

# MIDWIVES' KNOWLEDGE ABOUT *LOTUS BIRTH* AT PUSKESMAS PERLAYUAN, RANTAU UTARA DISTRICT, LABUHANBATU REGENCY

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## ABSTRACT

Lotus Birth is a form of treatment for newborns in which the baby's umbilical cord is attached to the baby and the placenta is left without clamping or cutting. The World Health Organization WHO stresses the importance of combining maternal and infant care and states clearly (in its practical guide to Normal Labor Care: "Delayed clamping is physiological in umbilical cord care and early clamping is an intervention that still requires further evidence. This study is descriptive, aims to find out the knowledge of midwives about Lotus Birth. And using primary and secondary data. The population in this study is all midwives working at the Perlayuan Health Center in 2022 as many as 47 respondents. The technique used is the total sampling technique, where the entire population is used as a sample. From the results of the study, it can be concluded that the midwife's knowledge about Lotus Birth is in the good category: 26 people (55.31%) have sufficient knowledge, 15 people (31.92%) have poor knowledge, 6 people (12.77%). Based on age, in the age group of 32-36 years there were 8 respondents (12.21%), good knowledge based on length of work, in the group <5 years there were 16 respondents (34.04%), good knowledge based on information sources in the group that received information by 26 respondents (55.31%). Based on the results of research conducted with variables of age, length of work, and sources of information, it can be concluded that midwives' knowledge about Lotus Birth is included in the good category. And it is hoped that respondents / midwives can carry out this lotus birth at the Perlayuan Health Center, North Rantau District.

**Keywords :** Knowledge, Midwife, Birth of Lotus.

## BACKGROUND

Childbirth is the process of opening and thinning the cervix and the fetus descending into the birth canal. Normal labor and birth is the process of fetal expulsion that occurs in full-term pregnancy (37-42 weeks), spontaneous birth with a presentation of the back of the head, without complications for the mother or fetus. Childbirth is divided into 4 stages. At the time I the cervix opens from 0 to 10 cm. Kala I is called the opening time. Kala II is also called the time of fetal expulsion, because of the strength of his and the power of straining, the fetus is pushed out until birth. In time III or called the time of urie secretion, the placenta detaches from the

uterine wall and is born. Kala IV starts from the birth of the placenta until 2 hours later. During this time it was observed whether postpartum hemorrhage occurred

At the time III labor begins after the birth of the baby and ends with the birth of the placenta and amniotic membrane, that is, lasts no more than 30 minutes, called kala uri or when placental expulsion, Controlled Umbilical Cord Stretching (PTT), followed by oxytocin administration for uterine contractions and reducing bleeding. Signs of placental detachment are, changes in the size and shape of the uterus, the uterus becomes round and the uterus is pushed up because the placenta has

detached from the Lower Segment of the Uterus, the umbilical cord lengthens, bursts of blood suddenly.

Lotus Birth is a newborn care in which the baby's umbilical cord is not cut. After the baby is born, the umbilical cord attached to the baby and placenta is left alone without being clamped or cut. The center will then dry itself and eventually detach naturally from the umbilicus. Such discharge generally occurs 3 to 10 days after the baby is born. The umbilical cord and placenta are one unit and one unit.

Lotus Birth has several benefits that are almost the same as delaying the umbilical cord clamping for the baby and the mother, such as if the umbilical cord is allowed to continue pulsing so as to allow the extension of maternal blood flow to the fetus, the baby can remain near the mother longer for bonding attachment, rapid umbilical cord recovery (2-3 days) than normal if immediately cut and prevent the baby from losing 60 ml of blood which is equivalent to 1200 ml of adult blood Very useful for babies up to the first year of life.

Lotus birth is rarely done in hospitals but is generally done in clinics and special maternity homes, so the bonding attachment process between mother and baby can be done this is certainly beneficial for mothers and newborns. Due to different cultural practices, the placenta preservation process is carried out in a variety of different ways. Some people prefer to store the placenta so that it can bury it with the child late in the child's life. Others let the placenta shrivel and dry naturally and then be buried. For example, people in Nigeria bury the placenta after birth and often plant trees over the placenta.

After the birth of the baby it is wise to wait until the umbilical cord stops pulsing before clamping and cutting it. A healthy umbilical cord usually throbs for 15 to 20 minutes or more. If you feel closer to your baby, the umbilical cord often throbs gently for three hours or more. If you really wait to cut the umbilical cord until the pulsation stops, it means that the umbilical cord will be born, before the umbilical cord is cut. This is the Lotus Birth, when we see the ari-ari, umbilical cord, baby trinity, still intact. The baby should be just above the mother's stomach,

moving up to her chest, to suckle on his own initiative. Even with a short umbilical cord, the baby can usually be placed on the mother's stomach. When the ari is born, gently without pulling with violence, just put it in a medium-sized stainless steel bowl, and place it next to the mother, while the baby feeds well for the first time.

The World Health Organization (WHO) stresses the importance of unifying or combining approaches to maternal and infant care and states clearly (in its practical guide to Normal Maternity Care: Geneva, Switzerland 1997) "Delayed clamping (or no clamping at all) is physiologically involved in umbilical cord care and early cord clamping is an intervention that still requires further substantiation.

In Indonesia, lotus birth is still not common. Only a few maternity clinics apply this method. Currently, there are still many pros and cons related to this method of delivery. This is because not all of them understand the benefits of the lotus birth delivery method, so research related to this is still not widely done.

Based on the initial survey conducted, at the Perlayuan Health Center, North Rantau District, Labuhanbatu Regency. There were 10 respondents out of 47 respondents, from the interview results of the 10 Midwives, there were 4 respondents who knew about Lotus birth, 3 respondents were vague, and 2 respondents were still confused with Lotus birth, and of the 10 Midwives had never applied Lotus Birth.

## METHOD

The research is descriptive, which is drawing on Midwives' knowledge about the *Lotus birth method* at the Puskesmas perlayuan sub-district of Rantau Utara, Labuhanbatu Regency in 2022. The number of samples in this study was all midwives working at the Perlayuan Rantau Utara Health Center, Labuhanbatu Regency, which was 47 people. And the technique used is the *total sampling technique*, where the entire population is sampled.

The types of data used in research are primary data and secondary data. Primary data is a data source that directly provides data to the data collector. Data is collected by the researcher himself directly from the first source

or place where the object of research is carried out. Researchers use the results of interviews obtained from informants regarding research topics as primary data. Secondary data is a data source that does not directly provide data to the data collector, for example through other people or through documents.

In this study, the secondary data sources are in accordance with the Manpower Law, books, journals, articles related to research topics regarding the internal control system over payroll systems and procedures in an effort to support labor cost efficiency. The data collection plan that the researchers carried out was to first introduce themselves and explain the purpose of the visit by providing a request sheet to be a respondent, after there was an agreement marked with respondents who signed the consent sheet to become respondents in the study and continued with the explanation of the questionnaire. Then the respondents filled out each questionnaire that had been distributed by the researcher and after finishing the assessment, the questionnaire sheet was collected again by the author, then the researcher processed the data to find out the picture of knowledge from

The data that has been collected is then processed through the following steps:

- a. The editing process is checking the data collected in the form of questions, cards, register books and others.
- b. The coding process provides coding to facilitate data processing.
- c. The scoring process is an examination of the answers of existing respondents and provides scores obtained from questionnaires by grouping according to categories.
- d. The process of entering into a table (tabulating) is grouping data in the master table to make it easier to distribute and based on variables.

The analysis is carried out by looking at the percentage of data collected and presented in the form of a frequency distribution table followed by discussing the results of research based on existing material and literature. Researchers collected data on midwives' knowledge about Lotus Birth using a closed

questionnaire, which was equipped with multiple choice answer choices (a, b, c, d) with the following categories:

- a. Good : 76% - 100% (correct number 23-30 questions)
- b. Enough : 56% - 75% (correct number of 17-22 questions)
- c. Less : <56% (correct number of 1-16 questions)

## RESULT

In this section, researchers will discuss the knowledge of Midwives about lotus birth at the Perlayuan Health Center, North Rantau District, Labuhanbatu Regency In 2022, there were variations in Midwives' knowledge based on age, length of work, and sources of information. 4.3.1 Knowledge of Lotus Birth Calm Midwives Based on Age. From table 4.2.2 shows that the majority of well-informed respondents aged 32-36 years amounted to 8 people (12.21%), the majority of respondents who were knowledgeable enough aged 27-31 years amounted to 4 people (8.51%), the majority of respondents who were less knowledgeable aged 22-26 years amounted to 2 people (4.25%). According to Notoatmodjo (2012), age affects a person's comprehension and mindset. As you get older, the more your ability to grasp and mindset will develop so that the knowledge gained will also improve and increase. In early adolescence, adolescents are more impressionable and their curiosity is getting higher. The results of this research are in line with Notoatmojo, that is, the older you get, the more your comprehension and mindset develop, so that the knowledge gained will improve. This can be seen from the results of research on Midwives' knowledge based on age, that at the age of 32-36 years better knowledge than respondents aged 22-26 years.

4.3.2 Midwives' knowledge of lotus birth based on length of work. Table 4.2.3 shows that the majority of well-informed respondents with a length of work <5 years amounted to 16 people (34.04%), the majority of respondents who were knowledgeable enough with a length of work >6-10 years amounted to 8 people (17.02%), the majority of respondents who were

knowledgeable less with a length of work <5 years amounted to 4 people (8.51%).

According to Notoatmojo (2012), tenure is the length of time an employee contributes his energy to a particular company and results in absorption from various human activities, which appear automatically in the actions taken by employees to complete their work. The more experienced an employee is, the more it will help the company to produce more performance or output. So researchers can draw conclusions that the results of this study are not in line with the opinion of Notoatmojo (2012), that respondents who work for a long time <5 years are better knowledge compared to respondents who work for a long time >10 years. One factor is respondents who have worked for a long time <5 years more often hear or get information from various media and or more often attend seminars about lotus birth. Therefore, respondents who worked for <5 years were better at knowledge than respondents who worked for >10 years.

4.3.3 Midwives' knowledge of lotus birth based on sources of information. Of the 47 Midwife respondents, it showed that the majority of respondents were well informed by getting information sources as many as 26 people (55.31 %), And there was no response that did not get information sources. According to Notoatmojo (2012), if someone gets more or more information from the mass media about a learning, it will increase their knowledge and insight, while someone who does not often receive information will not increase their knowledge and insight. From this research, in line with Notoatmojo's opinion, the source of information is everything that can be used by a person so that he can know about new things. This can be seen from the results of the study that all respondents get sources of information and are categorized as good.

## CONCLUSION

Based on the results of research at the Perlayuan Health Center, North Rantau District, Labuhanbatu Regency in 2022. The author can conclude:

5.1.1 The results of this study showed that respondents' knowledge about lotus birth was in

the category of good knowledge, which was 26 people (55.31%).

5.1.2 Based on age, it can be seen that the majority of well-informed respondents aged 32-36 years as many as 8 respondents (17.21%).

5.1.3 Based on the length of work, it can be seen that the majority of respondents are well informed of the respondents who have worked for <5 years as many as 16 respondents (34.04%).

5.1.4 Based on information sources, it can be seen that of the 47 respondents, the majority are well informed of existing respondents who get information sources as many as 26 respondents (55.31%).

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