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**Drill Emergency Simulation as an Increase in Information and Skills of Midwives
in Carrying Out Assistance to Mothers and Newborns
A Case Study in Karawang Regional Hospital**

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Abstract

Health professional's skill in helping maternal emergency cases is a critical factor contributing to maternal and sudden infant death. Expanding Maternal and Neonatal Survival programs, therefore, initiated a training so-called emergency drill simulation. This research aims to find the effectivity of midwifery communication strategy in the emergency drill simulation for sharpening partnership and expertise of the midwifery in a group dealing with childbirth emergency. This research uses qualitative method and a case study as an approach. The informants of this research are the head division of customer care, head of the delivery room, and the paramedic mentor of Expanding Maternal Neonatal Survival in Karawang Regional Hospital. The research concludes that effective communication among midwifery is essential so that each communicant in the group emergency drill should understand the rationale behind the actions and decision taken. This activity could be one of the measures to improve midwifery's skill before applying it to the patients in a real situation. This research is essential for communication discourse, especially in terms of group communication, since it shows that each communicant in a group affects each other before having the same perception towards a case to complete group's mission.

Keywords: Group Communication, emergency communication, midwifery communication, midwifery group simulation.

Introduction

Maternal mortality rate (MMR) and infant mortality rate (IMR) are essential indicators for representing a country overall well-being status, and it is strongly related to the involvement of skilled birth attendants. The more those professionals involved, the less the MMR. However, the number of deliveries that are helped by attendants varies in each country. For instance, while developed countries and South America & Caribia account for 99% and 81% respectively, other regions, such as Africa and Asia, only reach 39% and 56%. (1).

In Indonesia, the higher number of late referral still significantly contributes to the slow progress of IMR's decrement. Furthermore, the cause of obstetrics mortality is mainly associated with obstetric emergencies that undergo these four late referral, being late for recognizing emergency signs and risks, being late for taking a decision to ask for a help, being late for accessing transport to reach adequate health facilities, and being late for attaining care in the referral facility (Rahayu Dwikanthi, 2015). One of the Indonesian

strategies to drop MMR is by maximalizing referral service, notably obstetrics referral, meaning competent health professionals that master how to refer appropriately, including midwives as the frontline obstetric care, are strongly necessary. (2)

An American study observed that “poor and medically indigent women had a problem getting timely obstetric care not because they were unwilling but because the volume of such women was greater than the hospital could manage. If the hospital could get Medicaid approval, it was willing to expand its efforts to find a medical home for and draw more women into a service network. Both the women and the hospital system would gain from such an expanded program.” (3) In light of that, an effective partnership among patients, health workers, and hospital managements are required to fasten and simplify the administration of maternal and infant emergency. The trust that is established between midwives and women who will give birth is built from a good relationship. Relational continuity gives midwives the opportunity to provide more holistic care.(4)

Patient safety, specifically failure to recognise and rescue deteriorating patients, has emerged worldwide as an important issue in health care(5). An emergency drill is a monthly midwives activity conducted in maternal and child health room. This activity aims to improve midwives skills in handling emergency cases in their workplace. An emergency drill is performed in a group, and the members are determined by its working group at the time. An emergency drill is a reality-like simulation, and four roles should be fulfilled: patients, family’s patients, head midwife, midwife member, and supporting midwife. The midwife that has a position as the head is signified with red code, while for those that have a role as supporting midwife and administration are marked with yellow code and green code respectively. In the activity, there is also a health officer that record the activities using a Handycam for further discussion. For the initial discussion, each midwife is obliged to read the standard operating procedure in the place they are working and try to memorize the sequences that have been prepared beforehand. Emergency drill, therefore, imposes each individual to learn the standard operating procedure by heart that is previously probably only documented.

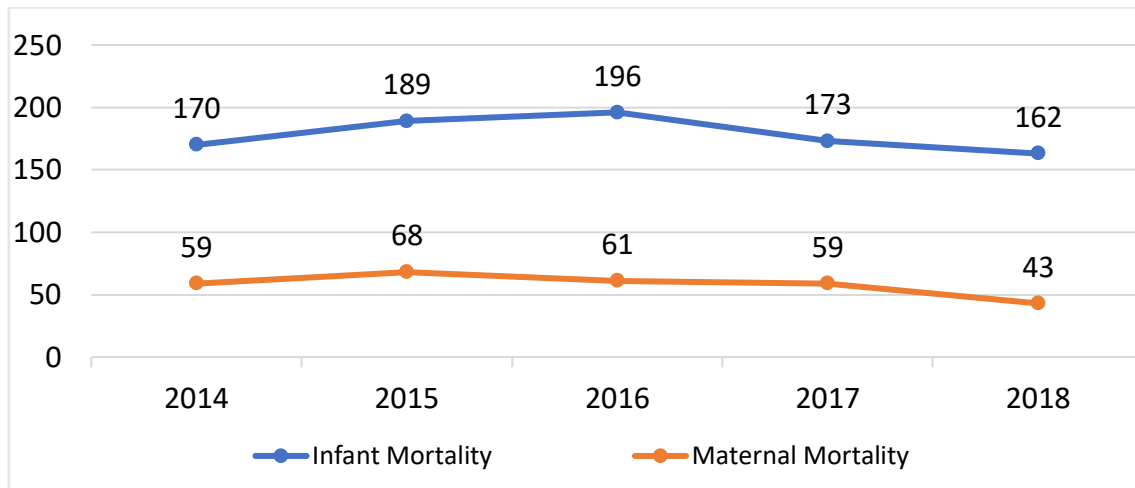
A study conducted by Pekan Baru towards 191 midwives, including those that practicing from home and in birthing center, found that sample variable that is correlated with subjective, objective, analysis, and planning (SOAP) is forms of documentation (POR 15,988), supervision (POR 6,366), and behavior (POR 2,729). In other words, midwives with unavailable form are 16 times more prone to not documenting with SOAP standard, while those that are not surveyed are 6 times more prone, and those with negative behavior has a level of pronity 3 times higher. For that reason, conducting a help simulation training on emergency to analyze midwives’ level of understanding towards their job, and documenting their activities are essentials. Health is about humans. Beyond the glittering surface of modern technology, the core space of each health system is occupied by a unique meeting between a patient who needs service and the medical and paramedic team that has been entrusted to provide it. This trust is gained through a special blend of technical competence and service orientation, which is driven by ethical commitment and social accountability, which forms the essence of professional work(6). The development of services to anticipate the death of patients must be carried out and monitored in order to reduce mortality (7). Training for health workers must continue to be done to improve the skills of health workers (8).

The high number of maternal and infant mortality actuate the government of Karawang Regency to prioritize maternal and infant rescue. Karawang Health Office, as the institution in charge for a health problem in Karawang, then, collaborates with

Indonesian Ministry of Health, and USAID to run expanding maternal and neonatal survival (EMAS) program that is started in 2012.

The fifth aim of Millenium Development Goals (MDGs) is decreasing the number of maternal mortality to three-quarter of the 1990's figure. By assuming that ratio in 1990 was about 450, MDGs's target was around 102 in 2015 (9). The objective seems challenging to achieve since, according to SDKI 2012, MMR still amounts to 359 death per 100.000 life birth, not to mention that it can be higher in poor and remote areas, such as in DTPK (Indonesian Underdeveloped and Border Regions, and Islands) and DBK (Indonesian Region with Health Problems). For infant mortality, including children less no more than 5 years old, MDGs set a projection to decrease infant mortality in 1990 to be two-third. That is to say, they should reduce the number from 97 mortality per 1000 life birth to 32 death per 1000 childbirth, and in 2007 the IMR reached 34 death per 1000 childbirth (10).

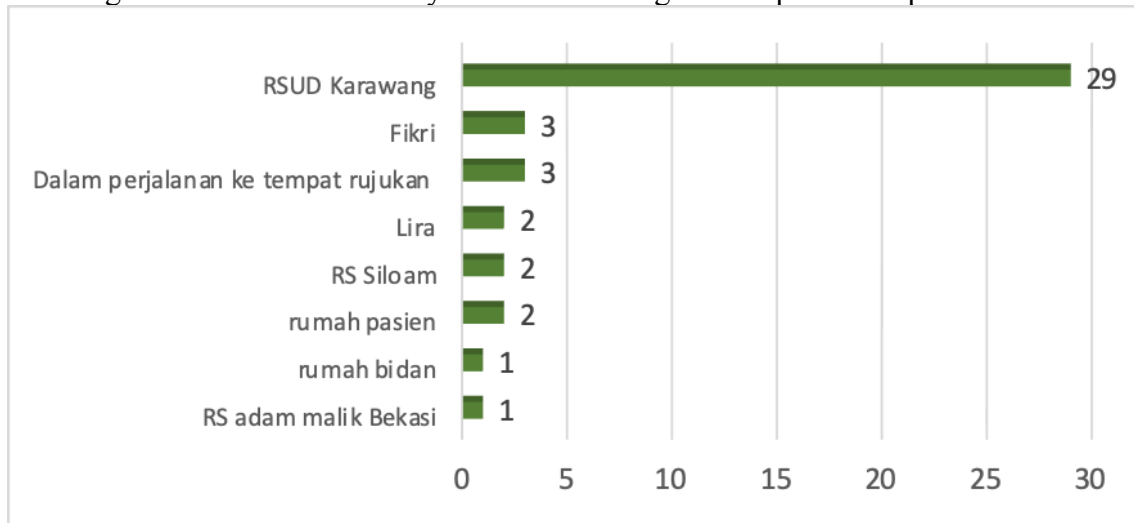
Figure 1. Total maternal mortality and infant mortality rates from 2014-2018



the source of the Karawang regency health service

Regarding the number of both cases since 2014, the number of maternal mortality dropped to 43, and infant mortality dipped to 162. Compared to 2014, it was a quite remarkable drop. Furthermore, the following bar graph is the distribution of the maternal mortality location:

Figure 2. Maternal mortality rate in Karawang district public hospital in 2018



the source of the Karawang regency health service

The chart shows that 29 deaths took place in Karawang Regional Hospital, the only B class government hospital. To that end, serious effort from related group to improve the accountability of officers and employees to minimize maternal mortality that is about to birth is demanded. Indeed, considering that the skill of midwives is one of the factors that can cause death, direct evaluation towards midwives' ability in helping patients through group simulation is also essential. In this case, communication is one of the common cause of the error in performing help. The emergency case calls for teamwork.

In light of that, the research intends to grasp how communication group strategy performed by midwives in an emergency drill simulation can be one of the measure to improve midwifery's skill in Karawang Regional Hospital and decrease maternal and infant mortality in Karawang Region. This research is a qualitative study with a case-study as an approach. This framework is functional to gain a real and in-depth picture of a case that has finished or still happening.

Research purposes

This study aims to determine the extent to which midwife group communication is effectively developed in emergency drill activities so that midwives fully understand how standard operating procedure information should be performed when emergencies occur to patients and improve the ability of midwife skills in emergency management to mothers and newborns.

Research question

The question in this study is the extent to which midwife group communication through emergency simulations can build and enrich the midwife's literacy information related to standard operating procedures for emergency management to patients and form a bond of togetherness to deal with emergencies in mothers and newborns.

Significance of the study

This research is important to do in order to provide input to health policy makers to make policies in accordance with the needs of midwives in the field and not only oriented to the program but also oriented to the needs of the community in the field.

Method

A qualitative method and a case study were used in this study because the researcher aims to understand the real condition regarding midwives group communication in Karawang Regional Hospital as the only hospitals in Karawang Regency. According to Yin, five critical elements comprise qualitative research (11). Firstly, it studies meanings in the real condition and situation of society. Secondly, it represents views and perspective of society. In this framework, society is not an object of investigation; instead, they deliver pictures of reality from a fact for scientific truth. Thirdly, it reports a contextual condition where members of society live. Fourthly, it broadens current insight of new concept explaining human social behavior. Finally, it uses many sources. Qualitative research, therefore, is a participative approach.

A conventional qualitative researcher often witnesses the sell and trade process. It can be grasped through two symptoms. Firstly, a researcher involves interactively with the subject and have a role in creating a new reality. Concurrently, reality also interactively enriches knowledge and social meaning of the researcher. Secondly, the researcher and “subject” are involved in the exchanges to enable the interaction. Furthermore, Dezin and Lincoln stated that qualitative research is a study that “use natural background and intend to interpret phenomena by applying many methods.” (12).

With this in mind, it can be said that according to the experts cited mentioned, qualitative research is a study to understand phenomena of subject experience, ranging from behavior, perception, motivation, and action in forms of words and language in a special and natural context by applying various methods. It is considered to be appropriate for the research since the aim of the study is to understand midwives’: 1) behavior in group communication, 2) perception regarding teamwork in emergency activity, 3) motivation behind the event, and 4) words and language used in cooperation when they handle mother and infant in Karawang Regional Hospital Karawang.

According to Patton, a case study process happens in three stages. The first stage is the step of collecting raw data on individuals, organizations, programs, and places that can be a foundation for case-study writing. The next step is the time of marshaling or managing cases obtained from selection, summarizing raw data, classifying and editing, and registering it into one manageable and accessible file. The last step is the final report writing in the form of narration. (13)

Lincoln and Guba (14) revealed that the advantages of the case study as follows: (1) a case study is a primary tool for ethnic research since it presents the subjects’ perspective studied. (2) a case study offers a thorough description that is similar to the experience experienced by the reader in their daily lives. (3) a case study is a useful tool to show relations between the researcher and the informants. (4) a case study enables the reader to discover internal consistency that is not only consistency in terms of style and factual but also trustworthiness. (5) a case study displays a thick description that is needed by evaluation or transferability. (6) case study opens to criticism towards contexts that also play significant roles in the meaning-giving context of phenomenon. (15)

Regarding informants, in qualitative research, the number and the size of the coverage is not the constraining factors. It might be only a single site and interview up to 10 people. Instead, the most essential element in choosing informant is their experience towards the phenomenon in question and their capability in articulating the background meaning (16). With this in mind, informant selected for this research as follows, all of them come from Karawang Regional Hospital environment:

1. Head of Customer Care Department
2. Head of Room VK
3. Head Division of Family Health
4. Head of Maternal and Child Installation Room

Regarding data collection, data was collected from observation, documentation, and interviews(17); and for analysis, data collected was organized, discriminated to be manageable variable, and synthesized until the patterns and other essentials information that can be displayed are found (18).

Results

Emergency Drill Implementation

An emergency drill is a group communication activity conducted once in a month and aims to improve midwives' skills in handling emergency cases. An emergency drill is a simulation that is conditioned to be as real as possible, where almost all possible elements in the situation, ranging from the midwives itself, the patients, and the family of the patients, are there and situated. The scenario chosen normally is the most emergency case that used to occur in Karawang Regional Hospital. For the preparation, supporting midwives should read the standard operating procedure of the emergency case beforehand.

Putting the standard operating procedure on every room wall, including in the emergency rooms or operating rooms, is compulsory. This is because routine and familiarity frequently engender midwives to be confident in executing first aid without seeing the standard operational procedure anymore. Moreover, they usually forget to report their activities. In EMAS program, especially in maternal and the children rescue program, midwives should note what has been executed, and execute what that has been noted.

Emergency drill trains midwives to follow the standard operating procedure and habituate themselves with noting what they have executed and executing what they have noted. Also, coupled with video recording, notes are used to ease self-evaluation among midwives and ease the head of the room in evaluating the ability of each midwife and planning the next simulation for unpassed midwives.

Group Communication Activity in Emergency Drill

An emergency drill is a training that is normally conducted in a monotonous training room and after that moved to each workspace. The atmosphere is made as exciting as possible and communication among staff is made as comfortable as possible so that each health workers could understand that it is teamwork and not a competition. An emergency drill is one of the methods that is introduced by EMAS to fix the quality of the medical staff in treating patients.

Emergency management is a long process that calls for a full-scale discussion, ranging from human to non-human resources. Exhaustive checklists for handling emergency situation, ranging from tools, professional, to the building, therefore, is prepared in this process. Regarding tools and buildings, it seems easier since they are

more static. Checkings required probably are merely counting the stock of medicine or the availability of the facilities. With drill simulation, many unprepared items to tackle emergency cases would be identified. However, as for the ability and consistency of midwives, it is almost improbable to be done that easily since the expertise of the midwives cannot be tested to the patients arbitrarily, especially in emergency cases. An emergency drill is inevitable to confirm the skills of the midwives in dealing with emergency and their obedience in adhering to the standard operating procedure

Furthermore, for this teamwork activity, communication plays a significant role. A friendly atmosphere is an ambiance that should be created in an emergency drill. Blaming is avoided, errors are considered to be the learning process, and teamwork is prioritized. In an emergency drill, fair evaluation and recapitulation are essential. With that evaluation and resume emergency drill, the percentage of the staff regarding their knowledge of emergency, ability in handling a specific case, skill in conducting teamwork would be seen. Emergency drill, therefore, is a prevention activity, to prevent the birth attendant not to grasp fully what that should be performed and executed. At first, it probably would be performed once in a week, however if the staff started to handle all indicator effectively, it can be done once in three months.

Discussion

An emergency drill is conducted by a group of midwives that are divided based on similarity in workgroup and work time. This division enables each group to ease communication among them and evaluate their teamwork. Teamwork is critical in this vein since the time limit is one of the leading cause of maternal and infant mortality. At the same time, group communication can be defined to be an exchange of information among people that have similarity in culture, linguistic, and or geography. As stated by Rakhmat (19), group communication is used to exchanging information, adding knowledge, affirming or altering attitude and behavior, improving mental health, and raising awareness.

Communication is a primary factor in the interaction process in emergency drill since there is an aim that wishes to be attained in the activity, namely the improvement of skills in patients care, especially emergency patients. Some essential concepts should be noted in group communication:

1. Communication is conducted face to face

Each person who joined the group should attend the activity. It eases each actor to communicate with each other, delivering and receiving messages and giving feedback directly. Face to face communication makes direct conversation more productive. In an emergency, attendants that are participated in an emergency drill could discuss unintelligible SOP or emergency and conclude quicker.

2. The actors are more than two people

The number of participants in an emergency drill is more than two people, and they are the people who are disposed of according to their work time. The leader of the delivery is signified with red code, while midwives that contribute to the birth and midwives who manage administration and informed consent to the family patients are signified with yellow and green code respectively. Burgoon (20) defined group communication to be a face to face interaction among three people or more with viable objectives, such as information regarding survival and problem solving, where each member could remember personal characteristics of other members quite precisely.

3. Having a common aim

Basically, a group of midwives is not united outright by personal motives. By contrast, they are joined by a mechanism in and management of the hospital, placed following their competence and career. To that end, the common objective is denser in the atmosphere. However, it does not say that personal reasons are eliminated. In this case, personal rationales should be focused on one objective, namely improving customer care and reducing maternal mortality. It is different from interpersonal communication that emphasizes individual aims. In group communication, group goal that is strived for. (21)

4. The ability of the member in building other personal characters

An Emergency drill activity enables each midwife to share their knowledge and ability so that a conducive and teamwork-based atmosphere, not relying on a midwife, could be established and work effectively in handling emergency cases. In other words, group communication in the emergency drill is influential to each member in a group, as stated by interpersonal communication and Heider's balance theory. Interpersonal communication intends to analyze how communication among individual occurs in a community while Heider's balanced theory examines how attitude shift in a member of a community could affect balance in the community (22).

5. Having systematic communication

Group communication ideally should have a precise stage on when and how it should be conducted. It is similar to an emergency drill that has a clear monthly schedule. In this activity, the actors should read beforehand the standard operational procedure, performing simulation by giving roles to the members, and noting what has been executed and executing what has been noted. Besides, they should also conduct a discussion session and drawing a conclusion, and evaluate each actor in a group so that each member have a clear book rapport regarding their skill of handling the individual role. This explicit and systematic stages and is expected to bring an impactful change on the individual or organization as a whole.

6. Communication is lead by one person

An emergency drill is conducted once in a month, and the schedule is determined by the headroom. Prior to the activity, each member is obligated to read the standard operation procedure for treating the patients. Simulation, after that, performed in a room where midwives treat patients every workday. Activity is ruled by the head of the room, and the delivery simulation is lead by red code member. Simulation is documented and discussed to collect the opinion of the members of the group. Finally, the headroom gives marks for all actors. Headroom has a role in managing information flow to ensure the effectivity in the activity. An emergency drill is not successful if the information is the leader of the group only or the members of the groups alone. All actors should be active. Factors that affect the effectivity of communication in a group is the roles of members in a group. This factor mainly contributes to give feedback in solving problems (23).

7. Each member could influence other members

Besides functioning as an emergency case simulation towards mother and children, drill emergency also an activity to give a score to midwives functional group. By executing the action in a group, a midwife is expected to be more interested in reading and seeing how far the standard operating procedure has been applied and

how their peers' works in emergency case affect the decrease on mortality for preventable causes. In communication, communication actors deliver a message that has a double dimension and a complementary or symmetrical relationship. Definition of a double dimensions message is that the message contains a content message and relationship message at the same time. On the other hand, a complementary relationship is a behavior that is complemented by opposite behavior. As for the symmetrical relationship, interaction creates a system on how people respond to each other and determine the type of relationship that they have. (24)

8. Direct feedback communication

The differences in ability and knowledge of midwives in a group is a reason for which communication should be performed. Emergency treatment towards maternal and infant should be carried out in a team, ranging from the first sign of emergency until crisis time and after the care has been conducted. Because of that, group communication and teamwork should be established well so that each actor could take a decision appropriately and pick rescue action according to the valid procedure. Furthermore, all process should be finished calmly. Thus, midwives should realize their strong and weak points and deliver what is in their head and listen to what is meant by their peers effectively. The communication should be audible, meaning that it can be listened to and understood. If empathic means listening generously, audible means transferring an understandable message. This theory contends that a message should be delivered through a media or delivery channel to be received well by the receiver. Moreover, it also argues that audio-visual tools are essential to fulfill the mission of communication. A message, in short, should be given with method and attitude that can be received by the receiver. (24)

9. Message delivered should be rational

In the group communication process, messages are delivered directly without using communication media. The message-interpretation process occurs on that time so that if there is a message with double meaning and cannot be grasped by communicant, communicant or communicator could explain it immediately, and it surely might minimize misinterpretation. Not all midwives come from the same university, and they might misinterpret each other in terms of handling an emergency case of maternal and infant. Emergency drill, therefore, could be a place to equalize perception of one activity. Theoretically, communication means message delivering process from communicator to communicant through verbal or non-verbal means. The objective is that the words could be assimilated, grasped, and received, as well as, at some point, change the behavior of communicant. A similar frame of reference and interest, then, is required to achieve that result. (24)

10. The communication is homogenous

Group communication that happens in an organization is frequently performed in a small group that is visited by actors from the same division. That actually happens in an emergency drill. Simulations are carried out in the same activity where the actor are those who have the same profession, namely midwives. The reason is that that work is a small scope job among midwives that help the delivery process. Consequently, standard operating procedure and the objective decision process are more straightforward and result in similar communication behavior in childbirth activity. Different from group communication in a big and

heterogeneous group, a presence of orator is essential to manage the exchange of information. By contrast, members of an emergency drill are quite homogenous so that communication and feedback-process occur instantly. In this scheme, an agreement is more accessible to draw.

11. Exchange of information

Information sharing could be carried out fast in group communication. In an emergency drill context, it happens because the actors come from the same profession, and the number is limited. Uchayana contends that communication is a thought or feeling delivery process (of communicator) to other people (communicant). Thought can be notions, information, or opinion while feeling can be a belief, certainty, reservation, anger, bravery, passion, or anxiety (25). Therefore, the scope of exchanges of information includes problem pertaining to interaction take place in society, including content interaction with communication media.

12. Mutually dependent on each other

Helping childbirth with emergency status calls for quick respond and teamwork, especially a Teamwork that can divide roles fairly and effectively and support each other to draw the best and the fastest decision. Furthermore, because no media in this communication is necessary and the group is quite homogenous, each actor should understand each other fast and use language that can only be used by that professional group. It is not surprising since, according to Theodorson (1969), communication cover not only information, ideas, attitude, and emotion from one person or group to the other, but also symbols. Similarly, Garbnere (1967) stated can be defined as social interaction through symbols (26).

13. Open Communication

Small group communication that happens in an emergency drill expects openness from each actor. Each actor should understand the weak and strong point of each to create a strong partnership among them. The reason is that in emergency case communication should be practical and in a group with a small number, that requirement is necessary.

Emergency drill simulation is conducted to measure the capacity of birth attendants in handling an emergency case of maternal and sudden infant mortality. Also, it is expected to be social action to affect the perspective and behavior of birth attendants and make them realize the importance of following the procedure in an emergency case. The government tries to socialize the action to develop a safe environment for mother, sustain literation on maternal and children health, and make new norm in society.

Communication action stems from an intersection of midwifery job in performing emergency care in Karawang Regional Hospital. Actions that affect each individual in a group or personal interaction is demanded, and it becomes one of the considerations for midwives in the hospital to make an emergency decision on maternal and infant.

Moreover, the objective of an emergency drill, apart from improving skills, is to increase the level of intimacy among midwives in an organization and, in turn, could make them understand the non-verbal language of their peers. In addition, the emergency drill could also be a way forward to reduce the panic level of the midwives. Panic can be undergone by everyone, including midwives, other birth attendants, and other professional health workers. It might affect the confident level of the patients and their family, and in the long run, it might affect hospital and midwives reputation. With drill

emergency, this risk can be minimized since the midwives have been conditioned and familiarized with any possibilities that might happen in a real situation.

In line with the previous explanation, Webber explains that social action is a subjective behavior aiming to fulfill the objectives and goals of an individual, either hidden or disclosed. An individual is a creative actor, and social reality is not a static tool nor social fact, meaning that norm, customs, values, and other social entities cannot control individual outright. Social structure and institution are two entangled concepts that create social action. (27).

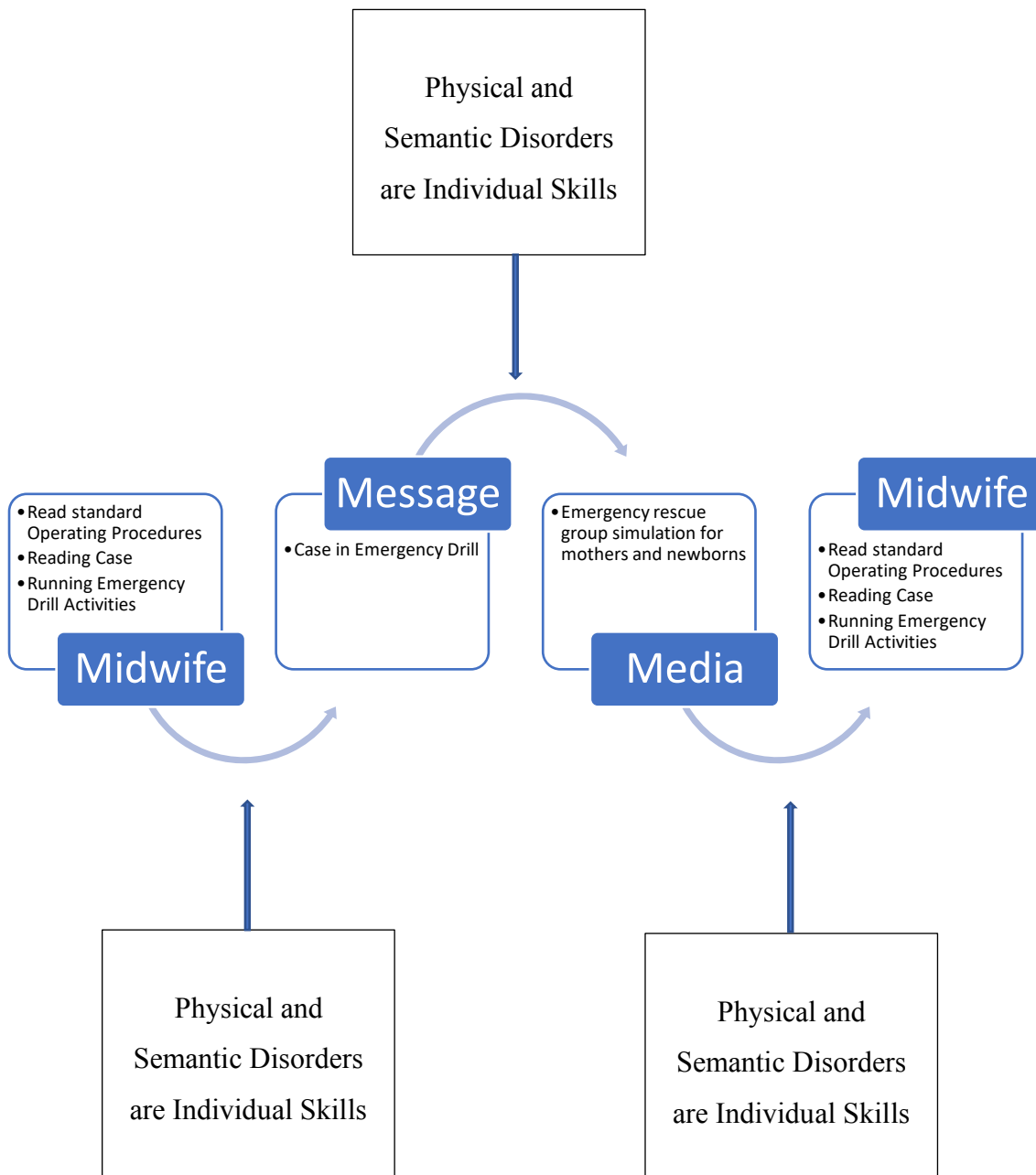
Regarding evaluation, it may be done at the right time and performed relentlessly. Assessment in the right time could make the attendant realize the problem or risk of a problem before it being unresolved. An evaluation has three main strategic principles, namely testing strategic principle, comparing result that is decided wisely, and always fixing the problem to ensure the consistency between goals and planning. (28). Evaluation in an emergency drill, compared to the explanation above, also aims to measure and examine how far standard operational procedure program is applied according to what has been written and approved together. Furthermore, it is also used to evaluate the cause of the death in Karawang Regional Hospital, whether it is because of the tool, medicine, or human resources.

In the daily activity, midwives in Karawang Regional Hospital have a headroom having a role in evaluating, supervise, and schedule leads emergency drill process. A study found that there is a moderately strong relationship between supervisory communication and job satisfaction among employees in the industry. Explicitly, supervisory communication explained 39.5% of the communication satisfaction variance. Therefore, supervisory communication significantly predicted job satisfaction in the industry. This study underlined the importance of supervisory communication towards job satisfaction and predicted that it would finally contribute to the future development of the industry (29). Headroom also plays a role as a communication bridge among midwives, whether in a small or big group.

The results of the study indicated that there was an influence between the two variables. The respondents' responses indicated that the doctors' interpersonal communication was in the category of a very high interpersonal skill. Moreover, the respondents also had a very high level of satisfaction with the health service. Thus, based on the findings, the doctors' interpersonal communication skills had a significant effect on low-income patients' satisfaction levels simultaneously. (30). Interpersonal communication ability does not only own by doctors but also midwives to communicate effectively with the patients, the patients' family, medical worker, paramedic, and others midwives to reduce and minimize communication obstacles.

Based on the explanation above, group communication model to improve customer care through emergency drill can be presented as follows:

Figure 3. Model Simulation Drill Emergency



Source: Collaboration on field findings with theory

In an emergency drill, each midwife corporate to each other to perform help towards maternal and infant. They learn from each other and remind each other regarding the use of the standard operating procedure in the treatment process. The activity affects decision and action that is carried out in a group to the patients. Regularly, errors come from an individual that does not fully understand medical action that should be executed. However, all elements, in this case, would be processed that, in the end, will affect each

other again and complete each other. Effective communication, mutual support and teamwork between doctors and nurses are critical for optimal patient safety outcomes given that miscommunication, lack of leadership and poor decision making can result in delayed responses contributing to adverse events and mortality(31)

Conclusion

Emergency drill simulation is one of the mandatory activities carried out by midwives in the Karawang regional general hospital in order to practice midwives' skills in reading, remembering and carrying out emergency management measures for mothers and newborns. Emergency drill simulations are carried out in groups because basically emergency help from mothers and newborns must be done in groups with great accuracy and good cooperation. Emergency drill simulations are carried out to evaluate the skills of each midwife in providing assistance before finally taking concrete action to the mother and newborn baby.

Recommendation

This study researchers recommend a number of things viz

1. Schedule drill emergency simulation training every month to check midwives' skills in reading standard operating procedures for handling mothers and newborns
2. Transmitting good practice emergency simulations to other health facilities in Karawang district
3. Making a drill emergency simulation as a material consideration in rotating midwives in the Karawang district health department

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