FACTORS THAT ARE RELATED TO THE EVENENCE OF THE PREMATURE RUPTURE OF MEMBRANES IN MATERNITY MOTHER IN SAYANG HOSPITAL, CIANJUR CITY

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Abstrak. Premature rupture of membranes is rupture of membranes before there are signs of labor and after waiting for an hour before the start of labor. World Health Organization (WHO) in 2015 there were 303,000 women died during childbirth and as many as 20% caused by premature rupture of membranes. The incidence of maternity with premature rupture of membranes in Sayang Hospital Cianjur in 2016 was 1151 maternity with premature rupture of membranes from 6814 births while in 2017 there were 1272 births with premature rupture of 5887 births. This study aims to determine the relationship between premature rupture of membranes with age, parity, education, and history of premature rupture of membranes. Statistical test results obtained that there is a relationship between premature rupture of membranes with age with a P value = 0.008 OR value of 0.556. Statistical test results obtained that there is a relationship between premature rupture of membranes with parity with a P value = 0,000 OR value of 3.336. Statistical test results obtained that there is a relationship between premature rupture of membranes with education with a P value = 0.001 OR value of 2.431. Statistical test results obtained that there is no relationship between premature rupture of membranes with a history of premature rupture of membranes with a P value = 0.949 OR value of 2.431. It is recommended for health workers to increase their preventive efforts so that pregnant women get clear information about premature rupture of membranes and anticipate problems that can arise in labor.

Keywords: premature rupture of membranes; maternity mothers

I. INTRODUCTION

Maternal death or maternal death is the death of a mother during pregnancy or within 42 days after the end of pregnancy, regardless of the place or age of pregnancy. The indicator commonly used in maternal deaths is the Maternal Mortality Rate, which is the number of maternal deaths in 100,000 live births. This figure reflects the obstetric risks faced by a mother when she was pregnant. If the mother is pregnant several times, the risk increases and is described as a risk of maternal death throughout her life (Prawirohardjo, [1]).

According to the World Health Organization (WHO), the maternal mortality rate is very high. In 2015 around 830/100,000 KH women died due to complications of pregnancy or childbirth throughout the world every day. It is estimated that for one year, around 303,000 women die during and after pregnancy and childbirth (Alkema, 2016). Most of the maternal mortality is caused by bleeding 28%, premature rupture of membranes 20%, eclampsia 12%, abortion 13%, parturition 18% (Aisyah [2]).

Based on data from the Ministry of Health, in 2015 in Indonesia there were 305 mothers died per 100,000 people. According to the Director General of Family Health Ministry of Health of the Republic of Indonesia, the high mortality rate for mothers is influenced by low health and nutritional status (Humaniora [3]).

According to routine reports on the Health Profile of West Java in 2016 recorded the number of maternal mortality that was reported as many as 799 people (84.78/100,000 KH), with the proportion of deaths in pregnant women 227 people (20.09/100,000), in 202 maternity mothers (21.43/100,000 KH) and 380 postpartum mothers (40.32/100,000 KH). (West Java Health Office, 2016). The direct causes of maternal death are due to bleeding (31.7%) hypertension (29.3%), infections (5.6%), prolonged labor (0.64%), abortion (0.12%), others (32.5%) and one of the causes of infection is premature rupture of membranes (Marina [4]).

Based on data obtained at the Hospital of Sayang Cianjur in 2016 there were 1151 people (16.89%) of mothers giving birth with premature rupture of membranes from the number of deliveries of 6814 people. Meanwhile in 2017 there were 1272 people (21.60%) of mothers giving birth with premature rupture of membranes from the number of deliveries of 5887 people. From these data it can be concluded that the incidence of premature rupture of membranes in Hospital of Sayang Cianjur in 2016-2017 increased by (4.71%).

Efforts that can be made to prevent premature rupture of membranes are by providing health education to pregnant women about pregnancy, childbirth and also recommends that pregnant women routinely perform ANC (Ante Natal Care) to the health service during pregnancy, besides that mothers need be careful in day-to-day activities so that labor

can run smoothly and nothing undesirable happens. As health workers must strive to avoid dangerous infections. In handling premature rupture of membranes requires consideration of gestational age, the presence of infections and complications in the mother and fetus or signs of labor (Malihah [5]).

II. RESEARCH METHODS

This type of research is a descriptive analytic study that aims to explain or describe the characteristics of each research variable. The research method is Cross Sectional approach in which data concerning independent or risk variables and dependent variables or effect variables, will be collected at the same time (Notoatmodjo [6]).

The independent variables in this study were maternal age, parity, education, and history of Premature rupture of membranes. While the dependent variable is premature rupture of membranes. The population in this study were all maternity mothers in the Cianjur District Hospital in 2017 as many as 5887 people.

The sampling technique in this study uses a random sampling technique by collecting samples with random numbers (Notoatmodjo [7]). So that the sample obtained was 374 people.

III. RESULTS AND DISCUSSION

Frequency distribution of factors related to the occurrence of premature rupture of membranes based on the number of mothers giving birth at the Sayang Cianjur Regional Hospital in 2017 was highest in mothers who did not experience premature rupture of membranes as many as 231 people (62%). Frequency distribution of factors related to the incidence of premature rupture of membranes among mothers in the Cianjur District Hospital in 2017 was the highest for mothers with age at risk <20 or> 35 years, namely 201 people (54%). The frequency distribution of factors related to the incidence of premature rupture of membranes among mothers in the Cianjur District Hospital in 2017 was highest in multipara parity, totaling 219 people (59%).

Frequency distribution of factors related to the incidence of premature rupture of membranes among mothers in the Cianjur District Hospital in 2017, the highest was found in elementary-junior high-school education as many as 274 people (73%). Frequency distribution of factors related to the incidence of premature rupture of membranes among mothers in the Cianjur District Hospital in 2017 was highest in mothers who did not have a history of premature rupture of membranes, as many as 274 people (73%). Statistical test results obtained the value of P value = 0.008 known that the P value <α then there is a relationship between premature rupture of membranes with maternal age. Statistical test results obtained the value of P value = 0,000, it is known that the P value <α then there is a relationship

between premature rupture of membranes with parity. Statistical test results obtained the value of P value = 0.001 is known that the P value <α then there is a relationship between premature rupture of membranes with Education. Statistical test results obtained the value of P value = 0.949 known that P value> α then there is no relationship between premature rupture of membranes with a history of early rupture of membranes.

Premature rupture of membranes

From the results of the study, 143 mothers experienced early rupture of membranes (38%), according to the theory of Manuaba [8] Early rupture of membranes was the biggest cause of premature delivery with its consequences. Premature rupture of membranes is rupture of membranes before there are signs of labor and after waiting for an hour the sign of labor has not yet begun. The results of this study indicate that premature rupture of membranes is the cause of maternity with premature rupture of membranes caused by several factors that influence it. To reduce the occurrence of premature rupture of membranes is to prevent during pregnancy to avoid premature rupture of membranes.

Mother's age

From the results of the study, there was a significant relationship between maternal age and the incidence of premature rupture of membranes. This is consistent with Setyaningrum's [9] theory, maternal age <20 years including age that is too young with a condition of the uterus that is not mature enough to give birth so it is prone to ruptured membranes. early. Whereas mothers with age> 35 years are too old to give birth especially to primi (old) mothers and at high risk of experiencing premature rupture of membranes.

Parity

From the results of the study there is a relationship between premature rupture of membranes with parity. Based on the theory revealed by Tahir [10] mothers who have given birth several times are more at risk of experiencing early rupture of membranes because vascularization of the uterus is disrupted which results in the amniotic membrane connective tissue becoming fragile and eventually spontaneous rupture.

Education

From the results of the study there is a relationship between premature rupture of membranes with Education. Based on Jumirah [11] research, that a person's education will affect economic status, where the level of education is directly proportional to the economic level of a mother which results in a mother not working. Mother does not work means that the whole family is free of the family's economy so that in general mothers are less economically. This can make the mother less in performing Antenatal Care due to limited funds, so early detection and treatment of the mother when pregnancy complications occur can not be done.

History of Premature Amniotic Disease

From the results of the study there was no relationship between premature rupture of membranes with a history of early rupture of membranes. This is a gap with the results of research Ningsih **[12]** factors that influence the incidence of early rupture of membranes is the history of early rupture of membranes, experiences that have been experienced by women with a rupture of premature membranes can have a major effect on the mother if faced with pregnancy conditions. History of Early Amniotic Disease previously at risk 2-4 times experiencing Early Amniotic Disease again.

IV. CONCLUSION

The conclusion of the study is there is a relationship between premature rupture of membranes with maternal age, there is a relationship between premature rupture of membranes with parity, there is a relationship between premature rupture of membranes with education and there is no relationship between premature rupture of membranes with a history of early rupture of membranes.

It is hoped that the results of this study will contribute to improving service quality in providing health education and services as well as clear information in providing care to pregnant women to reduce the risk of premature rupture of membranes.

REFERENSI

[1] Prawirohardjo, Sarwono. 2016. *Ilmu Kebidanan.* Jakarta : Bina Pusaka Sarwono Prawirohardjo

[2] Aisyah, Siti. 2012. *Perbedaan Ketuban Pecah Dini*. Jurnal Midpro, edisi 1 /2012, Universitas Islam Lamongan

[3] Humaniora.2016. *Angka Kematian Ibu Masih Tinggi.* Media Indonesia, Jakarta

[4] Marina, Ai. 2015. *Ketuban Pecah Dini*. Jurnal Kesehatan. Stikes Mucis. Ciamis.

[5] Malihah, Izzah. 2018. *Faktor yang berhubungan dengan Kejadian Ketuban Pecah Dini.* Jurnal Kesehatan. Stikes Mucis. Ciamis.

[6] Notoatmodjo, Soekidjo. 2015. *Metodologi Penelitian Kesehatan.* Jakarta : Rineka Cipta

[7] Notoatmodjo, Soekidjo. 2012. *Promosi Kesehatan & Perilaku Kesehatan.* Jakarta : Rineka Cipta

[8] Manuaba, Ida Bagus Gde. 2010. *Ilmu Kebidanan, Penyakit Kandungan, dan Keluarga Berencana*. Jakarta: EGC

[9] Setyaningrum, Erna. 2017. *Buku Ajar Kegawatdaruratan Maternal pada ibu hamil, bersalin dan nifas*. Yogyakarta: Indo Media Pustaka

[10] Tahir. 2012. *Faktor Determinan Ketuban Pecah Dini* . Jurnal Kesehatan. Stikes Mucis. Ciamis.

[11] Jumirah, J. 2015. *Hubungan Persalinan Ketuban Pecah Dini Dengan Kejadian Asfiksia Neonatorum*. Jurnal Kesehatan. Stikes Mucis. Ciamis.

[12] Ningsih, Fifi. 2017. *Ketuban Pecah Dini*. Jurnal Kesehatan. Stikes Mucis. Ciamis.