
Analysis of Related Factors with Childbirth Method in Inpatient Unit of H. Abdul Manan Simatupang Hospital, Kisaran in 2017

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Abstract:

Caesarean section is generally done when a normal childbirth process through vagina is impossible to be done or because there is medical or non-medical indication. Medical action is only done when there is a problem in the process of childbirth which can threaten a woman and her fetus life, for example, in preeclampsia pregnancy. The objective of the research was to find out some factors which were correlated with choosing childbirth methods in the Inpatient unit of H. Abdul Manan Simatupang Hospital, Kisaran, in 2017. The research used observational analytic method with cross sectional design. The population was 78 childbirth women at H. Abdul Manan Simatupang Hospital, Kisaran, from May to July, 2017, and all of them were used as the samples (accidental sampling). The data were gathered by using questionnaires and analyzed by using with chi square test and logistic regression analysis. The result of the research showed that there was no correlation of age with choosing childbirth methods (p -value=0.270). There was the correlation between parity and choosing caesarean section method (p -value=0.00), between history of childbirth and choosing childbirth methods (p -value=0.000), and between childbirth complication and choosing childbirth methods (p -value=0.002). History of childbirth was the most dominant variable which was correlated with choosing childbirth methods. It is recommended that women give birth at the safe age (20-24 years old) and not more than three times. The health workers to home visiting in creasited coverage of pregnancy screening.

Key words: factors, childbirth method, mother, caesarean section

INTRODUCTION

Every woman wants her childbirth to run smoothly and can give birth to a perfect baby. There are two ways of childbirth: *first*, vaginal delivery and *second* with a cesarean section of surgery to childbirth the baby by incision or cutting on the skin, abdominal muscles and the mother's womb (Surimah, 2008). Caesarean section is generally performed when normal vaginal delivery is not possible or due to medical or nonmedical indications. Medical action is only done if there is a problem in the childbirth process that could threaten the life of the mother and fetus such as pregnancy with pre eclampsy (Judhita, 2009).

The incidence of caesarean section in both public and private hospitals also continued to increase from year to year, some of the results cited by Mahdi (2003) in hospitals H. Adam Malik Hospital Medan there is the incidence of caesarean section of 574 (54.83%) from 1980 labor. The incidence of caesarean section was found in 1998 (2.4%), in 1994 to 20.5%) and in 2000 (34.2%) for Dr. Pirngadi Hospital Medan the incidence of caesarean section was 483 (36 , 11%) with various medical causes of 1251 deliveries.

Then along with technological developments on all sides of life including the medical world, came a new discovery about the caesarean section where women who have difficulty giving birth through the vagina can be assisted in the delivery process with caesarean section. The caesarean section will lift the baby through an incision hole the doctor creates at the bottom of the abdomen. The position of the baby is not in general, the cost of caesarean section is more expensive than the cost of labor through the vagina. Caesarean section is very helpful for women and reduce maternal mortality. But now the caesarean section began to become a trend among people with middle and

upper economy community. Those who should be able to deliver vaginally, choose caesarean section for reasons such as (1) to avoid pain (2) to determine the child's birth date (3) to maintain vaginal density. After a variety of reasons are built then there are the actions of briefing and an interesting bid to make the process of childbirth which later became the dominant effect and very profitable medical industry (Riskesdas, 2013).

The birth of the caesarean section may result in an increased risk of infection, since infection is one of the leading causes of maternal mortality, which is about 20% to 25% (Manaba, 2008), whereas according to Benssons and Pernols (2004), the mortality rate in the cesarean section is 40 to 80 per 100,000 live births. This figure indicates a risk 25 times greater than vaginal delivery and for cases due to infection has a rate 80 times higher compared with vaginal delivery (Bensons and Pernols in 2004 evariny, 2007).

Efforts made to control the caesarean section increase is to pay attention and minimize actions that can increase the number of caesarean section parity reduction is almost half the women who are pregnant, women tend to have children at older age. Electronic fetal monitoring may increase the chances of detecting fetal distress and, possibly resulting in an increase in the number of caesarean section.

From the initial survey conducted by researchers at H. Abdul Manan Simatupang Hospital Kisaran found 8 maternity women, 2 normal maternal mothers and 6 maternity mothers with caesarean section. 2 mothers said the reason for caesarean section was due to age factor which was more than 35 years old, 1 person due to complication of labor that is not advanced partus, 1 person due to history of past childbirth and 3 more because mother not clever to straining. The aim of the research is to know the facts in the Inpatient unit of H. Abdul Manan Simatupang Hospital, Kisaran, in 2017.

RESEARCH METHODS

This research is an analytic survey research with cross sectional design which aims to know factor analysis related to the method of delivery at inpatient ward of H. Abdul Manan Simatupang Hospital in 2017. This research will be conducted at H. Abdul Manan Simatupang Hospital, Kisaran in 2017.

The population in this study were all maternity mothers in inpatient unit of H. Abdul Manan Simatupang Hospital, Kisaran from May to July 2017. The sample in this study using accidental sampling that is as much as 78 people.

To test the validity of measuring instruments, first sought correlation value between parts of the measuring instrument with a total score which is the sum of each score item. Where the value of r -table = 0.632 (validity test performed on 10 people). Validity and reliability test conducted at Setio Husodo Hospital, Kisaran which has characteristics not much different from H. Abdul Manan Simatupang Hospital, Kisaran. Validity testing is done by computerization to test point skills. The result of the test of the instrument / questionnaire of job satisfaction in this research is valid, except the instrument with the statement number 5, 6, 12 and number 17 which is declared invalid, because r arithmetic $<$ r table, then for that instrument / questionnaire with statement number is discarded or eliminated. The instrument consists of 20 items. Reliability test is done to find out how far an instrument can be trusted. Reliability testing is done by Alpha Cronbach test. The variable is said to be reliable if the value of Alpha r cronbach $>$ 0.6 (Arikunto, 2012). Reliability testing is done by Alpha Cronbach test. Variables are said to be reliably if the value of Alphon Cronbach $r >>$ 0.6.

Instruments in this study consisted of a questionnaire that researchers arrange themselves about the analysis of factors related to maternity delivery methods in maternity unit of H. Abdul Manan Simatupang Hospital Kisaran in 2017.

Methods of analysis in this study using univariate analysis, bivariate analysis and multivariate analysis .

RESEARCH AND DISCUSSION

Table 1. Frequency Distribution of Age on Maternity Mother In Inpatient Unit of H. Abdul Manan Simatupang Hospital in 2017

Age	n	%
<20 and > 34	45	57.7
25-34	33	42.3
Total	78	100

Table 2. Frequency Distribution of Parity on Maternity Mother In Inpatient Unit of H. Abdul Manan Simatupang Hospital in 2017

Parity	n	%
≥3	41	52.6
<3	37	47.4
Total	78	100

Table 3. Frequency Distribution of Childbirth History on Maternity Mother In Inpatient Unit of H. Abdul Manan Simatupang Hospital in 2017

Childbirth History	n	%
<i>Caesarean section</i>	41	52.6
Vaginally Childbirth	37	47.4
Total	78	100

Table 4. Distribution of Frequency of the Childbirth Complication on Maternity Mothers In Inpatient Unit of H. Abdul Manan Simatupang Hospital in 2017

Childbirth Complication	n	%
There are Childbirth Complication	41	52.6
There are no Childbirth Complication	37	47.4
Total	78	100

Table5. Distribution of Frequency of Chidbirth Methods on Maternity Mothers In Inpatient Unit of H. Abdul Manan Simatupang Hospital in 2017

Childbirth Method	n	%
<i>Caesarean section</i>	44	56.4
Not <i>Caesarean section</i>	34	43.6
Total	78	100

Table 6. Relationship of Age With Childbirth Method On Maternity Mothers In Inpatient Unit of H. Abdul Manan Simatupang Hospital in 2017

Age	Childbirth Method				Total		p value
	Caesarean section		Not section				
	n	%	n	%	n	%	
<20 & >34	23	29.5	22	28.2	45	57.7	0.270
20--34	21	26.9	12	15.4	33	42.3	
Total	44	56.4	34	43.6	78	100	

Table 7. Relationship of Parity With Childbirth Method On Maternity Mothers In Inpatient Unit of H. Abdul Manan Simatupang Hospital in 2017

Parity	Childbirth Method				Total		p value
	Caesarean section		Not section				
	n	%	n	%	n	%	
≥3	29	37.2	12	15.4	41	52.6	0.007
<3	15	19.2	22	28.2	37	47.4	
Total	44	56.4	34	43.6	78	100	

Table 8. Relationship of Childbirth History with Childbirth Method On Maternity Mothers In Inpatient Unit of H. Abdul Manan Simatupang Hospital in 2017

Childbirth History	Childbirth Method				Total		p value
	Caesarean section		Not section				
	n	%	n	%	n	%	
Caesarean section	31	9.7	10	12.8	41	52.6	0.000
Vaginally Childbirth	13	16.7	24	30.8	37	47.4	
Total	44	56.4	34	43.6	78	100	

Table 9. Relationship of Childbirth Complication With Childbirth Method On Maternity Mothers In Inpatient Unit of H. Abdul Manan Simatupang Hospital in 2017

Childbirth Complication	Childbirth Method				Total		p value
	Caesarean section		Not section				
	N	%	N	%	n	%	
There are	30	38.5	11	14.1	41	52.6	0.002
There are no	14	17.9	23	29.5	37	47.4	
Total	44	56.4	34	43.6	78	100	

Relationship of Age with Childbirth Method on Maternity Mother In Inpatient Unit H. Abdul Manan Simatupang Hospital in 2017

Healthy productive age is 20-34 years. More or less of that age is a risk. Pregnancy at the age of 20-34 years is the right age for women to have children. Age at the time of pregnancy is very effect on the readiness of the mother to accept responsibility as a mother so that the quality of human resources is increasing and the readiness to nourish the next generation can be guaranteed. Pregnancy young people or teenagers under the age of 20 will cause fear of pregnancy and childbirth, this is because at that age the mother may not be ready to get pregnant, as well as pregnancy in old age is over 34 years will cause and preparation of reproductive tools mother too old to get pregnant (Winkjosastro, 2007).

From the results of this study it can be seen that from 57.7% of maternal mothers with age <20 &> 34 years the majority with caesarean section delivery method as much as 29.5% and not caesarean section as much as 28.2% and from 42.3% mothers with age 20-34 years old majority with caesarean section delivery method as much as 26.9% and not caesarean sections of 15.4%. From the table it can be seen that at age 20-34 year tends to by method of caesarean section and at age <20 &> 34 years also tend to by with caesarean section. The statistical test shows the result of chi square statistic test obtained p value 0,270 or value $\alpha > 0,05$, it can be concluded that there is no significant correlation between age with childbirth method with OR equal to 0,597.

Researchers found that age is not related to childbirth method where age is not a determinant to determine the method of childbird. This can be seen from the maternal mother with the method of caesarean section is present with all age variation that is at age of 20-34 years and at age <20 and > 34 year, this is because maternity mother do not understand where age safe to start pregnancy and give birth mothers also

do not know that pregnancy at age <20 and > 34 years including high risk, so that pregnant mother <20 and > 34 do process of childbirth by saecarean section method to avoid possible complication.

Relationship of Parity With Childbirth Method On Maternity Mother In Inpatient Unit H. Abdul Manan Simatupang Hospital in 2017

Parity is a woman who once gave birth to a live baby (Winkjosastro, 2008). While other opinions mention parity is the number of children who have been born either live or stillbirth (Kiki Amelia, 2012).

From the research it can be seen that from 52.6% maternal mother with parity ≥ 3 majority with caesarean section counted 37.2% and not caesarean section counted 15.4%, from 47.4% mothers with parity < 3 majority not doing caesarean section 28.2% and with caesarean section as much as 19.2%. From the table can be seen maternity mother with parity ≥ 3 tend to doing caesarean section and maternal mother with parity < 3 tend to method of delivery with not caesarean section. Chi square statistic test results obtained p value 0.007 or $\alpha < 0.05$, meaning there is a significant relationship between parity with the method of childbirth with OR of 3.544, meaning that maternal mother with parity ≥ 3 at risk 3.544 times done caesarean section compared with the mother with parity < 3 .

Researchers found that parity affects the delivery process and the incidence of complications. In multipara dominance the larger uterine funduses with stronger contractions and a more relaxed pelvic floor so that the baby is more easily through the birth canal and reduces the length of labor. But the high parity impact on the emergence of health problems for both mother and baby are born. One of the health impacts arising from high parity is related to complications so that selection of childbirth methods with caesarean section is better performed.

Relationship of Childbirth History With Childbirth Method On Maternity Mother In Inpatient Unit H. Abdul Manan Simatupang Hospital in 2017

The history of childbirth is crucial to the selection of childbirth method in subsequent pregnancies, if in the course of childbirth can take place normally taking into consideration the above factors are expected in the next delivery the mother is not traumatized by normal childbirth (Manuaba, 2010).

From the research it can be seen that from 52.6% of maternal mother with history of caesarean section majority with caesarean section delivery method 39.7% and not caesarean section counted 128% and from 47.4% mothers with history of vaginal delivery majority not doing caesarean section 30.8%, and caesarean section with 16.7%.

Authors found that the history of childbirth correlated with the method of childbirth in which the caesarean section birth history resulted in a stretched and poorly contracted uterine muscle, the former caesarean section incision may result in a risk of uterine rupture if the partus is normal partus so that caesarean section is safer for the mother maternity with a history of caesarean section childbirth. Maternity mothers with a history of normal childbirth who chose caesarean section labor due to maternity age are not safe at age <20 and > 34 years. So that the maternity mother is safer to do caesarean section to avoid complications that may occur. Maternity mothers with a history of normal childbirth are also performed with saecarean section in subsequent childbirth this is because the mother is found to be accompanied by high blood pressure, preeclampsia and eclampsia (pregnancy toxicity) which can cause the mother's seizures so that the doctor decides to have a caesarean section. The field also found that maternity mothers with a history of caesarean section prefer the next method of childbirth with caesarean section due to the reason of caesarean section in previous childbirth so not to feel the baby birth from

the stomach and vagina then the mother decided to be maternity by caesarean section method.

CONCLUSION

There is no significant correlation between age and childbirth methods at the inpatient unit of H. Abdul Manan Simatupang Hospital, Kisaran in 2017. Significant relation between parity with childbirth method in inpatient unit of H. Abdul Manan Simatupang Hospital in 2017.

There is a significant correlation between childbirth history with childbirth method. Significant relation between childbirth complication by childbirth method on maternity mother in inpatient unit of H. Abdul Manan Simatupang Hospital Kisaran in 2017. The most dominant factor associated with the childbirth method is the childbirth history in the inpatient unit of H. Abdul Manan Simatupang Hospital in 2017

Required to conduct further research by including antenatal care checks, so it is expected that further research can provide an adequate description of the history of childbirth with caesarean section.

REFERENCES

1. Arikunto, S 2006. Manajemen Penelitian, Jakarta; Rineka Cipta
2. Bobak, Lowdermilk, Jansen. 2005. Buku Ajar Keperawatan Maternitas. Jakarta. EGC.
3. Budiartoeko, 2009. Biostatistika untuk Kedokteran dan Kesehatan Masyarakat, Jakarta. EGC.
4. Charles, Chaty & Chapman, Vicky. 2013. Persalinan & Kelahiran Asuhan Kebidanan .Secon Edition. Jakarta. EGC

5. Kasdu dini. 2002. Operasi Caesar Masalah dan Solusinya. Jakarta. Puspaswara.
6. Manuaba, Ida Bagus, 2008. Ilmu Kebidanan kandungan KB. Jakarta ; EGC.
7. Masri singlarimbun, dkk, 2012. Metode penelitian Survei. Jakarta. Perja Company
8. Nugraheny, Esti & Sulistyawati, Ari, 2010. Asuhan Kebidanan Pada Ibu Bersalin. Jakarta. Salemba Medika
9. Nursalam 2001. Pendekatan Praktis Metode Riset Keperawatan, Jakarta. Infomedika
10. Notoatmojo, S., 2007. Kesehatan Masyarakat: ilmu dan seni, Jakarta; Rineka Cipta
11. Peter, Abrahams, 2010. Panduan Kesehatan dalam Kehamilan, karisma Publishing Group; tentang kesehatan
12. Prawirohardjo, S, 2010. Ilmu Kebidanan, Jakarta :Bina pustaka Sarwono Prawiharjo
13. Purwoastuti, Th. Endang & Siwi Walyani Elisabeth. 2016. Asuhan Persalinan dan Bayi Baru Lahir. Yogyakarta. Pustaka Baru Ekspres.
14. Saifuddin, 2002. Buku Acuan Pelayanan Kesehatan Maternal dan Neonatal. Yogyakarta; yayasan bina pustaka sarwono Prawiharjo
15. Saifuddin, 2011. Buku Panduan Praktis Maternal dan Neonatal. Jakarta. Yayasan Bina Pustaka
16. Sarwono, 2007. Panduan Praktis Pelayanan Maternal dan Neonatal. Jakarta.
17. Sawitareni, dkk, 2011. Asuhan Kebidanan pada Masa Persalinan, Jakarta, Salemba Medika
18. Simkin, P. Buku Saku Persalinan, Jakarta. EGC, 2005.
19. Simkin Peny, et al., 2007. Panduan lengkap kehamilan, melahirkan dan bayi. Jakarta; Arcan..
20. Sudigdo satroasmoro, et al., 2014. Dasar-dasar Metodologi Penelitian Klinis, Jakarta. Sagung Seto.

21. Syafruddin, et al..2011. Ilmu Kesehatan Masyarakat untuk Mahasiswa Kebidanan. Jakarta. CV. Trans Info Media
22. Walyani, Siwi Elisabeth, 2015, Asuhan Kebidanan Pada Ibu Hamil.Yogyakarta. Pustaka Baru Ekspres
23. Wiknjosastro, 2005, Ilmu Kebidanan, Jogjakarta; Yayasan Bina Pustaka