KnE Life Sciences

ICHT 2019
Selection and Peer-review under the responsibility of the ICHT Conference Committee
Volume 2019

Knowledge E
enriching | engaging | empowering

Conference Paper

The Screening Description of Mothers with Risk Pregnancy

Indriyani Widiastuti[1] and Dewi Marfuah[2]

[1]Student of STIkep PPNI Jawa Barat, Bandung, Indonesia
[2]Lecture of Maternity Department at STIkep PPNI Jawa Barat, Bandung, Indonesia

Abstract

Background: Screening is an early examination to assess whether someone has risk factors of health problems. Risk Pregnancy is a pregnancy with certain risks which can endangered the condition of the mother or baby. **Purpose:** This research aims to know the Description of Low Risk Pregnancy, the Description of High Risk Pregnancy, and the Description of Very High Risk Pregnancy in Pregnant Mothers with Trimester I, I, III in Bandung City. **Method:** This research is a quantitative descriptive research using cross sectional design. Conducted in May-June 2019, with research's subject of 116 pregnant mothers in Puter and Pagarsih health center selected using convenience sampling technique. Data collection using Poedji Rochjati Screening and data analysis using frequency distribution. **Result:** This research showed that the Low Risk pregnancy in pregnant mothers of trimester I High Risk as many as 11 people (9,5%), Trimester II High Risk as many as 26 people (22,4%), and Trimester III High Risk as many as 36 people (31,0%), **Conclusion:** The of research overall obtained by pregnant maternal with trimesters I, II, III were in the category of high risk pregnancy. Public health center management need to improve the program related to pregnancy, for example family planning programs, and the prevention of anemia to reduce risk pregnancies for pregnant women.

Keywords: mother, risk pregnancy, screening,

Corresponding Author:
Dewi Marfuah
dewi.marfuah@yahoo.com

Received: 22 September 2019
Accepted: 4 October 2019
Published: 10 October 2019

Publishing services provided by Knowledge E

Selection and Peer-review under the responsibility of the ICHT 2019 Conference Committee.

1. Introduction

Risk pregnancy is a pregnancy that can caused greater danger and complications to the mother or fetus being conceived during pregnancy, labor and childbirth compared to normal labor and childbirth (Haryati N, 2012). One of the efforts that can be done is by prevention through early detection activity that needs to be improved especially in the health services facility to ensure that the pregnancy is normal and able to detect early the problems and diseases experienced by the pregnant mother that can affect the decrease of maternal mortality rate periodically. According to (Rajab, 2009) Early detection activity is an implementation of tests to people who do not show any symptoms aims to group them into groups that might suffer from certain diseases. The

pregnancy early detection activity is very needed especially for the pregnant mothers because their condition highly affected the pregnancy and the growth of the fetus in the womb.

Research conducted by Gede Danu Widarta et al (2015) showed that all cases of maternal mortality contained risk factor element in Poedji Rochjati Score Card and four late factors. PRSC (Poedji Rochjati Score Card) is a group of most factors (55,2%) followed by High Risk Pregnancy 39,7% and Low Risk Pregnancy 5,2%. Researched conducted by Prima et al (2018) concluded that there is a relationship between pregnancy risk level with the incidence of labor complications. According to (Basu et al, 2014) Labor Complications can be defined as a condition that can threaten the life of the mother or fetus because disturbance from the direct cause of labor.

Based on the World Health Organization Report in 2015 approximately 303.000 women died because of the complications during pregnancy and labor, 99% of all maternal mortality in developing countries with ratio 239 per 100.000 live birth compared to 12 per 100.000 live birth in developed countries, more than half of the death happened in Sub-Saharan Africa and the one-third happened in South Africa where in Southeast Asia Indonesia taken place of the fourth highest position of maternal mortality rate with ratio 126 per 100.000 live birth after Timor Leste, Laos and Myanmar (WHO, 2015). According to (BPS, 2015) The highest maternal mortality rate ratio in the Nusa Tenggara, Maluku and Papua Island with ratio 489 per 100.000 live birth where in Jawa-Bali Island approximately 247 per 100.000 live birth. According to (DINKES Prov Jabar, 2016) the management of complications that has not achieved target located in 8 Districts/Cities such as Ciamis District, Bekasi District, Bandung City, Garut District, West Bandung District, Bogor City and Cimahi City.

2. Method

2.1. Research's Type

This research is a quantitative research with cross sectional approach.

This research conducted in Puter and Pagarsih Health Center.

2.2. Population

Population in this research is all pregnant mothers that visited the Puter and Paragih Health Center. Researcher applied convenience sampling technique. Inclusion criteria

used in this research is all pregnant mothers in trimester I, II, III, that agreed to be respondents. The exclusion criteria in this research is a mother when in screening cannot continue the screening because some things such as complaining of pain. Sample size counted with G-Power Proposition Difference from constant with effect size 0,15 obtained 116 pregnant mothers.

2.3. Instrument

Instrument used by the researcher is Poedji Rochjati Score Card made by Poedji Rochjati in 1992-1993 aims to group the pregnancy according to the risks. The total is 20 problems or pregnancy risks factor such as being too young pregnant too old pregnant, too many children, anemia, and preeclampsia. with final score of 2 score for Low Risk Pregnancy, 6-10 score for High Risk Pregnancy, and > 12 score for Very High Risk Pregnancy.

2.4. Data Collection Procedures

The permit to conduct research obtained from the STIKep PPNI West Java, and also from the related health centers. Researcher took samples from risked pregnant mothers which was accidentally found at the Health Centers, next the researcher gave explanation about the research conducted including the explanation of respondents' rights to reject, furthermore the respondents agreed to participate in the research will be asked to sign the inform consent without force. Researcher then started to conduct screening using Poedji Rochjati Score Card.

2.5. Data Analysis

Analysis in this research is the univariate analysis using SPSS 22 to know the variabel distribution about the risk pregnancy. In this research, researcher pay attention to the research ethic problems such as: Autonomy, Justice, Privasi, Nonmaleficience, Veracity, Confidentiality, Beneficiene.

3. Results

Age characteristics explained that the majority of the age of respondents was 20-35 years as many as 90 people (77.6%), parity characteristics that more than half of

TABLE 1: Respondents' characteristics.

Characteristics	Frequency	Percentage%
Age		
<20 years old	6	5,2%
20-35 years old	90	77,6%
>35 years old	20	17,2%
Parity		
Primigravida	33	28,4%
Multigravida	71	61,2%
Grandegravida	12	10,3%
Education		
Elementary School	18	15,5%
Junior High School	44	37,9%
Senior High School	12	10,3%

respondents with multigravida were 71 people (61.2%). And educational characteristics show the results that more than half of respondents have a junior high school education as many as 44 people (37.9%).

Respondents with trimester I are in high risk pregnancies, as many as 11 people (9.5%). with one of the risk factors for age, more than half of respondents with trimester II are in high-risk pregnancies of 26 people (22.4%). one risk factor is parity, and more than half of respondents with trimester III are at high risk pregnancies, as many as 36 people (31.0%). one of the risk factors is anemia

4. Discussion

The results of research conducted in the public health center and pagarsih obtained the most results in pregnant women with trimesters I, II, III are at high risk pregnancies. The results of the age characteristics of respondents obtained the majority of results are 20-35 years as many as 90 people (77.6%). The results of this study are in line with research conducted by (Evi and Gita, 2018) which shows that almost all (91.1%) of pregnant women have at risk age and the rest (8.9%) have an age at risk. Age 20-35 years is the optimal age for a pregnant woman because at that age the uterus is ripe and able to accept pregnancy both in terms of psychological or physiological. According to (Sulistyawati, 2011) Age 20-35 years is the age that is considered safe for undergoing pregnancy and childbirth.

The results of studies in pregnant women with trimesters I, II, III are found to be at high risk pregnancies. Characteristics of respondents according to parity obtained more

Table 2: Screening's Description.

Risk Pregnancy	Frequency	Percentage%
Trimester I		
Low	4	3,4%
High	11	9,5%
Very High	5	4,3%
Trimester II		
Low	9	7,8%
High	26	22,4%
Very High	12	10,3%
Trimester III		
Low	7	6,0%
High	36	31,0%
Very High	6	5,2%
Problem	**Frequency**	**Percentage%**
Too late to get pregnant	8	6,9%
Pregnant too long (≥ 10 years)	3	2,6%
Getting pregnant too soon (<2 years)	14	12,1%
Too many children, 4 / more	23	18,8%
Too old, age ≥ 35 yr	17	14,7%
Too short, 145 cm	10	8,6%
Never failed pregnancy	9	7,8%
Have given birth with: Vacuum	6	5,2%
Have given birth with: transfusion	5	4,3%
History of Cesarean section	14	12,1%
Less blood	25	26,1%
Pulmonary tuberculosis	2	1,7%
Swelling on face / leg	1	0,9%
8 months more pregnancy	1	0,9%

than half of respondents according to multigravida parity as many as 71 people (61.2%). This study is in line with research conducted by (Elheart et al, 2017) which mentions that most parity (54%) of pregnant women are multigravida. According to (Manuaba, 2010) primigravida is a situation where a woman experiences her first pregnancy, whereas multigravida is a mother who is pregnant more than 2 to 3 times grandegravida is a person who has given birth to babies 4 to 6 times Mary Greece (2016) states that parity more than 4 will cause the elasticity of the uterine muscles to not return to normal as before pregnancy because of stretching during pregnancy. According to (Rochjati, 2003) in (Kurniawati, 2014) states that grandegravida has a greater risk than multigravida.

The results obtained in pregnant women with trimesters I, II, II are at high risk pregnancies. Characteristics of respondents according to education found almost half

of respondents had a junior high school education of 44 people (37.9%). The results of research conducted by (Prima et al, 2018) showed that the majority of 52.7% of respondents had a junior high school education. The low level of education of pregnant women will affect the ability to absorb new information. This will also have an impact on the mother's knowledge of the fetus whether at risk or not (Simarmata, 2010).

The screening results obtained in pregnant women with trimesters I, II, III showed that the majority of respondents had 25 (21.6%) blood shortages and too many 23 children (19.8%). Factors that might affect respondents who have less blood is the lack of health centers to promote health regarding giving iron to respondents. As well as the lack of health promotion regarding programs related to pregnancy such as family planning programs.

5. Conclusion and Recommendation

Pregnant mothers in trimester I, II, III are in the high risk category. The related health center need to improve the program related to pregnancy such as family planning program, and anemia prevention program to decrese the high risk pregnancy in pregnant mothers.

References

[1] Haryati, N., Sulandari, W., Muslich. (2012). Analisis Faktor-Faktor yang Mempengaruhi Berat Badan Bayi Saat Lahir di Surakarta, Jurnal Universitas Sebelas Maret, Surakarta

[2] Rajab, W. (2009). Buku Ajar Epidemilogi untuk mahasiswa kebidanan. Jakarta: Buku Kedokteran EGC.

[3] Gede, D. W,. Muhammad, A. C. L,. Agus, S,. Windhu, P. (2015). Deteksi Dini Resiko Ibu Hamil dengan Kertu Skor Poedj Rochjati dan Pencegahan Faktor Empat Terlambat. Majalah Obstetri & G inekologi, 28-32

[4] Prima, H., Heni, P. W., Kusminatun. (2018). Hubungan Tingkat Resiko Kehamilan dengan Kejadian Komplikasi Persalinan di RSUD panembahaan Senopati Bantul. Jurnal Kesehatan Vokasional

[5] Prima, H., Heni, P. W., Kusminatun. (2018). Hubungan Tingkat Resiko Kehamilan dengan Kejadian Komplikasi Persalinan di RSUD panembahaan Senopati Bantul. Jurnal Kesehatan Vokasional

[6] Basu, M. S,.Mukerji, S. K,. Doumouchtsis. (2014). Perineal Trauma in Women Undergoing Vaginal Delevery Following Intra-Uterine Fetal Demise: Case Control

Analysis. Original Article.

[7] Evi, R. Gita, A,. A. (2018). Karakteristik ibu (usia, paritas, pendidikan) dan dukungan keluarga dengan kecemasan ibu hamil trimester III. Medisains: Jurnal Ilmiah Ilmu-Ilmu Kesehatan.

[8] Sulistyawati, A. (2011). Asuhan Kebidanan pada Masa Kehamilan. Jakarta: Salemba Medika

[9] Elheart, B. Rina, K,. Jill, L. (2017). Hubungan tingkat pendidikan, pekerjaan, status ekonomi dengan paritas di Puskesmas Bahu Manado. E-jurnal keperawatan Vol 5 no 1.

[10] Dien, G. A. N,. & Rise, M. S. (2015). Kehamilan Resiko Tinggi di Puskesmas Lubuk Gadang Kabupaten Solok Selatan. Jurnal Kesehatan Masyarakat Andalas

[11] Manuaba, I. B. G,. Manuaba, I. A. C,. Manuaba, I. B. G. F. (2010). Ilmu Kebidanan, penyakit kandungan dan KB untuk pendidikan bidan edisi 2. Jakarta: EGC.

[12] Simarmata, Oster Suriani, et al. (2014). Determinan kejadian komplikasi persalinan di Indonesia: Analisis data sekunder riset kesehatan dasar 2010. Depok: Teknologi Intervensi Kesehatan Masyarakat. Jurnal kesehatan reproduksi Volume 5 no 3.

[13] Budiono, I, (2009). Prevalensi dan determinan kejadian anemia pada ibu hamil diperkampungan nelayan. Jurnal Kesehatan Masyarakat. Vol. 4. No 2. Januari-Juni 2009