

# The Effect Of Pregnant Mother Assistance On The Complication Of Pregnancy And Childbirth In Bengkulu City, 2018

1<sup>st</sup> Elly Wahyuni  
Midwifery

Poltekkes Kemenkes Bengkulu  
Bengkulu, Indonesia  
elly\_bid@yahoo.com

**ABSTRACT-** The results of the 2012 Indonesian Demographic Health Survey (IDHS) stated that the Maternal Mortality Rate (MMR) reached 359 / 100,000 live births. The most significant causes of maternal death in Indonesia (95%) are complications of pregnancy, childbirth and postpartum. Complications are the highest direct cause of maternal death namely bleeding 28%, eclampsia 24%, infection 11%, and other pregnancy complications 15%. The purpose of the study was to determine the effect of maternal assistance on complications of pregnancy and childbirth in the city of Bengkulu [1].

The research design used was quasi-experimental research with a non-randomized control group posttest design. The population in this study were all pregnant women in the city of Bengkulu. The sample in this study were pregnant women in the third trimester (UK 28-40 weeks) in the city of Bengkulu, with a sample of 62 people (31 cases and 31 control groups). Analysis of the data using univariate analysis, bivariate using the McNemar test.

The results show that there is an influence of pregnant women assistance by giving KIA leaflets to prevent pregnancy complications & maternity in the treatment group at BPM Bengkulu City in 2017.

It is expected that Midwives who provide Ante Natal Care (ANC) services can provide assistance and provide an explanation of the contents of the MCH handbook, especially regarding danger signs during pregnancy and childbirth as well as procedures for prevention, prevention and early detection of complications of pregnancy and childbirth by mothers and families and officers health.

**Keywords:** *Pregnancy and childbirth complications, KIA leaflets, characteristics of pregnant women*

## I. INTRODUCTION

Labor complications, pregnancy and childbirth are the biggest causes of maternal mortality in Indonesia (95%). Complications as the highest direct cause of maternal death are bleeding 28%, eclampsia 24%, infection 11%, and other pregnancy complications 15% [2].

Based on the 2015 City Health Office profile data, the health centers that were included in the lowest 5 were detected by pregnant women with complications by the community, namely Padang Serai Health Center targeted at 80% pregnant women and 2.50% detection by the community, Sidomulyo Health Center 49% with pregnant women detection by community 32.65%, Puskesmas Jalan Gedang targets 67% of pregnant women and screening of pregnant women 32.84%, Puskesmas Pasar Ikan target 69% of pregnant women and detection by the community 34.78%, Puskesmas Kuala Lempuing targets 21% of pregnant women and the detection of pregnant women by the community 57.14% [3].

To prepare for the condition of pregnant women, their families, and their environment so that they can give birth safely, healthy and no complications occur, we need a medium that can help and provide information quickly and practically. In this case the researcher makes and designs a KIA leaflet arranged in a straightforward and exciting way which is made from a summary of the KIA handbook, using images and containing relevant information, so that it is a convenient book as a medium for health information for mothers and children, interesting to read, easy to understand and mother/family can monitor/carry out early detection of complications independently and as a medium of information communication with health workers.

Research conducted by Farida (2016) that the use of KIA books is more for pregnant women aged <20 years who have a percentage of 70% of mothers with low education by 65.6%, primigravida mothers with a percentage of 75.4% and mothers who work with 70% percentage. 2. Good knowledge of pregnant women regarding danger signs in pregnancy is in women aged <20 years with a percentage of 59.1%, mothers with higher education 72.7%. Primigravida with a percentage of 59.1% and mothers who work with a percentage of 61.9% [4].

## II. OBJECTIVE

The purpose of the study was to determine the effect of maternal assistance on complications of pregnancy and childbirth in the city of Bengkulu.

## III. METHODS

The type of research used quasi-experimental research with a non-randomized control group posttest design.

The population in this study was all pregnant women in the city of Bengkulu with the number of pregnant women as many as 1473 mothers. Samples were third-trimester pregnant women (UK 28-40 weeks) who were in Bengkulu City, while the research sample was 62 people with details of 31 pregnant women for the case group and 31 pregnant women for the control group. Sampling was carried out using a purposive sampling technique [5].

## IV. PROCEDURES

In this research, the researcher gave pre-test to both the treatment group and control group before given the accompaniment with leaflet and KIA book to know the pregnancy complications. The accompaniment to the treatment group was done by giving leaflet and explanation as well as monitoring on early detection of the

Complications through SMS, monitoring at ANC and labor. Whereas, the control group was only given the KIA book without monitoring. Further, post-test was done towards the mother after labor to assess whether there is any complication or not.

## V. RESULT

Table 4.1 Characteristics of pregnant and maternity mothers in the Treatment and Control Groups.

Characteristics of pregnant moreover, maternity mothers	Control		Treatment		P
	F	%	F	%	
Age					
1. >20 and > 35 Year	4	50,0	4	50,0	1,000
2. 20 - 35 Year	27	50,0	27	50,0	
Education					
1. Elementary Schools	6	60,0	4	40	0,124
2. High Schools	11	36,7	19	63,3	
3. Colleges	14	63,6	8	36,4	
Occupation					
1. Working	8	64,7	4	33,3	0,335
2. No Working	23	46,0	27	54,0	
Parity					

1. 1 and >3	17	54,8	14	45,2	0,446
2. 2-3	14	45,2	17	54,8	

Based on table 4.1 the results are obtained: some (50 %) of the mother's age is between 20 – 35 years, more than half of mother (63,3 %) with junior and senior high school education

Table 4.2 Distribution of Pregnancy and Childbirth Complication Frequency Before and After Treatment of pregnant women in the treatment group and control group in Bengkulu City in 2017.

Variable	Control		Treatment	
	f	%	F	%
Pre				
1. Complication	12	38,7	10	32
2. No Complication	19	61,3	16	33,3
Post				
1. Complication	7	22,6	2	6,3
2. No Complication	24	77,4	29	93,3

Base on table 4.3 the frequency distribution of pregnant and maternal mother based on the treatment group at most pre ie uncomplicated is 16 people (67,7 %) and there were complications in the post, namely 10 people (32,3 %). The most prevalent distribution of pregnant and maternity women in the pre control group was uncomplicated, namely 19 people (61,3 %). Post uncomplicated 24 people (77,4 %)

Table 4.3 Analysis of Differences in Pregnancy and Childbirth Complications Before and After Treatment of pregnant women assistance in the Treatment Group in Bengkulu City in 2017

No	Pre	Post Partum		Total	p
		Complication	No Complication		
1.	Complication	2	8	10	0,008
2.	No Complication	0	21	21	
Total		2	29	31	

Based on table 4.3, the analysis of differences in complications of pregnancy and childbirth before and after being given treatment in the form of KIA leaflets, there were 10 pregnant women who had a complication and after being given treatment there was a decrease, there were only 2 mothers who had complications

Table 4.4. Differences in complications of pregnancy and childbirth before and after treatment in the 2017 control group

No	Pre	P o s		Total	P
		Complic ation	No Comp		
1.	Complication	5	7	12	0,180
2.	No Complication	2	17	19	
Total		7	24	31	

Based on table 4.4, the results of the analysis of differences in complications of pregnancy and childbirth before and after being given treatment in the control group, namely pregnant women who were given KIA books, showed that 12 pregnant women had complications and had 7 complications during delivery.

**VI. DISCUSSION**

Based on the results of bivariate table 4.3 analysis, there were results of differences in complications of pregnancy and childbirth before and after being treated in the form of assistance with the provision of KIA leaflets. It was found that there were as many as ten pregnant women who had complications before delivery and after being treated changed significantly a decrease occurred, with only two women having complications. Statistical test results obtained p-value = 0.008. It was found that there was an influence of pregnant women assistance by giving KIA leaflets to prevent pregnancy & maternity complications in the treatment group.

The results of the treatment group showed that at the initial questionnaire of pre-test there were ten pregnant women detected with complications. After mentoring, they were given an explanation about the contents of KIA leaflet about danger signs during pregnancy and childbirth, Given an explanation (pregnant women with anemia given a drug to increase hemoglobin levels in the blood), the mother was also monitored by telephone or SMS. Then, a week later the mother was recommended to be re-controlled to make early detection of complications. After the treatment was changed, there was a significant decrease. There were only two women who had complications.

While the results of the study in the control group that at the time of the initial questionnaire pre-test 12 pregnant women were detected as having complications and after being given KIA books without assistance, five women had complications. It is due to the lack of desire for mothers to read the KIA book. The contents of the KIA leaflet that the researchers made is a summary of the KIA handbook and in

general pregnant women have not been independent in overcoming their health problems. They still feel dependent on health workers.

Therefore, the researcher compiled KIA leaflets straightforwardly and excitingly and made a summary, using images and valuable information, so that it is useful as a medium of health information for mothers and children. Furthermore, it is interesting to read, easy to understand and mothers/families can monitor/conduct early detection of complications independently and as a medium of information communication with health workers.

The results of this study were supported by the decision of the Minister of Health of the Republic of Indonesia number 284 // MENKES / SK / III / 2014. It stated that the government made a policy for health workers to use KIA books as communication tools and media for pregnant women, families, and communities, regarding maternal and child health services and including the references and packages (standards) of KIA services, nutrition, immunization, and child development. However, the use of KIA books by health workers and pregnant women is still considered very low, only by 2.2%, in 2015 the coverage of the use of KIA books in the city of Yogyakarta reached 100%, but there is no detailed data related to the use of KIA books. The use of KIA books by pregnant women/mothers of toddlers so far is only limited as a means of recording the results of growth examinations and monitoring during posyandu and immunizations that have been given [6].

Based on the results of univariate analysis which can be seen in Table 4.1 on the characteristics of pregnant women, namely age, education and parity, the following results are obtained:

*A. Mother's Age*

The frequency distribution of the ages of pregnant & maternal mothers from the a Control group was based on a partial age group (50%) aged 20-35 years and some (50%) aged <20 and> 35 years. Likewise, in the treatment group, some (50%) of pregnant & maternity mothers were 20-35 years old. The results of this study cannot provide an overview of risk factors in the maternal age group both control and treatment groups. It is a limitation of the study due to the small number of samples.

*B. Education*

Pregnancy & maternity education in the control group were mostly 14 people (63.6%) with Academy and College education level. While for the distribution of the education level of pregnant & maternity mothers in the treatment group most of them were 19 people (63.3%) from high school.

*C. Occupation*

Pregnant & maternity mother in the control group was mostly eight people (64.7%) who were working, while for the distribution of the work of pregnant & maternity mothers in the treatment group almost half were four people (33.3%)

working mothers. The work of pregnant women can affect the occurrence of this complication because the mother does not pay attention to the signs or complaints that may exist such as easily lethargic or feel easily tired thought to be rational because of work, but this is a sign of anemia.

#### *D. Parity*

The parity of pregnant & maternity mothers with parity 1 and > 3 in the control group was more than a portion of 17 people (54.8%), and the treatment group was almost 14 people (45.2%).

The results of this study are consistent with the theory put forward by Manuaba (1999) which suggests that primigravida and > 3 are high-risk factors for pregnancy and childbirth complications. Primigravida mothers are at risk of developing pre-eclampsia complications. It is likely related to the condition of mothers who are pregnant for the first time and are not ready to face pregnancy and also gravida  $\geq 4$  is a high risk of pregnancy and childbirth complications [7].

## VII. CONCLUSION

Distribution of complications of pregnancy & childbirth in the treatment group before treatment found a small portion (32.3%) and decreased after treatment to 6.5%, whereas in the control group there was a small portion

(38.7%) and only a slight decrease after treatment, namely (22, 6%)

There is because of the influence of mentoring pregnant women by giving KIA leaflets to prevent pregnancy & maternity complications in the treatment group.

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