

ANTENATAL CARE IN THE PERSPECTIVE OF PREGNANT WOMEN IN THE VILLAGE OF BANDAR SETIA, DELI SERDANG REGENCY

Riska Susanti Pasaribu¹, Ida Yustina², Nurmaini³, Kintoko Rochadi⁴, Fikarwin Zuska⁵

¹⁻⁵ Faculty of Public Health, University of North Sumatera, Indonesia

ABSTRACT

Antenatal care is care for the mother and fetus during pregnancy. How important are antenatal care visits Very important. Through antenatal care various information and education related to pregnancy and childbirth preparation can be given to mothers as early as possible. The number of MMR in Deli Serdang Regency has continued to decrease since 2015. In 2020 the number of maternal deaths in Deli Serdang Regency is 12 people per 44,298 live births. There are several factors that cause maternal death in Deli Serdang Regency, including: 6 (six) due to bleeding cases, due to infection in 1 (one) case and other consequences there were 5 (five) cases such as genetic disease, amniotic fluid embolism, placenta previa and suspect COVID-19. This was a qualitative research with a narrative approach. The research was conducted in Bandar Setia Village, Deli Serdang Regency. The respondents in this study were pregnant women who live in Bandar Setia Village who were taken by purposive sampling, namely the selection of respondents was carried out deliberately according to their needs. So that the total respondents in this study were 17 people. Data collection techniques were carried out by interviews and FGD (Focus Group Discussion). The number of pregnant women were 17 people with a gestational age of 20-40 weeks. The results of the study revealed that all pregnant women gave a complete and clear explanation of their opinion about prenatal visits or antenatal care and explained in detail about their respective experiences during pregnancy, the perceived obstacles as the reason for not carrying out prenatal visits or antenatal care. Therefore, pregnant women say in detail what are the obstacles or problems as the main cause so that pregnancy visits cannot be carried out in accordance with government recommendations, namely at least 6 visits during pregnancy.

Keywords: Antenatal care, perspective, pregnant women



Received : Mar 30, 2023 Received in revised form : May 15, 2023 Accepted : May 17, 2023

INTRODUCTION

Antenatal care is care for the mother and fetus during pregnancy. How important are antenatal care visits Very important. Through antenatal care various

information and education related to pregnancy and childbirth preparation can be given to mothers as early as possible. Lack of knowledge about danger signs of pregnancy often occurs due to lack of antenatal care visits. This lack of antenatal

Correspondence : Riska Susanti Pasaribu. faculty of Public Health, University of North Sumatra. riskasusantinataliap@gmail.com

care visits can cause harm to both the mother and the fetus, such as bleeding during pregnancy due to undetected signs of danger. The maternal mortality rate and infant mortality rate are one illustration of the welfare of society in a country, the number of maternal deaths during pregnancy, childbirth and childbirth. Development carried out in the health sector which leads to efforts to increase the degree of optimal society. Sustainable development goals (SDGs) is an activity program that continues the Millennium Development Goals (MDGs) agenda for the 2016-2030 time period as well as following up on the MDGs program and 169 targets that must be achieved by 2023.

The maternal mortality rate is caused by several complications during and after pregnancy and childbirth. 75% of the maternal mortality rate, namely bleeding, infection, high blood pressure during pregnancy, complications of childbirth such as unsafe abortion, are also caused by chronic conditions such as heart disease and diabetes (WHO, 2019). In ASEAN there are 235 per 100,000 live births (ASEAN Secretaria, 2020).

The number of MMR in Deli Serdang Regency has continued to decrease since 2015. In 2020 the number

of maternal deaths in Deli Serdang Regency is 12 people per 44,298 live births. There are several factors that cause maternal death in Deli Serdang Regency, including: 6 (six) due to bleeding cases, due to infection in 1 (one) case and other consequences there were 5 (five) cases such as genetic disease, amniotic fluid embolism, placenta previa and supect COVID-19. The MMR in Deli Serdang district is 40 babies and the overall number of infant and toddler deaths is 49 in 2020. Causes of neonatal death 0-28 days 10 people have LBW (34.48%), 10 people have asphyxia (34, 48%), sepsis was 1 person (3.45%), and the other 7 people (24.14%). The IMR in Deli Serdang district decreased from 1.24 in 2019 to 0.9 in 2020 (Profile of Deli Serdang Regency, 2020).

Various studies related to antenatal care state that the success of antenatal care is more meaningful in saving lives or reducing maternal mortality. Through antenatal care, the opportunity to convey health education and promotion to pregnant women in particular can be done better. The supportive and communicative functions of antenatal care are not only able to reduce MMR but also improve the quality of life for mothers and babies to be born.

In addition, indirectly the quality of health services also increases. In previous research, it was stated that women/mothers want satisfaction/good service during antenatal care. Satisfaction of pregnant women can be obtained by maintaining the physical, social and health conditions of the mother and fetus (including preventing or reducing risks, possible illness and death), and having an effective transition towards the delivery process. Satisfaction for pregnant women is the key to change/transformation of antenatal care while enhancing family and community development.

WHO recommends several things related to ANC such as; the importance of developing policies and clinical protocols related to maternal and child health in particular. This guide is developed in accordance with standard operating procedures (SOP) which includes identifying prioritized problems and expected outcomes, gathering evidence of reported problems, assessing existing evidence, formulating recommendations and planning for implementation, dissemination, and impact and evaluation of the guide. which has been made.

MATERIAL AND METHOD

This was qualitative research with a narrative approach. The research was conducted in Bandar Setia Village, Deli Serdang Regency. The time of the research was carried out from December 2022 to March 2023. The respondents in this study were pregnant women who live in Bandar Setia Village who were taken by purposive sampling, namely the selection of respondents was carried out deliberately according to their needs. So that the total respondents in this study were 17 people. Data collection techniques were carried out by interviews and FGD (Focus Group Discussion). The narrative approach taken in this study allows participants to not only describe life events but also the views of pregnant women about why these antenatal care visits can affect and improve the quality of maternal and fetal health so that future emergencies can be detected and handled appropriately as well as motivation in behind their actions.

In this study, the participants in the study were pregnant women in Bandar Setia Village, Deli Serdang Regency, where these pregnant women were entering 20-40 weeks of gestation. Because researchers aim to explore the

knowledge of pregnant women related to pregnancy checks. The number of pregnant women is 17 people with a gestational age of 20-40 weeks. Mothers were invited to participate through the auxiliary health center in Bandar Setia Village. Due to the complexity and multidimensionality of the data obtained, the seventeen participants provided very broad and open explanations. The causes or obstacles felt by pregnant women were finally adequately disclosed by pregnant women why they did not go for prenatal checks

Data reduction is obtaining data directly from the subject through in-depth interviews, where the data is recorded with a mobile phone assisted by other writing instruments. Then a transcript was made by changing the results of the interview from recorded form to written form verbatim. The data that has been

obtained is read over and over again so that the writer understands the data or results that have been obtained. Presentation of data is the process of compiling complex information in a systematic form so that it becomes simpler and more selective and its meaning can be understood. to determine patterns that are meaningful either theoretically or classify data with tabulations, thus providing the possibility of drawing conclusions (inductive). After analyzing the data both during data collection and afterwards in order to draw conclusions that can describe a pattern about the events that occurred. Researchers can make a conclusion that is initially unclear and then increases to become more detailed and firmly rooted. Conclusions are formulated after the data collection ends.

RESULT

Based on data reduction from the results of the interviews that have been conducted, semi-structured interviews were conducted with each participant consisting of open-ended questions that were asked to encourage participants to share their own stories. From the data presented, it can be drawn the core of the main problems according to the research objectives in the table below.

Table 1. Semi-Structured Interview Questions Related to The Current Research

Semi-Structured Interview Questions Related to The Current Research
<p>Can you tell me what do you think is meant by a pregnancy test?</p> <p>Can you share your experience with this experience during your pregnancy?</p> <p>How do you handle complaints during pregnancy? Please tell me about your experience in dealing with complaints during pregnancy.</p> <p>With regard to your pregnancy, did visiting the doctor or midwife become a routine that you considered very important?</p> <p>How useful do you think it is to have your pregnancy check-up? In your opinion, what caused you not to go to the doctor or midwife for a pregnancy visit?</p> <p>Do you have an important role in making decisions for yourself?</p>

Table 2. Visits Of Pregnant Women, Trimester Of Pregnancy, Age Of Each Participant, Identification Of Participant With Initials

Identity of Participant Under pseudonym	Visits Of Pregnant Women	Trimester Of Pregnancy	Age Of Each Participant
P1	2	2	26
P2	2	3	30
P3	2	3	27
P4	2	3	26
P5	2	2	32
P6	3	3	28
P7	4	3	27
P8	3	3	34
P9	5	3	29
P10	3	2	26
P11	5	3	23
P12	4	3	28
P13	3	3	33
P14	6	3	31
P15	5	3	27
P16	3	2	28
P17	4	3	29

Correspondence : Riska Susanti Pasaribu. faculty of Public Health, University of North Sumatra. riskasusantinataliap@gmail.com

The data set for this study includes conversation transcripts, first author's research journal, and field notes. This process allows the researcher to observe the data. Next, each narrative is summarized to provide an overview of the participant's experience and the events told as the key to the participant's story. Narrative data analysis is then carried out for each summary, then personal narrative understanding is carried out as a representation of a series of past events in the form of a story. The narrative structure model then, when considered together and sequentially, the key themes for each element form the overarching storyline.

Based on the results of interviews with 17 pregnant women who shared their experiences during the pregnancy process and prenatal checks carried out by health workers, they had their own experiences, but there were also similarities in the experiences shared by each pregnant woman, related to how pregnant women do not have power over themselves and how to play a role in making decisions, including when carrying out pregnancy checks.

This is evident in the structure of their narratives and the core themes that make up the narrative. All narratives are

full of emotion and consist of many physical complaints that are felt, there is a clear feeling that pregnancy visits are very much managed by the husband and family even though according to pregnant women that carrying out prenatal checks is very important during pregnancy, there is a role for pregnant women to find out early detection of abnormalities and emergencies experienced during pregnancy. From the core theme, an overarching narrative is identified.

Antenatal Care From The Perspective Of Pregnant Women

When the first author read each of the other participants' stories, the researcher realized the uniqueness of each story. The seventeen pregnant women shared their personal, family, cultural, and emotional life experiences with the condition that their pregnancy was always managed by the family and they had to obey their husband's orders. Participants said they often received health information from the local midwife and cadres in the village. However, some pregnant women said that the pregnancy they are currently experiencing is not something to be afraid of. So according to the family it is not important to do a monthly check-up.

"...In my opinion, the examination of pregnant women is very important, ma'am, the benefit is to let us know how the condition of the child in the stomach is, whether he is healthy, whether he has gained weight or not, whether there are abnormalities or not, and we can also know if we are healthy, especially when you want to give birth can it be normal or must be operated on..." (P1)

"...Checking with the midwife, especially when we are pregnant, is really important, ma'am. The midwife tells us that our fetus is healthy and we can also share our complaints with the midwife. There are many benefits if you go to the midwife for a pregnancy check-up..." (P2)

"...If I am pregnant, I always check my pregnancy with the midwife, ma'am, I have never had an ultrasound, ma'am. But in my opinion, having a pregnancy check-up is important, ma'am, the goal is that we can know the condition of our child in the womb, we can also hear his heart, there are many explanations from the midwife about our condition..." (P3)

"...Pregnancy check-up, sis, must be at the midwife, it's really important, sis, so that we know the condition of our fetus, we can freely convey our concerns to the midwife. The point is that it is really important for us to check our pregnancy, sis..." (P4)

"...Prenatal check-ups, in my opinion, the work of special midwives examines pregnant women to ensure that the mother and fetus are in good health during pregnancy and that the mother can give birth normally or has to have surgery..." (P5)

"...Pregnant women should go to the midwife, so that they and their children will be examined. There are many benefits if we check with the midwife, we are given blood booster drugs and there are pregnancy exercises. So my stress is gone if I go to my midwife..." (P6)

"...If you have a pregnancy visit, you have to go to the midwife, if I have checked the condition of my fetus, you know that we are healthy and our child is healthy, in my opinion, it is necessary to have a pregnancy examination, ma'am..." (P7)

"... in my opinion it's important sis if we check, especially during pregnancy we need to check with the midwife, so we know how our child is in..." (P8)

"... A visit to the midwife is to check for pregnancy right sis so that we understand the health of our child sis, especially me sis it's easy for me to get tired during this pregnancy kk..." (P9)

"... a pregnancy visit to the midwife is to check the content, ma'am, it's useful so that we know the development of the child in the womb, even if we also know whether it's normal or not ma'am, our midwives here are really smart sis..." (P10)

DISCUSSION

All pregnant women gave a complete and clear explanation of their opinion about prenatal visits or antenatal

care and explained in detail about their respective experiences during pregnancy, the perceived obstacles as the reason for not carrying out prenatal visits or antenatal care. In theory, the opinion of pregnant women about antenatal care is

appropriate, namely to improve the health status during pregnancy for both mother and fetus and identify complications that may occur during pregnancy and delivery. Therefore, the link between pregnancy visits or antenatal care is a benchmark for efforts to achieve maternal and child health welfare so that it can reduce and appropriately handle emergencies or complications that occur and continue to reduce maternal and child mortality.

In accordance with the understanding of Antenatal Care / ANC, it is often referred to as pregnancy care. Pregnancy is the process of maintaining the fetus in the womb caused by the fertilization of the egg by sperm cells. In the process of pregnancy there are continuous links, consisting of ovulation, release of the ovum, migration of spermatozoa and ovum, conception and growth of the zygote, nidation (implantation) in the uterus, formation of the placenta, growth and development of the products of conception until maturity or term pregnancy (Susilowati dan Kuspriyanto, 2016).

In line with the notion of antenatal care, health services by professionals for pregnant women during pregnancy are carried out in accordance with established antenatal care standards (Ministry of

Health RI, 2016). Antenatal care is a service provided to pregnant women to monitor and support maternal health and detect whether the mother is pregnant normally or has problems (Ai Yeyeh, 2009).

The goals of prenatal care at the initial visit are: to collect information about pregnant women that can assist midwives in building a good trusting relationship between mother and midwife, detect complications that may occur, use data to calculate gestational age and interpret delivery dates, plan special care what mom needs (Istri Bartini, 2012).

Based on the latest Antenatal Care Examination in accordance with service standards, namely a minimum of 6 examinations during pregnancy, and a minimum of 2 examinations by a doctor in the first and third trimesters. 2 times in the first trimester (up to 12 weeks of gestation), 1 time in the second trimester (over 12 weeks to 26 weeks of gestation), 3 times in the third trimester (over 24 weeks to 40 weeks of gestation) (The Latest Revision KIA book of the 2020).

CONCLUSION

Based on the quality of studies with a sample of pregnant women who

have an opinion about prenatal visits or antenatal care, they can provide a detailed understanding and purpose of prenatal visits as an effort to improve maternal and fetal health. Through this research, abstract narratives can be identified from the participants' stories. Antenatal care is very beneficial for the mother and fetus until it continues into labor and even during the puerperium. Therefore, pregnant women say in detail what are the obstacles or problems as the main cause so that pregnancy visits cannot be carried out in accordance with government recommendations, namely at least 6 visits during pregnancy. With this shareholder, local midwives can find the best solutions to increase visits and service quality in an integrated manner

REFERENCES

- Arikunto, S. 2010. *Prosedur Penelitian Suatu Pendekatan Praktik* (Edisi Revisi). Jakarta : Rineka Cipta
- Bartini , Istri. (2012). *Asuhan Kebidanan pada Ibu Hamil Normal (ASKEB)*. Yogyakarta: Nuha Medika
- Dinas Kesehatan Sumatera Utara. (2019). *Profil Kesehatan Sumatera Utara Tahun 2016*. SUMUT
- Kemenkes, RI. (2015). *Profil-Kesehatan-Indonesia-2015.pdf*. diakses 12 Juni 2023
- Rukiah, A.Y, dkk. (2013). *Asuhan Kebidanan Kehamilan*. Jakarta: CV. Trans Info Medika
- Sudigdo, S, 2011. *Metodologi Penelitian Pendidikan*. Bandung : PT Alfabet
- Surawanti. (2015). *Hubungan Pengetahuan dan Sikap Ibu Hamil dengan Kepatuhan Pelaksanaan Pemeriksaan Kehamilan Trimester I dan II di RSUD Labuang Baji Makassar*. Skripsi. Makassar: STIKES Nani Hasanuddin Makassar
- Tresnawati, Frisca M.Kes. (2012). *Asuhan Kebidanan*. Jakarta: PT. Prestasi Pustaka Ria.
- WHO, 2016, *WHO recommendations on antenatal care for a positive pregnancy experience*, UK
- WHO, 2016, *Standards For Improving Quality Of Maternal And Newborn Care In Health Facilities*, Switzerland
- Ozkan, I.A. & Mete, S. (2008). *Pregnancy Planning and Antenatal Health Behaviour: findings from one maternity unit in Turkey*. *Mindwifery*, July (18):1-10.