

## FACTORS AFFECTING SECOND AND THIRD TRIMESTER PREGNANT WOMEN'S READINESS FOR DELIVERY AT PMB SHINTA MEDAN JOHOR DISTRICT IN MEDAN CITY, NORTH SUMATRA PROVINCE IN 2025

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### ABSTRACT

*One of reason height number death mother (AKB) and figures death baby (AKB) is unpreparedness Mother pregnant in face her delivery . This is can happen consequence delay handling moment happen complications childbirth in mothers . Readiness Mother in face labor can prevent occurrence complications in mother and baby with notice factor risks to the mother during the pregnancy process . There is readiness labor can done with prepare plan birth and preparation plan If occurs during labor mother . Purpose study This is identify and analyze factor affecting Mother pregnant in the second and third trimesters of pregnancy readiness childbirth . Sort of research This is a cross-sectional design and is quantitative and survey analytical. The study sample 32 women in their second and third trimesters who are moms were selected using purposive sampling. The inquiry This was put into practice in 2025 in PMB Shinta Medan City in the province of North Sumatra. Instrument studies employ questionnaires and apply the chi-squared statistical test to analyze data. According to the study's findings, 18 moms, or 56.3% of the total number of deliveries at PMB Shinta, are not prepared. There is significant relationship between knowledge mother ( p. value  $0.047 < 0.05$ ), parity Mother with p. value  $0.029 < 0.05$ ) and exposed information ( p. value  $0.016 < 0.05$ ). The conclusion is expected in mothers pregnant especially TM II and III so that they can prepare her delivery use prevent occurrence risk complications. Recommended for officer health can give Mother education health and motivation Mother pregnant in readiness mother during childbirth .*

**Keywords:** *Pregnant Women, Readiness , Childbirth , Parity, Knowledge*

### Introduction

In general Mother pregnant especially in TM II and III feel worried and anxious regarding the upcoming delivery process Mother natural . Mother will feel worried around how is the birth process ,

types childbirth , who accompanies during the birthing process , is it the baby will born healthy , etc. Height number death mother can also caused by unpreparedness Mother pregnant For overcome delivery ( Retna et al., 2022).

WHO data (2023) The Maternal Mortality Rate (MMR) in the world is 189 (per 100,000 live births. The Indonesian Demographic Health Survey (SDKI) Maternal Mortality Rate to date (2023) reached 183/100,000 live births. The Ministry of Health (Kemenkes) noted that 4,129 mothers in Indonesia died in 2023. This number increased by 1.24% compared to 2022 which was 4,005 people. In 2019, the World Health Organization (WHO) revealed that approximately 12,230,142 pregnant women worldwide experienced problems during the third trimester of pregnancy, with 30% experiencing anxiety during childbirth. 81% of British women experienced mental health problems during pregnancy. In France, on the other hand, 7.9% of primiparous during pregnancy, 13.2% of mothers reported both anxiety and depression, 11.8% experienced depression, and mothers experienced anxiety (Hasim et al., 2019).

Unpreparedness Mother face labor be one of factor reason height number death maternal mortality (MMR) and figures death baby (AKB). The occurrence of death Mother related existence factor reason direct and cause No directly . Cause directly death Mother can caused by bleeding , eclampsia and infection . While reason No directly namely 3 T ( Late ) , namely late recognize danger labor , late take decision and late handled ( Ministry of Health of the Republic of Indonesia, 2019).

Based on the 2020 National MMR Profile, it was 305 per 100,000 live births. In 2022, North Sumatra has a MMR target of 79.40 per 100,000 live births, and a IMR target of 2.32/1,000 live birth (Heallth Office 2020). In 2022, the number of ma. In North Sumatra Province, there were 131 maternal deaths out of 278,350 live births, equivalent to a Maternal Mortality Ratio

(MMR) of 47.06 per 100,000 live births. Compared to the MMR in 2021, The maternal mortality rate (MMR) was 89.18 per 100,000 live births, with 248 maternal deaths recorded from 278,100 live births. This figure shows a decline compared to previous years. In North Sumatra Province, the infant mortality rate (IMR) was 2.19 per 1,000 live births, lower than the 2021 IMR of 2.28 per 1,000 live births (633 infant deaths out of 278,100 live births) (North Sumatra, 2019). North Sumatra ranks second in terms of the highest maternal mortality rate. in Indonesia, with 195 MMR, followed by Aceh at 201 MMR (BPS, 2023). The Maternal Mortality Rate (MMR) in Medan City has also gone up over the last four years; in 2018, it was reported to be five persons, in 2019 it rose to 7 people, in 2020 it rose to 12 people and in 2021 it increased to 18 people (Medan City Health Office 2021).

A mother who is sufficiently prepared for childbirth will feel more confident and less anxious, thus avoiding the risk of emergencies. A well-prepared mother will expedite labor. Some signs that indicate a mother is not sufficiently prepared for childbirth include vomiting and loss of appetite, high fever, bleeding, and premature rupture of membranes. Antenatal care (ANC) is also one of the steps pregnant women take to prepare for childbirth, aimed at preventing obstetric complications (Yuliana & Wahyuni, 2020).

Mother needs good knowledge For undergo pregnancy with good . Education preparation childbirth is very important For health mother and fetus during pregnancy until approaching childbirth ( Nurjana et al., 2024). Efforts to reduce maternal morbidity include education and preparation for safe

childbirth for pregnant women (Retnawati & Sulistyowati, 2022).

Many factors are related to Childbirth preparation among pregnant women is consistent with the findings of previous research. by Agustina et al., (2025) with research results that most of the factors that influence childbirth readiness include age, parity, education. Based on previous research conducted by Sartika, et al. (2020) regarding Factors Related to Childbirth Readiness of mothers who have only been pregnant once in BatuLappa Health Center Work Area, Pinrang Regency, it was That there is a relationship between socioeconomic factors, family support, and knowledge with childbirth readiness. This is in line with the research by Hesti et al. (2022), which found a connection between the level of education and childbirth readiness., examination pregnancy, income and support family with preparation childbirth, and not There is relationship between age and occupation with preparation labor Mother pregnant.

Based on studies introduction which carried out at PMB Shinta which carried out visit ANC check-ups for 7 out of 10 mothers pregnant still doubtful about preparation her delivery due to 5 primigravida mothers and 2 pregnant mothers pregnant history CS delivery with complications.

### Research Method

Study This done in a way This study was conducted quantitatively with a cross-sectional research design. This study used primary data and a questionnaire as the instrument. The sample consisted of 32 pregnant women in their second and third trimesters, and the sampling process was carried out using purposive sampling based on inclusion and exclusion criteria. The variables studied in this study were the

dependent variable, namely readiness for childbirth, and the independent variables were parity, knowledge, and exposure. information.

### Result

**Table 1** Distribution Frequency Readiness Delivery of Pregnant Women at PMB Shinta

Readiness	Frequency	Percentage
Ready	14	43.8
Not Ready	18	56.3
<b>Amount</b>	<b>32</b>	<b>100</b>

We can seen from table 1 that most mother is not ready category as many as 18 mothers (56.3%) and a minority Mother category A total of 14 respondents (43.8%) were categorized as ready.

**Table 2.** Distribution of Respondents Characteristics of Pregnant Women in TM II & III at PMB Shinta

Variables	Frequency	Percentage
<b>Mother's Knowledge</b>		
Good	11	34.4
Enough	12	37.5
Not enough	9	28.1
<b>Total</b>	<b>32</b>	<b>100</b>
<b>Parity</b>		
Primipara	19	59.4
Multipara	13	40.6
<b>Total</b>	<b>32</b>	<b>100</b>

<b>Information Exposure</b>		
Exposed	17	53.1
Not Exposed	15	46.9
<b>Total</b>	<b>32</b>	<b>100</b>

As table 2 above illustrates, the finding of the research to 32 mothers pregnant TM

II and III were found results that is majority Mother pregnant with knowledge majority Mother pregnant with knowledge Enough with category Ready as many as 12 people (37.5%), and the majority Mother pregnant with primiparous parity , namely as many as 19 people (59.4%).

Majority category exposed information i alah exposed namely 17 people (53.1%) .

**Table 3 . Results of Bivariate Factors That Influence Pregnant Women In The Second Abd Third Trimesters On The Readiness Of Delivery At PMB Shinta, Medan City, North Sumatra Province In 2025**

Variables	Childbirth Readiness				Total		p - value
	Ready		Not Ready		f	%	
	f	%	f	%			
Mother's Knowledge							
Good	6	18.8	5	15.6	11	34.4	0.047
Enough	7	21.9	5	15.6	12	47.5	
Not enough	1	3.1	8	25.0	9	28.1	
Total	14	43.8	18	56.3	32	100	
Parity							
Primigravida	5	26.3	14	43.8	19	59.4	0.029
Multigravida	9	28.1	4	12.5	13	40.6	
Total	14	43.8	18	56.3	32	100	
Information Exposure							
Exposed	11	34.3	6	18.8	17	53.1	0.016
Not Exposed	3	9.4	12	37.5	15	46.9	
Total	14	43.8	18	56.3	32	100	

## Discussion

### 1. Connection Knowledge of Pregnant Women in TM II and III Regarding Readiness Childbirth at PMB Shinta

Considering the findings of the research that has been done by researchers show from results analysis statistics utilizing the Chi Square test, a p value of 0.0047 was found. So that can concluded that  $p < 0.05$  which means  $H_a$  is accepted or there is connection knowledge Mother second and

third trimester of pregnancy readiness childbirth at PMB Shinta, Medan City , North Sumatra Province in 2025.

The level of knowledge possessed by a person Mother pregnant will be very decisive readiness Mother pregnant in prepare her delivery (Suryani, 2022). Good attitude in face labor will give calm as well as form positive response in fulfil need physique both mentally and physically facing labor as well as can participate



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prevent possible complications happen in  
childbirth ( Nurjana , 2024).



According to researchers, knowledge levels significantly influence a pregnant woman's readiness for childbirth. Pregnant women can gain knowledge from health education provided by midwives and other healthcare professionals, through education, the experiences of peers, and various other sources. The more sources of information a mother has, the greater her knowledge, and the better prepared she will be for childbirth.

## **2. Connection Parity of Pregnant Women in TM II and III Against Readiness Childbirth at PMB Shinta**

According to findings from research that has been conducted by researchers show from results analysis statistics utilizing the Chi Square test, a p value of 0.047 was found. Its can concluded that  $p < 0.05$  which means  $H_a$  is accepted or there is connection parity Mother second and third trimester of pregnancy readiness childbirth at PMB Shinta, Medan City , North Sumatra Province in 2025.

According to Rachman and Assiddiq's (2021) research found a number of things that influence readiness Mother in face labor including among them parity . Parity will influence Mother in prepare childbirth , mothers who have have experience give birth to will more understand about the birth process .

Mother with primigravida and multigravida parity have the opportunity experience anxiety . In primigravida mothers, anxiety happen Because pregnancy is a new experience , so worried about the upcoming delivery process experienced , pain , condition fetus and role mother who will change . While in multigravida anxiety arise due to history complications during childbirth previously , some mother also not stand Sick so that

Afraid facing pain excessive when maternity (Abdullah and Dewi, 2022).

According to researchers, parity can influence childbirth readiness. This is because a pregnant woman's parity can determine the potential risk of complications. Therefore, pregnant women with a history of complications and/or those with risk factors for childbirth should be monitored throughout their pregnancy to avoid complications.

## **3. Connection Exposure Information Regarding Expectant Mothers in The Second and Third Periods Regarding Readiness Childbirth at PMB Shinta**

According to the findings of the research, statistics utilizing the Chi Square test yielded a p value of 0.016. So can concluded that  $p < 0.05$  which means  $H_a$  is accepted or there is connection exposure information for mothers second and third trimester of pregnancy readiness childbirth at PMB Shinta, Medan City , North Sumatra Province in 2025.

today's increasingly advanced world , information can be provided from anywhere, both online and offline. Online information is generally easily accessible using a mobile phone and an internet connection. Online information is also more convenient for mothers because they can view examples in the form of animations or videos that are easier to understand ( Nurjana , 2024).

The researchers provided childbirth education both in person and online. The online education involved sending videos to respondents. The videos included information about childbirth preparation to determine the effect of the educational videos and changes in anxiety levels. The results showed a decrease in anxiety,

suggesting that online education is effective (Sulistianingsih & Hasyim, 2021).

Researchers assume that providing pregnant women with information can reduce their anxiety, enabling them to face their pregnancy with a sense of security. Providing health education is also crucial for pregnant women to prepare mentally. Effective communication with midwives or healthcare professionals can foster a sense of confidence, reducing anxiety and preparing them for childbirth. Social support from husbands, parents, in-laws, and other family members is also crucial.

### Conclusion and Suggestion

Conclusion of the research With a P value of 0.0 47, there is a correlation between a mother's knowledge and how prepared second and third trimester pregnant women are to give birth. There is a relationship between parity and the readiness of pregnant women in the second and third trimesters to face childbirth with a P value of 0.0 29. There is a relationship between exposure to information with the readiness of pregnant women in the second and third trimesters to give birth with a P value = 0.01 6 .

It is expected to mother pregnant especially TM II and III so that they can prepare her delivery use prevent occurrence risk complications . It is recommended for officer health can give Mother education health and motivation in mothers pregnant in readiness mother during labor prevent occurrence mortality and morbidity.

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