



Efforts to Maintain the Health of Pregnant Women through Antenatal Care Education

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ABSTRACT

In Indonesia, maternal mortality is still an important problem that requires comprehensive treatment and follow-up. Maternal Mortality Rate (MMR) is still high and has not reached the target set by the government. Maternal mortality can be prevented through *Antenatal Care* (ANC) services. ANC visit, for example, is influenced by the knowledge and attitudes of pregnant women. Unfortunately, there are still pregnant women who don't know about the importance of ANC, so they don't make ANC visits. This community service activity is carried out to provide education, in the form of counseling, for pregnant women about *Antenatal Care* (ANC), with the aim of increasing awareness of pregnant women to maintain health during pregnancy and increase the participation of pregnant women in ANC visits.

Keywords: ANC, MMR

INTRODUCTION

The Maternal Mortality Rate (MMR) in Indonesia is still high. Data from the Inter-Census Population Survey (SUPAS) in 2015 showed that MMR in Indonesia was 305 per 100.000 live births. This figure has not yet reached the target set by the government in 2015, which is 102 per 100.000 live births. Several factors that cause maternal death, among others, are related to complications of pregnancy, childbirth and the puerperium, such as bleeding, pre-eclampsia / eclampsia, infection, obstructed labor and abortion.¹

The effort to reduce MMR is one of the targets of the Ministry of Health. Accelerating the reduction of MMR can be done by ensuring that every mother is able to access quality maternal health services, such as maternal health services, delivery assistance by trained health personnel in health care facilities, postpartum care for mothers and babies, special care and referrals in case of complications, , and family planning services including postpartum family planning.²



One of the ways to provide health services for pregnant women is *Antenatal Care* (ANC), which consists of several activities and aims to optimize the mental and physical health of pregnant women so that they are able to face childbirth, postpartum, breastfeeding preparation and return to normal reproductive health.³ K4 coverage during the 3-year period in Indonesia, namely 2013 only amounted to 61.4% and 2015 only 70.0%.⁴ If the mother does not make ANC visits, it will have an impact on the health status of mothers and babies so that they can increase MMR.⁵

According to the Indonesian Ministry of Health (2012), ANC visits by pregnant women are influenced by several factors, namely internal and external factors. Internal factors include parity and maternal age. External factors include maternal knowledge, attitudes, socio-economic conditions, socio-cultural, geographic, information and also support, both from support from officers and support from the mother's family.⁶

Maternal knowledge about ANC also contributes to optimizing ANC visits to pregnant women, and in the end it is hoped that it can contribute to reducing MMR in Indonesia. This community service aims to provide education for pregnant women about *Antenatal Care* (ANC) so that it is hoped that it can increase awareness of pregnant women to maintain health during pregnancy and increase the participation of pregnant women in optimal ANC visits.

METHOD

This community service activity was carried out in the form of counseling on Tuesday, November 10, 2020. Extension was carried out with the help of printed media, namely leaflets, which contained a summary of the extension material. The material is presented by speakers with the competence of general practitioners. The material contains various explanations regarding *antenatal care* (ANC), including the definition of ANC, the purpose of ANC examination, the benefits of ANC, activities carried out during ANC visits, the minimum number of ANC visits, things that need to be considered in ANC, things that can happen if abstinence from ANC visits, high-risk pregnancies, danger signs in pregnancy, pregnancy complications,



and precautions. Participants of this counseling are pregnant women who visit the Citra Palembang Maternity Home, with a total target of 50 people.

DISCUSSION

Maternal Mortality Rate (MMR) is one indicator to see the success of maternal health efforts. MMR is the ratio of maternal mortality during pregnancy, childbirth and childbirth caused by pregnancy, childbirth, and the puerperium or its management but not due to other causes such as accidents or falls in every 100.000 live births. Unfortunately, MMR in Indonesia still has not reached the *Millennium Development Goals* (MDGs) target in the health sector.^{1,2} Indonesia is still ranked the second highest MMR in Southeast Asia after Laos.⁷

The cause of maternal death occurred due to direct obstetric complications in 80%, mainly bleeding (25%), infection or sepsis (15%), unsafe abortion (13%), preeclampsia and eclampsia (12%), and prolonged labor or obstructed labor (8%), the remaining 20% of maternal deaths occur indirectly such as anemia, chronic lack of energy (KEK), malaria and heart disease.⁸

Efforts to accelerate MMR reduction can be carried out by ensuring that every mother is able to access quality maternal health services, such as maternal health services, delivery assistance by trained health personnel in health care facilities, postpartum care for mothers and babies, special care and referrals if this occurs. complications, and family planning services including postpartum family planning.²

Health services, in this case *Antenatal Care* (ANC), which is obtained by pregnant women will affect the health of the mother and her fetus, the baby to be born and the health of the postpartum mother. ANC during pregnancy.¹⁰ Other studies have shown an increased risk of maternal death by 4.57 times in mothers who performed ANC less than 4 times.¹¹ ANC visits that meet the standards of pregnant women are expected to reduce MMR.

The objectives of ANC examination include monitoring the progress of pregnancy and the development of the baby, detecting any abnormalities or complications that may occur during pregnancy, preparing the mother so that the



postpartum period runs normally and providing exclusive breastfeeding, and maintaining the mother's physical and mental health during pregnancy and childbirth.^{1,2}

Services in the ANC are grouped according to gestational age, namely the first trimester, second trimester, and third trimester. The health services provided for pregnant women must meet the following types of services, namely (1) Weighing and measuring body height, (2) Measuring blood pressure, (3) Measuring Upper Arm Circumference (LiLA), (4) Measuring the peak height of the uterus (fundus uteri), (5) Determination of tetanus immunization status and administration of tetanus immunization according to immunization status, (6) Provision of blood plus tablets of at least 90 tablets during pregnancy, (7) Determination of fetal presentation and fetal heart rate (FHR), (8) Implementation of discussion (giving interpersonal communication and counseling, including postpartum family planning), (9) Simple laboratory test services, at least blood hemoglobin (Hb) tests, urine protein tests and blood group tests (if this has not been done before), and (10) Case management as indicated.^{1,2}

Maternal health services must meet the minimum frequency in each trimester, namely at least once in the first trimester (0-12 weeks of gestation), at least once in the second trimester (12-24 weeks of gestation), and at least twice in the third trimester. (24 weeks gestation until before delivery). The standard of service time is recommended to ensure protection for pregnant women and the fetus in the form of early detection of risk factors, prevention and early management of pregnancy complications.²

Assessment of the implementation of health services for pregnant women can be done by looking at the K1 and K4 coverage. K1 coverage is the number of pregnant women who have received antenatal care for the first time by health personnel, compared to the target number of pregnant women in one work area in a period of one year. Whereas the K4 coverage is the number of pregnant women who have received antenatal care according to the standard at least four times according to the recommended schedule in each trimester, compared to the target number of pregnant women in one work area in one year. This indicator shows the



access to health services for pregnant women and the level of compliance of pregnant women in checking their pregnancies with health personnel.²

According to data from the Ministry of Health (2018), during 2006 to 2018 the coverage of health services for pregnant women K4 tended to increase. When compared with the Ministry of Health's 2018 Strategic Plan (Renstra) target of 78%, the 2018 achievements have reached the target of 88.03%.² However, there are still around 12% of pregnant women who do not make ANC visits according to the minimum number of visits (K4). Of course, it is a joint task to be able to maximize the achievement of the ANC visit target for pregnant women.

According to the Indonesian Ministry of Health (2012), ANC visits by pregnant women are influenced by several factors. Internal factors such as parity, maternal age and also external factors such as maternal knowledge, attitudes, socio-economic conditions, socio-cultural, geographic, information and also support, both from support from officers and support from the mother's family.⁶

Knowledge or cognitive is an important factor in the formation of behavior, if pregnant women have knowledge about disorders and complications of pregnancy, then it is possible to behave to maintain, prevent, avoid or overcome the risk of complications. Inequality in socioeconomic status and low levels of education results in limited awareness and understanding of mothers to care for and maintain their pregnancy.¹²

This community service is carried out to provide education, in the form of counseling, for pregnant women about Antenatal Care (ANC), with the aim of increasing awareness of pregnant women to maintain health during pregnancy and increase the participation of pregnant women in ANC visits. During the activity, pregnant women were very enthusiastic in listening to and understanding the material presented.

CONCLUSION

This community service activity is useful in contributing to increasing understanding of pregnant women about *Antenatal Care* (ANC). *Antenatal care* (ANC) is a planned health service in the form of observation, education and medical



treatment for pregnant women, provided by professionals (health workers) with a frequency of visits of at least four times (K-4), and implemented in accordance with antenatal service standards. stipulated in the Midwifery Service Standards (SPK). Good antenatal care is expected to reduce the Maternal Mortality Rate (MMR) in Indonesia

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