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THE EFFECT OF THE TOURIST GUARD PROGRAM ON THE INCIDENCE OF OBSTETRIC COMPLICATIONS

AT TALANGO COMMUNITY HEALTH CENTER

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Abstract
One of the benchmarks for a country's development success is improving the quality of life, which is a key prerequisite for developing human resources (HR). One of the causes of the high maternal mortality rate is that the mother experiences obstetric complications. Complications of pregnancy, childbirth, and postpartum are conditions that cause health problems in pregnant women, mothers giving birth, mothers in the postpartum period, or fetuses in the womb. This condition can occur directly or indirectly, including due to infectious or non-infectious diseases that have the potential to endanger the lives of the mother and fetus. Talango Health Center itself has a tourist post. The Tourist Post (an integrated movement to reduce maternal and neonatal mortality) is an innovation implemented by the Talango Health Center. This innovation is carried out by village representative cadres in the Talango sub-district. Each village appoints two cadres as representative cadres; these two cadres will serve as coordinators for the cadres in their village. Each cadre monitors high-risk pregnant women, babies, and postpartum mothers to ensure that the condition of the mother and baby can reduce the risk of maternal and neonatal mortality. The purpose of this study was to determine the effect of the tourist guard program on the incidence of obstetric complications. This type of research is an observational, analytical study with a cross-sectional design. The independent variables in the study include the tourist guard program, which assists pregnant women, as well as pregnancy classes, postpartum visits, and transportation. The dependent variable in this study is the incidence of obstetric complications. The population in this study consisted of all fertile couples within the Talango Health Center's work area, totaling 6,910 individuals. The sample size consisted of a cross-sectional sample of 73 people, selected using *a simple random sampling technique.* The

bivariate analysis in this study used a simple regression test. The results of the simple regression test between assistance for pregnant women, pregnancy classes, and postpartum visits and the incidence of obstetric complications showed a significant effect. For the results of the data analysis on pregnant women who received pick-up and drop-off services, there was no significant difference in the incidence of obstetric complications among these women compared to those who did not receive these services. This study concludes that there is an effect of the tourist guard program on the incidence of obstetric complications

INTRODUCTION

Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) One indicator of the success of a country's development is an increase in the quality of life, because this is one of the prerequisites for developing human resources. The high maternal mortality rate (MMR) and infant mortality rate (IMR) indicate the failure of the government and society in reducing the risk of death in mothers and children(Arifin, 2023)

Pregnancy and childbirth always have potential risks, including the possibility of complications during the delivery process. These complications can range from mild to severe problems that risk causing death, illness, or disability in the mother and/or baby. Risk factors in pregnant women are categorized into three groups. Group I indicates the presence of Potential Obstetric Emergency (APGO), group II indicates the presence of Obstetric Emergency (AGO), and group III indicates the presence of Obstetric Emergency (AGDO).

The causes of maternal death according to are High blood pressure during pregnancy (preeclampsia and eclampsia), bleeding, postpartum infection, and unsafe abortion are some of the main factors causing maternal death. Maternal death generally occurs due to obstetric complications that are not treated quickly and appropriately, with around 15% of pregnancies at risk of complications. Of that number, around 75% are caused by bleeding, postpartum infection, high blood pressure during pregnancy, labor that lasts too long, and unsafe abortion.(Lestari, 2020)

Meanwhile, regarding infant mortality, around 185 newborns die every day. Most, namely three-quarters of the total infant deaths, occur in the first week of life, and 40% of them die within the first 24 hours. The leading causes of infant mortality include premature birth, complications of childbirth such as asphyxia or difficulty breathing at birth, infection, and congenital disabilities.

The Maternal Mortality. The mortality rate (MMR) worldwide, according to the World Health Organization (WHO), in 2020 was 295,000. According to UNICEF data from 2020, the global infant mortality rate was approximately 2.4 million cases. Based on data from the Maternal Perinatal Death Notification (MPDN), based on data from the Ministry of Health's maternal mortality recording system, the number of maternal deaths in Indonesia in 2022 was recorded at 4,005 cases. This figure increased in 2023, with the number of cases reaching 4,129. Meanwhile, the number of infant deaths in 2022 was recorded at 20,882 cases.

In 2023, 29,945 cases were recorded. According to data from the East Java Health Office, the MMR in East Java in 2021 was 234.7 per 100 thousand live births, and the IMR was 3,354 cases, in 2022 it decreased, namely 93 per 100 thousand live births while the IMR was 3,172 cases, However, cases of maternal and infant mortality are still high. One of the causes of the high maternal mortality rate is that mothers experience complications during pregnancy, childbirth, and postpartum.

Pregnancy, childbirth, and postpartum complications are conditions that cause health problems in pregnant women, mothers giving birth, mothers in the postpartum period, or fetuses in the womb. These disorders can occur directly or indirectly, including due to infectious or non-infectious diseases that have the potential to threaten the safety of the mother and/or fetus.

Data from the Talango Health Center, AKI, and AKB decreased every year. In 2022, there were 3 cases of maternal death, and in 2023, there was 1 case of maternal death due to HPP. In addition, there were several cases of complications that occurred in pregnant women, such as 10 pregnant women experiencing preeclampsia, 6 pregnant women experiencing hyperemesis, 72 pregnant women experiencing KEK, and two mothers experiencing abortion. While complications in babies in 2023 were LBW, with a total of 17 cases, and there was one premature baby.

Efforts made by the government to reduce maternal mortality rate include ensuring that every mother can access quality maternal health services, such as maternal health services, delivery assistance by health workers, postpartum care for mothers and babies, special care, and referrals in case of complications, and family planning services including postpartum family planning. Achieving obstetric complication services according to targets will have an impact on reducing maternal and infant mortality.

Talango Health Center has a program to reduce maternal and infant mortality rates, which involves a tourist guard. Tourist Guard (an integrated movement aimed at reducing maternal and infant mortality rates) is an innovation implemented by the Talango Health Center. One of the villages implementing the Tourist Post is Gapurana Village. Village representative cadres in the Talango District carry out this innovation. Each village appoints two cadres as representative cadres, who will then serve as coordinators for the cadres within their town. Each cadre monitors high-risk pregnant women, babies, and postpartum mothers to ensure that the condition of the mother and baby can reduce the risk of maternal and infant mortality rates. Pregnant women who are not at high risk are also monitored. Still, high-risk pregnant women are prioritized according to the vision and mission of the tourist guard. There has been a decrease in maternal and infant mortality rates of approximately 40% since the tourist guard program was implemented. The general objective of this study was to determine the effect of the Tourist Guard program on obstetric complications at Talango Health Center

METHOD

This type of research is observational and analytical, with a cross-sectional design. The dependent variables in the study include the tourist guard program, which assists pregnant women, classes for pregnant women, postpartum visits, and transportation. The independent variables in this study are the incidence of obstetric complications. The population in this study consisted of all fertile couples residing in Gapurana Village, within the working area of Talango Health Center, totaling 260 individuals. The sample size using a cross-sectional sample was at least 58 people. In this study, the sample consisted of 73 people selected using a simple random sampling technique. The sample size consisted of a cross-sectional sample of 73 people, selected using *a simple random sampling technique.* Bivariate analysis in this study used a simple regression test.

RESULTS AND DISCUSSION

RESULTS

1. Respondent characteristics based on age

Age a	Fre kue nsi	Percentage
≤25 Years	11	15%
26-35 Years	35	48%
36-40 Years	27	37%
Total	73	100%

The table above shows the of aged 26-36 , namely 35% of respondents (48%).

2. Respondent characteristics based on education

Pe ndi di kan	Fre kue nsi	Percentage
Elementary school	5	7%
Junior High School	14	19%
Senior High School	45	62%
Bachelor	9	12%
Total	73	100%

The table above shows that the majority of respondents were from high school, namely 37 respondents (62%).

3. Respondent characteristics based on occupation

To work	Fre kue nsi	Percentage
Housewife	34	47%
Private	11	15%
Entrepreneurship	14	19%
Wi raswasta	8	11%
Government employes	6	8%
Total	73	100%

The table above shows that almost half of the respondents considered the work of IrRT (Housewife), specifically 34 respondents (47%).

4. Characteristics of Responding to the Tourist Guard Program Through Assistance for Pregnant Women

Pregnan Women Support	Frekuensi	Percentage
Accompanied ≥6x	70	95.8%
Accompanied <6x	3	4.2%
Total	73	100%

Based on the table above, it shows that almost half of the respondents, namely 70 people (95.8%), received pregnancy assistance from cadres.

5. Characteristics of Respondents Based on the Tourist Guard Program Through Pregnant Women's Classes

Pregnancy Class	Frekuensi	Percentage
Follow	66	90.4%
Do Not Follow	7	9.6%
Total	73	100%

Based on the table above, it shows that almost half of the respondents, namely 66 people (90.4%), attended pregnancy classes held by midwives

6. Respondent Characteristics Based on the Tourist Guard Program Through Postpartum Mothers' Visits

Postpartum Mother's Visit	Frekuensi	Percentage
Visit ≥4x	73	100%
Visit< 4x	0	0%
Total	73	100%

Based on the table above, it shows that the majority of respondents, namely 73 people (100%), received postpartum visits carried out by tourist post cadres and midwives.

7. Respondent Characteristics Based on the Tourist Guard Program Through Transportation

Transportasi	Frekuensi	Percentage
Get pick-up and drop-off service	70	95.8%
No pick-up and drop-off service available	3	4.2%

Total	73	100%

Based on the table above, it shows that the majority of respondents, as many as 70 people (80%), received services to pick up and drop off pregnant women by cadres to carry out pregnancy checks.

8. Respondent characteristics based on obstetric complications

No	Obstetric Complications	Frekuensi	Percentage (%)
1	Experiencing Obstetric Complications	2	3%
2	No Complications	71`	97%
	Total	73	100%

Based on the table above, it shows that the majority of respondents, 71 people (93%), did not experience obstetric complications.

Based on the results of a simple regression test between the assistance of pregnant women and the incidence of obstetric complications, a p value of 0.000 <0.05 was obtained, which means that there is an influence between the assistance of pregnant women and the incidence of obstetric complications. For the results of data analysis comparing the class of pregnant women with the incidence of obstetric complications, a p-value of 0.000 (<0.05) was obtained, indicating a significant influence of attending the class on the incidence of obstetric complications. Data analysis between postpartum visits and the incidence of obstetric complications yielded a p-value of 0.00 < 0.05, indicating that mothers who receive postpartum visits $\geqslant$ 4 times are more likely to experience obstetric complications. While for the results of data analysis of pregnant women who receive pick-up and drop-off services, the p-value is 0.31 <0.05, which means that there is no influence between receiving pick-up and drop-off services for pregnant women to do ANC on the incidence of obstetric complications.

DISCUSSION

1. Accompaniment of pregnant women by cadres

The research results show that the program for assisting pregnant women from the tourist post has been running quite well, this is proven by the results of the study that 70 pregnant women received assistance from cadres, both pregnant women with healthy pregnancies and high-risk pregnancies. This pregnant women assistance activity involves cadres and village midwives in the Talango Health Center work area. And if there are pregnant women with high risk, they will get more monitoring from the cadres. All assistance activities carried out by the cadres are then reported to the midwife in the form of an assistance report book, which is owned by each cadre.

Complications during pregnancy and childbirth are often unpredictable. Therefore, every delivery process needs to be handled by health workers so that obstetric complications can be immediately recognized, treated, and referred to the appropriate health facility. Most cases of maternal death can be prevented if the mother receives proper treatment at a health facility, where time and access to transportation are essential elements in referring high-risk cases. Early

detection of risk factors in pregnant women, both by health workers and the community, is a vital step in preventing complications and maternal death. Health workers who are competent in handling childbirth include obstetricians and gynecologists, general practitioners, and midwives. (Bayuana et al., 2023)

In the tourist guard program, cadres assist pregnant women to undergo pregnancy check-ups at midwives, health centers, or hospitals. Pregnant women who are at high risk receive more intensive pregnancy assistance from cadres by accompanying them from the beginning of pregnancy until delivery. Early detection during pregnancy can be one way to identify and treat pregnant women with high risk earlier. High-risk pregnancy is a condition that can endanger the safety of the mother and baby, both during pregnancy and during childbirth. Various factors can increase the risk of pregnancy, including the mother's age being less than 20 years or more than 35 years, having more than four children, a birth interval of less than two years, height below 145 cm, and a history of family diseases such as hypertension, diabetes, physical abnormalities, and disorders of the spine or pelvis. These factors can increase the risk of serious complications, including maternal and infant death. This is in line with the results of previous studies that high-risk pregnancies can be prevented through routine ANC. (Bayuana et al., 2023)(Yani et al., 2023)

Comprehensive and integrated pregnancy check-ups by health workers aim to ensure that the pregnancy is progressing normally, detect problems or diseases in pregnant women, and plan appropriate interventions. With optimal check-ups, pregnant women can be better prepared for a safe delivery. Every pregnancy has the potential to experience complications or problems that need to be anticipated. Routine antenatal care (ANC) visits from the beginning of pregnancy can help reduce the risk of complications during labor, because they increase the mother's understanding and awareness of her pregnancy condition. At each ANC visit, the midwife or health worker will conduct anamnesis, physical examination of the pregnant woman, and evaluation of the condition of the fetus.(Siahaan & Maghfirah, 2023)

According to researchers, the provision of assistance services to pregnant women by cadres enables early detection of obstetric complications. It motivates pregnant women to diligently undergo ANC, as per the provisions, which include a minimum of six pregnancy check-ups.

2. Pregnancy Women’s Class

The study's results showed that the pregnancy class was implemented monthly and attended by 66 mothers. The data analysis revealed an association between the pregnancy class and the incidence of obstetric complications.

Pregnant Women's Class is a study group aimed at pregnant women with a gestational age of between 20 and 32 weeks, with a maximum number of 10 participants. In this class, pregnant women will learn together, discuss, and share experiences regarding maternal and child health (MCH) comprehensively and systematically. This activity is carried out in a scheduled and ongoing manner. Pregnant Women's Class is facilitated by midwives or health workers using learning packages, such as the MCH Book, flip charts (flip sheets), guidelines for implementing Pregnant Women's Class, facilitator guides, and exercise books for pregnant women. (Handayani et al., 2021)(Kemenkes RI, 2019)(Yani et al., 2023)

One of the efforts to improve pregnant women's understanding of early detection of pregnancy complications is through the holding of pregnancy classes. This class functions as a means of joint learning about health, which is carried out in the form of face-to-face group meetings. The purpose of this activity is to improve the knowledge and skills of pregnant women in various aspects, such as care during pregnancy, the delivery process, postpartum care, newborn

care, understanding of circulating myths, infectious diseases, to processing birth certificates. By taking this class, it is hoped that pregnant women can be more sensitive in detecting pregnancy complications early, thereby contributing to reducing the maternal mortality rate (MMR). (Ida, 2021) To prevent more serious risks for pregnant women and their fetuses, it is essential to increase mothers' knowledge about early detection of pregnancy complications. This is in line with the results of previous studies that there is a significant effect of implementing pregnancy classes on the ability to detect early pregnancy complications. (Ida, 2021) (Fajrin, Fitriana Ikhtiarinawati, 2021)

Knowledge itself is the result of the process of knowing that is obtained after someone senses a particular object. This sensing process involves the five human senses, namely sight, hearing, smell, taste, and touch. Most of the information received by humans comes from the senses of sight and hearing. Cognitive knowledge is one of the essential aspects that play a significant role in shaping a person's actions.(Handayani et al., 2021)

3. Postpartum Visit

The results of the study showed that there was an influence of mothers who received postpartum visits ≥ 4 times on the occurrence of obstetric complications. Health services for postpartum mothers must be carried out at least four times, with a visit schedule that coincides with the mother and newborn. This visit covers a period of six hours to two days after delivery, the third to the seventh day after delivery, the eighth to the 28th day after delivery, and the 29th to 42nd day after delivery. The success of postpartum maternal health services can be assessed through the indicator of complete postpartum maternal visit coverage. This indicator measures the government's efforts in providing high-quality postpartum maternal health services that meet established standards.

In the tourist guard program, cadres conduct home visits to postpartum mothers together with midwives to monitor mothers and babies during postpartum. Cadres also conduct home visits to postpartum mothers independently outside the midwife's visit schedule and report the results of the visit to the midwife.

Approximately 60% of maternal deaths occur postpartum, with almost half occurring in the first 24 hours of the postpartum period, most of which are caused by complications during that period. Therefore, postpartum visits have a very crucial role in monitoring and maintaining the health of mothers after giving birth. This is in line with *the Theory of Planned Behavior* , the risk of maternal death can be minimized through postpartum visits. Therefore, postpartum visits have an essential role in detecting and preventing complications during the postpartum period. Absence from postpartum visits can cause complications in childbirth or problems during the postpartum period that are not detected by health workers. The longer the gap between delivery and postpartum visits, the higher the risk of death in the mother.(Syaripah et al., 2024)(Novembriany, 2022)

Postpartum visits are often considered less important by health workers because the mother feels she has recovered and the process is running smoothly. However, the concept of early ambulation during the postpartum period needs to be considered because of hormonal changes. During this period, the mother needs direction and advice from a midwife so that the adaptation process after giving birth can run optimally. Midwives have a very vital role today, especially through health education, monitoring, and early detection efforts for risks that may occur during the postpartum period.

4. Transportation services

The results of the study showed that there was no influence between receiving pick-up and drop-off services for pregnant women to do ANC with the incidence of obstetric complications. In this program, the transportation assistance for pregnant women provided by the tourist post was

2, namely a motorbike which was privately owned by each cadre and an ambulance owned by the Talango Health Center. For mothers who do not have private transportation, the cadre always takes the mother on the cadre's motorbike to the midwife's house and the health center to do a pregnancy check.

One way to prevent delays in handling complications is to ensure transportation readiness. Good transportation planning allows referrals to be made in a timely manner if problems or complications occur during pregnancy or childbirth. Transportation is a crucial factor that affects the smoothness of referrals, in addition to other community factors. Previous research results have shown that good transportation planning can reduce delays in maternal referrals. This ensures that pregnant women can access health services on time, so that the risk of serious complications is reduced, and the safety of the mother and baby is more assured. (Maya Herlina et al., 2023)

In addition, health cadres often play a role in various public health programs, such as immunization, health education, health checks, and handling medical emergencies. Adequate transportation for cadres is essential to ensure access to health services for the entire community, support sustainable health programs, and increase the effectiveness of these services. Facilities and infrastructure play an important role in supporting the success of a program. In this case, the number of health workers, especially midwives, must be adequate in health centers or related health agencies. In addition, program support funds are also expected to be able to meet the needs needed to ensure the effectiveness of the program, so that the expected goals can be achieved.(Handriani & Melaniani, 2015)(Maya Herlina et al., 2023)

In this study, there was no influence of pick-up services on the incidence of obstetric complications, as people with good levels of knowledge and high education would come directly to the health center using public transportation or private transportation without relying on pick-up services.

This is in line with the results of previous studies that showed a relationship between the level of knowledge of pregnant women and ANC visits. In other words, the higher the understanding of pregnant women regarding the signs of pregnancy danger, the greater their motivation to routinely check their pregnancy with health workers during pregnancy. Other researchers also argue that a person's knowledge tends to increase with age and work experience, which also contributes to the development of insight.

(Kolantung et al., 2021)(Asmin et al., 2022)(Atik & Wandal, 2020)

CONCLUSIONS AND RECOMMENDATIONS

This study concludes that the tourist guard program influences the incidence of obstetric complications. Because there are still many limitations in this study, it is hoped that there will be further research by researchers related to how the tourist guard program contributes to reducing MMR and IMR. The researcher's suggestion is that if this tourist guard program is effective in reducing MMR and IMR, it is hoped that other health centers can also implement the tourist guard program.

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