


Characteristics Of Pregnant Women With Premature Rupture Of Membranes In The Hospital. Setio Husodo

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Article Info	Abstract
<p>Keywords: Characteristics, pregnant women, premature rupture of membranes</p>	<p>Premature rupture of membranes is the rupture of the amniotic membrane before Labor occurs which can occur at gestational age enough time or less time. Premature rupture of membranes is one of the causes of maternal and neonatal infection, preterm labor, hypoxia, fetal defermitas, increased incidence of SC, or failure of Normal delivery. This study aims to determine how the characteristics of pregnant women with premature rupture of membranes based on age, parity, and occupation, in Setio Husodo Kisanan hospital. From the initial survey, the researchers obtained data from the medical records of Setio Husodo Kisanan hospital, found premature rupture of membranes in 99 mothers. This study is descriptive, using secondary data that can be in the medical record RS Setio Husodo range" there is a population of 99 cases and sampel in this study is the entire population of 99. Premature rupture of membranes is often found in pregnant women > 35 years as many as 39 cases (39.4 %), the majority of cases of premature rupture of membranes occur in multiparous pregnant women as many as 22 (22.2 %), cases of premature rupture of membranes in pregnant women who work the majority of IRT 40 (40.4 %). Based on the results of the study it can be concluded that premature rupture of membranes is found in many pasa age > 35 years, it is recommended in pregnant women to maintain their health because of age > 35 years where the reproductive organs and other organ functions have begun to decline, so the mother's uterus can not work properly.</p>
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INTRODUCTION

Research on maternal and infant mortality is quite high, especially perinatal mortality, which is caused by death due to lack of months (premature), and the incidence of infection that binds due to undeveloped parturition, long parturition, and parturition in cases of premature rupture of membranes, especially in converhensif handling (Wiknjosastro, 2007).

Menurut World Health Organization (WHO) tahun 2010, sebanyak 536.000 perempuan meninggal akibat persalinan. As many as 99% of childbirth or birth problems occur in developing countries. The maternal mortality ratio in developing countries is high

with 450 maternal deaths per 100 thousand live births when compared with maternal mortality rates in 9 developed countries and 51 Commonwealth countries (manuba,2005).

The number of maternal deaths in indonesia is still relatively high among other ASEAN countries. According to MOH in 2008 when compared to maternal mortality rate (MMR) in Singapore is 6 per 100,000 live births, MMR in Malaysia reached 160 per 100,000 live births. Even AKI in Vietnam is the same as Malaysia country, has reached 160 per 100,000 live births, the Philippines 112 per 100,000 live births, Brunei 33 per 100,000 per live births, while in indonesia 228 per 100,000 live births (Moh,2008).

According to the MOH in 2010, the direct cause of maternal mortality in indonesia related to pregnancy and childbirth, especially bleeding 28%, other causes, namely eclampsia 24%, infection 11%, old partus 5%, and abortion 5 %. Maternal mortality rate in South Sulawesi province in 2009 was 116/100, 000 live births with bleeding caused by 72 people (62.07%). Eclampsia 19 people (16.38%), infection 5 people (4.31%) people and others 20 people (17.24%). One of the causes of infection is premature rupture of membranes that do not immediately get treatment (Moh,2009).

Childbirth with premature rupture of membranes can usually be caused by the cause of this case is still unknown the possibility of a predisposing factor is an infection of the amniotic membranes, cervical incompetence, trauma such as sexual intercourse, breech deformity is also greatly boosted the occurrence of cases of premature rupture of membranes. Therefore, premature rupture of membranes requires close supervision and cooperation between family and helpers (midwives and doctors) because it can cause the danger of intra-uterine infection that threatens the safety of the mother and fetus. Thus, it will reduce or minimize the risk of maternal and infant mortality (Wiknjosastro,2008).

Based on the initial Survey that researchers get from the medical record of the hospital. Setio Husodo Kisaran, early rupture of membranes was found in 2021 as many as 99 mothers with early rupture of membranes. With details in 2021 as many as 40 mothers and in 2021 as many as 59 mothers. Therefore, the researchers are interested in doing research on “characteristics of pregnant women with premature rupture of membranes in hospitals. Setio Husodo Range ”.

METHOD

This type of research is descriptive *deskriptif*. Descriptive research *deskriptif* is a method with the main objective to determine how the characteristics of pregnant women with premature rupture of membranes (KPD) in the hospital. Setio Husodo Range. The location of the research chosen as a place of research is in the hospital. Setio Husodo Range. With the reason that researchers found a problem of pregnant women with premature rupture of membranes and found sufficient samples and populations at Setio Husodo Kisaran hospital. The population in this study is all mothers who experience premature rupture of membranes.

RESULTS AND DISCUSSION

Results

Premature Rupture Of Membranes By Age

Based on the results of research found premature rupture of membranes by age can be seen in the following table:

Table 2 Frequency distribution of premature rupture of membranes in Setio Husodo

Hospital			
No	Age	Frequency	%
1	< 20 Years	35	35,3
2	20 – 35 Years	25	25.3
3	>35 Years	39	39.4
	Total	99	100

From the table above, the majority of women in labor with premature rupture of membranes from the age of > 35 years as many as 39 cases (39.4 %) and the majority of women in labor with premature rupture of membranes at the age of 20-35 years as many as 25 cases (25.3).

Premature Rupture Of Membranes Based On Parity

Based on the results of the study found premature rupture of membranes based on parity can be seen in the following table:

Table 3 Frequency Distribution Of Maternity With Premature Rupture Of Membranes Based on parity in the range of Setio Husodo hospital

No	Age	Frekuensi	%
1	Primipara	34	34,3
2	Skundipara	20	20,2
3	Multipara	22	22,2
4	Grande Para	23	23,3
	Total	99	100

From the table above obtained the majority of mothers with premature rupture of membranes in primiparous parity of 34 cases (34.3 %) and a minority of mothers with premature rupture of membranes in skundipara parity of 20 cases (20.2%).

Premature Rupture Of Membranes By Occupation

Based on HSIL research found premature rupture of membranes based on work can be seen in the following table:

Table 4 Frequency Distribution Of Maternity With Premature Rupture Of Membranes Based on work at Setio Husodo Hospital range

No	employment	Frequency	%
1	IRT	40	40.4
2	civil servants	24	24.2
3	employees Suasta	35	35.4
	Total	99	100

From the table above, the majority of women in labor with premature rupture of membranes from IRT work as many as 40 cases (40.4%) and a minority of women in labor with premature rupture of membranes in civil servants as many as 24 cases (24.2 %).

Discussion

Age

Based on the results of the study, the study found that premature rupture of membranes based on age at Setio Husodo Hospital in the range of 2017 from 99 cases the majority of mothers with premature rupture of membranes at the age of > 35 years as many as 39 cases (39.4 %) of the majority of mothers with premature rupture of membranes at the age of 20-35 years as many as 25 cases (25.3 %).

In women in labor who are < 20 years old, including age that is too young with the condition of the uterus that is less mature to give birth so vulnerable to premature rupture of membranes. While mothers with age > 35 years are classified as too old to give birth, especially in primi (elderly) mothers, are at high risk of premature rupture of membranes and the presence of increased intra-uterine pressure by experiencing premature rupture of membranes and the presence of excessive intra-uterine pressure (uterine overdistention) such as hydramnios and gameli (Rini,2013).

According to the conclusion of the researchers, there is no gap between the theory with the results of case studies in maternity with premature rupture of membranes majority based on age > 35 years this is in accordance with the theory because the higher the age, the higher the risk of premature rupture of membranes. This is caused because in mothers who are > 35 years old are considered healthy, reproductive organs and other organ functions have begun to decline, so the mother's uterus cannot work properly.

Parity

Based on the results of the study, the study found that premature rupture of membranes based on parity at Setio Husodo Hospital range from 99 cases the majority of women in labor with premature rupture of membranes at primiparous parity as many as 34 cases (34.3 %) and a minority of women in labor with premature rupture of membranes at parity skundipara as many as 20 cases (20, 2 %).

The second and third parity is a relatively safe situation for pregnant women and childbirth in the reproductive period, because in these circumstances the uterine wall has not and has not undergone changes, and the cervix has not too often experienced the opening so that it can be able to clear the amniotic membrane properly (Varney, 2008).

According to the conclusion of the researcheran, there is a gap between the theory and the praktek in the field from the results of research the majority of primiparous with cases ketuban pecah of premature ruptureof membranes, while the theory of grande para more at risk mengalami ketuban of premature rupture of membranes dini

Mothers who have given birth several times more at risk of premature rupture of membranes, because vascularization in the uterus is impaired which results in the connective tissue of the amniotic membrane is easily fragile and eventually ruptured spontaneously (Cunningham, 2006).

Employment

Based on the results of the study, the study found that premature rupture of membranes based on pekerjaan at Setio Husodo hospital range from 99 cases the majority of mothers with premature rupture of membranes in mothers who work as IRT as many as 40 cases (40.4 %) and a minority of mothers with premature rupture of membranes in mothers who work civil servants as many as 24 cases (24.2%).

Pregnant women's work patterns affect energy needs. Physical work during pregnancy that is too heavy and long work exceeding three hours per day can result in fatigue. Fatigue in work causes weakness of the amniotic chorion, resulting in premature rupture of membranes. Work is an important thing in life, but during pregnancy, heavy work and can endanger her pregnancy should be avoided to maintain the safety of the mother and fetus (Notoatmojo.2003).

The assumption of the researcher, there is no gap between theory dengan and practice because the results of the study found ibu more mothers banyak premature rupture dini of membranes according to the results of interviews ibu with working mothers IRT, as buruh washing workers, so ibu – that mothers experience fatigue and cause premature rupture dini of membranes.

CONCLUSION

The number of cases of premature rupture of membranes in Setio Husodo hospital ranges based on the age of majority at the age of > 35 years as many as 39 cases with a percentage of 39.3 %. It can be concluded that there is no gap between theory and practice in the field. The number of cases of premature rupture of membranes in Setio Husodo Hospital range based on primiparous parity as many as 34 cases with a percentage of 34.3%. There is a gap between the theory and the results of research in the field. The number of cases of premature rupture of membranes in Setio Husodo Hospital range based on the majority of work in working mothers sebag IRT as many as 40 cases with a percentage of 40.4 %. There is no gap between theory dengan hasil and research results.

REFERENCES

- Anik, dkk. 2014. *Asuhan Kegawat Darutan Maternal & neonatus*. Yogyakarta, Graha Ilmu.
- Depkes RI, 2009 . *Capai Target MDG'S Demi Terwujudnya Derajat Kesehatan masyarakat yang tinggi*
- Istini bartini. 2012. *Asuhan kebidanan*. Jakarta
- Manumba,chandranitalda Ayubet all, 2010. *Buku ajar patologi obsetri untuk mahasiswa kebidanan, Buku kedokteran EGD*, Jakarta.
- Sarwono, prawiharjo, 2016 . *Ilmu kebidanan*. Edisi 4 PT Bina pustaka sarwono proharjo. Jakarta
- Sujiyantini,dkk .2017. *Asuhan kebidan patologi kebidanan*. Cetakan kedua
[http : // www/ depkes.co.id/ind ex. Php / crtiniomponen/content/artikel.html](http://www/depkes.co.id/ind ex. Php / crtiniomponen/content/artikel.html) diakses pada tanggal 17 Juni 2021 pukul 13.00 wib.

<http://rinidwiyanarosa.blogspot.com/2013>. diakses pada tanggal 17 Juni 2021 pukul 13.00 wib.

<http://www.chlibrary.org/2005>., diakses pada tanggal 17 Juni 2021 pukul 13.00 wib.

http://repositori.uin-alauddin.ac.id/6758/1/SUNARTI_opt.pdf. diakses pada tanggal 17 Juni 2021 pukul 13.00 wib.

<http://repository.ump.ac.id/999/2/Etik%20Wiji%20P%20BAB%20I.pdf>. diakses pada tanggal 17 Juni 2021 pukul 13.00 wib.

http://digilib.stikeskusumahusada.ac.id/files/disk1/7/01-gdl-deltrianat-320-1-deltrian-_.pdf. diakses pada tanggal 17 Juni 2021 pukul 13.00 wib.