
CHARACTERISTICS OF WOMEN WHO EXPERIENCE ANTEPARTUM HAEMORRHAGE AND POSPARTUM HAEMORRHAGE AT EFARINA ETAHAM HOSPITAL BERASTAGI KARO DISTRICT

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Abstract

Antepartum bleeding is vaginal bleeding in pregnancy over 28 weeks or more. Because antepartum bleeding occurs at gestational age above 28 weeks, it is often called or classified as bleeding in the third trimester (Manuaba, 2007) while postpartum hemorrhage according to the World Health Organization (WHO) in 2006, namely partly puerperal blood loss of 500 ml or more that occurs after the child is born. The purpose of this study was to find out the characteristics of mothers who experienced antepartum bleeding and postpartum hemorrhage at Efarina Etaham Berastagi Hospital in the 2013-2016 period. The type of research used in this study is a retrospective descriptive study. The population in this study were medical records of mothers who experienced antepartum and postpartum hemorrhage at Efarina Etaham Berastagi Hospital, Karo District in 2013 - 2016. The number of medical records of mothers who experienced antepartum hemorrhage was 17 cases of antepartum and 25 cases of postpartum hemorrhage. From the results of a study on the characteristics of mothers who experienced antepartum and postpartum hemorrhage which was conducted at Efarina Etaham Berastagi Hospital, bleeding data was obtained based on antepartum age 5 35 years 8 people (47.1%), postpartum age 20 years 17 people (68.0%) , 8 people (47.1%) high school antepartum education, 13 high school postpartum education people (52.0), and antepartum family income « Rp. 1200,000 9 people (52.9%), postpartum family income « Rp. 1200,000 13 people (52.0%), Based on the results of the study, 10 people (58.6%) had multiparous antepartum bleeding, 9 people (52.9%) -28 weeks of gestation, 11 people (64.7%) had a history of prenatal bleeding, 15 people had a history of prenatal bleeding. (88.2%), type of history of pregnancy Sectio (SC) 14 people (82.4%). The results of the research data were 11 people (44%) with multiparous Postpartum Hemorrhage, 9 people (36%) had intervals of delivery »3 years and 2-3 years, 17 people (68%) had retained placenta due to bleeding, 20 people had a history of pre-delivery disease (80 %), type of history of normal pregnancy 22 people (88%). As input material and information in an effort to reduce the morbidity of antepartum bleeding and postpartum bleeding, especially at Efarina Etaham Berastagi Hospital. the cause of placenta previa bleeding was 11 people (64.7%), history of prenatal illness in 15 people (88.2%), type of history of pregnancy Sectio (SC) 14 people (82.4%). The results of the research data were 11 people (44%) with multiparous Postpartum Hemorrhage, 9 people (36%) had intervals of delivery »3 years and 2-3 years, 17 people (68%) had retained placenta due to bleeding, 20 people had a history of pre-delivery disease (80 %), type of history of normal pregnancy 22 people (88%). As input material and information in an effort to reduce the morbidity of antepartum bleeding and postpartum bleeding, especially at Efarina Etaham Berastagi Hospital. the cause of placenta previa bleeding was 11 people (64.7%), history of prenatal illness in 15 people (88.2%), type of history of pregnancy Sectio (SC) 14 people (82.4%). The results of the research data were 11 people (44%) with multiparous Postpartum Hemorrhage, 9 people (36%) had intervals of delivery »3 years and 2-3 years, 17 people (68%) had retained placenta due to bleeding, 20 people had a history of pre-delivery disease (80 %), type of history of normal pregnancy 22 people (88%). As input material

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and information in an effort to reduce the morbidity of antepartum bleeding and postpartum bleeding, especially at Efarina Etaham Berastagi Hospital.

Keywords: Antepartum and postpartum hemorrhage

INTRODUCTION

Maternal death is the death of a woman during pregnancy, childbirth or within 42 days after the end of the pregnancy period, regardless of the length and location of the pregnancy, caused by anything related to the pregnancy or its management, but not incidentally or by additional causes (Winkjosastro (Ed) , 2009). Causes of maternal death are divided into two categories, namely antepartum and postpartum. First, deaths caused by direct obstetric causes, namely deaths caused directly by pregnancy and childbirth. The main causes of maternal death that are directly caused are bleeding, hypertension in pregnancy, infection, prolonged / obstructed labor and abortion (Saiffuddin, 2010). In Indonesia, maternal deaths caused directly by obstetrics are dominated by bleeding,

Maternal death can occur with three events in a series, namely a pregnant woman, suffers from obstetric complications and these complications cause death. Obstetric complications which are the direct cause of maternal death are bleeding, infection and preeclampsia/eclampsia. Bleeding in pregnancy should always be considered as a dangerous disorder and if not treated immediately can cause death of the mother and fetus. Bleeding in young pregnancies is called miscarriage or abortion, while in old pregnancies it is called antepartum bleeding. Antepartum bleeding is usually limited to bleeding in the birth canal after pregnancy. Sunday.

The two main causes of antepartum hemorrhage are placenta previa and placental abruption. According to Suparman E, bleeding that occurs after delivery is also called postpartum hemorrhage. Postpartum haemorrhage is defined as blood loss of more than 500 ml after vaginal delivery or more than 1,000 ml after abdominal delivery. Bleeding in this amount in less than 24 hours is referred to as primary postpartum hemorrhage, and if this bleeding occurs for more than 24 hours it is referred to as secondary postpartum hemorrhage (Smith JR, Brennan BG, 2012, Mochtar R, 2011). The main causes of postpartum hemorrhage are uterine atony (90%), tears in the birth canal (7%), the rest are due to retained placenta and disorders. The same thing also happened in various other hospitals in North Sumatra.

Based on the above background and the researcher's initial survey, the researcher wanted to investigate further about the characteristics of mothers who experienced antepartum bleeding and postpartum hemorrhage at Efarina Etaham Berastagi Hospital in the 2013-2016 period.

Formulation of the problem

The formulation of the problem in this study is what are the characteristics of mothers who experience antepartum bleeding and postpartum hemorrhage at Efarina Etaham Berastagi Hospital in the 2013-2016 period?

METHODS

Types of research

The type of research used in this study is a retrospective descriptive study. Retrospective descriptive research is defined as research conducted to describe or describe

a phenomenon that occurs in society based on medical records that occurred in the past (Notoatmodjo, 2012).

Location and Time of Research

Research Location The research was conducted in the Medical Record Room of Efarina Etaham Berastagi Hospital, Karo District. This research was conducted in August 2017.

Sample

The sample is part of the population being studied or part of the total characteristics possessed by the population (Nursalam, 2011). The sampling technique used in this study is to use total sampling, namely all members of the population are used as research samples. The number of samples is 42 cases.

RESULTS AND DISCUSSION

Antepartum Bleeding

The results of a study conducted on 17 cases at Efarina Berastagi Hospital for the 2013-2016 period, regarding the characteristics of mothers who experienced antepartum and postpartum hemorrhage. Based on the age of the respondents, and the majority.

Postpartum Bleeding

The results of research conducted on 25 cases at the Efarina Berastagi Hospital, regarding the characteristics of mothers who experienced antepartum and postpartum hemorrhage from 2010-2015, aged 20-35 years 17 people (68.0%), 35 years 7 people (28.0%), and < 20 years 1 person (4.0%). In your opinion, the age of 20-35 years is the optimal reproductive age group for mothers to conceive and give birth.

This study is not in line with the study of Simbolon (2004), that the highest proportion of antepartum age was in the low risk age group 20-35 years (73.3%). That age under 20 years or over 35 years has a risk of experiencing antepartum bleeding 3.1 times greater than mothers aged 20 to 25 years. The safest age for a woman to get pregnant and give birth is between 20-35 years old, because they are in a healthy reproductive period. Maternal mortality in women who are pregnant and giving birth at the age of 20 years and 25-35 years will increase significantly, because they are exposed to both medical and obstetric complications that can endanger the mother's life.

This is in line with the results of this study in accordance with the results of Sherzaman's study (2007) that at a 95% confidence level, mothers aged under 20 years or over 30 years have a risk of experiencing postpartum hemorrhage 3.3 times greater than mothers aged 20 to 29 years. Besides that, it is in line with the study of postpartum hemorrhage which results in maternal death in pregnant women who give birth at the age of under 20 years which is 2-5 times higher than postpartum hemorrhage which occurs at the age of 20-29 years. Postpartum bleeding rises again after the age of 30-35 years Agan (2007).

The results of the study showed that the education level of 8 people was high school (47.1%), 5 people in elementary school (29.4%), and 4 people in junior high school (23.5%). In this study, maternal education is an important factor in efforts to maintain the health of mothers, children and families. The level of a mother's formal education is related to her knowledge and awareness in anticipating difficulties during pregnancy.

CLOSING

Conclusion

Based on the results obtained in this study, the following conclusions can be drawn: From the results of the research on the characteristics of mothers who experienced antepartum and postpartum hemorrhage conducted at Efarina Etaham Berastagi Hospital, bleeding data were obtained based on antepartum age » 35 years, 8 people (47.1 %), postpartum age 20 35 years 17 people (68.0%), high school antepartum education 8 people (47.190), high school postpartum education 13 people (52.0) , and antepartum family income « Rp. 1200,000 9 people (52.9%), postpartum family income « Rp. 1200,000 13 people (52.0%),. Based on the results of the study, 10 people (58.8%) had multiparous antepartum bleeding, 9 people (52.9%) of gestational age »28 weeks, 11 people (64.7%) caused placenta previa bleeding, 15 people had a history of pre-delivery disease. (88.2%), type of history of pregnancy Sectio (SC) 14 people (82.4%). The results of the research data were 11 people (44%) with multiparous Postpartum Hemorrhage, 9 people (36%) 2-3 years apart, 17 people (68%) had a history of pre-delivery disease, 20 people had a history of pre-delivery bleeding (80%) , type of normal pregnancy history 22 people (88%).

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