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Research Article

# The Effect of Integrated Antenatal Care on Planning for Birth in Pregnant Women

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**Abstract**

**Aims:** The purpose of this study was to determine the effect of integrated antenatal care on delivery planning for pregnant women.
**Methods:** This type of research is a quasi-experimental conducted in the Binuang Health Center area in April – May 2022, the number of samples is 46 respondents, and the type of statistical test used is the Wilcoxon test
**Results:** Show a p-value of 0.001 < 0.05, meaning that there is an effect of Integrated Antenatal Care on Delivery Planning
**Conclusion:** Conclusion of this study is that the provision of antenatal care has an effect on delivery planning.

**Keywords:**
**Integrated Antenatal Care, Delivery Planning**

## INTRODUCTION

The growth and development of women's reproduction start from the formation of the reproductive organs, long before a woman is born and produces offspring is needed to maintain the sustainability of the generation so that it does not become extinct, this is a natural process and function of women's reproduction (1).

According to the WHO in 2017, in South Asia, approximately 529,000 mothers died due to pregnancy complications, and approximately 10 million mothers experienced illness and infection. The maternal mortality rate in Indonesia in 2016 was 4,912 cases, and in 2017 (first semester) 1,712 cases, infant mortality cases in Indonesia in 2016 amounted to 32,007, and in 2017 in the first semester as many as 10,294 cases. Many factors cause maternal mortality (MMR) and infant mortality (IMR), one of which is the mother's emotional condition during pregnancy until birth (2)

According to the ASEAN Secretarist (2017), the maternal mortality rate in Indonesia remains very high. In 2015, ASEAN's maternal mortality rate was second only to Laos. According to the 2015 Inter-Census Population Survey, the Maternal Mortality Rate (MMR) is still high at 305 per 100,000 live births, and the Infant Mortality Rate (IMR) is 24 per 1,000 live births, according to the 2017 Indonesian Demographic and Health Survey (IDHS). Meanwhile, the 2017 IDHS data suggest a birth rate of 36 per 1000 for women aged 15-19 years (Age-Specific Fertility Rate / ASFR). According to the findings of a follow-up study of the 2010 Population Census, 6.9% of maternal deaths occur among women under the age of 20, with 92% dying during pregnancy or giving birth to their first child (3).

Based on data from the Banten Provincial Health Office in 2017, the maternal mortality rate reached 227 cases, while the infant mortality rate reached 1,246 cases. In 2018 the number of maternal deaths recorded was 243 cases, this figure increased from the prior data in 2017 of 227 cases. The increase in instances has become an important phenomena to be explored more carefully about the variables behind it.

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In accordance with Government Regulation Number 61 of 2014 concerning Reproductive Health, every woman has the right to receive maternal health services to achieve a healthy and quality life and reduce maternal mortality. Efforts are made in accordance with the "continuum of care" life cycle approach starting from the pre-pregnancy period, during pregnancy, childbirth, to the post-natal period.

In an effort to improve health before pregnancy, preparation for physical, mental, and social conditions must be prepared from an early age, starting from adolescence. In addition to adolescents, efforts to improve health before pregnancy are also given to prospective brides and couples of childbearing age. The service aims for the three target groups to practice healthy lifestyles, conduct early detection of diseases and risk factors that can affect their reproductive health, and get intervention as early as possible if risk factors are found. It is hoped that every couple can prepare for optimal health in order to realize healthy and quality human resources and generations (4).

The expansion of midwifery care mirrors the expansion of obstetrics and gynecology. As a growing field, midwifery requires its practitioners to keep up with the latest scientific and technological advances while maintaining the highest standards of professionalism. Professionalism is inextricably linked to the skills and knowledge one must have to practice their career successfully. Clinical competence (midwifery skills) and the ability to assess, advocate for, and support women, families, and communities to enhance their own well-being are essential for a professional midwife (5,6).

Based on initial interviews with pregnant women, out of 10 pregnant women, only 3 (30%) planned a place of delivery and birth attendants, while 7 people (70%) did not plan four deliveries and birth attendants. Based on some of the data behind this research, the researcher is interested in conducting a study under the title “The Effect of Integrated Antenatal Care on Planning for Childbirth in Pregnant Women in the Binuang Community Health Center in 2022”.

## METHODS

Quantitative methods and a quasi-experimental design characterize this style of study. All pregnant women of K4 ethnicity were included in this study, which took place between April and May of 2022 at the Binuang Public Health Center. This study used a total sample size of 46 participants, split evenly between an intervention group consisting of 23 participants and a control group of 23 participants.

## RESULTS

The first analytical activity was univariate analysis, which was used to determine the distribution of the frequency of wound healing in the two data groups, namely respondents in the intervention group (23 respondents) and respondents in the control group (23 respondents). extra information in the table below:

**Table 1. Distribution of Case Group Birth Planning (Pretest)**

| No | Birth Planning | Amount | Percentage (%) |
|---|---|---|---|
| 1 | Yes | 6 | 26,1 |
| 2 | No | 17 | 73,9 |
| | Total | 23 | 100 |

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Table 1. shows that the majority of respondents did not plan to give birth in the pretest with 17 people (73.9%) while those who planned to give birth were 6 people (26.1%).

**Table 2. Distribution of Case Group Delivery Planning (Posttest)**

| No | Birth Planning | Amount | Percentage (%) |
|---|---|---|---|
| 1 | Yes | 18 | 78,3 |
| 2 | No | 5 | 21,7 |
| | Total | 23 | 100 |

Table 2 shows that the majority of respondents planned delivery in the posttest with 18 people (78.3%) while those who did not plan to give birth were 5 people (21.7%).

**Table 3. Distribution of Control Respondents Birth Planning (Pretest)**

| No | Birth Planning | Amount | Percentage (%) |
|---|---|---|---|
| 1 | Yes | 7 | 30,4 |
| 2 | No | 16 | 69,6 |
| | Total | 23 | 100 |

Table 3 shows that the majority of pretest respondents did not plan delivery with a total of 16 people (69.6%) while those who planned to give birth were 7 people (30.4%).

**Table 4. Distribution of Control Respondents Birth Planning (Posttest)**

| No | Birth Planning | Amount | Percentage (%) |
|---|---|---|---|
| 1 | Yes | 9 | 39,1 |
| 2 | No | 14 | 60,9 |
| | Total | 23 | 100 |

Table 4 shows that the majority of respondents did not plan to give birth in the posttest with a total of 14 people (60.9%) while those who did not plan to give birth were 9 people (39.1%).

The bivariate analysis aims to test the research hypothesis, namely whether there are differences after the intervention on the respondents. The statistical test used is the Wilcoxon test.

**Table 5. Results of Bivariate Analysis**

| | Posttest Birth Planning – Pretest Birth Planning |
|---|---|
| **Z** | -3,464[b] |
| Asymp. Sig. (2-tailed) | ,000*1 |

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Table 5 shows the effect of Integrated Antenatal Care on Delivery Planning with Wilcoxon test analysis, which is obtained a significance value of 0.001 (p <0.05), it can be concluded that there is an effect of Integrated Antenatal Care on Delivery Planning.

## DISCUSSION

The majority of respondents in the case group (pretest) did not plan delivery, as shown by the difference between the proportion of those who planned delivery and those who did not plan delivery (63% vs. 73.9%). When asked whether or not they intended to give birth, the vast majority of posttest responders (18/25, or 78.3%) said they did, while only 5/25, or 21.7%, said they did not. In addition, only 7 of the pretest respondents (30.4%) planned delivery, while 16 (69.6%) in the control group did not. There were a total of 14 persons (60.9%) who did not plan delivery among posttest responses, compared to 9 people (30.9%) who did not plan to give birth.

Midwives who are committed to serving their communities for the long haul need a firm grasp on the philosophy, code of ethics, and legislation that govern their profession. Midwives, per Article 46 of Law No. 4 of 2019 Concerning Midwifery, provide services such as maternal health care, child health care, women's reproductive health care, and family planning, and perform other duties as delegated or assigned. Article 47 of the Health Law of the Republic of Indonesia states that, within certain parameters, midwives may serve as midwifery service providers, midwifery service managers, extension workers and counselors, educators, supervisors, clinical facilitators, drivers of community participation, and empowerers of women and/or researchers.Compared to the subset of mothers who received complete antenatal care and still had complications during delivery (7), the subset of mothers who received incomplete antenatal care and still had complications during delivery numbered 22 (57.9%). (22.6%). Statistical analysis using the chi-square test at the significance level of = 0.05 revealed a value of = 0.000 (-value), rejecting the null hypothesis and indicating that the frequency with which antenatal care was received was associated with a reduced risk of a complicated birth in UPTD. Majalengka's Cikijing Health Center.With a significant value of 0.001 (p 0.05) from the Wilcoxon test analysis showing the influence of Integrated Antenatal Care on Delivery Planning, it was possible to draw the conclusion that there was an effect.

In accordance with Government Regulation Number 61 of 2014 concerning Reproductive Health, every woman has the right to receive maternal health services to achieve a healthy and quality life and reduce maternal mortality. Efforts are made in accordance with the "continuum of care" life cycle approach starting from the pre-pregnancy period, during pregnancy, childbirth, to the postnatal period.

The expansion of midwifery care mirrors the expansion of obstetrics and gynecology. As a growing field, midwifery requires its practitioners to keep up with the latest scientific and technological advances while maintaining the highest standards of professionalism. Professionalism is inextricably linked to the skills and knowledge one must have to practice their career successfully. To better the lives of women, their families, and their communities, the professional midwife in question must have both clinical competence (midwifery skills) and the socio-cultural skills necessary to identify problems, advocate for change, and empower clients to implement new practices (8,9).

Meanwhile, health services during pregnancy are aimed at all pregnant women. This health service must be implemented in a comprehensive, integrated, and quality manner so that it can detect problems or diseases and can be treated early. Every pregnant woman is expected to be able to

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carry out her pregnancy in a healthy manner, give birth safely, and give birth to a healthy baby.

(10) observed that among 32 pregnant women, 72.7% evaluated the quality of ANC services to be satisfactory, and 61.4% found themselves to be "good" or "excellent" prepared for childbirth. Based on the Chi-Square test results, which showed a significance level of 0.002 (= 0.05), it can be concluded that, at the Buleleng I Public Health Center, there is a significant correlation between the quality of ANC services and the preparedness of pregnant women in their third trimester to face childbirth in the new era of adaptation.

Research and relevant ideas suggest that most women in their third trimester who receive ANC at the Buleleng I Public Health Center feel confident about their ability to cope with childbirth in this new phase of adaptation (11). This can happen because the quality of ANC services is carried out according to the integrated 10 T ANC guidelines as a means for health workers to convey information related to the health condition of the mother's pregnancy and is also a means of providing health promotion to pregnant women and their families so that they are prepared to face childbirth both from birth and delivery. physical and psychological aspects of the mother. Quality antenatal care will support a clean and safe delivery. This clean and safe delivery will occur if pregnant women, families, health workers, and health services are able to synergize properly.

## CONCLUSION

Most of the people in the case group (pretest) did not plan delivery, but most of the people in the posttest group (18/25) did. Only 7 people (30.4%) in the pretest group planned to give birth, but 16 people (69.6%) in the control group did not. In the Cikijing Health Center at UPTD Majalengka, women who got prenatal care more often were less likely to have a hard birth, according to a statistical study. Government Regulation Number 61 of 2014 about Reproductive Health says that every woman has the right to maternal health services so that she can live a healthy, good life and help lower the number of women who die during childbirth. Midwifery care is a growing field that requires professionals to keep up with the latest scientific and technological developments while keeping the highest standards of professionalism. Health services for pregnant women need to be thorough, integrated, and of high quality so that problems can be found early and treated. Every pregnant woman should stay healthy during her pregnancy and give birth in a safe way. Suadnyani et al. found that 72.7% of pregnant women thought that the ANC services were good, and 61.4% thought that they were "good" or "excellently" ready for childbirth. The results of the Chi-Square test showed that there was a strong link between the quality of ANC services and how ready pregnant women in their third trimester were for childbirth in the new age of adaptation.

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