

THE IMPACT OF ANTENATAL HEALTH EDUCATION ON HEALTHY PREGNANCY AND SAFE DELIVERY

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ABSTRACT

Pregnancy is an important period for a woman. During this period, women experience many physical and emotional changes that require special attention and care. Antenatal health education is an effort to provide knowledge and information to pregnant women about pregnancy, childbirth and postpartum health. The aim of this research is to determine the impact of antenatal health education on healthy pregnancies and safe births. This study used qualitative research methods. Research data was obtained through literature study and in-depth interviews with 10 pregnant women who had attended antenatal health education. The data that has been collected is then analyzed in three stages, namely data reduction, data presentation and drawing conclusions. The research results show that antenatal health education has a positive impact on healthy pregnancies and safe births. Pregnant women who take part in antenatal health education have better knowledge about pregnancy, childbirth and postpartum health. This knowledge helps pregnant women to take better care of themselves and their fetus' health, make the right decisions regarding pregnancy and childbirth, prepare themselves physically and mentally for labor and postpartum, and face pregnancy and childbirth complications more calmly.

Keywords: *health education, antenatal, healthy pregnancy, safe childbirth*

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INTRODUCTION

Indicators to assess the success of obstetrics and gynecology service quality can be seen from the decrease in Maternal Mortality Rate (MMR) and Infant Mortality Rate (AKB) (Nainggolan et al., 2020). Based on data from the 2020 Population Census, Daisy revealed that the maternal mortality rate during childbirth reached 189 per 100 thousand live births. This rate places Indonesia in the second highest rank in ASEAN in terms of maternal mortality, far exceeding Malaysia, Brunei, Thailand, and Vietnam which have rates below 100 per 100 thousand live births. Meanwhile, the infant mortality rate reached 16.85 per 1,000 live births. This means out of every 1,000 live births, about 17 babies will not reach the age of one year. Compared to other ASEAN countries, Indonesia also ranks third highest in terms of infant mortality. Therefore, efforts are needed to accelerate in reducing infant mortality (Rokom, 2024).

One of the effective efforts to reduce Maternal Mortality Rate (MMR) and Infant Mortality Rate (AKB) is to increase access to maternity assistance carried out by trained medical personnel available in health care facilities. In addition, it requires maternal participation and awareness regarding the importance of getting a pregnancy check (ANC) at health care facilities provided by health workers. Antenatal Care (ANC) is a series of pregnancy checks that aim to optimally improve the physical and mental health of pregnant women. The main goal is to prepare pregnant women to face childbirth, puerperium, and prepare themselves to exclusively breastfeed and restore reproductive health normally. Pregnancy checks are carried

out at least four times during pregnancy, namely once in the first trimester, once in the second trimester, and twice in the third trimester (Kemenkes, 2018).

Health education in pregnant women has an important role in monitoring physical and psychological health, as well as fetal development during pregnancy. In addition, health education also aims to prepare pregnant women thoroughly for the upcoming labor and birth process, so that by providing information on Disease Prevention and Monitoring in Pregnant Women (P4K), it is expected to increase knowledge and support for pregnant women, thus encouraging pregnant women to make regular Antenatal Care (ANC) visits (Lestari et al., 2022).

Previous research by Nisa et al. (2018) examined the effect of health education about antenatal care on pregnant women's knowledge about antenatal care at the Banguntapan II Bantu health center, the results showed that the value of knowledge before being given health education in the category was less than 34 pregnant women (75.56%) and the sufficient category amounted to 11 pregnant women (24.44%) and after being given health education knowledge in the good category amounted to 15 pregnant women (33.33%) and the sufficient category amounted to 30 pregnant women (66.67%). Wilcoxon test results obtained a significant value smaller than 0.05 ($p = 0.000 < 0.05$). So it can be concluded that there is an influence of health education about antenatal care on the knowledge of pregnant women about antenatal care at the Banguntapan II Bantul Health Center.

Another study by Rahman (2017) examined the effect of health education on husband's knowledge about antenatal care in the working area of the Purwosari health center in Surakarta City, the results showed that the Paired Sample T-test knowledge obtained a t value of 7.696 and a significance value of 0.000. Because the pv value < 0.05 ($0.000 < 0.05$), the decision taken by the test is that H_0 is rejected. The average score of pre-test knowledge was 15.17 and post-test 17.22. Research shows that there is a significant influence on increasing knowledge about antenatal care for pregnant women's husbands at the Purwosari Surakarta Health Center, where the average value of knowledge after being given health education is higher than before being given health education, the provision of health education is proven to be effective in increasing knowledge about pregnancy checks in pregnant women's husbands.

The novelty of this research is from the object, which examines the impact of antenatal health education on healthy pregnancy and safe delivery. This research provides deeper insight into how antenatal health education can improve the health of pregnant women and unborn babies. By understanding the importance of prenatal care, pregnant women can take steps to ensure their health and the development of the baby. The purpose of this study was to determine the impact of antenatal health education on healthy pregnancy and safe delivery.

METHOD

This study used qualitative research methods. Qualitative research methods are inductive and objective research approaches, which aim to analyze and explain phenomena, events, social dynamics, attitudes, beliefs, and views of individuals or groups towards something (Abdussamad & Sik, 2021). The research data was obtained through a literature study and in-depth interviews with 10 pregnant women who had attended antenatal health education. This research was conducted for 3 days, namely February 20-23, 2024. The data that has been

collected is then analyzed in three stages, namely data reduction, data presentation and conclusions.

RESULTS AND DISCUSSION

The gestation period is a very crucial period, because at this time there is growth and development of the fetus for nine months. The main goal during pregnancy is to achieve a healthy pregnancy and give birth safely. The health of mothers and babies becomes a top priority, considered an investment in their future. Optimal health in mothers is believed to contribute to the birth of healthy children. This is believed to be an important step to create a quality generation and has the potential to provide added value to society in the future (Nurvitasari et al., 2023).

Although pregnancy is a critical period for fetal growth and development, not all pregnancies experience normal symptoms. Some pregnant women may face serious problems related to the condition of their pregnancy. Danger signs of pregnancy include bleeding, intense abdominal pain, excessive vomiting, and severe headaches. These risk factors can potentially have a serious impact on the health and safety of mothers and their babies, including the risk of miscarriage, premature birth, fetal distress, and poisoning conditions during pregnancy (Ida & Afriani, 2021). High-risk pregnancy is defined as a pregnancy that has a greater risk than ordinary pregnancy, with the potential to cause illness or death to both the mother and her baby, both before and after delivery (Corneles & Losu, 2015).

This pregnancy risk factor consists of several factors categorized as potential obstetric department (APGO), involving conditions such as pregnancy at an age that is too young (under the age of 17 years), too old (over the age of 35 years), the time gap between the first pregnancy after marriage is too long (4 years), the time gap between pregnancy again after the smallest child is too long (10 years), The distance between pregnancy again after the smallest child is too soon (2 years), height is too short (less than 145 cm), history of pregnancy failure, history of childbirth by action, and history of childbirth by sectio cesarean surgery. Then, pregnant women who have these risk factors are almost 3 times more likely to experience pregnancy complications than those who do not have risk factors (Mariyona, 2019).

Complications arising from the risk of pregnancy can endanger the lives of mothers and fetuses, but not all women who experience pregnancy problems or unusual pregnancy conditions have an adequate understanding of pregnancy indications and complications (Maryuni et al., 2020). Therefore, risk prevention and goal achievement should be the main focus. Individual knowledge, particularly in the mother, is considered a key factor in preventing such risks. According to research (Rangkuti & Harahap, 2020), factors that influence the high maternal mortality rate are knowledge and age.

Knowledge basically consists of a number of facts and theories that allow a person to solve the problems he faces. This knowledge can be obtained both through direct experience and through the experience of others (Yanti, 2018). Knowledge is the most important domain for the formation of one's actions, therefore behavior based on knowledge and awareness will last longer than behavior that is not based on science and consciousness (Windari & Lohy, 2019). When an expectant mother has a deeper understanding of the high risk of pregnancy, she will most likely try to prevent, avoid, or overcome problems that may arise. This awareness can encourage pregnant women to routinely do pregnancy checks. If there are health risks during

pregnancy, such problems can be identified and treated appropriately by competent health professionals. This means that in other words, knowledge and awareness of pregnant women about the high risk of pregnancy can be a trigger to take preventive and proactive actions to maintain the health of the mother and fetus. Women who feel themselves pregnant must have optimal health, this is very important to increase the physical and mental readiness of pregnant women during pregnancy until the delivery process.

Increasing knowledge of pregnant women can be done, one of which is through antenatal health education, antenatal services are health services provided by health professionals to improve the health of pregnant women and the fetus they contain. Antenatal services that are carried out regularly and comprehensively can detect early abnormalities and risks that may arise during pregnancy, so that these abnormalities and risks can be overcome quickly and precisely (Marniyati et al., 2016). In line with statements according to the World Health Organization (WHO), antenatal care can detect early the occurrence of high risks in pregnancy and childbirth, and can reduce maternal and fetal mortality (Lorensa et al., 2021).

Antenatal care activities such as providing health education are very important to be implemented in maternal health programs in health care facilities (Lestari et al., 2022). Antenatal care is very important because it will help reduce maternal and infant mortality. Adherence to antenatal education can be shown through the frequency of arrival of pregnant women. The government recommends carrying out Antenatal Care (ANC) visits at least four times for each pregnant woman. The examination includes at least once in the first trimester (before reaching 14 weeks' gestation), at least once in the second trimester (between 14-28 weeks' gestation), and at least twice in the third trimester (between 28-36 weeks and after 36 weeks of gestation). In addition, it is recommended that at least one ANC visit involves the husband or family member as a form of social support (Fitriani, 2022). This is emphasized to ensure that the entire pregnancy process can be carefully monitored and get full support from the family environment.

Monitoring each trimester of pregnancy can help detect risks early, allowing for faster and more effective treatment. Most maternal deaths can be prevented if proper treatment is received at health care facilities. Time and transport factors are decisive in referring to high-risk cases of pregnancy. Therefore, detection of risk factors in mothers both by health workers and the community is one of the important efforts in preventing maternal death and morbidity (Khadijah, 2018). In this case, health workers can provide counseling on early detection of high risk of pregnancy, as well as teach and motivate pregnant women to do early detection of these risks.

According to Yulis et al. (2022), counseling is an effort to explore and provide information to meet the needs and help pregnant women in making decisions. Health service organizations such as Private Practice Midwives (BPS) and Puskesmas provide services, including counseling, to pregnant women. In more detail, the objectives of counseling are described as follows:

- 1) Directing unhealthy behavior into healthy behavior: This goal includes helping pregnant women identify any unhealthy behaviors they may have, then providing support and guidance to change them to healthier behaviors. For example, promoting a balanced diet, giving up smoking, or ensuring adequate physical activity.

- 2) Guiding pregnant women in decision-making learning: The purpose of the guidance is to provide support to pregnant women in the decision-making process related to the health of themselves and their babies. This involves providing accurate and understanding information, considering various options, and helping pregnant women choose solutions that suit their conditions and values.
- 3) Guiding pregnant women in preventing health problems: This goal focuses on providing information and strategies to pregnant women to prevent potential health problems. This could involve knowledge of danger signs during pregnancy, good hygiene practices, as well as stress management and mental well-being.

For example, eclampsia and bleeding, which occur in groups of high-risk pregnant women, can be overcome through quality antenatal services and through community empowerment to detect early high-risk pregnancies (Kurniawan et al., 2023). Antenatal services are considered quality if they meet the standards set by the government. Some of the standards cited in (Yulis et al., 2022), must be met during the pregnancy screening process involving: 1) Weigh and measure height; 2) Blood pressure measurement; 3) High assessment of the fundus uteri; 4) Administration of tetanus toxoid and fe tablets (minimum 90 tablets during pregnancy); 5) Conduct of talks; 6) Hemoglobin rate check (hb); 7) Breast treatments, breast gymnastics, and breast press examinations; 8) Maintenance of fitness levels or special gymnastics for pregnant women; 9) Urine protein examination and urine reduction based on indications; and 10) Therapeutic administration of iodine capsules.

Based on the results of in-depth interviews with 10 pregnant women who have participated in antenatal health education, it was found that the education has a positive impact on healthy pregnancy and safe childbirth. Pregnant women who actively participate in antenatal health education show an increase in their knowledge about the health aspects of pregnancy, childbirth, and postpartum. The knowledge gained from such education provides tangible benefits. These more informed expectant mothers are able to take better care of themselves and their fetuses, make more informed decisions regarding their health care, and prepare mentally and physically for the upcoming birth. In addition, the knowledge gained also helps pregnant women in identifying and managing complications that may arise during pregnancy and childbirth more calmly and effectively.

Active participation in antenatal health education has a positive impact not only on the level of knowledge of pregnant women, but also on their ability to better manage their health and undergo the pregnancy process better as a whole. In addition, this education helps create a calmer and more confident attitude in dealing with various situations that may arise during the course of pregnancy and childbirth. Effective communication on physiological, biomedical, behavioral and sociocultural issues, as well as effective support, including social, cultural, emotional and psychological support to pregnant women is able to provide positive experiences during pregnancy and childbirth as a foundation for realizing a healthy mother (Priyanti et al., 2020).

This is in accordance with the view expressed by (Khayati et al., 2023) that antenatal education has a number of objectives, including early visits and repeat visits, which provide benefits such as information collection, monitoring pregnancy progress, strengthening and

maintaining physical health, early detection of abnormalities, as well as preparation for full-term childbirth and preparing for the role of mothers and families in receiving birth.

Furthermore, the benefits of routine antenatal education have significant benefits in detecting various complications that may occur during pregnancy, such as anemia, preeclampsia, gestational diabetes mellitus, asymptomatic urinary tract infections, and stunted fetal growth (Fitriani, 2022). This benefit is very important to keep pregnant women away from fear, because pregnancy is a period close to risks and discomfort for mother and baby. This means that these benefits are not only medical, but also psychological and preventive.

According to (Amalia et al., 2023) the purpose of antenatal education is to give every pregnant woman the right to receive quality antenatal services, so that they can undergo pregnancy with optimal health, give birth safely, and produce healthy babies. Therefore, understanding the benefits of antenatal education is key to achieving the main goal, which is a healthy pregnancy and safe delivery. Through good understanding through antenatal education, pregnant women can be actively involved in maintaining their health and preventing potential complications. Thus, the goal of achieving a healthy pregnancy and safe delivery can be more easily achieved.

CONCLUSION

Antenatal health education has a significant positive impact on the health of pregnant women and the smooth delivery process. Pregnant women who participate in antenatal education programs tend to have better knowledge about health during pregnancy, preparation for childbirth, and postpartum care. This knowledge provides tangible benefits, enabling expectant mothers to take better care of themselves and their fetus, make more informed decisions regarding their health care, and prepare mentally and physically for the upcoming birth. In addition, the knowledge gained also helps pregnant women to identify and manage complications that may arise during pregnancy and childbirth more calmly and effectively, this confirms the importance of antenatal health education in promoting the health of pregnant women and the smooth delivery process.

REFERENCES

- Abdussamad, H. Z., & Sik, M. S. (2021). *Metode penelitian kualitatif*. CV. Syakir Media Press.
- Amalia, R., Zuhriyatun, F., & Yuliani, D. R. (2023). Kelas edukasi antenatal berbasis keterampilan meningkatkan efikasi diri ibu hamil dalam menghadapi persalinan. *Jurnal Sains Kebidanan*, 5(2), 60-67.
- Corneles, S. M., & Losu, F. N. (2015). Hubungan tingkat pendidikan dengan pengetahuan ibu hamil tentang kehamilan risiko tinggi. *JIDAN (Jurnal Ilmiah Bidan)*, 3(2), 51-55.
- Fitriani, A. I. F. (2022). Edukasi Tentang Pentingnya Pemeriksaan Antenatal Care (Anc) Pada Ibu Hamil. *JCS*, 4(3).
- Ida, A. S., & Afriani, A. (2021). Pengaruh edukasi kelas ibu hamil terhadap kemampuan dalam deteksi dini komplikasi kehamilan. *Jurnal Inovasi Penelitian*, 2(2), 345-350.
- Kemenkes. (2018). *Pentingnya Pemeriksaan Kehamilan (ANC) di Fasilitas Kesehatan*. Kemenkes.

- Khayati, N., Dhamanik, R., Machmudah, M., Rejeki, S., & Pawestri, P. (2023). Pengabdian Masyarakat Edukasi Ibu Hamil dan konseling Antenatal Care Terpadu di Wilayah Kecamatan Karimunjawa. *SALUTA: Jurnal Pengabdian Kepada Masyarakat*, 3(1), 1-9.
- Khadijah, S. (2018). Upaya deteksi dini resiko tinggi kehamilan ditentukan oleh pengetahuan dan dukungan tenaga kesehatan. *Jurnal Sehat Mandiri*, 13(1), 27-34.
- Kurniawan, A., Sistiarani, C., & Gamelia, E. (2023). Pengaruh Pelatihan Deteksi Dini Kehamilan Risiko Tinggi terhadap Peningkatan Pengetahuan, Sikap, Motivasi dan Keterampilan Kader Kesehatan. *Jurnal Ilmu Kesehatan Masyarakat*, 12(06), 496-502.
- Lestari, K. P., Anggraini, D. A. P., Sulistyowati, D. I. D., & Jauhar, M. (2022). Edukasi Kesehatan Berbasis Model Information Motivation Behavior Skill Meningkatkan Pengetahuan Dan Perilaku Perawatan Antenatal Pada Ibu Hamil Risiko Tinggi. *Jambi Medical Journal" Jurnal Kedokteran dan Kesehatan"*, 10(2), 234-245.
- Lorensa, H., Nurjaya, A., & Ningsi, A. (2021). Hubungan tingkat pendidikan dan sikap ibu hamil dengan kunjungan antenatal care di puskesmas balla, kecamatan balla, kabupaten mamasa. *Jurnal Inovasi Penelitian*, 2(5), 1491-1496.
- Mariyona, K. (2019). Komplikasi dan faktor resiko kehamilan di Puskesmas. *Menara Medika*, 1(2).
- Marniyati, L., Saleh, I., & Soebyakto, B. B. (2016). Pelayanan antenatal berkualitas dalam meningkatkan deteksi risiko tinggi pada ibu hamil oleh tenaga kesehatan di Puskesmas Sako, Sosial, Sei Baung dan Sei Selincih di Kota Palembang. *Jurnal Kedokteran dan Kesehatan: Publikasi Ilmiah Fakultas Kedokteran Universitas Sriwijaya*, 3(1), 355-362.
- Maryuni, M., Anggraeni, L., Cahyani, E., & Wara, E. H. (2020). Laporan Pengabdian Masyarakat: Pentingnya Deteksi Dini Tanda-Tanda Bahaya Kehamilan Pada Ibu Hamil.
- Nainggolan, D. R., Ujung, R. M., & Hutabarat, N. I. (2020). Edukasi Kesehatan Ibu Hamil tentang Pelayanan Antenatal Terpadu, IMD, ASI Eksklusif di Wilayah Kerja Puskesmas Onan Hasang. *Jurnal Abdimas Kesehatan Perintis*, 2(1), 1-7.
- Nisa, H., Melina, F., & Kuswanti, I. (2018). Pengaruh Pendidikan Kesehatan Tentang Antenatal Care Terhadap Pengetahuan Ibu Hamil Tentang Antenatal Care Di Puskesmas Banguntapan II Bantul. *Jurnal Ilmiah Kesehatan*, 9(1), 17-29.
- Nurvitasari, R. D., Cahyaningrum, D. G., Utami, E. S., & Nuryah, S. (2023). Mewujudkan Kehamilan yang Sehat Melalui Edukasi Mengenai Kebutuhan Nutrisi Ibu Hamil. *JPMA: JURNAL PENGABDIAN MASYARAKAT AL-QODIRI*, 2(3), 145-152.
- Priyanti, S., Irawati, D., & Syalfina, A. D. (2020). Frekuensi dan faktor risiko kunjungan antenatal care: Frequency and Factor Effecting of Antenatal Care Visit. *Jurnal Ilmiah Kebidanan (Scientific Journal of Midwifery)*, 6(1), 1-9.
- Rahman, A. (2017). *Pengaruh Pendidikan Kesehatan Terhadap Pengetahuan Suami Tentang Antenatal Care Di Wilayah Kerja Puskesmas Purwosari Kota Surakarta* (Doctoral dissertation, Universitas Muhammadiyah Surakarta).
- Rangkuti, N. A., & Harahap, M. A. (2020). Hubungan pengetahuan dan usia ibu hamil dengan kehamilan risiko tinggi di puskesmas labuhan rasoki. *Jurnal Education And Development*, 8(4), 513-513.
- Rokom. (2024). *Agar Ibu dan Bayi Selamat. Sehat Negeriku*.

- Windari, A. P., & Lohy, S. A. (2019). Upaya deteksi dini risiko tinggi kehamilan ditentukan oleh pengetahuan dan pemeriksaan kehamilan di Pulau Osi. *Jurnal Pengabmas Masyarakat Sehat*, 1(4), 265-268.
- Yanti, Y. E. (2018). Hubungan pengetahuan ibu dan dukungan suami pada ibu hamil terhadap keteraturan kunjungan antenatal care (anc) di puskesmas wates lampung tengah tahun 2014. *Jurnal Kebidanan Malahayati*, 1(2).
- Yulis, D. M., Yahya, M., & Mandra, M. A. (2022). Modul Edukasi Antenatal pada Kader Kesehatan Kota Makassar.