

MIDWIVES' EXPERIENCE IN CARING FOR HIV-POSITIVE MOTHERS DURING PREGNANCY, CHILDBIRTH AND POSTPARTUM AT JAYAPURA HOSPITAL

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Abstract

Papua province was the third number of HIV cases in Indonesia. The risk of HIV transmission at pregnancy, Child Birth, and Post partum was quite large, causing anxiety in midwives and affecting the quality of care. This research is qualitative descriptive research. Participants of 12 midwives and 3 HIV patients were selected using Purposive Sampling. Data collection with in-depth interviews. Data Analysis with Content Analysis. The result of the study was that the feelings of midwives in caring for HIV-positive mothers were feelings of anxiety, fear, sadness, pleasure and felt this challenge, pity and sympathy. Midwives barriers in caring for pregnant women with HIV: patients still close the status of husband and family so that families are less cooperative, the number of VCT counselors was less on standby in the room, babies come to perinatology conditions are already severe because they are not given prophylaxis. The experience of Jayapura Hospital System was One Step Service Hospital from VCT room makes it easier for HIV patients, there is no discrimination by health workers and is not placed in a separate space. The suggestion may be done to add VCT counselors and retrain on handling HIV in pregnancy, childbirth and postpartum to midwives.

Keywords: *midwife's Experience ; HIV positive*

cases and Jayawijaya regency as many as 6,242 cases (DinKes Provinsi Papua, 2019).

1. Introduction

HIV continues to be major global public health Issue, having claimed 36.3 million (27,2-47,8 million) lives so far (WHO, 2021). The risk of mother-to-baby transmission of HIV can be prevented with Prevention of Mother to Child transmission (PMTCT) programme. The role of midwives is very important to successful this program. Midwives who score well in PMTCT service is only 52.5%. These figures show that the role of midwives in the PMTCT programme is not so successful (Meilani, Setiyawati, & Barasa, 2019).

Papua province is the province with the third number of HIV cases in Indonesia. Based on monthly reports of medical services data of HIV / AIDS sufferers the number of HIV /AIDS who entered the treatment of 3,955 people while the number of HIV people who had ARV 21,788 people, ODHA on ARV (routinely received ARVs) 6,534 people, ODHA who lost to follow Up 7,597 who died 2,956 people and stopped 168 people (Dinkes Papua, March 2019). Until the first quarter of 2019 through the source of AIDS surveillance data papua provincial health office as many as 40,805 cases and the most Nabire regency with the number of 7,436 cases, jayapura city 6,765

Data obtained from medical records in VCT room and obstetrics clinic obtained the number of pregnant women diagnosed hiv positive from 2016 to June 2019 as many as 13,593 and the number treated as many as 4,428, while the number of HIV cases from January to October as many as 330 in which there are pregnant women 50 cases and all have received antiretroviral therapy. Of the 66 cases have given birth to 27 people 1 baby infected with HIV, who are still pregnant 39 mothers but loss to follow up (RSUD JAYAPURA, 2019).

The fear of contracting HIV may be influenced by minimal age and work experience. Midwives are more likely to perceive the stigma in their work environments as higher than midwives who are older and have longer work experience. Midwives who are older, more likely to have experience seeing or possibly even caring for HIV (Stinson et al., 2014).

The number of midwives in Jayapura Hospital who work in Jayapura Hospital amounted to 25 people scattered in the obstetrics polyclinic room, maternity room, postpartum room, peristi room. Not all of these midwives have experience of treating HIV-positive maternal patients. From the results of

an interview with one of the midwives in the postpartum room obtained the result that not all midwives get training on HIV / AIDS so that when treating patients with HIV / AIDS there is still a negative perception and the fear of contracting is still difficult to eliminate (RSUD JAYAPURA, 2019).

2. Method

This research is qualitative descriptive research. Participants of 12 midwives and 3 HIV patients were selected using Purposive Sampling with the criteria of the midwife working for at least 1 year in Jayapura Hospital, willing to be a participant and have experience of maternal care with HIV both during pregnancy, childbirth, and postpartum. Data collection with in-depth interviews. Data Analysis with Content Analysis.

3. Result and Discussion

This research was conducted at Jayapura Hospital from May 21, 2021 to August 10, 2021 by conducting an in-depth interview after receiving an ethical clearance letter from the Jayapura police ethics committee and received permission from the Director of Jayapura Hospital. In-depth interviews have been conducted with 12 midwives and 3 patients with HIV positive experiences. The main informant characteristics of the 12 midwives namely N1-N12 obtained the youngest age is 31 years and the oldest age is 55 years. The lowest education is D3 Midwifery and the highest is S2. The least length of work is 9 years and the longest is 37 years. The characteristics of supporting informants, namely R1, R2, R3 from 3 pregnant women with hiv-positive birth experience, 2 informants (R1 and R3) did not comply with PMTCT and the baby died while R2 informant obediently followed PMTCT and their two children were HIV negative.

Based on the results of content analysis obtained some of the following themes:

1. The feelings of midwives in caring for HIV-positive mothers were feelings of anxiety, fear, sadness, pleasure and felt this challenge, pity and sympathy.

The theme appears in the interviews of some of the following informants:

"The first time anxious, afraid, How to face the patient, afraid there must be facing the patient so sometimes also confused how to face, we must take his heart, or so that how communication with him. Often they have no openness about their status." (WR1. N1. 21-5-2021)

"If I am happy because I am serving in principle, this is a challenge that I have to face, because I am in principle serving. (WR1. N4.28-5-2021)"

"Actually my feeling is very sorry first because they are exposed not because of themselves, we think some of them contracted it from their partners, it turns out that the sexual pattern of society is still doing a sexual pattern that is free in the future to have children affect the child they have. In addition, I want them to want treatment completely, in the sense that many of the mothers who are pregnant many who break up treatment. They want to continue treatment. Most in our hospital the first treatment yes, but next they do not take the drug again, we have never surveyed what causes why many are cut off whether because of shame or others (WR1. N5.28-5-2021)"

This feeling of anxiety and fear is in line with the research who said midwives felt anxious and reticent at first when first working to face HIV patients because they were inexperienced and felt afraid of contracting HIV by patients (S. Suliowati dan K Kasron., 2021). This result also inline with research that most respondents had negative attitude to implementation of PMTCT (Meilani et al., 2019)

Feelings of sympathy, pity and pleasure because the principle of serving is also supported by the results of other studies stated by the study which states that the attitude of midwives has a positive view where midwives do not discriminate between patients who come for counseling or surgery (Syarifah, 2013).

2. Midwives barriers in caring for pregnant women with HIV: patients still close the status of husband and family so that families are less cooperative, the number of VCT counselors was less on standby in the room, babies come to perinatology conditions are already severe because they are not given prophylaxis.

The theme appears in the interviews of some of the following informants:

"APD here is very sufficient especially after covid 19 is abundant APD, well what is sometimes difficult is if the patient closes the status of his husband or family, if his child should not breastfeed, we have to explain, so the right to explain to the family is a VCT counselor who is in our VCT room waiting for them to come for counseling to the family (WR1.N10.10-8-2021)."

"What is difficult is if the patient closes the status of the family because if the opening of the birth canal is still small will be attempted SC, when asking for a SC informed consent was difficult, sometimes have to call a large family and others (WR1. N9.28-5-2021)."

"So far there are no obstacles because the VCT has been directed to give prophylaxis, as long as the mother is obedient then it can run its PMTCT program to the baby so that the baby does not contract it. What is difficult is when the baby comes the condition is already severe so we can not prevent the transmission of HIV and many babies who do not survive. (WR.1.N8.31-5-2021)."

This is in line with the study of which states that HIV is more closed status from family and society because of fear and shame of discrimination by family and society. So that it becomes an obstacle to compliance in drinking ARVs (Wahyuni, 2018).

The success of preventing the transmission of HIV / AIDS from mother to baby is very dependent on the involvement of various parties, the active role of health workers in providing education and information about HIV / AIDS disease to mothers and families is not enough but must be coupled with an active role and family support to HIV mothers who will act as motivators in preventing the transmission of HIV/AIDS from mother to baby (Widayanti & Kunci, 2020).

To determine if a baby does not have HIV, at least two tests of the first HIV RNA PCR at 4 weeks of age and the second at 4-6 months of age are required with negative results. If the first test result is negative, the ARV is not continued, and from 4 weeks of age is given prophylaxis kotrimoksazol until it is tested HIV negative on the second HIV RNA PCR examination, i.e. at 4-6 months of age. Then at the age of 18 months, an antibody test against HIV (ELISA) is performed for confirmation. In the literature it is said that the baby is not infected with HIV if at least two laboratory examinations are not found hiv virus in the blood (Widjajanti, 2016).

3. The experience of Jayapura Hospital System was One Step Service Hospital from VCT room makes it easier for HIV patients, there is no discrimination by health workers and is not placed in a separate space
The theme appears in the interviews of some of the following informants:

"Who gave birth in 2015 the second child here was born a caesarean also a negative child. My third child is not yet 1 year old, born here too, the controls in VCT do not need to queue in polyclinics, all from poly VCT. The second child caesarean, third

child is normal because it has been viral load undetectable I was born normal. I don't want to take risks even though I can breastfeed, I give formula milk. My third child from the age of 9 months has been detected negative HIV. I entered through the VCT polyclinics then the SC program, still treated joining the postpartum room, the midwife already knew I was B20, but I did not breastfeed, the child who number 2 was given the beginning of giving birth until 3 months ago cotrimoxcaso; until the age of 9 months ago the direct test, found negative no need to take any more drugs for my child. (WR1. R3.2-6-2021)"

"The hospital is making great efforts to have midwives who become VCT counselors, and all one stop services from VCT so that HIV positive patients do not need to queue together with other general patients at the obstetrics and gynecology poly. Patients who enter through the Poly and have known B20 status have no discrimination and are immediately sent to the delivery room so that they can be handled if the opening is still small, a Sectio will be carried out, if the opening is complete, a normal delivery is performed. admission will definitely be checked in a complete lab including the HIV status is the same if there is a complete opening for parturition in the ER, if the opening is still a little, a sectio will be carried out, the VCT officer will come to do a counselor so that he can provide counseling to families and patients so that the baby is up to 9 months old He was given medicine to prevent his mother from contracting it. Try to give formula milk. There is no discrimination because all of our nurses and midwives already know how to treat HIV positive patients and are experienced (WR1.N7.10-8-2021)"

"Sometimes there are ordinary things we treat like the usual postpartum, not distinguished from others. The room is the same as other patients. The important thing is that her mother keeps her distance and does not breastfeed. Usually formula milk if the family can not buy there is help from nutrition with lactogen 1, prepared in the refrigerator. If the baby wants to be taken home, that's okay. (WR1. N2.28-5-2021)"

The existence of this one step service system is in line with which states that PMTCT compliance barriers are lazy to queue because there is not one door from the VCT room. It takes a long time to wait in line. In addition, discrimination from the public and health workers makes HIV patients lazy to open status so as not to do PMTCT program properly (Wahyuni, 2018).

This result show there is no discrimination inline with research that Psychosocial from medical personnel, paramedics, life partners, fellow PEOPLE

with HIV, family support, the general public, the aids caring community, community leaders will positively affect the quality and life expectancy of people with HIV and AIDS (Ningsih, 2018).

4. Conclusion and Sugestion

The feelings of midwives in caring for HIV-positive mothers were feelings of anxiety, fear, sadness, pleasure and felt this challenge, pity and sympathy. Midwives barriers in caring for pregnant women with HIV: patients still close the status of husband and family so that families are less cooperative, the number of VCT counselors was less on standby in the room, babies come to perinatology conditions are already severe because they are not given prophylaxis. The experience of Jayapura Hospital System was One Step Service Hospital from VCT room makes it easier for HIV patients, there is no discrimination by health workers and is not placed in a separate space. The suggestion may be done to add VCT counselors and retrain on handling HIV in pregnancy, childbirth and postpartum to midwives.

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