ORIGINAL ARTICLE

INTERNATIONAL JOURNAL OF HEALTH MEDICINE AND CURRENT RESEARCH

OVERVIEW KNOWLEDGE ABOUT PREGNANCY SIGNS - WARNING SIGNS OF PREGNANCY IN PREGNANT WOMEN TOBELO AT THE HEALTH CENTER

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ARTICLE INFO

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ABSTRACT

Achieving good quality of life for families and communities decline in pregnancy and childbirth pose health risks, including for women who do not have previous health problems. About - about 40% of pregnant women experience problems. Health-related to pregnancy and 15% of all pregnant women. Suffer long-term complications and even cause death to threaten the soul. Pursuant to the demographic health survey. Indonesia 2017, the maternal mortality rate (MMR) of 228 / 100,000 live births (BPS statistics central body and Macro International, 2017). In 2018 the maternal mortality rate in Indonesia is still at number 228 / 100,000 live births. This achievement is still very far from the target of development in accordance with the purpose of sustainable development goals? SDGs targeting the MMR of 120 / 100,000 KH.

Population and sample are about 85 pregnant women who become response inspecting anti-natal care, the instruments used are using a questionnaire containing questions of knowledge and a sign - a sign of danger in pregnant women.

Conclusion picture mother knowledge about the sign - danger signs of pregnancy in the clinic Tobelo 2019: respondents with good knowledge about the sign - danger signs of pregnancy much (56.5%), respondents between the ages of 20-35 years. (84.7%), while respondents with labor 2- 4 (multi-users is 63.5%), the difference in high and low education level is only 1 respondent, and low education of 42 people, while the higher education level 43, and the respondent has a history of good pregnancy distance (84.4%), the older the mother, the better knowledge of the danger signs in pregnancy, more the higher the education level, the better the level of knowledge of the respondent about the danger signs of pregnancy, parity.

PRELIMINARY

Maternal mortality worldwide, according to WHO (2017) is estimated at about 287,000 mothers die every year, this death is a direct result of pregnancy and childbirth. Every day in 2016, about 800 women die from complications of pregnancy and childbirth include hemorrhage, infection, hypertension, and unsafe abortion. Of the 800 women, 440 maternal deaths occur in Africa and 230 in South Asia. The risk of a woman developing countries to die from pregnancy and childbirth 25 times more at risk compared with the State maju.[1]

Based on the results IDHS (Indonesia Demographic Health Survey) in 2012, the maternal mortality rate (MMR) of 228 per 100,000 live births (Central Bureau subset of the statistics (BPS and Macro International, 2017). Until 2018 the maternal mortality rate in Indonesia has not experienced a decline still at level 228 per 100,000 live births. this achievement is still very far from the target Development Goals Sustainable Development Goals / SDGs that target by 102 hundred thousandths AKI KH.[2]

The persistently high maternal mortality is supported by three late (3T) is first late in the decision to achieve relief. This is due to pregnant women and families did not know the danger signs that require fast and precise assistance. Decision-making is usually held by a husband and family. Both the delay in reaching health-care facilities, either because of the delay cost, distance, delay or ignorance vehicles where adequate obstetric health services. The third delay in obtaining help disarrange pelayanan.[4]

To assess the level of prosperity of a country and the health of society, then one indicator is the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR). AKI is a barometer of maternal health services in one country. When the high-AKI is still a good means of health care services, whereas if the lower AKI mean maternal health services already back.[5]

While AKI in 2018 for North Maluku province as many as 75 people, the causes of maternal mortality include hemorrhage as many as 35 people, the infection of 12 people, prolonged labor as many as 11 people, hypertension in pregnancy 10 people, abortion as much as 3 people and others 17 people , And AKI in 2019, the period of January to July 2019, including infant and maternal mortality levels are still relatively high, there are 46 maternal died, while infants aged 0 to 1 in 86 people. [9]

Maternal Mortality in North Halmahera 2018 5 people (130 / 100,000 KH) to cause bleeding 3, hypertension 1orang and others 1. Based on the data of North Halmahera District Health Office in January-December 2018, as many as 4 people (207 / 100,000 KH). The death of such bleeding 2 cases, 1 case of hypertension in pregnancy, others 1 kasus.10

Maternal Mortality in North Halmahera 2018 5 people (130 / 100,000 KH) to cause bleeding 3, hypertension 1orang and others 1. Based on the data of North Halmahera District Health Office in January-December 2018, as many as 4 people (207 / 100,000 KH).11 And these maternal deaths occur because one of them too late to get help from the concierge kesehatan.[5]

LITERATURE REVIEW

pregnancy is a condition in which a woman has the growing fetus inside her body (which is generally in the womb). Pregnancy in humans ranges from 40 weeks or 9 months, counting from the start of pregnancy.[12]

Danger signs of pregnancy is a pregnancy that has a sign of danger or risk greater than certainly (both mother and baby), the occurrence of illness or death before or after delivery. Danger signs are also a sign that identifies the dangers that can occur during pregnancy / antenatal period, which, if unreported or undetected can lead to maternal death.

Danger signs in pregnancy should be informed to pregnant women and their families to be aware of and be aware when he runs the risk of pregnancy, can then take action appropriately and quickly. And seek help to power kesehatan.[5]

handling

If the sign - a sign that danger is found in pregnant women that pregnancy is in an emergency condition requiring immediate referral. If the mother or family out too late and too late to seek help for health workers or visit the nearest health facility will cause the mother and the fetus in danger and it would be difficult for survivors sought. The mother or the family can work together with the midwife, cadre - cadre health, even community leaders who can help to get help immediately and refer to the place of adequate health care facilities in the handling of these maternal conditions. [12]

RESEARCH METHODS

A. Research design

This study uses a descriptive study, which is a method of research conducted with the main objective to create a picture or descriptive of a situation that occurred in conducted in this study is a cross-sectional approach is a study where data collection with the dependent and independent variables performed at once at the same time to find a picture of the pregnant knowledge Danger Signs.[17]

B. Location And Time Research

This research has been conducted in Puskesmas Tobelo in 2019. The time spent in this study is shown in the table below. [18]

RESEARCH RESULT

Table 1. Distribution of Respondents by Knowledge About Pregnancy Danger Signs

Knowledge level	Frequency	Percentage (%)
Well	48	56.5
Enough	32	37.6
Less	5	5.9
amount	85	100

Based on the results of the above table shows that the majority of pregnant women have a good knowledge of the danger signs of pregnancy were 48 mothers with a percentage of 56.5%, while that has less knowledge as much as 5 people with a percentage of 5.9%.

Table 2. Distribution of Respondents by Age

Age	Frequency	Percentage (%)
<20 Years	7	8.2
20-35 Years	72	84.7
> 35 Years	6	7.1
amount	**85**	**100**

Based on the above table it can be concluded that the majority of people aged 20-35 years as many as 72 people with a percentage of 84.7% while that aged less than 20 as many as 7 people (8.2%) and more than 35 years as many as 6 people (7.1%).

Table 3. Distribution of Respondents by Status Parity

The above table shows that the parity status has largely been spawned between 2-4 times (multiparous) was 54

parity	Frequency	Percentage (%)
nulliparous	21	24.7
primiparas	10	11.8
multiparas	54	63.5
amount	**85**	**100**

(63.5%), as many as 21 people (24.7%) have not had experience of giving birth (nulliparous) and the least was the mother who had given birth 1 time (primiparous) were 10 (11.8%).

Table 4. Distribution of Respondents by Education Level

Education	Frequency	Percentage (%)
Low	42	49.4
High	43	50.6
amount	**85**	**100**

Based on the above table it can be concluded that between the lower and higher education are not too different from the difference between high and low education differ only 1 person. Respondents who have a higher education level as many as 43 people (50.6%) while the lower education as many as 42 people (49.4%).

Table 5. Distribution of Respondents According to Distance Pregnancy

distance Pregnancy	Frequency	Percentage (%)
Less	10	15.6
Well	54	84.4
amount	**64**	**100**

The above table shows that most respondents had a history of previous pregnancy with a distance in both categories was 54 (84.4%) and as many as 10 people (15.6%) have a spacing pregnancies less than two years. Of the total respondents 85 people, there are 21 women who are pregnant the first time that in analyzing the associated spacing pregnancies can not continue.[1]

CONCLUSION

1. Most respondents had knowledge of the danger signs of pregnancy were good (56.5%).
2. Most of the respondents between the ages of 20-35 years (84.7%).
3. Most have a history of childbirth 2-4 (multiparous) as much as 63.5%.
4. The difference in level between the lower and higher education is very little just one person, namely the low educational level 42 and higher education levels 43.
5. Most respondents had a history of well-spaced pregnancies (84.4%)
6. The older age of the mother, the better knowledge about the danger signs of pregnancy
7. The higher the education level, the better the level of knowledge about the danger signs of pregnancy.
8. Parity, maternal knowledge better in primiparous compared to the others.
9. Based on the spacing of pregnancy, pregnancy-safe distance better knowledge than the spacing pregnancies less.

REFERENCES

1. Word Health Organization (WHO) Year 2017.

2. Ministry of Health. Indonesia Health Profile year. Jakarta. 2017

3. Indonesia Health Profile. Jakarta MoH No. 369 / Menkes / SK / III / 2017. About the Professional Standards Midwives. Accessed Date 28 September 2018.

4. Mapanawang AL, Mutalib Rasmin, Mapanawang Frangki et al. Midwifery Care Mashed In Memory Prengnat Ny I And Aborthy Immenens At Aatirah Tobelo Clinic. International Journal Of Medicine And Current Health Research, 2019; Vol 4: 1225-1228, DOI: 10.22301 / IJHMCR 2528-3189.1225

5. Dian Pratitis, Kamidah. Relationship Between Knowledge About Pregnancy Danger Signs of Pregnancy Pregnancy With Compliance Inspection BPS Ernawati In Boyolali. Gaster Health Journal: 2017; 10 (2): 33-41

6. Lestari PB, Susetyo, Santoso HYD. The relationship between the use KIA book with the level of knowledge and attitude of pregnant women about pregnancy danger signs in BPM Ny. E District of Ambarawa period from January to March 2015. The Journal of Obstetric Nursing Wilasa. .Oktober 2015; Volume 3 (1): 1-8

7. Purwanti E, Afriyani LD, Rosalina. Factors related to the occurrence of high risk and danger in pregnancy in Ungaran Semarang District Hospital Year. 2016

8. Benson, Handbook of Obstetrics. Year 2014; Yogyakarta

9. Data Profile North Maluku Provincial Health Office, 2018

10. Data North Halmahera District Health Office 2018

11. PHC Medical Record Data Tobelo. High-Risk Pregnancy Kecadian Figures 2018.

12. Prawirohardjo S. Obstetrics. Jakarta: Yayasan Bina Library Prawirohardjo Sarwono. 2014.

13. Rukiyah, Midwifery Care IV (Pathology Midwifery). 2016; Trans Info Media, Jakarta

14. Sugiarto T. Knowledge and practice of maternal health care in Indonesia. Journal of Population Indonesia. 2016: Vol. II (2) .1-16

15. Myer L, Harrison A. Why do women seek antenatal care late? Prepective from rural South Africa. Journal of Midwifery and Women's Health. 2014: 2-14; Vol. 48 (4) 268-72

16. Nikiema B, Beninguisse G, Haggerty JL. Providing information on pregnancy complications during antenatal visits: unmet educational needs in Sub-Saharan Africa. Health Policy Plan: 2017; Vol. 24 (4): 367-76

17. Saryono. US Midwifery Research Methods. Yogyakarta: Nuha Medika, 2015

18. Hidayat A. Aziz. Methods research is conducted Midwifery Technical Data Analysis; Jakarta: Salemba Medika. 2016

19. Mapanawang A, Research In Health Sector Halmahera Tobelo Medika Mandiri; 2016

20. Ticoalu SS, Mapanawang AL, Manggarai M, Jumriani, Rumbajan D, Mutalib RH, et al. The Effect Of Golobe Fruit (Zingibereceae) In The Healing Oh perineum Injury At Porturition Mom In The Thiberias Maternity Hospital. International Journal Of Medicine And Current Health Research, 2018; Vol 01: 42-47, DOI: 10.22301 / IJHMCR 2528-3189.44

21. Herlina N, Arindah R. The relationship between knowledge of pregnant women about antenatal care to pregnant mother's first visit. 2009.

Research Bulletin dr. Soetomo. 2019.September; Volume; 11 (3): 101-104

22. Mutihir JT, Maduka WE. Comparisonof pregnancy out come between teenageandolder primigravidae einjos. University Teaching Hospital, Jos, North-Central Nigeria. Annalsof African Medicine. 2016.Volume 5 (2): 101-106.

23. Mursidah S, Widya NE. Differences in the level of knowledge primigravida before and after counseling about the danger signs of pregnancy in PKD Mekar Sari village of Lawang Source Ngargotirto Sragen. Journal of obstetrics. 2015 June; Volume 3 (1): 15-18.

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