

The Relationship between the Character of the Mother in Labor and the Retention of the Placenta at the Afisya Clinic, Hamlet III, Melur, Sambirejo East village, Percut Sei Tuan District Deli Serdang Regency 2017 - 2021

Sri Rezeki¹, Erin Padilla Siregar²

^{1,2}Sekolah Tinggi Kesehatan Mitra Husada Medan

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ABSTRACT

Retention of the placenta is a delay in the delivery of the placenta for thirty minutes after the birth of the baby. In some cases, recurrent placental retention (habitual retention of the placenta) may occur. The placenta must be delivered immediately because it can cause complications such as bleeding, infection as a result of inanimate objects, placental incarceration can occur, can cause placental polyps, and malignant degeneration of choriocarcinoma. Afisya Clinic, Hamlet III Melur, East Sambirejo Village, Percut Sei Tuan District, Deli Serdang Regency, 2017-2021. The study was conducted at the Afisya clinic from January to June 2022. The type of research was descriptive analytical with case control. The population and sample were 92 with nonprobability sampling technique or saturated sample, the research instrument was clinical records or medical records. Data processing by editing, coding, tabulating, and data entry. The results of the univariate analysis showed that of the 92 mothers who experienced retained placenta, the majority of mothers with Retention Placenta were at mild risk as many as 83 respondents (90.2%). The majority of the age at risk were 50 respondents (54.3%). (54.3%) The majority of risky delivery distances were 48 respondents (52.2%). From the results of the statistical test, the Odds Ratio (OR) = 0.128. 95% CI = 0.015-1.070 and P value 0.036 <0.05, which means that there is a significant relationship between maternal age characteristics and the incidence of retained placenta. From the results of the statistical test, the value of Odds ratio (OR) = 0.128. 95% CI = 0.015-1.070 and P value 0.036 <0.05, which means that there is a significant relationship between maternal parity characteristics and the incidence of retained placenta. From the results of the statistical test, the value of Odds ratio (OR) = 0.116. 95% CI = 0.014-0.972 and P value 0.032 <0.05, which means that there is a significant relationship between the characteristics of the distance between the mother and the incidence of retained placenta. It can be used for clinicians as knowledge, and more often provides counseling during pregnancy in an effort to detect early and can prevent complications during childbirth.

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Corresponding Author:

Sri Rezeki, Erin Padilla Siregar,

Kebidanan

STIKes Mitra Husada Medan,

Jl. Pasar VIII Pintu Air IV Kelurahan Kwala Berkala Kecamatan Meedan Johor Kota Medan 20142

Email: srirezeki64044@gmail.com, erinpadillasiregar1986@ygmail.com

INTRODUCTION

Retention of the placenta is a significant cause of maternal mortality and rates throughout developing countries. This case complicates 2% of all live births with a mortality rate of almost 10% in rural areas. According to other studies, the incidence of retained placenta ranges from 1-2% of live births. In the study, retained placenta was more common in younger patients with multiparity (Memon SR, et al 2011).

According to data from the World Health Organization 2020, around 810 women die from complications of pregnancy or childbirth around the world every day. Between 2000 and 2017, the maternal mortality ratio fell by about 38% worldwide. In 2017 maternal mortality was estimated at 295,000 women died during and after pregnancy and childbirth. The maternal mortality ratio in developing countries in 2017 was 462/100,000 live births compared to 11/100,000 live births in developed countries. It is reported that 15 - 20% of maternal deaths are due to retained placenta and the incidence is 0.8 to 1.2% for each birth. The Maternal Mortality Rate (MMR) from 2018 to 2019 has decreased although not significantly from 4.226/100,000 live births to 4.221/100,000 live births. In 2019 the most common cause of maternal death was bleeding, where there were 1,280 cases of bleeding, 1,066 cases of hypertension in pregnancy, and 207 cases caused by infection (Kemenkes RI, 2020).

Maternal mortality rate (MMR) is an indicator that reflects maternal health status, especially the risk of death for mothers during pregnancy and childbirth. WHO in 2014 was 216 per 100,000 live births or it is estimated that the number of maternal deaths was 303,000 deaths with the highest number. Indonesia is one of the countries with the highest MMR in Asia. According to WHO, 25% of maternal deaths are caused by postpartum hemorrhage and 16-17% due to placental retention (Sustainable Development Goals SDGs, 2018).

Retention of the placenta can also be caused by various factors, namely pregnancy at an advanced age, former sectio-caesarea, former curettage, manual history of the placenta, active management errors of the third stage, history of retained placenta in previous deliveries, history of endometritis, some of the characteristics of the mother, namely age, parity, and delivery distance (Aida, 2014).

Survey results obtained from clinical records or medical records at the Afisyia Clinic, Dusun III Melur, East Sambirejo Village, Percut Sei Tuan District Deli Serdang Regency. In 2017-2021 the total number of maternal data in the last 5 years was 428 people, while the number of mothers giving birth with retained placenta was 92 people, in 2017 there were 13 mothers who gave birth with retained placenta. In 2018 there were 15 people. In 2019 there are 24 people. In 2020 there are 24 people. In 2021 there are 16 people. The characteristics of women giving birth with retained placenta in women who give birth at Afisyia Clinic are age at risk, including age < 20 years and > 35 years., parity at risk for Primipara 1 and Grandemultipara > 3 and distance between delivery at risk. < 2 yrs/ > 10 years.

RESEARCH METHOD

His research is an analytical descriptive study, which is a study that aims to provide an overview of reality on an object that is examined objectively. The population in this study was 92 mothers giving birth with retained placenta at the Afisya Dusun III Melur clinic, East Sambirejo Village, Percut Sei Tuan District, Deli Serdang Regency in 2017-2021. different ages. The sampling technique in this study uses a non-probability technique, namely a saturated sample or often called total sampling. The data collection technique used secondary data, namely data that was processed first and the source of data obtained by researchers from clinical records or medical records in mothers giving birth with retained placenta at Afisya Clinic, Dusun III Melur, East Sambirejo Village, Percut Sei Tuan District. Data analysis was carried out by means of Univariate/Bivariate by presenting the data that has been collected in the distribution table.

RESULTS AND DISCUSSIONS

Table 1. Frequency Distribution of Placental Retention in Maternal Maternity at Afisya Clinic, Dusun III Melur, East Sambirejo Village, Percut Sei Tuan District, Deli Serdang Regency, 2017-2021

No	Retained Placenta	Amount	Presentase(%)
1	Light Risk	83	90,2 %
2	Moderate Risk	9	9,8 %
	Total	92	100%

Based on the results of the univariate study, it was found that out of 92 respondents, the majority of retained placentas were at mild risk of 83 respondents (90.2%) and the minority of retained placentas were at moderate risk of 9 respondents (9.8%). Judging from the definition of the type of retained placenta that exists, it can be concluded that the criteria for being at low risk are normal attachment adhesives, while the criteria for being at moderate risk are other than adhesives where the action must be referred and received further treatment.

Table 2. Age Frequency Distribution of Mothers Giving Birth With Placental Retention at the Afisya Clinic, Melur III Hamlet, East Sambirejo Village, Percut Sei Tuan District, Deli Serdang Regency, 2017-2021

No	Age	Amount	Presentase(%)
1	Risk	50	54,3 %
2	No Risk	42	45,7 %
	Total	92	100%

Based on the results of Univariate research, 50 respondents (54.3%) were at risk and 42 respondents (45.7%) were not at risk. The results of a study conducted by Hardiana (2019) entitled the relationship between maternal age and the incidence of retained placenta at Raden Mattaher Hospital Jambi. as many as 19 people (23.8%). Age is the age of an individual starting from the time he was born until his birthday, the more mature, the level of maturity and strength of a person will be more mature in thinking (Nursalam, 2009). The safest age for a woman to get pregnant and give birth is between the ages of 20-35 years, because they are in a healthy reproductive period. Maternal mortality in women who are pregnant and giving birth at the age of <20 years and age > 35 years will increase significantly, because they are exposed to both medical and obstetric complications that can endanger the mother's life, so why does age have an effect as a cause of retained placenta. (Manuaba, 2009).

The results of this study are in line with the results of research conducted by Hardiana (2019) with the title relationship between maternal age and the incidence of retained placenta at Raden Mattaher General Hospital, Jambi. because Age at risk is aged <20 years, and > 30 years. Pregnant women who are <20 years of age, their reproductive organs have not grown optimally so that

uterine contractions become less strong, whereas at the age of >35 years there has been a decrease in the function of the reproductive organs such as thinning of the uterine wall, so that uterine contractions become weak. This causes retained placenta.

Table 3. Frequency Distribution of Parity Mothers with Retention of Placenta at Afisya Clinic, Dusun III Melur, East Sambirejo Village, Percut Sei Tuan District, Deli Serdang Regency, 2017-2021

No	Parity	Amount	Presentase(%)
1	Risk	50	54,3 %
2	No Risk	42	45,7 %
	Total	92	100%

Based on the results of the univariate study, it was found that of the 92 respondents who gave birth with retained placenta, the majority of parity at risk were 50 respondents (54.3%) and the minority parity were not at risk as many as 42 respondents (45.7%). The results of research conducted by Agustin. D.L (2019) with the title the relationship between parity and age of the mother and the incidence of retained placenta. The results of univariate research found that out of 334 respondents, the parity of mothers who were at risk, namely 152 people (45.5%), was smaller than the parity who did not at risk as many as 182 people (54.5).

Parity is the number or number of deliveries a mother has experienced, both live and dead births. Parity 2 to is the safest parity in terms of maternal mortality. (Winkjosastro, 2010). The results of this study are not in line with the results of research conducted by Agustin. D.L (2019) with the title the relationship between parity and age with the age of the mother and the incidence of retained placenta. Because parities at risk are Primipara 1 and Grandemultipara > 3 Mothers with high parity more than > 3 have high maternal rates because endometrial disorders can occur. The cause of endometrial disorders is due to repeated pregnancies. Meanwhile, the first parity is at risk because the uterus is the first time receiving the results of conception and the flexibility of the uterine muscles is still limited for fetal growth.

Table 4. Frequency Distribution of Delivery Spacing for Mothers with Retention of the Placenta at the Afisya Clinic, Dusun III Melur, East Sambirejo Village, Percut Sei Tuan District, Deli Serdang Regency, 2017-2021

No	Delivery Distance	Amount	Presentase(%)
1	Risk	48	52,2 %
2	No Risk	44	47,8 %
	Total	92	100%

Based on the results of the univariate study, it was found that out of 92 respondents with retained placenta, the majority of labor intervals were at risk, as many as 48 respondents (52.2%) and the minority of delivery intervals were not at risk, as many as 44 respondents (47.8%). According to research conducted by Darmayanti 2014 entitled Factors related to the incidence of retained placenta at RSUD Dr.H.Moch.ANSARI SALEH. Univariate results found that the delivery interval was < 2 years / > 10 years, namely 96 respondents were smaller than at a distance of 2-10 years, there were 518 respondents.

The results of this study are not in line with the results of research conducted by Darmayanti 2014, because birth spacing is an interval between two consecutive births of a woman with a birth spacing that tends to be short, which can have several negative effects on both the health of the woman and the health of the baby she is carrying. During childbirth, women need sufficient time to recover and prepare for the next pregnancy and childbirth

Table 5. Frequency Distribution of Relationship between Mother's Age and Placental Retention at Afisya Clinic, Melur III Hamlet, Sambirejo Timur Village, Percut Sei Tuan District, Deli Serdang Regency, 2017-2021

Age	Retained Placenta				Total		OR	p-Value
	Light Risk		Moderate Risk		N	%		
	N	%	N	%				
Risk	42	45,6	8	8,7	50	54,3	0,128	0,036
No Risk	41	44,6	1	1,1	42	45,7	(0,015 - 1,070)	
Total	83	90,2	9	9,8	92	100		

Based on the results of this bivariate study, it shows that of the 92 mothers who had retained placenta, 42 respondents (45,6%) were at mild risk, 8 respondents (8,7.0%) were at moderate risk, while those who were not at risk 41 respondents (44.6%) were at mild risk and 1 respondent (1,1%) was at moderate risk. From the results of the statistical test, the Odd ratio (OR) = 0.128 was obtained. 95% CI = 0.015-1.070 and P value 0.036 <0.05, which means that there is a significant relationship between maternal age characteristics and the incidence of retained placenta.

According to research conducted by Joharsyah, et al (2021) With the title Characteristics of Mothers in Birth with the occurrence of retained placenta at the puskesmas, it is known that all mothers aged <20 years experience retained placenta, namely 1 person (100%) out of 15 people aged 21- 35 years old, the majority experienced mild retained placenta, namely 14 people (93.3%) and a minority of 1 person (6.7%) out of 6 mothers who were > 35 years old, the majority of mothers experienced mild retained placenta, namely 5 people (83.3 %) and a minority experienced mild retained placenta, namely 1 person (16.7%). Based on testing using a chi-square calculation comparison with a chi-square table, it is known that χ^2 count = 13.093 with a 95% confidence level $\chi = 0.05$ df = 2 and χ^2 table = 5.991 comparison of chi-square with chi-square table is known χ^2 count > χ^2 table (13.093 > 5.991) it can be concluded that H_a is accepted H_o is rejected, so there is a relationship between maternal age and the occurrence of retained placenta.

According to the assumptions of the researchers, the research results by Joharsyah, et al (2021) are in accordance with the results of the research that I did, namely that both have a relationship between the age of the mother giving birth and retained placenta. with the age of <20 years the reproductive organs have not grown optimally so that the uterine contractions become less strong, whereas at the age of > 35 years there has been a decline in the function of the reproductive organs such as thinning of the uterine wall, so that the uterine contractions become weak. thus causing retained placenta.

Table 6. Frequency Distribution of Maternal Parity Relations with Placental Retention at the Afisya Clinic, Melur III Hamlet, East Sambirejo Village, Percut Sei Tuan District, Deli Serdang Regency, 2017-2021

Parity	Retained Placenta				Total		OR	p-Value
	Light Risk		Moderate Risk		N	%		
	N	%	N	%				
Risk	42	45,6	8	8,7	50	54,3	0,128	0,036
No Risk	41	44,6	1	1,1	42	45,7	(0,015 - 1,070)	
Total	83	90,2	9	9,8	92	100		

Based on the results of this bivariate study, it was shown that of the 92 mothers who had retained placenta, 42 respondents (45,6%) were at low risk, parity at moderate risk were 8 respondents (8,7%), while parity were not at risk. 41 respondents (44.6%) were at mild risk, while 1 respondent (1,1%) was at moderate risk. From the results of the statistical test, the Odd ratio (OR) = 0.128 was obtained. 95% CI = 0.015-1.070 and P value 0.036 <0.05, which means that there is a significant relationship between maternal age characteristics and the incidence of retained placenta.

According to research conducted by Joharsyah, et al (2021) Titled Characteristics of Mothers in Birth with Placental Retention at the Babusallam Health Center in Southeast Aceh District, it is known that out of 3 primiparous mothers all experienced mild placental retention, namely 3 people (100%). Out of 9 For multiparous mothers, the majority of mothers experienced mild retained placenta, namely 7 people (77.8%) and a minority experienced moderate retained placenta, namely 2 people (22.2%) of the 4 grandemultiparous mothers, all of whom experienced moderate retained placenta, namely 4 people (100%). , Based on testing using chi-square comparison calculations with chi-square tables, it is known that χ^2 count = 14.157 with $\chi = 0.05$ df = 3 and χ^2 count = 14.157 with $\chi = 0.05$ df 3 and χ^2 table = 7.815 comparison chi-square count with chi-square table, it is known that χ^2 count > χ^2 table (14.157-7.815) so it can be concluded that H_a is accepted and H_o is rejected. So there is a relationship between parity and retention placenta.

According to the assumptions of the researchers, the research results by Joharsyah, et al (2021) are in accordance with the results of the research that I did, namely that both have a parity relationship with retained placenta. Because mothers with high parity of more than > 3 have high maternal rates because endometrial disorders can occur. The cause of endometrial disorders is due to repeated pregnancies. Meanwhile, the first parity is at risk because the uterus is the first time receiving the results of conception and the flexibility of the uterine muscles is still limited for fetal growth.

Table 7. Frequency Distribution of the Relationship between Maternal Delivery Distance and Placental Retention at the Afisya Clinic, Dusun III Melur, East Sambirejo Village, Percut Sei Tuan District, Deli Serdang Regency, 2017-2021

Delivery Distance	Retained Placenta				Total		OR	p-Value
	Light Risk		Moderate Risk		N	%		
	N	%	N	%				
Risk	40	43,4	8	8,7	48	52,1	0,116	0,032
No Risk	43	46,7	1	1,1	44	47,8	(0,014 - 0,972)	
Total	83	90,2	9	9,8	92	100		

Based on the results of this bivariate study, it shows that of the 92 mothers who had retained placenta, 40 respondents (43,4%) had low-risk delivery intervals, 8 respondents (8.7%) had medium-risk delivery intervals, while the not at risk, 43 respondents (46.7%) were at mild risk, 1 respondent (1,1%) was not at risk. From the results of the statistical test, the Odd ratio (OR) = 0.116 was obtained. 95% CI = 0.014-0.972 and P value 0.032 <0.05, which means that there is a significant relationship between maternal age characteristics and the incidence of retained placenta.

The results of this study are in line with the results of a study conducted by Wijanti, E.R, et al (2020) with the title analysis of factors related to the incidence of retained placenta in mothers giving birth which is known from bivariate data analysis which is done by calculating the odds ratio to get the results OR = 2.176 (95% CI: 1.172-4.042, p <0.05) value OR > 1 and the confidence interval on the factor of birth spacing does not include the number 1 so it can be interpreted that birth distance is a factor in the occurrence of retained placenta , the value does not include number 1, it can be indirectly known that the value of p <0.05 which can be interpreted there is a relationship between the spacing of delivery of mothers with the occurrence of retained placenta.

According to the researchers' assumptions, the research results by Wijanti, E.R, et al (2020) are in accordance with the results of the research that I did, namely that they both have a relationship between delivery spacing and retained placenta. Because too frequent births (spacing between births <2 years) will cause the uterus to become weak so that uterine contractions are not good and the risk of retained placenta increases, whereas at a distance of > 10 years, in this condition it is as if facing the first labor again, causing uterine smooth muscle to become stiff and uterine contractions to be less good so that placenta retention easily occurs

CONCLUSION

The results of the univariate study found that the majority of retained placentas were at mild risk, the majority were at risk, the majority were parities at risk, the majority of delivery intervals were at risk. Based on the results of this bivariate study, it shows that there is a significant relationship between the characteristics of maternal age and the incidence of retained placenta, there is a significant relationship between the characteristics of maternal age and the incidence of retained placenta, there is a significant relationship between the characteristics of maternal age and the incidence of retained placenta.

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