

Midwifery Communication Relations in the Team Midwifery with Complete Medical Record Documents

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Abstract:

Midwifery communication in the Midwifery team is important for a person and for nurses and the health team so good communication must be implemented by all social beings so that communication is important for all social beings. Midwifery Care medical records are files containing Midwifery records and documents regarding patient identity, examination, treatment, procedures and other services that have been provided to patients. This research identifies communication within the Midwifery team and the completeness of medical record documents for nursing care, to determine the relationship between Midwifery communication within the Midwifery team and the completeness of medical record documents for Midwifery care at Elizabeth Lela Hospital. This research is quantitative research with a correlation method. The total sample is 9 respondents. The sampling technique used is purposive sampling. Data collection using observation. Data were analyzed using the Spearman Rank test. Analysis results using Spearman Rank shows that the independent and dependent variables obtained sig results. P-value = 0.000 and $r = 0.968$. Midwifery communication in the Midwifery team is in the inadequate category, Completeness of medical record documents for Midwifery Care is in the incomplete category, there is a relationship between Midwifery communication in the Midwifery team and completeness of medical record documents for Midwifery care at Elizabeth Lela Hospital.

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INTRODUCTION

Medical records are critical components of healthcare management as they document patient care, including treatments, procedures, and outcomes (Jedwab et al., 2019). Accurate and complete medical records serve as evidence of healthcare services provided, support continuity of care, and are essential for legal, administrative, and research purposes (Marutha & Ngoepe, 2017). The completeness of medical records reflects the quality of documentation and adherence to standards, which directly impacts patient safety and healthcare efficiency (Shihundla et al., 2016). From a preliminary study conducted at the Elizabeth Lela Hospital Community Health Center, significant gaps in medical record completeness were identified.

Among the 20 nurses working in various inpatient rooms, documentation issues were observed in 10 patient medical record statuses. These issues included incomplete daily records, such as temperature and pulse charts, daily notes, nursing care documentation, medication administration lists, and progress notes. Additionally, critical components like medical action approval sheets, admission and discharge summaries, physical examination reports, and death reports were also found to be inadequately completed.

In midwifery care, the completeness of medical records is essential, as it encompasses comprehensive documentation of assessments, interventions, and outcomes specific to maternal and neonatal health (Widiyanti et al., 2019). Effective communication among midwifery team members plays a pivotal role in ensuring that medical records are thorough and accurate (Kwame & Petrucka, 2021). Team collaboration and communication facilitate the seamless transfer of information, minimize errors, and support holistic care delivery (Thumm & Flynn, 2018). Conversely, communication breakdowns can lead to documentation discrepancies, adversely affecting patient outcomes and legal accountability (Nakate et al., 2015).

Given the importance of both communication and documentation in midwifery practice, this study aims to explore the relationship between midwifery communication within the midwifery team and the completeness of medical record documents for midwifery care. The study will focus on the Elizabeth Lela Hospital Community Health Center, a primary healthcare facility that plays a critical role in providing maternal and neonatal care in the community. By investigating this relationship, the research seeks to provide insights into how communication strategies and practices among midwifery teams influence documentation quality. The findings are expected to inform interventions and policies to improve medical record completeness, enhance care delivery, and uphold professional standards in midwifery practice.

RESEARCH METHODS

Research design. research design where this research design is determined with the aim that the research can be carried out effectively and efficiently. The research design used is cross-sectional, where the design is an analytical survey research that concerns how risk factors and effect factors are studied simultaneously. Cross-sectional which aims to determine the relationship between midwifery communication within the midwifery team and the completeness of medical record documents for nursing care. The population of all nurses in the inpatient room and emergency room, the sample used purposive sampling of 9 nurses. **Research procedures.** Using it to determine the relationship between Midwifery communication within the Midwifery Team and the completeness of medical record documents for Midwifery care is to determine significant results. **Data analysis.** Researchers used the SPSS program with the Spearman rank test.

RESULTS AND DISCUSSION

Table 1 Table based on nurse's age

Age	Frequency	Presentation
24	2	22.2
26	2	22.2
27	1	11.1
28	2	22.1
29	1	11.1
31	1	22.2

Total	9	100
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The table presents the distribution of nurses' ages at the healthcare facility. Among the nine nurses surveyed, the largest age groups are 24, 26, 28, and 31 years, each representing 22.2% of the total. Meanwhile, 27-year-olds and 29-year-olds account for 11.1% each. This distribution suggests that the majority of nurses are in their mid to late twenties, with a small portion in their early thirties.

A workforce predominantly within this age range indicates a relatively young team of healthcare providers. This can have both advantages and challenges—while younger nurses may bring energy, adaptability, and a strong foundation in modern nursing practices, they may also require ongoing professional development and experience-building to handle complex cases. Understanding the age distribution of nurses is essential for workforce planning, ensuring balanced mentorship, and providing appropriate training to enhance the quality of patient care.

Table 2. Table Based on Nurse Gender

Gender	Frequency	Presentation
Man	6	66.7%
Woman	3	33.3%
Total	9	100%

The table presents the gender distribution of nurses at the healthcare facility. Out of a total of nine nurses, six (66.7%) are male, while three (33.3%) are female. This indicates that male nurses make up the majority of the workforce in this setting.

The predominance of male nurses in this facility may suggest a shifting trend in nursing demographics, as the profession has traditionally been female-dominated. The presence of both genders in nursing is beneficial, as it promotes diversity in patient care, improves teamwork, and allows for a broader range of skills and perspectives. Understanding gender distribution in the workforce can also help in planning staffing policies, ensuring gender-sensitive care, and promoting equal opportunities in professional development.

Table 3. Distribution of Midwifery Communication within the nursing team

Communication	Frequency	Presentation
Not enough	5	55.6%
Good	3	33.3%
Enough	1	11.1%
Total	9	100%

The table presents the distribution of communication effectiveness within the nursing team in midwifery care. Out of nine respondents, the majority (five nurses) rated communication as "Not Enough," representing 55.6% of the total. Three nurses (33.3%) considered communication to be "Good," while only one nurse (11.1%) rated it as "Enough."

The high percentage of nurses perceiving communication as inadequate suggests potential barriers in teamwork, information exchange, or coordination within the midwifery team. Effective communication is essential in healthcare settings, particularly

in midwifery, where clear instructions and timely responses can directly impact patient safety and care outcomes. Addressing communication challenges through structured training, team-building activities, and standardized communication protocols can help improve collaboration, reduce errors, and enhance overall patient care quality.

Table 4. Frequency of Document Completeness Midwifery Care Medical Records

Completeness of nursing care	Frequency	Presentation
Complete	4	44.1%
Incomplete	5	55%
Total	9	100%

The table shows the frequency of completeness in midwifery care medical records within the nursing team. Out of nine cases, four (44.4%) were categorized as "Complete," while the majority, five cases (55.6%), were classified as "Incomplete."

The fact that more than half of the records are incomplete indicates potential gaps in documentation, which could impact the quality of care, patient safety, and compliance with medical regulations. Incomplete records may lead to miscommunication, difficulty in tracking patient progress, and challenges in legal or auditing processes. Ensuring complete and accurate documentation is essential for effective midwifery care, as it supports clinical decision-making, continuity of care, and accountability. Strengthening documentation practices through staff training, digital record-keeping systems, and routine audits may help improve the completeness of medical records in midwifery care.

Table 6. Cross Tabulation of Communication with Completeness of Nursing Care Medical Records

Communication within the nursing team	Completeness of medical record documents				R	P value
	Complete		Incomplete			
	Σ	%	Σ	%		
Not enough	0	0	5	55.6	0.968	0,000
Enough	3	33.3	0	0		
Good	1	11.1	0	0		

The cross-tabulation table highlights the relationship between communication within the nursing team and the completeness of medical record documentation. The data shows that among those who reported "Not Enough" communication, none had complete records, while five cases (55.6%) had incomplete documentation. In contrast, teams with "Enough" communication had three complete records (33.3%) and no incomplete cases. Similarly, in the "Good" communication category, one case (11.1%) had complete records, with no instances of incomplete documentation.

The P-value of 0.000 (<0.05) indicates a statistically significant relationship between communication quality and the completeness of medical records. This suggests that effective communication within the nursing team plays a crucial role in ensuring accurate and complete documentation. Poor communication is associated with incomplete records, which can negatively impact patient care, legal accountability, and overall healthcare efficiency. Improving communication through structured reporting systems, teamwork training, and standardized documentation protocols can enhance record completeness and patient outcomes.

Identification of Communication in the Nurse-Midwifery Team at Elizabeth Lela Hospital

From the results obtained by the researchers above, nurse communication, good communication, adequate communication, respondents, and poor communication (Kwame & Petrucka, 2021). Based on the results of another research, it contains 63.7% of other factors which can influence the level of teamwork abilities of band members, such as the characteristics of band members consisting of skills or talents, personal conditions, level of education and differences in social backgrounds (Thumm & Flynn, 2018). Cultural and environmental factors, interpersonal communication is one of the most important factors in maintaining teamwork so that they can work together well (Kwame & Petrucka, 2021). Which has been carried out by researchers, followed by additional analysis which produces data that there is an aspect of interpersonal communication that has the most influence on teamwork, namely the aspect of similarities in having effective contribution of 33.8% to teamwork abilities, especially for band members (Chang et al., 2018). Similarity contains elements of mutual cooperation in solving problems and understanding existing differences so as to prevent disputes and conflicts from occurring (Choi et al., 2018). By having a deep feeling of sameness in a team, anything that could lead to divisions in a team will be avoided, characterized by mutual respect for differences of opinion and a desire for high team cooperation, thereby fostering higher teamwork (Vafaei et al., 2018).

From the results, there is a relationship between the implementation of therapeutic communication and patient (Wieczorek et al., 2023). A person who is in an organization or work team must make efforts to adapt to organizational conditions, including the message source factor, communicator source, message factor, media or channel factor, feedback factor, recognizing or understanding patients, understanding communication habits (Lyndon et al., 2015). Verbal, have skills in listening, development, perception, emotions, gender, knowledge, dealing, maintaining an open attitude, while the team must include forming a team structure, gathering information, discussing information, developing information, independent team, problem solving team, having responsibility answer and explain nursing diagnoses, explain the interventions carried out, explain the results obtained (Mills et al., 2015). From the explanation above, it can be concluded that in the nursing profession, communication is very important between nurses and nurses, where in this communication nurses can find several solutions to problems and Midwifery care can run well and completely (Chang et al., 2018).

Identification of Completeness of Medical Record Documents for Midwifery Care at Elizabeth Lela Hospital. Completeness of medical record documents for Midwifery care is the completeness of medical record documents seen in terms of completeness of record documents Midwifery medical care in the form of diagnosis, patient identity, management plan, approval for action if necessary, date and time, history taking, observation notes, discharge summary, name and signature of the nurse, assessment, planning, action, evaluation and nursing care notes (Stevenson et al., 2016). The Midwifery care medical record document is said to be complete, if it is in the Midwifery care medical record 1 (diagnosis, patient identity, management plan, approval for action if necessary, evaluation), If it is in the Midwifery care medical record 3 (name and signature of the nurse, assessment, planning, actions, evaluations and nursing care records, diagnoses, patient identity), medical record documents for Midwifery care that need to be completed (de Azevedo et al., 2019).

Based on research from 9 nurses and 9 medical records for Midwifery care at the Banyuglugur health center, the researchers obtained that the medical record documents for Midwifery care for 4 (44.1%) were complete and the medical record documents for Midwifery care for 5 (55%) were still incomplete. Another research obtained results of claim approval that had been approved by an independent verticator. From 94 samples, there were 49 claims that were not approved with a percentage of 52.1%, while there were 45 claims that were approved with a percentage of 47.9%. From the research, it can be seen that the percentage that was not approved was 52.15% greater than that which was approved, namely 47.9%, this happened due to several factors. Of the 49 that were not approved by the verifier with a percentage of 52.1%, it was influenced by factors that the doctor had not completed the diagnosis in RM 1, and RM Midwifery Care 16 history of admission and discharge from the hospital. The results obtained were 9 data with a percentage of 9.57%, incomplete, blood tests, urine tests, therapy or medication amounted to 35 data with a percentage of 5.32% and because of coding factors there were 5 data with a percentage of 5.32%, the biggest factor influencing the claim was not approved because the results were incomplete (Marutha & Ngoepe, 2017).

From the description above, it can be concluded that if the medical record documents are incomplete, as a nurse, you must be careful and efficient in recording medical record documents and must be filled in completely and correctly (Choi et al., 2018). If the medical record documents are not filled in, you are afraid that the actions that have been taken will be carried out. Return, thereby endangering the patient (Lindo et al., 2016)(Kerkin et al., 2018). Knowing the Relationship between Midwifery Communication in the Midwifery Team and Complete Medical Record Documents for Midwifery Care at Elizabeth Lela Hospital.

The results of the research above using the Spearman rank test obtained an r value of 0.968 and a P-value of 0.000. It can be concluded that the strength of the relationship between the independent variable and the dependent variable is strong so that the direction of the correlation is positive (+). Meanwhile, to find out the significance value between the two variables, you can look at the sig (2-tailed) 0,000 and this value is (0.000<0.05). So it can be concluded that the Alternative Hypothesis (Ha) is accepted and the Null Hypothesis (H0) is rejected, which means there is a relationship between communication within the Midwifery team and the completeness of the medical record documents for Midwifery care at Elizabeth Lela Hospital.

From another research, it was found that there was a relationship between work motivation and the performance of East Timor nurses in carrying out Midwifery care documentation (Wakelin et al., 2024). There is a difference in the percentage of gender where female nurses have a tendency to document well compared to male nurses (WHO et al., 2016). This is in accordance with another research on the performance of nurses on service quality, which states that gender has a positive correlation with performance, female nurses tend to have better performance than men in providing midwifery care to patients (Hussainat Taiye, 2015) (Hawley et al., 2017).

According to previous research, health services influence the Midwifery care documentation system recorded in medical records carried out by nurses in carrying out daily activities (Cooper et al., 2021). Midwifery care documentation has uses for legal aspects, quality assurance, communication, finance, education, research and accreditation (Wakelin et al., 2024). The relationship between communication within the Midwifery team and complete medical records of Midwifery care is that communication within the team does not develop information, is an independent team, a problem solving team, has responsibility and explains nursing diagnoses, explains the content carried out, explains the results obtained by the Midwifery team so that get incomplete

results in the nursing care medical record (Shihundla et al., 2016) (Wood & Stevenson, 2018)(Anita, 2018).

From the description above, it can be concluded that the magnitude of the impact of communication with complete medical record documents for Midwifery care will have a big impact, communication is one of the factors driving whether nurses are very good at carrying out their duties and responsibilities, apart from that, documentation of Midwifery care is also a form of service. Professional midwifery.

CONCLUSION

The research findings indicate that midwifery communication within the midwifery team at Elizabeth Lela Hospital falls into the Poor category. Ineffective communication among midwives can lead to misunderstandings, errors in patient care, and inconsistencies in medical record documentation. Poor communication may also affect collaboration within the team, impacting overall service quality and patient safety.

Furthermore, the completeness of medical record documents for midwifery care at the hospital is categorized as Incomplete. Incomplete records can lead to difficulties in monitoring patient progress, legal issues, and decreased quality of care. The statistical analysis suggests a significant relationship between midwifery communication and medical record completeness. This means that improved communication among midwives may contribute to better documentation practices. Strengthening teamwork, implementing clear communication protocols, and enhancing documentation training programs are crucial steps to improve both communication effectiveness and record completeness in midwifery care at Elizabeth Lela Hospital.

REFERENCES

- Anita, W. (2018). The implementation of documentation by midwives in Pekanbaru. *Kesmas*, 13(1), 43–47. <https://doi.org/10.21109/kesmas.v13i1.1403>
- Chang, Y. S., Coxon, K., Portela, A. G., Furuta, M., & Bick, D. (2018). Interventions to support effective communication between maternity care staff and women in labour: A mixed-methods systematic review. In *Midwifery* (Vol. 59, pp. 4–16). Elsevier. <https://doi.org/10.1016/j.midw.2017.12.014>
- Choi, M., Lee, H. S., & Park, J. H. (2018). Effects of using mobile device-based academic electronic medical records for clinical practicum by undergraduate nursing students: A quasi-experimental study. *Nurse Education Today*, 61, 112–119. <https://doi.org/10.1016/j.nedt.2017.11.018>
- Cooper, A. L., Brown, J. A., Eccles, S. P., Cooper, N., & Albrecht, M. A. (2021). Is nursing and midwifery clinical documentation a burden? An empirical study of perception versus reality. *Journal of Clinical Nursing*, 30(11–12), 1645–1652. <https://doi.org/10.1111/jocn.15718>
- de Azevedo, O. A., de Souza Guedes, É., Neves Araújo, S. A., Maia, M. M., & da Cruz, D. de A. L. M. (2019). Documentation of the nursing process in public health institutions. In *Revista da Escola de Enfermagem* (Vol. 53). SciELO Brasil. <https://doi.org/10.1590/S1980-220X2018003703471>
- Hawley, G., Hepworth, J., Jackson, C., & Wilkinson, S. A. (2017). Integrated care among healthcare providers in shared maternity care: What is the role of paper and electronic health records? *Australian Journal of Primary Health*, 23(4), 397–406. <https://doi.org/10.1071/PY16081>

- Hussainat Taiye, B. (2015). Knowledge and Practice of Documentation among Nurses in. In *IOSR Journal of Nursing and Health Science Ver. I* (Vol. 4, Issue 6, pp. 2320–1940). www.iosrjournals.org
- Jedwab, R. M., Chalmers, C., Dobroff, N., & Redley, B. (2019). Measuring nursing benefits of an electronic medical record system: A scoping review. In *Collegian* (Vol. 26, Issue 5, pp. 562–582). <https://doi.org/10.1016/j.colegn.2019.01.003>
- Kerkin, B., Lennox, S., & Patterson, J. (2018). Making midwifery work visible: The multiple purposes of documentation. *Women and Birth*, 31(3), 232–239. <https://doi.org/10.1016/j.wombi.2017.09.012>
- Kwame, A., & Petrucka, P. M. (2021). A literature-based study of patient-centered care and communication in nurse-patient interactions: barriers, facilitators, and the way forward. In *BMC Nursing* (Vol. 20, Issue 1). Springer. <https://doi.org/10.1186/s12912-021-00684-2>
- Lindo, J., Stennett, R., Stephenson-Wilson, K., Barrett, K. A., Bunnaman, D., Anderson-Johnson, P., Waugh-Brown, V., & Wint, Y. (2016). An Audit of Nursing Documentation at Three Public Hospitals in Jamaica. *Journal of Nursing Scholarship : An Official Publication of Sigma Theta Tau International Honor Society of Nursing*, 48(5), 499–507. <https://doi.org/10.1111/jnu.12234>
- Lyndon, A., Johnson, M. C., Bingham, D., Napolitano, P. G., Joseph, G., Maxfield, D. G., & O’Keeffe, D. F. (2015). Transforming Communication and Safety Culture in Intrapartum Care: A Multi-Organization Blueprint. *Journal of Midwifery and Women’s Health*, 60(3), 237–243. <https://doi.org/10.1111/jmwh.12235>
- Marutha, N. S., & Ngoepe, M. (2017). The role of medical records in the provision of public healthcare services in the Limpopo province of South Africa. *SA Journal of Information Management*, 19(1). <https://doi.org/10.4102/sajim.v19i1.873>
- Mills, J., Francis, K., McLeod, M., & Al-Motlaq, M. (2015). Enhancing computer literacy and information retrieval skills: A rural and remote nursing and midwifery workforce study. *Collegian*, 22(3), 283–289. <https://doi.org/10.1016/j.colegn.2014.02.003>
- Nakate, M. G., Dahl, D., Drake, K. B., & Petrucka, P. (2015). Knowledge and Attitudes of Select Ugandan Nurses towards Documentation of Patient Care. *African Journal of Nursing and Midwifery*, 2(1), 057–065. https://ecommons.aku.edu/eastafrica_fhs_sonam/41/
- Shihundla, R. C., Lebesse, R. T., & Maputle, M. S. (2016). Effects of increased nurses’ workload on quality documentation of patient information at selected Primary Health Care facilities in Vhembe District, Limpopo Province. *Curationis*, 39(1), 1545. <https://doi.org/10.4102/curationis.v39i1.1545>
- Stevenson, J. E., Israelsson, J., Nilsson, G. C., Petersson, G. I., & Bath, P. A. (2016). Recording signs of deterioration in acute patients: The documentation of vital signs within electronic health records in patients who suffered in-hospital cardiac arrest. *Health Informatics Journal*, 22(1), 21–33. <https://doi.org/10.1177/1460458214530136>
- Thumm, E. B., & Flynn, L. (2018). The Five Attributes of a Supportive Midwifery Practice Climate: A Review of the Literature. *Journal of Midwifery and Women’s Health*, 63(1), 90–103. <https://doi.org/10.1111/jmwh.12707>

- Vafaei, S. M., Manzari, Z. S., Heydari, A., Froutan, R., & Farahani, L. A. (2018). Improving nursing care documentation in emergency department: A participatory action research study in iran. In *Open Access Macedonian Journal of Medical Sciences* (Vol. 6, Issue 8, pp. 1527–1532). ncbi.nlm.nih.gov. <https://doi.org/10.3889/oamjms.2018.303>
- Wakelin, K. J., McAra-Couper, J., & Fleming, T. (2024). Communication Technology Facilitates Quality Care Between Midwives and Their Pregnant Clients Within a Midwifery Continuity of Care Relationship. *International Journal of Childbirth*, 14(3), IJC-2023-0043.R1. <https://doi.org/10.1891/ijc-2023-0043>
- WHO, WRA, & ICM. (2016). *Midwives ' voices midwives ' realities: Findings from a global consultation on providing quality midwifery care* (pp. 1–76). apps.who.int. <https://apps.who.int/iris/bitstream/handle/10665/250376/9789241510547-eng.pdf>
- Widiyanti, D. A., Rahab, R., & Siswandari, W. (2019). Finding The Key Words Medical Staff's Compliance On The Completeness And Return Of Speed Of Inpatient Medical Record In Cilacap Hospital. *International Conference on Rural Development and Entrepreneurship 2019 : Enhancing Small, 5(1)*, 245–251. <https://scholar.google.nl/citations?user=tvQxUtkAAAAJ&hl=en>
- Wieczorek, E., Kocot, E., Evers, S., Sowada, C., & Pavlova, M. (2023). Development of a tool for assessing the performance of long-term care systems in relation to care transition: Transitional Care Assessment Tool in Long-Term Care (TCAT-LTC). *BMC Geriatrics*, 23(1). <https://doi.org/10.1186/s12877-023-04467-z>
- Wood, J., & Stevenson, E. (2018). USING HOURLY TIME-OUTS and a STANDARDIZED TOOL to Promote Team Communication, Medical Record Documentation, and Patient Satisfaction during Second-Stage Labo. *MCN The American Journal of Maternal/Child Nursing*, 43(4), 195–200. <https://doi.org/10.1097/NMC.0000000000000442>