Jurnal Komunikasi:
Malaysian Journal of Communication
Jilid 39(3) 2023: 440-454

Interpersonal Communication of Midwives to Reduce Maternal and Neonatal Mortality in Indonesia

SITI NURSANTI
YANTI TAYO
WAHYU UTAMIDEWI
Universitas Singaperbangsa Karawang, Indonesia

ABSTRACT

The high incidence of maternal and neonatal mortality is a burden for governments globally, considering maternal and neonatal mortality are indicators of a nation's health. Various efforts have been attempted to reduce maternal and neonatal mortality, including reproductive health literacy, screening programs for pregnant women, improved pregnancy nutrition, and increased health professional accountability. This research aimed to establish the level of interpersonal communication ability required by midwives, pregnant women, and their families. A qualitative research approach with a case study method was used. This research involved six informants from three groups: program creators, program implementers, and program recipients. This research demonstrated that each communicator must enhance communication competency, such as effective listening, maintaining secrets, opening up, and empathizing, to establish successful interpersonal communication between midwives, pregnant women, and mothers' families. Empathy is essential for effective communication between midwives, expectant mothers, and their families. The intended empathy occurs when communicators have a mutual understanding of each other's positions and do not impose their will on each other, creating the impression that the other party is ignoring them. Efforts to save mothers and neonatal are a responsibility that must be carried out by all parties; this is not only the responsibility of the government, midwives, or mothers of neonatal, but collaboration that is carried out collaboratively is required so that efforts to save mothers and neonatal can have a positive impact and bring about significant change with shared benefits.

Keywords: *Midwife, maternal health, communication competence, interpersonal communication, mother and neonatal.*

INTRODUCTION

The rate of maternal mortality in a country is one indicator of the community's general health, women's status, and the functioning of the community's health care system (Douthard, Martin, Chapple-Mcgruder, Langer, & Chang, 2021). The Maternal Mortality Rate, an indicator of public health, is the number of maternal fatalities caused by pregnancy, delivery, and postpartum (WHO, 2015). The Maternal Death Rate is one of the worldwide objectives of the Sustainable Development Goals (SDG), to lower maternal mortality to 70 per 100,000 live births by 2030. Numerous studies have shown that causes of maternal mortality may be separated into two categories: medical and non-medical factors. Medical causes are the mother’s conditions, such as bleeding, preeclampsia, and anemia, whereas non-medical causes are related to the mother's and her family's knowledge, financial conditions causing mothers to be late in getting help, being late in reaching the nearest health facility, and the skills of birth attendants (Nursanti, Dida, Afriandi, & Hidayat, 2019a). According to the data from the 2018 Sampling Registration System, approximately 76% of maternal deaths occurred during the labor and postnatal phases, with 24% occurring during pregnancy, 36% during

E-ISSN: 2289-1528
https://doi.org/10.17576/JKMJC-2023-3903-23

delivery, and 40% after delivery, and the survey also stated that 62% of maternal and infant deaths occurred in hospitals (Dana & Roy, 2020).

Several efforts have been made to reduce maternal and infant mortality, including increasing reproductive literacy education (Assarag, Sanae, & Rachid, 2020) to improve maternal readiness during pregnancy and childbirth (Lefevre et al., 2017), maternal examination programs during pregnancy (Nyamhanga, Frumence & Hurtig, 2021), training for health workers as birth assistants (Nursanti et al., 2019b), and improving pregnant women's nutrition to create a comfortable and safe environment for mothers during the birth process (Chang, Chen, & Huang, 2008). A safe and comfortable environment will be created if there is an emotional closeness between health workers and hospitalized patients (Kim & White, 2018). Health workers' interpersonal communication skills will make it easier for officers to understand and explain the patients' conditions (Steimel, 2021). Cultural awareness and interpersonal communication are critical in all health care settings. Interpersonal communication includes understanding, unconditional positive regard, warmth, and authenticity (Larsen, Mangrio, & Persson, 2021). The risk increases dramatically when the patient and caregiver do not speak the same language or when there are other cultural or socio-economic barriers (Kaspar & Reddy, 2017).

Bonding between patients, caregivers, and health workers is expected to be one solution to reduce maternal and infant mortality, considering that non-medical death factors are patients and their families' lack of sufficient knowledge about the patient's condition and bad communication between patients and health workers. Because pregnancy is not a sickness, pregnant women are treated differently than other patients in hospitals. Pregnancy is a process that some families eagerly anticipate and adds a new dimension to family life. The expected pregnancy process in the family sometimes encounters obstacles in the process. Most Indonesian, predominantly patriarchal, consider pregnancy to be a minor issue, and women are in charge of maintaining the pregnancy. When a problem arises, women often lack the power to make decisions. To go through medical procedures, maternal fatalities are usually caused by decision-making delays since they must wait for the agreement of all family members. Hence, the Karawang Public Hospital administration, West Java, Indonesia, tried to enhance the interpersonal interaction between the mother, the patient's family, and health staff to understand all occurrences related to the mother's condition. Through the extending maternal and neonatal survival (EMAS) initiative, the death rates of mothers and babies have been reduced by 25% in five years in Karawang Regency, West Java, Indonesia.

The EMAS initiative began in 2013 in collaboration with the Ministry of Health of the Republic of Indonesia and USAID. The program was then maintained by the Karawang Regency Government. The Karawang Regency Government continues to make efforts to ensure that no more mothers give birth without the assistance of health workers. In addition to training health workers, the Regency Government also attempts to improve interpersonal communication relationships between pregnant women, their families, and health workers through a program known as "*Sadulur Bidan*". The first midwife handling pregnant women from Karawang Public Hospital will ask for the mother's data and also provide the midwife's contact number so that the patient can contact her at any time. The midwife also builds a family relationship with the pregnant woman, like a sibling. This research examined the attempts to develop close interpersonal contact between midwives, patients, and their families through the "*Sadulur Bidan*" program, a communication effort carried out by midwives at Karawang Public Hospital to build a family-like relationship among patients and

health professionals. This study employed a qualitative research approach based on a case study method.

LITERATURE REVIEW

Interpersonal Communication Competence

The exchange of ideas, thoughts, or information between two or more people is interpersonal communication. Interpersonal communication skills are required not just in everyday activities but also in the medical field. A health worker's communication skills are critical in building connections with patients and their families (Kaspar & Reddy, 2017). Bonding to the patient's family is required so that health personnel is aware of the patient's current status and the patient understands the medical steps that must be taken to immediately treat mothers and babies. The midwife-patient communication connection is founded on trust and mutual respect (Hasani, Mokhtaree, Sheikh Fathollahi, & Farrokjzadian, 2018). Not everyone is open about their disease or health problem (Bazoukis, Kalampokis, Papoudou-Bai, Bazoukis, & Grivas, 2020). Some people prefer to talk about it with their closest relatives or read about it on the internet (Ahmad & Manzoor, 2021). Discussing illness is frightening and taboo for them; thus, it takes special skills and bonding with patients for them to freely express and discuss their illness with health personnel (Sairanen & Savolainen, 2010).

Effective communication between health staff, patients' families, and patients themselves are required to accelerate patient recovery (Hasani et al., 2018). Therefore, hospital administration must prioritize patient safety (Hemmati, Sheikhbaglu, & Baghaie, 2014) and satisfaction (Nikmanesh, Mohammadzadeh, Nobakht, & Yusefi, 2018). In this context, Bahr et al. (2017) emphasized the significance of communication between healthcare professionals, particularly nurses, during delivery. They considered it as one of the factors reducing patient re-admission owing to illness relapsed (Bahr et al., 2017). Flanagan et al. (2016) identified poor nurse-patient communication and poor nursing responsiveness to patient needs as two important factors in disease progression and patient re-admission. Some other researchers have emphasized how to train nurses on effective communication theoretically and using a simulated patient (MacLean, Kelly, Geddes, & Della, 2017). Communication is a dynamic process that may be altered by various environmental or interpersonal circumstances (MacLean et al., 2017). Individuals' personality patterns seem to be one of the most important factors influencing their communication patterns (Khadivzadeh, Katebi, Shamloo, & Esmaily, 2015). The most critical, strong, and effective part of stability is a person's personality, which determines their thoughts, feelings, beliefs, and actions.

The five-factor model (FFM) developed by Costa and McCrae (1992) is one of the most well-known and influential models in studying personality characteristics. It examines, among other things, neuroticism, extroversion, experientialism, acceptance, and conscientiousness. According to Plonien (2015) and Götlind's (1998) research, personality and its characteristics are effective in nurse communication as the essential factor in patient health and recovery since they constitute the foundation of an individual's conduct, beliefs, and emotions. In Sabzi and Yousefi's research, they observed that people's personal qualities might influence their social interactions (as cited in Nasiripour, Saeedzadeh & Sabahi, 2012). In their research, extraversion was both a positive and significant predictor of emotional control and a negative predictor of communicative insight. Furthermore, neuroticism was a poor predictor of both verbal and nonverbal signal perception as well as emotional control. A good and substantial association between personality factors and communication ability was reported in two

previous studies (Hasani et al., 2018). As a result, studying nurses' personality characteristics is of special interest, and it is seen as a significant aspect in proving their competency in delivering patient care services as well as their resilience in the hospital situation. Effective communication with patients, caregivers, and other health care providers is critical in nursing (Taran, 2010). Analyzing the level of interpersonal communication skills of nurses and their vital and critical elements is one of the needs for improving service quality and increasing satisfaction (Nikmanesh et al., 2018). Hence, this present study is intended to determine nurses' interpersonal communication abilities and their relationships with personality variables.

Communication Management Privacy

When individuals face problems in their lives, they seek information. Other studies indicate that people seek information for several reasons (Ramirez Jr., Walther, Burgoon, & Sunnafrank, 2000), such as when they think their knowledge is insufficient to cope with health issues (Kahlor, 2010). People seek information sources to fulfill their curiosity since they lack expertise when presented with a particular difficulty. Health information can be obtained through several approaches. However, the ease of access to information does not imply that people will always depend on technology to receive their knowledge. Some people prefer to acquire information from close and trustworthy family members (Bazoukis et al., 2020), from easily accessible sources (Nicola et al., 2020), or from health experts who are more experienced and have treated patients medically. For some people, health-related topics are a relatively high level of privacy; thus, communication management is needed by the one dealing with this issue.

The Communication Privacy Management (CPM) hypothesis, at its core, defines how humans manage private information in terms of communication. CPM describes the interpersonal processes when individuals decide whether to reveal or conceal private information (Petronio, 2013). Using a border metaphor, Petronio depicted the boundaries that determine an individual's control and ownership over his or her private information. CPM is a tool for understanding the limitations of the privacy management system (Petronio, 2013). The privacy management system is comprised of three primary components: privacy ownership, privacy control, and privacy turbulence. First, privacy ownership assumes that people believe they are the only owners of their personal information and that anybody with whom an owner chooses to share that personal information becomes an "authorized co-owner" with responsibility for the information. Second, privacy control rules evolve to manage who has and does not have access to private information. Finally, privacy turbulence explores the interpersonal consequences of violating privacy standards or breaching boundaries (Petronio, 2013). Privacy communication management theory, as defined by (Petronio, 2013), is depicted in Figure 1.

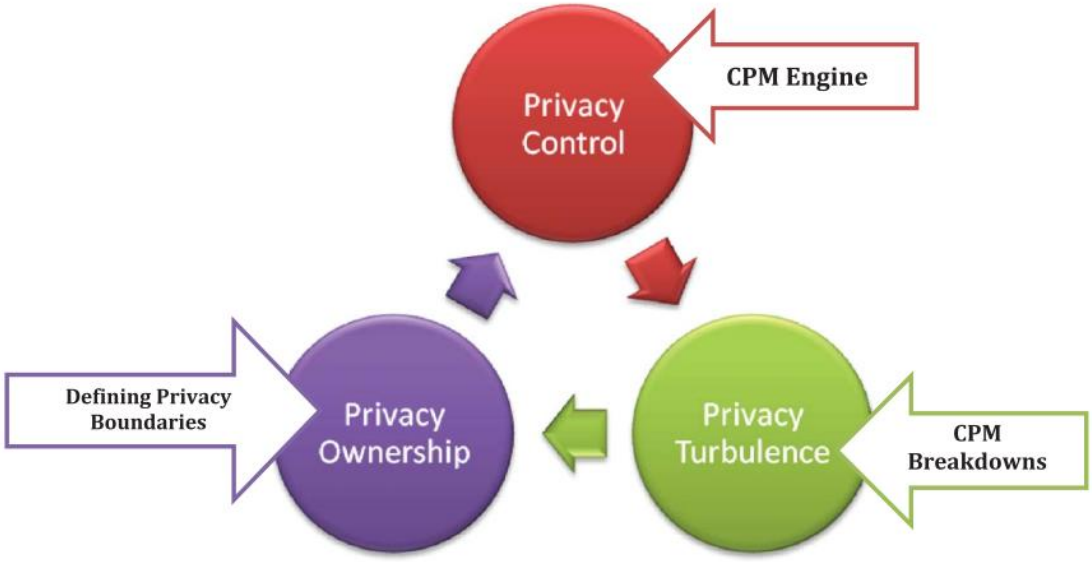

Figure 1: Communication Management Theory

METHODOLOGY

This study employed a qualitative research approach with a case study. A case study was chosen for this study because it examines a specific situation by gathering information from multiple sources (Creswell & Creswell, 2017). A case study on how midwives at Karawang Public Hospital develop communication connections with pregnant women and their families was conducted as part of research on interpersonal communication methods to minimize maternal and infant mortality in the Karawang Regency. Creswell and Creswell (2018) described a case study as an investigation of a confined system or cases where a case is worthwhile to explore due to its importance to other individuals.

The data collection was done by in-depth interviews, non-participant observations, and written documentation on the efforts made. The informants in this study were obtained using the snowball technique. The researchers found one person most related to the case being studied, conducted interviews, and asked the informants for recommendations on others who knew about the case and should be interviewed. Six informants were involved in this study, divided into three groups: program creators, program implementers, and program recipients. Table 1 describes the informants.

Table 1: Informants of the study

Informant	Description	Group
Informant 1	Being Responsible for Hospital Management in Maternal and Neonatal Room	Program creators
Informant 2	The Head of the Maternal and Child Health Room at the Karawang Public Hospital	
Informant 3	The Coordinator Midwife at Karawang Public Hospital	Program implementers
Informant 4	Midwife in Karawang Public Hospital	
Informant 5	Pregnant woman delivering her baby at the Karawang Public Hospital	Program recipients
Informant 6	The family of the woman checking her pregnancy and delivered her baby at the Karawang Public Hospital.	

Following the data collection, the researchers performed data sorting, classification, and triangulation. Data triangulation was performed to assure the data validity, while data triangulation was done during the event, namely source and data triangulation, by validating the results in the field against the theory relevant to the findings (Creswell & Creswell, 2017).

RESULTS AND DISCUSSION

Pregnancy is a unique condition that exclusively affects women, and it is not experienced by everyone (Sochas, 2019). As pregnancy is not classified as a sickness or disease, additional care is required to ensure that the woman and baby are delivered safely without complications. However, in a patriarchal society, pregnancy and delivery are not entirely a woman's domain (Lefevre et al., 2017). In patriarchal culture, many women do not have authority over themselves. Some deaths occur due to late decision making on emergency medical actions (Gamlin & Osrin, 2020). For example, when a mother experiences bleeding and need to undergo surgery immediately, the decision does not always come from her or her partner (Nursanti et al., 2019a); it is not uncommon for the mother-in-law and other family members to be considered. Hence, some parties need to work together to solve current problems, such as cultural differences and different ways of communicating (Nursanti et al., 2019b).

The Civil Society Forum: Efforts to Conduct Literacy on the Condition of Pregnant Women in the Community

Following the success of the Expanding Maternal and Neonatal Survival (EMAS) program, the Karawang Regency government established the Civil Society Forum, a forum comprised of the government, health workers, community organizations, women's organizations, traditional stakeholders, and non-governmental organizations, to ensure mothers and newborns are safe from various problems associated with birth (Nursanti et al., 2019b). The Civil Society Forum's efforts include literacy and advocacy for the community, particularly pregnant women and their families, to prepare them for various future problems and to ensure that pregnant women and those about to give birth receive the best care from health workers. To generate a quality successor for the country, the civil society forum also seeks to build an environment and modify the social paradigm such that pregnancy and delivery are not just the mother's duty but also a shared obligation.

Efforts to minimize mother and infant mortality must be coordinated. Many people believe that pregnancy is a normal occurrence for women who will naturally be able to manage whatever challenges they experience, whereas, in reality, pregnancy is a major event causing hormonal changes in women. Pregnancy starts with a woman's emotional and physical readiness to handle pregnancy in her body. The procedure starts with her understanding of reproductive organs, identifying the pregnancy process, and detecting symptoms of urgency in her body. If a mother-to-be is not mentally prepared, there will be numerous challenges in her life. However, not everyone feels comfortable discussing the pregnancy process with anybody, even health professionals.

> I just learned about the reproductive process in high school. After that, I never studied, and my parents never told me about pregnant women's experiences. I sometimes talk with friends or read on social media. When I found out I was pregnant, I was already aware that my skin was acne-ridden and that my period was two months late. Then, I was tested and turned out to be one

> month pregnant. I went to the midwife four months later to check on my pregnancy, and she informed me that the baby was breech. I was terrified, but Alhamdulillah [*thanks to God*], I met the midwife, who gave me her phone number so that my husband and I could consult with her anytime. (Informant 5 interview)

The *Sadulur Bidan* Program makes it easier for pregnant women and those close to delivery to obtain information about the health concerns they are experiencing and confronting during pregnancy and the birthing process. An individual's health information-seeking behavior may be described as an act of seeking information that is done consciously or unwittingly, actively or passively (Case, Andrews, Johnson & Allard, 2005).

Midwives Who Care About Patients are the Key to Success in Health Literacy

Individuals who actively seek health information are those who need the knowledge to make an instant decision on what action to take (Anker, Reinhart, & Feeley, 2011) as opposed to those who passively believe that they do not need the information even though it is in front of them (Case et al., 2005). Individuals who ignore known information (Sairanen, & Savolainen, 2010) exist alongside active and passive health information seekers. This occurs because the person concerned feels it is unnecessary and is not willing to know the information. After all, the information makes them uncomfortable (Gaspar et al., 2016), anxious, and excessively panicky (Chae, 2015). Information about the health of mothers and babies will be most important for mothers and their families so they can act quickly in an emergency.

> According to statistics from the Karawang District Health Office, there was 100 maternal mortalities in 2019 out of 44,850 births, with bleeding, severe preeclampsia, and associated complications being the leading causes. Meanwhile, neonatal mortality was 81 out of 44,850 cases, with asphyxia, infection, aspiration, diarrhea, and other unknown reasons among the causes. Karawang Regency excels in implementing the EMAS program because it may decrease maternal and neonatal mortality. By integrating 1,528 midwives from 50 health facilities around the area, the EMAS might refer as many as 3,586 expectant women to 18 private hospitals and 1 RSUD Karawang within a year. You can imagine how crowded the Karawang Hospital is. (Informant 1 Interview)

Hectic work makes a person weary and does not pay attention to human communication, so communication problems are common between panic patients coming to the hospital and busy health staff having a high volume of work. Health professionals and facility management are also working to enhance the care of mothers and babies, as the Karawang Regional Public Hospital is doing. Karawang Public Hospital, one of the Type B hospitals in Karawang Regency and a regional referral hospital in West Java Province, tries to offer the finest care to pregnant women and those close to delivery. Medical and paramedical officials have attempted to increase service accountability to the community since establishing the EMAS programs in the Karawang Regency.

> The concept of *Sadulur Bidan* arose due to several public complaints about services at the Karawang Public Hospital. Karawang Public Hospital is notorious for its unpleasant midwives and long waiting times. We think we have done a great job with patients so far, but they still feel neglected. (Informant 1 Interview)

The relationship is stronger because the nature of the intimate status between patients and health workers has now been transitioning from merely patients and health workers to family-like, signifying more than friendship or more than the interaction between patients and health professionals. Dealing with patients and families during tough talks may be difficult, especially when explaining complicated therapies, dealing with mental health difficulties, and discussing end-of-life care. Such discussions are often a cause of concern and dread for many students and working physicians in the healthcare profession (Martin & Chanda, 2016). The purpose of communication is to create a shared understanding between individuals to build a connection (Peplau, 1997).

Therapeutic Communication as an Effort to Create Cooperation and Comfort for Pregnant Women

Therapeutic communication is comprehensive and patient-centered, including the physiological, psychological, environmental, and spiritual components of patient care (Peplau, 1997). The practice of therapeutic communication assists in the formation of a health-focused, stress-reducing collaborative connection between the nurse and the patient; its major purpose is to generate trust to create a meaningful interchange between the nurse and the patient (Peplau, 1997). In an ideal world, the patient conveys his or her experience and shares essential facts, ideas, and emotions with the nurse, who attentively watches and listens to the patient's expression of holistic requirements (Peplau, 1997). Promoting healthy habits starts with effective communication and connection development (Martin & Chanda, 2016).

Every midwife on duty in the mothers and baby wards is responsible for treating the patients like family and strengthening their communication skills.

> Midwives must introduce themselves to every patient who arrives at the mother and baby health department. For example, if a pregnant woman arrives for treatment, the midwife who receives it first will be her sister until the mother and baby are discharged. The midwife must introduce herself and provide a personal contact number so that the mother and her family can contact her at any time, even outside of working hours, to consult about anything, just like sisters. The midwife is also required to inquire about the mother and baby's condition. (Informant 2 Interview)

Some individuals believe that health is a personal matter that should not be discussed openly. A self-efficacy crisis arises when a patient is unwell, is aware of health facts, and is concerned about his/her situation (Park, Boatwright, & Avery, 2019). The midwives were initially against this practice of "*Sadulur Bidan*" because they thought that close contact with the mother and family of the patient would invade her privacy.

> The midwife initially found this program strange and objected for various reasons, one of which was the disruption of their privacy. However, they became even more exciting after doing it because they now had relatives everywhere. Friendship was established, and it could indirectly promote the activities of midwives who have a practice at home. During the review, it is also possible to find out who gives great service and who is not. (Informant 4 Interview)

Interpersonal communication adds a new dimension to the corporate climate; the work environment improves when each communicator cultivates a healthy connection. "*Sadulur Bidan*" is a program established from the policy implementer level; midwifery activities are begun by midwives, the frontlines of community service, and are directly practiced in everyday activities.

> The concept stems solely from daily incidents and the desire to enhance services impacting the community and health staff. Consider a patient who arrives at a hospital feeling confident that she will be well served because she believes her brother is in the hospital. Her arrival is also comfortable, and we, as health workers, are happy to serve him/her because, of course, the patient also regularly provides the general condition she feels, making it easier to monitor every development. (Informant 2 Interview)

However, it is vital to pay attention to private boundaries between midwives and pregnant women in interpersonal communication activities between the midwives, pregnant women, and their families. The mother's knowledge of her health condition, the mother's fear due to the frightening image of the midwife and hospital, and the mother's fear that her physical condition will affect her relationship with her husband and family because they are thought to be incapable of becoming a decent mother and wife are the limitations of privacy found in this study through interviews with midwives and pregnant women. Meanwhile, work fatigue, a high work volume, and a fear of being breaching their privacy by providing personal contact are one of the limitations of the midwifes' side. If both of them, midwives and patients, do not open up and build interpersonal communication to understand each other, those limitations will cause communication disruption. They must be overcome by fostering a sense of connection and mutual understanding. Both parties must be able to define the limits of privacy and express their perspectives on why midwives and pregnant women must open up and share the information required. Midwives who object to their contacts being shared with pregnant women must be able to empathize with the condition of mothers who are panicking with the feelings of uncertainty felt by them and their families. They need someone who listens and provides solutions to problems faced. Therefore, communication skills in terms of explaining and understanding the mother tongue level of communication are needed by midwives. During the process, there will be some challenges that may disrupt communication between the two parties. When it occurs, each must be able to reflect and empathize with the circumstances. Figure 2 illustrates a model of good communication between midwives and pregnant women.

E-ISSN: 2289-1528
https://doi.org/10.17576/JKMJC-2023-3903-23

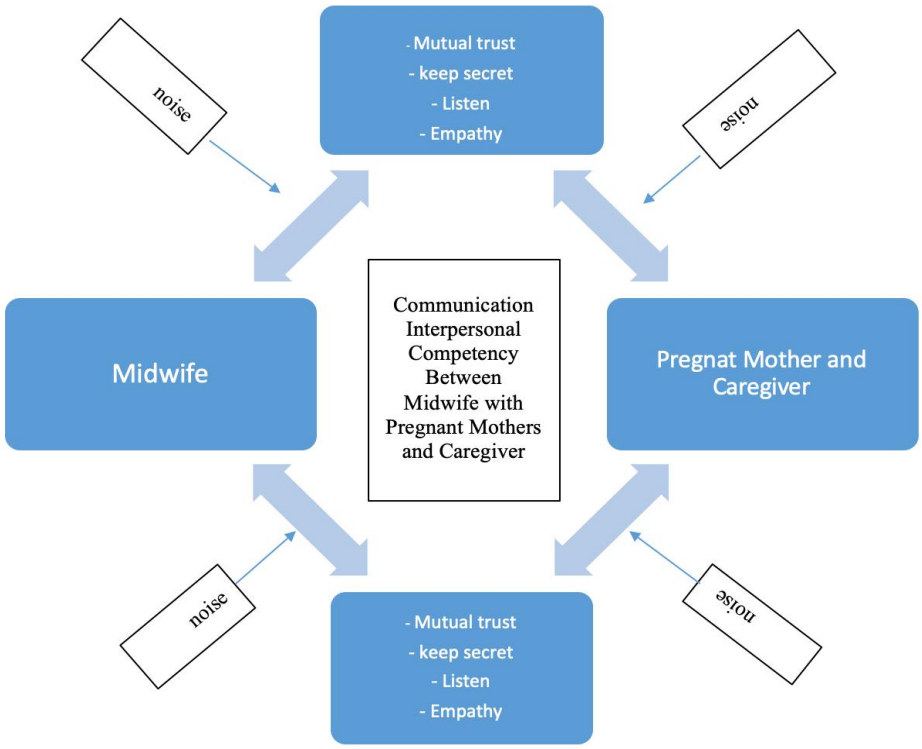

Figure 2: Maternal and Neonatal Rescue Interpersonal Communication Model
Source: processed by researchers

Building an interpersonal communication relationship between midwives and pregnant women and their families requires competence and understanding from both parties. The high volume of midwives' work should not be the reason for them to compromise on the quality of service. A midwife must be able to empathize with pregnant women and their families because every mother has problems, different culture, and level of knowledge. Midwives may meet a quiet mother and agree to all medical actions taken. On the other hand, the midwife may meet a fussy mother, unable to immediately understand the doctor's instructions, and even the family does not support any medical treatment because they believe that pregnancy is the same for everyone. In this circumstance, the midwife must always be a person who can be trusted, maintain medical and non-medical confidentiality, and listen to and empathize with the mother's condition. Likewise, mothers and their families must be able to prioritize the empathy component and realize that midwives also have limitations and are busy, but that does not mean that midwives do not serve them well. The understanding between the two parties will be the main capital for establishing effective communication between them so that the communication objectives will be achieved. There may be many disturbances, including busy midwives and midwives taking a long time to respond to incoming messages, especially after working hours and during high work volume. On the other hand, interference from mothers and their families will also become communication barriers that interfere with the effectiveness. The obstacles lie in fear, the mindset that hospitals are scary places with unfriendly midwives, doctors, other health workers, and other medical and non-medical disorders.

Prejudice that is present in the minds of mothers, patient families and midwives is one of the communication barriers that can worsen the quality of communication between pregnant women and their families and midwives. This obstacle must be solved by carrying out effective communication where communication occurs well and an understanding is

obtained between the two so that the communication goals are achieved properly. Good cooperation is needed between pregnant and giving birth women and midwives who will assist in childbirth so that each communicator understands the conditions that will be faced both during childbirth, during the birth process and after childbirth and breastfeeding. Openness is a determining factor for the success of delivery, especially to check the emergency conditions that may be experienced by the mother. It is not easy to establish communication between the mother, the patient's family and the midwife and other medical personnel, there are many obstacles that may further distance the midwife, the mother and their family. This can happen if the midwife does not have the desire to understand the mother and communicate with them. Not infrequently midwives only care about the work that is in front of them as a problem that must be resolved without the desire to do more service and/or put themselves in the position of mothers and their families.

Communication is indeed a unique process that looks easy considering that everyone is born with the ability to communicate, but in reality, the process is very complex considering the many obstacles that will determine the success or failure of the communication itself. One of the biggest communication barriers is the prejudice that comes from the head of every communicator when midwives think that the mother and her family understand the condition of the mother and baby. At that time the communication process that was carried out also failed as well as when the family and mother thought that the midwife could not explain what was being faced and the midwife was considered not empathetic, then the communication process was considered a failure. The next failure is when the two of them no longer want to communicate and occupy themselves with prejudices that are not necessarily true, then communication is declared a failure as well, and in the end, it will be detrimental to all parties which may lead to fatal consequences to the mother and/or newborn. Therefore, interpersonal communication is an important key in efforts to save mothers and newborns, bearing in mind that the responsibility for reducing maternal and infant mortality does not only lie with the government, midwives, mothers and their families, but homework that requires the active role of all parties.

As the front line in efforts to reduce maternal and infant mortality, midwives are one of the first health workers met by mothers and their families. Therefore every midwife must have medical and non-medical competence. The non-medical competency that must be possessed is the ability to communicate effectively with mothers and their families. The process of direct communication that occurs between mothers and their families is carried out face-to-face without any media as an intermediary for communication, therefore the competence of interpersonal communication must be mastered by every midwife who will provide services. Interpersonal communication competence in question is the ability to interact well with other people, where good here refers to the quality of accuracy, clarity, understandability, coherence, expertise, effectiveness and suitability in communication. The interpersonal communication competency scale that must be possessed is:

1. Self-disclosure is the ability that is owned to get closer and make people tell what is their secret to themselves without any coercion and the communicator feels comfortable with what he or she shares.
2. Empathy is the ability to position oneself in another person's position so that an understanding of the goals to be achieved by both parties arises.
3. Social relaxation reduces anxiety in dealing with existing problems.

4. Assertiveness is the ability related to the struggle for one's own rights by considering other people's matters.
5. Interaction management is the ability to see conversations that are being carried out when one has to talk and when one has to listen to other people talking.
6. Altercentrism shows interest in other people's conversations by giving a sign that other people's conversations are also important to be heard.
7. Expressiveness is the ability to respond in the form of non-verbal communication that confirms the feelings felt and appreciation for oneself and others.
8. Supportiveness is the ability to express messages to support solidarity in the actions of others.
9. Immediacy is the ability related to willingness to be approached and willing to process the communication made.
10. Environment control one's ability to achieve set goals and be able to meet personal needs, the ability to handle conflict and solve problems in a cooperative atmosphere, and the ability to get obedience from others.

CONCLUSION

The problem of maternal and neonatal mortality is not only caused by medical factors; non-medical factors should not be ignored too. The non-medical factors causing the death of mothers and newborns include being late in getting medical help. A pregnant woman near delivery is late to get medical help because of the time it takes to decide on the treatment. It happens because the mother and her family do not have sufficient knowledge about the pregnancy condition. Therefore, bonding and a good relationship between the mother and the midwife who handles the mother's pregnancy is critical. Close interpersonal communication is needed so that mothers, families, and midwives have similar knowledge. Effective communication will be established if the mother, family, and midwife have interpersonal communication competencies, including trust, maintaining confidentiality, listening, and empathy. This study has some limitations; among others is that it has not thoroughly discussed how the program is implemented, considering that in the BPSJ era, hospital managers had limitations in serving the community.

BIODATA

Siti Nursanti is a lecturer in Communication Studies at Universitas Singaperbangsa Karawang with expertise in health communication, completing her doctoral degree at the Faculty of Communication Sciences, Universitas Padjadjaran. Email: siti.nursanti@staff.unsika.ac.id

Yanti Tayo is a lecturer in the communication science study program Universitas Singaperbangsa Karawang with expertise in family communication completing her doctoral program at the Faculty of Communication Sciences, Universitas Padjadjaran. Email: yanti.tayo@fisip.unsika.ac.id

Wahyu Utamidewi is a lecturer in the communication science study program at Universitas Singaperbangsa Karawang with expertise in family communication. Email: wahyu.utamidewi@fisip.unsika.ac.id

REFERENCES

Ahmad, S., & Manzoor, S. (2021). Information and Communication Technology (ICT) for effective implementation of MGNREGA in Jammu & Kashmir. *Library Philosophy & Practice*, 6106. https://digitalcommons.unl.edu/libphilprac/6106/

Anker, A. E., Reinhart, A. M., & Feeley, T. H. (2011). Health information seeking: A review of measures and methods. *Patient Education and Counseling*, *82*(3), 346–354. https://doi.org/10.1016/j.pec.2010.12.008

Assarag, B., Sanae, E. O., & Rachid, B. (2020). Priorities for sexual and reproductive health in Morocco as part of universal health coverage: Maternal health as a national priority. *Sexual and Reproductive Health Matters, 28*(2), 1845426. https://doi.org/kg5c

Bahr, S. J., Siclovan, D. M., Opper, K., Beiler, J., Bobay, K. L., & Weiss, M. E. (2017). Interprofessional Health Team Communication about Hospital Discharge: An Implementation Science Evaluation Study. *Journal of Nursing Care Quality*, *32*(4), 285–292. https://doi.org/10.1097/NCQ.0000000000000238

Bazoukis, X., Kalampokis, N., Papoudou-Bai, A., Bazoukis, G., & Grivas, N. (2020). The increasing incidence of immigration and information-seeking behaviour of medical doctors in north-western Greece. *Rural and Remote Health, 20*(1), 4877. https://doi.org/10.22605/RRH4877

Case, D. O., Andrews, J. E., Johnson, J. D., & Allard, S. L. (2005). Avoiding versus seeking: The relationship of information seeking to avoidance, blunting, coping, dissonance, and related concepts. *Journal of the Medical Library Association, 93*(3), 353-362.

Chae, J. (2015). a three-factor cancer-related mental condition model and its relationship with cancer information use, cancer information avoidance, and screening intention. *Journal of Health Communication*, *20*(10), 1133–1142. https://doi.org/gp86pt

Chang, M. Y., Chen, C. H., & Huang, K. F. (2008). Effects of music therapy on psychological health of women during pregnancy. *Journal of Clinical Nursing*, *17*(19), 2580–2587. https://doi.org/10.1111/j.1365-2702.2007.02064.x

Costa, P. T., & McCrae, R. R. (1992). Normal personality assessment in clinical practice: The NEO personality inventory. *Psychological Assessment*, *4*(1), 5–13. https://doi.org/10.1037/1040-3590.4.1.5

Creswell, J. W., & Creswell, J. D. (2017). *Research design: Qualitative, quantitative, and mixed methods approaches.* Sage publications.

Dana, G. P. T., & Roy, S. (2020). Socio-economic and demographic factors associated with maternal healthcare-seeking behaviour in Bangladesh: A comparative analysis. In Chattopadhyay, A., & Ghosh, S. (Eds.), *Population dynamics in Eastern India and Bangladesh* (pp 275–291). Springer. https://doi.org/10.1007/978-981-15-3045-6_16

Douthard, R. A., Martin, I. K., Chapple-Mcgruder, T., Langer, A., & Chang, S. (2021). U.S. Maternal mortality within a global context: Historical trends, current state, and future directions. *Journal of Women's Health*, *30*(2), 168–177. https://doi.org/jdkv

Flanagan, J., Stamp, K. D., Gregas, M., & Shindul-Rothschild, J. (2016). Predictors of 30-Day readmission for pneumonia. *The Journal of Nursing Administration, 46*(2), 69-74. https://doi.org/10.1097/NNA.0000000000000297

Gamlin, J., & Osrin, D. (2020). Preventable infant deaths, lone births and lack of registration in Mexican indigenous communities: health care services and the afterlife of colonialism. *Ethnicity & Health*, *25*(7), 925–939. https://doi.org/kg5f

Gaspar, R., Luís, S., Seibt, B., Lima, M. L., Marcu, A., Rutsaert, P., … Barnett, J. (2016). Consumers' avoidance of information on red meat risks: Information exposure effects on attitudes and perceived knowledge. *Journal of Risk Research*, *19*(4), 533–549. https://doi.org/10.1080/13669877.2014.1003318

Götlind, B. (1998). *The phenomenon" The Genuine Meeting" in nursing: An interview study with nurses=" The genuine meeting.* Caring: A phenomenological study from the perspective of nurses (1st ed.). Swedish: Linköping University.

Hasani, P. A. M., Mokhtaree, M., Sheikh Fathollahi, M., & Farrokjzadian, J. (2018). Interpersonal communication skills and its association with personality dimensions of nurses in Rafsanjan University of Medical Sciences, Iran, in 2015. *Journal of Occupational Health and Epidemiology, 7*(2), 112-118. https://doi.org/kg5b

Hemmati, M., Sheikhbaglu, M., & Baghaie, R. (2014). Relationship between the communication skill of nurse - Patient with patient safety in the critical care units. *Jornal of Clinical Nursing and Midwifery*, *3*(2), 77-84. http://78.39.35.47/article-1-72-en.html

Kahlor, L. A. (2010). PRISM: A Planned Risk Information Seeking Model. *Health Communication*, *25*(4), 345–356. https://doi.org/10.1080/10410231003775172

Kaspar, H., & Reddy, S. (2017). Spaces of connectivity: The formation of medical travel destinations in Delhi National Capital Region (India). *Asia Pacific Viewpoint*, *58*(2), 228–241. https://doi.org/10.1111/apv.12159

Khadivzadeh, T., Katebi, M. S., Shamloo, S., & Esmaily, Z. (2015). Assessment of midwives' communication skills at the maternity wards of Mashhad Teaching Hospitals in 2014. *Journal of Midwifery and Reproductive Health*, *3*(3), 394–400.

Kim, B., & White, K. (2018). How can health professionals enhance interpersonal communication with adolescents and young adults to improve health care outcomes?: Systematic literature review. *International Journal of Adolescence and Youth*, *23*(2), 198–218. https://doi.org/10.1080/02673843.2017.1330696

Larsen, R., Mangrio, E., & Persson, K. (2021). interpersonal communication in transcultural nursing care in India: A descriptive qualitative study. *Journal of Transcultural Nursing*, *32*(4), 310–317. https://doi.org/10.1177/1043659620920693

Lefevre, A. E., Mohan, D., Hutchful, D., Jennings, L., Mehl, G., Labrique, A., … Moorthy, A. (2017). Mobile technology for community health in Ghana: What happens when technical functionality threatens the effectiveness of digital health programs? *BMC Medical Informatics and Decision Making*, *17*, 27. https://doi.org/gp663z

MacLean, S., Kelly, M., Geddes, F., & Della, P. (2017). Use of simulated patients to develop communication skills in nursing education: An integrative review. *Nurse Education Today*, *48*, 90–98. https://doi.org/10.1016/J.NEDT.2016.09.018

Martin, C. T., & Chanda, N. (2016). Mental health clinical simulation: Therapeutic communication. *Clinical Simulation in Nursing*, *12*(6), 209–214. https://doi.org/10.1016/j.ecns.2016.02.007

Nasiripour A. A., Saeedzadeh Z. S., & Sabahi Beedgoli, M. (2012). Correlation between nurses' communication skills and inpatient service quality in the hospitals of Kashan University of Medical Sciences. *Journal of Health Promotion Management, 1*(1), 45-54. https://jhpm.ir/article-1-27-en.html

Nicola, M., Alsafi, Z., Sohrabi, C., Kerwan, A., Al-Jabir, A., Iosifidis, C., … Agha, R. (2020). The socio-economic implications of the coronavirus pandemic (COVID-19): A review. *International Journal of Surgery, 78*, 185-193. https://doi.org/ggs4p5

Nikmanesh, P., Mohammadzadeh, B., Nobakht, S., & Yusefi, A. R. (2018). Nurses communication skills training and its effect on patients' satisfaction in teaching Hospitals of Shiraz University of Medical Sciences. *Iranian Journal of Health Sciences*, *6*(4), 22-29. https://publish.kne-publishing.com/index.php/JHS/article/view/201

Nursanti, S., Dida, S., Afriandi, I., & Hidayat, M. (2019a). Communication strategies of civil society forums to reduce maternal mortality and infant mortality in Karawang District. *Library Philosophy and Practice*. https://digitalcommons.unl.edu/libphilprac/3560

Nursanti, S., Dida, S., Afriandi, I., & Hidayat, M. (2019b). 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. *Library Philosophy and Practice*. https://digitalcommons.unl.edu/libphilprac/2628

Nyamhanga, T. M., Frumence, G., & Hurtig, A. K. (2021). Facilitators and barriers to effective supervision of maternal and newborn care: A qualitative study from Shinyanga region, Tanzania. *Global Health Action, 14*(1), 1927330.

Park, S., Boatwright, B., & Avery, E. J. (2019). Information channel preference in health crisis: Exploring the roles of perceived risk, preparedness, knowledge, and intent to follow directives. *Public Relations Review, 45*(5), 101794. https://doi.org/gjgth2

Peplau, H. E. (1997). Peplau's Theory of interpersonal relations. *Nursing Science Quarterly, 10*(4), 162-167. https://doi.org/10.1177/089431849701000407

Petronio, S. (2013). Brief status report on communication privacy management theory. *Journal of Family Communication*, *13*(1), 6–14. https://doi.org/ghv8gx

Plonien, C. (2015). Using personality indicators to enhance nurse leader communication. *AORN Journal*, *102*(1), 74–80. https://doi.org/10.1016/j.aorn.2015.05.001

Ramirez Jr., A., Walther, J. B., Burgoon, J. K., & Sunnafrank, M. (2000). *Information-seeking strategies, uncertainty, and computer-mediated communication toward a conceptual model*. *Human Communication Research, 28*(2), 213–228. https://doi.org/cc6c7z

Sairanen, A., & Savolainen, R. (2010). Avoiding health information in the context of uncertainty management. *Information Research, 15*(4). https://trepo.tuni.fi/bitstream/handle/10024/99068/avoiding_health_information_2010.pdf?sequence=1

Sochas, L. (2019). Women who break the rules: Social exclusion and inequities in pregnancy and childbirth experiences in Zambia. *Social Science & Medicine, 232,* 278-288. https://doi.org/10.1016/j.socscimed.2019.05.013

Steimel, S. (2021). Communication privacy management and pregnancy loss in interpersonal workplace communication. *Women's Studies in Communication*, *44*(3), 397–418. https://doi.org/10.1080/07491409.2020.1843579

Taran, S. (2010). An examination of the factors contributing to poor communication outside the physician-patient sphere. *McGill Journal of Medicine*, *13*(1), 86–91. https://doi.org/10.26443/mjm.v13i1.253

World Health Organization (WHO). (2015). Strategies toward ending preventable maternal mortality (EPMM). https://www.who.int/publications/i/item/9789241508483