obtained after the management along with the Bidan Delima will come to the midwife's place at all to ask questions and so on but in detail not just that, it's only in general...." (IP1)

In addition, there are no rewards/awards for midwives specifically regarding the application of evidence-based, awards are still generally only for midwives who excel. The existence of

rewards/awards can increase the motivation of midwives in implementing practices that are evidence-based so that they can improve the quality of services provided to patients.

“.....limited to reward for Bidan Delima only...” (Inf1)

“.....no, it's normal, that's part of the obligation not to expect reward....” (Inf2)

Based on the results of the study stated that reward for work in terms of salary (adequate salary), career opportunities (job security, promotion prospects), and rewards (appreciation and support at work) are very important not only for retention purposes but for the maintenance of health workers who are healthy (Darboe, Lin, & Kuo, 2016).

The researchers only used qualitative data to reveal the obstacles that occur in the implementation of evidence-based delivery assistance, in observation of normal childbirth, the researchers only observed one Midwife Independent Practice (PMB), one delivery aid, so that it still did not adequately describe how the implementation of evidence-based help delivery was normal in each of the Independent Midwife Practices (PMB), and interviews were only conducted with health workers, that were midwives, so this study did not describe the opinions of patients about the health services they received. The sample selection of researchers initially planned to use the simple random sampling technique, but in conducting the study, the sample was chosen by the local IBI organization, which was choosing a midwife who was easily accessible to be an informant (convenience sampling) so that the information obtained has low credibility.

5. Conclusion

Implementation of delivery position, monitoring and documentation of partographs have largely been carried out in accordance with evidence-based, but there were still some that were not appropriate because there were some obstacles in its implementation. The delivery position that is often used by patients is the lithotomy position and tilt to the left (lateral), and in monitoring and documentation using partographs there were still some midwives who had not applied the use of partographs in accordance with the standards. Some obstacles in the implementation of evidence-based delivery position, monitoring and documentation of delivery using partographs were obstacles from patients and families, obstacles from midwives, and obstacles from the organization.

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