



## Articles

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**Hope and psychological well-being after 5 years become breast cancer survivors: a Qualitative Study**

*Yesiana Dwi Wahyu Werdani, Arief Widya Prasetya*

**Utilization of complementary therapy in midwife services in the City of Surabaya**

*Nova Elok Mardliyana, Irma Maya Puspita, Annisa' Wigati Wigati Rozifa*

**Relationship of coping strategies with resilience, self-efficiency, and anxiety in the new normal period of the covid-19 pandemic on Teenagers In Kupang City**

*Antonia Helena Hamu, Sabinus Bunga Ama Kedang, Antonius Rino Vanchapo*

**The inclination of psychological disorder of post sectio caesarean based on characteristic**

*Ni Wayan Dewi Purwanti, Ni Komang Erny Astiti, I G A A Novya Dewi, I Nyoman Hariyasa Sanjaya, I Nyoman Wirata, G. A Eka Utarini*

**Unintended pregnancy and antenatal care behavior in Indonesia**

*Lorensia Panselina Widowati, Rita Damayanti*

**The relationship of health knowledge, attitude and implementation of health protocol with incidence of suspected COVID-19 on pregnant mothers at Lendah II Public Health Center**

*Ria Indriastuti, Heru Subaris Kasjono, Dwiana Estiwidani*

**Giving green grass jelly for mda (malondialdehyde) level in pregnant women with hypertension**

*Meika Jaya Rochkmana, Ari Suwondo, Sulistyani Sulistyani*

**The effectiveness of lavender and jasmine aroma therapy towards pain levels**

*Indah Wijayanti, Sri Handayani, Menik Sri Daryanti, Claudia Banowati Subarto, Farida Aryani*

**The effect of transcutaneous electrical nerve stimulation (TENS) on decreasing primary dysmenorrhea pain in adolescents**

*Nur Rahmawati Sholihah, Ratih Kumorojati*

**The Correlation between Pregnant Women with COVID-19 and Mode of Delivery**

*Taufik Rahman, Fatimah Fatimah, Sundari Mulyaningsih, Dyah Pradnya Paramita, Prasetya Lestari, Amanah Rahma Delia*

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## TABLE OF CONTENT

179 – 189	<b>Hope and psychological well-being after 5 years become breast cancer survivors: a Qualitative Study</b> <i>Yesiana Dwi Wahyu Werdani, Arief Widya Prasetya</i>
190 – 197	<b>Utilization of complementary therapy in midwife services in the City of Surabaya</b> <i>Nova Elok Mardliyana, Irma Maya Puspita, Annisa' Wigati Wigati Rozifa</i>
198 – 204	<b>Relationship of coping strategies with resilience, self-efficiency, and anxiety in the new normal period of the covid-19 pandemic on Teenagers In Kupang City</b> <i>Antonia Helena Hamu, Sabinus Bunga Ama Kedang, Antonius Rino Vanchapo</i>
205 – 213	<b>The inclination of psychological disorder of post sectio caesarean based on characteristic</b> <i>Ni Wayan Dewi Purwanti, Ni Komang Erny Astiti, I G A A Novya Dewi, I Nyoman Hariyasa Sanjaya, I Nyoman Wirata, G. A Eka Utarini</i>
214 – 223	<b>Unintended pregnancy and antenatal care behavior in Indonesia</b> <i>Lorensia Panselina Widowati, Rita Damayanti</i>
224 – 233	<b>The relationship of health knowledge, attitude and implementation of health protocol with incidence of suspected COVID-19 on pregnant mothers at Lendah II Public Health Center</b> <i>Ria Indriastuti, Heru Subaris Kasjono, Dwiana Estiwidani</i>
234 – 239	<b>Giving green grass jelly for mda (malondialdehyde) level in pregnant women with hypertension</b> <i>Meika Jaya Rochkmana, Ari Suwondo, Sulistyani Sulistyani</i>
240-250	<b>The effectiveness of lavender and jasmine aroma therapy towards pain levels</b> <i>Indah Wijayanti, Sri Handayani, Menik Sri Daryanti, Claudia Banowati Subarto, Farida Aryani</i>
251 – 261	<b>The effect of transcutaneous electrical nerve stimulation (TENS) on decreasing primary dysmenorrhea pain in adolescents</b> <i>Nur Rahmawati Sholihah, Ratih Kumorojati</i>
262 – 271	<b>The Correlation between Pregnant Women with COVID-19 and Mode of Delivery</b> <i>Taufik Rahman, Fatimah Fatimah, Sundari Mulyaningsih, Dyah Pradnya Paramita, Prasetya Lestari, Amanah Rahma Delia</i>

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## **Utilization of complementary therapy in midwife services in the City Of Surabaya**

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### **ABSTRAK**

**Latar Belakang :** Pelayanan kebidanan merupakan salah satu pelayanan kesehatan yang diberikan oleh bidan dengan syarat serta lisensi sesuai dengan peraturan dan Undang-Undang yang berlaku untuk dapat melakukan praktik kebidanan. Bidan dapat mengkombinasikan terapi konvensional dan komplementer dalam memberikan pelayanan kesehatan.

**Tujuan:** Terapi komplementer dalam pelayanan kebidanan menjadi alternatif pilihan bagi ibu hamil, bersalin, nifas, bayi dan balita untuk meningkatkan derajat kesehatan dengan upaya promotif, preventif, kuratif, rehabilitatif dengan kualitas keamanan dan efektivitas tinggi. Selain itu, terapi komplementer dapat mengurangi intervensi medis.

**Metode:** Metode penelitian yang digunakan adalah metode campuran antara kuantitatif dan kualitatif. Pengambilan data dilakukan secara survey tanpa intervensi pada subyek penelitian. Survey dilakukan dalam dua tahap, pertama dengan membagikan kuesioner untuk mengambil data kuantitatif, kemudian dilanjutkan dengan tahap kedua yaitu wawancara mendalam pada subyek yang memenuhi kriteria dari data kuantitatif yang telah didapatkan oleh peneliti.

**Hasil:** Penelitian ini menunjukkan bahwa Praktik Mandiri Bidan di Kota Surabaya adalah sebanyak 54% (44 orang) telah menerapkan, sedangkan 46% (37 orang) tidak menerapkan terapi komplementer di pelayanan kebidananannya. Jenis terapi komplementer yang diterapkan adalah Pijat bayi dan SPA 30% (23 orang), pijat oksitosin 19% (15 orang), hypnotherapy (hypnobirthing) 14% (11 orang), yoga (prenatal dan postnatal) 12% (9 orang), pijat ibu hamil 10% (7 orang), Accupresure 5% (4 orang), Aromaterapy 5% (4 orang), Obat Herbal atau Ramuan Tradisional 5% (4 orang).

**Kesimpulan:** Pelayanan kebidanan komplementer merupakan pilihan untuk mengurangi intervensi medis baik saat masa kehamilan, persalinan, masa nifas, bayi dan balita.

**KATA KUNCI:** terapi komplementer; pelayanan kebidanan; praktik mandiri bidan

### **ABSTRACT**

**Background :** Midwifery services are provided by midwives with conditions and licenses by applicable regulations and laws to practice midwifery. Midwife can combine conventional and complementary therapies in providing health services.

**Objectives:** Complementary therapy in midwifery services is a choice for pregnant women, maternity, postpartum, infants, and toddlers to improve health status with promotive, preventive, curative, rehabilitative efforts with high quality, safety, and effectiveness. In addition, complementary therapies can reduce medical intervention.

**Methods:** The research method used is a mixture of quantitative and qualitative methods. Data collection was carried out by survey without intervention on research subjects. The survey was carried out in two stages, first by distributing questionnaires to collect quantitative data, then continued with the second stage, namely in-depth interviews with subjects who met the criteria from quantitative data obtained by the researcher.

**Results:** This study shows that the independent practice of midwives in Surabaya is as much as 54% (44 people) have applied. In comparison, 46% (37 people) have not implemented complementary therapies in their midwifery services. Types of complementary therapies applied were baby massage and SPA 30% (23 people), oxytocin massage 19% (15 people), hypnotherapy (hypnobirthing) 14% (11 people), yoga (prenatal and postnatal) 12% (9 people), massage for pregnant women 10% (7 people), Acupressure 5% (4 people), Aromatherapy 5% (4 people), Herbal Medicines or Traditional Herbs 5% (4 people).

**Conclusions:** Complementary midwifery services are an option to reduce medical interventions during pregnancy, childbirth, the puerperium, infants, and toddlers.

**KEYWORD:** complementary therapy; midwifery services; midwife independent practice

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## INTRODUCTION

Midwifery services are provided by midwives with conditions and licenses by applicable regulations and laws to practice midwifery. Midwives offer services to women throughout their reproductive years, starting from pre-conception, pregnancy, childbirth, postpartum, newborns, and children under five years of age (toddlers) (1). Midwife can combine conventional and complementary therapies in providing health services.

Complementary and alternative therapy is an essential part of midwifery practice. It can be a non-conventional treatment that aims to improve health status with promotive, preventive, curative, rehabilitative efforts with high quality, safety, and effectiveness. Complementary therapy is a traditional treatment recognized and used as a companion to conventional medical therapy, is safe and without side effects, and is an added value for the Independent Practice of Midwives in improving the quality of health services,(2). However, in Indonesia there are no specific rules governing the implementation of complementary midwifery services, so there are still many midwives who do not apply complementary therapies to their services(3).

Recent research states that nearly 80% of developing countries use complementary therapies to treat chronic diseases,(3). Meanwhile, the use of complementary therapies by health workers in Indonesia is only 2.7%. Based on the survey results on the use of complementary therapies to want to maintain health, there are still many traditional services that are not obtained from health workers (4).

Complementary therapy in midwifery services is a choice for pregnant women, maternity, postpartum, infants, and toddlers to reduce medical intervention. A large number of users of complementary and alternative therapies in health services, especially midwifery, is an excellent opportunity for midwives in Indonesia to innovate and develop midwifery services to meet the needs of quality and affordable public health services while taking into account the values, norms, and philosophy of midwifery, (5).

Complementary therapies that can be applied in midwifery services are massage therapy, relaxation techniques, yoga, exercise, herbal medicines, aromatherapy, homeopathy, and acupuncture. Implementation of complementary midwifery services can be carried out by all health care facilities, both private and government sectors, but currently,

it is more commonly found in the private sector, namely the Independent Midwife Practice (PMB).

A qualitative study conducted on pregnant women and midwives in the Sleman area of Yogyakarta found that pregnant women have a good interest in the use of complementary therapies during pregnancy, but the use of complementary therapies by midwives is still lacking so that pregnant women receive the treatment from non-medical personnel, for example. Witchdoctor. Some complementary therapies that mothers want are prenatal yoga, pregnancy massage, aromatherapy, and acupuncture, (6).

Midwives can play complementary and alternative therapies according to their abilities, expertise, and licenses. In Surabaya, 300 Independent Midwife Practice provide maternal and child health services, including antenatal care, delivery assistance, postpartum and newborn care. However, there has been no written report on the use of alternative, complementary therapies in midwifery services in the city of Surabaya.

This study aims to identify the use of complementary therapies in the Independent Midwife Practice (PMB) in the city of Surabaya, the interests of pregnant women, childbirth, postpartum, infants and toddlers, the need for complementary therapies in pregnant women, maternity, postpartum, infants and toddlers, factors for choosing complementary therapies. in pregnant women, maternity, postpartum, infants and toddlers.

## MATERIALS AND METHODS

The method used in this research is a mixed-method (mix method) between quantitative and qualitative. Data collection was carried out by survey without intervention on research subjects. The survey was carried out in two stages by distributing questionnaires to collect quantitative data, and then in the second stage, in-depth interviews were conducted on subjects who met

the criteria from the quantitative data that had been obtained.

The subjects in this study were midwives who had an independent practice in Surabaya as many as 170 midwives. Sampling was done by purposive sampling technique to obtain a sample of 81 midwives.

This research was conducted from July to December 2021. The instruments used were questionnaires and interview guides. Data analysis consists of data collection, data reduction, data presentation, and drawing conclusions

Data from quantitative research are presented in the form of a frequency distribution, while qualitative data is presented in the form of quotations from interviews. This research has obtained permission from the Health Research Ethics Committee of the University of Muhammadiyah Surabaya with the number 021/KET/II.3/AU/F/2021.

## RESULTS AND DISCUSSION

### RESULT

#### Quantitative Data

**Table 1. Application of Complementary Therapies in Midwives Independent Practice in the City of Surabaya**

Application of Complementary Therapies	Frequency	Percentage (%)
Apply	44	54
Not Apply	37	46
Total	81	100

Based on **Table 1**, the application of complementary therapy to the Independent Practice of Midwives in the City of Surabaya is applying 54% (44 people), not applying 46% (37 people).

Based on **Table 2** shows the types of complementary therapies applied to PMB in the city of Surabaya are baby massage and SPA 30% (23 people), oxytocin massage 19% (15 people), hypnotherapy (hypnobirthing), 14% (11 people),

**Table 2. Types of Complementary Therapies Applied to PMB in the City of Surabaya**

Types of Complementary Therapies	Frequency	Percentage (%)
<i>Accupresure</i>	4	5
<i>Aromaterapy</i>	4	5
<i>Hypnoteraphy (Hypnobirthing)</i>	11	14
Baby Massage and SPA	23	30
Prenatal Massage	7	10
Oxytocin Massage	15	19
Obat Herbal atau Ramuan Tradisional	4	5
Yoga (Prenatal dan Postnatal)	9	12
Herbal Medicine or Traditional Herbs		
Total	77	100

yoga (prenatal and postnatal) 12% (9 people), massage for pregnant women 10% (7 people), Acupressure 5% (4 people), Aromatherapy 5% (4 people), Herbal Medicine or Traditional Herbs 5% (4 people).

### Qualitative Data

Based on the results of in-depth interviews that have been conducted regarding the reasons for the application of complementary therapy in midwifery services to midwives who have applied complementary therapy in the Midwife's Independent Practice.

.....Terapi komplementer dapat memberikan edukasi masyarakat dan dapat digunakan upaya preventif dalam meningkatkan kesehatan masyarakat.... (Interview result B1)

.....Membantu menstimulasi kekuatan alami dari tubuh pasien sebagai upaya penyembuhan yang aman dan tidak ada efek samping.....( Interview result B22)

.....Dengan menerapkan terapi komplementer pada tempat praktik kami meningkatkan daya saing PMB dan menarik minat masyarakat untuk periksa di tempat praktik kami. Selain itu dapat menjadi penciri dan layanan unggulan dari PMB yang lain.....( Interview result B5)

.....Terapi komplementer kami terapkan atas dasar permintaan pasien yang ingin mendapat terapi non konvensional dan memiliki kepercayaan bahwa terapi tersebut lebih aman sehingga mengurangi penggunaan obat.....( Interview result B.53)

This is in accordance with information on patients who have used complementary therapies at the Independent Midwife Practice who have implemented complementary therapies

....lya memang setelah melakukan prenatal yoga, badan saya menjadi lebih enak dan tidak merasakan sakit punggung lagi...( Interview result P.1)

.....Sejak lahir bayi saya dipijat oleh bidan yang menolong kelahirannya, berat badannya terus naik dan tidurnya nyenyak jarang rewel...( Interview result P.4)

....Sebelum saya mengenal hypnobirthing selalu merasa cemas, tekanan darah tinggi, takut terjadi hal buruk pada janin. Tetapi setelah dihypno bidan menjadi lebih tenang dan berfikir positif sampai saya berhasil melahirkan anak saya secara normal, hypno tetap dilanjut untuk meyakinkan bahwa saya mampu menyusui bayi saya secara eksklusif...( Interview result P6)

Based on the results of interviews with midwife assistants in independent practice, midwives who have provided complementary midwifery services as triangulation said:

...Setelah bidan membuka pelayanan pijat bayi, pijat ibu dan yoga, kunjungan pasien semakin bertambah dan merasa lebih puas. Karena pasien merasa dengan sekali datang ke tempat praktik bidan bisa mendapatkan pelayanan tambahan...(A.02)

## DISCUSSION

### Application of Complementary Therapies in Midwives Independent Practice in the City of Surabaya

Based on the study results, it was found that there were 54% of midwives had applied complementary therapy in their practice.



There are still 46% of midwives who have not implemented complementary services in their approach.

Midwifery services are services provided by a midwife to patients to improve the health of mothers and children by their authority. While complementary therapy is a health care practice that involves the whole body, mind, emotions, soul, and environment that can complement conventional treatment, (7). Midwives as health workers, especially for maternal and child health, can combine traditional care with complementary therapy by the midwife's philosophy, namely who believe that pregnancy childbirth is a natural process. In addition, in providing care, midwives can place women as partners with a holistic understanding.

Decree of the Minister of Health of the Republic of Indonesia No. 1109/Menkes/Per/IX/2007 concerning the implementation of complementary alternative medicine in health care facilities explains that health services with complementary and alternative medicine have been recognized in Indonesia and involve health workers who have had structured and appropriate education. with competence. According to Erry et al. (2014), in their research, it is explained that the licensing of health workers in providing alternative, complementary medicine to acupuncture is still not precise, so there need to be improvements that show the clarity of competence and authority by profession, (2).

The factors that influence the quality of health services are regulatory factors, awareness factors, organizational factors, empathy factors, abilities and skills factors, and infrastructure factors.(8). Ida's research (2020) explains that service quality can affect patient satisfaction,(9). In providing services quality midwifery midwives can improve quality and can combine conventional midwifery services with complementary therapies so as to increase patient satisfaction.

## **Types of Complementary Therapy applied in Midwife Independent Practice**

Based on the study results, it was shown that the most widely applied types of complementary therapy were baby massage at 30% and oxytocin massage at 19%.

A massage is a form of complementary therapy, namely manual therapy. In the scope of midwifery services, massage can be applied to pregnant women, mothers in labor, postpartum mothers, and babies. Massage therapy is an alternative therapy that is beneficial for human physical and psychological health, (10) Massage can make blood vessels vasodilate to increase the response that can affect the decrease in nerve activity and improve blood circulation. Massage can remove metabolic waste increase endorphins, which can make you feel comfortable, (11). Several studies have shown that massage performed on pregnant women can reduce anxiety, tension, premature birth, and improve the quality of sleep of mothers (12).

The midwife can do baby massage by providing a touch that can make the babysafe. Baby massage is beneficial for stimulating a baby's growth and development, (13). Naufal's research (2019) shows that massage and SPA (Solus per Aqua) can improve gross motor skills in babies aged 4-6 months, (14).

## **Utilization of Complementary Therapies in Midwifery Services**

By the Minister of Health of the Republic of Indonesia, what is meant by complementary medicine is non-conventional treatment aimed at improving the health status of the community. Complementary medicine includes promotive, preventive, curative, and rehabilitative efforts,(8).

Complementary midwifery services provide several advantages and benefits, namely: improving the health status of the community, supporting conventional medicine/therapy that uses drugs, is safe and without side

effects, being superior and has added value for the Independent Midwife Practice, meeting client requests to increase satisfaction, and reduce morbidity due to incorrect assistance by untrained non-health personnel,(15). Therefore, health care providers need to have a strong level of knowledge about complementary services to ensure that the practices applied are safe and competent, (16).

Services during pregnancy in reducing complications, it is better to use evidence-based natural therapies to help the natural process of pregnancy and childbirth and reduce complications. Midwives are caregivers for women during puberty and their reproductive years, especially during pregnancy and during menopause and postmenopause, so the use of complementary and alternative therapies provides opportunities for midwives to provide holistic care and enables midwives to respond to society and women's needs, (17).

The increasing use of complementary therapies by pregnant women has sparked intense interest among midwives in training as a modality to add to their practice. Like the general population, pregnant women seek complementary therapies for various reasons, including relaxation and stress relief, to relieve physiological symptoms, to prepare for labor, to condition contractions, to aid in labor recovery, and to increase lactation, (18).

One study explained that pregnant and lactating women have specific perceptions about the use of complementary therapies, (19). The reasons why mothers use complementary medicine during pregnancy and lactation are user indications in pregnancy and lactation, perceived benefits, perceived effectiveness, and motivation to use complementary therapies in pregnancy and lactation. The study sheds light on women's concerns about the safety of complementary therapies for their unborn baby, their nursing infant, and both, (20,21).

The results of previous studies showed that the community chose complementary therapy because it was believed to reduce medical intervention. Women used complementary and alternative medicine more, especially during pregnancy and childbirth, because of fewer side effects compared to chemical drugs, (3) Research from Rakhmawati et al. ( 2014) concluded that complementary nursing methods with hypnotherapy were very effective in reducing moderate levels of stress in post-traumatic stress, (22).

Complementary therapies are in great demand by the public because they can reduce medical interventions, and complementary therapies are proven to improve public health. This is also supported by several reasons that underlie midwives in implementing complementary medicine in their practice, namely as a preventive effort to improve public health, reduce medical intervention in the provision of midwifery care, increase competitiveness and patient interest in complementary therapies, (23). While the benefits of complementary medicine obtained by patients are that it can reduce physiological complaints during pregnancy without the use of medical drugs, increase patient confidence in the birth process, and improve the baby's health.

## **CONCLUSION AND RECOMMENDATION**

Many midwives in the city of Surabaya are familiar with complementary therapies; this can be seen from 54% of the 81 samples who apply for complementary medicines in their midwifery services. The Midwife's Independent Practice provides various complementary therapy services in Surabaya. There are eight types of complementary therapies used.

Complementary midwifery services can reduce medical interventions during pregnancy, childbirth, postpartum, infants, and toddlers. With the widespread use of complementary and alternative therapy services in midwifery

services, relevant guidelines are needed for using these treatments in midwifery practice. From the explanation above, we can conclude that complementary therapy can be applied in midwifery services. From the results of the research conclusions that have been described, recommendations for further researchers who want to conduct similar research are to increase research time and expand the research area.

## REFERENCES

1. Yuningsih R. Midwifery Profession In Policy Development Efforts To Improve Maternal and Child Health Services Rahmi. Center for Expertise Research DPR RI. 2016;7(1):63–76.
2. Mardiyana NE, Raden A, EN UH. Effect of ice gel compress towards labor pain during Active Phase Stage I at private midwifery clinics in Surabaya City area. *Majalah Obstetri & Ginekologi*. 2018;25(1):21
3. Erry, Susyanty AL, Raharni, H Sasanti R. Kajian Implementasi Kebijakan Pengobatan Komplementer Alternatif dan Dampaknya Terhadap Perijinan Tenaga Kesehatan Praktek Pengobatan Komplementer Alternatif Akupuntur. *Buletin Penelitian Sistem Kesehatan*. 2014;17(3):275–84.
4. Altika S, Kasanah U. Survei Implementasi Pelayanan Kebidanan Komplementer Dalam Mengurangi Intervensi Medis. *Community of Publishing In Nursing (COPING)*. 2021;9:15–20.
5. Mitchell M, McClean S. Pregnancy, risk perception and use of complementary and alternative medicine. *Health, Risk and Society*. 2014;16(1):101–16.
6. Wahidin. Analisis Pengembangan Layanan Kebidanan Komplementer Terintegrasi Di Kabupaten Tangerang Provinsi Banten. *Prosiding Seminar Nasional Penguatan Riset dan Luarannya sebagai Budaya Akademik di Perguruan Tinggi memasuki Era 50*. 2020;232–48.
7. Setyaningsih D, Novika AG, Safety H. Pemanfaatan Terapi Komplementer Pada Asuhan Antenatal : Studi Kualitatif Utilization Of Complementary Therapies In Antenata Care : Kualitatif Study. *Seminar Nasional UNRIYO*. 2020;172–9.
8. Peprah P, Abalo EM, Nyonyo J, Okwei R, Amankwaa G. Complementary and alternative medicine in midwifery: A qualitative exploration of perceptions and utilisation of CAM among trained midwives in rural Ghana. *Evidence Based Midwifery*. 2017;15(4):135–42.
9. Republik Indonesia Menteri Kesehatan. Peraturan Menteri Kesehatan Republik Indonesia Nomor 1109/MENKES/PER/IX/2007 Tentang Penyelenggaraan Pengobatan Komplementer-Alternatif di Fasilitas Pelayanan Kesehatan. 2007. p. 1–29.
10. Faridah I, Afiyanti Y, Basri H. Faktor-Faktor yang Mempengaruhi Kualitas Pelayanan Terhadap Kepuasan Pasien Dipuskesmas Periuk Jaya Tahun 2020. *Jurnal Kesehatan*. 2020;9(2).
11. Moordiningsih M. Terapi Pijat Oriental: Budaya Harmonisasi Fisik dan Psikis. *BioPsychology Improving The Quality of Life*. 2009;1–5.
12. Rahimi F, Goli S, Soltani N, Rezaei H, Amouzeshi Z. Effects of Complementary Therapies on Labor Pain: A Literature Review. *Modern Care Journal*. 2018;15(1).
13. Aswitami NGAP, Fitria, Sulistianingsih A, Udayani NPMY. Pengaruh Pijat Kehamilan Terhadap Kualitas Tidur Ibu Hamil Trimester III di Desa Abiansemal Kabupaten Badung Provinsi Bali Tahun 2020. *Media Penelitian dan Pengembangan Kesehatan*. 2021;31(4):347–56.
14. Gultom L, Sinaga R, Sianipar K. The Effects of Infant Massage on the Physical Development of Baby in Indonesian Rural Areas. *Global Journal of Health Science*. 2019;11(10):142.
15. Naufal AF, Artika P. Pengaruh Baby Massage dan Baby Spa (Solus per Aqua)

- terhadap Motorik Kasar Bayi Usia 4-6 Bulan. *Proceeding of The URECOL*. 2019;153–6.
16. Kostania G. Pelaksanaan Pelayanan Kebidanan Komplementer Pada Bidan Praktek Mandiri Di Kabupaten Klaten. *Gaster*. 2015;XII(1).
  17. Jelly P, Yadav R, Dey N. Complementary and Alternative Therapies in Nursing. *Complementary and Alternative Therapies in Nursing*. 2018;4(2):43–8.
  18. Bauer BA, Townsend KM, Cutshall SM, Hazelton JK, Mahapatra S, Meek AM, et al. Advanced practice providers' knowledge, attitudes, and utilization of complementary and integrative medicine at an academic medical center. *Alternative Therapies in Health and Medicine*. 2020;26(5):8–16.
  19. Tiran D. *Complementary Therapies in Maternity Care : An Evidence -Based Approach*. First Edit. London and Philadelphia: Singing Dragon; 2018.
  20. Puspita IM, Mardiyana NE. Relationship of pregnant mother's anxiety level with preparation for childbirth during Covid-19 pandemic in Surabaya, Indonesia. *Majalah Obstetri & Ginekologi*. 2021;29(3):102.
  21. Laelago T. Herbal Medicine Use during Pregnancy: Benefits and Untoward Effects. *Herbal Medicine*. 2019;(November 2018).
  22. Pallivalapila AR, Stewart D, Shetty A, Pande B, Singh R, McLay JS. Use of complementary and alternative medicines during the third trimester. *Obstetrics and gynecology*. 2015 Jan;125(1):204–11.
  23. Orief YI, Farghaly NF, Ibrahim MIA. Use of herbal medicines among pregnant women attending family health centers in Alexandria. *Middle East Fertility Society Journal*. 2014;19(1):42–50.
  24. Rakhmawati R, Putra KR, Rizki F, Hardiyanto. Metode keperawatan komplementer hipnoterapi untuk menurunkan efek stress pasca trauma tingkat sedang pada fase rehabilitasi. *Keperawatan*. 2014;5(Hipnoterapi):178–84.
  25. Mekuria AB, Erku DA, Gebresillassie BM, Birru EM, Tizazu B, Ahmedin A. Prevalence and associated factors of herbal medicine use among pregnant women on antenatal care follow-up at University of Gondar referral and teaching hospital, Ethiopia: a cross-sectional study. *BMC complementary and alternative medicine*. 2017 Feb;17(1):86.