ABSTRACT

Background: According to the World Health Organization (WHO) in 2014 that the Maternal Mortality Rate (MMR) in the world reached 289,000 inhabitants. Based on data obtained from North Halmahera District Health Office (2017) the number of babies born alive is 3351 where there AKB 49 where 10 infant baby asphyxiated, 27 babies have low birth weight and congenital defects 1 Is a prolonged second stage of labor lasting more than 2 hours at a primi and more than 30 minutes to 1 hour on multi.

Research purposes: to reveal the knowledge of pregnant women about the prolonged second stage of labor WKO Tiberias In the Clinic, District Central Tobelo, North Halmahera.

Types of research: This study is a descriptive study aims to reveal the knowledge of pregnant women about labor prolonged second stage. The research was conducted at the Clinic Tiberias WKO in August-September 2019. The sample in this study was 50 pregnant women.

Results: The level of knowledge of pregnant women about the prolonged second stage of labor most of them were quite good knowledge of as many as 33 respondents while those with less knowledge as much as 8 respondents and who has good knowledge about 9 respondents.

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INTRODUCTION

According to the World Health Organization (WHO) in 2014 that the Maternal Mortality Rate (MMR) in the world reached 289,000 inhabitants. Where are divided into several countries, including the United States of 9,300 inhabitants, 179,000 inhabitants of North Africa and Southeast Asia 16,000. Maternal mortality rates in Southeast Asian countries such as Indonesia 190 million, Vietnam 49 people, Thailand 26 deaths, 27 people of Brunei, Malaysia 29 inhabitants. The majority of maternal deaths occur in developing countries lack access to health services, lack of facilities, delays in delivery assistance with economic and social state of public education is still relatively low-income.1

Indonesia is still relatively high in the countries in ASEAN (Association of Southeast Asian Nations) and became one of the countries that run the program Millennium Development Goals (MDG's), has a target of reducing the maternal mortality ratio (MMR) to 102 per 100,000 live births and Mortality infant (IMR) to 20 per 1,000 live births in 2015. Based on the data obtained from the South Sulawesi Provincial Health Office in 2016, AKI reached 153 people per100,000 live births. While the highest IMR (48%) occurred in the first month or neonatal period, and the most common cause (44%) neonatal deaths are prematurity. Likewise, Gowa District Health Office, AKI gained as much as 14 or 111 per 100,000 live births and the infant mortality rate was reported as 87 Neonatal mortality (7 per 1000 live births), 16 infant mortality (1 per 1000 live births) occurred in 2015.3

Based on data obtained from North Halmahera District Health Office (2017) the number of babies born alive is 3351 where there AKI 49 were 10 infants baby asphyxiated, 27 babies have low birth weight and infant disability 1 default.5

Based on data obtained from Tiberias tobelo clinic in March until June 2019 the number of 50 pregnant women, maternal 105, and are asphyxiated 6 babies. 6

Formulation of the problem
The formulation of the problem in this research is "How Overview Knowledge About Pregnancy Stage of Labor II Long in the village Tiberias WKO Maternity Clinic, District Central Tobelo, North Halmahera 2019?"

Research purposes
General purpose

To find a picture of a pregnant mother's knowledge about the prolonged second stage of labor in the maternity clinic Tiberias WKO village, District Central Tobelo. North Halmahera Regency.

Benefits of Research
1. For the Community
The results of this research can increase knowledge in the community, especially pregnant women at maternity clinic Tiberias WKO village, District Central Tobelo, North Halmahera.
2. Health institutions
The obstetric management may be used as an illustration applied by institute health and land practices, particularly in maternity
3. The obstetric management maybe a picture applied by health institutions and land-use practices, particularly in maternity.
4. Education institutions
As one means to assess the effectiveness of learning especially during labor and as a means of guiding the learning process.
5. for Authors
Authors can gain real experience in applying the knowledge that has been gained in the lecture bench on the second stage of labor.

Literature review
1. Understanding Knowledge
Knowledge is the result out and happens after people perform on a particular object sensing through the human senses is the sense of sight, hearing, smell, taste, and touch. Most of the knowledge gained through the eyes and telinga.7

2. Depth Knowledge
3. Factors Affecting Knowledge
Factors that affect the knowledge, among others.
1) Level of education
Education is an effort to provide the knowledge that positive behavioral changes that increase. Education will give specific values for men in opening the mind to accept new things and think in ilmiah.9
2) Information
Someone has more resources will have greater extensive knowledge.9
3) Culture
Human behavior or groups of people to meet the needs that include attitudes and trust.9
4) Experience
Something that never experienced someone will be able to gain knowledge about something that is informal. ^{9}

5) Socioeconomic
The level of one's ability to meet the needs of high socioeconomic level live. More someone will be more easy to add a level of knowing. ^{9}

DEFINITION OF PREGNANCY
Understanding Pregnancy
Pregnancy is a meeting of sperm and egg cells that occurs during sexual activity between men and women. Conception occurs in the womb when the woman is in the subur. ^{10}

Factors That Affect Anxiety In Pregnancy
a. Parity
Every pregnancy and childbirth has its own properties and different conditions so that anxiety can occur in a primigravida or multigravida. But the mother's ability to adapt was also instrumental in creating the psychological conditions. Primigravidas requires more effort than multigravida already experienced sebelumnya. ^{11}

b. Age
Pregnancy and childbirth are safe are the age of 20-30 years, which is a healthy reproductive age. A woman aged less than 20 years may already mature sexually, but emotionally immature and socially. Age also determines the level of anxiety, the anxiety often occur in the age group muda. ^{12}

c. Education
The education level of someone influential in giving a response to something that comes from within and from outside the person who would have a college education will provide a more rational response than those with lower educated or uneducated.

d. Knowledge
Saying that the low knowledge resulted in a person susceptible to stress. Ignorance of a thing considered as a pressure that can lead to a crisis and can cause anxiety. Stress and anxiety can occur in individuals with a low level of knowledge, due to lack of information obtained. occur in individuals with a low level of knowledge, due to kurangnya. ^{11}

e. ANC visit
In pregnancy, ante-natal care which has been accepted by the mother is also a very important role, because in the antenatal care monitored the progress of the pregnancy to ensure the health of mother and fetus growth, thus mothers who did enough antenatal surveillance deemed to have understood the events of pregnancy.

f. The level of economic and employment
A person with low economic status tend to be tenser and a person's economic status tend to be casual, work is also influential in determining the stressor someone who has an activity to work outside the home allows influenced a lot of friends and a variety of information and experiences of others can affect the way view of someone in receiving stressor and overcome.

Examination of Antenatal Care (ANC).
Antenatal care is an important way to monitor and support the health of pregnant women and detecting normal women with normal pregnancies. Antenatal care or often referred to prenatal care is a service provided by professionals, namely doctors specialize midwives, general practitioners, midwives, auxiliary midwives, and nurse-midwives. The health officials conduct an examination of the condition of the mother's pregnancy and also provide IEC (Information, Education, and Communication) to pregnant women, husbands, and families about the condition of pregnant women and the problem. Thus, providing good antenatal care will be one of the pillars of safe motherhood in an effort to reduce maternally and AKB.Terdapat seven minimum standard antenatal care abbreviate to "7 T", namely:
1. Weigh weight.
2. Fundus of the uterus, measuring the height of the uterine fundus.
4. *tetanus toxoid* (TT) TT immunization complete.
5. Tablet fe, provision of iron tablets (fe).
6. Tests sexually transmitted diseases (STDs).
7. Colloquium in preparation for referral.

Psychological Changes During Pregnancy
Psychological Changes During Pregnancy, that is:

1. Changes in the First Trimester Psychology
In the first trimester (first 13 weeks of pregnancy) often arise anxiety mingled sense happy, sadness, disappointment, the attitude of rejection, lack of confidence or uncertainty, ambivalent attitude (opposed), sexual changes, focus on yourself, the stress and shock of
2. Psychological Changes Second Trimester

Forms of psychological changes of pregnant women in the second trimester as anxiety, emotional changes, and increased libido. The second trimester of pregnancy is divided into two phases, namely pre-quickening (prior to fetal movements felt by the mother) and post-quickening (after fetal movements felt by the mother). The pre-quickening phase is a phase to determine the basis for the development of interpersonal relationships and social interaction with the mother of the fetus, the feeling of rejecting mothers appear from negative attitudes such as disregard and neglect, as well as the mother who is developing her maternal identity. whereas, the post-quickening phase is the phase where increasingly clear maternal identity Psychology Third Trimester Changes

DEFINITION OF LABOR
Understanding Labor

Normal delivery is the delivery process of conception can live from the uterus through the vagina to the outside world happens in pregnancy at term (37-42 weeks) with a marked presence of uterine contractions that cause thinning, dilatation serviks.  

The causes for the onset of labor

The occurrence of birth is not known, but there are several theories related to his emergence and occurrence of labor.

1. Theory progesterone levels

During pregnancy, there is a balance of progesterone and estrogen. During pregnancy increased progesterone levels, where the function is to induce relaxation of the muscles of the uterus, while the estrogen hormone is to increase the vulnerability of the uterine muscle.  

2. theory of oxytocin

At the end of oxytocin levels increased network pregnancy decidua and myom metrium because of the decline in progesterone levels will stimulate the release of prostaglandins which will cause contraction.  

3. Twitch muscles

Uterine muscles have the capacity to stretch to a certain extent. Advancement of labor and uterine enlargement cause uterine muscles stretched and the more vulnerable and pass a certain threshold, it will be give rise to contraction.

4. Prostaglandins produced by the decidua

High levels in peripheral blood and amniotic fluid in pregnant women before delivery or during labor was the cause of the onset of labor.

Various Childbirth

1. Spontaneous labor, that labor is the strength of his own mother and via the born.  
2. Artificial labor, ie labor by force from the outside with extraction forceps, vacuum extraction and a cesarean sectio.  
3. Labor advice, that is, if the necessary strength to labor inflicted from the outside by way of the provision of excitatory.  
4. Prematurus parturition, is the delivery of the products of conception at the gestational age 28-36 weeks. The fetus can live, but premature; fetal weight between 1000-2500 grams.  
5. Parturition matures / term (term), is in labor at 37-40 weeks of gestation, the fetus is mature, the weight above 2,500 grams.  
6. Postmaturus parturition (serotinus) is labor that occurs two weeks or more than the estimated time of parturition, the fetus is called postmature.  
7. Parturition Precipitate is rapid, probably in the bathroom, on top of vehicles, and so on.  
8. Trial confinement is an assessment of the progress of labor to obtain evidence about whether or not Cephalo pelvic disproportion (CPD).  

Stages of Labor

Kala I (Kala Preamble)

The first stage of labor begins from the onset of uterine contractions and cervical dilation, to achieve the complete opening (10 cm). First stage of labor is divided into two phases, namely the phase of latent and active phases.

1. Latent phase, where the opening of the cervix progresses slowly started early contractions that cause thinning and gradually opening up to the opening of 3 cm, takes place within 7-8 hours.

2. The active phase (cervical dilation 4-10 cm), lasted 6 hours and is divided into 3 subphase.
   a. Acceleration period lasts for 2 hours, opening to 4 cm.
   b. The period of maximum dilation lasts for 2 hours, opening takes place quickly to 9 cm.
c. The period of deceleration: slow going, within 2 hours of opening to 10 cm or complete.

Kala II (Kala Expenditure fetus)

Signs and symptoms of stage II:
1. His increasingly powerful, at intervals of 2 to 3 minutes.
2. Mother felt like meneran simultaneously with contraction.
3. The mother felt increasing pressure on the rectum and / or vagina.
4. Perineum stands out.
5. Vulva-vaginal and anal sphincter seemed to open up.
6. Increased mucus and blood.

Diagnosis is made on the basis of the second stage in the examination which showed:
1. The opening of the cervix is complete.
2. Looks section baby's head on the vaginal introitus.

Kala III (Kala Expenditure Placenta)

Psychological changes of the third stage:
1. Mom wants to see, touch and hug her baby.
2. Feel happy, relieved, and proud of himself; also feel very tired.
3. Focused and often asked if the vagina need stitches.
4. Pay attention to the placenta

Kala IV (Kala Supervision)

Kala IV started after the birth of the placenta and ends two hours after the process. The level of awareness.
1. Examination of vital signs: blood pressure, pulse, and respiration.
2. Uterine contractions.
3. Bleeding. Bleeding is still considered normal if the amount does not exceed 400 to 500 cc.

OLD STAGE OF LABOR

Understanding Kala II Long
Is a prolonged second stage of labor lasting more than 2 hours at a primi, and more than 30 minutes to 1 hour on multi.

Etiology
The causes of prolonged labor occurrence is multicomplex and of course depending on the supervision during pregnancy, deliveries were good and its management.

Factors Cause between:
1) Abnormalities of the fetus’ position
Labor may be susceptible to interference or jamming due to abnormalities in the form of a percentage or fetus.
2) Abnormalities - pelvic abnormalities

Maternity orphanage
The aim is to provide a delivery care adequate care during labor, in an effort to reach help. clean and safe deliveries with the aspect of mother's love and affection baby.

Policy delivery care services:
1. All deliveries should be avoided and monitored by trained health workers.
2. Home delivery and point of reference with adequate facilities to handle emergency obstetric and neonatal care should be available 24 hours.
3. Essential Medicines, materials, and equipment should be available to all officers trained.

Signs of Labor

Signs and symptoms inpartu
1. Incurred his pain by their stronger coming, often and regularly.
2. Out of mucus mixed with blood (bloody show) that is more due to a small tear in the cervix. Blockage of mucus originating from the cervical secretion of the proliferation of cervical mucous glands in early pregnancy, acts as a protective barrier and closed cervical during pregnancy. Bloody show is an expenditure of mucus.
3. Sometimes the rupture itself. Solving the membrane that normally occurs in the first stage of labor. This occurs in 12% of women, and more than 80% of women will start labor spontaneously within 24 hours.

Upbringing and monitoring on stage IV
1. Perform tactile stimuli (such as massage) in the uterus, to stimulate the uterus to contract.
2. Fundus evaluation by putting fingers transversely between the center and the fundus.
3. Estimate the overall blood loss.
4. Check the perineum of active bleeding (eg, whether there is a laceration or episiotomy).
5. Evaluation of the general condition of the mother.
6. Document all care and findings during the first stage of labor in the backyard IV partograf immediately after the care given or after the assessment.
The state of the pelvis is an important factor in the survival of labor but no less important is the relationship between the head of the fetus to the mother's pelvis.

3) Abnormalities of his strength and straining
His ie uterine muscle contraction during labor, causing the cervix to open and push the fetus down. In case of uterine inertia may lead to prolonged labor.

4) Labor leaders were wrong
In a long confinement is a problem in Indonesia because labor is still much that is in favor by dukundan often accompanied by complications either from the mother to her fetus mawuun so that the risk of maternal and infant mortality meningkat.\(^\text{19}\)

5) Great fetal or congenital anomalies
Large fetus if the fetus is in excess of 4000 grams. In normal pelvis fetus weighing 4000 to 4500 grams generally do not pose effortless delivery. If sefalo disproportion is allowed there will be difficulties both in the mother and fetus.

6) Primi parents of primary and secondary
In the old primi risk of prolonged labor is higher for the regular old primi accompanied by diseases such as hypertension, diabetes, mellitus, etc.

7) belly hanging
Stomach hanging there on the multi due to weakening of the abdominal wall fat, especially multi. The uterus is bent forward such that the location of the fundus can be lower than in the symphysis. Because the stomach hanging can cause many difficulties in childbirth, then leader of confinement should receive special attention.

8) Premature rupture when the cervix is still shut down, hard and not flat premature rupture of the amniotic fluid is leaking before the onset of labor is when opening the primi less than 3 cm.

9) Grande Multipara
At the Multi grande, prolonged labor can happen because labor recurrent uterine cause increasingly stretched so as to allow the baby to move freely which can lead to aberration and is usually accompanied by abnormalities hypotonic

10) Analgesia and anesthesia is excessive in the latent phase.

11) Women who are dependent, anxiety and fear with parents who receive hospital is prolonged labor candidate.

**Predisposition factors:**

1. The environment is unhealthy
2. Mall of nutrients
3. Too young age <20 years and> 3519
4. diabetes mellitus
5. History of premature rupture of membranes
6. Disorders or damage to the membranes
7. trauma

**Signs and symptoms**
Clinical symptoms of prolonged second stage occurs in the mother and fetus.

1. on mother
   - Anxiety, fatigue, increased body temperature, sweating, rapid pulse, rapid breathing and meteorismus. In the local area are common vulvar edema, edema of the cervix, smelling amniotic fluid contained meconium.

2. fetal
   - Rapid fetal heart rate / great / irregular even nagatif, there is meconium amniotic fluid, viscous greenish, odorless,
   - Kaput great succedaneum
   - Moulege great head
   - Fetal death in utero (intrauterine Fetal Death) \(^\text{19}\)
   - Intra-partum fetal death (KJIP) \(^\text{20}\)

3. The main symptoms that need to be considered in prolonged labor, among others:
   - Dehydration
   - Signs of infection: high temperature, pulse and breathing, abdominal
   - Examination of the abdomen: meteorismus, high bandle circles, sore lower uterine segment
   - Local inspection vagina vulva: vulva edema, smelling amniotic fluid, meconium-stained amniotic fluid mixes
   - Examination: cervical edema, difficult lowest part in the push to the top, there is a head on the lowest part
   - State of the fetus in the womb: asphyxia until death occurs
   - End of prolonged labor: uterine raptura imminens until raptura uteri, death due to bleeding or infection.

**Second Stage of Labor Impact Long**
About the dangers of prolonged labor for the mother and fetus, namely:

1. Danger to the mother
   - Prolonged labor cause harmful effects both to mother and child. The severity of injury increases with
the length of the delivery process, the risk rises rapidly after 24 hours.

2. Harm to the fetus
   The longer the labor, the higher morbidity and fetal mortality and increasingly frequent cases:

   **Diagnosis**
   The fetus was not born after 1 hour at multigravida and 2 hours at primigravidas led straining since the complete opening.

   **Table 1. Diagnosis**

<table>
<thead>
<tr>
<th>Signs and symptoms</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>II</td>
</tr>
<tr>
<td>The cervix is not open.</td>
<td>Not to inpartu</td>
</tr>
<tr>
<td>Not obtained his / his irregular</td>
<td></td>
</tr>
<tr>
<td>Do not pass through the cervical opening 4 cm</td>
<td>Prolonged latent phase</td>
</tr>
<tr>
<td>After 8 hours at his regular inpartu</td>
<td></td>
</tr>
<tr>
<td>Right past the cervical opening line partograf alert</td>
<td>The active phase extends</td>
</tr>
<tr>
<td>a. His frequency is reduced from 3 his / 10 min and duration less than 40 seconds</td>
<td>Inertia uteri</td>
</tr>
<tr>
<td>b. Cervical dilatation and fetal parts turunya forward with head, there is a great moulage, edema of cervical, uterine rupture sign imminens.</td>
<td>Misproportion cephalopelvic</td>
</tr>
<tr>
<td>c. Abnormalities presentation (other than vertex with)</td>
<td>Malpresentation or</td>
</tr>
<tr>
<td>d. occiput anterior)</td>
<td>Malposition</td>
</tr>
<tr>
<td>Complete cervical dilation, the mother wanted mengedan But there is no loss progress</td>
<td>Kala II Long</td>
</tr>
</tbody>
</table>

**Management**

**Figure 1. Theory Framework Scheme**

**Figure 2. Conceptual Framework**

**METHODS**

**Types of research**
This type of research is descriptive, is a method of research conducted with the main objective to create a picture or a description of a situation objectively. One of the tools used by the author to obtain data is a questionnaire which a number of written questions that are used to obtain information from respondents in terms of his personal report, or things that are unknown.

**Time And Place Research**
1. Research time
   The study was conducted in August-September.
2. Research Sites
   Maternity Clinic Research dilaksanai in Tiberias, WKO Rural District of Central Tobelo, North Halmahera regency

**Engineering and Data Collection**

1. Primary Data: is data taken directly through kuesioner
2. Secondary data: is the data taken from the patient's status, the registration book at the Maternity Clinic

Data analysis

Analysis of the data used in this research is by using univariate analysis of the variables that analyze Tiab Tiab results of research to produce a frequency distribution and percentage of Tiab variables. For pregnant women about the knowledge variable prolonged second stage of labor was collected through questionnaires then tabulated and grouped. Then given a score. To answer correctly rated 1 while for wrong answer is worth 0.

Score to determine the level of knowledge of pregnant women about the prolonged second stage of labor is as follows:

1. Good knowledge: a score of 76-100% Code 2
2. Enough knowledge: a score of 56-75% code 1
3. Lack of knowledge: a score of 40-55% code 0

**DISCUSSION**

After doing research about the picture of pregnant women knowledge about long II stage of labor in Tiberias WKO 2019 Clinical information was obtained as follows:

**The level of knowledge Maternity picture On Old Second Stage of Labor Tiberias In the Clinic WKO 2019.**

Based on the results of the 50 respondents, the majority of respondents Based on age is 20-35 years of age who have a total of 35 respondents (70%) who have a good knowledge of as many as 4 respondents (8%) while having sufficient knowledge as much as 29 respondents (58%) and which has less as much Knowledge 2 respondents (4%). While mothers aged <20 years were 9 respondents (18%) who have a level of knowledge both as much as 3 respondents (6%), while those with levels of knowledge quite as much as five respondents (10%) and who have a level of knowledge about increments of 1 respondent (2%) and which have a lifespan of> 35 years by 6 respondents (12) having a good level of knowledge as much as 2 respondents (4%).

At the age of 20-35 is also called adult life, which at this time is expected to problems encountered with emotionally calm, especially in dealing with pregnancy, childbirth and care for the baby. At this time a person will be more active in society and fight social. They will also be more use lots of time to read. Intellectual ability, problem-solving and verbal skills are reported almost no decline at age ini.

**Knowledge picture Pregnancy Stage of Labor about II Long In the Clinic Tiberias WKO According to Education.**

Based on the results of 50 respondents in the can that the majority of respondents Based on the level of elementary education as many as 10 respondents (20%) and have level knowledge well as 4 respondents (8%), while those with levels of knowledge quite as much as 4 respondents (8%) and who have less knowledge by 2 respondents (4%). While the majority of respondents by the level of secondary school education as many as 30 respondents (60%) and having a level of knowledge both as one respondent (2%), while those with a considerable
level of less that 28 respondents (56%) and who have a level of knowledge less as much as 1 respondent (2%). And that the majority of respondents by level of education high school as many as 10 respondents (20%) and that have a good level of knowledge as much as 2 respondents (4%).

Education is one of the important things in one's mind influence. Education is very important, because the basis of a person to receive the information because the higher one's education as well as a good mother then the level of knowledge of the mother. So it can be concluded that the level of education higher up will more easily receive information that was given to him and have better knowledge of good.24

Overview Knowledge About Childbirth Pregnant mother Kala II Long In the Clinic Tiberias WKO Based Job Level.

Based on the results of 50 respondents in the can that the majority of respondents Based on that work as many as 15 respondents (30%) and have level knowledge well as three respondents (6%), while having a level knowledge pretty much as 10 respondents (20%) and who have less knowledge levels as much as 2 respondents (4%). And that the majority of respondents based on that did not work as many as 35 respondents (70%) and with high levels of knowledge well as many as five respondents (10%), while those with levels knowledge quite as much as 28 respondents (56%) and who have a level of knowledge lacking as much as 2 respondents (4%).

According to research by mothers who have a lot of free time, but not necessarily be able to go to the health workers to carry out prenatal care and working mothers or may not have time to check the pregnancy, so women who work and do not work have an opportunity that is almost equal to check pregnancy. The work is an activity carried out daily for a wage in order to make ends meet. Work environment can make a person gain experience and knowledge, either directly or indirectly langsung.25

Overview Knowledge About Pregnancy Second Stage of Labor Long Based Parity In 2019 WKO Tiberias Clinic.

Based on the results of 50 respondents the majority of respondents parity primiparas as many as 10 respondents (20%) who have a level of knowledge both as much as five respondents (10%), while those with levels of knowledge quite as much as 33 respondents (66%) and who have high levels of lack of knowledge as much as 2 respondents (4%), this shows that the response to the parity multipara who have more knowledge because they have experience during childbirth.

Parity mothers who gave birth too often and too close to which can cause very big risk, because the reproductive organs continue to work so that the involution of the uterus always bear will run long and risky during pregnancy and childbirth.

Knowledge is the result out and happens after people perform on a particular object sensing through the human senses is the sense of sight, hearing, smell, taste and touch. Most of the knowledge gained through the eyes and ears. Sagatlah knowledge is important for pregnant women because it can help mothers to prevent the risk of the mother pregnant.

Assumptions of researchers, there are no gap between theory and research. Because the response has more parity level multigravida knowledge as much as 40 respondents (80%) than in the parity primi of 10 respondents (20%). 26

Overview Knowledge About Pregnancy Second Stage of Labor Long In the Clinic Tiberias.

Based on the results of 50 respondents in the can that the majority of respondents by question is located in the category good enough that 73% (364jawaban respondents) .27

The level of knowledge of pregnant women were quite good influenced by the majority of respondents aged 20-35 years old is 70% (35 respondents)

Education is the guidance given one person to another in order to understand something. Education as personality development and ability inside and outside the school and occurred lifetime. Education is very influential in one's learning process, the higher one's education more easily the people obtain information. Either from other people or the media. The more information about the health obtained so the more knowledge gained. A good knowledge greatly affect one's mindset, because the higher the higher the person's knowledge and awareness of their ability to receive the information.

The level of knowledge of pregnant women who either influenced by education level of the majority of junior high education or a minimum of 60% (30 respondents). This is in accordance with the Decree of
the Minister that it states that the said higher education if more than 9 years of education (at least junior high school graduation). The level of education will determine whether or not a person is easy to absorb and understand the knowledge they gained, because in general the higher one's education the easier acceptance of information. The higher one's education, the better knowledge of the Second Stage of Labor Long.

The results are consistent with research by Rakiza 2016, with the title "Overview of knowledge and Stress Levels in Pregnant Women in Facing Normal Delivery primiparous in Lounge Poly Sorong Obstetrics Hospital" in the can that the majority of pregnant women have knowledge cukup28.

According to the researchers assuming the number of respondents who have enough knowledge about the long II stage of labor caused by those active in the search for information on the II stage of labor longer and they also interact better communication to health workers from health centers and neighborhood health center.

Limitation

This study is a descriptive study using a questionnaire measuring instrument that can measure knowledge of pregnant women associated with long II stage of labor in depth, which is expected to further research studies with cross section.

Conclusion

Based on the results of research carried out at the Clinic Tiberias WKO can be summarized as follows:

1. Most of the respondents are of pregnant women with the level of knowledge of the II stage of labor long enough category 33 respondents (66%).
2. Characteristics of the respondents, most respondents are pregnant women aged 20-35 years with a majority of responen with sufficient knowledge as much as 35 respondents (70%). Most respondents are pregnant women have a secondary school education background with a majority of respondents with sufficient knowledge of 30 respondents (60%). Most respondents are pregnant women who do not work or mostly housewives with knowledge sufficient majority of respondents ie 35 respondents (70%). Most respondents are pregnant women who get information related to the II stage of labor time by health professionals with knowledge sufficient majority of respondents ie 38 respondents (76%).
3. According to the assumptions of researchers from the research that has been done there is a large number of respondents who have sufficient knowledge of which 66% (33responden) on stage labor II longer caused by those active in seeking information about the stage of labor II long and they also interact communication to officers good health of the health center or neighborhood health center.

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