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CHARACTERISTICS AND PSYCHOLOGY OF PREGNANT WOMEN ON HYPEREMECISION OF GRAVIDARUM IN PREGNANT WOMEN

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ABSTRACT

Hyperemesis Gravidarum is a normal symptom in pregnancy. However, if it is excessive, it interferes with daily work and the general condition becomes bad, which is called hyperemesis gravidarum. Pregnancy is something that married couples are waiting for, as well as being a stressful time in life. Pregnancy conditions that are not always smooth often make it difficult for a mother. Moreover, if the pregnancy is the first pregnancy. Therefore, the right action that a mother needs to take is to diligently consult and carry out regular checks, especially if certain worrying conditions are encountered. This study aims to determine the relationship between the characteristics and psychology of pregnant women and hyperemesis gravidarum in Practice Midwife Rosita Pekanbaru. This research is a descriptive correlation research with a cross design sectional (cross-sectional) which aims to determine the characteristics and psychology of pregnant women with hyperemesis gravidarum In Pregnant Women in Practice Midwife Rosita Pekanbaru. The results of this study indicate that maternal age is not significantly related to hyperemesis gravidarum in Practice Midwife Rosita Pekanbaru, p -value $0.296 > 0.05$. Maternal gravida is significantly associated with hyperemesis gravidarum in Practice Midwife Rosita Pekanbaru, p -value $0.004 < 0.05$. Maternal parity was significantly associated with hyperemesis gravidarum in Practice Midwife Rosita Pekanbaru, p -value $0.004 < 0.05$. Maternal psychology is significantly related to hyperemesis gravidarum in Practice Midwife Rosita Pekanbaru, p -value $0.000 < 0.05$. Recommended to the Practice Midwife Rosita Pekanbaru in providing health services by providing health promotion to the public regarding health information to further improve the quality of services, especially health services in the form of counseling related to factors factor risks in pregnancy, especially the incidence of hyperemesis gravidarum in pregnant women.

Keywords : Hyperemesis Gravidarum, Pregnant Women

INTRODUCTION

Pregnant is something that married couples are waiting for, as well as being a stressful time in their lives. Pregnancy conditions that are not always smooth often make it difficult for a mother. Moreover, if the pregnancy is the first pregnancy. Therefore, the right action that a mother needs to take is to diligently consult and carry out regular checks, especially if certain worrying conditions are encountered.

According to the World Health Organization World Health Organization

(WHO) maternal mortality rate is the incidence of death of a woman during pregnancy or within 42 days after the end of pregnancy due to any cause, regardless of gestational age and actions taken to end the birth - from any cause related to the pregnancy or its management and not by accident or incidental (coincidence factor). The maternal mortality rate is then defined as the number of maternal deaths during one time period in 100,000 live births. Data from WHO estimates that every year 500 women die as a result of pregnancy or childbirth. This fact is close to one death per

minute. It is estimated that 99% of these deaths occur in developing countries .

Indonesia, which is one of the developing countries, still has a fairly high maternal mortality rate. Based on research and development at the Ministry of Health, the maternal mortality rate in 2013 was still around 226 people per 100,000 live births. It is hoped that in 2015, this figure will decrease to 102 per 100,000 live births. Of course, hard work is needed to achieve these hopes (Indonesian Ministry of Health, 2013).

Most pregnant women who are 1-3 months pregnant often feel nauseous and sometimes vomit. This situation is normal and will disappear by itself after more than 3 months of pregnancy. However, if the mother still doesn't want to eat, vomits continuously until she is weak and unable to get up, this situation is dangerous for the condition of the fetus and the welfare of the mother and family. Immediately seek help from the health center or hospital so that the pregnancy can survive.

Hyperemesis gravidarum is a normal symptom and is often found in the first trimester of pregnancy . Nausea usually occurs in the morning, but can also occur at any time and at night. This symptom occurs approximately 6 weeks after the first day of the last menstruation and lasts for approximately 10 weeks. Nausea and vomiting occur in 60-80% of primigravidas and 40-60% of multigravidas. In one in a thousand pregnancies, these symptoms become more severe. This feeling of nausea is caused by increased levels of the hormone estrogen and Human Chorionic Gonadotropin (HCG) in the serum. The physiological influence of this increase in hormones is not clear, perhaps due to the central nervous system or reduced gastric emptying. In general, women can adjust to this situation, however, symptoms of severe nausea and vomiting can last up to 4 months.

Several factors influence the incidence of hyperemesis gravidarum includes predisposing factors consisting of

age, primigravida , parity, molar pregnancy and multiple pregnancies, organic factors such as allergies to the entry of placental circulation, metabolic changes due to pregnancy and decreased maternal resistance, psychological factors such as lack of who is ready to get pregnant or this pregnancy is a pregnancy that is not desired, losing one's job due to pregnancy, worries about the baby being born not being what one wants, such as the gender not being what both partners want .

Place Practice Independent Midwife Rosita Pekanbaru is a TPMB that provides health services to the people of Pekanbaru City . One of the services provided by the Practice Independent Midwife Rosita Pekanbaru is an antenatal care service that provides services to pregnant women to carry out routine check-ups or deal with complaints that arise during pregnancy such as hyperemesis gravidarum .

Hyperemesis gravidarum can occur in the first trimester and many primigravida mothers experience it . The psychological problem experienced by the mother is that the mother is not ready to get pregnant because she is still thinking about other more important things in their family.

RESEARCH METHODS

This type of research is descriptive correlation with a cross design sectional (cross-sectional) which aims to determine the relationship between the characteristics and psychology of pregnant women and hyperemesis gravidarum .

The population in this study were all pregnant women who visited TPMB Rosita Pekanbaru with an average of 32 visits per month . Determination of the sample size is based on Arikunto's opinion. For sampling, if there are less than 100 subjects, it is better to take all of them so that the research is population research. Furthermore, if the number of samples is more than 100, between 20-25% or more can be taken, depending on the researcher's ability in terms of time, energy and funds as well as the narrow size of the observation area.

Based on this opinion, the researchers took the entire population as a sample of 32 people.

Univariate analysis was carried out to determine the frequency distribution and presentation of each variable studied. Bivariate Data Analysis This data analysis was carried out to test the relationship between the independent variable and the dependent variable using a computerized system, namely the ChiSquare (X²) statistical test with a confidence level of 95% ($\alpha=0.05$). If the calculation results show a p-value ≤ 0.05 then it is said that (H₀) is rejected, meaning that the two variables statistically have a significant relationship. On the other hand, if the p-value is ≥ 0.05 then it is said that (H₀) is accepted, meaning that the two variables do not have a statistically significant relationship. Then, to explain the existence of an association (relationship) between the dependent variable and the independent variable, cross tabulation analysis is used.

RESULTS AND DISCUSSION

There is no significant relationship between age and hyperemesis gravidarum $p = 0.296 > 0.05$. Of the 2 respondents aged < 20 years experienced hyperemesis gravidarum and no hyperemesis gravidarum 1 person each (3.1%). Of the 27 respondents aged 20-35 years, the majority experienced hyperemesis gravidarum as many as 20 people (62.5%). Of the 3 respondents aged > 35 years, the majority of mothers did not experience hyperemesis gravidarum as many as 2 people (6.3%).

There is a significant relationship between gravida and hyperemesis gravidarum, $p = 0.004 < 0.05$. Of the 9 primigravida respondents, the majority experienced hyperemesis gravidarum as many as 6 people (18.8%). Of the 19 multigravida respondents, the majority experienced hyperemesis gravidarum as many as 16 people (50.0%). Of the 4 grandmultigravida respondents, all did not experience hyperemesis gravidarum as many as 4 people (12.5%).

There is a significant relationship between parity and hyperemesis gravidarum $p = 0.004 < 0.05$. Of the 9 respondents in nulliparous parity, the majority experienced hyperemesis gravidarum as many as 6 people (18.8%). Of the 19 respondents in primiparous parity, the majority experienced hyperemesis gravidarum as many as 16 people (50.0%). Of the 4 respondents in multiparous parity, all did not experience hyperemesis gravidarum as many as 4 people (12.5%).

There is a significant relationship between psychology and hyperemesis gravidarum, $p = 0.000 < 0.05$. Of the 8 respondents who had good psychology, the majority did not experience hyperemesis gravidarum as many as 8 people (25.0%). Of the 23 respondents who were psychologically unfavorable, the majority experienced hyperemesis gravidarum as many as 21 people (65.6%).

CONCLUSION

Maternal age was not significantly related to hyperemesis gravidarum $p\text{-value} = 0.296 > 0.05$. Maternal gravida is significantly associated with hyperemesis gravidarum $p\text{-value} = 0.004 < 0.05$. Maternal parity was significantly associated with hyperemesis gravidarum $p\text{-value} = 0.004 < 0.05$. Maternal psychology is significantly related to hyperemesis gravidarum $p\text{-value} = 0.000 < 0.05$.

Services by providing health promotion to the public regarding health information to further improve the quality of services, especially health services in the form of education related to risk factors in pregnancy, especially the incidence of hyperemesis gravidarum.

Pregnant women should be more diligent in checking health facilities and for primiparous and multiparous parities aged < 20 years, as well as seeking more health information through the media, the internet and from health workers.

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