

# **INVOLVEMENT OF POSYANDU CADRES TO SUPPORT THE PREVENTION OF MATERNAL DEATH THROUGH EDUCATION ON THE DETECTION OF RISK FACTORS AND SIGNS OF POSTPARTUM HEMORRHAGE**

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Reducing the Maternal Mortality Rate (MMR) is one of the targets of the Sustainable Development Goals (SDGs), which is still being fought for. Maternal death can occur in pregnant women, mothers giving birth, or mothers who are undergoing the postpartum period. In 2021, the Ministry of Health reported the number of maternal deaths at 7,389 deaths, which has a ratio of 166.5 per 100,000 live births (1). Meanwhile, by 2030, the MMR is targeted to be below 70 per 100,000 live births. The struggle to reduce MMR is a challenge in itself because many systemic factors contribute to maternal mortality.

From a macrosystem perspective, one of the conditions that indirectly contributes to maternal health problems is the variation in geographical conditions, which influence the inequality of development indices between regions. Maternal mortality is one aspect of the human development index (HDI) indicator regarding health. The disparity in human development is seen in the gap in health status between the population in Western and Eastern Indonesia. Data shows that maternal deaths are more common in Eastern Indonesia, as well as lower HDI in this eastern region (2).

The causes of maternal death are clinically known as the triad of maternal death, which consists of bleeding, hypertension in pregnancy, and postpartum infection (3). Of all the causes of maternal death, bleeding is the most dominant. Bleeding in women giving birth is one of the obstetric emergencies that requires quick and appropriate action to be handled. Bleeding itself can occur during childbirth or at any time during the 6-week postpartum period, which is called postpartum bleeding. Bleeding that occurs after 24 hours of delivery until the end of the postpartum period is a condition that requires independent detection because, at this time, the mother is no longer intensively checking herself at a health facility. Therefore, support is needed not only from the family but also from the community or community around the mother to help the mother detect any risk of complications that arise so that the mother can get help on time.

Posyandu cadres are elements of society who are an extension of health workers and are closest to mothers and families. Posyandu cadres are one of the parties who can be a source of correct information in the community regarding efforts to prevent maternal deaths. Therefore, it is necessary to strengthen and increase knowledge regarding disorders related to postpartum bleeding that may occur during the postpartum period so that they can be treated when they occur. However, health

problems must be recognized first before someone makes a decision to take specific action regarding the situation.

In nursing, there are 5 functions of family care, namely 1) recognizing health problems, 2) making decisions, 3) carrying out appropriate care, 4) modifying the environment for health care, and 5) utilizing health service facilities (4). Based on this care function, posyandu cadres with many families in their target area are expected to be able to correctly detect problems with mothers giving birth in their area to help families make the right decisions in seeking health assistance. In this way, maternal deaths due to taking too long to reach a health facility or because it takes too long to receive health assistance can be prevented.

The involvement of posyandu cadres as a maternal-child health (MCH) support system in the community will help mothers and families identify health problems, such as risk factors and signs of bleeding, and how to carry out appropriate treatment so that mothers get help quickly and appropriately. For this reason, education regarding the detection of postpartum hemorrhage needs to be provided to posyandu cadres to increase their capacity to perform their functions optimally.

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