

KNOWLEDGE OF PRIMIGRAVIDS IN THE THIRD QUARTER ABOUT THE SIGNS OF LABOR AT THE COMORO COMMUNITY HEALTH CENTER DILI TIMOR-LESTE, 2022

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Abstract

Introduction: Survey of the Ministry of Health Demography from 2009 to 2010 maternal mortality rate in East Timor was 557/100,000 live births. The identified causes of maternal mortality were: postpartum hemorrhage (40.3%), eclampsia (29.9%), prolonged labor (25.6%) and puerperal infection (4.2%). Also, the home birth, with values of 78%, can cause high maternal mortality and morbidity. Prenatal monitoring allows monitoring fetal wellbeing, outwit situations of risk to the health of the mother and the newborn, identifying and treating conditions associated with pregnancy and prepare pregnant for healthy motherhood, through teaching and education for the health of all aspects involving the development of pregnancy, increasing their knowledge.

Objectives: Analyzing the knowledge of primigravidae, about the signs and symptoms of labor assisted at the Comoro Community Health Center.

Methods: Use a descriptive exploratory type and a quantitative approach. The sample of this study consisted of 50 respondents were in the third trimester of pregnancy, visited the Comoro Health Center from September 1st to December 31st, 2021. Use intentional sampling technique and data analysis use simple descriptive statistics and SPSS.

Results: Majority of pregnant women assisted at the Community Health Center, know that the gestational age recommended for the 1st prenatal monitoring query is before 4 weeks (52%), and the number of recommended visits is four (34%). Majority of participants (98%) state that they want to give birth in health services with the help of the Midwife (70%), and recognize that birth at home without health personnel assistance, it's dangerous (92%).

Conclusion: The knowledge of primigravid women about the signs of labor has many advantages because in this way it will be possible to reduce the mortality rate of mothers and the majority of primigravidae prefer to have labor and delivery at the Comoro Community Health Center (98%), Dili Timor-Leste, 2022.

Keywords: Knowledge, primigravidae, Third trimester of pregnancy and sign of labor.

INTRODUCTION

Pregnancy is an exciting stage for all women, especially if it is their first experience. The pregnant woman experiences several emotions during pregnancy, which ends with her greatest experience, which is childbirth or delivery¹ (Carlos

Tilman & Elisa,2022). First pregnancies always generate fear in most women, so knowing the sign of labor before starting the process allows them to be more prepared and can better understand when it is appropriate to go to the hospital or health center for the birth of your child. First-time mothers will experience various emotions during labor, which

are exacerbated by being the first time they experience them. The pregnant woman sometimes describes different feelings, anxiety or strange feelings before experiencing childbirth. These mothers will experience for the first time a sense of priority as birth approaches, characterized by energy boost and nesting activity (preparation for parturition)². Pregnant women often have difficulty recognizing changes that occur in the body and that cause discomfort as the pregnancy progresses. Due to the lack of knowledge about this stage of life, the expectant mother may become more worried, increasing her anxiety, in pregnancy women and good condition actual.

According to the World Health Organization (WHO), the maternal mortality rate in pregnancy and labor worldwide reached 515,000 people each year³. According to Anwar, 2005 (cited by Carlos Tilman&Elisa, 2022), this means that every minute, there is a mother who dies due to complications in pregnancy and childbirth⁴. In the Demographic Survey of the Ministry of Health 2009-2010, it is stated that the maternal mortality rate in East Timor was 557/100,000 live births⁵. According WHO-SEARO by the Health Information System (HIS) in 2012, this rate is still very high when compared to other ASEAN countries. These data indicate that there is still a lack of good knowledge in the prevention and treatment of complications of pregnancy and childbirth⁶ (cited by Carlos Tilman & Elisa, 2022). In the same 2012 report, the identified causes of maternal mortality were: postpartum hemorrhage (40.3%), eclampsia (29.9%), prolonged delivery (25.6%) and puerperal infection (4.2%). In the Dili Health Municipality,

76 cases of postpartum hemorrhage (32.5%), 112 of eclampsia (47.9%), nine of postpartum infection (3.8%) and 37 cases of prolonged delivery (15.8%). Also, home birth, with values of 78%, can cause high maternal problem and infant case mortality rate and morbidity⁵.

Taking into account the reality in East Timor, and as mentioned and cited by Carlos Tilman & Elisa, 2022 that this lack of knowledge also makes the pregnant woman's experience difficult, since she does not know how to deal with the discomfort, she is feeling⁷. According to Suririnah (2004) cited by Carlos Tilman & Elisa, 2022, the knowledge of pregnant women to detect signs of labor is very important, because knowing these signs, the pregnant woman can go more quickly to the hospital or health center, avoiding complications for both herself and the newborn⁸.The framework, as well as the data mentioned above, justify the importance of carrying out a survey to determine the level of knowledge of primigravidae about the signs of labor, as we believe that the knowledge of pregnant women about this stage of pregnancy will reduce the incidence of home births and, thus, reduce the complications that can lead to the mother's death. The main reason for choosing the topic for the study was the fact that there are many women who become pregnant for the first time, and because they do not have knowledge about the signs of childbirth, most of the time they have their children at home and not at hospitals. Besides, Timor-Leste were the highest mortality among women occurs after childbirth, with a high number of births at home. According to the Demographic Health Survey (2009-2010), in Timor-Leste

maternal deaths (a subset of all female deaths) associated with pregnancy and childbirth.

Objectives

General objective: To analyze the knowledge of primigravidae assisted about the signs and symptoms of labor at the Comoro Community Health Center of Dili Municipality.

Specific objectives are:

- Identify the knowledge of primigravidae about the signs and symptoms of labor that justify going to the maternity hospital Guido Valadares Dili;
- Identify the sources of information for these pregnant women;
- Check whether adherence to prenatal surveillance consultations influences the knowledge of primigravidae about the signs and symptoms of employment.

THEORETICAL FRAMEWORK

The knowledge of pregnant women has about the development of motherhood, the signs of labor and the role and attitudes of the midwife is an important factor in preventing complications that may arise. According to Tilman CB (2020) there are six levels of knowledge, going from the simplest to the most complex⁹:

- Knowledge, considering the subjects that have been studied previously, can be related to more restricted subjects (narrow knowledge) or theories (broad knowledge). However, what is known in a more restricted way is just information. In prenatal consultations, information should be given in an organized way, with appropriate language for each pregnant woman, according to her level of understanding, so that she can acquire knowledge in a progressive but consistent way. This information can be accompanied by written documents, with simple information on the topic, in order to reinforce knowledge and perception with subsequent reading¹⁰.
- Understanding is the ability to understand the meaning of a science, which allows interpreting, explaining or summarizing this topic. At the end of each consultation, the midwife must validate the information given with the pregnant woman, asking her to repeat what was said. By asking you to explain the teaching, we reinforce your understanding and understanding your field study concentration of the topic¹¹.
- Application is the ability to use or interpret a science that has been learned, to new situations, such as the application of a method, concept, principle or theory. When the pregnant woman has information about the signs and symptoms of labor and experiences this experience, she is able to apply the knowledge acquired to the decision to go to the hospital¹¹.
- Analysis is the ability to describe an object or material in its various components, within the structure of the organization but without connection between them. How to separately describe a grouping, distinguish. Knowledge about the topic under study allows the pregnant woman to analyze

what is happening with her body and assess the need to go to the hospital at the right time.

- Synthesis is the ability to relate, or link the parts in a totally new way, being able to develop, plan, summarize or conclude a theory or a formula that already exists.
- Assessment is the ability to use the knowledge acquired to compare, respond and interpret the results obtained. Allows you to replan or adjust actions for the future. A knowledgeable and informed pregnant woman will use this information in future situations, comparing it with previous experiences, increasingly improving her decision-making ability.

According to Tilman C.B (2020), research study using the domain of knowledge of a topic is classified into four categories:

- Good domain, if the question is answered correctly 76-100%
- Simple domain, if the question is answered correctly 56-75%
- Little mastery, if the question is answered correctly 40-55%
- No domain, if the question is answered correctly <40%

The validation of teaching and health education provided to pregnant women can be done by the midwife, asking direct questions, asking concrete questions about the topics taught, and evaluating the domain of knowledge acquired by the pregnant woman. This assessment makes it possible to reinforce themes in which there is still little mastery or even to reformulate the information to be given, if there is no mastery of the material subject.

METHODOLOGY

This study use a descriptive exploratory type and a quantitative approach, as there are no previous works on this topic, this study sought to explore the subject with a specific population, the users of the Comoro Community Health Center, describing and analyzing the data found. The population of the present study is made up of all primigravidae who are in the third trimester of pregnancy, and who resorted to the Comoro Health Center. The sample of this study consisted of 50 primigravidae who were in the third trimester of pregnancy, who visited the Comoro Community Health Center from September 1 to December 31, 2021. Use intentional purpose sampling technique. The data collection instrument was used a questionnaire/paper of questions, the questionnaire for the variable of the level of knowledge (knowing how to understand and apply) and the variable efforts. For data analysis, we will investigate or use simple descriptive statistics¹² and SPSS (Statistical package for the Social Sciences).

RESULTS & DISCUSSION

The results obtained after the descriptive statistical analysis are presented, in the form of tables. Regarding marital status, all participants (50; 100%) are married. Table 4.1 Distribution of participants according to age.

Age group	n	%
17 – 22	16	32
23 -28	24	48
29 – 33	10	20
Total	50	100

Table 4.2 Distribution of participants according to occupation.

Occupation	n	(%)
Employee	27	54
Unemployed	23	46
Total	50	100

In table 4.1 above, most participants are in the age group 23-28 years (48%), followed by the age group 17-22 (32%) and the age group 29-39 (20%). Besides, in table 4.2, most participants are employed (27.54%), and 23 participants (46%) are unemployed. Table 4.3 Distribution of participants by signs of labor, according to their knowledge.

Signs of labor	Yes		No		Total	
	N	%	n	%	n	%
Contractions	43	86	7	14	50	100
Bleeding/Thick mucus discharge	36	72	14	28	50	100
Liquid loss/ Membrane rupture	42	84	8	16	50	100
Decreased fetal movements	35	70	15	30	50	100

In table 4.3 above, the distribution of the participants by the signs of labor, according to their knowledge about them. In all signs of labor, most participants report having knowledge. However, it should be noted that 30% of the sample said they had no knowledge about the decrease in fetal move-

ments and 28% about Hemorrhage/Thick mucus discharge.

Signs of Risk	Yes		No		Total	
	N	%	n	%	n	%
Contractions	42	84	8	16	50	100
Liquid loss	40	80	10	20	50	100
Blood loss	42	84	8	16	50	100
Not feeling movements	35	70	15	30	50	100

Table 4.4 Distribution of participants according to knowledge about the signs of risk to go to the Hospital.

In table 4.4 above, the distribution of participants according to their knowledge of risk signs to go to the Hospital. In all items, most participants reported having knowledge. However, it should be noted that 30% of the sample says they are not aware of not feeling Fetal Movements, followed by 20% who are unaware of fluid loss as a sign of risk.

Recommended gestational age for the first prenatal consultation	n	%
Minus 4 weeks	26	52
4 weeks	7	14
8 weeks	7	14
12 weeks	7	14
16 weeks	2	4
16 weeks more	1	2
Total	50	100

Table 4.5 Distribution of participants according to knowledge of the recommended gestational age for the first prenatal consultation.

Consultation during pregnancy	N	(%)
4 th times	17	34
3 rd times	2	4
2 nd times	3	6
1 st times	2	4
Do not know	26	52
Total	50	100

Table 4.6 Distribution of participants according to the Number of consultations they must have during pregnancy.

In table 4.6 showed most participants (26; 52%) are aware that the first prenatal consultation should be performed before 4 weeks of gestational age. Only one (2%) says it is from 16 weeks onwards. Besides, as for the number of consultations that must occur during pregnancy (Table 4.6) showed most participants (26;52%) say they do not know, followed by 34% who say there are 4 consultations.

Knowledge of home delivery	Yes		No		Total	
	n	%	n	%	n	%
Home delivery without health staff, it can be dangerous	4	9	4	8	5	1
	6	2			0	0
Information about signs of labor	4	8	7	14	5	1
	3	6			0	0
Knowledge of childbirth	4	8	1	20	5	1
	0	0	0		0	0

Table 4.7 Distribution of participants according to home delivery without the help of health personnel

Where they want to give birth	N	(%)
At home	1	2
Health facilities (CHC or Hospital)	49	98
Total	50	100

and information about signs of labor

Table 4.8 Distribution of participants according to the place where they want to give birth.

In table 4.7 above, the vast majority of participants consider that carrying out childbirth at home without health personnel can be dangerous (46; 92%). Only 4 participants say they are not dangerous (4.8%). Besides, most participants report having information about the signs of labor (43;86%) and 7 say they do not have information about the signs of labor (14%). Regarding the choice of place of delivery, all participants (50; 100) mentioned the Health Services. In addition, most participants reported having knowledge about childbirth (40;80%). Furthermore, in table 4.8 above, the majority of the participants reported that they wanted the birth to take place in the health services (49;98%). Only one participant refers to the home as the place for childbirth (1.2%), according to the result of research (Carlos Tilman & Elisa, 2022).

DISCUSSION

Knowledge of primigravidae women in the third trimester about the signs of labor.

Regarding the main signs of labor mentioned (Contractions, Hemorrhage/Thick mucus discharge, Fluid loss/Rupture of membranes and decreased fetal movements), the results obtained show that most participants in the study are aware of these signs, point to the midwife as the main source of information. The signs of labor indicate to the pregnant woman that the process that will lead to childbirth has begun, and their knowledge and identification are very important, especially in the

case of primigravidae, who experience this experience for the first time. Information about these phenomena should be provided in the third trimester of pregnancy, as this is the time when the pregnant woman is most receptive to acquiring the knowledge, she will use in preparing for the birth of the baby and transition to motherhood. Prenatal surveillance consultations allow, in addition to monitoring maternal and fetal well-being, the early detection and treatment of maternal pathology that can affect the harmonious development of the fetus, is very important to underrating.

Through the frequency of consultations, the pregnant woman establishes a relationship of trust with the health professional who assists her, most often with the midwife, who must be concerned with promoting the health of the future mother, through teaching about healthy lifestyle habits, and information about the course of pregnancy and the development of the fetus, in such a way that she understands the changes that are taking place in her body. Likewise, the pregnant woman must know and know how to identify the signs and symptoms of labor and risk, to seek help and qualified professional assistance, in health services and in good time. In this way, it will be possible to reduce maternal and neonatal morbidity and mortality rates. Regarding the subject, the study by Martins (2014) also adds that prenatal care has been considered a priority in the development of programs and the implementation of various activities and experiences. As for the knowledge of primigravidae about the signs of childbirth, we found that most of them have knowledge, but there are still some primigravidae who are not aware of the complications that can arise in pregnancy. According to Lincetto et al

(2013), the lack of knowledge about the danger signs in pregnancy makes the pregnant woman not seek assistance when a complication occurs. So that the pregnant woman can, in good time, seek services and obtain adequate assistance, minimizing the consequences of complications that may arise. Likewise, the attitude and motivation of health professionals are factors of fundamental importance for the promotion of the population's health, dedicating themselves to health education actions aimed at the population of childbearing age, since pregnancy is a crucial period to promote healthy behaviors and skills in how to raise a child. Good Ante Natal Care linkages between the woman and her family and the formal health system increase the chances of using a specialist during childbirth and contribute to lifelong good health systems appropriate in the context of Timor-Leste, cited by Carlos Tilman & Elisa, 2022.

Identify the knowledge of primigravidae about the signs and symptoms that justify the anger towards motherhood.

Based on the research carried out, we recognize that most of the participants are aware of the signs of danger at work, which allows them to make the decision to go to the hospital if these signs arise. The presence of this knowledge is even more important in the third trimester of pregnancy, and in primigravid women, so that they can resort to health services in good time, preventing childbirth from taking place at home. According to the World Health Organization (WHO, 2020 cited by Carlos Tilman & Elisa, 2022), it is recommended that all pregnant women have a written plan to be prepared for childbirth and for any unexpected and adverse events

that may arise, such as complications or emergencies that may arise. Occur during pregnancy, childbirth or the immediate postnatal period. Based on the data obtained that information about the danger signs of labor must be provided to all pregnant women and families, so that they remain vigilant when the due date approaches¹⁶. By going to the hospital when these signs appear, they are contributing to the reduction of infant and maternal morbidity and mortality rates, with very positive impacts on the population's health gains, and good solution to understand a process communication.

CONCLUSION

The knowledge of primigravid women about the signs of labor has many advantages because in this way it will be possible to reduce the mortality rate of mothers in the world and specifically in our country East Timor. Regarding the report of the Ministry of Health of East Timor 2012, majority of women or mothers still perform labor and delivery at home, with a percentage of 78%, which could lead us to conclude that pregnant women still do not have enough information about the signs of childbirth. On the contrary, the result of the research carried out at the Comoro Health Center, in Dili, reveals that the majority of primigravidae prefer to have labor and delivery at the mechanism of Community Health Center (98%), according to the result of investigation (Carlos Tilman & Elisa, 2022).

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