

TESIS

**ANALISIS FAKTOR RISIKO PENINGKATAN POTENSI KEHAMILAN
BERISIKO DI WILAYAH KERJA PUSKESMAS KEBONSARI
KABUPATEN MADIUN**



SISKA DITANINGTIAS

**UNIVERSITAS AIRLANGGA
FAKULTAS KESEHATAN MASYARAKAT
PROGRAM MAGISTER
PROGRAM STUDI ILMU KESEHATAN MASYARAKAT
SURABAYA
2015**

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TESIS

**Untuk memperoleh gelar Magister Kesehatan
Minat Studi Kesehatan Ibu Dan Anak
Program Studi Ilmu Kesehatan Masyarakat
Fakultas Kesehatan Masyarakat
Universitas Airlangga**

Oleh :

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FAKULTAS KESEHATAN MASYARAKAT
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SURABAYA
2015**

PENGESAHAN

**Dipertahankan di depan Tim Penguji Tesis
Minat Studi Kesehatan Ibu Dan Anak
Program Studi Magister Ilmu Kesehatan Masyarakat
Fakultas Kesehatan Masyarakat Universitas Airlangga
dan diterima untuk memenuhi persyaratan guna memperoleh gelar
Magister Kesehatan (M. Kes.)
Pada tanggal 29 Mei 2015**

Mengesahkan

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- 2. Rachmah Indawati, S.KM., M.KM.**
- 3. Dr. Mamik, S.KM., M.Kes.**
- 4. Siti Nurul Hidayati, dr., Sp. A (K), M.Kes.**

PERSETUJUAN

TESIS

**Diajukan sebagai salah satu syarat untuk memperoleh gelar
Magister Kesehatan (M.Kes.)
Minat Studi Kesehatan Ibu Dan Anak
Program Studi Magister Ilmu Kesehatan Masyarakat
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PERNYATAAN TENTANG ORISINALITAS

Yang bertanda tangan dibawah ini, saya:

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ANALISIS FAKTOR RISIKO PENINGKATAN POTENSI KEHAMILAN BERISIKO DI WILAYAH KERJA PUSKESMAS KEBONSARI KABUPATEN MADIUN

Apabila suatu saat nanti terbukti saya melakukan tindakan plagiat, maka saya akan menerima sanksi yang telah ditetapkan.

Demikian surat pernyataan ini saya buat dengan sebenart-benarnya.

Surabaya, 29 Mei 2015

Siska Ditaningtias, S.ST.

KATA PENGANTAR

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Tesis ini berisikan mengenai faktor risiko apa saja (indikator KSPR dan 4 dari kohort) yang mampu meningkatkan skor ibu hamil dari K1 hingga K4.

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2. Dekan Fakultas Kesehatan Masyarakat Universitas Airlangga Prof. Dr. Tri Martiana, dr., M.S.
3. Ketua Program Studi Magister Ilmu Kesehatan Masyarakat Dr. Sri Adiningsih, dr., M.S., MCN.
4. Ketua Minat Kesehatan Ibu Dan Anak dr. Siti Nurul Hidayati, Sp.A., M.Kes.
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Demikian, semoga tesis ini bisa memberi manfaat bagi diri kami sendiri dan pihak lain yang menggunakan.

Surabaya
29 Mei 2015

Penulis

SUMMARY

Analysis of Risk Factors Potential Increased Pregnancy Risk In Working Area of Kebonsari Public Health Center Madiun Regency

Kebonsari Public Health Center was one of the Technical Implementation Unit Health Department Madiun Regency, which addressed in Singgahan village, Kebonsari District, Madiun Regency. Kebonsari Public Health Center vision was "Being Public Health Center of Desire in order to achieve Madiun healthy". One of indicators healthy Madiun was the low percentage of high risk pregnancy and very high every year. Kebonsari Public Health Center targeting maximum of 20 % of all pregnancies each year were high risk and very high risk pregnancies. If the percentage of high risk and very high risk pregnancies exceeding 20%, meaning there were something wrong, either from health workers, services, patients, and others.

High risk and very high risk pregnancies were dangerous pregnancy condition of mothers and fetus that could cause maternal deaths and neonatal during pregnancy, childbirth, and postpartum. Assessing the high and very high risk pregnancies in East Java using Poedji Rochjati Score Card.

It said low risk pregnancies if it had score of 2. High risk pregnancies if it had score of 6 – 10. Very high risk pregnancies if it had score of ≥ 12 . Poedji Rochjati Score was calculated from several indicators.

The first risk factor indicators of group 1 were consist of 13 risk factors. The second risk factor indicators of group 2 were consist of 13 risk factors. The third risk factor indicators of group 3 were consist of 2 risk factors. The fourth risk factor indicators besides Poedji Rochjati Score, were: body mass index, circumference of upper arm, the number of antenatal care, and immunization TT status. The objective of this research was of 32 risk factors above, which were some of the most dominant risk factors that caused score of a pregnant mother's pregnancy increases. The example of low risk pregnancies became high risk pregnancies, low risk pregnancies became very high risk pregnancies, high risk pregnancies became very high risk pregnancies. Moreover not only the categories were assessed but also the score (although scores increased but the category not increased).

Based on the method, this research was the analysis research of secondary data. The secondary datas were taken from the month of August 2014 to November 2014. Data collection technique was to collect all of the cohort registers of mother owned Kebonsari Public Health Center from 2009 – 2013. After all cohort registers of mother gathered, in accordance with the inclusion criteria, the sample was taken have the complete antenatal care at K1 and K4, which notes in the complete cohort mother, who scored using Poedji Rochjati Score Card. Total population of pregnant mother in Kebonsari Public Health Center start of the year 2009 – 2013 was 1.921 pregnant mother. The sample was calculated using the using the formula determining the sample size in the proportion of cross sectional survey and found 178 pregnant mother. However,

because this research only took the complete data and scored using Poedji Rochjati Score Card, that the data that was used only a total of 147 pregnant mother.

The research result was of 32 risk factors analyzed, only eight risk factors that had influence to increase Poedji Rochjati Score Card or had influence to increase pregnancies category from not risk become risk. Eight of these factors were too soon pregnant, too long to get pregnant, ever failed prgenancy, body mass index, too many children, too old, enemia, and number of antenatal care.

From 8 of these risk factors are statistically significant only one that is anemia. In addition to that the value of relative risk is also the greatest. This means that pregnant mothers who have anemia in K1, K2, and K3 then at risk of sixfold to increase the score in K4 than pregnant mothers who does not have anemia.

Why this can happen? This can be caused by various things, namely, rarely eating habits, eating habits not have menu 4 healthy 5 perfect, lifestyle which more concerned with clothing and shelter than food, incompliance to consume iron tablets, there are not mentoring to consume iron tablets, lack of information from health care workers adn many more.

Pregnant mothers who have anemia at risk growth disruption occur and fetal development, low birth weight babies, prematurity, abortion, fetal death, fetal hydrops, and bleeding during childbirth or after childbirth. This means that the majority of pregnant mothers in kebonsari Public Health Center at risk for having babies like that and bleeding during childbirth.

Pregnant mothers should consume green vegetables, meat, innards poultry, diligent and obedient to consume iron tablet 1 tablet per day during pregnancy, even if necessary can be until porturition. Pregnant mothers should be checked regularly hemoglobin level each trimester because hemoglobin level is different each trimester. Health workers should monitor iron tablet consumption by pregnant mothers, if required should be accompanied by door to door. Sometimes anemia is considered trivial, but the effect can increase maternal and neonatal mortality.