

Construction of I-maternity Care Model in Holistic Maternity Services

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Abstract

Maternity services in Malaysia are at a better level than before. However, there are still needs in certain aspects related to the issue of customer satisfaction, the right of privacy in seeking treatment, the right in choosing doctor and nurse, facilities that support good services and the resolution of maternity issues from an Islamic point of view. Thus, this study analyzes the aspects needed in producing a framework of a holistic maternity treatment management model to address these issues. Data of the study were obtained through document analysis methods, semi -structured interviews and Focus Group Discussion (FGD). The results of the study found that there are four aspects that need to be taken into account in the construction of a holistic maternity treatment management model. The model, called i-Maternity Care, presents the four aspects, namely: infrastructure, service providers, treatment handling procedures and management of maternity issues according to sharia. This holistic approach through i-Maternity Care model integrates the goal of meeting medical needs based on medical indications and considering the needs of clients in line with Islamic law.

Introduction

Maternity treatment refers to treatment procedures performed throughout the period of pregnancy (antenatal), during birth (intrapartum) and after delivering period (postpartum). This treatment aims to ensure the health of pregnant women and their unborn children are at an optimal level (Leifir, 2011). Each treatment procedure is in accordance with the guidelines and operating manuals set to achieve the well -being of mother and child.

The handling of maternity treatment in Malaysia is under the control of the Ministry of Health Malaysia (MOH) through the compiled manuals and guidelines. Improving the quality of maternity care services is an effective strategy to reduce maternal mortality. This quality is measured through the use of maternity services provided and the level of satisfaction among

consumers (Ngadan *et al.*, 2020). The reduction in maternal mortality in Malaysia is a result of the development of rural health services through the introduction of mother and child health programs and Traditional Birth Attendants (TBA), using specialized approaches (strengthening reference systems and color coding systems), ensuring service quality through performance analysis, setting up the standards and identifying improvements needed (Achanna *et al.*, 2018).

Background

Good maternity care services are characterized by a reduction in maternal mortality rates each year and achieving the Sustainable Development Goals (SDG) 3 which is the aspect of Good Health and Well Being. The SDGs which have 17 targeted focus aspects as measurement inputs aim to tackle the problem of hunger, preserve the earth and bring prosperity to all. The target is that nothing left behind in this development plan by 2030 (United Nations, 2016). Accordingly, questions related to maternity care are included in the concept of achieving this goal and deserve serious attention. The Malaysian Sharia Index Model also includes the aspect of health as part of the field that measures the level of compliance with the *maqasid* sharia in matters of national governance (JAKIM, 2015).

In the process of achieving that goal, various maternity care issues need a comprehensive solution. Issues of customer satisfaction, the right of privacy when seeking treatment, the right to choose the doctor and nurse, guidelines for handling treatment and facilities that support services as well as the resolution of maternity issues from the Islamic point of view are some of the issues identified (Khatijah *et al.*, 2018).

During the period of getting maternity treatment, a pregnant and maternity women go through various medical procedures such as routine health check -ups during pregnancy, vaginal examination and episiotomy. Questions related to genital exposure, receiving treatment from a male nurse, the decision to terminate the pregnancy, recommendations for tubal ligation and tubectomy procedures (permanent contraception), using the services of a 'doula' and choosing a home birth method.

The conflict between meeting personal needs and the need to look at the Islamic and medical aspects in the issue of handling maternity care requires a comprehensive approach so that the treatment procedure received achieves the goal of well -being of all parties involved. In addition, collective details from experts in the field of medicine and sharia are needed to harmonize the questions that arise.

Accordingly, the i-Maternity Care model is designed as a basic guide in resolving questions that arise in maternity services. The approach used in developing this model is based on the application of *maqasid* sharia elements.

Methodology

This qualitative study uses a survey study design on the aspects required in the construction of the i-Maternity Care model. The data of study were obtained through literature review, analysis of medical documents as well as classical and contemporary fiqh works, articles and other related works. Focus group discussions with women who have received maternity services were also conducted to identify related issues. Data related to the aspects required

in the construction of the model were then analyzed to identify the method of application of the *maqasid* sharia principles and then complete the model.

Literature Review

Maternal health is very important for the development of a country. There are various models of maternity care were developed around the world to ensure maternal mortality is minimized thereby supporting the achievement of SDG 3. There are models that focus on considering women's wants and preferences throughout pregnancy and during childbirth. For example, the Person-Centered-Care (PPC) Model and the Traditional Birth Attendant, Midwife, Midwife and Care Model (Choudhary *et al.*, 2020) focus on nurses' interpersonal relationships with women. Nurses prioritize what women need such as treating them with respect, maintaining dignity and involving them in decision making as well as providing complete information related to the treatment process received.

In addition, there is also a maternity care model that focuses on matters related to procedures and techniques in the handling of treatment. Models such as Midwife-led continuity of care models, Midwifery teamwork or caseload midwifery, One-to-one midwifery model, Traditional model of general practitioner attached community midwives, Centering parenting mother infant dyad care model, Midwifery model of care under supervision of obstetric and Biomedical models emphasize the aspect of continuous monitoring from nurses whether midwives, obstetricians and general practitioners of women throughout pregnancy, during childbirth as well as after childbirth. Monitoring is done either personally or in groups (Choudhary *et al.*, 2020).

Respectful Maternity Care (RMC) is a relatively comprehensive model of maternity care which setting five themes in the model, namely; Needs Were Met in a Timely Manner, Care is Patient Centered, Overall Feelings of Kindness, Caregivers Are Experts and The Environment is Safe (Stein, 2020). In Malaysian context, the classification of pregnant women based on risk factors is made through a color -coding system. This method serves as a guide to the form of treatment that should be given, the determination of the method and operator of the birth as well as the appropriate maternity center (Achanna *et al.*, 2018).

Based on the highlights of past work related to maternity care models that have been developed previously and current questions that arise in society in general and particularly in Malaysia, the construction of a holistic model is needed to cover all aspects of maternity care and meet sharia purposes.

Discussion and Findings

Construction Aspects of the I-maternity Care Model

The i-Maternity Care model that was developed focuses on four aspects that have been identified as the pillars of maternity services in Malaysia. Emphasis on aspects of facilities and infrastructure, service providers, guidelines for handling treatment procedures and management of maternity issues according to Islamic law is a comprehensive approach after looking at the problems identified in this field of maternity services. This approach is to ensure that maternity services in Malaysia are of better quality and give a better impact to customers as well as the reputation of the country's health services. The following is a description of each of these aspects;

i. *Facilities and infrastructure*

The aspect of infrastructure facilities in maternity services is one of the aspects that was given attention in the construction of the i-Maternity Care model because it is closely related to one of the factors in maternal mortality in the world. Studies in Nepal show that lack of infrastructure facilities is one of the factors to the failure to reduce maternal mortality (Rajendra *et al.*, 2022) besides being the reason they tend to choose to give birth with traditional birth attendants or TBAs (traditional birth attendants) (Ntoimo *et al.*, 2022). In Malaysian context, this aspect of infrastructure is very much needed specially to ensure the effort goes smoothly in establishing the *Hospital Mesra Ibadat (HMI)* (Dahalan *et al.*, 2018). In this regard, the aspect of infrastructure facilities in the framework of this model includes two things, namely physical facilities and facilities that support the implementation of the sharia-compliant concept and customer -friendly maternity care centers.

ii. *Service provider*

The intended service providers are those who are involved in providing maternity services to clients comprising of nurses, midwives, doctors and individuals needed in this service ecosystem such as surgeons and anesthetists. Quality maternity services from the aspect of infrastructure alone does not guarantee the presence of women to clinics or hospitals as it was found that many refused due to elements of violation of their honor and privacy by service providers (Stein, 2020). The communication way between nurses and patients is also one of the important things in measuring the level of satisfaction (Khosenuhlan & Hassan, 2021). The role of nurses for example is important in the assessment of satisfaction by patients while in the hospital (Zainab & Aeid, 2018). Thus, the framework of this model was developed as a guide in overcoming this issue towards a respected maternity service.

iii. *Handling of treatment procedures*

The handling of maternity care is in accordance with established guidelines and work manuals. However, this aspect is included in the i-Maternity Care model to set an operating guide that incorporates elements of humanity, spirituality, respect, respecting cultural and religious values and ethics while providing services. This point is heavily emphasized in studies related to customer satisfaction with maternity services and women's experiences (Focus Group Discussion, 2022). In general, a more efficient service delivery system is needed to ensure the smooth running of health services that will help the country's development process. A caring attitude to customers and always looking for ways to meet the needs of customers during treatment is one of the important elements in providing quality services to customers (Noor, 2019).

iv. *Management of maternity issues according to sharia*

The increasing advancement of medical technology in maternity care shows the emergence of issues that touch on ethical and religious values. The issue of selecting modern delivery methods, sophistication of equipment to detect fetal abnormalities and pregnancy termination procedures and determination of fetal sex are among the matters that require explanation from a religious point of view

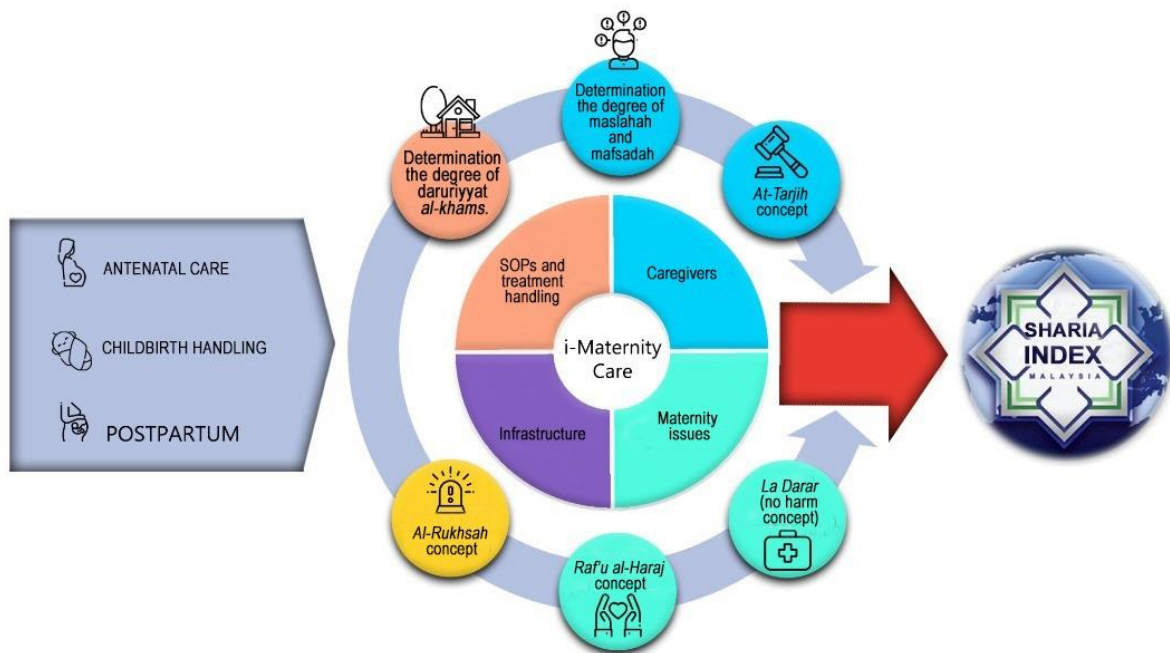
and not from a purely medical aspect (Khatijah, 2020). The evaluation of the aspects of *maslahah* (benefits) and *mafsadah* (harms) in modern medical issues generally requires a thorough analysis with reference to the perspective of *maqasid sharia* (Nizaita & Zulkifli, 2017). The aspect of maternity issue management with this *maqasid* approach makes this model more holistic and comprehensive in meeting the needs of women. Even the aspect of sharia compliance is a customer need (Focus Group Discussion, 2022) needs to be met to make the country's maternity services more competitive.

The above four aspects were selected in the construction of the i-Maternity Care model after examining the current needs of clients and maternity care operators. The application of *maqasid sharia* elements in every aspect makes this model different from the existing maternity care model.

Fundamentals of Model Construction

The construction of the i-Maternity Care model is based on the elements of *maqasid sharia* in line with its concept as a sharia-compliant maternity treatment management model. Adherence to the elements of *maqasid sharia* is the benchmark for compliance with the Malaysian sharia compliance index set by the Government of Malaysia in national governance, including the health sector. Compliance with the Malaysian Sharia Index in the health sector is measured from three aspects, namely in terms of Sharia -compliant work practices, quality assurance and process effectiveness as well as the empowerment and continuous strengthening of structural and human resources (JAKIM, 2015).

Based on the three approaches in compliance with the Malaysian sharia index for health sector, there are six principles which was put forward to ensure that maternity care procedures and practices are in line with sharia objectives. This principle covers the aspect of necessity in medicine and compliance with the aspect of sharia to preserve the soul (*hifz al-nafs*) and offspring (*hifz al-nasl/al-'ird*). The principles are the application of the concept of relief (*rukhsah*), lifting difficulties (*raf'u al-haraj*), no harm (*la darar*), the concept of explanation (*al-tarjih*), determining the level of benefits (*maslahah*) and disadvantages (*mafsadah*) and determination the degree of *daruriyyat al-khams*. The following is a diagram of the i-Maternity Care model that has been built:



Model Application

To meet the criteria of Malaysian Sharia Index, this i-Maternity Care model is the basis for resolving questions that arise in maternity services provided to women. Examples of applications of this model are as in the following figure

Approach aspects	Sample of question	Maqasid approaches	Solution
Facilities and infrastructure	<ul style="list-style-type: none"> • Clothing during treatment • The layout and privacy of the maternity ward • Privacy in the labour room • Antenatal clinic privacy 	<ul style="list-style-type: none"> • Hifz al-nafs (preserving the soul) • Hifz al-'ird (preserving dignity) 	<ul style="list-style-type: none"> - Construction of a maternity service center that is friendly to worship and aurat - Introducing special aurat - friendly clothing
Service provider	<ul style="list-style-type: none"> • Antenatal nurse gender issues • Birth control • Selection of maternity place 	<ul style="list-style-type: none"> • Rukhsah (relief) • Raf'u al-haraj (lifting difficulties) • La darar (no harm) • Determination of <i>maslahah</i> and <i>mafsadah</i> aspects • Determining the level of <i>daruriyyat al-khams</i> (five essential requirements) 	<ul style="list-style-type: none"> - Establishment of sharia compliance unit - Sharia Officer - Medical Officer (O&G)
Treatment procedures and manuals	<ul style="list-style-type: none"> • The need of vaginal examination based on medical indications. • Termination of pregnancy • BTL procedure 	<p><i>Raf'u al-haraj</i> (lifting difficulties)</p> <p><i>La darar</i> (no harm)</p> <p>Determination of <i>maslahah</i> and <i>mafsadah</i> aspects</p> <p>Determining the level of <i>daruriyyat al-khams</i> (five essential requirements)</p>	Preparation of comprehensive maternity handling procedure guidelines.

Handling of maternity issues	<ul style="list-style-type: none"> • Selection of delivery methods • Execution of worship • Pregnancy and childbirth issues 	Determination of <i>masalah</i> and <i>mafsadah</i> aspects Determining the level of <i>daruriyyat al-khams</i> (five essential requirements)	<ul style="list-style-type: none"> • Establishment of a hospital referral specialist group - Sharia panel - Medical panel
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To monitor the application of this model, the establishment of a panel of sharia index compliance assessors is proposed to monitor the overall operation of maternity services. The panel of evaluators consists of representatives from the Department of Islamic Development Malaysia (JAKIM), Ministry of Health Malaysia (MOH), representatives of the Department of Obstetrics and Gynecology of each hospital (government and private), representatives of pregnancy and birth screening centers of the university that conduct medical programs and expert in the field of fiqh medical.

Conclusion

The construction of the i-Maternity Care model is based on the current needs in maternity services which is not only the framework for a best health service system in terms of medical needs but also takes into account the humanity and spiritual aspects in the handling of treatment. The aspect of interpersonal relationships of nurses and patients that are sensitive to their needs and the resolution of medical issues in maternity care based on sharia is also an aspect emphasized in the construction of this model making it more comprehensive. The application of the principles that are connected to the achievement of *maqasid* sharia in preserving the soul (*hifz al-nafs*) and lineage/dignity (*hifz al-nasl/al-'ird*) is a holistic approach and a new input in the construction of maternity care model. This model has obtained a copyright registration number from the Malaysian Intellectual Property Corporation (MyIPO) under the Copyright Act 1987 which is CRLY00023754.

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References

- Achanna, S., Krishnaswamy, G., Ponnampalam, P., Bondhu, A. (2018). Maternal Mortality in Malaysia: Progress Made Towards Millennium Development Goal (MDG) 5 – An Analysis of Published Data. *Medical Research Archives*. 6(2). 1-14.
- Choudhary, S., Jelly, P., & Mahala, P. (2020). Models of Maternity Care: A Continuity of Midwifery Care. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology*, 9(6), 2666-2670.
- Dahalan, H., Rahman, S. H., Jusoh, Z. Y., Khan, M., & Awang, M. Z. (2018). Pelaksanaan Hospital Mesra Ibadah di Konsortium Hospital Islam Malaysia (KHIM): Satu Kajian Literatur. *The Sultan Alauddin Sulaiman Shah Journal (JSASS)*, 5(2), 54-65.
- Focus Group Discussion (FGD). Model Pengendalian Rawatan Materniti Holistik. Diadakan pada 23 Januari 2022 secara dalam talian.
- Hanapi, M. S., & Khairuldin, W. M. K. F. W. (2017). The Halal-Green in Al-Qur'an: A Conceptual Analysis. *International Journal of Academic Research in Business and Social Sciences*, 7(10), 2222-6990.
- Hassan, S. A., & Khairuldin, W. M. K. F. W. (2020). Research Design Based on Fatwa Making Process: An Exploratory Study. *International Journal of Higher Education*, 9(6), 241-246.
- Ismail, S.K., Embong, R., Salleh, S.F., Daud, N. & Nordin, N. (2018). Women's Struggle for Reproductive Rights from the Islamic Worldview. *International Journal of Academic Research in Business and Social Sciences*, 8(11), 421-436.
- Ismail, S.K., Embong, R., Shafie, Z.M., Salleh, S.F. & Mat@Mohamad, M.Z. (2020). Is Gender Selection Compatible with Islamic Ethics?. *International Journal of Psychosocial Rehabilitation*, 24(5), 2454-2461.
- Jabatan Kebajikan Islam Malaysia (JAKIM). (2015), Indeks Syariah Malaysia: Model Tadbir Urus Berteraskan Maqasid Syariah, JAKIM: Putrajaya.
- Karkee, R., Tumbahanghe, K. M., Morgan, A., Maharjan, N., Budhathoki, B., Dharma, S., & Manandhar. (2022). Policies and actions to reduce maternal mortality in Nepal: perspectives of key informants. *Sexual and Reproductive Health Matters*. 29(2), 1-15.
- Khairuldin, W. M. K. F. W., Embong, A. H., Anas, W. N. I. W. N., Ismail, D., & Mokhtar, W. K. A. W. (2019). An augmented reality (AR) approach in educational integration of Du'a in Islam. *International Journal of Academic Research in Progressive Education and Development*, 8(1), 32-39.
- Khairuldin, W. M. K. F. W. (2020). Pengurusan Fatwa Di Malaysia. Kuala Terengganu: Penerbit Universiti Sultan Zainal Abidin.
- Ngadan, D. P., Rahman, M. M., & Arif, M. T. (2020). Satisfaction on Delivery Care Services Among Rural Women In Sarawak, Malaysia: A Cross-Sectional Community-Based Study. *The Indonesian Journal of Public Health*. 15(2). 202-211.
- Norddin, H. N. (2019). "E.COMM". Ini Yang Pesakit Mahu... Vs. Sikap. *Malaysian Journal of Health Promotion*. 1, 88-104.
- Ntoimo, L. F., Okonofua, F. E., Ekwo, C., Solanke, T. O., Igboin, B., Imongan, W., Yaya, S. (2022). Why women utilize traditional rather than skilled birth attendants for maternity care in rural Nigeria: Implications for policies and programs. *Midwifery*. 104, 1-7.
- Omar, N., & Muda, Z. (2017). The Application of the Rule of Istihsan bi Al-Maslahah (Juristic Preference by Interest): A Practical Approach on Some Medical Treatment. *International Journal of Academic Research in Business and Social Sciences*, 7(5), 365-376.

- Rahman, K., & Ahmad, H. (2021). Kualiti Perkhidmatan Di Klinik Perubatan Swasta dan Kesan Kepada Pesakit: Analisis Literatur. *Jurnal Dunia Pengurusan*. 3(1), 170-179.
- Said, N. A., & Khairuldin, W. M. K. F. W. (2017). Freedom of Speech in Islam and its Connection with Street Demonstrations. *International Journal of Academic Research in Business and Social Sciences*, 7(4), 122-129.
- Stein, C. A. (2020). Respectful maternity care in Santa Cruz County, California. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 81(2-B), No-Specified.
- United Nations. (2016). Sustainable Development Goals Report 2016. USA: United nations Publications.
- Zainab, M. S., & Aied, A. B. (2018) *Strategies to improve nurses job performance in Jordan*. *Scholars Journal of Applied Medical Sciences (SJAMS)*, 6 (4). 1588.