



Empowering Pregnant Women to Increase Knowledge of High Risk in Pregnancy



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Article Information

History Article:

Received, 19/05/2023

Accepted, 25/05/2023

Published, 30/05/2023

Keywords:

knowledge, counselling,
high risk in pregnancy

Abstract

High risk in pregnancy is a condition that can cause pregnant women and babies to become abnormal before birth. The danger signs of pregnancy must be understood and can be detected in the mother's pregnancy so that they can be handled properly because the danger signs in pregnancy can cause complications in pregnancy. This community service was carried out in Karanggayam Village, Srengat District, Blitar Regency. The implementation of the community service was on August 30, 2022. The activities included: (1). Giving a pre-test in the form of a questionnaire to pregnant women, (2). Antenatal care activities (ANC), (3). Outreach activities about high-risk pregnancy, (4). Post-test in the form of a questionnaire. The counselling media used LCD media, laptops, videos and leaflets. The instrument used a questionnaire about high-risk pregnancy. Based on the results of the evaluation, it was found that 30% of pregnant women have poor knowledge, and only 20% had good knowledge. After being given an intervention in the form of counseling about high-risk in pregnant women, it was found that 70% had knowledge in the good category, and 30% in the sufficient category. It is expected to provide counseling to pregnant women about high-risk of pregnancies by using lecturing media, videos and leaflets.

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DOI: <https://doi.org/10.26699/jcsh.v4i1.ART.p005-010>

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e-ISSN: 2746-5195

INTRODUCTION

High risk in pregnancy is a condition that can cause pregnant women and babies to become abnormal before birth (Hanum and Nehe, 2018). Meanwhile, the danger signs of pregnancy must be understood and can be detected in the mother's pregnancy so that they can be handled properly because the danger signs in pregnancy can cause complications in pregnancy (Rejeki and Hilmiah, 2022).

In Karanggayam village, Srengat District, Blitar Regency, community service activities were carried out, especially aimed at pregnant women. Pregnancy occurs for 9 months and 10 days, during which time pregnant women experience pregnancy conditions either normally or at risk. High-risk pregnancies in pregnant women with young primiparas aged less than 16 years, old primiparas aged more than 35 years, secondary primiparas with the youngest child over 5 years old, height less than 145cm, history of bad pregnancies (ever had a miscarriage), had premature delivery, stillbirth, and history of delivery with procedures such as vacuum extraction, forceps extraction, and cesarean delivery section), pre-eclampsia, eclampsia, serotinus grvida, pregnancies with antepartum bleeding, pregnancies with abnormal positioning, pregnancies with maternal diseases that affect pregnancy. There

are complications that can be categorized as the risk of pregnancy, which is as much as 90% for causes due to unexpected obstetric complications during pregnancy, childbirth or postpartum and 15% of pregnancies are estimated to be high risk and can harm the mother and fetus. Thus, to deal with high-risk pregnancies or fetuses, a proactive attitude must be taken with promotive and preventive efforts (Restanty and Purwaningrum, 2020). This community service activity was the evidence that STIKes Patria Husada Blitar Midwifery Department really had a big concern about health especially for mother during pregnancy.

METHODS

This activity was attended by 20 pregnant women with a gestational age of 28 to 36 weeks. This community service was carried out in Karanggayam Village, Srengat District, Blitar Regency. The implementation of the community service was on August 30, 2022. The Activities included: (1). Giving a pre-test in the form of a questionnaire to pregnant women, (2). Antenatal care activities (ANC), (3). Outreach activities about high-risk pregnancy, (4). Post-test in the form of a questionnaire. The counselling method used LCD media, laptops, videos and leaflets. The instrument used is a questionnaire about high-risk pregnancy.

RESULT

The Community service activities was in the form of monitoring pregnant women with ANC (Ante Natal Care) examinations. It was carried out by a volunteer service team at the Polindes and counseling about high risk for pregnant women in Karanggayam village, Srengat District. This activity was attended by 20 pregnant women with gestational ages 28 to 36 weeks.

Table 1: Frequency Distribution of Pregnant Women Characteristics (20 samples)

Characteristics	Σ	%
Age		
- 20 to 25 Years old	9	45
- 25 to 30 Years old	8	40
- 30 to 35 Years old	3	15
Educational background		
- Elementary	0	0
- Junior High School	0	0
- Senior High School	15	75
- University	5	25
Occupation		
- Housewives	8	40
- Entrepreneur	10	50
- Private worker	2	10
- State Employee	0	0

Information on high risk of pregnancy		
- Yes	20	100
- No	0	0
Information sources (if yes)		
- Friends	3	15
- Midwife/ health provider	2	10
- Internet	0	0
- Social media	15	75
Parity		
- 0	8	40
- 1	10	50
- 2	2	10
- 3	0	0

The data above shows that 45% of the participants are in the age of 20 to 25 years, have a high school education level of 75%, and 50% work as entrepreneurs/traders, and it is known that all participants have received information about high-risk pregnancies from social media as much as 75%.

Table 2: The Frequency Distribution of ANC Examination

ANC Examination	Σ	%
Systolic Pressure		
- 110 to 130 mmHg	7	35
- 131 to 140 mmHg	10	50
- 141 to 150 mmhg	3	15
- More than 151 mmHg		
Glucose level		
- More than 100mg/dl	8	40
- 100-200 mg/dl	12	60
- Less than 200 mg/dl	0	0
Height		
- > 150 cm	7	35
- 150 – 160 cm	9	45
- < 160 cm	4	20
Weight		
- 40 – 50 kg	3	15
- 51 – 60 kg	7	35
- 60 – 70 kg	6	30
- < 70 kg	4	20
Upper arm circumference		
> 23,5 cm	3	15
23,5 cm	10	50
< 23cm	7	35

Based on the results of the frequency distribution of ANC examinations, it was found that 50% had a blood pressure of 131-140mmHg, 60% had glucose level of 100-200mg/dl, 45% of participants were on the height of 150-160cm, 35% had a body weight of 51-60Kg, and 50% had upper arm circumference around 23.5%.

Tabel 3: The Frequency Distribution Respondents' Knowledge on High Risk of Pregnancy Before and After the Intervention (n:20)

Characteristics	Before		After	
	Σ	%	Σ	%
Good	4	20	14	70
Sufficient	10	50	6	30
Less	6	30	0	0
Total	20	100	20	100

Based on the data above, it could be seen that 30% of pregnant women have poor knowledge, and only 20% have good knowledge. Moreover, after being given an intervention in the form of counseling about high-risk of pregnancy, the result reached 70% had knowledge in the good category, and 30% in the sufficient category.

DISCUSSION

The community service activity was attended by 20 participants of 28 to 36 weeks pregnant women in Kranggan Village, Blitar Regency.



Figure 1. Introductory activities and pre-test.

The first activity was started by introductions between the community service team and the participants. After that, a pre-test was carried out to find out how much the participants knew about high-risk pregnancy. This activity was lasted for 15 minutes.



Figure 2. Antenatal care examination.

The second activity was to carry out ante-natal care examinations. This activity was aimed to determine the development of maternal and fetal health and determine whether pregnant women are included in the high-risk group of pregnancy or not. From the results of the examination, it was identified that 3 out of 20 pregnant women had a high risk of pregnancy such as maternal age 30 to 35 years, high blood pressure around 141 to 150 mmHg, 7 pregnant women were in the height category under 150cm, and 3 pregnant women had upper arm circumference under 23.5cm. So that pregnant women increase visits to local village midwives to obtain health information and health checks for both the fetus and pregnant women. The ANC health examination carried out by the community service team were highly appreciated by the participants because of the no charge/ free ANC examination. It was carried out for the first time in Karanggayam Village and also supported by the Village leader.

The third activity was the provision of counseling about high-risk on pregnancy. This activity lasted for 30 minutes. The counseling was conducted by one of the community service teams. This activity received a positive response from pregnant women, because they seemed to be very enthusiastic about the materials and asked many things to the counselor. This activity was ended with an evaluation (posttest).

The results of the evaluation revealed that the knowledge of pregnant women about the risks of pregnancy prior to giving counseling about high-risk pregnancies was 50% in the category of sufficient knowledge and 30% in the category of less knowledgeable. This is influenced by several factors, one of which is experience. According to Mubarak (2011) in Indrawati et al., (2016), stated that knowledge will increase and vary as a result of

the experience process, where there is continuous use of the five senses. The second factor is the source of information and education. It is known that the results of the pretest show that 75% get information about the high risk of pregnancy from social media. Sources of information and education are factors that determine good or lack of knowledge, because both of them provide guidance on a particular object, in this case, obtaining information about high-risk pregnancies (Damayanti, 2018).

Knowledge of pregnant women after being given counseling is known that 70% is in the good category, this is because the service team uses video media. The use of video media has the advantage of providing good visualization so that it makes it easier for participants (pregnant women) to understand the content of the material, this is because audio-visual media involves both senses at once, namely the senses of hearing and sight. (Supriani, Dewi and Surati, 2021). The success of the counseling was due to the service team using leaflet media. Leaflets are a communication tool in the form of a folded piece of paper containing educational material and using both senses, namely vision or visuals, to make it easier to remember and understand for all levels of society. Leaflets consist of several words and have interesting pictures that affect understanding and can increase the stimulus for learning. (Hasriani and Nurjanna, 2021).

CONCLUSION

Based on the results of the evaluation, it is known that 30% of pregnant women have poor knowledge, and only 20% had good knowledge. After being given an intervention in the form of counseling about high-risk pregnant women, it was found that 70% had knowledge in the good category, and 30% in the sufficient category.

SUGGESTION

It is expected to provide counseling to pregnant women about high-risk of pregnancies by using lecturing media, videos and leaflets since these three media use the senses of sight and hearing so that the results will be maximized. Counseling activities to gather pregnant women should be carried out periodically so that pregnant women can share experiences with each other to increase knowledge about pregnancy.

ACKNOWLEDGMENT

This activity will not be realized if it does not get support from various parties. The community service team thanked to STIKes Patria Husada Blitar for supporting this activity, our partner group namely the Polindes of Karanggayam Village, the Karanggayam Village Leader and the participants (Pregnant Mothers).

FUNDING

The implementation of this community service activity is funded by the community service team and STIKes Patria Husada Blitar partially.

CONFLICTS OF INTEREST

All of the results of this dedication as input in the study of lecture materials. This activity is carried out by prioritizing the comfort and safety of pregnant women during the activity process. The authors declared that there is no conflict of interest during the implementation and publication of this article.

AUTHOR CONTRIBUTIONS

All authors fully contributed to the community service activity started from making the concept of the activity, managing the tabulation of the data, writing a draft manuscript and analysis. Every author made a positive contribution to the activity from the beginning until the end including publishing the articles in this journal.

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