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Mom's Parity Relationship with Fetus Death in Contents in Medan Sundari Hospital, 2019

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ABSTRACT

Intra-Uterine Fetal Death (IUFD/KJDK)is the occurrence of fetal death while still in the uterus that weighs 500 grams and or is 20 weeks or more gestational. The Government's effort to reduce maternal and fetal mortality is through the Making Pregnancy Safer (MPS) program. This program focuses on midwifery service efforts with a paradigm of preventing complications in health facilities. To prevent these complications, the midwife must know the factors that cause or predispose to an IUFD event in order to prevent or reduce the IUFD event factor. High parity (more than three) has a higher incidence of postpartum hemorrhage. The purpose of this study was to determine the relationship of parity with the occurrence of KJDK. Quantitative research methods are cross sectional. Based on the results of the study, the majority of respondents in the category of parity who are not at risk (<3) amounted to 19 respondents (61.3%) and risk categories (> 3) amounted to 12 respondents (11.1%). that out of 19 people who have risk parity there are 18 respondents (58.1%) experiencing KJDK, with a p-value = 0.001 which means greater than α-value (0.05). This means that there is significant relationship between parity and KJDK events in Sundari General Hospital in 2019.

1. Introduction

Intra Uterine Fetal Death is the occurrence of fetal death while still in the uterus which weighs 500 grams and or gestational age of 20 weeks or more. Meanwhile, according to WHO, fetal death in pregnancy before delivery takes place at gestational age before delivery takes place at 28 weeks of gestation and over or the fetal weight is 1000 grams and over. Complications in pregnancy are one of the factors that cause Fetal Death in the Womb (KJDK) or also known as Intra Uterine Fetal Death (IUFD). Fetal death can occur due to impaired fetal growth, fetal distress, or congenital abnormalities or due to infections that were not previously diagnosed so that they are not treated (Taufan, 2010).

According to data obtained at Cipto Mangunkusumo Hospital, Jakarta, fetal deaths in the womb are estimated to be 98 out of 3246 births, which is about 3.02% in 1989. Fetuses that die must be delivered no more than four weeks, because if more than 4 weeks can affect blood clotting factors in the mother. The blood clotting substance or fibrinogen becomes low, which makes it difficult for the blood to clot (Sarwono, 2007).

High parity (more than three) has a higher incidence of postpartum bleeding. Parity 2 - 3 is the safest parity from the point of view of bleeding resulting in maternal death. The number of children more than 4, the uterus is usually weak. This can lead to prolonged labor and bleeding during pregnancy. A woman who has experienced 6 times or more is more likely to experience: Weak construction during childbirth (due to weak uterine muscles), bleeding after childbirth, and rapid delivery, which can increase the risk of heavy vaginal bleeding (Sarwono, 2008).

2. Method

This type of research uses quantitative research with analytic surveys through a cross sectionalapproach.Datacollectionusingobservation ordata collectionatthe same timeatatime (pointtimeapproach)by using weight scales and manual and digital tension,to determine the effect ofincreased IDWG with the incidence of hypotensioninpatients with chronic kidney failure whodohemodialysis at the KidneySpecialHospitalRasyidaMedan.

This type of quantitative research with cross sectional design. The population was all pregnant women at Sundari Hospital from January, February and March 2019 as many as 97 people. The sample in this study used a non-random sampling technique, namely insidential sampling. Insidential is a technique of determining the sample by chance, or anyone who happens to (insidential) meets a researcher who is considered suitable with the characteristics of the specified sample to be sampled. Retrieval of research data for 4 weeks from 01 - 31 May 2019 as many as 31 respondents.

The instrument used was a questionnaire with open answers. Questionnaires as a guide to collect data from research subjects or respondents regarding respondent identity and respondent parity. Data processing methods are editing, coding, entry, and cleaning. The analysis used in this research is univariate analysis and bivariate analysis. data analysis conducted on two variables which are suspected to be related or correlations were analyzed using the Chi-Square statistical test with ρ value = 0.05. Confidence level 95% confidence interval (CI) with a significance level of α = 0.05 with analysis results. The test results are said to have a significant relationship if the value ρ value ≤ α (ρ value ≤ 0.05). The test results said that there was no statistically significant relationship if the value of ρ value> α (ρ value> 0.05).

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Characteristics of Respondents by Age

Table 1.

Characteristics of Respondents Based on Mother's Age at RSU Sundari Medan in 2019

No	Umur	Frekuensi	%
1	Berisiko (≤20 &>35)	25	80,6
2	Tidak Berisiko (21-35)	6	19,4
	Total	31	100%

Characteristics of Respondents by Occupation

Table 2.

Characteristics of Respondents Based on Mother's Occupation at the Sundari Medan Hospital in 2019

No	Umur	Frekuensi	%
1	IRT	3	80,6
2	PNS, PegawaiBUMN/BUMD, Swasta, dll (SemuaKegiatanyangmenghasilkan Uang)	28	19,4
	Total	31	100%

3. Results&Analysis

3.1 Univariate Research Results

Table 3.

Distribution of Respondents Frequency Based on Parity Against KJDK Incidents at Sundari Medan Hospital in 2019

No	Paritas	Frekuensi	%
1	Berisiko (>3)	19	61,3
2	Tidak Berisiko (≤3)	12	38,7
	Total	31	100

From table 3, the Frequency Distribution of Respondents Based on Parity in the Incidence of KJDK at the Sundari Medan Hospital in 2019, it is known that the majority of respondents with the parity category that are not at risk (<3) are 19 respondents (61.3%) and the risk category (> 3) is 12 respondents (11.1%).

3.2 Bivariate Research Results

Table 4.

Relationship between Parity and Incidence of KJDK at Sundari Hospital Medan Year 2019

Paritas	Kejadian KJDK				Total		P Value
	KJDK		Tidak KJDK				
	F	%	F	%	F	%	
Berisiko	18	58,1	1	3,2	19	61,3	0,001
Tidak Berisiko	9	29,0	3	9,7	12	38,7	
Total	27	87,1	4	12,9	31	100	

Based on the results of the bivariate research, it can be seen that of the 19 people who have risk parity, 18 respondents (58.1%) experience KJDK. Meanwhile, of the 12 respondents who had no risk of parity, 9 respondents (29.0%) experienced KJDK. After doing statistical tests using the Chi-square test with a confidence level of 95% (α = 0.05). Obtained p-value = 0.001 which means smaller than α-value (0.05). Thus it can be concluded that there is a significant relationship between parity and the incidence of KJDK at Sundari Hospital in 2019.

3.3 Disscusion

The causes of IUFD are often triggered by: mismatching rhesus blood between mother and fetus, mismatch of maternal and fetal blood, fetal movement is too active, maternal disease, chromosomal abnormalities, trauma during pregnancy, infection in the mother, fetal congenital abnormalities, antepartum bleeding, disease urinary tract, endocrine diseases, malnutrition and others (Ai Yeyeh, 2011).

The first woman to become pregnant at <20 years of age is called young primigravida, while the first woman to become pregnant at the age of> 35 years is called the old primigravida. Young primigravidas are considered high-risk pregnancies where the lives and health of both mother and baby are threatened. The risk of maternal death in young primigravida is less common than in older primigravida. This is because young primigravidas are considered to have good strength (Ida Bagus Gde Manuaba, 2010).

Parity 2-3 is the safest parity in terms of maternal mortality. High parity (more than 3) has a higher maternal mortality rate. The higher the parity, the higher the maternal mortality. The risk of parity is handled better by obstetric care while the risk of high parity can be reduced or prevented by

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parity family planning. The risk of giving birth to IUFD is zero parity, that is, if the mother is pregnant for the first time and the parity is more than four. The higher the mother's parity, the less good her endometrium will be. This can have an effect on subsequent pregnancies because the condition of the mother's uterus has not yet recovered to become pregnant again due to reduced vascularization or changes in atrophy in the decidua due to past labor so that it can lead to fetal death in the womb (Wiknjosastro H, 2009).

The results of this study are the same as Sofia Semian with the title The Factors Affecting the Incidence of IUFD in West Manggarai Regency, East Nusa Tenggara Years2018, the case group with parity at risk was 51.4%, while the control group with parity at risk was 14.9%. The results of statistical tests obtained p-value 0.002 means that it can be concluded that there is a relationship between parity and the incidence of IUFD. Mother whochildbirth with parity had a 4.950-fold chance (95% CI 2.437-15,000) comparedmothers who give birth with parity are not at risk.

Ani Triana's research entitled The Effect of Hb Levels and Parity with Intra Uterine Fetal Death (IUFD) at Arifin Achmad Hospital Pekanbaru, mothers who have parity of 0 and> 4 are more at risk of giving birth with IUFD 1.5 times (95% CI 1-2, 1) compared to mothers who have parity 1–4.
In this study, there is a relationship between parity and the occurrence of KJDK (fetal death in the womb). Plus the mother's age is also mostly at a risky age, thus increasing the risk of developing KJDK. Parity that is at risk is associated with the incompatibility of the uterus for optimal fetal growth and development.

4. Conclusions

Most of the respondents are at risk parity (> 3) as many as 61.3%. There is a significant relationship between maternal parity and the incidence of deep fetal deathContent (KJDK). Parity of mothers who are at risk (> 3) will increase the risk of occurrence KJDK.

5. References

[1] Ani Triana, "Pengaruh kadar HB dan Paritas dengan kejadian Intruterine Fetal Death (IUFD) di RSUD Arifin Achmad Pekanbaru" jurnal Kesehatan Komunitas vol.2, no 1,november 2012. Diakses dari http://www.ac.id pada tanggal 5 Desember 2019
[2] Ai Yeyeh Rukiyah, 2014.Asuhan Kebidanan.Yogyakarta:Nuha Medika
[3] Hidayat, A.A. 2007.Metode Penelitian Kesehatan. Surabaya: Salemba Media;
[4] Manuaba, I.B.G.2003.Kapita Selekta Penatalaksanaan Rutin Obstetri Ginekologi dan KB. Jakarta:
[5] EGC;
[6] Mochtar, R. 2011. Sinopsis Obstetri Fisiologi dan Obstetri Patofisiologi. Edisi 3 Jilid I. Jakarta: EGC;
[7] Notoatmodjo, Soekidjo.2010.Metodologi Penelitian Kesehatan. Jakarta: Rineka Cipta;
[8] Prawirohardjo, Sarwono.2016.Ilmu Kebidanan Cetakan Kelima. Jakarta: PT Bina Pustaka Sarwono
[9] Prawirohardjo;
[10] Saifuddin AB. 2010.Buku Panduan Pelayanan Kesehatan Masyarakat Maternal dan Neonatal.
[11] Jakarta:Yayasan Bina Pustaka Sarwono Prawiroharjo;
[12] Sofia Semian, 2018. Faktor-Faktor yang Mempengaruhi Kejadian IUFD di Kabupaten Manggarai
[13] Barat Nusa Tenggara Timur
[14] Winkjosastro. H. 2009.Ilmu Kebidanan. Edisi ke-4 Cetakan Ke-2. Jakarta: Yayasan Bina Pustaka
[15] Sarwono Prawirohardjo;