The Knowledge of Midwives About Poedji Rochjati's Scorecard

Sherkia Ichtiarsi Prakasiwi[(✉)], Umi Khasanah, and Sri Rejeki

Faculty of Nursing and Health Sciences, Universitas Muhammadiyah Semarang, Semarang, Indonesia
sherkia@unimus.ac.id

Abstract. Background: An essential indicator in figuring out the degree of public health is the Maternal Mortality charge (MMR). MMR describes the range of women who die from one cause of death related to being pregnant problems or their control.

Aim: to explore the knowledge of midwifes about poedji rochjatis scored

Methods: The research used is descriptive studies with the populace is midwives who have impartial exercise at home. The sample used is 45 respondents with a sampling method, simple random sampling. The research instrument used a questionnaire containing questions about the Poedji Rochjati scorecard. The variable studied turned into the information of the midwife approximately the Poedji Rochjati score card.

Results: The results showed that the knowledge of midwives about Poedji Rochjati's rating card was much less than 26 humans (fifty-seven.8%), each 18 people (40%), and simplest 1 individual (2.2%).

Conclusion: Recommendations for midwives to wait training so that you can boom know-how approximately using the Poedi Rochjati score.

Keywords: Midwife Poedji Rochjati · Scorecard

1 Introduction

The World Health Organization (WHO) estimates that around 830 women die from complications of pregnancy or childbirth worldwide every day. It is estimated that in 2015 around 303,000 women died during and after pregnancy and childbirth. Almost all maternal deaths (99%) occur in developing countries. More than half of these deaths occur in sub-Saharan Africa and almost a third occur in South Asia [1, 2].

Maternal Mortality (MMR) is one of the important indicators in determining the degree of public health. MMR describes the number of women who die from one cause of death related to pregnancy disorders or their management. The results of the 2015 Intercensus Population Survey (SUPAS) again showed a decline in the MMR to 305 per 100,000 KH. One of the efforts to detect early pregnancy risk factors is using the Poedji Rochjati Score Card (KSPR) method as a pregnancy risk detection tool and as a recording system for reporting for midwives. The SDGs contain 17 wrong goals one

of which ensures a healthy life and promotes well-being for all people of all ages with one of the outputs reduced Numbers maternal mortality (MMR) to 70 per 100,000 live births in 2030 [3–5].

The score of "Poedji Rochjati" is one efforts to behavior early detection of excessive chance pregnant women via health workers who goal. Early detection of situations/status a mother's pregnancy whether or not entered on institution of mothers isn't at threat or at chance. Mark and the score written within the reference model may be classify referrals to pregnant girls with dangers primarily based on risk businesses [6]. Midwives as health workers not yet maximum efforts to detect high risk for pregnant women because of the coverage of early risk detection height tends to decrease. Midwives in the province East Java should do an inspection pregnant woman score form listed in the MCH handbook for pregnant women as one step high risk detection, so can be prepared in advance about the system referrals that will and should be made whenever complications occur [7].

Personal exercise Midwives (PPM) is health care provider who has sizeable contribution in giving maternal and child health offerings. In provider exercise, BPS is needed to do detection of high hazard pregnancy with the use of the "Poedji Rochjati" score shape which in reality is contained inside the MCH manual which dispensed to each pregnant woman who visited to a sanatorium, but the form fields the score "Poedji Rochjati" received often empty and unfilled. This indicates that the non- public exercise Midwife (BPS) does not early detection of excessive-risk pregnant women by the use of the version [8, 9]. One of the efforts to stumble on early being pregnant risk elements is using the Poedji Rochjati score Card (KSPR) method as a pregnancy hazard detection device and as a rec'/ording device for reporting for midwives. The Poedji Rochjati score Card (KSPR) is a easy method for early detection of risk elements in pregnant women. Through this card, it could be seen whether or not the situation of pregnant women has low, high or maybe very excessive risk. With the Poedji Rochjati scorecard, pregnant girls at chance can be observed early and secure deliveries may be deliberate for each mom and toddler.

Risk factors are grouped into three groups, namely Risk Factor I (There is Potential for Obstetric Emergency/APGO), Risk Factor II (There is Obstetric Emergency/AGO) and Risk Factor III (There is Obstetric Emergency/AGDO). The Poedji Rochajti Score Card (KSPR) is a tool for early detection of risky pregnancies the usage of scoring. The whole being pregnant ratings have been divided into 3 groups, particularly Low danger being pregnant (KRR) with a complete rating of 2, high chance being pregnant (KRT) with a complete score of 6–10, and really high hazard pregnancy (KRST) with a complete rating of 12. The scores used have been numbers round beneath the number 10, namely 2, 4, eight. The initial score of pregnant girls turned into 2 4 and each chance thing had a score of 4 except for history of sectio caesarea, breech place, transverse region, antepartum bleeding, intense preeclampsia and eclampsia [6, 7, 10].

In keeping with the regulation of the Minister of health of the Republic of Indonesia range 1464 article 10 regarding antenatal care, midwives are legal to offer offerings to pregnant girls who carry out antenatal care assessments, one in every of that's a screening exam the usage of a Poedji Rochjati score card.
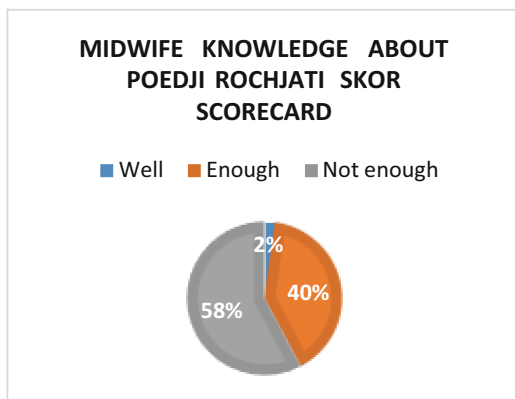
Fig. 1. Midwife Knowledge About Poedji Rochjati Skor Scorecard

2 Methods

The research used is descriptive research with the population is midwives who have independent practice at home. The sample used is 45 respondents with a sampling technique, simple random sampling. The research instrument used a questionnaire containing questions about the Poedji Rochjati scorecard. The variable studied was the knowledge of the midwife about the Poedji Rochjati score card.

The records become gathered thru a google shape containing several questions about the Poedji Rochjati score item. The overall pregnancy ratings were divided into three agencies, particularly Low danger pregnancy (KRR) with a complete score of two, high danger being pregnant (KRT) with a total rating of 6–10, and very excessive danger pregnancy (KRST) with a complete score of 12. The scores used have been numbers spherical below the range 10, particularly 2, 4, 8. The initial rating for pregnant women became 24 and every chance thing had a rating of four besides for history of sectio caesarea, breech function, transverse function, antepartum bleeding, excessive preeclampsia and eclampsia.

3 Result and Discussion

Based on Fig. 1, it can be seen that most of the midwives' knowledge about Poedji Rochjati's scorecard was 26 people (57.8%), 18 people (40%) had sufficient knowledge and only one person had good knowledge (2.2%).

The capability of midwives in filling out the Poedji Rochjati scorecard continues to be lacking, there are nevertheless midwives who do not understand how to fill it in order that it influences early detection of high-risk pregnancies. Consistent ANC ought to be provided through skilled health professionals who can identify cutting-edge great illnesses and risk elements related to pregnancy and childbirth headaches. Ongoing education possibilities for ANC vendors are nevertheless sparse so that the facts supplied to pregnant ladies attending ANC services is insufficient [8, 11].

4 Conclusion

The realization of this look at is that most of the midwives' knowledge approximately Poedji Rochjati's scorecard is 26 people (57.8%), 18 people (40%) have sufficient knowledge and only one person has good knowledge (2.2%). Suggestions for midwives to attend training in order to increase knowledge about the use of the Poedi Rochjati score.

References

1. S. Khunkaew, R. Fernandez, and J. Sim, "Demographic and clinical predictors of health-related quality of life among people with type 2 diabetes mellitus living in northern Thailand: A cross-sectional study," Health Qual. Life Outcomes, vol. 17, no. 1, pp. 1–10, 2019, https://doi.org/10.1186/s12955-019-1246-2.

2. S. de Sequeira, I. Halperin, and L. L. Lipscombe, "Culturally Tailored Resources for South Asian Immigrant Women With Gestational Diabetes: Do They Work and What's Missing? A Qualitative Study," Can. J. Diabetes, vol. 43, no. 8, pp. 573–579, 2019, https://doi.org/10.1016/j.jcjd.2019.09.007.

3. A. N. Karazhanova, Asia and the Pacific SDG progress. 2016.

4. A. M. Johnson, R. Kirk, A. J. Rooks, and M. Muzik, "Enhancing Breastfeeding Through Healthcare Support: Results from a Focus Group Study of African American Mothers," Matern. Child Health J., vol. 20, pp. 92–102, 2016, https://doi.org/10.1007/s10995-016-2085-y.

5. G. J. Chan, A. C. C. Lee, A. H. Baqui, J. Tan, and R. E. Black, "Risk of Early-Onset Neonatal Infection with Maternal Infection or Colonization: A Global Systematic Review and Meta-Analysis," PLOS Med., vol. 10, no. 8, pp. 1–20, 2013, https://doi.org/10.1371/journal.pmed.1001502.

6. H. Özkan and S. Polat, "Maternal identity development education on maternity role attainment and my baby perception of primiparas," Asian Nurs. Res. (Korean. Soc. Nurs. Sci)., vol. 5, no. 2, pp. 108–117, 2011, https://doi.org/10.1016/S1976-1317(11)60019-4.

7. N. E. Cetisli, G. Arkan, and E. D. Top, "Maternal attachment and breastfeeding behaviors according to type of delivery in the immediate postpartum period," Rev. Assoc. Med. Bras., vol. 64, no. 2, pp. 164–169, 2018, https://doi.org/10.1590/1806-9282.64.02.164.

8. D. Hapsari, P. Sari, and L. Indrawati, "Indeks Kesehatan Maternal Sebagai Indikator Jumlah Kelahiran Hidup," J. Ekol. Kesehat., vol. 14, no. 3, pp. 259–272, 2016, https://doi.org/10.22435/jek.v14i3.4696.259-272.

9. N. Akseer et al., "Achieving maternal and child health gains in Afghanistan: A Countdown to 2015 country case study," Lancet Glob. Heal., vol. 4, no. 6, pp. e395–e413, 2016, https://doi.org/10.1016/S2214-109X(16)30002-X.

10. F. D. Fitraendi, D. Hidayat, and A. Y. Pramatirta, "Hubungan Luaran Maternal dan Perinatal Terhadap Tingkat Keparahan Infeksi COVID-19," Indones. J. Obstet. Gynecol. Sci., vol. 5, no. 1, pp. 63–69, 2022, https://doi.org/10.24198/obgynia/v5n1.345.

11. A. K. Aarestrup, M. Skovgaard Væver, J. Petersen, K. Røhder, and M. Schiøtz, "An early intervention to promote maternal sensitivity in the perinatal period for women with psychosocial vulnerabilities: Study protocol of a randomized controlled trial," BMC Psychol., vol. 8, no. 1, pp. 1–13, 2020, https://doi.org/10.1186/s40359-020-00407-3.