

## Assistance For Pregnant Women To Postpartum In The Work Area Of Polindes Ngumpul

Siti Roudhotul Jannah<sup>1</sup>, Suyati<sup>2</sup>, Dian Puspita Yani<sup>3</sup>

D3 Midwifery Study Program, Faculty of Health Sciences, Unipdu, Jombang

Corresponding Email: sitiroudhotuljannah@fik.unipdu.ac.id

### ABSTRACT

*Assistance for pregnant women up to the postpartum period is essential to ensure the physical and mental health of the mother and baby, through regular monitoring, education, and ongoing emotional support. The method used is a descriptive survey, the sample in this study is all pregnant women to postpartum women who are accompanied by 20 students from February until August. The tool used was a questionnaire with descriptive data analysis. The results of the study from 20 respondents in pregnancy were obtained that 100% had a KIA book, 90% had P4K stickers installed, 100% made pregnancy visits >6x and 100% in pregnancy supervision, in childbirth 70% were normal deliveries, 70% were assisted by midwives and 50% were delivered at TPMB, in postpartum 100% were 4 visits and 100% were in mentoring. Assisting pregnant women until postpartum is an important aspect in maintaining the health of mothers and babies, where students play an active role in providing education, health monitoring, and emotional support. With a holistic and sustainable approach, this mentoring helps reduce the risk of complications, improve maternal well-being, and ensure the birth and recovery process runs safely.*

**Keywords:** Assistance for Pregnant Women, Postpartum Care.

### INTRODUCTION

Maternal and child health is one of the priorities in the RPJMN and the Ministry of Health's Strategic Plan for 2020-2024. To ensure the health of the mother during pregnancy, antenatal services (ANC) are needed so that they can guarantee the mother to give birth at health facilities. [1]. Pregnancy in general can bring risks to all pregnant women and can even cause the death of the mother and the baby.[2]

Of the 95% of pregnant women who perform antenatal services at health workers, there are 81.5% of pregnant women who make at least 4 visits during pregnancy, but only 65.5% do four visits according to the recommended schedule.[3]

The World Health Organization estimates that around 15% of all pregnant women will develop complications related to their pregnancy, and can be life-threatening,[2] especially if pregnant women are at high risk.[4]

The provision of midwifery services should be carried out on a continuous basis (Continuity of Care), this is done in order to meet the needs of mothers' adaptation needs during the period of pregnancy, childbirth, and postpartum both from physical, psychological and social aspects.[5] Continuity of care pregnancy care is very important to ensure the quality of health services for pregnant women that are sustainable, detect the risk of complications early, increase emotional attachment between mothers and health workers, and support the achievement of healthy pregnancy and safe childbirth.[6,7]

The mentoring process in routine checkups for pregnant women and postpartum mothers aims to provide physical and emotional support, improve early detection of complications, ensure adherence to treatment plans, and strengthen

health education to achieve safe and healthy pregnancy, childbirth, and postpartum period.[8,9]

Engaging students in continuity of care provides opportunities for them to develop clinical skills, strengthen interpersonal relationships with patients, understand the importance of ongoing care, and improve the quality of maternal and infant health care through a holistic and evidence-based approach.[10,11] Students are expected to be able to apply the knowledge they have gained so that it becomes a means of connecting with the community and becoming a partner of health workers to provide education and motivation for pregnant women to carry out routine examinations to health workers.[12]

## RESEARCH METHODOLOGY

The method used is a descriptive survey to see the extent of Assistance for Pregnant Women to Postpartum by Students in the Polindes Ngumpul Work Area from February until August The sample in this study is all pregnant women to postpartum women who are accompanied by students as many as 20 respondents. The tool used was a questionnaire with descriptive data analysis.

## RESULT AND DISCUSSION

The research was conducted in the Polindes Ngumpul Working area with 20 respondents.

**Table 1 Characteristics of Respondents**

Characteristics of Mothers	N	%
<b>Age</b>		
<21	1	5
21-35	15	75
>35	4	20
<b>Education</b>		
Secondary Education	16	80
Higher Education	4	20
<b>Work</b>		
Not Working	7	35
Work	13	65

Data shows that the largest age group is 21-35 years old as many as 15 respondents (75%). The age group of 26-35 years is considered a safe age to get pregnant because it is the most productive and ideal age, and is considered an adult because of its mature way of thinking. The older a person is, the more life experience they have and how easy it is to accept behavioral changes. The risks that may occur if pregnant under 20 years and > 35 years old include miscarriage, preeclampsia (high blood pressure, oedema, proteinuria), eclampsia (pregnancy poisoning), the onset of childbirth difficulties due to imperfect reproductive system, babies born prematurely, Low Birth Weight (BBLR), *vesicovaginal fistula* (the secretion of urine

into the vagina), and *retrovaginal* fistula.(discharge of gas and feces from the vagina) and cervical cancer.<sup>[13]</sup>

Data shows that the largest education group is secondary education with 16 respondents (80%). The level of education is the underlying factor in decision-making and is supported by the level of knowledge of the mother about health and the mother's own awareness of the importance of maintaining her pregnancy.<sup>[14]</sup>

Data shows that 13 respondents (65%) work in the work group. According to Sujiyatin), employment data describes socioeconomic levels, socialization patterns, and supporting data in determining the communication patterns to be chosen during care. A pregnant woman can do daily work if it does not cause discomfort.<sup>[15]</sup>

**Table 2 Pregnancy Assistance**

Category	N	%
<b>Buku KIA</b>		
None	-	-
There	20	100
<b>Stickers P4K</b>		
Not Installed	2	10
Installed	18	90
<b>Pregnancy Visits</b>		
>6	20	100
<b>Pregnancy Surveillance</b>		
No	-	-
Yes	20	100

The data shows that all respondents have a KIA book (100%). The function of KIA books has increased, in addition to being a KIE media and KIA service recording documents, KIA books are used to make it easier to obtain birth certificates, evidence used in the health insurance system and family hope program assistance (PKH), support the implementation of certain policies such as kindergarten or elementary school entrance requirements, and facilitate public understanding of the fulfillment of KIA service rights.<sup>[16]</sup>

Data shows that 18 respondents (90%) installed P4K stickers. Communication skills are very important for every health worker who has contact with pregnant women and their families in filling out stickers. They must be able to provide explanations/counseling to families about the importance of childbirth planning and how to prepare pregnant women and families in the event of complications, childbirth and postpartum.<sup>[17]</sup>

The data showed that all respondents had made pregnancy visits > 6 times. Visits by pregnant women are carried out at least 6 times during pregnancy to ensure the health of the mother and fetus, monitor pregnancy development, and early detect possible complications that can affect the condition of the mother and baby.<sup>[18]</sup>

The data showed that all respondents were under supervision as many as 20 respondents (100%). Pregnancy assistance is carried out by students who come to the

homes of pregnant women to ensure the condition of the mother and fetus are in good health, ensure pregnancy supervision, ensure there are no pregnancy danger signs and overcome complaints that occur. ANC services according to Mizumoto et al (2015) can improve the well-being of the mother and fetus. WHO recommends that every pregnant woman be required to visit a health worker at least 4 times. The approach of identifying risks and preparing pregnant women's knowledge can further improve the welfare of the mother and fetus.[19]

**Table 3 Childbirth Assistance**

<b>Category</b>	<b>N</b>	<b>%</b>
<b>Types of Childbirth</b>		
Normal	14	70
Sc	6	30
<b>Helper</b>		
Midwife	14	70
Doctor	6	30
<b>Birthing Places</b>		
TPMB	10	50
PKM	4	20
RS	6	30

The data showed that the most types of childbirth were normal childbirth with 14 respondents (70%), midwifery assistants with 14 respondents (70%) and TPMB childbirth sites with 10 respondents (50%).

Continuous assistance for pregnant women by students can reduce obstetric medical interventions during childbirth and reduce maternal and child mortality rates. [19] One of the basic principles of motherly care is to involve the husband and family during the process of childbirth and the birth of the baby. Many studies have shown that mothers who are cared for and supported during childbirth and birth, as well as know well the process of childbirth and the care they will receive, have a better sense of security and appearance. [19] It is also mentioned that the care can increase maternal comfort, physical contact, explanations of what happens during labor and birth, as well as a constant friendly attitude, so that it can reduce anxiety, increase maternal confidence, speed up the delivery process, and support the creation of a positive childbirth experience.[20]

Cesarean delivery is carried out when normal delivery poses a high risk to the safety of the mother or baby, such as in cases of fetal emergency, placenta previa, narrow pelvis, severe preeclampsia, or fetal location abnormalities, so this procedure is an option to reduce the risk of serious complications.[21,22]

**Table 4 Postpartum Assistance**

Category	N	%
<b>Visit</b>		
4	20	100
<b>Postpartum Supervision</b>		
Not done	-	-
Done	20	100

Data shows that visits have been made 4 times as many as 20 respondents (100%) and all under supervision (100%).

Clients are fully involved in the planning time and mentoring process by students in providing care ranging from pregnancy visits, childbirth assistance to postpartum visits that meet or adjust the physical, psychological and spiritual needs of mothers, babies and families. The problems experienced by postpartum mothers can be handled with good assistance from their families and health workers.[19] Mother's adaptation to her new role can be faster with assistance from family and health workers, because emotional support, the right information, and practical help can increase mother's confidence, reduce stress, and speed up the process of adjusting to parental roles.[23,24]

## CONCLUSION

The assistance provided by students to pregnant women until the postpartum period aims to provide educational support, health information, and attention needed during pregnancy to postpartum period. With a holistic and sustainable approach, this mentoring helps reduce the risk of complications, improve maternal well-being, and ensure the birth and recovery process runs safely.

## REFERENCES

- Kementrian Kesehatan RI. (2020). Pedoman Indikator Program Kesehatan Masyarakat Dalam RPJMN dan Renstra Kementerian Kesehatan Tahun 2020-2024. Jakarta : Kemenkes RI.
- Nur Fadjri Nilakesuma<sup>1</sup>. (2020). Upaya Peningkatan Penjaringan Ibu Hamil Resiko Tinggi di JPB, 1-4.
- Woman Reseach Institute. (2018). Mengurangi Angka Kematian Ibu (Editorial). Diakses pada 30 mei, 2018.
- Gede Danu Widarta<sup>1</sup>, Muhammad Ardian Cahya Laksana<sup>1</sup>, Agus Sulistyono<sup>1</sup>, Windhu Purnomo. (2015). Deteksi Dini Risiko Ibu Hamil dengan Kartu Skor PoedjiRochjati dan PencegahanFaktor Empat Terlambat. Majalah Obstetri & Ginekologi, 28-32.

- Laliberte, C., Dunn, S., Pound, C., Sourial, N., Yasseen III, A., S., Millar, D., & Lacaze-Masmonteil, T. (2016). A randomized controlled trial of innovative postpartum care model for mother-baby dyads. *PLoS One*, 11(2). doi:<http://dx.doi.org/10.1371/journal.pone.0148520>.
- Kementerian Kesehatan RI. (2018). *Panduan Praktik Klinik bagi Bidan*. Jakarta: Kementerian Kesehatan RI.
- Renfrew, M. J., McFadden, A., Bastos, M. H., et al. (2014). Midwifery and quality care: findings from a new evidence-informed framework for maternal and newborn care. *The Lancet*, 384(9948), 1129–1145. [https://doi.org/10.1016/S0140-6736\(14\)60789-3](https://doi.org/10.1016/S0140-6736(14)60789-3).
- Bobak, I. M., Lowdermilk, D. L., & Jensen, M. D. (2017). *Maternity Nursing*. St. Louis: Mosby Elsevier.
- Varney, H., Kriebs, J. M., & Geger, C. L. (2014). *Varney's Midwifery* (5th ed.). Burlington: Jones & Bartlett Learning.
- Kementerian Kesehatan RI. (2020). *Standar Kompetensi Bidan*. Jakarta: Kementerian Kesehatan RI.
- Yanti, Y., Claramita, M., Emilia, O., & Hakimi, M. (2015). Students' understanding of "continuity of care" in midwifery education: a grounded theory study. *BMC Nursing*, 14(1), 23. <https://doi.org/10.1186/s12912-015-0077-0>
- WHO. (2016). *Global strategic directions for strengthening nursing and midwifery 2016–2020*. Geneva: WHO.
- Sinclair, C. (2009). *Buku Saku Kebidanan*. Cetakan 2010. Jakarta: EGC.
- Verdani, dkk. (2012). *Gambaran Karakteristik Ibu Hamil pada Persalinan Preterm di RSUP Dr. M. Djamil Padang Tahun 2012*.
- Sujiyatini. (2011). *Asuhan Kebidanan II (Persalinan)*. Yogyakarta : Rohima press.
- Sholichah FIA. (2015). *Tingkat Pengetahuan Ibu Yang Mempunyai Anak 0- 3 Tahun Tentang Pemanfaatan Buku KIA Di Desa Plosorejo Sragen*. STIKES Kusuma Husada. Surakarta.
- Depkes, RI. (2019). *Pedoman Program Perencanaan Persalinan dan Pencegahan Komplikasi (P4K) dengan Stiker*. Jakarta: Depkes RI.
- Kementerian Kesehatan RI. (2017). *Pedoman Umum Antenatal Care (ANC)*. Jakarta: Kementerian Kesehatan Republik Indonesia.
- Yulianti A, et al. (2016) *Pendampingan Ibu hamil melalui Program OSOC di Wilayah Kerja Genuk Semarang*.

- WHO. (2018). WHO recommendations: intrapartum care for a positive childbirth experience. Geneva: World Health Organization.
- Cunningham, F. G., Leveno, K. J., Bloom, S. L., Spong, C. Y., & Dashe, J. S. (2018). Williams Obstetrics (25th ed.). New York: McGraw-Hill Education.
- Moore, E. S., & Kramer, M. S. (2017). Cesarean Delivery: An Evidence-Based Analysis. *Obstetrics and Gynecology Clinics of North America*, 44(2), 257–268.
- Kementerian Kesehatan RI. (2019). Pedoman Pelayanan Masa Nifas dan Menyusui. Jakarta: Kementerian Kesehatan RI.
- Potter, P. A., & Perry, A. G. (2013). Fundamentals of Nursing: Concepts, Process, and Practice (8th ed.). St. Louis: Mosby Elsevier.