

## **Readiness for Childbirth in Primigravida Trimester III Pregnant Women at the Spirit of Internal Health Center, Barito Kuala District**

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### ABSTRACT

The high maternal mortality rate (MMR) in Indonesia still occurs today. Ministry of Health data shows that there were 6,856 maternal deaths in 2021, an increase from the previous 4,197 maternal deaths in 2019, while the Kab. Barito Kuala in 2020 The maternal mortality rate of 5 cases has increased compared to 2019, namely 0 cases. The aim of this study was to describe the factors of readiness for childbirth in third trimester primigravida pregnant women at the Spirit Health Center in Barito Kuala district. This research method is descriptive using a quantitative research design. The sampling technique used is Total Sampling. The sample that was the subject of the study was 20 primigravida pregnant women in their third trimester. The study period was from November to December 2022.

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### 1. INTRODUCTION

Pregnancy is an experience that causes many psychological changes in pregnant women. During pregnancy there will be hormonal changes. These hormonal changes will cause the mother to experience some emotional changes in the first trimester, while the level of depression or anxiety during the second and third trimesters is almost double that of the first trimester. (Syafrie 2016)

The maternal mortality rate is very high. Approximately 295,000 women died during and after pregnancy and childbirth in 2017. The vast majority of these deaths (94%) occurred at low resource levels, and most were preventable. Sub-Saharan Africa and South Asia Maternal Mortality in 2017 was around 86% (254,000) (WHO, 2019). The high maternal mortality rate (MMR) in Indonesia still occurs today. Data from the Ministry of Health shows that there will be 6,856 maternal deaths in 2021, an increase from the previous 4,197 maternal deaths in 2019 so that there is an increase of around 26%. (PPPA 2022)

Delivery assistance by health personnel is one of the indicators in the SPM (Minimum Service Standards) in the district/city health sector as stipulated in the Minister of Health Decree No. 43 of 2016. In this sense SPM must be used to evaluate service performance. MSS in the health sector includes types of services, indicators and values with service targets. In addition, deliveries by health workers are included in the Regulation of the Minister of Health no. 97 of 2014 health services before pregnancy, during pregnancy, childbirth, after delivery of contraception services. (Handayani, Samsriyaningsih; 2021)

Most mothers experience moderate anxiety even though their age is within the safe or healthy reproductive age range. shows that anxiety is experienced more in Primigravida pregnant women (first pregnancy) as much as 66.2% compared to anxiety in Multigravida pregnant women as much as 42.2%. 94% of women worry about whether their baby will be normal 93% of women worry about whether they and their baby will get through labor safely and 91% of women worry about their bodies rather than their health during pregnancy. (Fita Romalasari, N. Astuti, K 2020)

Pregnant women feel anxious and worried when approaching the birth process, this often happens, especially for mothers who have given birth for the first time. Anxiety is a feeling of not being relaxed because of discomfort or fear accompanied by a response (the source is often non-specific or unknown to the individual) a feeling of fear something will happen caused by anticipation of danger. It is a sobering signal that warns of impending danger and empowers individuals to take action against the threat. (Fitri 2013)

Disappointed an before delivery due to fear of the birth process greatly affects the function of the mother's body during childbirth. Anxiety causes vasoconstriction so that blood flow is obstructed and reduced. Vasoconstriction will affect the organs involved in the delivery process to be unable to function properly. Straining energy becomes less strong, the push from within the body is not strong, so that labor is hampered.

According to the District Health Profile. Barito Kuala in 2020 The maternal mortality rate was 5 cases, an increase compared to 2019, namely 0 cases. Based on the description above and considering the importance of readiness for childbirth, the authors are interested in examining the factors of readiness for childbirth in primigravida trimester III pregnant women.

## 2. METHODS

This research is a descriptive study using a quantitative research design that aims to describe the factors of readiness for childbirth in primigravida pregnant women in the third trimester at the Spirit Health Center in Barito Kuala District.

Data used is primary data collected from respondents using a questionnaire. The population used in this study were all third trimester primigravida pregnant women who carried out pregnancy checks in the Working Area of the Semangant Dalam Public Health Center from November to December 2022 with a total of 20 third trimester primigravida pregnant women. The sampling technique used is Total Sampling. The samples that became the research subjects were 20 third trimester primigravida pregnant women.

The data analysis technique used in this study is univariate, carried out descriptively with simple statistics in the form of presentations to determine the frequency distribution.

## 3. RESULT AND DISCUSSION

Table 1. Distribution of Frequency and Percentage based on Mother's Education in 2022.

No	Education	Amount	%
1	SD	2	10%
2	JUNIOR HIGH SCHOOL	3	15%
3	SENIOR HIGH SCHOOL	7	35%
4	College	8	40%
<b>Total</b>		<b>20</b>	<b>100%</b>

Table 1 shows that the majority of respondents have tertiary education as many as 8 people (40%) and continued by High School (SMA) as many as 7 people (35%) with Junior High School (SMP) as many as 3 people (15%) and at least education Elementary School (SD) as many as 2 people (10%).

Table 2. Distribution of Frequency and Percentage based on Mother's Occupation in 2022.

No.	Work	Amount	%
1	Work	12	60%
2	Doesn't work	8	40%
<b>Total</b>		<b>20</b>	<b>100%</b>

Table 2 shows that the majority of respondents who work are 12 respondents (60%) and do not work as many as 8 respondents (40%).

Table 3 Distribution of Frequency and Percentage based on Mother's Age in 2022.

No	Age	Amount	%
1	<20 years	1	5%
2	20-35 years	19	95%
<b>Total</b>		<b>20</b>	<b>100%</b>

Table 3 shows that the majority of respondents were based on maternal age 20-35 years. There were 19 respondents (95%) and aged <20, 1 respondent 5%

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Table 4. Distribution and percentage based on the readiness of mothers in 2022.

No	Readiness	Amount	%
1	Ready	18	90%
2	Not ready	2	10%
<b>Total</b>		<b>20</b>	<b>100%</b>

Table 4 shows that the majority of respondents are based on the readiness of the mother, namely ready. As many as 18 respondents (90%) and not ready as much as 10%

Table 5. Distribution and percentage based on regular ANC examinations for mothers in 2022.

No	ANC examination	Amount	%
1	Regular	17	85%
2	Irregular	3	15%
<b>Total</b>		<b>20</b>	<b>100%</b>

Table 5 shows that the majority of respondents based on the readiness for regular ANC inspections, namely regular, were 17 (85%) and those who were irregular were 3 (15%).

## Discussion

This study shows that there are 2 mothers who have primary school education (10%). Mustard (2020) states Mother's education level will determine her attitude and actions in dealing with various problems, especially health problems. Mothers with higher education find it easier to absorb information so that they have better perceptions compared to those with low education. People with higher education will respond more rationally to incoming information and behave in ways that are more beneficial. Steps to reduce battery life are health workers providing counseling regarding pregnancy and childbirth preparation which can be disseminated through brochures, radio, TV or social media as well as the government's role in reducing MMR such as improving maternal health status, increasing access and quality of basic health services and referrals in the regions, meeting the needs of health workers, drugs and vaccines Pregnant women who have university education are 8 people (40%). Utami, Rahayu and Masithoh (2021) stated that education is one thing that is very important and influences one's thinking. Education possessed by a mother is an important underlying factor for carrying out ANC visits and preparation for childbirth, but that does not mean that mothers with low education do not carry out ANC examinations according to the specified standards, namely at least 4 visits during their pregnancy. If the mother's education level is low, it will hinder the development of receiving the latest information and knowledge. Rahayu and Masithoh (2021) stated that education is one thing that is very important and influences one's thinking. Education possessed by a mother is an important underlying factor for carrying out ANC visits and preparation for childbirth, but that does not mean that mothers with low education do not carry out ANC examinations according to the specified standards, namely at least 4 visits during their pregnancy. If the mother's education level is low, it will hinder the development of receiving the latest information and knowledge. However, this does not mean that mothers with low education do not carry out ANC examinations according to the standards set, namely at least 4 visits during their pregnancy. If the mother's education level is low, it will hinder the development of receiving the latest information and knowledge. However, this does not mean that mothers with low education do not carry out ANC examinations according to the standards set, namely at least 4 visits during their pregnancy. If the mother's education level is low, it will hinder the development of receiving the latest information and knowledge.

Majoritys respondents who work as many as 12 respondents (60%). This research is in line with the opinion of Utami, Rahayu and Masithoh (2021) which shows that pregnant women have the

opportunity to carry out prenatal checks or ANC visits than mothers who have a job, it will be more difficult for them to make ANC visits due to their busy schedule, besides that pregnant women who do not work in during the Covid-19 pandemic, they will have more time to carry out their daily activities such as visiting a health service to check their pregnancy, whereas pregnant women who have a job and have additional activities have less time to check their pregnancy at a health service.

Majority age of the respondents was 20-35 years, namely 19 respondents (95%). The results of this study were in line with research conducted by Wago, Nabuasa (2021) regarding the description of the characteristics of pregnant women in ANC examinations. It was found that most of the respondents were aged 20-35 years. The safe gestational age for the mother is 20 to 35 years. Age under 20 years and over 35 years is a vulnerable age for pregnancy. Pregnant women who are too young (<20 years) and too old (>35 years) have a greater risk of giving birth to unhealthy babies. The risks for women under the age of 20 include that the reproductive organs are not fully developed and are not ready to become a mother psychologically. The implication, pregnancy can end in a miscarriage, low birth weight babies (LBW) and can also be accompanied by obstructed labor. In other words, at the age of under 20 years from a biological point of view, a woman's reproductive function has not yet fully developed to accept the condition of the fetus and psychologically immature in dealing with the demands of moral, mental and emotional burdens. Risks for women aged over 35 years or more include complications such as hypertension, prolonged labor, obstructed labor and postpartum hemorrhage. In this age category, a woman's reproductive function has experienced a setback or degeneration compared to normal reproductive function. The possibility of postpartum complications, especially bleeding, is much greater because the birth canal organs are no longer flexible and there is a possibility of illness. at the age of under 20 years from a biological point of view, a woman's reproductive function has not yet fully developed to accept the condition of the fetus and psychologically immature in dealing with the demands of moral, mental and emotional burdens. Risks for women aged over 35 years or more include complications such as hypertension, prolonged labor, obstructed labor and postpartum hemorrhage. In this age category, a woman's reproductive function has experienced a setback or degeneration compared to normal reproductive function. The possibility of postpartum complications, especially bleeding, is much greater because the birth canal organs are no longer flexible and there is a possibility of illness. a woman's reproductive function has not yet been fully developed to accept the condition of the fetus and the psychological aspect is immature in dealing with the demands of moral, mental and emotional burdens. Risks for women aged over 35 years or more include complications such as hypertension, prolonged labor, obstructed labor and postpartum hemorrhage. In this age category, a woman's reproductive function has experienced a setback or degeneration compared to normal reproductive function. The possibility of postpartum complications, especially bleeding, is much greater because the birth canal organs are no longer flexible and there is a possibility of illness. a woman's reproductive function has not yet been fully developed to accept the condition of the fetus and the psychological aspect is immature in dealing with the demands of moral, mental and emotional burdens. Risks for women aged over 35 years or more include complications such as hypertension, prolonged labor, obstructed labor and postpartum hemorrhage. In this age category, a woman's reproductive function has experienced a setback or degeneration compared to normal reproductive function. The possibility of postpartum complications, especially bleeding, is much greater because the birth canal organs are no longer flexible and there is a possibility of illness. obstructed labor and postpartum hemorrhage. In this age category, a woman's reproductive function has experienced a setback or degeneration compared to normal reproductive function. The possibility of postpartum complications, especially bleeding, is much greater because the birth canal organs are no longer flexible and there is a possibility of illness. obstructed labor and postpartum hemorrhage. In this age category, a woman's reproductive function has experienced a setback or degeneration compared to normal

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reproductive function. The possibility of postpartum complications, especially bleeding, is much greater because the birth canal organs are no longer flexible and there is a possibility of illness.

Mom majority of mothers' readiness to face childbirth was 18 (90%) respondents and 2 (10%) respondents who were not ready. facing labor (89.7%). This can happen because of the factors of age, education, parity and regularity of ANC examinations which affect the readiness of pregnant women in facing childbirth. Most of the pregnant women were aged 20-35 years (94.9%), most of them graduated from senior high school (74.4%), most of them were multigrave (94.9%) and most of the mothers had ANC examinations 7-15 times ( 71.8 %). The age of the respondent is included in the reproductive age which is sufficient and physically ready to face childbirth, besides that mother's education and parity affect mental readiness and physical readiness. Multigravida mothers already have previous experience in dealing with childbirth so that pregnant women are better prepared for childbirth. Sumiati (2015) states that there is a significant relationship between social support and childbirth readiness which states that there is a relationship between husband's support and childbirth readiness. the most important person for a pregnant woman is her husband. There is increasing evidence that women who are cared for and loved by their partners and families will show more emotional and physical symptoms, have fewer complications during childbirth and are better prepared for childbirth. Multigravida mothers already have previous experience in dealing with childbirth so that pregnant women are better prepared for childbirth. Sumiati (2015) states that there is a significant relationship between social support and childbirth readiness which states that there is a relationship between husband's support and childbirth readiness. the most important person for a pregnant woman is her husband. There is increasing evidence that women who are cared for and loved by their partners and families will show more emotional and physical symptoms, have fewer complications during childbirth and are better prepared for childbirth. Sumiati (2015) states that there is a significant relationship between social support and childbirth readiness which states that there is a relationship between husband's support and childbirth readiness. the most important person for a pregnant woman is her husband. There is increasing evidence that women who are cared for and loved by their partners and families will show more emotional and physical symptoms, have fewer complications during childbirth and are better prepared for childbirth. Sumiati (2015) states that there is a significant relationship between social support and childbirth readiness which states that there is a relationship between husband's support and childbirth readiness. the most important person for a pregnant woman is her husband. There is increasing evidence that women who are cared for and loved by their partners and families will show more emotional and physical symptoms, have fewer complications during childbirth and are better prepared for childbirth. Sumiati (2015) states that there is a significant relationship between social support and childbirth readiness which states that there is a relationship between husband's support and childbirth readiness. the most important person for a pregnant woman is her husband. There is increasing evidence that women who are cared for and loved by their partners and families will show more emotional and physical symptoms, have fewer complications during childbirth and are better prepared for childbirth. Sumiati (2015) states that there is a significant relationship between social support and childbirth readiness which states that there is a relationship between husband's support and childbirth readiness. the most important person for a pregnant woman is her husband. There is increasing evidence that women who are cared for and loved by their partners and families will show more emotional and physical symptoms, have fewer complications during childbirth and are better prepared for childbirth.

Mom majority of respondents based on regularity ANC examinations There were 17 respondents (85%) and irregular as many as 3 respondents. 15% of the results of this study were in line with research conducted by Nurhikmah (2021). Regarding the factors related to readiness for childbirth, the results obtained were  $p = 0.007$ , which means that there is a relationship between the regularity of ANC visits and the mother's readiness for childbirth. The better the mother makes ANC visits, the mother will always be motivated to prepare well for the delivery process. In addition, pregnant women who regularly carry out ANC examinations will gain more knowledge so they can prepare for delivery from the start

#### 4. CONCLUSION

To whom facing labor in primigravida pregnant women in third trimester. The background is education, namely university (40%), work (60%), age 20-35 years (95%), mother's readiness (90%) and ANC examination regularity factor ( 85%) It is hoped that every health worker, especially midwives, will continue to provide counseling to third trimester pregnant women about facing childbirth so that

pregnant women do not experience excessive anxiety and are ready to face childbirth so that mothers and babies are safe, happy families.

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