

**LEMBAR**  
**HASIL PENILAIAN SEJAWAT SEBIDANG ATAU PEER REVIEW**  
**KARYA ILMIAH: JURNAL ILMIAH**

Judul Artikel Ilmiah : **The Determinant Factors of Labor. Data Analysis of “Maternal Card Cohort” in Tawangharjo Community Health Center, Grobogan**

Nama semua penulis : **Cahya Tri Purnami, Dharminto Dharminto, Atik Mawarni, Yacinta Puji Kurniawati**

Status Pengusul (coret yg tidak perlu) : ~~Penulis Utama/~~ **Penulis Utama & Korespondensi/** ~~Penulis Korespondensi/~~ ~~Penulis Anggota~~

**Status Jurnal:**

- Nama Jurnal : Jurnal Aisyah : Jurnal Ilmu Kesehatan
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- Terindex di : SINTA 2 (SK No. 148/M/KPT/2020)

Kategori Publikasi (beri tanda  $\checkmark$  yang sesuai)

- Jurnal Internasional [ ] Jurnal internasional bereputasi & memiliki impact factor
- [ ] Jurnal internasional bereputasi,
- [ ] Jurnal Internasional
- Jurnal Nasional [ $\checkmark$ ] Jurnal Nasional Terakreditasi Dikti Peringkat 1 atau 2
- [ ] Jurnal Nasional berbahasa Inggris Terindeks CABI atau Copernicus, atau Berbahasa Inggris Terkreditasi Peringkat 3 atau 4
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- [ ] Jurnal Nasional

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b	Ruang lingkup & kedalaman pembahasan (30 %)	7,5	7,4
c	Kecukupan dan kemutahiran data/informasi dan metodologi (30 %)	7,5	7,2
d	Kelengkapan unsur dan kualitas jurnal (30%)	7,5	7,2
	Nilai Total	<b>25</b>	24,2
	<b>Nilai yang didapat pengusul: 24,2 X 0.6 = 14,52</b>		

**Catatan Penilaian artikel oleh Reviewer: Ybs sebagai Corr author.**

a	Kelengkapan unsur isi artikel	Abstract (Eng and Ind), introduction, method, Result and Discussion, Conclusion and Suggestios, Acknowledgement, and References. Memenuhi Kaidah artikel ilmiah.
b	Ruang lingkup & kedalaman pembahasan	Artikel membahas analisis faktor determinan persalinan berdasarkan pada kartu cohort. Artikel ini dipublish di Jurnal Aisyah: Jurnal Ilmu Kesehatan, 7(1), March 2022, terindex Sinta 2.. Isi Artikel relevan dengan scope Jurnal . Pembahasan sangat mendalam dengan rujukan lebih dari 40 referensi. Hasil pembahasan dalam penelitian ini menekankan bahwa para bidan telah melakukan pengisian kartu cohort kesehatan ibu dengan dari aspek ketepatan dan kelengkapannya. Sehingga bisa dijadikan sebagai intrumen surveilans kesehatan bagai ibi bersalin..
c	Kecukupan dan kemutahiran data/informasi dan metodologi	Data hasil penelitian disajikan dalam tabel distribusi frekuensi secara detail, dan dinarasikan secara baik dan runtut, serta disajikan hasil analisis secara statistic sttsitik. Metode penelitian menggunakan deskriptif dengan sampel sebanyak 172. Data dianalisis dengan menggunakan Chi

		Square test.
d	Kelengkapan unsur dan kualitas jurnal	Artikel diterbitkan di jurnal nasional terindek Sinta 2, ada DOI, ada corr author, ada penerbit, ada ISSN, ada artikel history, ada volume dan nomer keberkalaan. Daftar fererensi, sebanyak lebih 40. Kualitas terbitan baik

Semarang, 15 April 2022

Reviewer 1



Dr. Nurjazuli S.KM., M.Kes

NIP. 196308121995121001

Unit Kerja : FKM Universitas Diponegoro

Jabatan : Lektor Kepala

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b	Ruang lingkup & kedalaman pembahasan (30 %)	7,5	6
c	Kecukupan dan kemutakhiran data/informasi dan metodologi (30 %)	7,5	7
d	Kelengkapan unsur dan kualitas jurnal (30%)	7,5	7
	Nilai Total	<b>25</b>	22
	<b>Nilai yang didapat pengusul: 22 X 0.6 = 13,2</b>		

**Catatan Penilaian artikel oleh Reviewer**

a	Kelengkapan unsur isi artikel	Unsur isi artikel sudah ditulis sesuai dengan kriteria kelengkapan jurnal Aisyah.
b	Ruang lingkup & kedalaman pembahasan	Substansi artikel tentang data kohort kartu ibu sudah sesuai dengan ruang lingkup jurnal Aisyah dan sesuai dengan disiplin ilmu penulis. Kedalaman pembahasan cukup baik , terdapat 28 artikel yang digunakan dari 46 buah rujukan ada di pembahasan
c	Kecukupan dan kemutakhiran data/informasi dan metodologi	Data atau informasi up to date atau mutakhir karena 45 daftar pustaka yang digunakan dalam jurnal adalah kurang dari 10 tahun terakhir. Metode penelitian ditulis cukup lengkap mulai dari disain penelitian, jumlah sampel dan cara sampling, variabel penelitian serta cara analisis data.
d	Kelengkapan unsur dan kualitas jurnal	Jurnal ini jurnal nasional yang sudah terakreditasi SINTA 2

Semarang, 25 April 2022  
Reviewer 2



Dr. Yuliani Setyaningsih, SKM, M.Kes  
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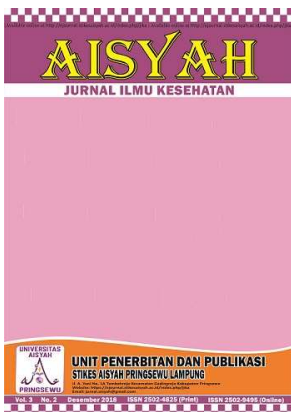
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The Determinant Factors of Labor. Data Analysis of "Maternal Card Cohort" in Tawangharjo Community Health Center Grobogan

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Cahya Tri Purnami, Dharminto Dharminto, Atik Mawarni, Yacinta Puji Kurniawati

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## Pengembangan dan Implementasi *E-Posyandu* dalam Deteksi Dini Faktor Risiko Kematian Ibu, Bayi dan *Stunting*

Maya Weka Santi<sup>1\*</sup>; Muhammad Yunus<sup>2</sup>; Ervina Rachmawati<sup>3</sup>; Atma Deharja<sup>4</sup>

<sup>1),2,3,4</sup>Program Studi Rekam Medik, Jurusan Kesehatan Politeknik Negeri Jember

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Waterfall

### ABSTRACT

The main activity of Posyandu is to improve the health status of maternals and infants in accordance with the goals of the Sustainable Development Goals (SDGs). However, based on the Convergence Report on the Prevention of Stunting at the Village Level against the Household Target of 1.000 HPK in 2019, Kemuning Lor Village has 8 children aged 0-23 months who are at risk of stunting (25%) and indicated stunting (37.5%). The registration and reporting health status of maternals and infants at the Posyandu Dusun Darungan, Kemuning Lor Village, Jember is still done manually, making writing difficult to read. Information technology-based E-Posyandu information systems can facilitate early detection of the risk of maternal, infant mortality and stunting. The method used to develop the E-Posyandu information system is the System Development Life Cycle (SDLC) with the Waterfall model. The results showed that E-Posyandu made it easier for cadres to input, report and store data on the health status of maternals, infants and toddlers, also perform early detection of maternal, infant mortality and stunting. Early detection of pregnant women with LILA less than 23.5 cm will show red color and lack of nutrition information. Meanwhile, early detection in infants/toddlers can be seen from the Zscore TB/PB per Age in red for stunting and Zscore BB per Age in red for malnutrition. Complete data filling by cadres at the E-Posyandu is required so that early detection of maternal, infant mortality and stunting can run well.

#### Kata kunci:

Sistem Informasi  
Posyandu  
E-Posyandu  
SDLC  
Waterfall

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### ABSTRAK

Kegiatan utama Posyandu adalah meningkatkan status kesehatan ibu dan bayi sesuai dengan tujuan Sustainable Development Goals (SDG's). Namun, berdasarkan Laporan Konvergensi Pencegahan Stunting Tingkat Desa terhadap Sasaran Rumah Tangga 1.000 HPK tahun 2019, Desa Kemuning Lor memiliki 8 anak usia 0-23 bulan berada pada risiko stunting (25%) dan terindikasi stunting (37,5%). Pencatatan dan pelaporan status kesehatan ibu dan bayi di Posyandu Dusun Darungan, Desa Kemuning Lor, Jember masih dilakukan manual, sehingga membuat tulisan sulit terbaca. Sistem informasi E-Posyandu berbasis teknologi informasi dapat memfasilitasi deteksi dini risiko kematian ibu, bayi dan kejadian stunting. Metode yang digunakan untuk mengembangkan sistem informasi E-Posyandu yaitu System Development Life Cycle (SDLC) dengan model Waterfall. Hasil penelitian didapatkan E-Posyandu memudahkan kader menginput, melaporkan dan menyimpan data status kesehatan ibu, bayi dan balita serta melakukan deteksi dini kematian ibu, bayi dan stunting. Deteksi dini pada ibu hamil dengan LILA kurang dari 23,5 cm akan terlihat berwarna merah dan keterangan gizi kurang. Sedangkan deteksi dini pada bayi/ balita dilihat dari Zscore TB/PB per Umur warna merah untuk stunting dan Zscore BB per Umur warna merah untuk gizi kurang. Pengisian data yang lengkap oleh kader pada E-Posyandu diperlukan agar deteksi dini kematian ibu, bayi dan stunting dapat berjalan baik.





## Poor Sleep Quality Related to Impaired Cognitive Function Following Stroke: A Comparative Cross-Sectional Study

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### ABSTRACT

Sleep deprivation is a common concern among stroke patients. There was a connection between sleep deprivation and poor cognitive function. Few studies, however, have compared sleep and cognitive variations in older adults with and without stroke, as well as explored the relationship between sleep quality and cognitive function. The objective of this study was to explore the quality and feature of sleep between patients with and without a stroke. To assess the association between sleep quality and cognitive dysfunction in older adults. A cross-sectional analysis was carried out. 156 participants completed this research. The study was carried out in 90 stroke patients and 66 of non-stroke patients. The patient was given a sleep quality questionnaire and took a cognitive test. In addition, a multivariate linear regression statistical analysis was used to determine the relationship between two variables. The global mean PSQI in patients with stroke was  $7.12 \pm 3.96$  versus  $4.98 \pm 2.86$ , respectively, higher than the non-stroke group. Around 56.7 percent of stroke patients complained of poor sleep quality. Stroke patients scored lower than those who did not get a stroke on the memory and executive function test. Sleep quality affects memory by 28.6 percent. Poor sleep quality was strongly associated with memory dysfunction in stroke patients. To prevent patients with stroke from experiencing cognitive loss, health care providers should develop effective interventions to improve sleep quality.

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### Kata kunci:

Perilaku

COVID-19

Pemberdayaan perempuan

Pencegahan

Indeks kekayaan

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### ABSTRAK

Kurang tidur adalah masalah umum di antara pasien stroke. Ada hubungan antara kurang tidur dan fungsi kognitif yang buruk. Beberapa penelitian, bagaimanapun, telah membandingkan variasi tidur dan kognitif pada orang dewasa yang lebih tua dengan dan tanpa stroke, serta mengeksplorasi hubungan antara kualitas tidur dan fungsi kognitif. Tujuan dari penelitian ini adalah untuk mengeksplorasi kualitas dan fitur tidur antara pasien dengan dan tanpa stroke. Untuk menilai hubungan antara kualitas tidur dan disfungsi kognitif pada orang dewasa yang lebih tua. Sebuah analisis cross-sectional dilakukan. 156 peserta menyelesaikan penelitian ini. Penelitian dilakukan pada 90 pasien stroke dan 66 pasien non stroke. Pasien diberi kuesioner kualitas tidur dan menjalani tes kognitif. Selain itu, analisis statistik regresi linier multivariat digunakan untuk mengetahui hubungan antara dua variabel. Rata-rata PSQI global pada pasien stroke masing-masing adalah  $7,12 \pm 3,96$  versus  $4,98 \pm 2,86$ , lebih tinggi daripada kelompok non-stroke. Sekitar 56,7 persen pasien stroke mengeluhkan kualitas tidur yang buruk. Pasien stroke mendapat skor lebih rendah daripada mereka yang tidak terkena stroke pada tes memori dan fungsi eksekutif. Kualitas tidur mempengaruhi memori sebesar 28,6 persen. Kualitas tidur yang buruk sangat terkait dengan disfungsi memori pada pasien stroke. Untuk



## Prolonged Labor Characteristics: A Study in Gorontalo

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### ABSTRACT

Prolonged labor is one of the common labor complications. The present work is devoted to exploring the characteristics of prolonged labor in Gorontalo. A total of 58 respondents were involved in this descriptive research. Further, this study relied on a retrospective approach. The result showed that the majority of primigravid women experienced prolonged labor (53.4%, n = 31), most of them were in the risky age group (25.9%, n = 15). The percentage of the weak contraction in the prolonged labor cases was 87.9% (n = 51). Regarding the conditions of the newborns, the percentage of abnormal position and malpresentation in the prolonged labor case was 12.1% (n = 7) and 5.2% (n = 3), respectively. The abnormal weight was 2500 - 4000 gram, 8.6% of them were born in the prolonged labor cases (n = 5). Such results confirm the need for the communication, information, education, and motivation approach for women as preventive measures of prolonged labor. This is specifically of important paramount to those who are in the middle of antenatal care visits.



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#### Kata kunci:

Partus lama  
Ibu bersalin

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### ABSTRAK

Partus lama merupakan salah satu komplikasi persalinan yang sering terjadi pada ibu bersalin. Penelitian ini bertujuan untuk menggambarkan karakteristik kejadian partus lama pada ibu bersalin di Provinsi Gorontalo. Desain penelitian ini menggunakan deskriptif dengan pendekatan retrospektif. Jumlah sampel adalah 58 ibu bersalin. Hasil penelitian didapatkan ibu primigravida mayoritas mengalami partus lama 53,4% (n=31), ibu bersalin dengan usia beresiko mengalami partus lama 25,9% (n=15), letak janin tidak normal ( $\leq 2 \times 10'$ ,  $<40'$ ) mengalami partus lama 12,1% (n=7), presentasi janin malpresentasi terhadap kejadian partus lama 5,2% (n=3), ibu bersalin dengan kontraksi yang lemah mengalami partus lama 87,9% (n=51), dan berat badan bayi lahir abnormal (2500 - 4000 gram) dengan kejadian partus lama 8,6% (n=5). Oleh karena itu bagi ibu hamil diperlukan komunikasi, informasi, edukasi, dan motivasi terkait pencegahan terhadap persalinan dengan kejadian partus lama, khususnya bagi ibu hamil untuk melakukan pemeriksaan secara berkala atau Ante Natal Care yang teratur terhadap kehamilannya ke pelayanan kesehatan.



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### INTRODUCTION

Labor is a crucial stage that all women experience in their lives, and such a process can be extremely complex, leading to complications and even the death of the mother and her baby. The sampling registration system (SRS) data of 2018 reported that around 76% of maternal mortality cases occurred during labor phases, while 24%, 36%, and 40% of the

cases occurred during pregnancy, childbirth, and post-labor process, respectively (Kemenkes, 2021). Complications of childbirth can cause maternal death. Common labor complications involve fetal malposition, bleeding, seizures, premature rupture of membranes, the entanglement of the umbilical cord, placenta previa, placenta, retained placenta, hypertension, and prolonged labor (Riskesdas, 2018).



## Service Quality, Satisfaction and Patient Loyalty in Public Health Center of Bengkulu

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Public health center service quality

Satisfaction

### ABSTRACT

Loyalty services by patients depend on the quality of service received. Therefore, quality is the main competitive advantage and is an important aspect of a health service. In Bengkulu City, there were 156,854 people with a total contact rate of 15,726 (10.06%) with sick visits of 13,068 (8.33%) and healthy visits of 2,658 (1.69%). The high number of sick visits requires quality individual health services. The research design used was exploratory with a cross-sectional observational approach with hypothesis testing. And then to determine the relationship between the quality of curative services, quantitative methods, and qualitative methods, to determine the role of management in improving the quality of health services on patient satisfaction and customer loyalty in community health centre services. The results showed a significant relationship between the quality of health services and patient satisfaction and patient satisfaction with the customer loyalty to the community health centre in Bengkulu City ( $p = 0.001$ ). Analysis of management improvements to improve the quality of achieving the health centre's indicator targets includes planning. So every three months, to discuss any problems in the implementation of each program, monitoring the assessment and evaluation of the implementation of activities at the community health centre carried out internally and externally. The services provided are good because the community health centre officers carry out efforts in service quality, especially in terms of the dimensions of empathy and physical evidence. Nevertheless, the community health centre should continue to improve service performance to meet the wishes and needs of patients with continuous and programmed efforts.

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#### Kata kunci:

Kepuasan

Kualitas pelayanan

Loyalitas

Puskesmas

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### ABSTRAK

Kualitas pelayanan merupakan keunggulan bersaing yang utama dan perlu disadari bahwa kepuasan pasien merupakan aspek penting dalam suatu pelayanan kesehatan. Jika pelayanan yang diperoleh memenuhi harapan pasien maka akan memunculkan minat memanfaatkan kembali penyedia pelayanan kesehatan tersebut. Di Kota Bengkulu terdapat sebanyak 156.854 jiwa dengan jumlah kontak rate 15.726 (10,06%) dengan kunjungan sakit sebanyak 13.068 (8,33%) dan kunjungan sehat 2.658 (1,69%). Masih tinggi angka kunjungan sakit menuntut pelayanan kesehatan perseorangan yang bermutu. Desain penelitian yang digunakan adalah eksploratori dengan pendekatan observasional Cross Sectional untuk metode kuantitatif dengan uji hipotesis dan metode kuantitatif untuk mengetahui peran manajemen dalam peningkatan mutu pelayanan kesehatan terhadap kepuasan pasien dan kepuasan pasien terhadap minat memanfaatkan kembali puskesmas. Hasil penelitian menunjukkan terdapat hubungan yang signifikan mutu pelayanan kesehatan terhadap kepuasan pasien dan kepuasan pasien terhadap minat memanfaatkan kembali puskesmas di Kota Bengkulu ( $p=0,001$ ). Hasil penelitian kualitatif menunjukkan pelayanan yang diberikan

# The Determinant Factors of Labor. Data Analysis of “Maternal Card Cohort” in Tawangharjo Community Health Center, Grobogan

*by Cahya Tri Purnami*

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## The Determinant Factors of Labor. Data Analysis of “Maternal Card Cohort” in Tawangharjo Community Health Center, Grobogan

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Poedji rochjati score  
Determinant of labor

### ABSTRACT

ANC data in the maternal card cohort register at the Puskesmas can be used to detect risk factors for pregnancy and labor that can prevent maternal death, but this data has never been analyzed. This study aims to analyze the determinants of labor in mothers who received ANC by a midwife according to the data in the maternal card cohort. This research is a descriptive-analytic study design using the observational method. Data sourced from the maternal card cohort register that meets the standards of accuracy and completeness of ANC results in records until labor in the 2019 time period. A total of 172 data used as samples. Maternal characteristics, maternal mortality risk factors, levels of maternal risk factors based on the Poedji Rochjati score as independent variable, and the act of labor is the dependent variable. Univariate and bivariate analysis was carried out descriptively and analytically using chi-square test. The majority of mothers aged 20-35 years (81.4%), had basic education (94.2%), normal nutritional status (84.9%), hadn't anemia (80.2%), had normal blood pressure (70, 9%), hadANC visits 5-10 times (65.7%), categorized as low-risk pregnancy (86.6%), and almost all received normal labor in the previous (96.0%). Previous labor and maternal risk factors were associated with the last laboract received by the mother ( $\rho$ -value=0.040;  $\rho$ -value=0.043).

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#### Kata kunci:

Kartu ibu  
Faktor risiko  
Skor poedji rochjati  
Penentu tindakan persalinan

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### ABSTRAK

Data pelayanan kehamilan (antenatal care) pada register kohort kartu ibu di Puskesmas dapat digunakan untuk mendeteksi faktor risiko kehamilan dan tindakan persalinan yang dapat mencegah kematian ibu, namun belum pernah dilakukan analisis pada data tersebut. Penelitian ini bertujuan menganalisis faktor-faktor penentu tindakan persalinan pada ibu yang mendapat ANC oleh bidan sesuai data pada kohort kartu ibu. Penelitian ini merupakan rancangan studi deskriptif analitik menggunakan metode observasional. Data yang digunakan bersumber pada register kohort kartu ibu yang memenuhi standar ketepatan dan kelengkapan catatan hasil ANC sampai persalinan dalam periode waktu 2019. Sebanyak 172 data memenuhi standar digunakan sebagai sampel. Variabel karakteristik ibu, faktor risiko kematian ibu, tingkatan faktor risiko ibu berdasar skor Poedji rochjati sebagai variabel bebas, sedangkan variabel terikat adalah tindakan persalinan. Analisis data univariat dan bivariat dilakukan secara deskriptif dan analitik menggunakan uji chi square. Mayoritas ibu berumur 20-35 tahun (81,4%), berpendidikan dasar (94,2%), berstatus gizi normal (84,9%), tidak menderita anemia (80,2%), memiliki tekanan darah normal (70,9%), frekuensi kunjungan ANC antara 5-10 kali (65,7%), termasuk kategori kehamilan risiko rendah/KRR (86,6%), dan hampir seluruh ibu menerima tindakan persalinan normal pada persalinan sebelumnya (96,0%). Tindakan persalinan sebelumnya dan faktor risiko ibu berhubungan dengan tindakan persalinan terakhir yang diterima ibu ( $\rho$ -value=0,040;  $\rho$ -value=0,043).

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## INTRODUCTION

Maternal death is becoming a health issue worldwide, even though during the period of 2000-2017 maternal death cases were declining by 38 % (World Health Organization, 2019). In 2017, maternal death cases occurred during pregnancy and labor was around 295.000 (World Health Organization, 2018), the ratio of Maternal Mortality Rate (MMR) was still 177 per 100.000 live births (Susiana, 2019). Maternal Mortality Rate in Indonesia indicates downward trend. During 2018-2019 mortality cases have dropped from 4,226 to 4221 (Kementerian Kesehatan Republik Indonesia, 2019). Grobogan Regency of Central Java Province contributes in maternal mortality cases, however maternal mortality rate have declined during the period of 2015-2019 from 111.16 to 76.9 per 100.000 live births, yet it is still the second highest in maternal mortality cases (Dinas Kesehatan Provinsi Jawa Tengah, 2019).

In Indonesia, to end maternal mortality during pregnancy and labor turns out to be one of the national commitments (Susiana, 2019), it even becomes the performance target of health sector (Kementerian Kesehatan Republik Indonesia, 2019). Central Java Province, as one of the contributors of high maternal mortality cases in Indonesia, determines the reduction efforts of maternal mortality rate (MMR) as one of the important indicators in measuring the successful health development (Humas Jateng, 2018).

The government has performed various efforts in preventing maternal mortality because most of the causes of the deaths are preventable. Efforts are made to ensure all mothers receive quality healthcare service during pregnancy and childbirth attendance by competent health professionals in healthcare facilities (Kementerian Kesehatan Republik Indonesia, 2019), (Dinas Kesehatan Provinsi Jawa Tengah, 2019). Death prevention can be implemented through the healthcare system strengthening in a quality data collection to respond maternal and female child needs and priorities as well as to ensure the service quality improvement (World Health Organization, 2018).

Data collection by documenting the ANC results conducted by health professionals can be used to monitor maternal health condition and the quality of the provided ANC. The result of ANC data records in maternal card cohort register at Community Health Center (Puskesmas) conducted by midwives can be used to detect pregnancy risk factors and labor act that may prevent maternal deaths, however not all major risk factors are recorded in the register (Purnami et al., 2017). On the other hand, the data can be used as the base to perform screening by health professionals. Pregnancy screening turns out to be an important tool to reduce maternal deaths if the death cause can be detected (Mortensen et al., 2019). In the effort, the role of midwives is critical in determining the accuracy of healthcare treatment should be given to pregnant women. Midwives are one of the health professionals who are competent in giving ANC service and 85% of pregnant women are examined by midwives during ANC (Badan Penelitian dan Pengembangan Kesehatan, 2018).

A study in Grobogan Regency of Central Java Province proves that pregnancy complication and disease history turns to be maternal deaths predictor ( $p=0.003$  OR = 5.455;  $p = 0.0001$ , OR = 17.333) (Kustriyan, 2019). Poedji Rochjati standard categorizes the causes of maternal death into Low-Risk Pregnancy, High-Risk Pregnancy, and Very High-Risk Pregnancy (Aeni, 2013; Widarta et al., 2015; Yanti et al., 2020). Pregnancy complications are correlated with act of

labor (Yego et al., 2013). Mothers at risk will influence the labor process and act that should be performed by health professionals, whether it will be natural labor or it has to undergo C-section (Aldo et al., 2010; Yanti et al., 2020).

Intervention during labor may lead to medical consequences for mothers, however an ineffective and unnecessary intervention is still conducted in many healthcare facilities. The intervention is a caesarean section (C-section). Meanwhile, any healthy pregnant women have the right to give birth through natural labor (Ikatan Bidan Indonesia, 2012). C-section is performed when it is impossible to conduct natural vaginal birth and threatening the life of both mother and baby (Jhonsons, 2020), (Human Reproductive Health, 2021). The result of data analysis of Indonesian Demography and Health Survey 2017 (SDKI 2017) indicates that C-section intervention is performed not only for medical indications. The chance for C-section to be performed due to pregnancy complication indication is 9.5% (Sulistianingsih & Bantas, 2018).

Acts of labor given by health professionals that become maternal mortality risk factors are history of C-section birth (OR= 2.54) (Diallo et al., 2020) and C-section intervention (RR=1.9) (Bauserman et al., 2015). Factors that influence C-section intervention are age > 35 years (OR= 1.68), primipara (OR=2.49), history of pregnancy complication (OR=1.29), complete ANC (OR=1) (Sihombing et al., 2017), comorbidity ( $p=0.03$ ; OR=6.382) (Siregar, 2016) (Wahyuni, R dan Rohani, 2019). Demography characteristics of mothers who obtained C-section birth are work as employees (20.9%) and highly educated (Sihombing et al., 2017).

Based on the background, it indicates the increased incidence rate of C-section and many factors that affect it. The condition may become public health issue therefore it requires a study to identify the demography characteristics, risk factors of pregnant women based on Poedji Rochjati score, and act of labor received by mothers who obtain ANC by midwives. The study was conducted toward ANC result data recorded in maternal card cohort register at community health center. The study turns to be critical to identify act of labor received by mothers and the descriptions of act of labor determinant factors hence the cause of maternal death can be prevented.

## METHOD

### Participant characteristics and research design

The study used analytic descriptive design, with cross sectional observational method. The data sourced of maternal card cohort register which is a record of ANC result performed by midwives in Tawangharjo Community Health Center, Grobogan Regency, Central Java Province. Population of the study was all mothers who were recorded in maternal card cohort register from they started to get pregnant up to labor, during the period of year 2019.

### Sampling procedures

A purposive sampling technique was used. The inclusion criteria of the study was all maternal card cohort registers that met the standards of accuracy and completeness of ANC result in records until labor, whereas the exclusion criteria was data of mothers in labor who died or only live births. A sample of 172 maternal card cohort register were obtained



27 that met the inclusion and exclusion criteria. The study had obtained ethical clearance from Research Ethics Committee of Faculty of Public Health, Diponegoro University No: 236/EA/KEPK-FKM/2020.

**Data analysis**

Data analysis was conducted by using analytic descriptive for independent variables maternal characteristics, health status, maternal death risk factors, level of maternal risk factor based on Poedji Rachjati, and for dependent variable act of labor. Categories determined during data processing referred to the standard used in data recording in maternal card cohort register. Descriptive analysis was conducted in univariate (frequency distribution) and bivariate (a cross table). Whereas analytical analysis by using chi-square ( $\alpha=5\%$ ) to measure the correlation between variables of pregnancy risk factors and act of labor.

**RESULT AND DISCUSSION**

Table 1 presents the description of demography characteristics, health status, ANC history, childbirth history, risk factors, and act of labor of the study. Majority of mothers aged 20-35 years old (81.4%). Most of the mothers had basic education (94.2%). More than ¾ had normal nutritional status (84.9%), were not anemic (80.2%), had normal blood pressure (70.9%), primipara (71.5%), ANC visit frequency around 5 - 10 times (65.7%). Almost all of them received natural act of labor in the previous labor (97.1%) and the last labor (93.0%). The data of labor indicated the decreased natural act of labor conducted by health professional. The result of risk factors assessment by using Poedji Rochjati indicated that the majority of mothers were categorized as Low risk pregnancy (LRP) (86.6%).

**Table 1**  
**Description of Demography Characteristics, Health Status, Risk Criteria, and Act of labor (n=172)**

Characteristics and Frequency Distribution	Number of Mothers (n)	Percentage (%)
<b>Maternal age (years)</b>		
< 20 and > 35	32	18.6
20-35	140	81.4
<b>Maternal level of education</b>		
Basic Education (SD-SMP)	162	94.2
Secondary Education	8	4.7
High Education	2	1.2
<b>Nutritional Status</b>		
Normal	146	84.9
Insufficient	26	15.1
<b>Anemic</b>		
Yes	34	19.8
No	138	80.2
<b>Blood pressure</b>		
Normal	122	70.9
Hypotension	48	27.9
Hypertension	2	1.2
<b>Obstetrics Status</b>		
Primipara	123	71.5
Multipara	49	28.5
<b>ANC frequency</b>		
<4 times	27	15.7
5-10 times	113	65.7
> 10 times	32	18.6
<b>Risk criteria of Poedji Rochjati</b>		
LRP	149	86.6
HRP	22	12.8
VHRP	1	0.6
<b>Previous act of labor</b>		
Normal	167	97.1
C- section (Caesarean section)	5	2.9
<b>The last act of labor</b>		
Normal	160	93.0
C- section (Caesarean section)	12	7.0

23 In obstetrics, too young (<20 years) and too old (>35 years) become the cause of maternal death (Firmansyah, 2018). From the study result it was revealed that the biggest percentage of age was 20-35 years, age groups that are not at risk of death. It is in accordance with the recommendation from BKKBN (National Population and Family Planning

Agency) and Ministry of Health that the safe age for women to undergo childbirth is above the age of 20 (Suriani, 2017), and it is supported by Law of the Republic of Indonesia No. 16 year 2019 concerning the Amendment of Law No. 1 year 1974 concerning Marriage is only allowed if a man and a woman have reached the age of 19 years old to reduce the

risk of maternal deaths. The optimum reproductive age for women is between 20-35 years, it is because women's body organs are ready to endure pregnancy and undergo labor. Women in labor at the age of under 20 and above 35 years are very likely to undergo C-section intervention for their childbirth process due to unready body organs or too old age. (Mortensen et al., 2019; Nelissen et al., 2013). Various health threats also may take place if mothers who are less than 20 or more than 35 years of age give birth. (Byrne et al., 1993; Mbalinda et al., 2015; Yego et al., 2013).

The description of maternal health status in accordance with the study result indicated that health status was included into good criteria, and not included into risk factors. The mothers obtained ANC more than minimal required standard, normal nutritional status dan blood pressure. Various pregnancy risks can be prevented if mothers are in healthy condition and good nutritional status also obtain ANC from health professionals (Firmansyah, 2018). Mothers with normal blood pressure are also allowed to receive natural act of labor (Haidar, 2019). Table 2 presents the result of bivariate analysis to indicate the correlation between pregnancy risk factors and act of labor received by mothers.

**Table 2**  
**Correlation between Pregnancy Risk Factors and Act of Labor**

Pregnancy Risk Factors	Act of Labor				p-value
	Natural		C-Section		
	n	%	n	%	
<b>Demography Factors</b>					
Maternal Age (years)					
- < 20 and > 35	31	(96.9)	1	(3.1)	0.469
- 20-35	129	(92.1)	11	(7.9)	
Education					
- Basic Education	150	(92.6)	12	(7.4)	
- Secondary Education	8	(100.0)	0	(0.0)	0.672
- High Education	2	(100.0)	0	(0.0)	
<b>Maternal Health</b>					
Blood pressure					
- Normal	115	(94.3)	7	(5.7)	
- hypotension	43	(89.6)	5	(10.4)	0.414
- Hypertension	2	(100.0)	0	(0)	
Nutritional Status					
- Normal	135	(92.5)	11	(7.5)	0.696
- Sufficient	25	(96.2)	1	(3.8)	
Anemia Status					
- Yes	31	(91.2)	3	(8.8)	0.057
- No	129	(93.5)	9	(6.5)	
<b>Frequency of ANC</b>					
- < 4 times	27	(100.0)	0	(0.0)	
- 5-10 times	106	(93.8)	7	(6.2)	0.057
- > 10 times	27	(84.4)	5	(15.6)	
<b>Obstetrics Status</b>					
- Primipara	115	(93.5)	8	(6.5)	0.743
- Multipara	45	(91.8)	4	(8.2)	
<b>Previous Act of Labor</b>					
- Natural	157	(94.0)	10	(6.0)	0.013
- C-section	3	(60.0)	2	(40.0)	
<b>Risk Categories Based on Poedji Rochjati Score</b>					
- LRP	139	(93.3)	10	(6.7)	
- HRP	20	(90.1)	2	(9.9)	0.043
- VHRP	1	(100.0)	0	(0.0)	

$\alpha = 5\%$ , chi square test

Based on the demography characteristics of age and education, it revealed C-section intervention received by mothers who underwent ANC in community health center, that the percentage of those who received natural birth in age 20-35 years was bigger (7.9%) than in age <20 and >35 tahun (3.1 %). The finding is similar with a study by Wahyuni, 2019 in which mothers who underwent C-section are more at the age of 21 -34 years (71.8%) (Wahyuni, R dan Rohani, 2019). The information indicates that among mothers who give birth at risk age there are less who undergo C-section, however statistically it was not significantly correlated ( $\rho$ -value = 0.469). Age is not an indication for a C-section intervention, however the risk among the age group may

become the foundation of C-section intervention (Mylonas & Friese, 2015). No mother (0%) with higher education received C-section intervention, however there was a total of 7.2% mothers with basic education who received C-section intervention. Education was proven to be significantly not correlated with C-section intervention received by mothers ( $\rho$ -value=0.672), however education will influence one's knowledge. Maternal knowledge about childbirth is critically important since it give impact toward labor decision making. Knowledge is proven to be a factor that influence mother in choosing C-section labor without medical indications (Salfariani M & Nasution, 2012), meanwhile C-section labor should remain aware of patient's safety as a form of health

ethics (*beneficence*) (Ayuningtyas et al., 2018). A study conducted by Lubis, 2018 discovers that among mothers with insufficient knowledge, there are more who received C-section intervention without indication compared to mothers with good knowledge (Lubis, 2018). The finding is different from the previous results of studies that more mothers with higher education gave birth by C-section. Mothers with higher education was a risk factor of C-section intervention (Sihombing et al., 2017). Higher maternal knowledge contributed in increasing C-section rate (Ashar & Kusriani, 2020).

Descriptively it indicated the highest percentage among mothers who gave birth by C-section were having low blood pressure (hypotension) during pregnancy, however in the study the occurrence of correlation between blood pressure history and act of labor received by mothers was not statistically proven ( $\rho$ -value=0.414). Maternal low blood pressure (hypotension) condition approaching labor should remain be noticed since mothers are more at risk of heavy nausea or vomiting, threatened abortion due to bleeding at the early stage of pregnancy and anemia (Bánhidý et al., 2011).

More mothers with normal nutritional status received C-section intervention compared to mothers with insufficient nutritional status (7.5%; 3.8%), however the correlation between nutritional status and C-section intervention was not statistically proven ( $\rho$ -value=0.696). The determination of maternal nutritional status among pregnant women based on the size of upper arm circumference was proven not to be a risk to types of labor received by mothers ( $\rho$ -value=0.171) (Laili & Andriyani, 2020). Although, the study result proved that there was no correlation between nutritional status and acts of labor, however, the nutritional status during pregnancy should remain be aware of. It is proven that nutritional status is a risk to the incidences of complication during labor (OR=2.862) (Kasminawati et al., 2015). Pregnant women with good nutritional status may prevent the incidence of iron-deficiency anemia during pregnancy. The result of the study proved that maternal anemia status was not significantly correlated with C-section intervention ( $\rho$ -value=0.057), although descriptively it indicated that more mothers with anemia received C-section intervention compared to those who did not have histories of anemia (8.8%; 6.5%). Therefore, the nutritional status and anemia among pregnant women should remain be noticed. It is supported by a previous study that women in labor anemia is correlated with the incidence of long first stage of labor. The condition of anemia generates uterine muscle is easily getting tired (26) may lead to interrupted contractions (Ayuningtyas et al., 2018). Anemic mothers during pregnancy is a risk factor to C-section labor and adverse events among mothers and newborns (Chu et al., 2020), (Drukker et al., 2015). Relatively good nutritional status is an indicator of natural labor, however Chronic Energy Deficiency among mothers during labor may cause mothers should undergo surgery intervention during childbirth process (Ernawati et al., 2019; Muthoharoh et al., 2016).

One of the ways to prevent adverse events among mother and fetus during pregnancy is mothers should have regular pregnancy checkups or ante natal care (ANC). The result of the study indicated that mothers who had ANC >10 times mostly received C-section intervention (15.6%), even though statistically it was proven that there was no correlation between ANC visits frequency and C-section act of labor ( $\rho$ -value=0.057). Based on the description, in terms of frequency, the ANC visits had met the required standard that was 4 times at the minimum (Unicef, 2021),

however, the service quality of ANC should also be kind of concerned. ANC is very critical to protect mothers and infants. ANC is one form of services by competent health professionals to ensure health condition of mothers and babies through risks identification, disease-related pregnancy prevention and management (WHO, 2018).

Obstetric status indicated by primipara or multipara condition during the last childbirth obtained a description that mothers with multipara status were more likely to undergo C-section (8.2%) compared to mothers with primipara status (6.5%), however, it was statistically proven that obstetric status was not correlated with act of labor received by mothers ( $\rho$ -value= 0.743). C-section intervention (7) simultaneously influenced by many risk factors namely parity (OR = 23.217), nutritional status (OR = 13.439) and ANC (OR = 11.708) (J et al., 2020) and the first pregnancy (nullipara) (WHO, 2018).

Percentage of mothers who received C-section was higher among mothers with a history of C-section before compared to mothers who had natural labor before (40%; 6%). The description statistically significant indicating the occurrence of correlation between previous C-section history and C-section intervention ( $\rho$ -value= 0.013). Similarly, the condition of pregnant women with risks in accordance with Poedji Rochjati standards was also proven to receive C-section intervention ( $\rho$ -value= 0.043). The finding is supported by the previous study that stated previous act of labor is correlated with the risk factors assessment of Poedji Rochjati. (Widarta et al., 2015; Yanti et al., 2020). Complication history among mothers at risk is for labor in (16) section to be done (Kasminawati et al., 2015), (Sihombing et al., 2017). C-section is a surgery procedure that is effective to prevent maternal and infant death if there is medical indication occur (WHO, 2018). Medical indications influence labor in C-section by 35 times (95% CI = 12.970 – 95.924) (Novita et al., 2018). Experience of previous C-section becomes one of the reasons for mothers to plan giving birth in C-section. Sense of secure from doctors and mothers appears to be the factor that generates repeated C-section labor (Mylonas & Friese, 2015).

Previous act of labor and maternal risk factors based on Poedji Rochyati are the determinant factors of the act of labor received (28) by mothers who obtained ANC service from midwives (p value=0.043 dan p value=0.013).

## CONCLUSION AND SUGGESTIONS

Midwives' increased awareness and competence in the completeness and accuracy of ANC result data record into maternal card cohort register becomes the surveillance tools of maternal risk factors and determinants of labor that contribute in the incidence of maternal and newborn deaths.

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