

# Online Midwife's Training on Psychoeducation of Perinatal Mental Health During COVID-19 Pandemic

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### Keywords

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### Abstract

Psychoeducation is an effort to prevent maternal anxiety which should be integrated into maternal health services. Puskesmas (Community Health Center) Sukorejo 1 Kendal in collaboration with Motherhope Indonesia held an online training program and psychoeducation for pregnant women for midwives. However, there are no reports related to the implementation of online training for the midwife to increase their knowledge and skills. The purpose of this study was to determine the implementation of psychoeducation online training for midwives during the COVID-19 pandemic. The method applied qualitative research with a case study approach. The informants in this study were 1 head of the Puskesmas and 5 midwives. Data collection used online interviews (synchronous and asynchronous) and the WhatsApp platform. The interview guide was used as a guide for interviews that were previously conducted by pilot interviews. The data was then analyzed using thematic analysis with the Miles and Huberman framework. It can be concluded that the benefits of training could be felt by midwives, namely improving mental health literacy, enhancing skill, and changing the midwife's paradigm. So, needed to improve the online training method of midwives about psychoeducation to rise the psychoeducation midwife's role for a pregnant woman.

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## 1 Introduction

Since March 11, 2020, the World Health Organization has declared the COVID-19 outbreak a pandemic (WHO, 2020) which causes vulnerability in various groups of people, one of which is the group of pregnant women (Schwartz & Graham, 2020). Pregnant women are at higher risk of infection because their immune systems weaken naturally which is generally believed to increase the risk of complications (Woody et al., 2017). Therefore, in this COVID-19 pandemic, pregnant women are at risk of exposure to COVID-19. This is one of the reasons why pregnant women are more anxious about pregnancy during the pandemic (Brooks et al., 2020). Previous research has suggested that, due to growing concerns about vertical transmission to the fetus, pregnant women are more likely to be anxious (Wu et al., 2020; Alzamora et al., 2020). Research result Corbett et al. (2020), found that since the COVID-19 pandemic, 83.1% of women have been concerned about their health, while pregnant women's anxiety has increased by more than 50.7%.

Anxiety in pregnant women related to pregnancy as much as 66.7% and related to infant care up to 35% (Corbett et al., 2020; Santi et al., 2021). If anxiety during pregnancy is not handled optimally it will develop into postpartum depression and the most severe is psychosis (Estrin et al., 2019). Psychological disorders such as anxiety during pregnancy are associated with complications, such as prematurity, low birth weight (BBLR), stunted fetal growth (IUGR), postpartum complications, hypertension in pregnancy, preeclampsia (PE), and gestational diabetes (Durankuş & Aksu, 2022). So that pregnant women need special care and services related to prevention, diagnosis, and treatment of anxiety so as not to manifest as a more serious mental health disorder (Poon et al., 2020). An effort related to maternal mental health should be included as an integral part of a country's health policy (Tilburgs et al., 2010). Health workers working in sexual and reproductive health services and the care of pregnant women should be trained to recognize the symptoms of psychological disorders, provide effective counseling and psychological support and other interventions (World Health Organization, 2016).

Based on research, midwives often do not conduct a comprehensive assessment of the mental health of pregnant women and even inhibit the emotional honesty of pregnant women because midwives are confused about how to respond, so pregnant women expect midwives to pay more attention to their mental health during pregnancy examinations (Pratiwi, 2019). For this reason, midwives should get adequate training to improve the mental health literacy of pregnant women.

In September 2020, Motherhope Indonesia through the Facebook Accelerator Community program has designed and run a program "Closer to Mother". This program runs by providing online training for midwives on education related to perinatal mental health (O'Hara & Wisner, 2014; McDonald et al., 2005). After that, the midwife performs psychoeducation on pregnant women in their work area (Dream, 2020; Rahman et al., 2022). Public health center Sukorejo 1 in collaboration with Motherhope Indonesia which provides psychoeducation training to midwives and is conducted online (Colom & Lam, 2005). After getting training, midwives perform psychoeducation on pregnant women in their work area. But there have been no reports or data related to the implementation of training for midwives on perinatal mental health psychoeducation (Reinares et al., 2010). The purpose of this study is the implementation of training for midwives on mental health perinatal psychoeducation during the COVID-19 pandemic at Sukorejo 1 Kendal Health Center.

## 2 Materials and Methods

### Research design

Qualitative research online with a case study approach because this research aims to explore in-depth how the training is going from the perspective of stakeholders (head of health centers) and midwives.

### *Research subjects*

Subjects in this study were the head of the health center and the executing midwife who was selected with purposive sampling techniques (Hyde & Roche-Reid, 2004; Swerts et al., 2016). Informants in this study numbered 6 people. The criteria used to choose the head informant of the puskesmas is head of puskesmas active in puskesmas Sukorejo 1 Kendal and know the psychoeducation training program, while for midwife informants based on criteria have received psychoeducation training, the executing midwife is active in psychoeducation activities, understands using technology media, and is not on leave or sick. The research place is at Sukorejo 1 Kendal health center.

The head of the Health Center was chosen as the gatekeeper to introduce the study to prospective informants using informed consent, prospective informants were asked to provide their phone numbers to be contacted by researchers. After registering their phone number, the researchers called by phone and made an appointment with participants for the interview session.

### *Research instruments*

The instruments used in this study are researchers as the main instrument so that researchers seek to improve understanding of online qualitative methods and psychoeducation of maternal mental health through literature studies and familiarization of research sites and informants. In addition, researchers use assistive instruments in the form of semi-structural interview guidelines that have been piloted through pilot interviews to maintain quality assurance to midwives and discussed with experts. Then use technology media in the form of laptops, audio recorders, mobile phones, WhatsApp applications, and the use of field notes.

### *Data collection*

The selected data collection techniques are melted semi-structure Online Interviews and documentation studies. The use of online interview methods is most appropriate for researchers during the COVID-19 pandemic. Three participants were interviewed twice (B1AM, B3L, and B5I) for further clarity, while others were interviewed once. Data saturation was achieved after 9 interviews with 6 informants. The online interview method used is the synchronous method (Midwife) and asynchronous (Head of Puskesmas). This online method uses the Whatsapp application (Chat, call, video) for 40-60 minutes. In addition to online interviews, researchers use documentation studies that include online training materials, and documentation during online training. Field notes are written immediately after the interview to capture contexts, such as participants' behavior during the interview and/or the researcher's thoughts and feelings to the interview process.

### *Data analysis*

Thematic data analysis using the Miles and Huberman model which includes the steps (1) Collecting data: transcripts read over and over for familiarization of the data (2) Perform data reduction: summarize, select the things that the presentation of the data in the form of a logically and systematic narrative (4) Verification: during the analysis, verification is sought through the co-validation of the researcher and feedback from participants for the findings of this study.

### *Validity of data (Trustworthiness)*

To maintain the thoroughness of the study, the authors carried out several strategies to increase credibility, transferability, dependence, and confirmability. Table 1 describes the strategies applied to maintain the power of research.

Table 1  
Strategies to increase research power

Criterion	Application
<i>Credibility</i>	<ul style="list-style-type: none"> <li>• Discussion meeting with co-authors</li> <li>• Use digital audio recordings to produce high-quality audio recordings</li> <li>• Perform verbatim transcription</li> <li>• Examines transcripts and recordings to ensure that information obtained from informants is converted accurately</li> <li>• Records the analysis process to allow researchers to perform data analysis process literacy</li> <li>• Triangulation of sources, i.e. data obtained from two different sources</li> </ul>
<i>Transferability</i>	<ul style="list-style-type: none"> <li>• Conduct a trail audit of the course of research by compiling a logbook</li> </ul>
<i>Dependability</i>	<ul style="list-style-type: none"> <li>• Perform verbatim transcription process</li> </ul>
<i>Conformability</i>	<ul style="list-style-type: none"> <li>• Transparent description of the research steps</li> <li>• Audit trail by documenting the details of the research process including research settings, methods and justifications, and the interview process, data analysis, and reporting</li> <li>• Member check is done when the data analysis is completed to obtain informant feedback on the findings of this study.</li> </ul>

#### Research ethics

Ethical feasibility tests are conducted to find out if research can be conducted on respondents. The feasibility test was conducted at the Research Ethics Committee of The University of 'Aisyiyah Yogyakarta (No. ref. 1766/KEP-UNISA/IV/2021).

### 3 Results and Discussions

#### Characteristics of informants

Five midwives and one health center head agreed to share their experiences related to the perinatal mental health psychoeducation training they participated in. The characteristics of the informant are described in table 2.

Table 2  
Characteristics of informants

No	Code	Age	Education	Work
1	A1J	56 Years	S1 Public Health, Master in Management	Head of Public health center
2	B1AM	32 Years	D3 Midwifery	Midwife
3	B2N	37 Years	D3 Midwifery	Midwife
4	B3L	42 Years	D4 Midwifery	Midwife
5	B4MU	44 Years	D3 Midwifery	Midwife
6	B5I	46 Years	D3 Midwifery	Midwife



### Theme

Five main themes are found from the analysis, namely the training process, training benefits, training support, obstacles and efforts to minimize obstacles, and subsequent training needs.

### Training process

The theme of the psychoeducation training process describes the experience of the head of the health center and midwives about the psychoeducation training process for midwives from mother hope Indonesia which includes training methods, facilities and infrastructure, and training materials. Informants in this study mentioned that the implementation of this training uses online training methods. As explained by the B1AM informant:

"... [The method used is] online training with webinars through zoom application" (B1AM, 32 years old, Midwife)

Furthermore, the infrastructure used during training is the meeting hall, laptop, audio speakers, and LCD. As explained by informant A1J: Infrastructure facilities [used during training] laptops, audio, LCD like that, some midwives do training in the hall" (A1J, 56 years old, Head of Health Center).

The material obtained during training is related to perinatal mental health psychoeducation from several experts, namely psychiatric doctors, clinical psychologists, and midwives. This is following the study documentation of training materials and expressions from B2N informants: We got [training materials about] psychoeducation about perinatal mental health, antepartum depression, postpartum blues postpartum depression was the same questionnaire to assess anxiety or questionnaires to menu depression levels like HARS and EPDS questionnaires" (B2N, 37 years old, Midwife).

### Benefits of training

The theme of the benefits of training describes the experience of the head of the health center and midwives about the benefits of training felt by the head of the health center and midwives. Some informants stated that training on perinatal mental health psychoeducation provides benefits, namely improving mental health literacy. As explained by informant B5I:

"Sometimes we as midwives when we find pregnant women and postpartum who are in anxiety nggih... In the past when we were in college got the theory, we have faced patients like that but it turns out we have not fully realized that [about] the characteristics or symptoms and must be how" (B5I, 46 years old, Midwife).

The next benefit is the improvement of midwife skills in providing psychoeducation services. Interview data about this is conveyed by informant B5I "Because obviously when we follow online training we know to face problems with mothers like this we have to how the hell, Thank God what we get we apply to the target or patients" (B5I, 46 years old, Midwife).

In addition, the changing paradigm of midwives about perinatal mental health is also a benefit obtained by midwives. As explained by informant B3L:

"In the past we [midwives] only knew what she [pregnant women] were dealing with such as sleep disorders, nausea vomiting disorders also it could be caused because psychology is also not only because of the hormones that HCG is increasing but because there is something she thinks so that it causes her HCG hormone to increase and nausea vomiting becomes more" (B3L, 42 years old, Midwife)

### Training support

The theme of training support in midwives describes the support of Indonesian health centers and mothers' hope for training on perinatal mental health psychoeducation. The support provided at this training includes instrumental support, information, and motivation. Interview data shows that there is instrumental support

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and motivation for this training. An example is providing facilities for training in the form of training permits, training places, laptops, and LCDs in addition to a motivation to participate in training. This was stated by informant A1):

*"[During training, the health center]... grant permission for the use of service time, use aula; presaran facilities including laptops, audio speakers, LCDs" (A1), 56 years old, Head of Health Center)*  
*I [head of puskesmas provide support to midwives to access materials; [and] can practice to the pregnant women they serve" (A1), 56 years old, Head of Health Center)*

The above statement is supported by B1AM and B5I informants, following the statement:

*During training, Midwives use]... the hall of laptop and LCD, the head of our health center has given permission [the use of these facilities] and support to follow this training" (B1AM, 32 years old, Midwife)*  
*"When training the head of the health center often appeals to follow in-depth, because it should be midwives know science like this [science on mental health psychoeducation perinatal]" (B51).*

Another support obtained is support for the availability of information from mother hope Indonesia in the form of access to training and access to training materials. Following the statement of B2N and B4MU informants:

*MHI is one of several organizations related to maternal and child health that support midwives to develop their services" (B2N, 37 years old, Midwife).*  
*"With training from MHI, we can access mental health-related materials in pregnant women" (B4MU, 44 years old, Midwife).*

#### *Obstacles and efforts to minimize obstacles*

The theme of obstacles and efforts to minimize obstacles describes the obstacles experienced during training from the perspective of the head of health centers and midwives and efforts to minimize obstacles. Interview data showed that online training methods made some midwives less focused on training materials. Examples of quotes submitted by informants A1J and B2N are as follows:

*"Then because this is an online training, so maybe the attention of midwives is not as enthusiastic when holding face-to-face" (A1J), 56 years, Midwife)*  
*When training online] my focus is often less if it can be online than offline if offline there is a seminar so it is more likely to be more able to stare at the speaker directly can the material" (B2N, 37 years old, Midwife).*

In addition, the time constraints of implementation are also an obstacle felt by some informants as conveyed by B5I informants as follows:

*"When online training is indeed sometimes we can not focus on not being able to follow, we have to take time, indeed we have what, we need a special time to understand and explore this online training because indeed we experience the limitations of time nggih" (B5I, 46 years old, Midwife)*

Network constraints are also experienced by some informants. Here is an example of a B2N quote, related to the hat:

*"Sometimes the signal if sent what pictures, often muter only besides that along with the official schedule so less focus" (B2N, 37 years old, Midwife)*

Nevertheless, several efforts have also been made by informants to minimize such barriers such as accessing online training records and training materials. Here are the quotes submitted by B3L informants related to this matter:

"We [midwives] can access the recording again at any time, the material given and sent and we open again the time to make in-between times we can read [training materials] which are important points so that the health management can be understood" (B3L, 42 years old, Midwife)

#### *The next training need*

The theme of further training needs describes the next training needs from the perspective of the head of health centers and midwives, namely face-to-face training and the sustainability of training programs. Here are the quotes submitted by informants A1J and B5I :

"I hope that this training can be held face-to-face so that the knowledge provided can be absorbed properly and practiced in the service of an ANC" (A1J, 56 years old, Head of Health Center)

"If we [need training] more offline yes, we can focus more, because frankly if online more often we sambu"  
(B5I, 46 years old, Midwife)

This research is to explore how the implementation of psychoeducation training followed by midwives Sukorejo 1 Kecamatan health center and why the training should be followed by midwives accompanied by the possibility for the implementation of training during the COVID-19 pandemic. This training is an effort to improve the knowledge and skills of midwives related to the psychoeducation of perinatal mental health, especially anxiety prevention in pregnant women.

A study mentions the need for mental health well-being during the perinatal period (Rosmawatia & Das, 2018). It was influenced by support from midwives and other health professionals important in women's mental health during the pandemic (Reilly et al., 2020).

Health workers also realize that the psychological health of pregnant women needs to be properly assessed (Pratiwi, 2019). But midwives don't believe in their ability to pass psychosocial assessments on women (Reilly et al., 2020). Women worry about a lack of privacy and midwife attitudes during judgment, which hinders the disclosure of their personal feelings. So that health workers feel unprepared to conduct a sensitive and thorough investigation related to the psychological health of pregnant women. Therefore, health workers, especially midwives, need to be equipped with adequate training to improve their mental health literacy (Pratiwi, 2019).

#### *Psychoeducation training process*

This research shows that psychoeducation training is organized through online methods with cloud meetings zoom platform due to the COVID-19 pandemic so it requires a room that is a meeting hall and communication tools such as networks, laptops, audio speakers, and LCDs.

Government policy related to the COVID-19 Pandemic, requiring all activities that bring many people to the same place is not allowed including the implementation of conventional or face-to-face training/online learning (Makmur & Agunawan, 2021). According to Noviantoro (2009), One aspect of an effective training program is the training method, as per the training method provided with the learning style of the trainee. Online methods are one of the innovations in the field of education in response to the challenges of organizing more varied learning methods even though not face-to-face directly (Agunawan et al., 2020).

Online learning is learning that involves electronic media devices such as computers and connected to internet networks (Rahayu et al., 2020). The role of computer information technology associated with the internet, changing perceptions and learning methods in times of pandemics. The location and time of training are no longer training obstacles (Makmur & Agunawan, 2021).

The results of this study showed that midwives get perinatal mental health material, psychoeducation in pregnant women, as well as an early screening of psychological disorders during the perinatal period. This training material according to midwives is a new science because when I was in college, the material delivered prioritized physical pregnancy care (Ornoy et al., 2006). But as stipulated in midwifery law no. 4 of 2019 related to the competence of midwives. Competencies related to clinical skills in midwifery practice are conducting comprehensive obstetric care (physiological), problem identification, early detection of disorders,



conducting education and counseling based on culture and ethics related to early detection results, and collaborating with colleagues or other professionals about a problem (Kementrian Kesehatan RI, 2020). This is in line with the efforts of perinatal mental health services that have been regulated in the competence of midwives.

#### *Benefits of psychoeducation training*

The results of this study show that midwives feel the benefits of training, namely improving perinatal mental health literacy, improving midwife skills, and paradigm shifts. Improving perinatal mental health literacy is a benefit of this training. According to Veithzal & Sagala (2011), For employees such as increased leadership knowledge, communication skills, and attitudes and encouraging confidence, benefits for the company such as increased efficiency, effectiveness, productivity and quality of work, and benefits in human resource relationships e.g. improving interpersonal skills. That's the purpose of this training. Midwife skills are greatly influenced by training, counseling skills are expected to increase according to their competence because psychomotor skills are a very important aspect in shaping a person's behavior (Rahmawati & Ningsih, 2017). So that after training, it is expected that midwives practice it.

In addition, training is useful in the paradigm shift in midwives that will later improve services in pregnant women. This is in line with the benefits felt by informants related to the training that is followed. Training is the process of receiving certain knowledge, skills, rules, concepts, and attitudes in a structured and systematic manner that has an impact on improving performance in the work environment (Agustina, 2021).

#### *Psychoeducation training support*

This research shows that in the implementation of training there are several forms of support provided by the head of the health center and obtained by midwives. Support in the form of instrumental support, information support, and support (motivation). The benefit of support is to suppress a stressor because the information provided can provide suggestions to individuals (Friedman, 2006).

Informational support from Motherhope Indonesia (MHI) is an organization that concentrates on perinatal mental health issues. MHI cooperates with health centers by providing information and conducting this training. Aspects contained in informational support are input, advice, direction, advice, and information.

In this study, instrumental support from the head of puskesmas in the form of provision of infrastructure facilities and permits from the head of puskesmas. This form of instrumental support is practical and concrete help and can provide immediate assistance. Instrumental support is indispensable in addressing problems that are considered controllable. In addition, the emotional support provided by the head of the health center in the form of motivation to midwives to access the material and practice antenatal care services. Motivation is a form of emotional support. Aspects of emotional support include support embodied in the form of affection, attention, trust, listening, and listening (Maryam, 2017).

According to research Sedianingsih et al. (2020), Support from superiors is needed so that employees get motivation and direction for performance improvements to occur. Information related to the support provided by the head of the health center and the support received by midwives is relevant because the support of the head of the health center related to motivation and infrastructure facilities make midwives want to participate in this online training as an effort to increase knowledge and services to patients.

#### *Obstacles to training and efforts to minimize obstacles*

This research shows that in the implementation of training, the obstacles experienced by midwives are midwives less focused on training materials due to online training so they cannot face-to-face directly with speakers and network constraints when online training. According to research Anugrahana (2020b), About the obstacles to online learning, it is obtained that the weakness in online learning is the lack of maximum student involvement. Only 50% of students are fully active, then constraints on the network keep students from focusing. The dependence of learning environment factors and the characteristics of learning objects determines the success of students in carrying out online learning. Other factors that affect internet access,

tools used (hardware and software), and costs that must be borne become obstacles in accessing online learning resources (Yaumi, 2018).

Obstacles related to training conducted online experienced by midwives are significant obstacles to the material obtained by midwives. According to Masadeh (2012), The difference between training and education is that training is equipped with practical experience. Practice-oriented training, held in a short-time field and answering "How", while education is theory-oriented, is carried out in the classroom, is long timed, and usually answers "Why". Online training is also believed not to affect the skill level of participants, which should be the main purpose of the training, which is to improve the skills of the participants (Makmur & Agunawan, 2021).

Based on the above problems, special efforts are needed in increasing the availability of the material in the training of this online method, namely repeating offline material recordings and direct practices that have been done by midwives, namely the provision of psychoeducation to pregnant women. Advantages of online learning according to (Anugrahana, 2020a) More flexibility can be done anytime and anywhere. All students can access it easily, meaning education or training can be done anywhere. The delivery of information is faster and reaches many students. This is following the informant's statement related to efforts to minimize obstacles that midwives can flexibly access the material anywhere and anytime. In addition, there is access to recordings from the speaker so that it can be listened to again and midwives have the opportunity to ask questions through the application. This is an asynchronous method of midwives' involvement during training.

Electronic learning has two methods: synchronous and asynchronous. Synchronous is a learning process that is carried out at the same time between teachers and learners online. While asynchronous learning time does not coincide with the teacher in providing material and can access the material anywhere and anytime. (Agunawan et al., 2020). Based on the statements made by the informants, there are several types of midwives involved in this training, namely midwives who attend online training (Synchronous) and midwives who attend training at other times (Asynchronous), and a mixture of the two methods to repeat the material provided.

#### *The next training need*

This research shows, the need for psychoeducation training from the perspective of the head of health centers and midwives, namely offline training (face-to-face directly), program sustainability. Midwives need training held face-to-face because it will add focus to the material as well as continuous training. It is relevant to the research of Makmur & Agunawan (2021), The majority of students need training with blended learning methods. 70.56% of students need blended learning (mixed method between face-to-face and online) can be applied, and 29.44% of respondents choose through conventional (face-to-face) training. Blended learning methods can complement the disadvantages of online training by mixing with face-to-face (classical) training while paying attention to the duration of training that can be adjusted to the needs and final achievements of learning.

Human Resource capacity development implemented through training will result in a significant improvement in knowledge and skills shortly after training, but it does not last long. Reduced competence is associated with delays in the application of ineffective learning, mechanisms and patterns, and a lack of support from related organizations. This shows that the sustainability needs of the program are also in line with the need for support for the program and the need for evaluation of the program so that it is expected that training will continue and continue (Monroe et al., 2013).

## **4 Conclusion**

Psychoeducation program implemented by midwives previously conducted online training organized by Motherhope Indonesia with psychoeducation material on perinatal mental health. This training is useful for midwives, namely as a provision to perform psychoeducation services. However, there are some obstacles related to online implementation methods, but there are no obstacles when the pandemic ends. Judging from the benefits, the need to procure training for midwives periodically throughout Indonesia or the development

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of the midwifery profession curriculum related to mental health perinatal psychoeducation which will be useful for holistic maternal services.

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