

## Analysis Of Midwife's Knowledge In Early Management Practices In Peb Cases At Karunia Kasih Pondok Gede Hospital In 2023

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### ABSTRAK

Menurut WHO, Angka Kematian Ibu (AKI) sangat tinggi. sekitar 287.000 wanita meninggal selama dan setelah kehamilan dan persalinan. Penyebab AKI adalah eklampsia (37,1%), perdarahan (27,3%), infeksi (10,4%). Menganalisis pengetahuan bidan dalam praktik penatalaksanaan awal kasus PEB di RS Karunia Kasih Pondok Gede tahun 2023. Menggunakan kualitatif dengan desain Rapid Assessment Procedures (RAP). Populasi penelitian adalah 10 bidan yang bekerja di RS Karunia Kasih Pondok Gede. Sampel penelitian menggunakan total sampling sebanyak 10 responden. Analisis bivariat menggunakan uji Chi-square. Mayoritas bidan yang memiliki pengetahuan cukup sebanyak 5 responden (50%), 3 responden (30%) memiliki pengetahuan baik dan 2 responden (20%) memiliki pengetahuan kurang. Kesimpulan diperoleh dari analisis pengetahuan bidan dalam praktik penatalaksanaan awal pada kasus PEB di RS Karunia Kasih Pondok Gede, rata-rata bidan memiliki pengetahuan cukup. Saran dalam penelitian ini ditujukan bagi institusi pendidikan, tempat penelitian, responden dan peneliti selanjutnya.

**Kata Kunci:** Bidan, Kasus PEB

### ABSTRACT

*According to WHO, the Maternal Mortality Rate (MMR) is very high. approximately 287,000 women die during and after pregnancy and childbirth. The causes of AKI were eclampsia (37.1%), bleeding (27.3%), infection (10.4%). Analyzing the knowledge of midwives in the practice of initial management of PEB cases at Karunia Kasih Pondok Gede Hospital in 2023. Using qualitative by design Rapid Assessment Procedures (RAP). The research population was 10 midwives who worked at Karunia Kasih Pondok Gede Hospital. The research sample used a total sampling of 10 respondents. analis bivariate using test Chi-square. The majority of midwives who had sufficient knowledge were 5 respondents (50%), 3 respondents (30%) had good knowledge and 2 respondents (20%) had less knowledge. The conclusion was obtained from the analysis of midwives' knowledge in the practice of initial management in PEB cases at Karunia Kasih Pondok Gede Hospital, on average the midwives had sufficient knowledge. Suggestions in this research are for educational institutions, for research sites, for respondents and for future researchers.*

**Keywords :** Midwife, PEB Case

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### INTRODUCTION

Preeclampsia / Preeclampsia is a serious complication of pregnancy, which is a condition when the blood pressure of pregnant women increases accompanied by the presence of protein in the urine. This condition is thought to be triggered by a fetus placenta that is not functioning or developing properly and is second only to bleeding as a specific direct cause of maternal death. Although often accompanied by proteinuria, preeclampsia can be associated with many signs and symptoms, including visual disturbances, headaches, epigastric pain and rapid development of edema. Preeclampsia is a specific condition in pregnancy characterized by placental dysfunction and maternal response to systemic

inflammation with endothelial activation and coagulation. The diagnosis of preeclampsia is established based on the presence of specific hypertension caused by pregnancy accompanied by disorders of other organ systems at gestational age above 20 weeks.(KEMENKES RI, 2023)

The Maternal Mortality Rate (MMR) is very high. About 287,000 women died during and after pregnancy and childbirth in 2022, nearly 95% of all maternal deaths occurred in low- and lower-middle-income countries in 2022, and most are actually preventable.(WHO, 2023)

Women die from complications during and after pregnancy and childbirth. Most of these complications occur during pregnancy and most can be prevented or treated. Other complications may be present before pregnancy but worsen after pregnancy, especially if not treated as part of the woman's care. The main complications causing nearly 75% of all maternal deaths are severe bleeding (causing bleeding after childbirth), infections, high blood pressure during pregnancy (preeclampsia and eclampsia), copied complication and unsafe abortion.(WHO, 2023)

Maternal death refers to death due to complications of pregnancy or childbirth. From 2000 to 2022, the global maternal mortality ratio (MMR) declined by 34 percent – from 342 deaths to 223 deaths per 100,000 live births, according to UN inter-agency estimates. This translates to an average annual reduction rate of 2.1 percent. Although substantive, this figure represents one-third of the annual figure of 6.4 percent needed to achieve the Sustainable Development Goal (SDG) of 70 maternal deaths per 100,000 live births by 2030.(UNICEF, 2023)

Maternal death can be caused directly by postpartum hemorrhage, pre-eclampsia and hypertensive abnormalities, pregnancy-related infections, and complications from unsafe abortion, as well as indirectly by pre-existing medical conditions exacerbated by pregnancy.(UNICEF, 2023)

Complications leading to maternal death can occur without warning at any time during pregnancy and childbirth. However, some can be filtered and prevented. That is why UNICEF and partner organizations are working to ensure that monitoring and identification of high-risk pregnancies through antenatal services is available to every woman and pregnant woman. (UNICEF, 2023)

Nationally, the Maternal Mortality Rate (MMR) in Indonesia shows a rate of 189 per 100,000 live births, which means that there are 189 deaths of women during pregnancy, childbirth or postpartum per 100,000 live births (Badan Pusat Statistik, 2022)

The results show a significant change, even far lower than the 2022 target of 205 deaths per 100,000 live births. This achievement must be maintained, even encouraged to be even better to achieve the target in 2024 of 183 Deaths per 100,000 Live Births and > 70 deaths per 100,000 Live Births in 2030. (KEMENKES RI, 2023)

Based on the results of the Sample Registration System (SRS) of Research and Development in 2016, the three main causes of maternal death are hypertensive disorders (33.07%), obstetric hemorrhage (27.03%) and non-obstetric complications (15.7%). Meanwhile, based on Maternal Perinatal Death

Notification (MPDN) data in 2021, the top three causes of maternal death are Eclampsia (37.1%), Bleeding (27.3%), Infection (10.4%) with the highest place / location of death is in the Hospital (84%).(KEMENKES RI, 2023)

It was reported that as many as 4,046,521 maternity mothers received maternity assistance by health workers in health care facilities according to standards from 4,984,432 maternity targets, so that childbirth coverage in health care facilities was 81.18%. Data shows that the coverage of childbirth by health workers in Indonesia in 2020 was 81.18%. This number is still less than the predetermined performance achievement target of 93.31% (Basic Health Research, 2020).

MMR in West Java Province in 2022 recorded 187/100,000 live births, with a proportion of deaths in pregnant women of 20%, in maternity mothers of 30%, and in postpartum mothers of 25% (Dinas Kesehatan Provinsi Jawa Barat, 2023)

The number of maternal deaths in West Java in 2022 was 187 cases, the number of cases of these deaths decreased from year to year, namely in 2020 the number of maternal deaths was 416 cases and in 2019 there were 417 cases.(Dinas Kesehatan Provinsi Jawa Barat, 2023)

In Bekasi City alone, the number of maternal deaths reported is 9 out of the total number of live births of 45,725%, this number is very far when compared to Bogor Regency of 55 deaths or 111,012%. The maternal mortality rate reported above cannot yet describe the actual MMR in the population. This maternal death case is still dominated by bleeding cases as many as 6 cases, hypertension as many as 2 cases and infection as many as 1 case.(Dinas Kesehatan Jawa Barat, 2022)

Pre-eclampsia is the top three leading causes of maternal and infant mortality and morbidity and is responsible for 30-40% of maternal deaths and 30-50% of perinatal deaths. (Dinas Kesehatan Jawa Barat, 2022)

The prevalence of pre-eclampsia in developed countries is 1.3% - 6%, while in developing countries it is 1.8% - 18%. The incidence of pre-eclampsia in Indonesia alone is 128,273 / year or around 5.3%. (Dinas Kesehatan Jawa Barat, 2022)

The number of deliveries at RS Karunia Kasih Pondok Gede Bekasi City in 2022 was 463 deliveries, including 130 uncomplicated normal deliveries, 333 caesarean section operations, one of the indications obtained was severe pre-eclampsia as many as 154 patients. This data shows that the prevalence of pre-eclampsia is still very high in the Bekasi City area.

Based on the description above, researchers are interested in researching the "Analysis of Midwives' Knowledge in Initial Management Practices in PEB Cases at RS Karunia Kasih Pondok Gede, Bekasi City in 2023.

## RESEARCH METHODS

Using qualitative with Rapid Assessment Procedures (RAP) design. The research population of midwives working at RS Karunia Kasih Pondok Gede was 10 respondents. The sampling technique uses total sampling with a sample of 10 respondents. Bivariate analysts use the Chi-square test. *The dependent variable* is the knowledge of the midwife, *the independent variable* is the management of the PEB case. Data processing techniques using *Editing, Coding, Tabulating*.

## RESEARCH RESULTS AND *DISCUSSION*

### *Research Results*

#### 1. Univariate Analysis

##### a. Characteristics of Respondents

Table 1. Characteristics of Respondents Based on Age, Education, and Working Period of Midwives at Karunia Kasih Pondok Gede Hospital in 2023

| No | Karakteristik Responden   | Frekuensi | Persentase (100%) |
|----|---------------------------|-----------|-------------------|
| 1  | <b>Usia</b>               |           |                   |
|    | < 30 Tahun dan > 35 Tahun | 6         | 60                |
|    | 30 Tahun - 35 Tahun       | 4         | 40                |
|    | Jumlah                    | 10        | 100               |
| 2  | <b>Pendidikan</b>         |           |                   |
|    | D3 Kebidanan              | 9         | 90                |
|    | S1 Kebidanan              | 1         | 10                |
|    | Jumlah                    | 10        | 100               |
| 3  | <b>Masa Kerja</b>         |           |                   |
|    | < 5 Tahun                 | 5         | 50                |
|    | >5 Tahun                  | 5         | 50                |
|    | Jumlah                    | 10        | 100               |

Based on table 5.1, it can be seen from the 10 respondents studied, the majority of respondents aged < 30 years and > 35 years as many as 6 respondents (60%), and for ages 30 – 35 years as many as 4 respondents (40%). For the education category, the majority of D3 Midwifery education was 9 respondents (90%) and for S1 Midwifery as many as 1 respondent (10%). For the working period category, the majority of midwives have worked for < 5 years and > 5 years as many as 5 respondents (50%).

##### b. Knowledge Questionnaire Frequency Distribution

Table 2. Frequency Distribution of Midwives Knowledge Questionnaire in Initial Management Practice in PEB Cases at RS Karunia Kasih Pondok Gede in 2023

| No. | Midwife Knowledge | Frequency | Percentage (100%) |
|-----|-------------------|-----------|-------------------|
| 1   | Good              | 3         | 30                |
| 2   | Enough            | 5         | 50                |
| 3   | Less              | 2         | 20                |
|     | Sum               | 10        | 100               |

Based on Table 5.2, it can be seen from 10 respondents, the majority of whom are knowledgeable enough, namely as many as 5 respondents (50%), well knowledgeable as many as 3 respondents (30%) and those with less knowledge as many as 2 respondents (20%).

## ***Discussion***

### **Characteristics of Respondents at RS Karunia Kasih Pondok Gede in 2023**

#### **1. Age Characteristics of Respondents**

Based on the table of 5.1 out of 10 respondents studied, the majority of respondents aged < 30 years and > 35 years as many as 6 respondents (60%), and for ages 30 – 35 years as many as 4 respondents (40%).

Age according to Nursalam in (Batbuall, 2021) age is the age of an individual calculated from the time he is born until his birthday. As you get older, your comprehension and mindset will develop, so that the knowledge you gain will improve.

This is in accordance with Hurlock's opinion in (Batbuall, 2021) age over 30

Year is the age of adulthood and having enough age. Therefore, the older a person gets, the more his grasp and mindset will develop, so that the knowledge he gets is better. This also affects a person's cognition. Then, in terms of public trust, someone more mature will be more trusted than someone who is not mature enough.

Researchers concluded that the older a person is, the better his maturity level will be. In solving a problem, more mature people will be more trusted than people who are immature or old enough, because more mature people are considered to have sufficient knowledge and more experience.

#### **2. Characteristics of Respondents' Education**

Based on the table 5.1 of the 10 respondents studied for the education category, the majority were educated D3 Midwifery as many as 9 respondents (90%) and for S1 Midwifery as many as 1 respondent (10%).

Education is very influential on the level of knowledge, attitude, maturity and way of thinking of a person. The higher a person's level of education, the more knowledge they have. Conversely, less education will hinder the development of one's attitude towards newly introduced values (wawan & m, 2019).

According to the Decree of the Minister of Health of the Republic of Indonesia number hk.01.07 / menkes / 320/2020 concerning midwife professional standards midwives education levels are categorized into: D1, D3, DIV, S1 and Profession. There is a relationship between the level of education and the level of knowledge where the higher the level of education, the higher the level of knowledge possessed, and vice versa (Nurgiansah, 2021)

According to the assumption of researchers, a person's education is needed in carrying out an action. Midwifery education must be developed in higher education so that it can produce graduates who

have professional attitudes, knowledge and skills in order to carry out their roles and functions as professional midwives. Hospital midwives are required to provide good behavior in order to help patients achieve recovery.

### 3. Characteristics of Respondents' Years of Service

Based on the table of 5.1 out of 10 respondents for the working period category, the majority of midwives have worked for < 5 years and > 5 years as many as 5 respondents (50%).

The working period of a midwife greatly affects the quality of work of a midwife who works in the room. The longer the midwife works in the hospital, the more experience the midwife gets, so that the midwife has good work quality, in this case the understanding of midwives who have worked in the hospital for a long time is very different from the understanding of people who have just worked at the hospital (Rahyani et al., 2020).

The length of service of health workers or midwives affects the level of public trust. The longer the work, the more experience and more cases handled by the midwife, the more proficient and skilled the midwife will be in completing the work. Public trust is more inclined to midwives who have worked for a long time, because they consider midwives who have worked for a long time already have work experiences are well-knowledgeable, generally have work experience for >5-10 years and work experience for 5-10 years, are knowledgeable enough, generally those who are knowledgeable do not all have work experience < 5 years (harahap, 2019).

According to researchers, the length of service of a midwife makes midwives more skilled in providing treatment to patients at Karunia Kasih Hospital Pondok Gede because the midwives have a lot of experience and knowledge. So that the management or handling is more effective and efficient.

### **Analysis of Midwives' Knowledge in Early Management Practices in PEB Cases at Pondok Gede Grace Hospital in 2023**

Based on Table 5.2, it can be known from 10 respondents, the majority of whom are knowledgeable enough, namely as many as 5 respondents (50%), well knowledgeable as many as 3 respondents (30%) and those with less knowledge as many as 2 respondents (20%).

According to (A. Wawan and Dewi M. 2019) knowledge is the result of knowing and this occurs after people sense a certain object. Knowledge itself is influenced by formal education factors. Knowledge is very closely related to education, where it is expected that with higher education, the person will be more knowledge-widened.

Midwives are a very important profession in maternal and child health services. Often in their services there are emergency cases that require midwives to minimize their functions and roles (Lestari Puji Astuti 2019). Midwife knowledge is the knowledge possessed by midwives seen from the last education and ability to carry out PEB cases.

Preeclampsia is the development of high blood pressure with proteinuria and edema due to pregnancy after the 20th week of pregnancy or immediately after childbirth. Pre-eclampsia is a disorder with signs of hypertension, edema and proteinuria due to pregnancy after 20 weeks gestation or immediately after childbirth (Dewi, 2020).

The principle of preeclampsia management is adequate blood pressure control and prevention of seizures or eclampsia. Delivery or termination of pregnancy is the only definitive management of preeclampsia. However, management is also largely determined by the clinical condition of the mother and fetus, especially gestational age, disease progressivity, and fetal welfare. In management, midwives should always consider the benefits and risks of both mother and fetus (Rahyani et al., 2020).

PEB symptoms are characterized by blood pressure of 140/90 mm Hg or more in pregnancy after 20 weeks in women who previously had normal blood pressure and detected proteinuria ( $\geq 0.3$  g protein within 24 hours of urine specimens (Rohmah, 2019). Management of PEB in pregnant women are:

1. Expectant management aims to improve perinatal outcomes by reducing neonatal morbidity and prolonging gestational life without harming the mother. Conservative treatment may be recommended for preeclampsia patients without severe symptoms with gestational age  $< 37$  weeks or preeclampsia patients with severe symptoms and gestational age  $< 34$  weeks. Outpatient treatment can be done for preeclampsia patients without severe symptoms with preterm gestational age ( $< 37$  weeks), provided that there must be close observation of the condition of the mother and fetus.
2. Monitoring aims to detect the presence or absence of complications or worsening of preeclampsia. Ideally, maternal blood pressure measurements are done 2 times / week, while laboratory tests (platelet values, kidney function, and liver enzymes) are checked every week.
3. The well-being of the fetus is monitored with serial ultrasound to assess fetal growth and amniotic fluid volume. If there is fetal growth retardation, the doctor may perform a Doppler examination to assess the blood flow of the umbilicus artery. The frequency of examination may vary from patient to patient depending on clinical indications and conditions.
4. Preeclampsia patients with severe symptoms are recommended for hospitalization during the course of conservative treatment. In addition, treatment should be carried out in a health facility that has maternal and neonatal intensive care. During conservative treatment, corticosteroids are recommended to help fetal lung maturation.
5. Conservative treatment can be done until the gestational age reaches 37 weeks in preeclampsia patients without severe symptoms or up to 34 weeks in preeclampsia patients with severe symptoms. The condition is that there is no worsening of the condition of the mother and fetus, no signs of preterm labor, and no premature rupture of membranes.

The conclusion of the analysis of midwives' knowledge in the initial management practice in PEB cases is that midwives must know and understand about the basic knowledge and correct management

of PEB according to MgSO<sub>4</sub>, so that midwives or medical personnel can provide optimal services to patients with PEB symptoms, especially patients at Karunia Kasih Pondok Gede Hospital in 2023.

## CONCLUSION

1. Results were obtained from 10 midwife respondents, the majority of midwives aged < 30 years and > 35 years as many as 6 respondents (60%). For the education category, the majority of midwives educated in D3 Midwifery were 9 respondents (90%) and for the working period category, the majority of midwives had worked for < 5 years and > 5 years as many as 5 respondents (50%).
2. The results of the analysis of midwives' knowledge in initial management practices in PEB cases were obtained by the majority of midwives who were sufficiently knowledgeable, namely as many as 5 respondents (50%), good knowledge as many as 3 respondents (30%) and those with less knowledge as many as 2 respondents (20%).

## SUGGESTION

Suggestions in this study for educational institutions, for research sites, for respondents and for subsequent researchers

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