**Analysis of Factors Affecting the Event of High Pregnancy Mother**

**in Blimbing Health Center Gudo Jombang District**

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| **Felomene Dian Sulistyananing Ati1, Nurdina2, Byba Melda Suhita2**1 Magister of Health Study Program of STIKes Surya Mitra Husada Kediri2 Lectures of STIKes Surya Mitra Husada Kediri**Email:**kenjirofel21@gmail.com | **ABSTRACT**A high risk pregnant woman still becomes a health issue/problem in the society. There are many factors who influence, such as the nutritious status, the anxiety, the health officers' role/workers' role and the ANC service. This research aims to indicate/detect the influence of the nutritious status, the anxiety, the health officers' role/workers' role and the ANC service to the high risk pregnant women. The research design is correlational analytic with the cross sectional approach. The total of the pregnant women with ANC service in Blimbing Gudo heaalth public clinic, Jombang district are 0ne hundred thirty four pregnant women per month with 150 respondents for sample by using simple random sampling methode. The free variable of the nutritious status, the anxiety, the health officers' role/workers' role and the ANC service and the correlation of the high risk pregnant women are collected with the questioners and analyzed by the double logistic regression. It is indicated that there is a connection/relation between the nutritious status and the high risk pregnant women (p 0.031<0.05), between the anxiety and the high risk pregnant women (p 0.003<0.05 ), between the the health public clinic officers' role and the high risk pregnant women (p 0.007<0.05 ), between the ANC service and the high risk pregnant women (p 0,001<0,05 ), there is an influence/impact simultaneously from the nutritious status, the anxiety, the health officers' role/workers' role and the ANC service to the high risk pregnant women' incident (p 0.011<0.05 ), and the most dominant/influential factor is the role of the health public clinic factors with B 4,778. It is caused by the midwife's practice which is the first chain/link of the pregnant women's health service. It is concluded that the nutritious status, the anxiety, the health officers' role/workers' role and the ANC service become predispotition of the high risk pregnant women. **Keywords:** Nutrition status, the anxiety, the health role worker, ANC servis, high risk pregnant women |

**INTRODUCTION**

 Pregnancy is one of the most important moments in the process of becoming a mother. However, it should be noted that mothers who are pregnant also have various risks that are able to eliminate the life of the mother herself. In this case it is called high risk pregnant women. High risk pregnant women is a time when the mother can experience various risks during pregnancy (Prawirohardjo, 2014). This condition will be one of the causes of high maternal mortality and infant mortality.

In the national strategy plan it has been formulated that Indonesia must be able to reduce maternal mortality. The expectation of maternal mortality per 100,000 live births can be reduced, from 346 / 100,000 live births (SP 2010) to 306 / 100,000 live births in 2019 (Moeloek, 2015). The problem is that until now the maternal mortality rate in Indonesia is still relatively high.

According to WHO, cases of maternal deaths occur between 33–50% (WHO in Mikrajab, 2015). AKI in Indonesia until 2016 is still at 306 / 100,000 live births (SDKI, 2016). AKI in East Java until 2016 is still 91 / 100,000 live births (Health Profile of East Java Health Office, 2017). AKI in Jombang Regency until 2017 amounted to 149.67 / 100,000 live births (Health Profile of Jombang District Health Office, 2017). AKI in Blimbing Gudo Health Center, Jombang Regency, East Java in 2017 there were 1 maternal death among 476 pregnant women or 210 / 100,000 live births (PKP Blimbing Gudo Health Center, Jombang Regency, 2017).

On the other hand the incidence of high-risk pregnant women is also still quite high. According to WHO data (World Health Organization) it is estimated that high-risk pregnant women with hypertension (preeclampsia) will be higher in 2025 with a total of 1.15 billion cases or around 29% of the total world population. Globally, 80% of maternal deaths are due to hypertension in pregnant women by 12%) (WHO in Trisiani & Hikmawati. 2016). Data on high-risk pregnant women in Jombang Regency in East Java in 2017 showed that from 20,502 pregnant women including 5,124 high-risk pregnant women, the prevalence rate of high-risk pregnant women was 24.9% (Profile of Jombang District Health Office, 2017). Whereas in Blimbing Gudo Health Center, Jombang Regency, there were 856 pregnant women, including 85 high-risk pregnant women or a prevalence rate of high risk pregnant women of 17.9% (PWS KIA Blimbing Health Center Report, 2017).

The high incidence of high risk pregnant women can be influenced by various factors. According to Rochjati, it covers the age of the mother tahun20 years and ≥35 years, high parity (the mother has been pregnant or gave birth to a child 4 times or more), the distance of the child ≤2 years and height 145 cm, past labor with action, caesarean surgery maternal disease, mild preeclampsia, multiple pregnancies, hydramnios / twin pregnancy, uterine dead fetus, more months pregnant, location abnormalities, antepartum bleeding, and severe preeclampsia / eclampsia (Kurniawati, 2014). Other causes are due to diseases suffered by the mother including blood disorders, chronic kidney disease, anxiety or depression, high blood pressure, HIV / AIDS, lupus, obesity nutritional status, thyroid disease and diabetes mellitus.

The results of a preliminary study of 10 pregnant women who performed ANC at the Gudo Health Center in Jombang Regency showed that there were 6 mothers (60%) who were anxious, the remaining 4 mothers (40%) were not anxious or ready to face pregnancy and childbirth. Furthermore, from the results of the interview, it is known that this anxiety arises because the mother is afraid to die, afraid to part with the baby, anxious about health, anxious about pain during labor, possible complications during pregnancy or delivery, worry about not getting help and care during childbirth. Another anxiety that is not directly related to pregnancy and childbirth is fear that the husband will not be present during labor, fearing that the burden of life will be heavier and fear of responsibility as a mother. Anxiety for their children, including: handicapped babies, babies experiencing abnormalities in body tools, babies experiencing impaired substance exchange in the body, fear of miscarriages and death in the womb.

High risk of pregnancy can also be caused by unhealthy lifestyles such as consuming alcoholic beverages, smoking and drug abuse (Iswandiari, 2017). Other causes are a lack of prenatal check up of pregnant women with a minimum standard of 4 examinations and a minimum frequency in each trimester, namely one time in the first trimester (0-12 weeks gestation), one time in the second trimester (12-24 weeks gestation) and twice in the third trimester (24 weeks' gestation until delivery). The standard of service time is recommended to ensure the protection of pregnant women and / or fetuses in the form of early detection of risk factors, prevention, and early treatment of pregnancy complications (Budijanto, 2017), poor implementation of antenatal care, ANC service processes that are less than standard (10T )

A preliminary study at the Gudo Jombang District Health Center showed that out of 10 pregnant women implementing ANC, there were 4 pregnant women (40%) who did not receive services according to the 10 T standard, the remaining 6 pregnant women (60%) had received services according to the 10 T standard. This lack of 10 T standard is because there are indications that 10 T services cannot be carried out.

According to Beardeslee (Yustisia, 2013) the ability of health providers to recognize symptoms and signs of high risk of pregnancy from an early age can avoid the state of psychosis in pregnant women and various other disorders. Pregnant women with poor nutritional status or experiencing KEK (Chronic Energy Lack) tend to give birth to LBW babies and are faced with a greater risk of death compared to babies born to mothers of normal weight (Purwanti, 2016).

The results of a preliminary study at the Gudo Jombang District Health Center showed that of 10 pregnant women observed, there were 3 pregnant women (30%) including SEZs and the remaining 7 pregnant women (70%) who were of normal nutritional status (LILA more than 23cm).

The impact that occurs in high-risk pregnant women is the occurrence of miscarriage, premature labor, infection, anemia of pregnancy, gestosis, and maternal death (Saifuddin, 2015). Another impact is increasing the risk of stillbirth, premature birth, low birth weight, and birth defects (Iswandiari, 2017). The Ministry of Health states that hypertension (preeclampsia) increases the mortality and morbidity of pregnant women (Ministry of Health, 2014).

Given this, a solution is needed so that the incidence of high-risk pregnant women can be reduced as low as possible. Therefore, efforts must be made to increase the coverage of ANC services, all pregnant women are given antenatal care and screening for early detection pro-actively, namely recognizing problems that need to be watched out and finding early signs of danger signs and pregnancy risk factors, improving service quality according to conditions and risk factors for pregnant women, as well as increasing access to referral by utilizing health service facilities and facilities according to their risks through planned referrals for high-risk mothers, obstetric emergency mothers such as eklamsi and mothers with early obstetric complications (Rochjati in Kurniawati, 2014).

**RESEARCH METHODS**

 The research design used is correlational analytic design, which is a research design that aims to examine the relationships between variables. The approach used is cross sectional. According to Nursalam (2013), cross-sectional research is a type of research that emphasizes the time of measurement / observation of independent variable and bound data only once, at one time. In this study measurements of nutritional status, psychological conditions (anxiety), the role of health workers and integrated ANC service processes and the incidence of high risk pregnant women were collected only once and at the same time or at one time.

Research location at Blimbing Gudo Health Center, Jombang Regency. When the study was in December 2018. The independent variables were nutritional status, anxiety, the role of officers and ANC services and the binding of the history of pregnancy was collected by questionnaire. Statistical analysis was carried out by multiple logistic regression and chi square.

**RESULTS**

**Subject Characteristics**

**Table 1.** The characteristics of respondents in this study included age, education, occupation, parity, JKN participation, nutritional status, anxiety, the role of health workers, ANC services and the incidence of high-risk pregnant women.

|  |  |  |  |
| --- | --- | --- | --- |
|  **No** | **Characteristics**  | **ΣN** | **Σ%** |
| 1 | **Age (year)**<35>35 | 6144 | 496 |
| 2 | **Education** Elementary schoolYunior high shcoolSenior high schoolUniversity  | 9556917 | 636,74611,3 |
| 3 | **Occupation** |
|  | HousewifeEmployees  | 11436 | 7624 |
| 4 | **Parity**PrimigravidaMultigravidaGrandemultigravida  | 62844 | 41,3562,7 |
| 5 | **JKN membership**JKNNon JKN | 13614 | 90,79,3 |
| 6 | **Nutritional status** |
|  | KEKNon KEK  | 5298 | 34,765,3 |
| 7 | **Anxiety**  |
|  | WeightIs beingLight | 264381 | 17,328,754 |
| 8 | **The role of health workers**LessEnoughWell | 577221 | 384814 |
| 9 | **ANC services**LessEnoughWell | 507723 | 33,351,315,3 |
| 10 | **Incidence of high-risk pregnant women** YesNo  | 6486 | 42,757,3 |
|  | **Total** | **150** | **100** |

**STATISTICAL TEST RESULTS**

**Table 2.** Logistic Regression Test Results of Dominant Factors Affecting High Risk Pregnancy in Jombang Blimbing Gudo Health Center in 2018

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Component  | B | *Pvalue* | *α* | Exp(B) |
| Nutritional Status | 3.837 | .031 | 0,05 | 46.390 |
| Anxiety  | 4.689 | .003 |  | 108.728 |
| The role of healt workers | 4.778 | .007 |  | 118.873 |
| *ANC services* | 3.920 | .011 |  | 50.382 |
| Constant | -31.799 | .001 |   |   .000 |

Based on table 2 it is known:

1. There is an influence between nutritional status and the incidence of pregnant women (p value 0.031 <0.05).
2. There is an influence between anxiety and the incidence of pregnant women (p value 0.003 <0.05).
3. There is an influence between the role of officers and the incidence of pregnant women (p value c 0.007 <0.05).
4. There is an influence between ANC services and the incidence of pregnant women (p value 0.011 <0.05).
5. The most dominant factor affecting the incidence of high-risk pregnant women in Blimbing Gudo Public Health Center, Jombang Regency in 2018 is anxiety with p value 0.003

**DISCUSSION**

**Effect of Nutritional Status on the Occurrence of Pregnancy Pregnancy**

Based on table 2, there is a correlation between nutritional status and the incidence of pregnant women (p chi square,000 <0.05). Besides that, from the results of cross-analysis, it was found that the majority of respondents were not SEZ and did not experience the occurrence of pregnant women who were 78 respondents (52%). Based on age cross tabulation, most respondents were> 35 years old with nutritional status including non-SEZ categories, namely 94 respondents (62.7%). This is because at the age of 35 years for a woman enough to get information, knowledge and understanding of balanced nutrition both from health workers and from electronic facilities (TV, Radio, magazine, goegle, FB) so as to influence the behavior of pregnant women in choosing, fulfilling nutrition menu.

The emergence of high risk pregnant women in theory can also be influenced by various factors. According to Rochjati, one of them can be caused by a mother's poor nutritional status besides the age of a mother who is too young or too old, high parity (multigravida), the birth distance of a child tahun2 years and a mother's height is low or 145 cm, then labor former caesarean surgery, maternal disease, mild preeclampsia, twin pregnancies, hydramnios / twin water pregnancies, uterine dead fetus, more months pregnant, location abnormalities, antepartum bleeding, and severe preeclampsia / eclampsia (Kurniawati, 2014). Other causes are caused by maternal diseases including blood disorders, chronic kidney disease, anxiety or depression, high blood pressure, HIV / AIDS, lupus, overweight nutritional status, thyroid disease and diabetes mellitus. In this case, nutritional status is one of the risk factors for pregnant women, including risk. Nutritional status is indicated by a body weight <45 kg or overweight. BB is less associated with LBW and the risk of a baby failing breath and complications. BB is more associated with the risk of preeclampsia, diabetes mellitus during pregnancy, excess infant BB, which allows difficulty in labor (Paramita, 2018).

In this study, it was seen that most pregnant women included nutritional status not SEZ, which means that the nutritional status of pregnant women is either good or normal or has not experienced chronic energy deficiency and only a small portion is included in SEZ. Furthermore, from the results of cross-analysis, it was seen that most respondents were not SEZs and did not experience the occurrence of pregnant women. These results indicate that with nutritional status that is not SEZ, pregnant women have a tendency not to experience high risks in pregnancy. So that it can be assumed that good nutritional status predisposes to prevention of high risk in pregnancy, especially mothers with BB <45 kg or otherwise overweight. Less maternal weight will be related to LBW and the risk of the baby failing breath and complications. Excessive body weight is associated with the risk of suffering from preeclampsia, diabetes during pregnancy, excess baby weight, which makes it difficult for labor. This is explained in the theopri which says that the impact of SEZs is to increase the risk of stillbirth, premature birth, low birth weight, and birth defects (Iswandiari, 2017). The impact if maternal SEZs are maternally according to the Ministry of Health causes hypertension (preeclampsia) to increase the mortality and morbidity of pregnant women (Ministry of Health, 2014).

**Effect of Anxiety on the incidence of Pregnant Pregnancy**

Based on table 2, there was an association of anxiety with the incidence of pregnant women (p chi square 0.000 <0.05). These results are supported by the results of cross analysis, namely that most respondents experienced moderate anxiety and the incidence of pregnant women who were 34 respondents (22.7%). Based on age cross tabulation, most respondents were> 35 years old with anxiety including mild category, namely 79 respondents (52.7%). This is because at this age it is psychologically ready to face the pregnancy. Some even have experience with pregnancy.

The incidence of high risk pregnant women in theory can also be influenced by psychological factors such as anxiety or stress. In this case anxiety is one of the risk factors for high-risk pregnant women. Anxiety that is felt by women who are pregnant, will have an impact on the fetus they contain. Many studies have shown that negative thoughts can have a negative impact on pregnant women and their fetuses (Sijangga in Trisiani, 2016). Primipara often experiences stress when facing labor. Emotional stress that occurs in primipara causes an increase in the release of corticotropic-releasing hormone (CRH) by the hypothalamus, which then causes an increase in cortisol. According to Wiknjosastro (2014), parity 2-3 is safe parity in terms of maternal mortality, parity 1 and parity more than 3 have a high maternal mortality rate.

In accordance with the results of the study, it was found that most respondents experienced moderate anxiety and it turned out that they experienced an occurrence of pregnant women. These results indicate that the theory that the anxiety felt by women who are pregnant will have an impact on the fetus they contain is relevant. This can occur because anxiety that occurs in early pregnancy can indeed increase the risk of preeclampsia. Preeclampsia is a major complication in pregnancy. The presence of such preeclampsia includes high-risk pregnancies. It can be seen from the results of the study that respondents who experienced severe anxiety turned out to be among the most pregnant women in the amount of 15 respondents (16.7%) out of a total of 26 anxious mothers. On the other hand, the respondents who experienced mild anxiety were found to be among the most unsound, namely 76 respondents (50.7%). For pregnant women who experience mild anxiety, of course they can still care for themselves during their pregnancy and prepare for their pregnancy until delivery. confident.

**Effect of the Role of Health Officers on the incidence of Pregnant Pregnancy**

Based on table 2, there is a relationship between the role of officers and the incidence of pregnant women (p chi square 0.000 <0.05). Likewise from the results obtained at most respondents assessed the role of health workers with sufficient categories and did not experience the incidence of pregnant women as much as 64 respondents (42.7%). This shows that with the active role of health workers in providing care, services in pregnancy can reduce the incidence of high-risk pregnant women.

The role of skilled health workers (skilled birth attendant), especially midwives with Normal Childbirth Care (APN) skills, is the main and absolute requirement that must be possessed before carrying out childbirth assistance. The role of health workers, especially in medical examinations in antenatal care, includes anamnesis, physical examination, diagnosis, obstetric examinations and supporting diagnostic examinations (Myrra Rizky Yanuaria in Sujana, 2018). As a health worker, the effort to prevent high-risk pregnancies with all possible impacts is to provide IEC to mothers that the safest age for reproduction is the age of 20-34 years, where the reproductive organs are mature and ready to receive pregnancy and childbirth and provide KIE to mothers regarding family planning so that mothers can manage the distance of pregnancy (Kurniawati, 2014). The role of skilled health workers (skilled birth attendant), especially midwives with Normal Childbirth Care (APN) skills, is the main and absolute requirement that must be possessed before carrying out childbirth assistance (Mikrajab, 2015).

The results of the study showed that the majority of respondents considered that the role of health workers was in the sufficient category and pregnant women did not experience the incidence of pregnant women. This is due to the adequacy of the role of health workers in medical examinations in antenatal services which include history taking, physical examination, diagnosis, obstetric examinations and supporting diagnostic examinations, so that early abnormalities that occur in pregnant women can be detected immediately. Pregnant women can immediately get early help appropriately so that it does not continue in the direction of complications in pregnancy. This role is more focused on preventive actions for pregnant women with health services at ANC, integrated ANC, during pregnancy check-ups at polindes or puskesmas or at other times. The role of midwives in the health sector is very large, especially when dealing with high risk.

**Effect of ANC Services on the incidence of Pregnant Pregnancy**

Based on table 2, it is known that there is a relationship between ANC services and the incidence of pregnant women (p chi square 0.000 <0.05). Supported from the results of cross-analysis, it was found that most respondents rated ANC services with sufficient categories and apparently did not experience the occurrence of pregnant women as much as 64 respondents (42.7%) .This was due to quality ancillary services and were done early with gestational age <12 weeks can detect early high risk of pregnancy.

Antenatal services are health services by trained health workers for mothers during pregnancy, carried out according to antenatal care standards set out in the Midwifery Service Standard (SPK). According to Wiknjosastro (2014), the purpose of supervising pregnant women is to prepare him as well as possible physically and mentally, and to save mothers and prospective children in pregnancy, childbirth and the puerperium, so that the postpartum condition is healthy and normal, not only physically but also mentally. this means that in antenatal care must be sought so that: pregnant women until the end of pregnancy must at least be as healthy or healthier, the existence of physical or psychological abnormalities must be found as early as possible and treated and women give birth without difficulty and babies born physically and mentally healthy. It is recommended that every pregnant woman check herself when her period is at least one month late, pregnancy visits are carried out at least 4 times during pregnancy (Rukiah, 2013). In conducting an antenatal examination, health workers must provide quality services in accordance with the standards consisting of 10T (Indonesian Ministry of Health, 2013).

It was found that most respondents considered that ANC services were in sufficient category and found that they did not experience premature pregnancies caused by obtaining ANC services so that pregnant women monitored their pregnancy progress to ensure maternal health and fetal growth, to improve and maintain maternal and fetal physical, mental, and social health , it can be recognized early that there are abnormalities or complications that may occur during pregnancy, including a history of general illness, midwifery and surgery, can prepare enough months of delivery, can prepare the mother so that the postpartum period runs normally and exclusive breastfeeding, can prepare the mother's role and family in accepting the birth of a baby so that they can grow and develop normally and can reduce maternal and infant morbidity and mortality.

**Simultaneously the Influence of Factors on Nutritional Status, Psychological Conditions (Anxiety), the Role of Health Officers and ANC Service Process on Events of High Risk Pregnant Women**

Based on table 2, there is a simultaneous influence of nutritional status, psychological (anxious) factors, the role of health workers and the ANC service process on the incidence of high risk pregnant women in Blimbing Gudo Public Health Center, Jombang Regency (p 0.001 <0.05, Ho is rejected).

In theory, it is mentioned that the high incidence of high risk pregnant women can be caused by various factors. According to Rochjati, the factors include the age of mothers who are ≤20 years and ≥35 years old, high parity (mothers have been pregnant or gave birth to children 4 or more times), the distance of children ≤2 years and height 145 cm, past labor with action, former surgery caesarea, maternal disease, mild preeclampsia, twin pregnancies, hydramnios / twin pregnancy, uterine dead fetus, more months pregnant, location abnormalities, antepartum bleeding, and severe preeclampsia / eclampsia (Kurniawati, 2014). Other causes are due to diseases suffered by the mother including blood disorders, chronic kidney disease, anxiety or depression, high blood pressure, HIV / AIDS, lupus, obesity nutritional status, thyroid disease and diabetes mellitus.

The simultaneous influence of nutritional status factors, psychological conditions (anxious), the role of health workers and the ANC service process on the incidence of high risk pregnant women due to high risk in this study did vary. This means that the high risk referred to in this study is a fairly broad spectrum of risks. The point is that the risks put into high risk are various risk factors that can interfere with the pregnancy process until maternity or life threatening the mother and fetus. This condition can be in the form of pregnant women with a age of less than 20 years, or pregnant women over the age of 35 years, mothers with a height of less than 145 cm, mothers weighing less than 45 kg or mothers with the age of the last child with less pregnancy. 2 years even mothers with more than 4 children (grandemultigravida). Given that many things are high risk categories in pregnancy, the causes are also multifactorial in terms of nutritional status, psychological conditions (anxiety), the role of health workers and the ANC service process. If all of these causes are shared together, the cause will further aggravate the health condition of the pregnant woman or the higher risk in pregnancy and childbirth.

**Dominant Factors Affect the Occurrence of High Risk Pregnant Women**

**Based on table 2, it is known that the most dominant factor affecting the incidence of high-risk pregnant women in Blimbing Gudo Public Health Center, Jombang Regency in 2018 is anxiety with p value 0.003.**

This is because stress or anxiety in the face of labor causes an increase in the release of corticotropic-releasing hormone (CRH) by the hypothalamus, which then causes an increase in cortisol. Anxiety is a word used by Freud to describe a negative effect and excitement. Anxious means ordinary and natural psychological experience, which has been experienced by everyone in order to encourage individuals to overcome problems that are being faced as well as possible (Hawari, 2012). Anxiety is actually a normal reaction to stress and danger. Anxiety is an emotional reaction to the perception of danger, both real and not necessarily present. Anxiety and fear are often used with the same meaning but, fear refers to the existence of a specific threat while anxiety refers to the existence of a threat that is only based on the results of assumptions that are not necessarily true. Feelings of helplessness and inadequacy can occur, accompanied by feelings of alienation and discomfort. The intensity of this feeling or being severe enough to cause panic, and its intensity can increase or disappear depending on the doping ability of individuals and sources at any given time (Rahma, 2013). Anxiety is a psychological element that describes the feeling, emotional state that is owned by someone when facing reality or events in his life. Anxiety that is felt by women who are pregnant, will have an impact on the fetus they contain. Many studies have shown that negative thoughts can have a negative impact on pregnant women and their fetuses (Sijangga in Trisiani & Hikmawati, 2016).

Among the various factors studied such as nutritional status, psychological condition (anxiety), the role of health workers and the ANC service process it turned out that the most dominant factor affecting the incidence of high risk pregnant women in Blimbing Gudo Public Health Center, Jombang Regency was anxiety. This is because in many instances pregnant women can experience anxiety. The anxiety arises because the mother is afraid to die, is afraid to part with the baby, anxious about health, anxious about pain during labor, the possibility of complications during pregnancy or childbirth, worry about not getting help and care during childbirth. Another anxiety that is not directly related to pregnancy and childbirth is fear that the husband will not be present during labor, fearing that the burden of life will be heavier and fear of responsibility as a mother. Anxiety for their children, including: handicapped babies, babies experiencing abnormalities in body tools, babies experiencing impaired substance exchange in the body, fear of miscarriages and death in the womb. Antenatal anxiety is associated with excretion of vasoactive hormones or other neuroendocrines, which in turn increases the risk of hypertension, this also triggers changes in blood vessels and increased uterine artery resistance which is the same as in cases of preeclampsia.

**CONCLUSION**

1. There is an influence between nutritional status and the incidence of pregnant women (logistic regression 0.031 <0.05).
2. There is an influence between anxiety and the incidence of pregnant women (p logistic regression 0.003 <0.05).
3. There is an influence between the role of officers and the incidence of pregnant women (Logistic Regression 0.007 <0.05).
4. There is an influence between ANC services and the incidence of pregnant women (Logistic Regression 0.011 <0.05).
5. There are simultaneous influences of nutritional status, psychological (anxious) factors, the role of health workers and the ANC service process on the incidence of high risk pregnant women in Blimbing Gudo Public Health Center, Jombang Regency in 2018 (Logistic Regression 0.001 <0.05, Ho is rejected) .
6. The most dominant factor affecting the incidence of high-risk pregnant women in Blimbing Gudo Public Health Center, Jombang Regency in 2018 is anxiety with p value 0.003

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