

RELATIONSHIP BETWEEN SUPPORTING FACTORS TO PREGNANCY OF DELIVERY PREPARATION OF PREGNANT WOMEN IN THE THIRTY TRIMESTER

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ABSTRAK : HUBUNGAN FAKTOR-FAKTOR PENDUKUNG TERHADAP PENGETAHUAN PERSIAPAN PERSALINAN IBU HAMIL TRIMESTER III

Latar Belakang: Persiapan persalinan adalah rencana tindakan yang dibuat oleh ibu, anggota keluarga dan bidan. Ketidaksiapan ibu dalam menghadapi persalinan menjadi salah satu faktor penyebab tingginya Angka Kematian Ibu. Angka Kematian ibu (AKI) di kawasan ASEAN pada tahun 2020 AKI mencapai 235 per 100.000 kelahiran hidup. Pengetahuan ibu mengenai persiapan persalinan merupakan faktor penting dalam menurunkan angka kematian ibu (AKI). Tujuan: untuk mengetahui faktor-faktor pendukung persiapan persalinan pada ibu hamil trimester III di Puskesmas Ampenan Metode: Penelitian ini adalah *Pre - Eksperimen* dengan menggunakan desain penelitian *One group pretest-posttest design*. Teknik pengambilan sampel yaitu *Purposive Sampling*. Hasil: Hasil penelitian ini sejumlah 19 responden (46.3%) yang lebih meningkat pengetahuannya setelah kelas ibu hamil, didapatkan ada 30 responden yang mengikuti kelas ibu hamil dengan nilai posttest lebih tinggi dari nilai pretest dengan jumlah ranking positif. sejumlah 38 responden (92.7%). Hal ini menunjukkan bahwa pengetahuan ibu hamil meningkat sesudah mengikuti kelas ibu. Kesimpulan: Berdasarkan hasil identifikasi, ditemukan bahwa ada hubungan pelaksanaan kelas ibu hamil terhadap pengetahuan ibu hamil tentang persiapan persalinan. Saran: Diharapkan program kelas ibu hamil tetap dilanjutkan di puskesmas sebagai wadah untuk meningkatkan pengetahuan ibu hamil khususnya mengenai persiapan persalinan.

Kata Kunci: factor pendukung persiapan persalinan, persiapan persalinan, ibu hamil trimester III

ABSTRACT

Background: Childbirth preparation is an action plan made by the mother, family members and midwives. The mother's unpreparedness in facing childbirth is one of the factors causing the high Maternal Mortality Rate. The Maternal Mortality Rate (MMR) in the ASEAN region in 2020 MMR reached 235 per 100,000 live births. Mothers' knowledge about childbirth preparation is an important factor in reducing maternal mortality rates (MMR). Objective: to determine the supporting factors for childbirth preparation in pregnant women in the third trimester at the Ampenan Health Center Method: This study was a Pre-Experiment using a One group pretest-posttest design. The sampling technique was Purposive Sampling. Results: The results of this study were 19 respondents (46.3%) whose knowledge increased after the pregnant women's class, 30 respondents were found to have attended the pregnant women's class with a posttest score higher than the pretest score with a positive ranking. a total of 38 respondents (92.7%). This shows that the knowledge of pregnant women increased after attending the mother's class. Conclusion: Based on the results of the identification, it was found that there was a relationship between the implementation of the pregnant women's class and the knowledge of pregnant women about childbirth preparation. Suggestion: It is hoped that the pregnancy class program will continue in community health centers as a forum to increase the knowledge of pregnant women, especially regarding preparation for childbirth.

Keywords : supporting factors for childbirth preparation, childbirth preparation, pregnant women in the third trimester

INTRODUCTION

Childbirth preparation is a plan of action made by the mother, family members and midwife. Childbirth is a process of expelling viable conception products from the uterus through the

vagina to the outside world. Having a birth plan will reduce confusion and chaos during childbirth, there are several things that must be prepared in preparation for childbirth, including the place of delivery, delivery costs, plans for decision-making in

the event of an emergency and potential blood donors. The mother's unpreparedness in facing childbirth is one of the factors causing the high Maternal Mortality Rate (MMR) (Rosianna, 2023).

Based on data from WHO (2019), the maternal mortality rate (MMR) in the world was recorded at 303,000 people. The maternal mortality rate (MMR) in the ASEAN region in 2020 reached 235 per 100,000 live births. In Indonesia, the number of maternal deaths per 100,000 live births from 1992 to 2020 has fluctuated. Data obtained from the Nutrition and Maternal and Child Health program at the Ministry of Health shows that the number of maternal deaths between 2019 and 2021 tends to increase, while in the period 2021-2023, the maternal mortality rate shows fluctuations. In 2023, the number of maternal deaths was recorded at 4,482 people (Kementrian Kesehatan, 2023).

According to data from the Long Form SP2020, the maternal mortality rate in NTB reached 257 per 100,000 live births. Reports from districts/cities show that the number of maternal deaths in NTB Province in 2023 was 91 cases, a decrease compared to 2022 which recorded 97 cases. (DINKES NTB, 2024).

In 2023, In 2023, MMR in Mataram City, 87 per 100,000 live births. The highest maternal mortality occurred in East Lombok Regency with 23 cases and Central Lombok Regency with 22 cases, while the lowest maternal mortality was recorded in West Sumbawa Regency and North Lombok with 1 case. However, when viewed from the maternal mortality ratio per 100,000 live births, West Lombok Regency (128), Central Lombok (127), and Bima City (177) have a higher ratio than the provincial figure. (DINKES NTB, 2024).

According to data from the Ampenan Health Center in 2024, the total number of pregnant women registered was 2,369 pregnant women. The coverage of visits during the first visit (K1) was recorded at 105 pregnant women (33.88%), the fourth visit (K4) was 87 pregnant women (36.49%), the fifth visit (K5) was 89 pregnant women (28.38%), and the sixth visit (K6) was 108 pregnant women (35.97%)

The direct causes of maternal death in Indonesia are dominated by bleeding, eclampsia and infection, while the indirect causes of maternal death are still many cases, namely late recognition of the dangers of childbirth and making decisions, late referral and late treatment by health workers at health facilities. (Sari & Wahyuni, 2023).

Mothers' knowledge about childbirth preparation is an important factor in reducing maternal mortality rates (MMR). As many as 90% of

maternal deaths occur during childbirth, with 95% of them caused by obstetric complications that are often unexpected. Mothers' unpreparedness for childbirth is one of the causes of high MMR. (Rosianna, 2023).

One of the government's efforts to reduce maternal and infant mortality can be done by increasing the coverage and quality of maternal and child health services. One effective way is to bring health service access closer to the community through the P4K Birth Planning and Complication Prevention program. (Aning, 2021).

Based on the results of research conducted in Sambirejo Village, Langkat Regency in 2024, it was shown that there was an influence between pregnancy classes on increasing knowledge of pregnant women about pregnancy care, childbirth, postpartum and baby care. Through pregnancy classes, they can obtain complete, clear and structured information about pregnancy care, childbirth, postpartum and newborn care. (Alfarisi, dkk. 2024).

Other efforts to reduce maternal and child health, maternal and child health and reduce complications during pregnancy include the duplication of maternal and child health books. The KIA book is used as a record of maternal and child health, as well as a health monitoring tool and a communication tool between health workers and patients. The KIA book is an educational tool and an effort to increase information, birth planning for pregnant women. (Etik Khusniyati et al., 2020)

Efforts made to prepare the third trimester for childbirth are through the pregnancy class program. The pregnancy class program is a form of prenatal education that can increase the knowledge of pregnant women, encourage positive behavioral changes, and direct mothers to check their pregnancies and give birth at health facilities. This contributes to increasing deliveries handled by health workers and reducing maternal and child mortality rates. (Fridah, 2022).

This Pregnant Mother Class is very good for increasing mothers' insight, so that mothers can detect early abnormalities or difficulties that occur to them during pregnancy, childbirth, and postpartum, for example by detecting fetal movement, the benefits of monitoring fetal movement are to assess fetal health. Decreased fetal movement can pose a risk of complications such as fetal growth retardation and stillbirth. When mothers always monitor fetal movement and report decreased fetal movement time to health workers, the goal is to prevent perinatal morbidity and mortality (Yusmaharani et al., 2021).

RESEARCH METHODS

This research method is quantitative. This type of research is Pre-Experiment using One group pretest-posttest design. The population in this study was all pregnant women in the third trimester, totaling 69 pregnant women in the Gunungsari Health Center working area in 2024. This technique uses Purposive Sampling, which is sampling carried out in accordance with the required sample requirements. This study was conducted in April 2025, in the Gunungsari Health Center work area.

RESEARCH RESULT

Respondent Characteristics

Table 1
Characteristics of age, education and employment of pregnant women in the pregnant women class in the Gunungsari Health Center Work Area in 2025

Karakteristik	f	%
Age		
<20	1	2.44%
20-35	34	82.93%
>35	6	14.63%
Educations		
No School	0	0.00%
elementary school	6	14.63%
Senior high school	10	24.39%
Junior high school	17	41.46%
College	8	19.51%
Job		
Housewife	30	73.17%
PNS	0	0.00%
Self-Employed	7	17.07%
Employee	1	2.44%
Teacher	3	7.32%

From table .1 it can be seen that the average pregnant women are aged 20-35 years, amounting to 34 people (82.93%), while those aged >35 years are 6 people (14.63%), and those aged <20 years are only 1 person (2.44%).

For education, more than half of pregnant women have a high school/vocational high school education level, namely 17 people (41.46%), while mothers who have a junior high school/MTS education level are 10 people (24.39%), while mothers who have a college education level are 8 people (19.51%), and mothers who have an elementary school education level are only 6 people (14.63%).

The table above also shows that the majority of pregnant women do not work or are housewives, namely 30 people (73.17%), while mothers who work as entrepreneurs are 7 people (17.07%), mothers who work as teachers are 3 people (7.32%), and mothers who work as employees are only 1 person (2.44%).

Respondents' Knowledge Level

Tabel 2
Frequency Distribution of Pregnant Women's Knowledge Before Attending Pregnant Women's Classes in the Gunungsari Health Center Work Area

Knowledge	f	%
Not	5	12.2
good	17	41.5
enough	19	46.3

Based on table 2, it can be seen that the respondents' knowledge before attending the pregnancy class had good knowledge, namely 19 respondents (46.3%). This shows that most of the pregnant women's knowledge before attending the pregnancy class was good knowledge.

Table 3
Frequency Distribution of Pregnant Women's Knowledge After Attending Pregnant Women's Classes in the Gunungsari Health Center Work Area

Knowledge	f	%
good	3	7.3
enough	38	92.7

Based on table 3 above, it can be seen that the respondents' knowledge after attending the pregnancy class was also well-informed, namely 38 respondents (92.7%). This shows that the knowledge of pregnant women after attending the pregnancy class has increased, namely the majority of pregnant women have good knowledge.

Based on table 4, it can be seen that there are 2 respondents with posttest scores lower than pretest scores with a negative ranking of 7.00, there are 30 respondents with posttest scores higher than pretest scores with a positive ranking of 521.00 and there are 9 respondents with pretest scores the same as posttest scores.

Table 4
Ranking Results for Pregnant Women's Classes in the Gunungsari Health Center Work Area

	Rank	N	Mean Rank	Sum of Ranks
Post-Test - Pre-Test	Negative Ranks	2 ^a	3.50	7.00
	Positive Ranks	30 ^b	17.37	521.00
	Ties	9 ^c		

Table 5
Test Statistics Results on Pregnant Women's Class in the Gunungsari Health Center Work Area

Post-Test-Pre-Tet	
Z	-4.826 ^b
Asymp. Sig. (2-tailed)	.000

a. Wilcoxon Signed Ranks Test

b. Based on negative ranks.

Based on table 5. it can be seen that Asymp. Sig. (2-tailed) has a value of $0.000 < \alpha$ ($\alpha = 0.05$), so that hypothesis 0 is rejected. then it can be concluded that there is a Relationship between Pregnant Women's Class and the increase in knowledge of pregnant women in the Gunungsari Health Center Work Area.

DISCUSSION

Table 5 shows that 34 respondents (82.93%) of pregnant women are aged 20-35 years. This age is included in the reproductive age category. Based on the results of the study (Sari, 2024), most mothers aged 21-35 years (87.5%) have more complete experience and information about good childbirth. Experience and information can come from themselves or other people, such as family such as biological mothers. The more experience they have and the information they obtain, the better their knowledge about the meaning of childbirth, the time of childbirth and even the type of childbirth, which in the end can increase their confidence in childbirth.

In terms of education level, 17 respondents (41.46%) of pregnant women have a high school/vocational high school education, while mothers who have a junior high school/MTS education are 10 people (24.39%), while mothers who have a college education are 8 people (19.51%), and mothers who have an elementary school education are only 6 people (14.63%).

Good knowledge of pregnant women, especially those of productive age, can contribute positively to the health of the mother and fetus, including a better understanding of prenatal care, proper nutrition, and other preventive measures. In addition, mothers with higher levels of education tend to have higher levels of compliance with medical advice and treatments recommended by health professionals. This can reduce the risk of complications during pregnancy and increase the chances of a healthy birth (Alfarisi, 2024).

Based on table 5, it can be seen that Asymp. Sig. (2-tailed) has a value of $0.000 < \alpha$ ($\alpha = 0.05$), so hypothesis 0 is rejected. it can be concluded that there is a Relationship between Pregnant Women's Class and the increase in knowledge of pregnant women in the Gunungsari Health Center Work Area.

This finding is in accordance with the results of Kasmianti's research in 2024 which showed an influence of the class of pregnant women with the results of the influence test obtained a value of $p = 0.018 < \alpha = 0.05$ indicating that there is an influence of the class of pregnant women on knowledge about pregnancy at the UPT Ulaweng Health Center, Ulaweng District, Bone Regency. Therefore, the results of the study confirm that there is a positive influence of the Pregnant Women's Class on the knowledge of pregnant women about health during pregnancy.

According to Muna Sirajul's research in 2024, the results of the study showed (P-Value 0.000). This shows that there is a significant relationship between the class of pregnant women and maternal knowledge about pregnancy in the Peukan Baru Health Center Work Area, Pidie Regency.

CONCLUSION

Based on the results of the study conducted on the implementation of the prenatal class on the knowledge of pregnant women about childbirth preparation in the Gunungsari Health Center Work Area in 2025, the following conclusions can be drawn:

Before attending the prenatal class, 46.3% of respondents had good knowledge about childbirth preparation.

After attending the prenatal class, 92.7% of respondents had good knowledge about childbirth preparation.

The results of the Wilcoxon ranks test obtained a sig value of 0.000 less than $\alpha = 0.05$. This shows that there is a relationship between the implementation of the prenatal class and the knowledge of pregnant women about childbirth preparation.

SUGESTION

The research team would like to thank the Gunungsari Health Center, West Lombok Regency, for granting permission to collect data in this study.

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