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# PROCEEDING BOOK

## THE 3<sup>rd</sup> INTERNATIONAL CONFERENCE ON HEALTH SCIENCE 2016

### “Optimizing the Mental Health under SDGs”

INNA GARUDA HOTEL YOGYAKARTA, INDONESIA  
November 6<sup>st</sup>, 2016



1

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## Poster Presentations

P-01

### THE DESCRIPTION OF CHARACTERISTICS OF ABORTION AT THE SLEMAN REGIONAL PUBLIC HOSPITAL IN 2014

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#### ABSTRACT

Maternal mortality in developing countries are 14 times higher than in developed countries. Abortion is a direct cause of maternal mortality. Abortion contributes to 15-50% of maternal mortality. The highest maternal mortality rate in DIY is found in Sleman. he purpose of this study is to find out the description of characteristics of pregnant women causing the spontaneous abortion in the respective hospital. The data collection technique is using secondary data by lookingthrough the list of registers and hospital's medical record. Meanwhile, the tools used are format of data collection, the master table, and dummy table.

This study shows pregnant women with spontaneous abortion is that 38.8% of pregnant women experience an incomplete abortion, 35.3% of pregnant women experience infection, 15.3% of pregnant women suffer from chronic debility disease, 57.7% of pregnant women suffer from anemia, 56.5% of pregnant women are at risky age, 68.2% of pregnant women are with risk parity, 15.3% of pregnant women are with gestational distance <2 years, and 56,5% of pregnant women are at risky age couples. So the conclusion of characteristics of pregnant women who experience spontaneous abortion is large because of the risk parity, maternal age risk, paternal age risk, and risk of maternal nutrition.

**Keywords:** characteristics, pregnant women, spontaneous abortion

#### BACKGROUND

11 Mortality and morbidity is still a problems in many developing countries. According to WHO (2013), the rate of maternal mortality in developing countries are 14 times higher than in developed countries. There are 180 to 200 million womens become pregnant each year, and 585 thousand of them died as a result of one of the complications of pregnancy and childbirth<sup>(1)</sup>. Based on the Indonesian Demographic and Health Survey at 2007, maternal mortality rate achieves 228 per 100,000 live births. This figure puts Indonesia as one of the countries with the highest maternal mortality in Asia, the 3rd highest in the ASEAN region and the 2nd highest in the SEAR region. Indonesia targets to achieve the MDG's getting away because by Indonesia Demographic and Health Survey in 2012 the maternal mortality rate actually rose to 359 per 100,000 live births<sup>(2)</sup>.

Abortion is a direct cause of death in women. According to WHO, abortion contributes 15-50% of maternal mortality. Abortion complications are bleeding and infection that lead to maternal death. Maternal mortality due to abortion often do not appear in the report of death because it is more often reported as bleeding and sepsis<sup>(3)</sup>.

Abortion can occur 114 cases per hour. Some studies suggest the incidence of spontaneous abortion between 15-20% of all pregnancies. When examined further abortion closer to 50%. The high rate of pregnancy loss chemical that can not be known in 2-4 weeks after conception increases the incidence of abortion<sup>(1)</sup>.



Factors that cause the death of the fetus is its own ovum factors, maternal factors, and paternal factors<sup>(4)</sup>. Causes include genetic factors, congenital uterine abnormalities, autoimmune, luteal phase defects, infection, hematologic, and the environment<sup>(1)</sup>.

The incidence of abortion in Yogyakarta tend to increase. Increased incidence of abortion in Yogyakarta seen from the Hospital Information System records in DIY. It was found that the highest increase incidence of abortion in Sleman , about 3-fold from 2012 to 2013. The incidence of spontaneous abortion in 2012 with 51 cases per year increased to 174 cases per year in 2013.

Some studies suggest hospitals contribute 40-70% of maternal mortality. By looking at the matter, effort focused on reducing maternal mortality rate in the hospital. Sleman District Hospital is a general hospital that has PONEK that is ready to serve 24 hours and serve as a referral hospital from various districts in Sleman.

Referring to the problems above, this study aims to describe the characteristics of pregnant women who experience spontaneous abortion in Sleman District Hospital in 2014. The benefits of this research for health workers Hospital in Sleman as additional references and information in the field of health, to professional organizations can be used as input data for promotional activities followed by the prevention of abortion and more vigilant when screening for pregnant women, for the researchers can add new insights in the field of health, especially abortion.

## METHODS

Type of research conducted in this study was a descriptive with cross sectional approach. The cross sectional study was conducted to study the dynamics of the correlation between risk factors and effects, with the approach, observation and data collection at once at a time<sup>5</sup>. The population in the study were all pregnant women who experience spontaneous abortion who in inpatient and outpatient care, and recorded in the register and complete medical record in accordance with the risk factors.

The study was conducted in Sleman District Hospital by taking secondary data from the registers and records of medical records of patients. The research was conducted on 1 April until 14 April 2015. The variables in this study were infection factors, chronic debility disease, nutrition, maternal age, parity, pregnancy spacing, and paternal age.

## RESULTS

1. The characteristic description of spontaneous abortion by type of abortion

**Table 1. The frequency distribution of pregnant women with spontaneous abortion based on the type of spontaneous abortion in Sleman District Hospital in 2014**

No	Type of Abortion	Frequency	Prosentase (%)
1	Iminens	30	35,4
2	Insipiens	5	5,8
3	Inkomplet	33	38,8
4	Komplet	8	9,4
5	Septik	1	1,2
6	Rekuren/Habitualis	8	9,4
	Total	85	100

Table 1 shows that the majority of pregnant women who experience spontaneous abortion is classified as an incomplete abortion by 38.8%.

2. The characteristic description of spontaneous abortion by factors of infection

**Table 2. The frequency distribution of pregnant women with spontaneous abortion based on the factors of infection in hospitals Sleman 2014**

No	Type of Infection	Frequency	Prosentase (%)
1	Bacterial	30	35,3
2	Parasites	3	3,5
3	Unrecord	52	61,2
Total		85	100

Table 2 shows the majority of pregnant women who experience of spontaneous abortion infection is not yet known whether have an infection or not (61.2%).

3. The characteristic description of of spontaneous abortion by a factor of chronic debility disease mother

**Table 3. The frequency distribution of pregnant women with spontaneous abortion based on factors debility disease in hospitals Sleman 2014**

No	Chronic Debility Disease	Frequency	Prosentase (%)
1	Hypertension	13	15,3
2	Diabetes Millitus	4	4,7
3	Non chronic debility disease	60	70,6
4	Etc.	8	9,4
Total		85	100

Table 3 shows the majority of pregnant women who experience of spontaneous abortion does not have a chronic debility disease (70.6%)

4. The characteristic feature of spontaneous abortion by nutritional factors

**Table 4. The frequency distribution of pregnant women with spontaneous abortion based on factors of nutrition in hospitals Sleman 2014**

No	Category	Frequency	Prosentase (%)
1	Anemia (< 11gr%)	49	57,7
2	Non-Anemia ( $\geq 11$ gr%)	36	42,3
Total		85	100

Table 4 shows that the majority of pregnant women who experience of spontaneous abortion have anemia (57.7%).

5. The characteristic description of spontaneous abortion by maternal age factor

**Table 5. The frequency distribution of pregnant women with spontaneous abortion based on maternal age factor in Sleman District Hospital in 2014**

No	Maternal Age	Frequency	Prosentase (%)
1	<20 years and >35 years	48	56,5
2	20-35 years	37	43,5
	Total	85	100

Table 5 shows the majority of pregnant women who experience of spontaneous abortion in Sleman District General Hospital in 2014 were women money to have that risk age <20 years and> 35 years (56.6%).

6. The characteristic description of spontaneous abortion by a factor of parity

**Table 6. The frequency distribution of pregnant women with spontaneous abortion by a factor of parity in Sleman District Hospital in 2014**

No	Parity	Frequency	Prosentase (%)
1	At Risk	58	68,2
2	Not Risk	27	31,8
	Total	85	100

Table 6 shows that women who experienced of spontaneous abortion in Sleman District General Hospital in 2014 mostly mothers have risky parity (68,2%).

7. The characteristic description of spontaneous abortion of pregnancy based on the spacing factor

**Table 7. The frequency distribution of pregnant women with spontaneous abortion of pregnancy based on the spacing factor in Sleman District Hospital in 2014**

No	Pregnancy Spacing	Frequency	Prosentase (%)
1	Primi	34	40
2	< 2 years	13	15,3
3	≥ 2 years	38	44,7
	Total	85	100

Table 7 shows that women who experienced spontaneous abortion most have pregnancy spacing with previous children ≥ 2 years (44.7%).

8. The characteristic description of spontaneous abortion by the age paternal factor

**Table 8. The frequency distribution of pregnant women with spontaneous abortion by the age paternal factor in Sleman District Hospital in 2014**

No	Paternal Age	Frequency	Prosentase (%)
1	< 20 years and ≥ 40 years	48	56,5
2	20 – 39 years	37	43,5
	Total	85	100

Table 8 shows that women who experienced of spontaneous abortion in Sleman District General Hospital in 2014 mostly from a father who has a risky age is <20 years and  $\geq$  40 years (56.5%).

## DISCUSSION

The incidence of spontaneous abortion in Sleman District General Hospital in 2014 largely is incomplete abortion. Incomplete abortion is characterized by the partial products of conception out, and what remains is the decidua or placenta<sup>(4)</sup>. Incomplete abortion is more common in hospitals. Generally, patients present with complaints of severe abdominal pain, after examination found cervical opening and looked out the majority of the product of conception<sup>(6)</sup>. Abortion incomplete many happening so than with other types of abortion<sup>7</sup>.

One of the factors that cause pregnant women experience spontaneous abortions are due to infection. From research conducted largely unknown whether the mother infection during pregnancy which causes spontaneous abortion. This is due to limited data obtained by researchers. But some mothers infection types of bacteria, most of the mother suffered a vaginal discharge during pregnancy is likely to be caused by bacterial vaginosis. There is a relationship between abortion with bacterial vaginosis<sup>(8)</sup>. Fetal death can be caused by toxins from the mother or the entry of germs or virus to the fetus<sup>(4)</sup>. During pregnancy a woman's vagina pH will increase making it more susceptible to vaginal infections. When the immune system is weak pregnant women, microorganisms easily get into the mother's body that cause pregnant women will have an infection that causes spontaneous abortion.

Another factor that causes spontaneous abortion is the debility chronic disease or chronic illness of the mother. Debility chronic disease of the mother would undermine maternal condition that will eventually lead to abortion. Based on research that has been done, most of the women who experienced spontaneous abortion does not have a chronic debility disease, but hypertension and diabetes mellitus contributes as a factor that causes spontaneous abortion. Although the numbers are few but proves that the disease can be debilitating chronic debility mother circumstances that cause spontaneous abortion. Other diseases suffered by mother and making declines durability is ever cyst surgery, suffering from gastritis, myoma, and tumors. Hypertension causes blood circulation disorder in the placenta, causing abortion<sup>(9)</sup>. Type of insulin-dependent diabetes with inadequate glucose control has a chance of 2-3 times more likely to abortion<sup>(1)</sup>.

Lack of nutrition which obtained mother during pregnancy may lead to anemia which in turn can lead to spontaneous abortion. Way to detect a person is experiencing anemia with hemoglobin test. Anemia is a condition where the hemoglobin in the lower body, pregnant women are anemic which has hemoglobin <11gr% in the first trimester and 3, while in the second trimester maternal hemoglobin <10.5 g%. Most of the women who experienced spontaneous abortion are anemic shown by the results of hemoglobin  $\leq$  11 g%. Pregnant women who experience a decrease in iron in the blood would reduce the number of red blood cells and interfere with the formation of red blood cells in the fetus and placenta, so will increase the incidence of abortion<sup>(10)</sup>. Anemia is one of the causes of abortion that directly affect fetal growth through the placenta interfere with the intake of nutrients and oxygen circulation to the circulation retroplasenter<sup>(9)</sup>.

In addition, maternal age factor is also a risk factor for a pregnant woman suffered a spontaneous abortion. Based on the research showed most of the women who experienced

of spontaneous abortion aged <20 years and> 35 years. Age <20 years at risk of pregnancy because at that age the reproductive organs of a woman is not yet mature, in addition to age <20 years vulnerable to malnutrition<sup>(11)</sup>. State of the pregnant mother at a young age are still unstable and mentally not ready to accept her pregnancy, this condition causes the mother to become stressed and will increase the risk of abortion<sup>(12)</sup>. Aged > 35 years are at risk for pregnancy and abortion experience because ovarian function is reduced which results in eggs that the less qualified<sup>(13)</sup>.

Parity also be a risk factor for the occurrence of spontaneous abortion. Most women who experience spontaneous abortion is the mother who has the risk parity is nullipara or the mother who first pregnancy and multiparity were more than three times the birth. Mothers with parity over 3 times has a high maternal mortality rate because endometrial interference occurs because of repeated pregnancy, whereas the risk for uterine first parity for the first time received the products of conception and uterine muscle flexibility remains limited<sup>(14)</sup>. Abortion is more common in women with parity 1 and more than 3. Mothers with low parity tends to birthing babies who are not mature or no complications since the first experience on reproductive and allowing the onset of disease in pregnancy, whereas high parity mothers tend to experience complications in pregnancy which influence the outcome <sup>(7)</sup>.

Risk factors for spontaneous abortion is also due to pregnancy spacing. This research obtains the majority of the women who experienced of spontaneous abortion with pregnancy spacing  $\geq 2$  years. Spacing pregnancies at risk is <2 years because of physical health and the mother's womb is still limited and the previous child is still in need of care and attention of their parents<sup>(15)</sup>. The distance-risk pregnancies at less than 2 years and more than 5 years as it increases the risk of maternal output<sup>(16)</sup>. Most of the women who experienced pregnancy abortion at a distance of more than 5 years.

Paternal age also affects the occurrence of spontaneous abortion. Most women who experience spontaneous abortion have a partner aged > 40 years. Categorize the father's age into five categories there is in <20 years, 20-29 years, 30-34 years, 35-39 years, and  $\geq 40$  years. Age 20-29 years is the age of the father who had little risk of having a spontaneous abortion<sup>(17)</sup>. The father's age <20 years and > 40 years increases the risk of premature birth, low birth weight, gestational age preterm, low Apgar scores, to neonatal death<sup>(18)</sup>. The risk of miscarriage is higher if women aged  $\geq 35$  years, but the increase is much greater risk for a couple consisting of a woman aged  $\geq 35$  years and a man aged  $\geq 40$  years<sup>(19)</sup>. The paternal age is significantly associated with spontaneous abortion<sup>(20)</sup>.

## CONCLUSION

Results of research taking medical records at the General Hospital of Sleman in 2014 can be concluded from 6382 pregnant womens there are 85 pregnant womens who experience spontaneous abortion caused due to infection, disease debility chronic mother, nutrition, pregnancy spacing, maternal age, paternal age , Then obtained the characteristics of spontaneous abortion experienced by pregnant women, with the following details:

1. Most women who experience spontaneous abortion is not known whether caused by infection, this is due to limitations of the data in the can. But some women who experience spontaneous abortion caused by a bacterial infection.
2. Most of the women who experienced spontaneous abortion are not caused by disease of chronic debility. But hypertension and diabetes mellitus a contributing cause spontaneous abortion.

3. Most of the women who experienced spontaneous abortion are anemic with hemoglobin levels <11 g%.
4. 4. Most of the women who experienced spontaneous abortion risk are age <20 years and > 35 years.
5. Most women who experience spontaneous abortion have parity risk that nullipara and multiparity. 29
6. Most of the women who have had a spontaneous abortion pregnancy spacing  $\geq 2$  years.
7. Most of the women who experienced spontaneous abortion have a partner with the age of risk is <20 years and  $\geq 40$  years.

## RECOMMENDATION

1. For Medicals Hospital Sleman  
Suggested for health workers who are in the General Hospital Sleman to write complete and accurate data so that the secondary data recorded in the medical record can be believed to be true and if done research back will get better and right.
2. For Professional Organization  
As a health worker should be more cautious with pregnant women who have risk factors for spontaneous abortion. By increasing the information from social media such as journals, articles, newspapers, or books as a reference and reference undertake emergency measures.
3. For Researchers  
Variables and technical analysis of the captured data can be developed so that the risk factors for women who experience spontaneous abortion can be seen in more detail.

## REFERENCES

1. Saifuddin, A. B. Pelayanan Kesehatan Maternal dan Neonatal. Jakarta: Yayasan Bina Pustaka Sarwono Prawirohardjo; 2010.
2. Primadi, Oscar. Profil Kesehatan Indonesia Tahun 2012. Jakarta: Kementerian Kesehatan RI; 2013.
3. Azhari. Masalah Abortus dan Kesehatan Reproduksi Perempuan. Palembang: FK UNSRI; 2005.
4. Mochtar, Rustam. Sinopsis Obstetri: Obstetri Fisiologis, Obstetri Patologi. Jakarta: EGC; 2013.
5. Notoatmodjo, Soekidjo. Metodologi Penelitian Kesehatan. Jakarta: Rineka Cipta; 2005.
6. Puscheck, E.E., Pradhan, A. 2006. First Trimester Pregnancy Loss. Emedicine. medscape. Accessed August 01, 2015
7. Tukan, Maria Florentina. Kadar Antioksidan Enzimatis Katalase pada Abortus Inkomplit Lebih Rendah Dibandingkan Dengan Kehamilan Normal Trimester Pertama. Denpasar: Tesis Mahasiswa Program Magister Studi Ilmu Biomedik Program Pascasarjana Universitas Udayana; 2014.
8. Cunningham, F.G., Leveno, K.J., Bloom, S.L., Hauth, J.C., Rouse, D.J., Spong, C.Y. Obstetri Williams Volume 1 Edisi 23. Jakarta: EGC; 2013.
9. Varney, H., Kriebs, J.M., Gegor, C.L. Buku Ajar Asuhan Kebidanan (Varney's Midwifery)

- Edisi 4 Volume 1. Jakarta: EGC; 2011.
10. Ayu, Dewa I. Perbedaan Berat Badan Lahir dan Berat Plasenta Lahir pada Ibu Hamil Aterm dengan Anemia dan Tidak Anemia. Denpasar: Mahasiswa Program Pasca Sarjana Magister Ilmu Kesehatan Masyarakat Universitas Udayana; 2011.
  11. Santrock, John W. Edisi kelima Life-Span Development Perkembangan Masa Hidup Jilid 1. Jakarta: Erlangga; 2005.
  12. Slama, R, Bouyer, J., Windham, G., Fenster, L., Werwatz, A., Swan, S.H. 2005. Influence of Paternal Age on the Risk of Spontaneous Abortion. *American Journal of Epidemiology*, 161(9), 816–823.
  13. Luke, Barbara dan Brown, Morton B. 2007. Elevated Risks Of Pregnancy Complications And Adverse Outcomes With Increasing Maternal Age. *Hum. Reprod.* (2007) 22 (5): 1264-1272.
  14. Winkjosastro, Hanifa. Ilmu Kebidanan. Jakarta: Yayasan Bina Pustaka Sarwono Prawirohardjo; 2007.
  15. Rochjati, Poedji. Skrining Antenatal pada Ibu Hamil. Surabaya: Pusat Penerbitan dan Percetakan Unair (AUP); 2011.
  16. Agudelo, Agustin., Bermudez, Anyeli R., Goeta, Ana Cecilia. 19 April 2006. Birth Spacing and Risk of Adverse Perinatal Outcomes, 295(15), 1809-1823.
  17. Astolfi P, Pasquale AD, Zonta LA. 2006. Paternal Age And Preterm Birth In Italy, 1990 to 1998. *Epidemiology*, 17, 218–221.
  18. Chen, Xi-Kuan., Wen, S.W., Krewski, Daniel., Fleming, Nathalie., Yang, Qiuying., Walker, M.C. 7 Februari 2008. Paternal Age And Adverse Birth Outcomes: Teenager Or 40+, Who Is At Risk?. *Human Reproduction*, 23(6), 1290–1296.
  19. Sartorius, Gideon A dan Nieschlag, Eberhard. 2010. Paternal Age and Reproduction. *Human Reproduction Update*, 16(1), 65–79.
  20. Kleinhaus, K., Perrin, M., Friedlander, Y., Paltiel, O., Malaspina, D., Harlap, S. 2006. Paternal Age and Spontaneous Abortion. *Obstetrics & Gynecology*, 108(2), 369-377.

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