

# **CHILDBIRTH PREPARATION EFFORTS FOR PREGNANT WOMEN WITH HYPERTENSION AGAINST INCIDENTS OF CHILDBIRTH DIFFICULTIES AT THE CLINIC PRATAMA JALA HUSADA DISKES LANTAMAL V SURABAYA**

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## **ABSTRACT**

Pregnancy is a natural process for a woman, but in reality, pregnancy nowadays is often accompanied by complications in pregnancy, one of which is hypertension in pregnant women, so preparation is needed in facing childbirth. The aim of this study was to analyze the effect of childbirth preparation in pregnant women with hypertension on the incidence of birth complications at the Pratama Jala Husada Diskes Lantamal V Surabaya Clinic.

This research uses design was *correlational analytics* with cross *sectional* approach. The population in this study was 35 respondents with a sample size of 32 respondents. The sampling technique used in this research was accidental *sampling*. Data collection by using questionnaires and medical records. Data analysis to see the relationship between the independent variable and the dependent variable uses statistical tests *chi square* with a significant level of  $\alpha = 0.05$ .

The research results showed that of the 32 respondents, almost half of the respondents prepared well for the delivery of hypertensive pregnant women, namely 15 respondents (46.9%). The majority of respondents did not experience any complications in childbirth, namely 26 respondents (81.2%). Results of data analysis using statistical tests *Chi Square* The P value was obtained  $< \alpha 0.05$  ( $0.000 < 0.05$ ), which means that there is an influence of preparation for childbirth in pregnant women with hypertension on the incidence of complications in childbirth at the Clinic Pratama Jala Husada Lantamal V Surabaya, this is due to good childbirth preparation for pregnant women. an important role in carrying out early management to prevent complications that complicate childbirth.

The conclusion of this study is that good preparation for childbirth for hypertensive pregnant women means that pregnant women do not experience complications during childbirth.

**Keywords: Preparation for childbirth, pregnant women with hypertension, complications in childbirth**

## **INTRODUCTION**

Hypertension in pregnancy is the presence of blood pressure of 140/90 mmHg or more after 20 weeks of pregnancy in women who were previously normotensive, or an increase in systolic pressure of 30 mmHg and/or diastolic pressure of 15 mmHg above normal values (Indriani, 2013). Hypertension in pregnancy is

hypertension characterized by blood pressure  $\geq 140/90$  mmHg after 20 weeks of gestation, accompanied by proteinuria  $\geq 300$  mg/24 hours (Nugroho, 2016).

Hypertension in pregnancy is a major cause of maternal and fetal morbidity and mortality. Hypertension occurs in 5-10% of pregnancies. The main problem faced in Indonesia and developing countries is the high rate of perinatal and maternal mortality (Republika, 2014). Hypertension in pregnancy is included in pregnancy complications, as one of the triad of complications besides bleeding and infection. Around 10-15% of pregnancies are accompanied by complications of hypertension (preeclampsia) and contribute greatly to neonatal and maternal morbidity and mortality (Plaat and Krishnachetty, 2014).

Hypertension in pregnancy constitutes 5-15% of pregnancy complications and is quite high. This is caused not only by the unclear etiology, but also by care during childbirth which is still handled by non-medical staff and the referral system is not yet perfect. Hypertension in pregnancy can be experienced by all levels of pregnant women so that knowledge about the management of hypertension in pregnancy must be truly understood by all medical personnel both at the central and regional levels. World health reports state that there were around 287,000 maternal deaths in 2012 consisting of Sub-Saharan Africa (56%) and South Asia (29%) or around (85%) maternal deaths occurred in developing countries. Meanwhile, in Southeast Asian countries, it is 150 mothers per 100,000 live births (Christina, 2013).

The maternal mortality rate in Indonesia in 2019 showed a decline to 305 maternal deaths per 100,000 live births and was ranked 12th out of 18 ASEAN and SEARO countries (2019 Indonesian Health Profile). The highest cases of hypertension occurred in the entire East Java region with a total of 554,771 cases (67.57%) in 2019. These cases also included hypertension in pregnancy. (East Java Provincial Health Office, 2019)

At Clinic Pratama Jala Husada, Lantamal V Surabaya, there were 127 visits from pregnant women. Of the total, there were 35 pregnant women who had hypertension. From the results of interviews conducted by researchers with 10 pregnant women who visited, it was discovered that 7 of the pregnant women (70%) who had hypertension had not prepared properly for childbirth, while 3 (30%) of the pregnant women who had hypertension had prepared thoroughly. her birth.

Pregnant women's unpreparedness for childbirth is one of the factors contributing to maternal mortality which is related to direct and indirect factors. The direct causes of maternal death in Indonesia are still dominated by bleeding, preeclampsia and infection. Meanwhile, indirect factors of maternal death include being late in recognizing danger signs of pregnancy, being late in making decisions resulting in late referrals, and being treated too late by medical personnel for complications in complete health facilities (Arisna K, 2018).

Management of preparation for childbirth with hypertension can be done by recommending that the mother undergo regular examinations, have a healthy and balanced diet, namely by consuming foods that contain sufficient protein, low carbohydrates, sufficient salt and low fat, and limiting physical activity. Complications that can threaten the mother can be avoided and can be overcome with very thorough and safe birth preparation. The mother's knowledge about these things is very useful as a measure of how much the mother cares about the pregnancy she is experiencing and preparations for childbirth that will be faced in the future. Preparation for childbirth in pregnant women with hypertension requires strict supervision, such as the place of birth must be in a place that is ready for medication and more complete hospital facilities.

Based on this background, researchers want to conduct research on efforts to prepare for childbirth in pregnant women with hypertension regarding the incidence of complications in childbirth at Clinic Pratama Jala Husada, Diskes Lantamal V Surabaya.

## RESEARCH MATERIALS AND METHODS

This research uses a correlational analytical design with a cross sectional approach. The population in this study was 35 respondents with a sample size of 32 respondents. Sampling in this study used accidental sampling technique. Data collection using questionnaires and medical records. Data analysis to

see the relationship between the independent variable and the dependent variable uses the chi square statistical test with a significance level of  $\alpha = 0.05$ . This research has also received information that it has passed the ethical test.

## RESEARCH RESULT

### 1. General Data

**Table 4.1** Frequency distribution of respondents based on maternal age, education, employment and Parity at Clinic Jala Husada Pratama, Lantamal V Surabaya Diskes

Age	Frequency	Percentage (%)
<20 years	0	0
20-30 years	24	75,0
>30 years	8	25,0
Total	32	100
Education	Frequency	Percentage (%)
Elementary school	0	0
JUNIOR HIGH SCHOOL	0	0
Senior high school	21	65,7
University	11	34,3
Total	32	100
Work	Frequency	Percentage (%)
Not Working (house wife)	19	59,3
Private	9	28,1
Self-employed	1	3,1
Civil servants	3	9,3
Total	32	100
Parity	Frequency	Percentage (%)
Primipara	5	15,6
Multiparous	21	65,7
Grandemulti	6	18,7
Total	32	100

Based on table 4.1, it was found that the majority of respondents were aged 20-30 years, namely 24 respondents (75.0%), the majority of respondents had a senior high school education, namely 21 respondents (65.7%), the majority of respondents were not working (house wife), namely as many as 19 respondents (59.3%) and half of the respondents were multiparous, namely 21 respondents (65.7%).

### 2. Special Data

#### A. Preparation for childbirth of pregnant women with hypertension

**Table 4.2** Frequency distribution of respondents based on childbirth preparation for pregnant women with hypertension at the Clinic Pratama Jala Husada Diskes Lantamal V Surabaya

No	Preparation for Childbirth	Frequency	Percentage (%)
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1	Good	15	46,9
2	Enough	14	43,8
3	Not enough	3	9,3
Total		32	100

Based on table 4.2, it was found that almost half of the respondents prepared well for the delivery of hypertensive pregnant women, namely 15 respondents (46.9%).

## B. Events that complicate childbirth

**Table 4.3** Frequency distribution of respondents based on the incidence of childbirth complications at Clinic Pratama Jala Husada Diskes Lantamal V Surabaya

No	Events that complicate childbirth	Frequency	Percentage (%)
1	Occur	6	18,8
2	Not occur	26	81,2
Total		32	100

Based on table 4.3, it was found that the majority of respondents did not experience any complications in childbirth, namely 26 respondents (81.2%).

## D. Cross-tabulation of the influence of childbirth preparation in pregnant women with hypertension on the incidence of birth complications at Clinic Jala Husada Pratama, Diskes Lantamal V Surabaya

**Table 4.12** Cross tabulation of the effect of childbirth preparation in pregnant women with hypertension on the incidence of birth complications at Clinic Pratama Jala Husada Lantamal V Surabaya

Preparation Childbirth	for	Events that complicate childbirth				Total	
		Happen		Not occur			
		N	%	N	%	N	%
Good		0	0	15	100	15	100
Enough		3	21,4	11	78,6	14	100
Not enough		3	100	0	0	3	100
Total		6	18,8	26	81,2	32	100

Based on table 4.12, it was found that of the 32 respondents, all respondents who had good preparation for childbirth with hypertension and no complications during childbirth were 15 respondents (100%).

## E. Statistical Test Results

**Table 4.13** Statistical test results on the effect of childbirth preparation in pregnant women with hypertension on the incidence of childbirth complications at Clinic Pratama Jala Husada Lantamal V Surabaya Health Department

Statistical Test *Chi Square*

	df	P -value
<i>Pearson Chi-Square</i>	2	0.000

Based on data analysis using statistical tests *Chi Square* value is obtained  $P$  value  $< \alpha$  0,05 (0.000 < 0,05) so  $H_0$  rejected and  $H_1$  accepted, which means that there is an influence of preparation for childbirth in pregnant women with hypertension on the incidence of complications in childbirth at Clinic Jala Husada Pratama, Diskes Lantamal V Surabaya.

## DISCUSSION

### A. Preparation for childbirth in pregnant women with hypertension

Based on table 4.2 above, it was found that of the 32 respondents, almost half of the respondents made good preparation for childbirth for hypertension pregnant women, namely 15 respondents (46.9%), adequate preparation for childbirth for pregnant women with hypertension, 14 respondents (43.8%) and There were 3 respondents (9.3%) who had less preparation for giving birth to pregnant women with hypertension.

Based on the results of cross tabulation between age, education, employment and parity with childbirth preparation, it is known that almost half of respondents aged 20-35 years have good childbirth preparation, namely 11 respondents (45.8%), most respondents with high school education have good childbirth preparation. good, namely 11 respondents (52.4%). Almost all housewife respondents did not experience any complications in childbirth, namely 17 respondents (89.5%). Nearly half of multiparous parity respondents had good childbirth preparation, namely 10 respondents (47.6%).

In this case, readiness means the ability a person has to do something according to the existing conditions. The condition that a person has greatly influences the readiness and response that that person will give. This is the same as what Slamet (2016) stated, "Readiness is the overall condition that makes one ready to respond or answer in a certain way to a situation. Adjustments to conditions at any given time will influence the tendency to respond." In short, readiness is a state of being ready to respond or answer something in a certain way to answer or respond depending on the situation one is facing. The results of the response or answer are influenced by the circumstances that a person is experiencing.

According to researchers, the majority of pregnant women with hypertension make good preparations in facing the birth process, this is because the educational level of most of the mothers is high school and higher education so they have good knowledge about what preparations to face childbirth. Mothers who have a bachelor's and high school education will have higher knowledge than pregnant women with lower educational levels. With the knowledge you have, it can be the basis for pregnant women to prepare for childbirth well. Apart from that, most of the mothers are multiparous so they already have experience from previous pregnancies, including dealing with the birthing process. The preparations made by pregnant women with hypertension include: Do muscle stretching exercises and get enough rest and bed rest, avoid caffeine, smoking and alcohol. A healthy and balanced diet, regular check-ups during pregnancy, monitoring the life and growth of the fetus by doing ultrasounds and limiting physical activity and reducing the use of anti-hypertension drugs. Therefore, preparation for childbirth for pregnant women at risk plays an important role in carrying out early management to prevent complications that complicate childbirth.

## B. Events that complicate childbirth

Based on table 4.3 above, it was found that of the 32 respondents, the majority of respondents did not experience complications in childbirth, namely 26 respondents (81.2%) and 6 respondents who experienced complications in childbirth (18.8%).

Based on the results of cross tabulation between age, education, employment and parity with the incidence of complications in childbirth, it is known that the majority of respondents aged 20-35 years did not experience complications in childbirth, namely 19 respondents (79.2%), most of the respondents had a high school education and no complications occurred. childbirth, namely 16 respondents (76.2%), almost all respondents were housewives and there were no complications in childbirth, namely 17 respondents (89.5%), the majority of multiparous parities did not experience complications in childbirth, namely 18 respondents (85.7%).

This research is in line with research by Supriyati, Doeljachman and Susilowati (2015) which concluded that pregnant women who have poor preparation will be 6.2 times more likely to experience labor dystocia as one of the indications for surgical delivery. Childbirth complications are abnormalities that occur during the delivery process, such as prolonged second stage, presentation abnormalities, post-partum hemorrhage, and Caesarean section (Bobak, 2016). Childbirth complications are abnormalities that affect the course of labor and thus require labor intervention to achieve *well born baby* and *well health mother* (Manuaba, 2016). Based on the definition above, difficult labor is abnormal labor that requires more complex birth assistance interventions compared to normal labor to prevent postnatal death of the mother and baby.

According to the researchers, most of the respondents did not experience complications in childbirth, this is because pregnant women with hypertension have good preparation for childbirth, apart from that, pregnant women also have good knowledge regarding efforts to prepare for childbirth with hypertension, for example carrying out routine pregnancy checks, consuming lots of food. healthy and balanced, mothers prepare themselves with various information about pregnancy and childbirth. either from books, magazines, or following counseling that has been prepared at health facilities. Mothers can exchange information and experiences with other participants. Mothers can also exchange information with relatives or friends who have experience giving birth. In fact, mothers can use the time during pregnancy check-ups to ask the health workers on duty to discuss complaints or things the mother wants to know regarding childbirth preparations. The incidence of labor complications experienced by respondents included prolonged labor, premature rupture of membranes, bleeding, and PEB. A small percentage of hypertensive pregnant women experience complications due to lack of preparation for childbirth, one of which is pregnant women who do not regularly carry out pregnancy checks, mothers who rarely carry out pregnancy checks will be at greater risk of experiencing birth complications compared to mothers who regularly carry out examinations. pregnancy..

## C. The influence of preparation for childbirth in pregnant women with hypertension on the incidence of complications in childbirth at Clinic Jala Husada Pratama, Diskes Lantamal V Surabaya.

Based on table 4.4 above, it was found that of the 32 respondents, all respondents who had good preparation for childbirth with hypertension and no complications during childbirth were 15 respondents (100%). Results of data analysis using statistical tests *Chi Square* value is obtained  $P$  value  $< \alpha$  0,05 (0.000  $<$  0,05) so  $H_0$  rejected and  $H_1$  accepted, which means that there is an influence of preparation for childbirth in pregnant women with hypertension on the incidence of complications in childbirth at Clinic Jala Husada Pratama, Diskes Lantamal V Surabaya.

Preparation for childbirth carried out by pregnant women with hypertension plays an important role for pregnant women in facing their birth, so that the mother does not feel anxious and can enjoy the birth process. (Yoki, 2016). Good birth preparation will also reduce confusion and chaos during

childbirth and increase the likelihood that the mother will receive appropriate and timely care so that birth complications will be avoided.

The results of this research are in line with research from Tinah and Ani Pudwiyani (2016). shows that there is a relationship between risk factors and the incidence of birth complications with a p value of  $0.003 < 0.05$ , this is also in accordance with research from Narjis (2019) which states research results using tests *Somers' d Gamma* obtained  $\rho$  value = 0.036 ( $\rho < 0.05$ ) with a correlation coefficient value of 0.415. Working hypothesis  $H_1$  accepted and  $H_0$  rejected. This means that there is a relationship between pregnant women's risk and preparation for childbirth with a sufficient level of relationship.

According to researchers, the majority of hypertensive pregnant women make preparations. According to researchers, the majority of hypertensive pregnant women prepare well for childbirth and there are no complications during childbirth. This is because most of them have high school and higher education so that respondents have good knowledge in preparing for childbirth. This is in line with research conducted by Anggriani (2015) regarding childbirth preparation and handling complications which states that with higher education, a person will tend to get information. The more information you obtain, the more knowledge you will gain about proper childbirth preparation, so that the mother can face emergencies that may occur later in a mature manner. Management of preparation for childbirth with hypertension can be done by pregnant women monitoring the life and growth of the fetus by doing an ultrasound, limiting physical activity, and reducing the use of anti-hypertension drugs. Doing muscle stretching exercises and getting enough rest and bed rest, avoiding caffeine, smoking and alcohol and follow a healthy and balanced diet, namely by consuming foods that contain enough protein, low carbohydrates, enough salt and low fat. Complications that can threaten the mother can be avoided and can be overcome with very thorough and safe birth preparation. The mother's knowledge about these things is very useful as a measure of how much the mother cares about the pregnancy she is experiencing and preparations for childbirth that will be faced in the future. Preparation for childbirth in pregnant women with hypertension requires strict supervision, such as the place of birth must be in a place that is ready for medication and more complete hospital facilities.

## CONCLUSION

The conclusion in this research is Almost half of the respondents at Clinic Pratama Jala Husada, Diskes Lantamal V Surabaya prepared the birth of hypertensive pregnant women well, namely 15 respondents (46.9%). Most of the respondents at Clinic Pratama Jala Husada Lantamal V Surabaya did not experience any complications in childbirth, namely 26 respondents (81.2%). There is an influence of preparation for childbirth in pregnant women with hypertension on the incidence of complications in childbirth at Clinic Jala Husada Pratama, Diskes Lantamal V Surabaya with a value  $P$  value  $< \alpha$  0,05 ( $0.000 < 0,05$ ). It is hoped that pregnant women can increase their knowledge about the risk factors for complications in childbirth and their impact on the birth process, so that they can prevent complications during childbirth.

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