PRESENTATION

Effect of Age on Pre-Eclampsia Degrees in the Maternity Room of Prof. RSUD DR. WZ Johannes Kupang

Astin Nur Hanifah
Health Polytechnic of Kupang
Email: astinnur1980@gmail.com

Abstract

Background: Pre-eclampsia is not yet known with certainty. Some predisposing factors include undernourished and anemic, obesity, primigravida, age over 35 years, diabetes mellitus, chronic hypertension, hydatidiform mole, multiple pregnancies and immunological and genetic factors. In pregnant women aged <20 years and> 35 years the incidence is more than three times experienced pre-eclampsia. In 2014 maternity with preeclampsia and eclampsia were 55 people with varying ages of less than 20 years, 3 people, 20 to 35 years, 35 people, more than 35 years, 17 people. Healthy Reproductive Age for pregnant and childbearing mothers aged 20-35 years. But in reality 35 people (64%) healthy reproductive age mothers experienced mild and severe preeclampsia (Medical Record of Prof. Dr. WZ Johannes Kupang Hospital). **Objective:** To determine the effect of age on pre-occupational degrees. **Methods:** This study used analytical research methods withdesign observational. This study was intended to determine the effect of age on pre-eclampsia degrees in the Maternity Room of the RSUD Prof. DR. W. Z Johannes Kupang 2015. **Results:** Most of the respondents experienced severe pre-eclampsia, which experienced severe preeclampsia, most of them were elderly and those who were all elderly. Respondents who experienced mild preeclampsia mostly occurred at the age of healthy reproduction. **Keywords:** Pre-eclampsia, Age

* Correspondence: astinnur1980@gmail.com
Present Address: RA. Kartini ST., Kupang, East Nusa Tenggara, Indonesia

Preliminary

The results of the National Health Survey (National Health Survey 2004) Maternal Mortality Rate (MMR) is 307 per 100,000 live births, while in East Nusa Tenggara (NTT) AKI is 554 per 100,000 live births. In 2007 the 2007 Indonesian Health Demographic Survey (IDHS) fell to 228 cases per 100,000 live births and NTT became 306 per 100,000 live births. Although there is a decline, this figure is still high compared to national figures. Maternal mortality occurs at 25% during pregnancy, delivery at 13%, postpartum 62%. The direct cause of maternal mortality is 77.2%, the highest hypertension in pregnancy/ preeclampsia while the indirect causes of 22.8% are diseases suffered during pregnancy, among others malaria, anemia with a prevalence of 40.1% (RPJMN 2015 - 2019). Malnutrition in pregnant women is also still a public health problem that needs special attention, namely women of childbearing age and pregnant women Chronic Energy Deficiency (SEZ). (Ministry of Health, 2013)

Pre-eclampsia events are currently not known for certain causes, but there are various theories related to pre-eclampsia events which are the causes and predisposing factors include underweight and anemia, obesity, premigravida, age over 35 years, Diabetes Mellitus, chronic hypertension, hydatidiform mole, twin pregnancies and immunological and genetic factors. Obesity and malnutrition in pregnant women can be determined by assessing nutritional status through measuring upper arm circumference or assessing weight gain in pregnant women through regular examinations Antenatal Care (ANC). In pregnant women aged <20 years and> 35 years the incidence is more than three times experienced pre-eclampsia. (Lisnawati, 2013). Based on the pre-survey results at the RSUD Prof. DR. WZ Johannes Kupang the data in the 2013 Midwifery Polyclinic had 261 new arrivals, 76 people (29%) experienced pre-eclampsia with a mild pre-eclampsia category of 47 people, severe pre-eclampsia and eclampsia as many as 24 people and 5 people directly treated in the Maternity Room. In 2014 maternity with preeclampsia and eclampsia were 55 people with varying ages of less than 20 years, 3 people, 20 to 35 years, 35 people, more than 35 years, 17 people. Healthy Reproductive Age for pregnant and childbearing mothers aged 20-35 years. But in reality 35 people (64%) healthy reproductive age mothers experienced mild and severe preeclampsia (Medical Record of Prof. Dr. WZ Johannes Kupang Hospital).

Research Methods

This study used analytical research methods with design observational. This study was intended to determine the effect of age on pre-eclampsia degrees in the Maternity Room of the RSUD Prof. DR. W. Z Johannes

Kupang 2015. The sample in this study was that some pregnant women who had preeclampsia with inclusion criteria with a mild medical diagnosis of mild eclampsia, weight and eclampsia were treated in the Maternity Room and were willing to be studied in a total of 48 people.

Research result

Table 1. Degree of Preeclampsia Category in RSUD. Prof.WZJohannes Kupang Period September to November 2015

No	Age of Preeclampsia	f	%
1	Pre-eclampsia	7	14.6
2	Pre-Eclampsia Weight	39	81.2
3	Eclampsia	2	4.2
		48	**100**

Table 1 shows that the majority of respondents experienced severe preeclampsia of 81.2%

Table 2 Age Categories of Mothers with Preeclampsia in RSUD. Prof. W. Z. Johannes Kupang Period September to November 2015

No	Mother Age	F	%
1	Young	11	22.9
2	Healthy Reproduction	8	16.7
3	Old	29	60.4
Total		**48**	**100**

Table 2 showed that the majority of respondents with preeclampsia were at an old age of 60.4%.

Inferential Analysis

Table 3. Relationship of Age of Mother to Degree of Preeclampsia

Age of Mother	Degree of Preeclampsia						
	Preeclampsia		Preeclampsia Weight of		Eclampsia		Total
	N	%	n	%	n	%	%
Young	0	0	11	100	0	0	100
Healthy Reproduction	4	50.0	4	50.0	0	0	100
Old	3	10.3	24	82.8	2	6.9	100

Table 3 shows that young age 100% has severe preeclampsia, healthy reproductive age 50% experience mild preeclampsia and severe preeclampsia and old age mostly experienced severe preeclampsia 82.8%.

Thetest results Fisher's Exack Test between maternal age and Preeclampsia degree were p = 0.028 (p <0.05), then Ho was rejected and Ha was accepted. This result means that there is a significant relationship between the age of the mother with preeclampsia.

Discussion

Based on the results of descriptive tests in table 1. Most categories of preeclampsia respondents 39 people (81.2%) experienced PEB. The diagnosis of PEB can be determined by 2 of the symptoms of preeclampsia, namely an increase in blood pressure and proteinuria (Manuaba, 2010). If the PEB does not get immediate treatment for symptoms it can continue, namely Oliguri (<500 cc / 24 hour urine, eye and cerebral visual impairment, decreased consciousness, headache, blurred vision, pulmonary edema, hemolysis, severe thrombocytopenia, hepatic dysfunction, intra uterine fetal growth inhibited, syndrome help, bleeding in the retina of the eye in the event of a seizure will become eklampsi (Prawirohardjo: 2009). If eclampsia causes various complications in the mother and fetus in the form of 10% solution placenta, 7% pneumonia aspiration, 5% pulmonary edema, 4% heart failure, 4% kidney failure, causing 1% death (Cunningham MD: 2013).

Table 2 shows that the majority of respondents with preeclampsia were aged> 30/35 years at 60.4%. Older women are at risk of developing chronic hypertension that overlaps with preeclampsia (Cunningham MD: 2013)

Table 3 shows that young age 100% have severe preeclampsia, healthy reproductive age 50% have mild preeclampsia and severe preeclampsia and old age mostly have severe preeclampsia 82.8 %. The Fisher's Exact Test results between maternal age and preeclampsia level were p = 0.028 (p <0.05), then Ho was rejected and Ha was accepted. This means that there is a significant relationship between the age of the mother with preeclampsia. According to Lismawati, explaining the three-fold incidence of preeclampsia occurs at a young age of <20 years. Healthy reproductive age (20-30 years) is the best age for containing and melting, but 50% of women experience mild or severe preeclampsia because besides age there are predisposing factors that cause preeclampsia. Old age (> 35 years) is at high risk for severe preeclampsia and latent hypertension. Therefore it is best to end fertility after having 2 children because of medical reasons and other reasons. (Lismawati, 2013).

Conclusion

a. Most of the respondents experienced severe preeclampsia, only a small proportion experienced mild pre-eclampsia and excess.

b. Respondents who experienced severe preeclampsia were mostly elderly and those who experienced overall eclampsia were elderly. And those who experience mild pre-eclampsia mostly occur in healthy reproductive age.
c. There is a significant relationship between age and degree of eclampsia

Suggestion

1. Head of Midwifery Functional Services Unit at RSUD Prof. DR WZ Johannes Kupang
2. Management of patients with pre-eclampsia performed by obstetricians is standard but needs intensive supervision of midwifery care carried out by implementing midwives especially pressure monitoring blood, urine and full fill ment of the basic needs of patients hospitalized
3. Undertaking PHC
   Detecting early cases of pre-eclampsia and referral on time so as not to be late obtain penamgnan place of references
4. Mother and family
   Willing to prenatal care in order to get the service antental integrated in order to early if you experience preeclampsia and pregnancy - giving birth at a healthy reproductive age (20-30 years)

References

Arikunto, Suharsimi, 2010, Research Procedures, Rineka Cipta, Jakarta.

Cuningham, FG, Leveno, KJ, Bloom, SL., Hauth, JC, Rouse, DJ, and Spong, CY 2012. Williams Obstetrics, 23rd Ed. Faithful, R (editor), 2009. The McGraw-Hill Companies, Inc. Pendit, BU (Translator). 2012. Williams Obstetrics. Issue 23. EGC. Jakarta. P. 739-1326.

RI Ministry of Health 2009, Health Sector Long Term Development Plan 2005-2015.

Hartanto Hanafi, 2005, Family Planning and Contraception, Sinar Harapan Library, Jakarta

JNPKKR, 2008, Obstetrics and Neonatal Emergency Treatment Training, Surabaya

RI Ministry of Health, 2013, Integrated Antenatal Service Guidelines, Second Edition, Jakarta.

Hardiat, 2015, 2015-2019 RPJMN Nutrition Program and KIA

Head of the East Nusa Tenggara Provincial Health Office, 2012, KIA Revolutionary Guidelines in NTT Province, Kupang.

Lisnawati Lilis, 2013, the Latest Maternal Neonatal Obstetric Care, Transinfomedia Jakarta.

Mansjoer, A, 2010, Medis Kapita SelektaVolume 1, Media Aesculapius, Jakarta.

Manuaba, IBG, 2010, Kapita Selekta Routine Management of Gynecology and Family Planning Obstetrics, EGC, Jakarta.

Marmi, Suryasono, 2011, Midwifery Pathology Care, Yogyakarta.

Notoatmodjo, S, 2010, Health Research Methodology, Rineka Cipta, Jakarta.

Nursalam, 2013, Research Methodology in Nursing, Salemba Medika, Issue 3, Jakarta

Pantikawati, Saryono, 2010, Midwifery Care 1 Pregnancy), Yogyakarta.

Pudiastuti, D, 2011, Community Midwifery Textbook, Nuha Medika, Yogyakarta.

Prawirohardjo, 2009, Midwifery Science, Bina Pustaka Foundation Sarwono Prawirohardjo, Jakarta.

Riyanto Agus, 2009, Processing and Analysis of Health Data, Nuha Medika, Yogyakarta.

Rukiyah, Yulianti, 2010, Care Midwifery IV (Midwifery Pathology), Trans Info Media, Jakarta.

Sujiyatini, Mufdlilah, Asri, 2009, Midwifery Pathology Care, Yogyakarta.

Supariasa I Dewa Nyoman, Bakri B., Fajar Ibnu, 2002, Nutritional Status Assessment, EGC, Jakarta

Varney Helen, Kriebs Jan M., Gegor Carolyn L., 2005, Book Saku Bidan, EGC, Jakarta.

Wawan A. and M. Dewi, 2011, Theory and Measurement of Knowledge, Attitudes and Human Behavior, Nuha Medika, Yogyakarta.