

IDENTIFICATION OF PHYSICAL INSECURITY DURING THIRD TRIMESTER PREGNANCY

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ABSTRAK: IDENTIFIKASI KETIDAKNYAMANAN FISIK PADA IBU HAMIL TRIMESTER III

Latar Belakang: Kehamilan adalah masa dimulainya pertemuan antara sel telur dan sel sperma kemudian berkembang menjadi zigot dan berlanjut menjadi janin. Ibu hamil sering mengalami ketidaknyamanan Perubahan yang terjadi selama kehamilan membutuhkan suatu proses adaptasi baik fisik maupun fisiologis. ketidaknyamanan yang dirasakan oleh ibu hamil trimester III paling umum terjadi yaitu perubahan fisik dan psikologis salah satunya nyeri punggung, gangguan tidur, bengkak pada kaki, buang air kecil (BAK)

Tujuan: Mengidentifikasi ketidaknyamanan fisik pada ibu hamil trimester III

Metode: Jenis penelitian ini menggunakan jenis penelitian deskriptif. Sampel dalam penelitian ini adalah ibu hamil trimester yang berjumlah 70 orang.

Hasil: Penelitian menunjukkan dari 70 responden 38 (54,3%) ibu mengalami nyeri punggung sedang, (80,0%) 56 responden mengalami odema pada kaki, (71,4%) 50 responden mengalami gangguan BAK, (78,6%) 55 responden mengalami gangguan tidur buruk. Hasil penelitian menunjukkan ketidaknyamanan fisik yang dialami oleh ibu pada trimester III akan berdampak terhadap kualitas kesehatan hidup ibu hamil yang berpengaruh ke janin.

Kesimpulan: Berdasarkan hasil penelitian terdapat ibu hamil yang memiliki ketidaknyamanan fisik dalam kategori yang buruk. Ketidaknyamanan fisik yang dialami oleh ibu berbeda-beda tingkatnya dan ibu hamil yang mengalami ketidaknyamanan fisik dalam kategori buruk selama kehamilan hal ini disebabkan karena ibu masih dalam kehamilan pertama sehingga ibu belum paham cara mengatasi ketidaknyamanan yang dirasakan.

Saran: Fasilitas kesehatan penting untuk melakukan skrining terhadap fisik maupun psikologis ibu hamil dalam mencegah terjadinya ketidaknyamanan yang berdampak bagi kualitas hidup selama masa kehamilan.

Kata Kunci: Ibu hamil, Ketidaknyamanan fisik, Trimester III

ABSTRACT

Background: Pregnancy is the time when the meeting between the egg and sperm cells begins, then develops into a zygote and continues to become a fetus. Pregnant women often experience discomfort Changes that occur during pregnancy require an adaptation process both physically and physiologically. The discomfort felt by pregnant women in the third trimester is the most common physical and psychological changes, one of which is back pain, sleep disturbances, swelling in the legs, and urination.

Objective: The purpose of this study is to identify physical instability in pregnant women in the third trimester.

Methods: This type of research uses a descriptive type of research. The sample in this study was pregnant women in the third trimester who visited the Karang Pule Health Center totaling 70 people.

Results: The study showed that out of 70 respondents 38 (54.3%) mothers experienced moderate back pain, (80.0%) 56 respondents experienced odema on the legs, (71.4%) 50 respondents experienced BAK disorders, (78.6%) 55 respondents experienced poor sleep disorders. The results of the study show that physical discomfort experienced by mothers in the third trimester will have an impact on the quality of life of pregnant women which affects the fetus.

Conclusion: Based on the results of the study, there are pregnant women who have physical discomfort in the poor category. Physical discomfort experienced by mothers varies in degree and pregnant women who experience physical discomfort in the bad category during pregnancy this is because the mother is still in the first pregnancy so the mother does not understand how to overcome the discomfort felt.

Suggestion: Health facilities are important to screen pregnant women's physical and psychological conditions to prevent discomfort that has an impact on the quality of life during pregnancy.

Keywords: Pregnant women, Physical instability, third trimester

I

INTRODUCTION

In women's lives, there is a pregnancy phase which is a time of great change. These changes are not only related to physical changes., the discomfort felt by pregnant women in the third trimester is most common which is physical and psychological changes(Dartiwen dan Nurhayati, 2019)

In women's lives, there is a pregnancy phase which is a time of great change. These changes are not only related to physical changes., the discomfort felt by pregnant women in the third trimester is most common which is physical and psychological changes has an impact on the health of the pregnant woman herself, in addition to the impact that can be caused, namely the growth and development of the fetus in the womb which causes a rate of pain in the mother and impaired fetal growth (Erwinda & Dwi Guna, 2024). The insecurity experienced by pregnant women during pregnancy is one of the risk factors for complications during pregnancy related to maternal and fetal mortality.

The problem of discomfort experienced by pregnant women in the third trimester is frequent urination, cramps in the legs, sleep disorders, oedema, hemorrhoids, back pain during pregnancy, (Wulandari, 2021). The physiology of pregnant women will change, especially in the third trimester such as the uterus that is down due to the lowering of the fetal head so that the bladder is depressed causing frequent bowel movements, then the uterus that is getting bigger causes it is difficult to breathe and it is difficult to defecate causing hemorrhoids, back pain which is caused by a change in the shape of the mother's body due to excessive stretching or fatigue and walking excessively, back pain increases with pregnancy (Ahsaniyah, 2022)

The percentage of discomfort that appears in pregnant women is, swelling in the legs 80%, leg cramps 10%, shortness of breath 60%, headaches 20%, and back pain 70%, and 21% of pregnant women have clinical symptoms of anxiety and 64% will continue in the postpartum period. According to the National Sleep Foundation. Pregnant women who experience some form of sleep disorder reached 79%. As many as 72% of pregnant women will experience a frequency of waking up more often at night (Wulandari & Wantini, 2021)

Data according to the NTB Provincial Health Profile in 2019 showed that there are still many complications in pregnancy. The highest pregnancy complications in West Lombok reached 5423 cases. In 2020, there was an increase in pregnant women who experienced complications by 5491 people. In

an effort to reduce the impact caused by the problem of discomfort felt by pregnant women in the third trimester, from the above reasons, researchers are interested in identifying the magnitude of the problem of physical discomfort in pregnant women at the Karang Pule Health Center, West Lombok Regency, West Nusa Tenggara (NTB)(Riskesdes, 2018)

This research is important to be carried out because of the fact that in the field there are still many pregnant women who do not understand the physical changes experienced during pregnancy so that they can cause antenatal complications and their impact on maternal and fetal health. Pregnant women are a risk group and one of the determinants of the antenatal health development index in Indonesia.(Arummega, 2022) There is still a high increase in cases of complications during pregnancy in Indonesia, especially NTB. Interventions in pregnant women can prevent a decrease in antenatal complications that lead to maternal and infant mortality. Based on the findings of Hamad and Khalil (Ahsaniyah, 2022) in the Iraqi city of Soran, the level of knowledge of pregnant women about discomfort is still very low. There is a significant relationship between the levels of knowledge of pregnant women with certain characteristics of the respondents. Most primigravida pregnant women have less knowledge about the discomfort in pregnancy.

RESEARCH METHODS

The type of research used is descriptive research, which is to describe facts about a situation objectively. This research was carried out in August-September 2024. Located at the Karang Pule Health Center, West Lombok in 2024. The population in this study is all pregnant women in the third trimester at the Karang Pule Health Center in August-September. The sample in this study is all pregnant women in the third trimester of 70 pregnant women.

By using a total sampling technique (Riwidkdo, 2018). The type of data in this study is quantitative data, namely the results of the research and analysis are described in scientific papers in the form of narratives and tables, then conclusions are drawn from the analysis that has been carried out. The variables used in this study were independent variables, namely back pain, odema, urination (BAK), sleep disorders. The data source used in this study is in the form of secondary data with the KIA book to see the visits of pregnant women to the Karang Pule health center. The data used univariable analysis to describe the characteristics of each variable studied using the frequency distribution and percentage of each group, then the data was displayed in the form of tables and narratives.

RESEARCH RESULTS

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Tabel 1
Respondent Characteristics

Information	N	%
Mother's age		
< 20	11	15,7
20-35	41	58,6
>35	18	25,7
Mother's Education		
SD	13	18,6
SMP	20	28,6
SMA	31	44,3
PT	6	8,6
Mother;s Job		
IRT	47	67,1
Swasta	22	31,4
PNS	1	1,4

Tabel 2
Distribution of Frequency of Silence during the Third Trimester

Information	N	%
Back Pain		
Light	27	38,6
Keep	38	54,3
Heavy	5	7,1
Swollen		
No Swelling	14	20,0
Swollen Legs	56	80,0
Urination		
Annoyed	50	71,4
Uninterrupted	20	28,6
Sleep Disorders		
Bad	55	78,6
Good	15	21,4

Based on table 1 above, most of the 41 respondents (58.6%) are 20-35 years old, mother's education, most of the 31 respondents (44.3%) are high school (SMA), most of the 47 respondents (67.1%) are mothers. Meanwhile, based on table 2, most of the 38 (54.3%) mothers experienced moderate back pain, most of the 56 respondents (80.0%) experienced odema in the legs, most of the 50 respondents (71.4%) experienced BAK disorders, most of the 55 (78.6%) mothers experienced poor sleep disorders.

DISCUSSION

Characteristics of Respondents

The age of the majority of respondents is reproductive age (20-35 years) 58.6%, the best age for pregnancy and childbirth is 20-35 years old. In accordance with the study (Enggar. A.S & Rini, 2019), 83.33% of respondents are 20-35 years old, because this age is the ideal age so it is considered to have the lowest risk of complications.(Yuliani, 2022) Table 1 also shows that most of the respondents have a high school education (44.3%) and most of the jobs are IRT (67.1%), 47 respondents. The higher a person's education level, the easier it is to obtain and receive information, so that the mother's ability to think more rationally.

The job characteristics of almost half of the respondents are housewives, where mothers spend a lot of time in daily activities at home. Housewives have a greater risk of complications small compared to working mothers, because in addition to work, mothers also have their household responsibilities, so working mothers have an increased risk of complications with high levels of stress. The fact in the field is that mothers do more activities at home because they are already dependent on their husbands who make a living(Hardaniyati, 2023)

Insomnia of Back Pain

Based on table 2, the results of the study showed that the frequency distribution was obtained by a total of 70 respondents, most of whom (54.3%) experienced moderate back pain, while those who experienced mild and severe pain were 38% and 7.1%. Lower back pain is the most frequent cause, during pregnancy, the relaxation of the joints around the pelvis and lower back of pregnant women is likely to occur due to hormonal changes. In line with the gradual weight gain during pregnancy and the redistribution of concentration there is a hormonal influence on the muscle structure that occurs during pregnancy (Dewi, 2020). These two factors result in changes in posture in pregnant women. Changes in the musculoskeletal system occur during gestational age.

According to researchers' assumptions, the back pain felt by pregnant women indicates a tendency for the muscles to shorten if the abdominal muscles stretch which can cause muscle imbalances around the pelvis and lower back, and additional tension can be felt over those ligaments. (Ahsaniyah, 2022). As a result, back pain usually originates in the sacroiliac or lumbar, and can become a long-term

back disorder if muscle balance and pelvic stability are not restored after childbirth and postpartum.

Sleep quality

Based on table 2, the results of the study show that the frequency distribution was obtained from 70 respondents, namely 55 respondents (78.6%) experienced poor sleep quality. Physical discomfort and fetal movements also often interfere with the rest of pregnant women so that it is difficult for mothers to sleep well at night and result in a lack of sleep quality for pregnant women. (Erwinda & Dwi Guna, 2024). Sleep quality is a measure of a person's ease of starting sleep, being able to maintain sleep, and feeling refreshed after waking up from sleep (Sleep Health, 2017). Signs like this are one of the signs of sleep pattern disorders. Sleep pattern disorders are disturbances in the quantity and quality of sleep time that cause discomfort.

The results of this study support the research conducted by (Sukorini, 2017) with the results that 100% of pregnant women (3 respondents) who have severe physical comfort disorders have poor sleep quality with a relationship strength value of 0.363 which means that there is a low relationship between physical comfort disorders and sleep quality of pregnant women in the third trimester.

According to researchers' assumptions, sleep disorders experienced by pregnant women in the third trimester are due to many changes during pregnancy such as the enlargement of the uterus will also affect the fulfillment of sleep breaks in pregnant women because it is difficult to determine a comfortable position. Hormonal changes also cause psychological changes in pregnant women making it difficult to initiate or maintain sleep. During the study, many mothers experienced poor sleep quality, complaints that arose such as mothers having difficulty falling asleep or having difficulty maintaining sleep for a certain period of time, causing disturbances in various social functions, work, or other life functions. (Abraham et al., 2017). Many mothers also complain that their sleep is disturbed because they often wake up at night to urinate. At the time of the study, the mother looked like her face was blackened with eye bags, her eyelids were swollen, and she was lazy to speak. According to (Meti Patimah, 2020), poor sleep quality will trigger an increase in homeostasis. A person who experiences poor sleep quality can be caused by situational stress such as family, work or school problems, worries.

Uncomfortable sleeping position and difficulty sleeping during pregnancy in the third trimester is caused by an increase in the body and

the heart pumping blood rapidly. As the mother's belly grows, the movement of the fetus in the womb and the feeling of discomfort in the heartburn. The impact of sleep disturbances or lack of sleep quality can be at risk to the fetus, pregnancy and during childbirth. Therefore, pregnant women who experience sleep disturbances during pregnancy are recommended to get special monitoring (Gruber, 2017)

Urination

The results of this study showed that the frequency distribution was obtained by a total of 70 respondents (71.4%), 50 respondents said they were very disturbed by urinary incontinence (BAK). Frequent urination in pregnancy occurs in the 1st and 3rd trimesters. At the end of pregnancy, when the fetal head begins to descend under the upper pelvic door, complaints of frequent urination will arise again because the bladder begins to be pressed again. In pregnancy, the right and left ureters are enlarged due to the influence of progesterone. (Elba & Ramadhina Putri, 2019).

The problem of discomfort in pregnant women who continuously urinate in Indonesia is experienced by half of all pregnant women based on records of the cause of continuous urination with a rate of 96.7% because the tension of the uterine passage makes the bladder feel full quickly and urinate frequently. Side effects generally appear because the fetus begins to enter the pelvic cavity and descend into the bladder (Uswatun Insani et al., 2024).

According to the researcher's assumption, frequent complaints of urination if not resolved can interfere with the mother's rest and cause side effects on the reproductive organs, (Khan, 2021) especially in the vaginal area, especially with complaints of frequent urination which allows the pants to be damp due to frequent urination due to frequent urination after urination (BAK) if not dried will result in the growth of bacteria that can cause infection in the area if not addressed immediately (Ziya, 2021)

5. Odema

The results of this study show that the frequency distribution was obtained by a total of 70 respondents (80.0%), 56 respondents experienced swelling in the legs. Oedema of the legs or swelling of the legs is found in about 80% of pregnant women in the third trimester, occurs as a result of uterine compression that inhibits the return flow of the veins and the pull of gravity causes fluid retention to be greater. Physiological foot oedema causes discomfort, a feeling of heaviness and cramps at night (Hariyani Ratih, 2024)

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The study assumes that even though the therapy of soaking in warm water mixed with kencur has been carried out in pregnant women in the third trimester who have oedema, there is still oedema of the legs in pregnant women in the third trimester due to the activities of the mother (Prianti, 2021) such as the habit of standing for too long, excessive weight gain, and lack of consumption of drinking water in a day

CONCLUSION

Physical discomfort such as low back pain, sleep disturbances, urination and leg swelling in pregnant women in the third trimester can be overcome by non-pharmacological methods, namely by massaging the back and waist area of pregnant women or what is mentioned with massage on pregnant women and changing sleeping positions, walking in the morning, and prenatal yoga and supported by the consumption of calcium tablets as much as 2x1 with a dose of 500mg.

SUGESTION

Health workers are expected to be able to provide care in an effort to reduce low back pain during pregnancy. The identification of the problem of instability experienced by pregnant women in the third trimester can be used as a basis for continuing further research in an effort to overcome low back pain, sleep disturbances, swelling in the legs and those that occur during pregnancy with better research methods.

REFERENCES

Abraham, O., Pu, J., Schleiden, L. J., & Albert, S. M. (2017). Factors contributing to poor satisfaction with sleep and healthcare seeking behavior in older adults. *Sleep Health*, 3 (1), 43–48.
<https://doi.org/10.1016/j.sleh.2016.11.004>

Ahsaniyah, A. B. , P. N. , H. N. , & I. N. A. (2022). Efektivitas Stability Ball Exercise. Dalam Menurunkan Intensitas Nyeri Pinggang

Selama Kehamilan. *Jurnal Fisioterapi Dan Rehabilitasi*, 6, 67–73.

- Arummega, M. N. , R. A. , & M. A. (2022). Faktor-Faktor yang Mempengaruhi Nyeri Punggung Ibu Hamil Trimester III. *Jurnal Ilmiah* , 9(1), 14–30.
- Dartiwen dan Nurhayati, Y. (2019). *Asuhan Kebidanan Pada Kehamilan*. PT. ANDI.
- Dewi, N. (2020). Asuhan Pada Ibu Hamil Yang Mengalami Nyeri Pinggang Dengan Pemberian Kompres Hangat Dengan Rebusan Jahe. In *Universitas Bhakti Kencana*.
- Elba, F., & Ramadhina Putri, V. (2019). *Gambaran Kebiasaan Ibu Hamil Dalam Mengatasi Ketidaknyamanan Selama Kehamilan di RSUd R. Syamsudin, Sh* (Vol. 4, Issue 2).
- Enggar. A.S, & Rini, A. A. V. P. (2019). *Buku Ajar Asuhan Kehamilan* (1st ed.). IN media .
- Erwinda, D., & Dwi Guna, S. (2024). Hubungan Ketidaknyamanan Fisik dan Psikologis terhadap Kualitas Hidup Ibu Hamil. *Jetish: Journal of Education Technology Information Social Sciences and Health E-ISSN*, 1.
- Gruber, R. (2017). Avi Sadeh. *Sleep Health*, 3(1), 5. <https://doi.org/10.1016/j.sleh.2016.11.007>
- Hardaniyati, D. S. Y. D. (2023). Identifikasi Faktor Determinan Kejadian anemia Defisiensi Besi Pada Ibu Hamil Trimester III. *Jurnal of Midwifery and Reproduction Science (Fundus)*, 3(2).
- Hariani Ratih, R. (2024). The Effect of Aromatic Ginger Water Immersion on Edema in The Limbs in Third Trimester Pregnant Women Pengaruh Rendaman Air Kencur Terhadap Oedema di Tungkai Pada Ibu Hamil Trimester III. *Jurnal Ilmu Kesehatan Abdurrah*, 2(1), 47–56.
- Khan, F. M. , G. T. , N. S. F. , Obaid. S. , & S. M. H. (2021). *Frequency of Stress Urinary Incontinence In Pregnant Females*. 215–219.
- Meti Patimah. (2020). Pendidikan Kesehatan Ibu Hamil Tentang Ketidaknyamanan Pada Kehamilan Trimester I dan Penatalaksanaannya. *Dinamisia : Jurnal Pengabdian Kepada Masyarakat*, 4(3), 570–578. <https://doi.org/10.31849/dinamisia.v4i3.3790>
- Prianti, A. T. (2021). Penurunan Oedema Kaki pada Ibu Hamil Trimester III Efektivitas Rendaman Air Rebusan Kencur Terhadap Penurunan Oedema Kaki pada Ibu Hamil Trimester III. *Prosiding Seminar Nasional*
- Putri areva, P. N. E. M. A. (2024). Pengaruh rendam air hangat dengan kencur terhadap

- penurunan edema kaki pada ibu hamil trimester ketiga. *SINAR Jurnal Kebidanan*, 06(2).
- Riskesdes. (2018). Laporan Riskesdas Ntb 2018. In Riskesdes 2018 (Ed.), Lembaga Penerbit Badan Penelitian dan Pengembangan Kesehatan (LPB).
- Riwidkdo, H. (2018). Statistik Kesehatan dengan Aplikasi SPSS Dalam Prosedur Penelitian. Rohima Press.
- Sleep Health. (2017). The Sleep Health Times Tracking Sleep in the US.
- Sukorini, M. U. (2017). Hubungan gangguan kenyamanan fisik dan penyakit dengan kualitas tidur ibu hamil trimester iii. *The Indonesian Journal of Public Health*, 12(1), 1. <https://doi.org/10.20473/ijph.v12i1.2017.1-12>
- Uswatun Insani, Jumrotun Ni'mah, & Ani Ratnaningsih. (2024). Edukasi Tanda Dan Gejala Preeklampsia Serta Pencegahannya Pada Ibu Hamil. *Natural: Jurnal Pelaksanaan Pengabdian Bergerak Bersama Masyarakat*, 2(1), 45–54. <https://doi.org/10.61132/natural.v2i1.221>
- Wulandari. (2021). *Asuhan Kebidanan Kehamilan* (R. L. , M. H. A. N. & W. M. Catur Leni, Ed.; 1st ed.). CV. Media Sains Indonesia.
- Wulandari, S., & Wantini, N. A. (2021). Ketidaknyamanan Fisik Dan Psikologis Pada Ibu Hamil Trimester Iii Di Wilayah Puskesmas Berbah Sleman Daerah Istimewa Yogyakarta. *Jurnal Kebidanan Indonesia*, 12(1). <https://doi.org/10.36419/jki.v12i1.438>
- Yuliani, N. R. , & A. S. (2022). Efficacy of Prenatal Yoga on Second Stage Progress in Third Trimester Pregnant Women. *International Journal of Clinical Inventions and Medical Sciences*, 4(2), 56–61.
- Ziya, H. & P. D. (2021). Senam Kegel Sebagai Upaya Mengurangi Trimester Ili Kehamilan Keluhan Sering BAK di. *Jurnal Kebidanan Terkini (Current Midwifery Journal)*, 1(2), 119–125.