BUNDA EDU-MIDWIFERY JOURNAL (BEMJ)
p-ISSN: 26227482 dan e-ISSN: 26227487
Vol. 4 No. 1 (2021)

ANALYSIS ON EFFECT OF ANTENATAL CARE TOWARDS PREVENTION LABOUR COMPLICATIONS AMONG MOTHERS, CENTRAL LAMPUNG

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***Keyword**:*
Antenatal care, Labour complications

ABSTRACT
Introduction: Maternal mortality rate is one indicator to view the health status of women. This indicator is not only able to assess maternal health programs, moreover, is able to assess the degree of public health, because of it's sensitivity to the improvement of health services, both in terms of accessibility and quality. Based on the Health Profile of Lampung in 2014 the maternal mortality rate in the province of Lampung increased from 2007 by 228 to 359 every 100.000 live births in 2012. As for the causes of maternal deaths in the province of Lampung in 2013 caused by as many as 47 cases (2.14%) of hemorrhage, eclampsia as 46 cases (2.08%), 9 cases (0.4 %) of infection, obstructed labor 1 case (0.04%), 1 case (0.04%) of abortion and others as many as 54 cases (2.45%). Objectives: To determine the relationship between antenatal care and labor complication at health clinic, Central Lampung. Study Design: The study design used is crossectional research design. In this study will explore the relationship between implementation antenatal care with labor complications. The reason for the use of this design is a researcher wants to observed phenomena at a certain point of time. Data colletion: Instrumen in this study using the chek list to collect the data. The chek list indicators contains data that contains 10 standard pregnancy care services. The check list is expected to be able to monitor whether mother are always checkups in accordance with the standard of care a pregnancy or not.
Data Analysis: To analyze the normality data using the spss computer programme. Normality test is used to determine whether the data were analized normal distribution or not. If normal used chi square and if an normal used product moment test.Univariate analize In this study used frequence distribution to analyze independet variable and dependent variable. Bivariate analyze is used chi aquare test to identify the relationship between antenatal care with complication of the labor. Results: there is 86 mothers are 52% (45 mothers) getting a in adequate antenatal care and 48% (mother) gettting antenatal adequate. The maternal frequency distribution with labor complication was 23% (20 mothers). While mothers who did not experience labor complications of 77% (66 mothers) of

86 respondents.While the results of Chi Square (X2) test obtained Fisher'r Exact Test value of 0.029 <α 0.05, which means there is a significant relationship between maternal ANC with the incidence of labor complications. Conclusion: The government should continue to improve health programs, especially regarding the program in order to reduce the number of maternal complications that occur in the mother. In addition, the government continues to mobilize health workers and the community to play an active role in efforts to reduce and prevent the occurrence of birth complications such as maternity classes and counseling. It is no less important that the government should increase guidance to cadres and health workers to conduct counseling and promotive efforts for in order to prevent birth complications.

INTRODUCTION

Maternal mortality rate is one indicator to view the health status of women. This indicator is not only able to assess maternal health programs, moreover, is able to assess the degree of public health, because of it's sensitivity to the improvement of health services, both in terms of accessibility and quality.

According Survey Demographic Indonesia 2012 and 2015, maternal mortality rate in Indonesia increased from 1991 to 2007 is equal to 390 per 100.000 live births into 228 per 100.000 live birth. Maternal mortality rate in 2012 showed a significant increase is be 359 per 100.000 live births maternal deaths and maternal mortality again showed a decline to 305 per 100.000 live births in 2015.

Since 2007, Indonesia is the country with the maternal mortality rate (MMR) is the highest in Southeast Asia. Maternal mortality in Indonesia still high when compared with anouther country in asean region. When maternal mortality in Indonesia 228 per 100.000 live births, mortality rate in Singgapore only 6 per 100.000 live births, Brunei 33 per 100.000 live births, phillipines 112 per 100.000 live births, Malaysia and Vietnamese 160 per 100.000 live births.

Indonesia have maternal mortality very high than anouther country because of community in Indonesia very much. According data sourced from geospatial information 2015, Indonesia is the largest archipelago in the word with a number of islands 13.466, land area of 1.922.570 km2 and broad waters of 3.257.483 km^2.

According data from Health Profile Indonesia (2013), the main causes of maternal deaths are classified as direct and indirect causes. The cause is directly related to obstetric complications during pregnancy, post-partum bleeding (42%), eclampsia or preeclampsia (13%) abortion (11%), infection (10%), obstructed labor or delivery loss (9%), other causes (15%), while indirect causes caused by a disease that has been suffered by the mother or illness arising during pregnancy and are not related to the immediate cause of obstetric, but the disease is exacerbated by the effects of physiological pregnancy.

Maternal mortality is one indicator of the well-being of a nation. This is because when viewed from the cause, maternal mortality is a complex problem. Maternal mortality (maternal death) according to the WHO definition is death during pregnancy or within a period of 42 days after the end of pregnancy, all-cause related to or aggravated by pregnancy or its handling, but not caused by an accident or injury.

Based on the Health Profile of Lampung in 2014 the maternal mortality rate in the province of Lampung increased from 2007 by 228 to 359 every 100.000 live births in 2012. As for the causes of maternal deaths in the province of Lampung in 2013 caused by as

many as 47 cases (2.14%) of hemorrhage, eclampsia as 46 cases (2.08%), 9 cases (0.4 %)of infection, obstructed labor 1 case (0.04%), 1 case (0.04%) of abortion and others as many as 54 cases (2.45%).

Antenatal surveillance is very important in the effort to reduce morbidity and maternal and perinatal mortality. In particular, antenatal surveillance aims to recognize and deal with as early as possible complications during pregnancy are recognizing and dealing with the disease and efforts the complications that accompany the expectant mother.

Factors that affect pregnancy complications that age of the women who become pregnant under the age of 20 years and above 35 years, parity grandemulti or pregnant women more than four times would have a high risk pregnancy and birth process, history of pregnancy and childbirth earlier could also be a factor the occurrence of complications in pregnancy, such as bleeding, retained placenta. Complications of placenta manual removal the uterus that eventually lead to infection because of retained placenta or membrane of bacteria pushed into the cavity of the uterus, and bleeding due to uterine atony (Manuaba, 2010).

Based on data from Metro Health Departement (2013) conducted in the month of September 2016 the number of cases of maternal mortality in Metro City in 2010 there were 4 (0,13%) of 3,039 live births in 2011 to 5 (0,15%) out of 3,239 live births and by 2012 there were 5 (0,15%) deaths out of 3,251 live births, and in 2013 there were 5(0,15%) maternal deaths of 3,365 live births and by 2014 there were 2 (0,06%) maternal deaths out of 3427 live births. postpartum hemorrhage in the last three years has decreased, in 2011 amounted to 8.22% (75 cases) from 912 deliveries, in 2012 amounted to 8.26% (86 cases) from 1041 deliveries, and year 2013 amounted to 5.78 (60 cases) of the 1037 labor.

According to the Central Lampung Health Departement (2015) in 2007 the number of case of maternal mortality in central of Lampung there were 21 per 100.000 birth live (0.11%), in 2008 were 13 per 100.000 live birth (0.07%) and 2010 were 20 per 100.000 live birth (0.10%) from 19.661 mother. The infant mortality rate in Central Lampung regency during the period 2010-2014, the average per year or less of 5.19 per 1.000 live births. The maternal mortality rate during the period 2010-2014, the average per year or less amounted to 99.8 per 100.000 live births and maternal mortality in 2015 are 18 case (0.09%) from 20.844 live brth. Infant mortality rate at Puskesmas Gunung Sugih are 0.46% in 2015. Maternal with high risk at Seputih Jaya Puskesmas Gunung Sugih are 21.30% in 2015.

METHODOLOGY

The study design used is crossectional research design. In this study will explore the relationship between implementation antenatal care with labor complications. The population of this research proposal is all maternal at the Seputih Jaya Puskesmas Gunung Sugih Central Lampung Indonesia. There are 108 Mother. Estimates of the population of this study a number of 108 mother. Sampling technique studies using probability sampling is accidental sampling. Instrumen in this study using the questionnair to collect the data.

DISCUSSION OF FINDINGS

Univariate analysis of maternal knowledge frequency distribution about maternal complication in Seputih Jaya of Central Lampung regency resulted that the mother with bad knowledge was 10,3% (9 mothers). While the mother who has good knowledge of 89,5% (77 mothers) of 86 respondents, while the results of bivariate analysis to determine the relationship between maternal knowledge with the incidence of birth complications obtained results from 9 mothers with bad knowledge 55,5% (5 mothers) experienced complications of labor, and 44,5% (4 mothers) did not experience labor complications.

While the results of Chi Square (X^2) test obtained Fisher'r Exact Test value of $0.029 < \alpha$ 0.05, which means there is a significant relationship between maternal knowledge with the incidence of labor complications. Continuity Correction value of $0.75 > \alpha$ 0.05, which means there is no significant relationship between maternal parity with the incidence of labor complications.

This is in accordance with the research that has been done by Setiowati, et al (2014) in his research journal entitled "The Knowledge of Complications of Birth With Maternity Preparation Pregnant Woman Trimester three In the Working Area of Gegerbitung Health Center, Gegerbitung Sub-district, Sukabumi Regency 2014", the results obtained almost half of the respondents have sufficient knowledge about the complication of childbirth that is as much as 43.1% (22 people) and 35.3% (18 people) less knowledgeable. In addition it is known that pregnant women with knowledge about complications of labor who lacked the preparation of labor 100% less. Pregnant women with sufficient knowledge have a good 59.1% labor preparation. Pregnant women with good knowledge have a good 100% labor preparation. The results of statistical analysis obtained p value = 0.000 which explains that there is correlation between knowledge about complication of delivery with preparation of delivery of pregnant mother of trimester III.

This is consistent with the research conducted by Ta, Adi, et al entitled "The relationship between maternal knowledge about maternity planning and prevention of complications with maternal attitudes in delivery planning and prevention of complications in the working areas of Bendan Pekalongan" (2016) From 65 respondents, as many as 46 people (70.8%) of respondents have good knowledge about birth planning and prevention of complications.

According to Notoatmodjo (2005) knowledge is the result of human sensing, or the result of knowing a person to the object through his or her senses (eyes, nose, ears, etc.). By itself, at the time of sensing to produce such knowledge is strongly influenced by the intensity of attention and perception of the object. Much of a person's knowledge is acquired through the sense of hearing (ears), and the sense of sight (the eye).

Knowledge is the result of knowing and forming after a person performs the sensing of a particular object. According to Notoadmojo, knowledge is influenced by two factors namely internal and external factors. The internal factors consist of education, interest, experience, and age. While external factors consist of economy, culture.

Knowledge is something that is needed in order to change the mindset and behavior of a group and society. Mother with less knowledge, then the preparation of labor was less, vice versa. This knowledge is also related to the environment in which they are located. The circumstances surrounding the environment will affect a little more knowledge.

The results of maternal frequency distribution based on age were maternal outcome (<20 th to> 35 years) at 37.2% (32 mothers). While the mother with age is not at risk (20 th to 35 th) equal to 62,8% (54 mother) from 86 respondents.

From the analysis of the relationship between maternal age and the incidence of labor complication, it was found that of 32 mothers who had at risk age 46.9% (15 mothers) experienced complications of labor, and 53.1% (17 mothers) did not experience complications of labor. While the results of Chi Square (X2) test in obtaining the value of Continuity Correction of 0,000 < α 0.05, which means there is a significant relationship between maternal knowledge with the incidence of labor complications.

Based on research that has been done by Rahmawati, et al (2013) entitled "Factors that affect the occurrence of Preterm Labor in RSUD dr. Moewardi Surakarta ", the result of maternal age at preterm labor is 23 respondents (36,5%) risk age and 40 respondent (63,5%) non-risk age. While at birth aterm is as many as 14 respondents (22.2%) age of risk and 49 respondents (77.8%) non-risk age.

The research that has been done by Rohana and Suprida entitled "The relationship of age, age of pregnancy and gravida with pre-eklampsi incident in maternity mother in midwifery hospital and disease dr. Moh. Hoesin Hospital Palembang in 2009 "resulted from 352 mothers, age at risk as many as 123 people (34.9%) and the age is not at risk as much as 229 people (65.1%). For bivariate analysis results from 123 maternal women in risk age category, 87 (70.7%) had pre-eclampsia. While from 229 mothers in the age category are not at risk, as many as 49 people (21.4%) who experienced pre-eclampsia. From chi-square test results obtained P.Value =

0.000 smaller than α = 0.05 so there is a significant relationship between age with the incidence of preeclamption in the maternal mother.

According Kristiyanasari (2010), pregnant women aged over 35 years are also at risk due to decreased function of organs due to the aging process. The existence of pregnancy makes mothers need extra energy for their life and also the life of the fetus that is being contained. In addition to the birth process required greater power with the flexibility and elasticity of the birth canal is diminishing.

Some health problems are related to age-the risk of experiencing health problems will increase with age. Pregnant women with older age tend to experience complications of labor. Women 35 years of age or older are at high risk for complications from other women

The result of maternal frequency distribution based on educational level obtained result of mother with low education (<12 th) equal to 50% (43 mother). While mothers with higher education (> 12 th) amounted to 43% (43 mothers) from 86 respondents.

From the result of bivariate analysis, it was found that 43 mothers with low education (<12 years) had 14% (6 mothers) experienced birth complications, and 33.3% (37 mothers) did not experience birth complications. While the results of Chi Square test (X^2) in obtaining the value of Continuity Correction of 0.07 > α 0.05, which means there is no significant relationship between maternal education with the incidence of labor complications.

Based on research that has been done by Lestari, et al (2014) entitled "Factors related to the occurrence" complication of vaginal delivery in Dr. Pirngadi Hospital Medan "based on education level of respondents, respondents with higher education (high school and above) that is 84 (82.4%) of maternal mothers and from 51 respondents of maternal mothers who experienced complications of childbirth, there were 10 people (55.6%) of mothers who have low education (junior high school), while as many as 41 people (48.8% %) Mothers who have higher education (high school and above) who experience complications of labor. Based on Chi Square test results between maternal education with complications of labor obtained probability value (P = 0.603) so Ho failed to be rejected, meaning there is no significant relationship between education And the occurrence of labor complications.This is not in line with the theory that education influences the incidence of complications Maternal delivery.

The education of the respondents is related to the ability to receive information about labor complications. The higher the level of one's knowledge, the ability to receive information the better, so the level of knowledge the better. Education also plays an important role in the formation of human intelligence as well as changes in behavior. Education also means the guidance that someone gives to others for something that they can understand. The higher a person's education the easier it will be to receive information. In the end much of the knowledge he has. Conversely, if someone has a low level of education it will hamper the development of a person's attitude towards the acceptance of information.

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At the present time many people are aware of the importance of education so that most mothers have been highly educated, but with the mother's education has been high, some mothers are still experiencing complications. So the researchers assume there is no significant relationship between maternal education and maternal complications that occur in the mother.

The result of the frequency distribution of maternal economic status with the incidence of labor complication was the mother who had

low economics (<Rp 1,771,000,-) of 41,9% (36 mothers). While mothers with high economic status (≥ Rp 1.771.000,-) of 58.1% (50 mothers) of 86 respondents.

From the bivariate test results, from 36 mothers with low economic status (<Rp.1.771.000, -), there were 8.3% (3 mothers) of mothers experiencing labor complications and 91.7% (33 mothers) did not experience birth complications. While the results of Chi Square (X^2) test in obtaining the value of Continuity Correction of 0.01 < α 0.05, which means there is a significant relationship between maternal economic status with the incidence of labor complications.

The socio-economic level proved to be very influential on the physical and psychological health of the mother. In mothers with a good socioeconomic level, automatically get good physical and psychological well-being as well. Gizipun status will increase because of the quality of nutrients obtained, but the mother will not be burdened psychologically about the cost of childbirth and the fulfillment of daily needs after the baby was born (Sulistyawati, 2009).

This is in accordance with research conducted by Mariza (2015) in his study entitled "The relationship of education and socio-economic with the incidence of anemia in pregnant women in Clinic T Yohan Way Halim Bandar Lampung", that of 19 respondents low socioeconomic level, who experienced Anemia or complications as many as 14 people (73,7%) while not anemia as much as 5 people (26,3%). Of the 11 respondents of high socioeconomic level, which experienced anemia as much as 2 people (18,2%), while not anemia as much 9 people (81,8%). The result of analysis using chi-square got P-Value 0,011 so that P-Value <α (0,05) then Ho rejected. So it can be concluded there is a relationship between Social Economics with the incidence of anemia or complications, but unlike the research that has been done by Fajrin (2008) entitled "Factors related to the incidence of complications of birth at Roemani Hospital Semarang", found that income of respondents with high income (Rp 715.000,00) for Semarang City area in 2008 that is 33 respondents (64,7%). While respondents whose income is low is 18 respondents (35.3%), and of the total number of respondents (51 people), there are 33 respondents who have income ≥ Rp 715,700.00, where from 33 respondents there are 25 respondents who have complication of delivery (75,8%) and 8 respondents who did not have labor complication (24,2%). While respondents who earned <Rp 715,700.00, there were 18 respondents, of which there were 11 respondents who had labor complications (61,1%) and 7 respondents who did not have labor complication (38,9%). From the bivariate analysis, the value of p value: 0,438 (> α 0,05) or it can be said that there is no relation between family income level with the occurrence of birth complication in mother giving birth at Roemani Hospital Semarang.

The socioeconomic level proved very influential on the physical and psychological health condition of pregnant women. In pregnant women with a social level good pregnant women will automatically get good physical and psychological well-being as well. Nutritional status will increase because the nutrients that are obtained qualified, in addition to the mother will not be burdened psychologically about the cost of childbirth and the fulfillment of daily needs after the baby was born (Marni, 2011).

Economic status can affect maternal health because with enough economy one can fulfill the necessity of life everyday. Such as nutritional needs, health care or a subscription if the mother experienced one of the symptoms of complications of pregnancy or childbirth. If the mother economy is less then the family income decreases and this causes the location and purchasing of daily food also decreases, so this will reduce the amount and quality of mother's food per day which impact on the decreasing of nutritional status.

The result of the research shows the frequency distribution of working mother equal to 53,5% (46 mother). While mothers who did not work were 46.5% (40 mothers) from 86 respondents and from 86 respondents mothers who experienced complication of childbirth equal to 23,3% (20 mothers) whereas that did not experienced complication of birth equal to 76,7% (66 mothers).

The result of maternal status relationship analysis with the occurrence of maternal complication was found that from 46 working mothers, there were 19,6% (6 mothers) of mothers experiencing birth complications, and 80.4% (37 mothers) of mothers did not experience labor complications. While the results of Chi Square test (X^2) in obtaining the value of Continuity Correction of 0.54 > α 0.05, which means there is no significant relationship between maternal employment status with the incidence of labor complications.

According to research that has been done by Yolanda (2015) entitled "Factors Associated With Early Rupture of Maternal Flare in Maternity Mother at Sleman Hospital", mothers who experience premature rupture of membranes with working status of 12 (17%) people and who the employment status of the mother does not work as much as 59 (83%) people so that the total is 71 people. While the incidence of rupture of membrane early aterm with the working status of working mothers as many as 14 (12%) people and the status of work mothers do not work as much as 105 (88%) people so that a total of 119 people. Then the result of relationship analysis through chi square statistical test obtained asymp value. Sig (2-sided) with the value of p = 0.319 > 0.05 which means Ho accepted and Ha rejected, there is no relationship between the incidence of premature rupture membrane with employment status in maternity mothers in Sleman Yogyakarta Hospital.

The results of this study indicate no relationship between maternal employment status with the incidence of complications because working mothers do not affect the condition of the mother during pregnancy provided that the mother can still maintain health and can choose a job that is not heavy or does not endanger the fetus if the mother is pregnant. There are some fairly heavy jobs for pregnant women such as, lifting heavy burden, standing too long, irregular working hours or excessive working hours may result in my mother giving birth prematurely. Therefore, the mother should also continue to consult with health worker to determine whether the mother's work is still safe or not. If the mother experiences problems such as the possibility of preterm labor, has high blood pressure or is at risk of preeclampsia, the mother is advised not to work while pregnant women.

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This is not in accordance with the results of research conducted by Armagustini (2010) which shows that the mother who gave birth to the first child or after the fourth child at risk 1.19 times experiencing complications of birth compared to mothers who gave birth to children 2 to 3. While the study conducted by Huda (2007) showed that mothers with parity> 4 risk 1.86 times greater obstetric complications than mothers with parity <3. Parity 2-3 is the safest parity in terms of postpartum hemorrhage that can lead to maternal death. Higher parity, higher maternal deaths.

According to Prawihardjo (2009) the risk to parity 1 can be handled with better obstetric care, while the risk at high parity can be reduced or prevented by family planning.
In this study, mothers of risky age did not experience complications during labor can be caused by several factors. One of them is a government program known as P4K, namely the Birth Planning Program and Prevention of Complications. With this program, the mother during pregnancy is able to plan a safe birth place that is in the health worker and the mother is able to do early detection so that complications can be prevented.

CONCLUSION

From the results of this study can be seen that the mother has done antenatal care according to standard services anc (anc Adequat) and the results of maternal complication analysis of some of the mother's did not experience labor complications. however, among mothers who have been doing antenatal care according to standart there are still experiencing complications of labor or after delivery.

Among the several complications that occur in the mother is anemia and hypertension. anemia and hypertension on average have been experienced by women during pregnancy and this is some that still continue in the period after childbirth. Among several maternal demographic factors that are associated with the incidence of labor complications are maternal employment status factors. while other factors are not related to the incidence of labor complications.

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