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A qualitative study of partnership between woman and midwife within midwife-led care clinic

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ABSTRACT

One indirect causes of maternal mortality in Indonesia is "Three Delays", delays in: (1) deciding to seek appropriate medical help for an obstetric emergency; (2) reaching an appropriate obstetric facility; and (3) receiving adequate care when a facility is reached, which has relation with the lack of women's ability in empowering herself to actively participate and to make suitable decisions about midwifery care they need. The research aims to explore the partnership between woman and midwife in midwifery care. A descriptive qualitative study was conducted using a convenience sample of six low-risk women after they had given birth and six midwives from six geographically distinct midwife-led care clinic in Bantul Regency. Data were collected through semi‐ structured in‐ depth interviews. The interview was conducted two to three times and recorded by audio record. Interviews were transcribed and analyzed by the thematic analysis according to Cresswell approach. Seven major themes were identified: (a) midwives ability to partner with women, (b) equality and reciprocity, (c) negotiation, (d) empowerment, (e) trust and time, (f) sharing power and responsibility, and (g) professional friendship. Most of the women are not capable to empower themselves such as less participating in decision making, less considerate in choosing a birthing position, and worsen by the limitations of midwives availability during the delivery process. Midwives need to reflect more the philosophy meaning inside the midwifery care and strengthen the midwifery professionals curriculum in order to persuade women as a partner who capable to empower themselves and to participate actively.

1. Introduction

The relationship between women and midwives are the main components in midwifery practice 'with woman' (Aune et al., 2014), The relationship between woman and midwife referred to as a partnership (McAra-Couper et al., 2014), professional friendship (Reed et al., 2016) and a close friendship (Crowther et al., 2016), This relationship is characterized by inclusiveness, equality, sensitivity, care, trust, flexibility, empowerment, advocacy and facilitate decision making based on evidence-based information (Aune et al., 2014; Brown, 2012; Crowther et al., 2016; L. Hunter, 2015).

Maternal mortality in health facilities due to ineffective referral occurs because of a family decision that late. It is closely related to the inability of women to empower themselves to participate actively in decisions about midwifery care received. Some 63% experienced a reference more than one place (52% referral second place, 11% referral one place) 30% died at home because it is not referal (Achadi, 2019). The quality of maternal health care in Indonesia is influenced by lack of

midwives' competence, inadequate supervision and monitoring, lack of drugs and equipment supply, lack of community involvement in health services (Rosyidah, Koning, & Ormel, 2019)

The importance of the partnership of women and midwives have been based on the results of midwives 'with woman' (Aune et al., 2014; Bradfield et al., 2018; Thelin et al., 2014) and work in partnership with women according to a philosophy statement written by the International Confederation of Midwives (ICM) (International Confederation of Midwives, 2017), Results of research conducted by experts midwifery around the world emphasize the importance of 'with woman' and upbringing centered on women and work in partnership with women (Guililland K 2010; Fahy K, 1998; Kennedy HP et al, 2010; Leap N et al , 2016). Previous research of studies 'with a woman' current care delivery, midwife should facilitate the empowerment of women(L. Hunter, 2015; Tharpe, 2009) and decision-making based on information provided by the midwife selection (Aune et al., 2014; L. Hunter, 2015; McAra-Couper et al., 2014; Murphy & King, 2013), Philosophy 'with a woman' creating a therapeutic environment necessary for advocacy and empowerment for women (L. Hunter, 2015; Lee Davis & Walker, 2011),

Through partnerships midwives and women can improve the quality of midwifery care for women and babies. So that midwives can work in partnership with women, both sides should be open, self-aware, mature and have a commitment to respect the way that a woman knows about her, her body, and her baby (Pairman, 2015). The aim of this study was to explore partnership between woman and midwife within midwifery care, and through women's and midwives' views and experiences, and identify the key elements of partnership so that it might be better understood

2. Research Method

A descriptive qualitative study design was chosen as the most appropriate design to address the research aim (Sandelowski, 2000). Data were collected via face-to-face in-depth interviews and conducted two to three times. The of participants (n = 12) were convenience sampled from six low-risk women after they had given birth and six from six geographically distinct midwife-led care clinic in Bantul Regency (Table 1), providing a range of perspectives and experience of partnership between woman and midwife in midwifery care.

Table 1. Study Participants

Participant Type	Number (Site 1 / Site 2 / Site 3) a
Women (postnatal)	6 (2/2/2)
Midwives	6 (2/2/2)

[a] Site 1 = east branch area of Indonesian Midwives Association; Site 2 = middle branch area of Indonesian Midwives Association; Site 3 = west branch area of Indonesian Midwives Association The interviews were conducted from November to December 2019

Ethical approval for the study was granted by the research ethics committees of the University 'Aisyiyah Yogyakarta (Ref No: 1292/KEP-UNISA/XI/2019). Written consent to contact was Obtained by the gatekeepers and participant contact details were forwarded to the interviewer of participants who subsequently contacted to arrange a suitable date, time and venue for the interview. The purpose of the research was further explained to all prospective of participants, Including potential benefits and harms, and, they were asked if they were willing to take part. All of participants being interviewed Provided written consent prior to commencing the interview.

Qualitative analysis of data, following a verbatim transcription of the interviews, was conducted by a team of two Researchers (Y, AH) who were not Involved in conducting the interviews. All of Reviews These are midwive Researchers academics and have personal experience of maternity care system. All interviews were audio recorded, anonymized to Ensure confidentiality and transcribed verbatim by professional transcribers and checked by the research team for accuracy. Thematic analysis was used incorporating a Creswell framework analysis approach (Creswell, 2014).

3. Results

The results of qualitative research is described in a sequence and generate several themes, namely: 1) the ability of midwives in partnership with women, 2) equality and reciprocity, 3) negotiation, 4) the empowerment of women, 5) confidence and the availability of time, 6) shared power and responsibility responsible, and 7) professional friendship. These themes can be seen in Table 2.

Table 2. Themes and sub-themes

Themes	Sub-Themes
Midwives ability to partner with woman	Understanding partnerships
	Partnership barriers
	Partnership optimization
Equality and reciprocity	Fufillment needs of woman
	Change the negative mindset
	Health education
Negotiation	Giving choice
	Discussion with husband
	Using of social media
Empowerment	Husband's involvement
	Limited position to give birth
	Helplessness of women
Trust and time	Sharing inconvenience
	Gives you peace
	Communication via online
	Midwife presence
Sharing power and responsibility	Third Person interference
	Informed consent
	Midwife authority
professional friendship	Building trust
	Midwife attitude
	Transition to parenthood

3.1 Midwives ability to partner with woman

Informants Midwives - 2 describe the partnership of women and midwives are providing counseling and health education about pregnancy, labor and delivery and postpartum to women.

"... give me what ya .. besides ee ... in counseling that we are there to provide education, education ... if his ANC was about pregnancy .. yaa .. about the process of pregnancy from the beginning" (Midwife - 2)

Informants Midwives - 1 describes the partnership of women and midwives in midwifery care are positioning themselves like women when treated by midwives. Midwives seek to minimize the distance between women and midwives so that women want to share a story or perceived grievances.

"... if my personal example, my patient, I try to put myself as a patient, so I tuh want to be served as it, like that's what I do ... (" ... ") occasionally I'm not all patients want ya kan yaa especially with health workers , kayak there is distance, if I still just trying for a bit, not to eliminate it but rather thins away so let the patient would be out again lah " (Midwife - 1)

Informants Midwives - 1 describe that culture which is owned by women and families to be one less reason women their cooperation following the health education provided by midwives.

"… such as eating, there is prohibition, then later customary if not allowed to go out at night, then not allowed to drink the ice is still so, yaaa .. it was customary. ("...") then sleep, they were there not be left lateral position, whereas it if it was good pregnant fitting tilt left, tilt left because they thought it was for them just the same like the devil " (Midwife - 1)

Informants Midwives - 4 described the characteristics of women in the work area they are mothers - young mothers who have a mobile and trust the information in social media without seeking an explanation as to the correctness of the information obtained.

"... them that his phone has been nice to 'mba, then she search in google, information that is less accountable for instance for example as the IUD," IUDs can be the way to' mom, I'm afraid fitted IUD, attach the implant was able to walk ' ("...") so for now young woman average all have mobile phones, so that the obstacles, they get even just out of it " (Midwife - 4)

Barriers also occur on the side of a service provider is a midwife. Midwives do not understand comprehensively the concept of partnership of women in midwifery care. The principle of partnership of women and midwives have not been applied in midwife care provided in a comprehensive manner.

"Er ... fitting that school age ndak anu yaa mba .. ndak are described (Partnership of women and midwives) *.. essentially provide care usual taught .. given the appropriate management of complaints ..* "(Midwife - 2)

"Yaaa care given so .. wong first days of school, too ... what a patient complaint, then given causes .. then given a drug or vitamin .. so wrote "(Midwife - 3)

Informants Midwives - 1 describes that the concept of partnership of women and midwives can be understood in more depth since following the lecture Magister Midwifery. The concept of partnership of women and midwives midwife understood that midwifery care given to women for the principle of partnership as empowering women in decision-making.

"I'm understand (Partnership of women and midwives) *fit-up study* (Magister Midwifery) *earlier this .... if a patient comes, what his complaint, then examined and given vitamin or medicine .. fitting my new course understood that the midwife it not only provides a physical midwifery care .. but also must be able to understand her, making women uncomfortable, then fitting a decision must also involve women to* " (midwife - 1)

Informants Midwives - 1 describes the optimization of partnerships that midwives are in-depth approach to her husband and related culture. Midwives have a strategy to conduct in-depth approach to the husband to change the mindset of women and wives of the negative effects of habit adopted.

"... I was talking to the patient if the patient can change or not, I talked but not equal his patients to ', together with the usher, if I still focuses on the husband, the core family right, the wife, the husband, if they were both able to change, yes okay, when it was a matter of urgency yaa, nahh .. usually later sometimes not 'make usher then talked a lot, so thats the trick ... "(Midwife - 1)

Another thing that midwives to optimize the partnership of women and midwives in midwifery care to provide adequate information that is true and based on medical evidence to the women.

"I usually ask in, can in that information from, then I tell the truth, such as patients who feared it would post mba IUD, the IUD can not really get on the road way google it not all right, so do not be afraid" (Midwife - 4)

3.2 Equality and reciprocity

Midwife trying to meet women the necessary information about the changes that occur during pregnancy. The phrase was delivered by a midwife 2:

"We dig out of the receipt of pregnancy .. yaa .. so the mother early in pregnancy that's there is a wide - range, her pregnancy with gestational what he meant .. there are desired and there are undesirable (...) so that we explain yaa about the development of pregnancy, as pregnant that there must be repulsive because the hormonal changes, sometimes the mother - the mother that's easy to despair, then will we love hope, then nausea that go hand in hand when, later will stop when the gestation entering 5 months or 16 Sunday"(Midwife - 2)

Women tell during pregnancy care, midwives provide the necessary information about the perceived inconvenience. The phrase was delivered by a group of female informant Informant 8 and 9:

"Yaaa .. does mba same dijelasin bu midwife if for example there is a complaint, then dibilangi if indeed there is a change that is pregnant, but during pregnancy is not a lot of complaints, because the experience is already the third child" (Female - 2)

"Described use drawings so, about the perceived complaints, yesterday itukan sempet nausea and vomiting, then you explain why the same midwife about the influence of hormones of pregnancy hormones, so nausea and vomiting, but the midwife said to be lost anyway" (Women - 3)

Informants Midwives - 1 describes that a positive perspective on labor can be built since the pregnancy. Pregnancy exercise activities designed by the informant midwife to give positive suggestions about giving birth through a spiritual approach.

"From the beginning in fact I was not, if we know, would have no senamnya, will usually we include gymnastics, gymnastics ee .. next time it is we've started like erm ... let him that his perception delivery was not so sick, yaaa .. want hypnobirthing say or what so important anyway core back was surrender to God ... " (Midwife - 1)

The midwife tried to unify the perception of women through the provision of health education on puerperal period. Informants Midwives - 2 describes complaints from women during childbirth period is perineal stitches and breastfeeding, so it is important for the perception of exclusive breastfeeding.

"Of course, for we see the baby ee .. meneteknya how, there is a sign - a sign of infection between them or how, for example, the mother no signs of infections such as mastitis or complications of parturition, of his lochea how, bleeding and BAK how her how. Then later the baby was yellow, then the cord smells or not, we'll see from there, and then later psychological mother, if the mother was experiencing postpartum blues or not, then of the baby's weight, we mengonseling to mother the results of the examination was weight how, we convey a sign - a sign that the baby was less drink it how, urine how, that we have to get " (Midwife - 2)

Women also reported that midwives emphasizing the importance of exclusive breastfeeding as directed by a midwife. Informants Women - 1 is a working mother. Women strive to provide exclusive breastfeeding with breast milk persediaam store in a refrigerator

"Exclusive breastfeeding told to love so given breast milk given tau aja, do other foods, so I pressed then I stayed in the fridge, because I work" (Women - 1)

3.3 Negotiation

In this study describes that the midwife to position itself as a facilitator and provide the opportunity for women to make choices against each action is given.

"Eee .. the obvious one, which I hereby announce the results of the examination, after the results of automated inspection there are several options, well kept .. uh .. it was my choice to explain, for example, there are three choices, I will explain each choice along with the shortcomings and advantages, nah .. then after all is explained by the benefits and drawbacks, I usually will say something like this, if I personally am going to take a decision with this option, but again I give to the patient, which you later want choice, but if I were the most good choice, because of what, yaa .. described back "(Midwife - 1)

Postpartum contraceptive choice has been given a midwife before the birth process, so that women can ascertain what contraception will be selected.

"Prenatal pregnant pas I've provided information regarding choice of contraception. I started there, let alone already multipara, automatic right ditanyain later want to get pregnant again or not, if it's now indeed IUD KB yaa, but not it was later diliat condition, usually ranging from that we have started to wonder " (Midwife - 1)

In this study describes that women discuss with your husband about choices given the midwife. Women also reported that each choice offered by midwives, will be delivered with the husband as decision-makers.

"We're beginning, for example a patient want to use KB, we're giving choice, for example A B or C kek so, then later the same patient consultation with her husband first, then if you've decided, I'll return here again it was steady" (Midwife - 3)

"Midwife give advice, telling KB as well, but my husband not yet, so we are not used to" (Women - 5)

Midwives also directs women to understand contraception through searching on social media. However, the information circulating on social media about contraceptives are not all based on scientific evidence. The need for screening women for accessing information by social media.

"Before delivery, have been informed about the planning so we have to those discussions and choosing contraception after giving birth, I explained also the side effects, I directed her later usually searching in google first, than I have previously referred nganu ... but I introduce a kind of - kind of his" (Midwife - 5)

"In fact if this education is now yaa .. was average own at least high school anyway, maybe now more, they then, his phone has been nice, then he search in google, the information is less so can be justified for instance for example as the IUD, "IUDs can be the way to, I'm afraid fitted IUD, attach the implant was able to walk' 'was it you taunya where' read right in social media it right, then I asked, 'your neighbors nothing like that? ' 'Ya no' 'you know .. if there is no right means the information is not so true to' 'but I am afraid, I'm scared' so for now it is the average syoung woman all have mobile phones to " (Midwife - 4)

3.4 Empowerment

Midwives empower husband by engaging current antenatal women in midwife-led care. The midwife brought her husband to accompany his wife when the husband pregnancy tests determine the condition of pregnancies, fetal well-being and prepare for the birth.

"... there are husband was waiting outside, but usually tak'suruh go in, let him know and see the development of the fetus so you know, usually I telling the fetal development, it's been 5 months of age (" ... ") so later for example, always caressed when going to pray tahajud or want to pray, then later perdengarkan with murrotal Qur'an like that " (Midwife - 2)

In this study, describing the choice of birthing position is limited. Informants Midwives - 2 and informants Midwives - 3 describe that midwives encourage women to choose a semi-supine position / lithotomy during childbirth

"Birthing positions remain skewed or lithotomy, squat if I do not dare, because I never had that squat it but not so healthy baby, I've been 3 times tried squatting position, but the results are not satisfactory" (Midwife - 5)

In this study describes the condition of women who do not understand the importance of exclusive breastfeeding. Women do not understand that a baby should be awakened to be breastfed.

"Sometimes the mother was more than happy if the baby does not fuss, right when it sebenanarnya danger, should not it every 2 hours was awoken to ditete'i, continue've also cases, the baby was given a banana, then her constipation" (Midwife - 1)

The intervention of parents / mother in-laws in the decision of exclusive breastfeeding. Women are not able to provide exclusive breastfeeding for less powerful position in the family. Exclusive breastfeeding failure is caused by in-laws / parents who are less cooperative in supporting breastfeeding. Women living with in-laws / parents tend to follow their decision to give drink other than breast milk.

"Exclusive breastfeeding hell yesterday when the last case mbaa yaa .. it failed because the milk is less, then the milk is less due to his nipples mendelep, it already dinasehatin that should be milked trus exclusive breastfeeding with disendokin, but it's here that the majority of mothers - mother-in-law kan was then given his lack of breast milk so the usual formula does mba " (Midwife - 3)

if one home with her husband to 'it's easier, but if any law or anyone else, it tends to decide that the parents or mother in-laws .. ("...") kan sometimes there are up to 2-3 days yet to come out, maybe that one home with mother in-law, who messed up to 'mba " (Midwife - 4)

3.5 Trust and time

Midwives build mutual trust to women to share their feelings of discomfort. Midwives encourage women to give positive suggestions.

"... that is by nature condition (pregnant), then means it's given a pregnancy, a boon, not all women can be given a mandate ee .., essentially blown - exaggerated his heart, if I still there, then runs it

back again, with do not judge complaints - complaints usually tell women, sometimes right, a pregnant woman was right, 'ohh ya good, because I was not comfortable with the pregnant' and so forth "(Midwife - 1)

The midwife tried to foster trust among women with a midwife is to increase the intensity of visits to midwife-led care. When women feel the complaint, then she can come to midwife-led care for a check-up.

"Eemmm ... for example the patient was pregnant fitting complaining of back pain, usually just explain that it is normal in pregnancy, because right there is a change in the shape of bones, then the mother also brought dedek baby in her belly, so lumbago. I usually love to know for rest and attention to body position in order to remain upright " (Midwife - 5)

Women describe that previous birth experience gives confidence to get through the pregnancy to delivery and birth normally.

"Yaaa .. self confidence also mba if my normal pregnancy, already the third child, everything is normal, Thank God there's no complaints what's what" (Female - 2)

"The first child earlier experience mba, so sure wrote that would normally continue the pregnancy, which is important keep eating" (Women - 3)

The midwife tried to make women feel calm and comfortable. cozy room can give you peace of women in the face of the delivery process. In addition, the presence of an escort, of nutrition and mobilization during the wait for the complete opening also contributes to the smooth process of labor and birth.

"Eee .. This made the room first, comfortable, air conditioning is turned on, then the caretaker should two people, then allowed to eat and drink, does not have to be limited, it is recommended when the patient continues its opening is less than four may be way street, not just lie down" (Midwife - 4)

Woman recounts that can be perceived comfort women if the availability of facilities in the maternity ward are met, such as air conditioning and lighting up. When you get in midwife-led care services, women are less comfortable because of the facilities provided incomplete.

"That's the hope anyway mba .. hmmm .. more to facilities kan yaa .. because yesterday I gave birth to her room really dark .. then a lot of mosquitoes because of its position it goes into the fan .. also less tasted, so completely wrong .. would be closed later heat, would be opened mosquitoes got .. " (Female - 2)

Midwives provide tranquility to women who are facing labor and birth is a spiritual approach and provide motivation. Midwives also teaches management of pain by massaging the backs of women and respiratory management to regulate contraction.

"We stay close, we give the right motivation usually pegel ituuu .. we provide the motivation for the management of pain, take a deep breath, then we explain that the childbirth was like that Buuu .. but it can be neutralized with a deep breath and prayed" (Midwife - 5)

During the opening process, the women were observed by an assistant midwife. When opening is complete and rupture then the assistant will call the midwife. midwives not fully assist the process of opening. Midwives only see a few hours after the observation.

"Usually when it would complete, it's observation, usually I Vaginal Toucher, then just go to how, then later continued observation by assistant later when the opening is complete and the membranes have ruptured, he called me" (Midwife - 2)

"Mother was a midwife and no fitting check the fitting opening, usually waiting for the assistant kayak mba"(Women - 1)

Most midwives do not conduct postpartum visits to her house. The midwife tells postpartum visits home only done if women are supposed to have been scheduled controls on certain days, but did not come to visit.

"Postpartum visits that we had our yaa message, the third day it should return the mother and baby"(Midwife - 2)

"Depending on the condition, yesterday anyway there are a few that fit that for example the reason for her no escort .. (" ... ") if for example the fifth day the patient is not control, usually we will get there, pick up the ball proverbial, because it is still dependent if for example we arrived - arrived sepsis "(Midwife - 1)

Women hope midwife comes home to postpartum checkup and provide health education to parents about breastfeeding women.

"Hope does mba .. bu fitting check midwife gave birth there to the house, because I'm living at the parents .. it's still his mother's milk are not maintained .. so sometimes given formula milk or mineral water at the parents .. I want midwife giving educationto my parents, because it needs more midwives know the consequences " (Women - 6)

Midwives utilize communication via online through whatsapp to open a counseling forum for women on ktidaknyamanan perceived. Women can share experiences about the perceived complaints during pregnancy.

"We also have whatsapp group mba, will not you for pregnant women there are maternity itself so sometimes we go to the forum yaa there, then we are also there, so we kind of groups like. Later on when there are usually willing to participate "(Midwife - 1)

"Usually when there is a complaint I whatsapp midwife bu, bu I do have a number of midwives, mothers are also active reply when I asked wondering"(Women - 5)

However, not all midwives provide the opportunity for women to share pregnancy complaints through online media. If the women's grievances felt quite heavy and require a physical examination, then she may be able to midwife-led care.

"Patients should contact via whatsapp, but if whatsapp usually I just schedule or perhaps they could meet with me, because there are some who while writing in whatsapp it turned out to be the language difficult to understand, when I answered the more rounded, can not be understood by the patient (" ... ") yaa because it never met, but the patient does not understand understand, that sometimes - sometimes kan them what my own yaa .. also .. iki even those that question widened, not narrowed " (Midwife - 4)

3.6 Sharing power and responsibility

In this study describes the experience of the midwife had to refer women to the hospital because of interference family.

"Ever .. I usually refer the patient, because usually family yaaa .. panic, we've explained but it's usually cepet family wants, but it's not possible, is it right to use the name of the process time, yaa indications not medical indications, the indication for patients can not stand the pain, it is difficult to be invited communications, " (Midwife - 4)

Their parents interfere in the decision of breastfeeding. Husband can not do much because there is the highest decision-laws. The midwife tried to include mother in-laws / parents to support the success of exclusive breastfeeding.

"No no, ho'oh, because especially for example ee .. yesterday to the case ee .. automatic right child and his mother also intervened, so the decision was in fact usually not in a husband but is in the mother's own, well it's because of that is there a role her mother so we opt, either in what .. ee .. because of the failure of the milk is also affected by the same laws, the same parents, so there at the time of going home counseling was also the old man could be involved because he it can thwart even his mother's breast milk " (Midwife - 3)

Midwives always documenting every action performed, including the current state of women and the family did not want to do referrals to hospitals. This is done to protect the midwife of lawsuits.

"Yaa there, but I was with a note, but do not want to be referred to a note he had a signature, but if there is anything, jenengan principally not allowed to blame me. if, for example should be referred trus not want to have a reason for this, but I already do not want to, there are forcing so "(Midwife - 5)

Women who have a previous positive birth experience tend husband or family will be easier to understand every action midwife. Women had also had a positive experience, making it easier to follow the direction of a midwife. Husband felt positive experiences also contribute to foster trust women to the competence of midwives.

"Yaa .. usually the mother suggested, as a result so this way, as an obedient aja kan patient, because we're not you do not know the risk, right mother over tau" (Female - 2)

"Yaa .. if I'm still mantep wrote, the same nurut husband anyway, is not fitting here also my husband, so yes already here, then bu midwife is also nice and friendly, my husband was never sick before itch, then fitted into the mother's pain healed, so yes already here aja " (Women - 5)

Midwives tell when emergencies occur outside the authority of the midwife, the midwife has the absolute right to make decisions by considering the condition of women.

"Ohhh .. yaa was also there ... if for example, we are depending on the circumstances yaa mba .. intention emergency condition right here, now it's emergency department is divided into several kinds yaa, if for example the emergency once, to life-threatening and other so mean automatic ee .. yes it was, ee ... what ya be involved to the patient but when it it comes to the lives means it's our sovereign right, so if I heck ya .. "(Midwife - 1)

Midwives to approach women by explaining the competence of the midwife. The midwife tried to approach women or families on limited authority midwife. The need for collaboration with other health professionals who met the midwife when the case requires the completion of several disciplines.

"... we do approach because it's midwife limited authority, we are just in the normal course, when they have met with an unwanted pregnancy, or maybe they were anxious not possibly completed by the midwife problem, there must be other programs or related sectors ..." (Midwife - 3)

3.7 Professional friendship

In this study describe the midwife give privacy to the women shared a complaint or concern that is felt to midwives provide privacy is to facilitate an enclosed space and is conducive to storytelling. Midwives also try to minimize the distance between midwives and women so that women are more open to sharing.

"Because I was the first to apply privacy, so it is usually a clear, well is true anyway, nee '... for example in education yaa we keep the privacy of the closed sampiran, so if for example is already closed, then yes it was .. there should tetep My distance as health workers and patients but not too big distance " (Midwife - 1)

"We maintain the privacy of nggih, guard the privacy of the patient and then uh ... usually they will have more confidence when we it as a good listener, so we do not directly provide what it termed 'like this like this' Nope, we return to the patient again" (Midwife - 4)

The attitude of midwives contribute to make women feel comfortable while getting care from a midwife. Midwife friendly attitude and able to communicate well when giving care to make women feel comfortable.

"The good man, good communication, friendly, I tuh most like it when the mother friendly" (Female - 2)

"Ministry already very kind, friendly yaa, then also, that very carefully, it is also considered very clean" (Women - 5)

Midwives help women and her husband underwent changes in the role of being a parent. Midwife suggested that cooperation between wife and husband is very necessary to do homework.

"... So if for example Adek his or her sleep, her mother was also sleeping, if for example the many yaa her husband told her laundry for later fitting adenya ngerewangi sleep, his mother later nyuci can not break" (Midwife - 4)

if you later have children, itukan different from the conditions they own, will not it fit our sleep was definitely disturbed by the cries of a baby, so do not be surprised if for example there is a crying baby .. ("...") if later her mother netekin then even sleep it as a woman was also definitely annoyed ..

("...") yaa noon we know if her husband should work to earn money, but at least she also gives support to the wife "(Midwife - 6)

Midwives also provide advice for husbands to change the bad habits that affect the health of women and infants such as smoking.

"Usually the husband's right to smoke, now I love to know that smoking should not in front of the child, then that usually sleep outside, not at her, well now have the same mother"(Midwife - 5)

4. Discussion

In this study, researchers considered that Person-Centered Reproductive Health Care (PCRHC) (Sudhinaraset, 2017) very suitable for use as a lens to discuss the results of research on the partnership of women and midwives in midwifery care by reason of the results of qualitative research that is built from the data is linked dangan this theory. PCRHC discuss the provision of reproductive health services that respect and responsive to the preferences, needs and values of each woman and family, and make sure that the values espoused women and families can guide all clinical decisions.

Modification of these results, PCRHC has four levels of interaction that contribute to achieving equality of reproductive health, namely: 1) social and community factors on health equity; 2) The ability of health care providers; 3) Behavior in finding health services; and 4) the facility-level factors, including the provision of health services and eight technical domains of Person-Centered Care (PCC). (Figure 1)

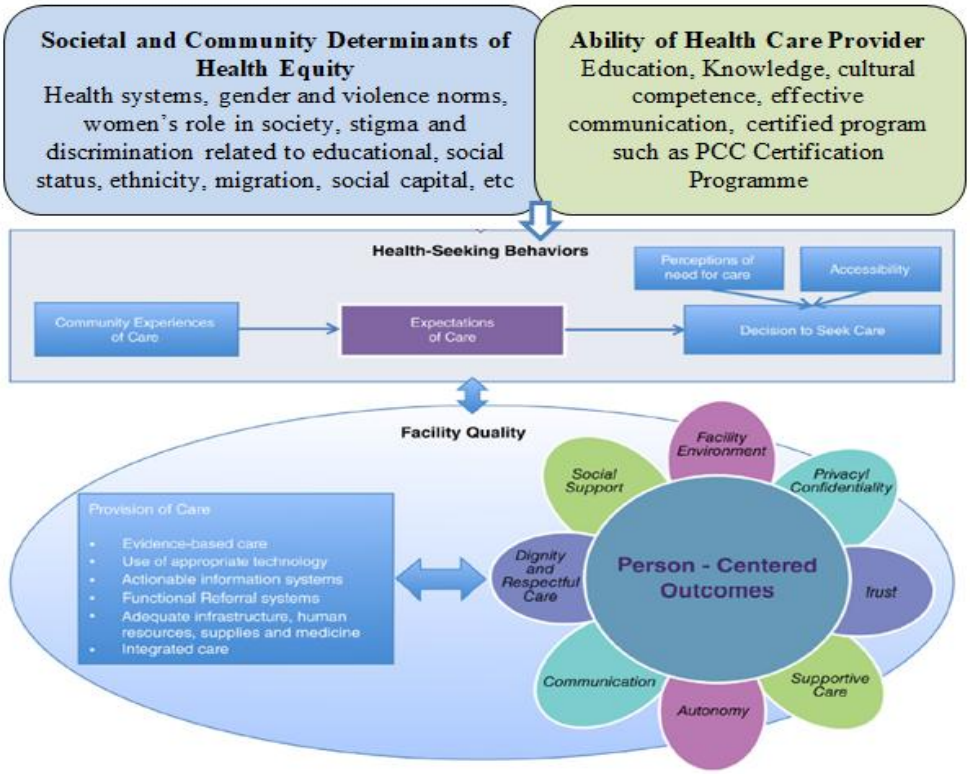

Figure 1. Modified Person-Centered Reproductive Health Care (PCRHC) Model (Sudhinaraset, 2017)

Social factors and community health to justice

The results of this qualitative research found that midwives perceived obstacles while implementing the partnership of women and midwives are culture / customs adopted by women and families. In line with the results (Withers et al., 2018) that the traditional beliefs and practices regarding pregnancy and childbirth are generally derived by generations of mothers and mothers-in-law to daughter and daughter-in-law. Women continue this habit to follow the tradition and the pressure from family members or parents. The research result lainnnya (Agus et al., 2012) also found

that during the period of pregnancy and childbirth of women to change the attitudes related to health, including the types of foods consumed and activities.

Based on the results of qualitative research is the way in which midwives to optimize the partnership of women and midwives are doing in-depth approach to the nuclear family is a husband and wife about the culture / customs embraced by women and families. In line with the results of research (Withers et al., 2018) necessary educational programs to dispel myths - myths that are not necessarily true for women's health, the program should be directed not only to women but also the husbands, parents and in-laws because a family member has a significant impact on women's health since the pregnant until parturition , The results of previous research(Bohren et al., 2015; Jewkes & Penn-Kekana, 2015) found that a lack of awareness about the culture embraced midwife women and families midwife or unwillingness to respect the beliefs and traditional practices.

The results of this qualitative study also found that the decision to use contraception in the hands of their husbands, women have not been able to empowering themselves actively in decision-making. In line with the results of research (Spagnoletti et al., 2018) found that the choice of family planning methods postnatal often influenced by the experiences and recommendations of family members and friends. Women are more dependent on the support and advice received from family members and friends rather than on formal information they receive from the midwife. Another recent study of current Indonesian women during childbirth in Klaten, Central Java found that women have poor health literacy regarding choice of contraception. This limited health literacy, combined with the norms and myths between generations and social power of the husband, parents and in-laws, found to affect the lack of involvement of women in postpartum health care (Probandari et al., 2017), Other research results (A. Hunter et al., 2017)found that midwives need to improve health information to women about the choices in the care provided. Midwives and women to share information that could improve understanding of each other.

The ability of health care providers to justice

The results of this qualitative study menemuhan that the informant midwives who are continuing education has reached the level magister, explained that the understanding of the concept of partnership of women and midwives have they understood after continuing their education to a higher level. In line with the results of the study (Pairman, 2015) which states that implement the partnership of women and midwives requires self-knowledge, integrity and maturity. Midwives can no longer rely on his professional role to guide practice. Other research results (Bradfield et al., 2018) found that the partnership of women and midwives are a major component of midwifery care that includes inclusiveness, equality, sensitivity, care, trust, flexibility, empowerment, advocacy, care, and making decisions based on information.

The results of this qualitative research found that midwives are having trouble with women or families with culture / customs attached to very strong. Women or families became uncooperative when she gives them health education. In line with the results of the study (Pairman, 2015) that cultural competence is the skill of midwives to better understand the culture of women to achieve quality midwifery care. Culturally competent midwife acknowledges that many elements of different cultures between him and the woman. Through the development of communication skills, skills to better understand the culture of others, culturally competent midwives will be able to work effectively with women who have a different culture. Cultural competence is when health care professionals seek to work effectively in the context of the culture of individuals, families, and communities (Darnell, 2015).

The behavior of women in finding health services

The results showed that women wanted to be a midwife attend support women through labor and birth in full, especially for women who first facing this process. In line with the results of research (Bradfield et al., 2018) that the midwife during labor and birth was marked by support for emotional needs, physical, spiritual and psychological that women feel safe and secure. Accompanying women can also be done with a spiritual approach.

The results of this qualitative research found that midwives do not conduct postpartum visits to her house. Women were asked the midwife to come to PMB for the control of postpartum and infant health. Home visits only be done if women do not come to PMB current control schedule and location

of the house away from PMB. Research result (Zeyneloğlu et al., 2017) time spent together midwife women during postpartum period should be increased to provide better care. research results (Yonemoto et al., 2017) found that increasing the number of postnatal home visits can improve the health of babies and women satisfaction. Frequency, time, duration and intensity of postnatal care visits should be based on local and individual needs. Building trust between women and midwives are the provision of appropriate information and clear during childbirth. Women will have the confidence to women as midwives to provide adequate and clear information about the relationship with the baby such as how and when to breastfeed (Rotich & Wolvaardt, 2017).

Domain Person-Centered Care (PCC)

The results of this qualitative research found that midwives can help women to have had a positive perspective on childbirth formed during pregnancy. In line with the results of research (Crowther et al., 2014) that initial engagement with the female at birth as something worth considering in promoting a positive birth experience.

Midwives build trust by giving women's privacy and maintain confidentiality. Midwives try not to judge the perceived grievances and be a good listener to the complaints and concerns that women perceived. In line with the results of research (Khresheh et al., 2019) that concern described as the act of midwives show kindness and respect to women, give women privacy and make women feel comfortable, and provide psychosocial and emotional support women as needed.

The results of this qualitative research found that midwives help women to choose a contraceptive that will be used towards the end of pregnancy. Midwives describes the information selection of contraceptives to women and their husbands, so that they can discuss to choose contraception as needed. In line with the results of research (Noseworthy et al., 2013) that midwives provide information and offer a choice during childbirth clearly describe the nature of relational and collaborative decision-making in midwifery care.

Based on qualitative research founded birth position recommended by midwives childbirth only lithotomy position. In line with the results of research (Diorgu et al., 2016) that the vast majority of women and midwives using lithotomy position. Current practice shows that the birth lithotomy position is not based on evidence, but more in line with the medical culture rather than focus on women. Globally, labor practices now also supports the use of lithotomy position. For example, in Canada 94% (Irvine et al., 2015), In Australia and Africa around 95.5% (Nieuwenhuijze et al., 2012) and in the United States the majority of women (Declercq et al., 2014) give birth in the semi-supine position / lithotomy. Acceptance visible lithotomy position of women and midwives, but women generally have limited options for birth position.

Midwives are trying to establish two-way communication with the women through the provision of open-ended questions, dig admission of women to pregnancy and tried to be sensitive to non-verbal language of a given female. In line with the results of the study (Wright, D., Pincombe, J. and McKellar, 2018) that the use of open-ended questions to help women to articulate concerns and develop the interaction of women and midwives in partnership. Previous research founded Indonesian women experience a happy feeling for this pregnancy but also in the same time feeling worry for the disability to have vaginal delivery. Besides, women also have some complaint during her pregnancy and they also described how to deal with that kind of complain (Suryaningsih, 2018).

The results of this qualitative study found that some midwives via online communication open so that women can call the midwife all the time without having to PMB. But not a bit of a midwife who can not meet the communication via online, depending on the severity of perceived grievances and require a physical examination and understanding of women to the information given by midwives. In line with the results of research (Oladapo et al., 2017) that the exchange of information clearly and accurately between the midwife on the status and condition of women is indispensable in the partnership. Every woman should feel comfortable to express their needs, desires, and hopes and seeking clarification without fear of any impact.

Based on qualitative research found exclusive breastfeeding was also much influenced by parents / in-laws. In line with the results of research (Agus et al., 2018) that some developing countries, the decision of a woman is not made by the women themselves but by other family members, for

example, the husband and mother-in-law. Research result (Bennett et al., 2016) said that the support given by the husband to influence a woman's decision to initiate and continue breastfeeding.

The results of this qualitative study found that exclusive breastfeeding failure occurred because women do not understand the importance of breastfeeding, exclusive. Need to be attentive midwife, research (Mirghafourvand et al., 2018) that ability themselves to breastfeeding is identified as the most significant predictive variables that can be modified. Self-efficacy refers to the confidence breastfeeding women to breastfeed and influence the decision to continue.

The results of this qualitative research found that midwives are only there during the progress of labor and the opening of the examination is complete and ready to be born baby. Needs to be taken, the results of research (Aune et al., 2014) found that the continuous presence of the midwife who needed to make women feel safe and confident during birth. Midwives contribute to the successful delivery through its presence, not through intervention.

When a woman for labor, he usually will require the continued support of a midwife. The active phase of labor demand complex midwifery care for midwives forge partnerships with women (Anderson, 2015). Before the woman went home after the birth, the midwife provides health education about postpartum and equalize the perception. Postnatal health education given is about the baby suckle, postpartum danger signs in women and babies, complications during childbirth and admission of women to the baby. In line with the results of research (Zeyneloğlu et al., 2017) that women have concerns about the baby's health and the health of self and thus require information about both

The results of this qualitative study found that in some cases, a husband and family have refused to be referred because of economic limitations and conditions beyond the authority of a midwife. To protect herself, she gives informed consent should be signed by the family. In line with the results of research (Barry & Edgman-Levitan, 2012; Edmonds, 2016) that the core philosophical beliefs in the care centered on respect for the autonomy of women is through informed consent, which is defined as the recognition of the undeniable rights of people who are legally competent to accept or refuse care or medical intervention.

Women need support to face the transition to the parents. Midwives are required to play a role in this phase. Woman and her husband work together to share the task of raising a child and does not charge only to women. In line with the results of research (Clark et al., 2015) found that women and her husband need to be supported in the transition to new parents and baby-sitting neighbor education given in the early postnatal period such as bathing, wrap the baby and breastfeed the baby. Women's expectations about midwifery care provided by midwives, namely the delivery room were comfortable. In line with the results of research (Hollowell et al., 2016) that 92% of women expressed a preference that has a delivery room 'look like in your home or at home', rather than 'appearance in the clinic'.

The results of this qualitative study also found that during the opening process, observation left entirely to the assistant midwife. Midwives need to consider the Minister of Health Regulation No. 28 Year 2017 About the License and Enforcement Practice midwife that midwives in conducting Independent Practice midwife may be assisted by other health professionals or personnel should have a SIP nonkesehatan and in accordance with the provisions of the legislation (Ministry of Health of Indonesia, 2017).

5. Conclusion

The principles of partnership of women and midwives in midwifery care has not been done in a comprehensive manner. Women have not been able to empower themselves in the care he received, less able to berpartisiapsi active in decisions, the limitations of birthing positions recommended midwife, the limitations of the midwife during labor and birth, parents /mother in-laws who are less cooperative in exclusive breastfeeding and postpartum visits to home only done under certain conditions.

6. Remommendation

Indonesian Midwives Association reviewing the standard of midwifery care based on the principle of partnership of women and midwives. Improving the quality of midwifery care to go back to understand the philosophy of midwifery and principles of partnership so that when providing

medical care is not just routine but make women as partners. Strengthening midwifery profession curriculum to the implementation of the principle of partnership of women and midwives to provide care and sticking to the philosophy of midwifery.

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