E-ISSN: 3031-2299
International Journal of Community Services
Vol. 1, Issue 2 (2024), February

Education about Vaginal Birth After Cesarean (VBAC) and Pregnancy Examinations for Pregnant Women

Shinta Novelia [1*], Bunga Tiara Carolin[2]

[1&2]Faculty Of Health Sciences, Universitas Nasional Jakarta, Indonesia

** Corresponding Author: Shinta Novelia,Universitas Nasional;*

shinta.novelia@civitas.unas.ac.id

Submission date: 21-02-2024 ; Date of received: 21-02-2024

Abstract

Health development aims to increase awareness, ability, and willingness to live a healthy life for every individual, enabling the attainment of the highest possible level of health. In other words, it is expected that the community can play a role as actors in health development by maintaining and improving their own health and actively contributing to the realization of community health. Mothers giving birth through Cesarean Section (CS) have been proven to significantly increase maternal mortality. The risk is higher in planned elective CS deliveries (Villar, 2006). In recent years, the incidence of CS deliveries has exceeded the WHO target. Efforts for Vaginal Birth After Cesarean (VBAC) have relatively low interest (ACOG, 2010). Mothers' fear of undergoing normal delivery is influenced by various factors, including anxiety and lack of knowledge. The objective of this activity is to increase the knowledge of pregnant women about Vaginal Birth After Cesarean (VBAC) and provide prenatal care. The results of the activity show that many pregnant women are enthusiastic about enhancing their knowledge of VBAC. Some pregnant women actively inquire about VBAC and are motivated to follow the procedures. Pregnant women also feel significant benefits from free prenatal examinations.

Keywords: VBAC, Cesarean section, delivering mothers, pregnant women, knowledge.

Introduction

Maternal Mortality Rate (MMR) is a serious health problem in developing countries and is also a large gap that has contributed to world attention. According to the World Health Organization (WHO) report, several countries have quite high MMR in Sub-Saharan Africa, 542 per 100,000 live births, South and Central Asia 151 per 100,000 live births, North Africa and West Asia 84 per 100,000 live births. Latin America and the Caribbean 73 per 100,000 live births, East and Southeast Asia 69 per 100,000 live births, Oceania 60 per 100,000 live births, Europe and North America 12 per 100,000 live births[8].

In 2017, around 810 women worldwide died as a result of complications during pregnancy and after childbirth. The main complications that contribute to almost 75% of all maternal deaths are: bleeding and infection, hypertension during pregnancy, abortion, with many high risk factors in pregnancy, there will also be an increase in cesarean delivery[8]. Global caesarean section rates have increased over time; According to data from 150 countries, the average CS (Section Caesarea) rate is 18.6% which is around 6% to 27.2% in middle and high income areas. Latin America and the Caribbean region has the highest CS rate (40.5%), followed by North America (32.3%), Oceania (31.1%), Europe (25%), Asia (19.2%) and Africa (7.3%). Based on data from 121 countries, trend analysis shows that between 1990 and 2014, the global average CS rate increased by 12.4% (from 6.7% to 19.1%) with an average annual increase rate of 4.4%. Asia and North America are the regions with the highest and lowest average annual increase rates (6.4% and 1.6% respectively) (Lundgren et al., 2020).

Mothers giving birth by CS delivery have been proven to significantly increase maternal mortality. Many risks occur in electively planned SC deliveries (Villar, 2006). The results of research by Sadiman and Ridwan (2009) stated that the maternal mortality rate associated with SC delivery was 40-80 per 100,000 live births, while the risk of infection was 80 times higher than during childbirth, vaginal delivery, as well as maternal mortality in SC deliveries increased 25 times.

The increase in the incidence of CS also indirectly increases the incidence of recurrent CS in subsequent pregnancies[4]. VBAC success rate is 80%. There is still little interest in VBAC[1]. Due to the lack of information regarding this option, women with a history of CS tend to choose to have a repeat CS. The 2007 WHO report showed that

only 4% of mothers had VBAC.

Mothers who are afraid of undergoing a normal birth process are caused by many factors, one of which is anxiety, and their ignorance that the birthing process is not something to worry about because it is a natural process and must be done gently[3]. In connection with the above, it is felt necessary to provide health education about VBAC to pregnant women so that they can understand the benefits of VBAC and reduce the risk of repeat cesarean delivery.

Method

This activity is planned to be held at one of the health service facilities that facilitates VBAC in DKI Jakarta province. DKI Jakarta Province was chosen because it has a dense population and a large population of pregnant women. Presentation tools (Notebook, LCD), papers/brochures, banner, camera, leaflets, hand scoop and Hb level measuring tool.

Counseling is carried out using the lecture method using presentation tools. Meanwhile, pregnancy checks are carried out by Leopold examination and Hb measurement. Measurement of hemoglobin (Hb) levels using the POCT method is carried out through examination using a strip test. The respondent's blood sample is placed on an Hb strip, then the Hb strip is inserted into the Hb Check tool, then the Hb level value will automatically be detected on the tool.

Results

A. Counseling

1. Name of activity: Counseling about VBAC and Pregnancy Examination
2. Place: TPMB West Jakarta area
3. Time: December 20, 2023 at 10.00 WIB
4. Target: Pregnant women
5. Activity process: Education was conducted regarding VBAC using leaflets and flip charts
6. Evaluation:
   a. There were 12 pregnant women present
   b. Pregnant women know what VBAC is, indications for VBAC, benefits of VBAC, application of VBAC in Indonesia
   c. The knowledge of pregnant women increased as evidenced by 3 pregnant women answering questions correctly during the program evaluation

B. Pregnancy Examination

1. Name of activity: Counseling about VBAC and Pregnancy Examination
2. Place: TPMB West Jakarta area
3. Time: December 20, 2023 at 10.00 WIB
4. Target: Pregnant women
5. Activity process: Leopold examination is carried out to determine the health of the mother and baby as well as supporting examination of Hb levels.
6. Evaluation:
   a. 12 pregnant women were examined
   b. Anemic pregnant women: 7 people
   c. Healthy pregnant women: 5 people

Discussion

Continuity of Care (CoC) in the field of midwifery refers to a series of continuous and comprehensive services, starting from pregnancy, delivery, postpartum, newborn care, to family planning programs. CoC connects health needs, especially for women, with the personal conditions of each individual. Continuity of care relationships

create a therapeutic bond between women and health care providers, especially midwives, allowing comprehensive allocation of services and knowledge. Emotional support in the form of encouragement, praise, reassurance, and a willingness to listen to women's complaints is an important aspect of this relationship, and has been recognized as an integral part of intrapartum care. The support provided by midwives aims to provide services that focus on women's needs as a whole. (Ningsih, 2017).

In this case, midwives are widely known by the public as health workers who have a very important role. Emotional closeness to the patient can build the patient's confidence in making a decision as a woman. Continuity of Care (CoC) which is included in Respectful Women Care as a form of positive interaction plays a very important role in implementing quality midwifery services, one of which is VBAC.

This activity has a positive influence on community participation in improving public health, including knowing the number of anemia in pregnant women during implementation activities so that these can be followed up and evaluated on mothers who are anemic. This activity also has an influence on pregnant women's knowledge about the VBAC method, where normality in labor is something that must be prioritized. Even though currently there are not many providers who facilitate VBAC in Indonesia, midwives have a duty to increase public knowledge about the importance of normal birth compared to repeat cesarean delivery.

Conclusion

Community service activities in the form of health education about VBAC and pregnancy checks are very important to reduce the incidence of cesarean delivery during childbirth. Pregnancy examinations can also detect abnormalities during pregnancy such as anemia. The community feels many benefits from this activity.

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