



**FACTORS RELATED TO HYPEREMESIS GRAVIDARUM IN FIRST
TRIMESTER PREGNANT WOMEN AT THE SOUDAH
INDEPENDENT MIDWIFE PRACTICE (PMB), MUARA DUA
DISTRICT, LHOKSEUMAWE CITY IN 2023**

Fika Maulid¹, Nelva Riza², Sri Rezeki³

^{1,2,3} Bina Bangsa Getsempena University, Banda Aceh, Indonesia

* Corresponding email: fieka.lid13@gmail.com

ABSTRACT

Hyperemesis gravidarum is vomiting that occurs until 20 weeks gestation, vomiting so intense that everything eaten and drunk is regurgitated that it affects the general condition and daily work, weight loss, dehydration. The incidence of *hyperemesis gravidarum* in Indonesia is from 1% to 3% of all pregnancies. The purpose of this study was to determine the factors associated with *hyperemesis gravidarum* in 1st trimester pregnant women at PMB Soudah, Muara Dua District, Lhokseumawe City in 2023. This type of research is an Analytical Survey with *Cross Sectional Design*, all first trimester pregnant women who experience *hyperemesis gravidarum* found at PMB Soudah Muara Dua District in March - May 20 23, namely as many as 30 respondents. Data retrieval techniques use primary data. The analysis used in this study was univariate and bivariate with chi square statistical test. The results of the study based on the *chi square* test showed that the variables of age p-value 0.023 (<0.05), p-value parity 0.018 (<0.05), husband support p-value 0.026 (<0.05), work p-value 0.007 (<0.05) which means there is a significant relationship between age, parity, husband support, and work with hyperemesis gravidarum in first trimester pregnant women. Conclusion from This study is a relationship between age, parity, husband support, and work with hyperemesis gravidarum in first trimester pregnant women at PMB Soudah, Muara Dua District, Lhokseumawe City in 2023. It is recommended that Haamil mothers make regular ANC visits and carry out information obtained from

health workers to prevent and overcome the incidence of hyperemesis gravidarum.

Keywords: *Age, Parity, Spousal Support, Occupation, and Hyperemesis gravidarum*

INTRODUCTION

Nausea and vomiting are the most common disorders in young pregnancy and are affected by 50% of pregnant women. According to the *World Health Organization* (WHO) as a body that handles world health problems, said that hyperemesis gravidarum occurs throughout the world, including in American countries with varying incidence rates. Meanwhile, the incidence of hyperemesis gravidarum is also common in Asia, for example in Pakistan, Turkey and Malaysia. The incidence of hyperemesis gravidarum in Indonesia is from 1% to 3% of all pregnancies. WHO estimates that every year there are 210 million pregnancies worldwide and 20 million women experience pain as a result of pregnancy. About 8 million experienced life-threatening complications, and more than 500,000 died in 2005, 240,000 of which nearly 50% occurred in South and Southeast Asian countries, including Indonesia. From the results of Basic Health Research (Riskesmas) in 2017, there were 37.1% of pregnant women with hyperemesis gravidarum, namely pregnant women with Hb levels less than 11.0 grams / dl, with almost the same proportion between urban areas (36.4%) and rural areas (37.8%) (Khoiriani, 2016).

From the literature explains that mothers aged less than 20 years or more than 35 years more often experience hyperemesis gravidarum, so the mother's age has a close influence on the development of reproductive organs. Pregnancy at the age of less than 20 years is biologically not optimal emotionally, tends to be labile while over 35 years is associated with deterioration and decline in body power as well as various diseases that often afflict and diseases easily enter at this age (Muchtari, 2018). Motivation and support from the husband or closest family is one of the prevention of hyperemesis gravidarum. Support that can be given by the husband is to provide peace of mind to the mother, deliver to check the pregnancy, fulfill wishes during cravings, increase taking iron tablets, help carry out household activities, and provide light massage if the mother feels tired. Small things that husbands do have a meaningful meaning in improving psychological health for the better. The support provided by the husband is expected to help mothers get through pregnancy feeling happy and without depression. Conditions of psychological stress that can be caused by the absence of support from the husband can cause mothers who can initially

adapt to the increase in hormones and do not experience nausea and vomiting will experience these events (Mariantari, 2017).

Work is also a risk factor for hyperemesis gravidarum. Work is associated with psychological conditions that affect stress in pregnant women. Work has a significant relationship with the incidence of hyperemesis gravidarum. Working mothers are at greater risk of hyperemesis gravidarum than non-working mothers. The impact of hyperemesis gravidarum not only threatens a woman's life, but can also cause side effects on the fetus such as abortion, low birth weight, premature birth, and malformations in newborns (Muchtari, 2018).

This research was conducted at the Independent Midwife Practice (PMB) Soudah, Muara Dua District, Lhokseumawe City in 2023. From the results of the initial survey, data on the quantity of patients who visited ANC in October - December 2022, the number of first trimester pregnant women amounted to 44 people and those with hyperemesis gravidarum as many as 8 people. The results of interviews with 10 pregnant women who came to the Soudah Independent Midwife Practice (PMB), Muara Dua District, Lhokseumawe City in February 2023, there were 4 pregnant women interviewed who experienced excessive vomiting nausea with a frequency of $>3x$ and 4 pregnant women experienced nausea vomiting $>5x$ in the first trimester and experienced the same complaint, namely decreased appetite, Weakness, dizziness, heartburn, and the body feels tired quickly so lazy to do activities and homework becomes neglected. 1 pregnant woman turgor her skin decreased and the mother said it was difficult to defecate and often urinated. Of the 10 pregnant women interviewed, there were 2 pregnant women aged < 20 years, 8 pregnant women aged >35 years. Pregnant women who experience hyperemesis gravidarum admit that their husbands pay less attention and are reluctant to understand the mother's condition during early pregnancy.

RESEARCH METHODS

The research design used is Analytical Survey research with a Cross Sectional approach. This study aims to determine the factors associated with hyperemesis gravidarum in first trimester pregnant women at the Soudah Independent Midwife Practice (PMB), Muara Dua District, Lhokseumawe City in 2023. The research location is in the Independent Midwife Practice (PMB) Soudah, Muara Dua District, Lhokseumawe City. The research has been completed from May 29 to June 2, 2023. The population in this study was all first trimester pregnant women who experienced hyperemesis gravidarum found at the Independent Midwife Practice (PMB) Soudah, Muara Dua District, Lhokseumawe City as many as 30 respondents. The sample technique in this study uses total sampling where the number of samples is equal to the population.

RESULTS AND DISCUSSION

There are 30 respondents used in this study, Here is the distribution of respondents based on parity, spousal support, occupation and hyperemesis gravidarum as listed in the following table :

Table 1. Frequency distribution of respondent characteristics (n = 30)

Characteristic	Frequency (f)	Percentage (%)
Age		
< 20 - > 35	19	63,3
20 – 35	11	36,7
Parity		
Parity > 2	12	40,0
Parity < 2	18	60,0
Husband Support		
Support	14	46,7
Not Supported	16	53,3
Work		
Work	17	56,7
Not Working	13	43,3
Hyperemesis gravidarum		
Grade I hyperemesis gravidarum	19	63,3
Grade II hyperemesis gravidarum	11	36,7

Table 1. Mshowed that the majority of respondents aged < 20 - >35 years with a total of 19 people (63.3%), parity < 2 amounted to 18 people (60.0%), 16 (53.3%) pregnant women were not supported by their husbands, many first trimester pregnant women worked with a total of 17 (56.7%), and the incidence of hyperemesis gravidarum level I was more with a total of 19 (63.3%).

Table 2. Chi - Square

Age	Hyperemesis gravidarum				Sum		P-Value
	Level I		Level II		f	%	
	f	%	f	%			
< 20 and > 35	8	26,7	10	33,3	18	60,0	0,023
20 – 35	11	36,7	1	3,3	12	40,0	
Parity							
Risk > 2	11	36,7	1	3,9	12	40,0	0,018
Not at Risk ≤ 2	8	26,7	10	33,3	18	60,0	
Husband Support							
Risk > 2	12	40,0	2	6,7	14	46,7	0,026
Not at Risk ≤ 2	7	23,3	9	30,0	16	53,3	
Work							

Risk > 2	7	23,3	10	33,3	17	56,7	0,007
Not at Risk ≤ 2	12	40,0	1	3,3	13	33,3	

Table 2. Showing the variables age p-value 0.023 (<0.05), parity p-value 0.018 (<0.05), husband support p-value 0.026 (<0.05), job *p-value* 0.007 (<0.05) which means there is a significant relationship between age, parity, husband support, and work with hyperemesis gravidarum in first trimester pregnant women.

The results of the *chi square* statistical test with a significant level of sig α 0.05 obtained p-value results of 0.023 < 0.05, it can be concluded that there is a relationship between maternal age and *hyperemesis gravidarum* in first trimester pregnant women. Hyperemesis gravidarum is nausea and vomiting that occurs until 20 weeks gestation, nausea and vomiting so intense that everything eaten and drunk is regurgitated so that it affects the general state and daily work, weight loss and dehydration (Sutanto and Fitriana, 2018). This study is in line with the results of research by Asrianti Safitri Muchtar entitled "The Relationship between Age and Parity of Pregnant Women with the Incidence of Hyperemesis Gravidarum in Batari Tajo Watampone in 2018" pregnant at a young age is one of the factors causing hiperememsis. This is related to the psychological condition of pregnant women.

The results of the *chi square* statistical test with a significant level of sig α 0.05 obtained p-value results of 0.018 < 0.05, it can be concluded that there is a relationship between maternal parity and *hyperemesis gravidarum* in first trimester pregnant women. Parity is a woman's condition with regard to the number of children born. Parity of the second child and third child is the safest parity in terms of maternal death, therefore mothers who are pregnant with the first child are better than the third child and should check the pregnancy as often as possible so as not to risk maternal death. At low parity, pregnant women do not really understand about the changes in their pregnancy so that many pregnant women have not been able to accept these changes that can cause hyperemesis gravidarum. Therefore, the importance of pregnancy checks so that they don't do this.

This research is in line with the research of Elfanny Sumai, Femmy Keintjem, Iyam Manueke entitled "Factors Associated with the Incidence of Hyperemesis Gravidarum in Rumah General Hospital Dr. Ratulangi Tondano Region, Minahasa Regency, North Sulawesi Province in 2014". Showing that the most respondents in the parity group who experienced hyperemesis gravidarum were Primipara (57%) and at least grand a multipara (14%), the results of the chisquare statistical test analysis obtained p value = 0.049 and χ^2 calculated > χ^2 table, meaning that there is a significant relationship between parity and the incidence of hyperemesis gravidarum.

The results of the *chi square* statistical test with a significant level of sig α 0.05 obtained p-value results of 0.026 > 0.05, it can be concluded that there is

a relationship between husband support and *hyperemesis gravidarum* in first trimester pregnant women. The involvement of the husband since the beginning of pregnancy can certainly facilitate and ease the couple in carrying out and overcoming various changes that occur in their bodies. This research is in line with the results of research conducted by Dera Arniza Zaen, Sigit Ambar widyawati, Richa Yuswantina entitled "The Relationship between Husband Support and Hyperemesis Gravidarum at the Ambarawa Regional General Hospital in 2019". Husband's support for pregnant women was as large in the category of not good 27 responden (67.5%). The respondent had poor husband support because he lacked motivation from the husband. This makes the mother feel less cared for and the mother feels that only she plays a role in the pregnancy process, this situation can affect the mother's psychology which will affect the condition of the mother and fetus.

The results of the *chi square* statistical test with a significant level of sig α 0.05 obtained p-value results of $0.007 > 0.05$, it can be concluded that there is a relationship between maternal work and *hyperemesis gravidarum* in first trimester pregnant women. A pregnant woman can do daily chores as long as it does not give a bad feeling. For working women, it can remain in until the eve of partus. Work should not be forced so that enough rest for approximately 8 hours a day. In workers it is not uncommon to find problems either between fellow workers or with superiors, work can also drain the mother's time and mind so that it can affect the mother's psychology. This study is in line with the results of research from Fortragina Tarakondiorie Cahyasit in 2018 found respondents who experienced hyperemesis gravidarum the most in working mothers or housewives 87% while in non-working mothers who experienced hyperemesis gravidarum as much as 13%. Menurut previous research that many working mothers experience hyperemesis gravidarum because working mothers are often outside the home and interact a lot with many people. So that it has a great opportunity to cause conflicts between fellow workers that can make the mother's mind disturbed and plus the mother's rest time that is less because it is seized by work time can cause stress to the mother, and this stress can cause the placenta to release more HCG or increase into the blood so that there is a disorder in the body that causes excessive nausea and vomiting.

CONCLUSION

The conclusion of this study is that there is a relationship between age, parity, husband support, and work with hyperemesis gravidarum in first trimester pregnant women at PMB Soudah, Muara Dua District, Lhokseumawe City in 2023. It is recommended that Haamil mothers make regular ANC visits and carry out information obtained from health workers to prevent and overcome the incidence of hyperemesis gravidarum.

REFERENCES

- Andria, (2017). Knowledge of pregnant women about hyperemesis gravidarum at Daera Rokan Hulu General Hospital. *Journal of Maternity and Neonatal* Volume 2. 2017;; p. 173-174.
- Aquari, B. (2017). Factors Influencing the Incidence of Hyperemesis Gravidarum in Palembang Social Health Center. *Nursing*.
- Khoiriani V, 2016. Management of nutritional imbalances less than the body's needs in Mrs. S with hiperemesis gravidarum in the Flamboyant Room I of Salatiga Hospital. *Nursing*. 2016;; p. 1.
- M, (2016). The relationship between maternal age and gravida with the incidence of hyperemesis gravidarum at RSUD Ambarawa, Semarang Regency.
- Muchtar AS, (2018). The relationship between age and parity of pregnant women with the incidence of hyperemesis gravidarum. *Scientific Health Diagnosis* Volume 12. 2018.
- Overview of family support for pregnant women with hyperemesis gravidarum. *Nursing*. 2016; 1.
- Nugroho DT, (2015). Obstetric Emergency Cases. *obstetric health*. 2015;; p. 59.
- M.Kes.GAM, M.Keb. NWA, S.ST.,M.Pd. RTH, S.ST.,M.Keb. MWGD, S.ST. SJ, 2018. *Jakarta Pregnancy Midwifery Care: EGC Medical Book*;
- Prawiroharjo S, 2014. *Midwifery Science Jakarta: Bina Pustaka*; 2014.
- Romauli S, 2014. *Pregnancy Care 1 Basic Concept of Yogyakarta Pregnancy Care: Nuha Medika*; 2014.
- Sutanto AV, Fitriana Y, 2018. *Care in Pregnancy Yogyakarta: Pustaka baru press*; 2018.
- Sihombing R, 2018. The relationship between husband support and hyperemesis gravidarum in the first trimester of pregnant women at Nirmala Medan Clinic. *Helvetia Medan, Midwifery Academy*; 2018.
- Umboh SH, 2014. Factors related to the incidence of hyperemesis gravidarum at the Tompaso Health Center, Minahasa Regency. *Scientific Midwives*. 2014.
- Zaen DA, 2015. The relationship between husband support and the incidence of hyperemesis gravidarum at the Ambarawa Regional General Hospital. *Nursing*. 2015.
- Wilyani ES, 2015. *Obstetric Care in Pregnancy 1-Yogyakarta: Pustaka Barupress*; 2015.