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ANALYSIS OF COMPLETENESS OF CHILDBIRTH DOCUMENTATION IN THE TPMB IBI WORK AREA MADIUN REGENCY

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Abstract

Childbirth documentation is an essential component of midwifery services, functioning as legal evidence, a means of communication among health workers, the basis for clinical decision-making. Incomplete documentation is still frequently found in independent midwifery practices. This study aimed to analyze the completeness of childbirth documentation in the TPMB IBI work area Madiun Regency. The method used a quantitative descriptive. The population and sample consisted of 34 independent midwifery practices registered under IBI Madiun Regency, selected using total sampling. Research instruments included questionnaires and checklists. The results showed that most respondents were aged ≥36 years (82.4%), had a D4/S1 education level (94.1%), had established their TPMB for ≥10 years (61.8%), had good knowledge (85.3%), 50% had attended training. Analysis of the completeness level of delivery documentation based on staff capability (58.8%), material support (79.4%), method usage (70.6%), financial availability (76.5%). The completeness level of childbirth documentation was still relatively low, with only 55.9% categorized as complete. TPMB needs continuous practice, standard materials, financial support, implementation procedures, digitization of patient records to improve the quality of childbirth documentation.

Keywords: Analyze, Completeness, Childbirth Documentation

INTRODUCTION

A medical record is a file containing notes or documents about a patient's identity, examination, treatment, procedures, and services provided to the patient (Gusti, 2021) . Documentation is crucial for all healthcare facilities. Documents serve as the basis for determining medical procedures and further public health services (Rahmatiqa et al . , 2020) . Implementing documentation in midwifery is a mandatory requirement that must be fulfilled as evidence of patient data recording and reporting.

Health workers are required to document and keep records or documents related to examinations, care, and actions taken (Yuliani, 2020) . Midwives and their healthcare team provide services based on accurate and complete communication. There is comprehensive and accurate documentation during the implementation of midwifery care regarding the patient's condition or events (Herdiani & Candratika, 2020) . One of the mandatory documentations that must be carried out properly and effectively is the labor process. The purpose of documentation during the labor process is to facilitate doctors and midwives in providing appropriate actions and subsequent therapy . Labor is an activity the process of removing the fetus and placenta from the mother's uterus through the vagina (Ministry of Health, 2024) .

Midwifery services, particularly Independent Midwife Practice, still use a manual system for documentation. The assessment process involves Lots document physique Which prone to to error, negligence in filling, loss and slowing down of information access and storage file record medical , so it requires a large space And time Which long. Condition the can cause level IMR (Incomplete Medical Record) services are higher due to incomplete files in the delivery medical record documents (Pratama et al., 2024) . Completeness factor documentation in Independent Midwife Practice from various factors, including knowledge, workload, age, education level, and length of time opening TPMB (Palifiana and Wulandari, 2021) .

Results observation noted that Practice Midwives in the Madiun Regency IBI TPMB work area still use manual systems using paper or forms. Documentation is still stored in file racks or folders, and many files are stored together with other patients. This situation arises from individual difficulties. in fill in record medical, Lots form, There are several items that must be filled in. The midwife also serves as task other that is do service Which nature urgent or immediately patient others. Condition of quantity patient Which increase or in the immediate delivery process, many documents are often scattered or even lost. There are 34 midwives in the Madiun Regency IBI TPMB work

area. The average age is over 36 years, and the majority have been running the TPMB for ≥ 10 years, with their final education being a professional (Bachelor's degree). Based on interviews, midwives stated that there has never been any training on documenting medical records, either manually or electronically. According to the Head of the Madiun Regency IBI, childbirth documentation is said to be complete if encompassing screening file, informed consent , observation sheet, partograph, CPPT (Integrated Patient Development Notes), BBL (Newborn Baby) Examination and discharge statement. Based on this background, it is important to analyze the factors that influence the completeness of childbirth documentation, especially in independent midwife practices. The purpose of this study was to analyze the completeness of childbirth documentation in the TPMB IBI working area in Madiun Regency based on factors such as staff capability, material support, method use, financial availability, and the level of completeness of childbirth documentation.

LITERATURE REVIEW

Documentation of Childbirth

Midwives are required to document all clinical findings and decisions. Which given as form accountability midwives for the midwifery care they provide. The purpose of documentation is to report actions, ensure administrative order, improve services at health facilities, manage patients, and as a source information for officer others (Surtinah, 2019) . Documentation midwifery care for patients to support orderly administration of health services, especially records identifying patients and midwifery care that has been provided (Ritonga, 2019) . Midwife documentation as a source of information on patient health status, identity information, anemesis, physical laboratory determination, all diagnoses of midwifery services and patient medical actions (Wildan & Hidayat, 2019) .

Completeness Factors for Childbirth Documentation

Factors that influence the completeness of birth documentation according to Uyang (2023) are factors ability (Ability) covering ability officer potential in documenting. Material factors are the influence of tools such as whether the Medical Record forms used are manual or electronic. Method factors are policies, SOPs (Standard Operating Procedures), and instructions used to ensure the completeness of patient medical records. Financial factors are the costs or budget provided by service providers to support the completeness of medical record documents.

METHOD

The research method used descriptive quantitative. The research instruments were questionnaires on respondent characteristics (age, education, length of TPMB establishment, knowledge, training) and a checklist on completeness of delivery documentation (staff ability, material support, method use, financial availability, and completeness results). Data were collected through observation and questionnaire distribution. The study population was all independent midwives who are members of the Madiun Regency IBI, with 34 respondents selected using a total sampling technique. Descriptive data analysis explained the characteristics of respondents and factors influencing the completeness of delivery documentation.

RESULTS AND DISCUSSION

Respondent Characteristics

This study involved 34 respondents, namely midwives who established Independent Midwife Practice Centers (TPMB) and are active under the auspices of the Madiun Regency Indonesian Midwifery Association (IBI). Respondent characteristics were obtained from questionnaires and field data. The respondent characteristics are as follows:

Table 1Respondent Characteristics

No	Category	f	%
1	Age		
	≥ 36 Years	28	82.4
	≤ 36 Years	6	17.6
	Total	**34**	**100.0**
2	Education		
	D3	2	5.9
	D4/S1	32	94.1
	Total	**34**	**100.0**
3	Duration of TPMB		
	≥ 10 Years	21	61.8
	< 10 Years	13	38.2
	Total	**34**	**100.0**
4	Knowledge		
	Good	29	85.3
	Not enough	5	14.7
	Total	**34**	**100.0**
5	Training Participation		
	Once	17	50.0
	Never	17	50.0
	Total	**34**	**100.0**

Source: Primary Data, 2025

Table 1. The results of the study show that the majority of respondents were in the age group ≥ 36 years, namely 28 people (82.4%). Surtinah's (2019) study explains that individual characteristics such as age, education and length of service are important determinants of work productivity. The productive age of health workers is in the range of 20–59 years, and they are expected to work optimally. The age of midwives at TPMB is mostly in their productive age, and it is expected that midwives can carry out documentation according to standards properly.

In terms of education level, the majority of midwives (32 midwives) had completed a D4/S1 degree, with the remainder having a D3 degree. Research by Siagian (2016) found that higher education levels lead to higher productivity and work quality. In this study, all respondents were highly educated, consistent with their field of expertise and competency in the midwifery profession. In terms of length of existence, most TPMBs in the Madiun Regency IBI work area have been operating for 10 years or more, namely 21 TPMBs (61.8%). Research by Herdiani & Candratika (2020) added that long experience often forms certain work habits. Midwives' work experience at TPMBs can influence productivity by adhering to work standards.

A good level of knowledge regarding documentation was found in 29 (85.3%). Midwives' knowledge was categorized as good in the implementation of birth documentation at the TPMB. Midwives demonstrated good knowledge and needed to improve their documentation of births. The better their knowledge, the better the implementation of midwifery care documentation. There is a relationship between knowledge and the implementation of midwifery care documentation (Dewi, 2014) .

Participation in the training was recorded at 50.0%, with 17 participants. Research by Palifiana & Wulandari (2021) and Pratama et al. (2024) confirmed that advanced training and support systems are more important than formal education alone. TPMB midwives need to undergo ongoing training to improve documentation of patient deliveries.

Analysis of Completeness of Childbirth Documentation Based on Staff Ability

Table 2Distribution Frequency Respondents Based on Ability Officer

Category	F	%
Ability		
Good	20	58.8
Not enough	14	41.2
Total	**34**	**100.0**

Source : Primary Data, 2025

Table 2 shows that most of the midwives in the TPMB IBI Working Area in Madiun Regency have good documentation skills, namely 20 people (58.8%). This matter show The better the midwife's technical skills, accuracy, and time management, the more comprehensive the documentation they produce. The ability of the midwife is key to successful delivery documentation. Healthcare workers' documentation requires writing skills that adhere to consistent documentation standards, effective patterns, completeness, and accuracy (Hazanah, 2022). Midwives at the TPMB already possess good skills but need to balance direct patient care with administrative responsibilities to produce complete and accurate delivery documentation.

Analysis of Completeness of Childbirth Documentation Based on Material Support

Table 3. Distribution Frequency Respondents Based on Material Support

Category	F	%
Material Support		
Available	27	79.4
Not available	7	20.6
Total	**34**	**100.0**

Source : Primary Data, 2025

Table 3 shows that the majority (79.4%) of the 27 TPMBs have the availability of material support, such as materials for documentation files. The materials used are the availability of forms and supporting facilities for filling out documents completely . According to Talib (2022), the availability of materials such as medical record forms is an essential factor in the completeness of documentation. Without physical facilities, recording cannot be done properly, resulting in low data quality. Materials play an important role in supporting the completeness of filling out medical record documents (Uyang, 2023) . The availability of materials at TPMB is good, including manual forms, making it easier for midwives to immediately write down data after providing services.

Analysis of Completeness of Childbirth Documentation Based on Method Use

Table 4. Distribution Frequency Respondents Based on Use of the e -Method

Category	f	%
Methods Used		
Using SOP	24	70.6
Not Using SOP	10	29.4
Total	**34**	**100.0**

Source : Primary Data, 2025

Table 4 shows that the majority of TPMB in the IBI Madiun Regency work area have used the SOP method in documenting and its completeness, namely (70.6%) 24 TPMB. This illustrates that the majority of TPMB have implemented standard procedures in documentation. The majority of respondents use SOPs (Standard Operating Procedures) in documenting childbirth. The role of SOPs (Standard Operating Procedures) in documentation plays an important role in increasing compliance, standard guidelines that ensure consistency and reduce the risk of negligence. According to Handiwidjojo (2019), SOPs (Standard Operating Procedures) are standard instructions that ensure uniformity and consistency of work.

Analysis of Completeness of Childbirth Documentation Factors Based on Financial Availability

Table 3Distribution Frequency Respondents Based on Availability Finance

Category	F	%
Supporting finances		
There is	26	76.5
There isn't any	8	23.5
Total	**34**	**100.0**

Source : Primary Data, 2025

Table 5 shows that the availability of finances in providing documentation files in each TPMB is mostly sufficient, namely (76.5%) 26 TPMB . Funds in TPMB are available for the procurement of forms, financing training, providing medical record storage facilities. According to Ritonga (2019), finance is an important aspect in the implementation of health services, including to support the completeness of documentation. Research by Uyang (2023) which mentions finances as a significant factor in the completeness of medical record documentation. The availability of finances in TPMB has supported the procurement of documentation activities, but it is necessary to improve officers in using and completing the forms to improve the quality of service.

Analysis of the Level of Completeness in Childbirth Documentation

Table 1Level of Completeness in Childbirth Documentation

Category	f	%
Completeness Documentation		
Complete	19	55.9
Incomplete	15	44.1
Total	**34**	**100.0**

Source : Primary Data, 2025

Table 6 shows that the characteristics of respondents based on the completeness of documentation, midwives performed complete documentation in 19 TPMB (55.9%) and 15 TPMB (44.1%) were incomplete. Some TPMB records did not meet the standards for completeness of childbirth documentation. According to Hatta (2008), the completeness of medical records must include aspects of identification, important reporting, authentication, and filling in accordance with standards. Lack of any one aspect can result in the document being invalid as medical or legal evidence. The low level of completeness in TPMB can be influenced by limited training, suboptimal implementation of SOPs, high workloads, and manual recording, which often results in delayed or partial recording. These results are in line with the findings of Pratama et al. (2024) who stated that manual documentation tends to be incomplete due to the large number of items to fill in and time constraints. TPMB requires analysis and evaluation including aspects of identification, important reporting, authentication, and filling in accordance with childbirth documentation standards.

CONCLUSION

Analysis of the completeness of childbirth documentation factors in the TPMB IBI Madiun Regency Working Area has good capabilities in documenting (58.8%) 20 people, availability of material support (79.4%) 27 TPMB, use of SOP methods (70.6%) 24 TPMB, financial availability (76.5%) 26 TPMB. The level of completeness in childbirth documentation (55.9%) 19 TPMB and (44.1%) 15 TPMB is still incomplete. TPMB midwives need to analyze aspects of identification, important reporting, can improve compliance with childbirth documentation by utilizing SOPs, holding training. TPMB IBI Madiun Regency needs improvement, namely providing digitalization of patient childbirth recording to make it easier for midwives to record documentation and improve the quality of services more completely and accurately following technological developments.

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