



REVITALIZING PRENATAL CLASS

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ABSTRACT : Background: Efforts to reduce maternal mortality rate (MMR) can be done through preventive and promotive efforts by involving all elements in the community and carried out continuously and consistently. The strategy is by holding a prenatal class. Prenatal classes aimed at increasing the understanding of women, couples and families about preparation for pregnancy, pregnancy, labor and childbirth and the care of newborns. Prenatal classes or maternal classes need to be managed by a facilitating team consisting of several people who have a comitent, skills and mastery of the material through training. The aims of this community service is to form facilitator team for prenatal class in Tanjunglaya Village.

Method: The method implemented is in accordance with management, namely preparation, implementation and monitoring of evaluation activities. Preparatory activities were carried out by organizing workshops on module preparation, assessment and licensing. Then the implementation of the formation and training of facilitator teams was followed by prenatal class mentoring, as well as monitoring evaluation of the implementation of prenatal classes conducted by the community service team.

Result : The results of the community service activities were the formation of prenatal class facilitator team consisting of cadre who had been trained by the community service team, as well as the implementation of prenatal class mentoring carried out by the facilitating team and accompanied by the community service team, students and midwives in Tanjunglaya village, Cikancung District.

Conclusion : Community service was carried out in the form of forming a team of facilitators from the health cadre of Tanjunglaya Village, Cikancung District. The facilitator team was provided with training for class facilitators for pregnant women. Furthermore, the facilitating team provided assistance to the classes of pregnant women in the Tanjunglaya Village, Cikancung District.

Keywords: Prenatal Class, Community Service.

Introduction

Efforts to reduce Maternal Mortality Rate (MMR) can be done through preventive and promotive efforts by involving all elements in the community and carried out continuously and consistently. The strategy is by holding a prenatal class. Prenatal classes aimed at increasing the understanding of women, parent and families about preparation for pregnancy, pregnancy, labor and childbirth and the care of newborns. (Leeds, Grenville & Lanark, 2009; Schott & Priest, 2008; MacDougall, Jane, 2005) . According to the nutricia club (2009); Nemours, 2009; NICE, 2008 there are 4 types of prenatal

classes that can be followed by women and their partners, namely: maternal prenatal classes, parent class, prenatal classes for second pregnancies and so on and private prenatal classes. Prenatal classes only have female participants, where in this class not only discuss issues surrounding pregnancy, childbirth and newborn care, but also discuss male issues. Parent class is a class women and partner prepare for labor while strengthening relationships, where the father can also learn the mentoring process and face childbirth. Prenatal classes for the second pregnancy onwards are a refresher class for parent who already have a

baby, where women and partner knowledge about the process of pregnancy and childbirth is renewed. Private class is a certain class in welcoming labor done by working mothers, which is not possible to take prenatal classes in general.

Pangesti Research Results (2013) There is an influence of prenatal class of pregnant women on the knowledge of pregnant women in antenatal care with a value of $p = 0.000$. There is the influence of the class of pregnant women on the attitude of pregnant women in antenatal care with a value of $p = 0.017$ and the value of Odds Ratio (OR) = 11.7 and there is no influence of the class of pregnant women on the practice of pregnant women in antenatal care.

The practice of antenatal care is one indicator of clean and healthy lifestyle for pregnant women. In 2015, only 30% of the mothers' class went well, the results of the literature and general observations revealed that the mother's class depends on the presence of the local midwife but on the other hand the workload of midwives is quite dense and the midwife is quite busy, the facilitator is inadequate, the plan unclear or not committed to the schedule, there is no work team structure and SOP, no family participation, pregnant women still working there is no time, participants are not present when delivering core material, there are no periodic evaluations, no practice methods, gymnastics pregnant women do not exist, assistive devices, guidebooks, flipcart are lacking, there are no costs for the implementation of prenatal classes, implementation funds are not independent, lacking, perceptions of prenatal classes are expensive, socialization is not maximal regarding the benefits of learning facilities so prenatal class revitalization is needed with new innovations.

The results of Fuada's study (2015) recommended the implementation of a prenatal class conducted by posyandu cadres as facilitators, because the cadres had the potential to become one of the facilitators and implementers of the prenatal class, fostering the implementation of prenatal classes directly under health promotion, and making clear rules for the formation of a facilitator team. For maternal classes to work, more than one facilitator needs to be supported. The facilitator team should consist of several people who have mastery skills in the material that can be obtained from training or distance learning. So it is important to revitalize the maternal class to improve maternal and child health.

Based on the results of the Tanjungalaya village cadre report and interviews about healthy family indicators and clean and healthy living behaviors, it was found that the family planning program was followed by 60% of the families. Pregnant women checked their pregnancy but there were differences between K1 90.6% and K4 71.4%.

mothers who do not carry out a complete examination, labor assisted by health workers are 81% and 29% are helped not by health workers who can risk the occurrence of complications during childbirth that are not handled, eat fruits and vegetables every day reaching 30%, unavailability of Supplementary Feeding for pregnant women, doing physical activities every day is only 62.5%, there has not been any pregnancy exercise, babies get complete immunization by 90%, exclusive breastfeeding for babies 0-6 months is only 25% due to lack of correct knowledge about exclusive breastfeeding, monitoring BALITA's growth reaches 20%, prenatal classes have been integrated with the posyandu will t However, the utilization has not been maximized because officers who are busy with assignments in the service area and pregnant women who have difficulty adjusting the time to attend prenatal classes, posyandu cadres lack knowledge and skills in managing prenatal classes.

The problems above are mostly behavioral problems in maternal and child health so that to overcome the above problems a team that has competencies in the field of maternal and child health is needed. So that it needs personal / cadre trained to act as a prenatal class facilitator. The team of facilitators consists of several people who have committees, skills and mastery of the material through training.

Community service activities aim to form a class facilitator team for pregnant women in Tanjungalaya Village

Methods

Community service activities consist of preparation, implementation and monitoring of evaluations. The preparatory activity begins with a workshop on the preparation of learning modules and assessment and licensing for related parties. The next activity is the implementation carried out in Tanjungalaya Village, Cikancung District, Bandung Regency for 2 semesters in 2017.

Results and Discussion

1. Formation of the Facilitator

The establishment of a prenatal class facilitator was conducted through the recruitment of Posyandu cadres, the recruitment process was assisted by the PKK head of Tanjungalaya Village, the selected cadres were as many as 20 people and had the commitment and ability to manage prenatal class in their respective Posyandu. Then do the preparation of work programs and programs

2. Prenatal Class Cadre Training

After the recruitment of selected cadres to become facilitators, maternal training was provided by the team community service and

student activities implementation team. The training aims to prepare facilitators to carry out maternal classes, provide material using modules, flip sheets for mother classes and videos. Material is provided by discussion, simulation, demonstration and role play methods. The training activities are carried out in the village hall of Tanjunglaya, Cikancung Sub-district, starting from March to April 2017 with a schedule of 1 week once every Saturday, according to the agreement between partners 1 and the Community service implementation team and students.

After the mother's training and the formation of a facilitator, the next activity was the Community service implementation team, village midwife and the maternal class facilitator team (cadres) together to collect data on pregnant women and make maps of pregnant women in Tanjung Laya Village, Cikancung District. After that, prepare the place and facilities as well as the mother's classroom arrangement, in the form of learning tools: mat / carpet, pedestal for gymnastics. Preparing material, counseling aids and schedule for the implementation of the mother's class and studying the material to be delivered.

3. Prenatal class activities by cadres

Prenatal class mentoring activities have been carried out on partner 2, on July 8 to July 29, 2017. Implementation of the prenatal class is conducted by two groups of pregnant women simultaneously, the material delivered by cadres includes: the concept of pregnancy, physical changes in pregnancy, discomfort in pregnancy, health services, nutritional arrangements, drugs consumed in pregnancy, psychological readiness to face pregnancy, husband and wife relations during pregnancy, pregnancy danger signs, Delivery Planning and Prevention of complications (P4K), early labor signs, danger signs of labor, labor, Early Breastfeeding Initiation (IMD), exclusive breastfeeding, breastfeeding techniques, postpartum care, danger signs of puerperium, postpartum birth control, Neonatus treatment, infant growth and development, immunization, excavation and rectification of myths. birth certificate, Social Security Administrator (BPJS), Childbirth Assurance (Jampersal), STI and HIV AIDS, pregnancy exercise, and monitoring the implementation of prenatal class with the village midwife.

Conclusion

Community service was carried out in the form of forming a team of facilitators from the health cadre of Tanjunglaya Village, Cikancung District. The facilitator team was provided with training for class facilitators for pregnant women.

Furthermore, the facilitating team provided assistance to the classes of pregnant women in the Tanjunglaya Village, Cikancung District.

References

- Dwijayanti, Putri. 2013. *Analisis Implementasi Program Perencanaan Persalinan dan Pencegahan Komplikasi (P4K) oleh Bidan Desa di Kabupaten Demak*. Jurnal Kesehatan Masyarakat 2013, Volume 2, No.1
- Fuada Novianti, dan Setyawati Budi. (2015) *Pelaksanaan Kelas Ibu Hamil di Indonesia*. Pusat Teknologi Intervensi Kesehatan Masyarakat Badan Litbangkes Kemenkes
- Leeds, Grenville & Lanark (2009). *Pregnancy health unit: Pregnancy classes*. Available from :http://www.healthunit.org/pregnancy/pregnancy/pregnancy_prenatal_classes.htm on December 11th, 2009.
- MacDougall, Jane (2005). *Pregnancy week by week : Understand the changes and chart the progress of you and your baby*. London : Collins
- National Collaborating Centre for Women's and Children's Health (2008). *Antenatal care : Routine care for the healthy pregnant woman*. Available from: <http://guidance.nice.org.uk/CG62/Guidance/pdf/english> on December 09th, 2009
- Kidshealt : *Birthing classess*. Diunduh dari (2009). Nemours http://kidshealth.org/parent/pregnancy_newborn/pregnancy/birth_class.html#a_What_Types_of_Classes_Are_Available December 11th 2009
- Schott and Priest (2008). *Kelas antenatal*. Jakarta : EGC