The Urgency of Pregnancy Risk Factors Booklet

Indri Astuti Purwanti[1*], Nuke Devi Indrawati[2], Arief Tajally Adhiatma[3]

[1,2,3] Universitas Muhammadiyah Semarang, Indonesia

*Corresponding author email: indripurgiyanto2012@gmail.com

Abstract

Maternal mortality cases in Semarang city were still high in 2015. Among all district in Semarang city, work area of Puskesmas Bandarharjo had the most maternal mortality cases. All pregnant women there had not been realized their risk pregnancy factors. Hence, they need health education about pregnancy risk factors to change their mindset. The right media in health education is booklet because it is written, can be colorful, can contain pictures to explain the information and not limited by pages. It also can influence behavior intention of the pregnant woman, her husband, her parents, her parents in law and other people who read the book to detect early pregnancy risk factors.

Keywords: maternal mortality, pregnancy risk factors, media health education.

1. Introduction

Maternal mortality cases in Semarang city is getting higher and higher[1]. Analysis result of Dinas Kesehatan Provinsi Jawa Tengah explained that the main determinant factor is late accessibility to health facilities[2]. In fact, there are so many transportations in Semarang city and it is easy to access health facilities in Semarang city. Otherwise, analysis result of Forum Masyarakat Madani that had been created by Dinas Kesehatan Kota Semarang found that the main determinant factor is unawareness to the pregnancies[3]. That why Dinas Kesehatan Kota Semarang had many efforts to increase awareness of pregnant woman and decrease maternal mortality cases. It had instructed to create Kelas Hamil (Pregnancy Class) since 2012 and recruited Petugas Surveilans Kesehatan Ibu dan Anak (Health provider in maternal and neonatal health survey) since 2015.

Work area of Puskesmas Bandarharjo (primary health care in Bandarharjo district) had the most maternal mortality cases among Semarang city. There are 8 pregnancy classes there. It should be attended by 10 – 15 pregnant women but only 2 – 5 came there. This situation showed that pregnant women there had not been known the importance of attending pregnancy class. A midwife there said that the public see pregnancy as an asset. Women that had high risk factors in pregnancy have not prevented their pregnancy. Even they plan to have pregnancy as many as they can to get assurance money from the government Rp 1.200.000,00 per month. That's why amount of pregnant women who got this assurance increased from 15.000 women (the end of year 2015) to 65.000 women (the end of April 2016). The women did not understand about high risk pregnancy, and so did their family.

2. Methods / Pregnancy Risk Factors

Pregnancy risk factors in Indonesia has been scored by Poedji Rochyati Scoring Card.

Table 1. Poedji Rochyati Scoring Card[5]

I	II	III		IV				
Group Of Risk Factors	No.	Problems / Risk Factors	SKOR		Triwulan			
					I	II	III.1	III.2
		First score of pregnant woman	2	2				
I	1	Too young of age in first pregnancy (≤16 years of age)	4					
	2	Too old of age in first pregnancy (≥35 years of age)	4					
		Too long to be pregnant after marriage (≥4 years after marriage)	4					
	3	Too long to be pregnant again (≥10 years after delivering baby)	4					
	4	Too fast to be pregnant again (≤ 2 years after delivering baby)	4					
	5	Too many children (4 or more)	4					
	6	Too old (≥ 35 years of age)	4					
	7	Too stunt (≤145 cm of tall)	4					
	8	Ever abortion	4					
	9	Ever delivering baby by: a.vacum / forceps	4					
		b. manual plasenta	4					
		c. blood transfusion/induced	4					
	10	Sectio caesarean	8					
II	11	Disease of pregnant woman Anemia b. Malaria,	4					
		TBC d. Cardiovascular disease	4					
		Diabetes mellitus	4					
		Sexual Transmitted Disease	4					
	12	Oedem at face / foot And high blood pressure	4					
	13	Twins	4					
	14	Hydramnion	4					
	15	Intra uterin fetal death	4					
	16	Post mature pregnancy	4					
	17	Bottom presentation	8					
	18	Presentation	8					
III	19	Bleeding in this pregnancy	8					
	20	Preeklampsia	8					
		Total scoring						

A new approach to detect pregnancy risk factors ever been proposed by "3 late factors and 4 too factors". The "3 late factors" are: late to detect danger signs of pregnancy and decide going to health facilities, late to come in health facilities, and late to get health services. The "4 too factors" are: too young of age, too old of age, too many children, and too fast to be pregnant again. The "4 too factors" have been actually included in Poedji Rochyati Scoring Card. The research in Dr. Soetomo Hospital Surabaya about early detection of pregnancy risk factors by this card showed that the card has been relevant[4].

Every pregnancy would be categorized by Poedji Rochyati Scoring Card become low risk pregnancy (score 2), high risk pregnancy (score 6 – 10) and very high risk pregnancy (score more than 10). This category was used to choose health facilities where the woman should deliver her baby. If she had low risk pregnancy,

she could deliver baby in primary health care. Is she had high risk pregnancy or very high risk pregnancy, she should deliver baby in hospital.[5]

High risk pregnancy could increase maternal morbidity and mortality. High risk pregnancy is not only affect maternal health but also affect the baby's life. Although the baby's life is saved, high risk pregnancy can also cause neonatal stunting. It becomes base of health intervention to be focused in high risk pregnancy prevention[6].

3. Results / Discussion

High risk pregnancy prevention could be done if the pregnant women and their family understand about pregnancy risk factors. The good knowledge about pregnancy risk factors could also prevent the "3 late factors". Unfortunately, there were a few of pregnant women (22,6%) who had good knowledge about pregnancy risk factors[7].

Empowerment of pregnant women could not increase their abilities to detect early pregnancy risk factors. However, self autonomy could influence their skills to score their pregnancy risk factors and to choose appropriate health facilities. A pregnant woman might not detect early her pregnancy because she did not have behavior intention, she did not get social support, or she did not have freedom to decide. Some pregnant women had to loyal to her husband, her parents in law, or other person who is respected. Other reason that caused the pregnant woman might not detect her pregnancy risk factors is action situation[8].

All that problems can be solved by health education. Majority health education method was oral presentation. Oral presentation could increase knowledge about pregnancy risk factors for a while (before and after presentation). It could be done without any media but it would be boring. Using media could decrease boring intention. Computer/laptop that was connected to the LCD became common media that being used. Unfortunately, oral presentation could not influence behavior of pregnant women. It also could not effectively influence behavior of their husbands, their parents in law and people who respected in the neighborhood.

Modification of oral presentation with computer/laptop and LCD was watching film. It had been applied during pregnancy class. It had been more interesting the pregnant women. In the end of pregnant class, their knowledge and their behavior intention could increase significantly[9].

Although oral presentation along with watching film was interesting and effectively gain objective of the health education, the film had to be specific and it would be difficult to get. If the government wants to make the specified film, it required expensive price. So that, other media that is more effective and cheaper is needed.

The other modification of oral presentation method was giving leaflet. It was written on a paper, colorful, and can contain pictures to explain the information. It was evidenced can increase knowledge about pregnancy risk factors in pregnant women and increase behavior intention to detect their pregnancy early[10]. Unfortunately, information in a leaflet was limited because it is only one paper. The information should be written more completely and it needed more pages. So that, booklet could be the right media to explain about pregnancy risk factors. As long as the time, there is never booklet that contains information about pregnancy risk factors. Booklet of pregnancy risk factors is like leaflet of pregnancy risk factors. It can be colorful to interest the pregnant women and contains pictures to explain the information. It can affect both of knowledge and behavior intention. It objects not only pregnant women but also their husband, their parents, their parents in law, and other people who were respected. It can also be transferred to the girl and her family to create high social support before marriage. The high social support can make the better prevention of high risk pregnancy[11]. In the next time, maternal morbidity and mortality could be decreased.

4. Conclusions

Knowledge about pregnancy risk factors in pregnant women has been low. Health education media that should be developed in the next time is pregnancy risk factors booklet.

5. References

1. Administrator. (2016). *Mengapa Angka Kematian Ibu di Kota Semarang Sangat Tinggi?* http://jateng.tribunnews.com/2016/04/04/mengapa-angka-kematian-ibu-di-kota-semarang-sangat-tinggi?page=all.
2. Dinas Kesehatan Provinsi Jawa Tengah. (2012). *Profil Kesehatan Provinsi Jawa Tengah*. Semarang.
3. Buwono, B. (2015). *Memprihatinkan, Angka Kematian Ibu di Kota Semarang Tinggi*. Harian Tribun Jateng edition August 19th 2015.

4. Widarta, G.D., Laksana, M.A.C., Sulistyono, A., & Purnomo, W. (2015). *Deteksi Dini Risiko Ibu Hamil dengan Kartu Skor Poedji Rochyati dan Pencegahan Faktor Empat Terlambat.* Majalah Obstetri & Ginekologi, Vol. 23 No. I Januari – April 2015: 28 – 32. e-journal.unair.ac.id/index.php/MOG/article/download/2100/1545.

5. Prawirohardjo, S. (2010). *Ilmu Kebidanan.* Jakarta: Yayasan Bina Pustaka Sarwono Prawirohardjo.

6. Simbolon, D., Astuti, W.D., Andriani, L. (2015). *Mekanisme Hubungan Sosial Ekonomi, Pemanfaatan Pelayanan Kesehatan, dan Kehamilan Risiko Tinggi terhadap Prevalensi Panjang Badan Lahir Pendek.* Kesmas: Jurnal Kesehatan Masyarakat Nasional Vol. 9 No.3 Februari 2015. http://jurnalkesmas.ui.ac.id/index.php/kesmas/article/download/570/454.

7. Pratiwi, A.I. (2013). *Tingkat Pengetahuan Ibu Hamil tentang Risiko Tinggi Kehamilan di BPS Siti Mursidah Sumberlawang Sragen Tahun 2013.* Karya Tulis Ilmiah Prodi D-III Kebidanan STIKes Kusuma Husada Surakarta. http://digilib.stikeskusumahusada.ac.id/files/disk1/7/01-gdl-adheindahp-318-1-ktiadhe.pdf.

8. Sugiarti, Soedirham, O., Mochny, I.S. (2012). *Upaya Pemberdayaan Ibu Hamil untuk Deteksi Dini Risiko Tinggi Kehamilan Trimester Satu.* The Indonesian Journal of Public Health Vol.9 No.1, July 2012: 27-36. http://journal.unair.ac.id/download-fullpapers-phe84e4bef07full.pdf.

9. Fibriana, A.I., and Azinar, M. (2016). *Model Kelas Ibu Hamil untuk Pemetaan Risiko Kehamilan dan Pencegahan Komplikasi Persalinan.* ABDIMAS Vol. 20 No.1 June 2016. https://journal.unnes.ac.id/nju/index.php/abdimas/article/view/7644/5332.

10. Indrawati, N.D., Damayanti, F.N., Nurjannah, S. (2016). *Peningkatan Pengetahuan dan Sikap Ibu Hamil Resiko Tinggi dengan Penyuluhan Berbasis Media.* RAKERNAS AIPKEMA "Temu Ilmiah Hasil Penelitian dan Pengabdian Masyarakat". http://jurnal.unimus.ac.id/index.php/psn12012010/article/download/2106/2133.

11. Lestari, P., Nugraheni, S.A., Cahyo, K. (2017). *Faktor-faktor yang Mempengaruhi Praktik Persiapan Calon Pengantin terkait Pencegahan Kematian Ibu Akibat Kehamilan Risiko Tinggi (Studi pada calon Pengantin Perempuan yang Terdaftar di KUA Kabupaten Pemalang Tahun 2015).* Master Thesis Universitas Diponegoro Semarang. http://eprints.undip.ac.id/51666/.