

ANALYSIS OF FACTORS AFFECTING PREGNANT MOTHERS IN MAKING DECISIONS FOR CAESAREAN SECTION CHILDBIRTH PLAN AT TC HILLERS HOSPITAL , SIKKA REGENCY, YEAR 2022

Maria Chandra Venancyana ¹ , Triana Indrayani ² , Rosmawaty Lubis ³

¹ Students of the Undergraduate Program in Applied Midwifery, Faculty of Health Sciences, National University

² Lecture of the Applied Undergraduate Midwifery Study Program, Faculty of Health Sciences, National University

³ Lecture of the Applied Undergraduate Midwifery Study Program, Faculty of Health Sciences, National University

E-mail corresponding author: ancyvenancyana@gmail.com

ABSTRACT

At this time the delivery by cesarean section is still high. Cesarean section procedure certainly cannot be separated from various complications in the future, because it is quite risky and has become a new problem in the field of obstetrics and gynecology. In Indonesia, the rate of caesarean section deliveries continues to increase, with a percentage of 7%. The purpose of this research is to find out Factors Influencing Pregnant Women In Making Decisions For Cesarean Delivery Plans At Dr. Hospital. Tc. Hillers Maumere Kab Sikka

The research design is an analytic observational study with a *case control approach* . This research was conducted in RSUD dr. TC Hillers Maumere, Sikka Regency, NTT Province in July 2022. The population in this study were all pregnant women who gave birth in July 2022 , the number of samples in this study was 140 people . The sampling technique is *purposive sampling*. The data used is primary data. Data were analyzed by univariate and bivariate with *chi square test* . The data was processed using a computer with the SPSS program.

The results showed that there was no relationship between age (p 0.278), knowledge (p 0.847), history of KPD (p 0.499), while there was a relationship between history of cesarean section (p 0.000) and preeclampsia (p 0.013) with cesarean delivery at RSUD dr. Tc. Hillers Maumere. The conclusion in this study related to cesarean delivery in RSUD dr. Tc. Hillers Maumere i.e. history of SC and preeclampsia. It is hoped that mothers with a history of CS will be able to manage a good pregnancy distance so that it is hoped that the next delivery can be done vaginally.

Keywords : Age, Knowledge, History of KPD, SC history, Preeclampsia SC .

INTRODUCTION

Childbirth is a unique and sacred process for every mother . Under normal circumstances, the labor process does not require a long time unless certain complications occur which result in a long labor process even though the pregnant woman has experienced repeated contractions. Each of these stages as much as

possible, pregnant women want to feel and pass naturally, especially during childbirth (Sulisdian *et al* , 2019). In the case of pregnant women who are unable to give birth normally, alternative delivery management will be the last option to assist the birth of the fetus. *Sectio Caesarea* (SC), *cesarean section* or cesarean section. Cesarean section aims to deliver the baby through an incision in the intact uterine wall to ensure the safety of the mother and baby. This procedure is performed when vaginal delivery is not possible (Sulisdian, 2019).

The cesarean section procedure certainly can not be separated from various complications in the future, because it is quite risky and has become a new problem in the field of obstetrics and gynecology. In subsequent pregnancies, the cesarean section scar will experience changes in both thinning and swelling increase in size. These changes will increase the risk of uterine rupture in pregnancy and childbirth with a history of cesarean section. Depletion of the Lower Uterus Segment (SBR) due to cesarean section also poses a risk In addition, the risk of damage to organs such as the bladder and uterus during surgery, anesthetic complications, bleeding, infection and thromboembolism can occur in this procedure. As for other risks, namely surgical wound infection which can cause disability and death in maternity mothers. (Sulisdian *et al* ., 2019).

Delivery in pregnancies with a history of cesarean section can be carried out in two ways, namely abdominally through elective cesarean section or attempted vaginal delivery of the former. cesarean section *Trial of Labor After Caesar* (TOLAC). Research conducted by Suryawinata and Nurul (2019) showed an increase in cases of births by cesarean section globally and locally. According to *the World Health Organization* (2020), the average standard of cesarean section is about 5-15%. In addition, data from the WHO *Global Survey on Maternal and Perinatal Health* 2011 showed a case rate of 46.1% of all births by cesarean section. Of the total 3,509 cases recorded by Peel and Chamberlain, the indications are caesarean section procedure were fetal pelvic disproportion, 21%, fetal distress 14%, placenta previa 11%, ever SC 11%, fetal position abnormalities 10%, preeclampsia and hypertension by 7%.

In Indonesia, the rate of caesarean section deliveries continues to increase, with a percentage of 7% in the Indonesian Demographic and Health Survey (IDHS) in 2007 to 17% in the IDHS in 2017. The statistical distribution of the highest incidence is in DKI Jakarta Province with 31.3% cases, and the lowest is in Papua Province at 6.7% (Riskesdas Kemenkes, 2018). Of the total cases of delivery, cesarean section procedures reached 17.6% of cases in the age range of 10-54 years with a percentage of delivery complications of 23.3%. The details of the cases are transverse/breech fetal position by 3.1%, bleeding by 2.4%, convulsions by 0.2%, premature rupture of membranes by 5.6%, prolonged labor by 4.3%, umbilical cord twisting by 2.9%, 0.7% placenta previa, 0.8% lagging placenta, 2.7% hypertension, and 4.6% others (PPK). Indonesian Ministry of Health, 2018).

Dumila . research results *et al.*, (2018) showed The trend of cesarean section delivery is very high reaching 70%. Cesarean delivery is almost entirely due to medical indications. The very high trend of delivery through cesarean section does not necessarily indicate that there are things that are contrary to the ethics of health services . Some of the reasons underlying surgery, namely reasons that come from the condition of the mother or the condition of the fetus that does not allow it to be born normally, such as a narrow maternal pelvic cavity, tumors, heart disease, lung disease, high blood pressure and diabetes mellitus. Meanwhile, from the fetus in the form of a

transverse/breech position, placenta previa, and critical conditions during the delivery process (Mekania, 2020). However, rational reasons with clear medical indications need to be conveyed to the patient prior to surgery. This also educates the patient about the risks and benefits of each delivery procedure, without compromising the patient's independent decisions (Sitorus & Purba, 2019).

Knowledge is one of the important factors that influence each individual in making decisions. Pregnant women who have sufficient knowledge in the use of health services will certainly be more rational, especially in terms of childbirth. The results of research at RSIA Norfa Husada in 2018 showed pregnant women with a low level of education, namely 53% chose to give birth through a cesarean section procedure (Duma, 2018). This is supported by the results of research by Novianti *et al.*, (2019) at RSIA Sitti Khadijah I Makassar with a case rate of 58.1% of pregnant women with low education preferring cesarean section procedures. The research conducted by Sitorus *et al.*, (2019) showed that mothers with education years >9 years of schooling had a 4.93 times greater risk of choosing a caesarean section procedure compared to mothers with education <9 years of schooling.

occurrence of premature rupture of membranes (PROM) is a medical indication that is very possible to perform a cesarean section procedure. Premature rupture of membranes (PROM) is a rupture or rupture of the membranes that occurs before the delivery process. Research conducted by Yuhana *et al.*, (2020) proves that patients with PROM are at risk for cesarean section procedures, with statistically significant results. The results of Aryuniesta's research (2017), also explained that there was a significant relationship between cesarean section procedures and PROM. This proves that there is an increase in the number of cesarean section procedures with PROM indications, by 13.6%, which is caused by other factors including fetal position abnormalities, PEB, and a history of cesarean section (Kemenkes RI, 2019).

Pregnant women with hypertension are also another reason for cesarean section procedures besides the level of knowledge and KPD. Hypertension in pregnancy is one of the most common complications of pregnancy that forms a triad along with bleeding and infection. It affects about 10% of pregnancies and contributes to significant maternal and perinatal mortality. Hypertension in pregnancy is the second leading cause of maternal death in the world. (25%) after bleeding (30%). WHO estimates that there are seven cases of preeclampsia times higher in developing countries than in developed countries. The prevalence of preeclampsia in developed countries is 1.3%-6%, while in developing countries is 1.8%-18%. The incidence of preeclampsia in Indonesia is 128,273/ year or about 5.3%. Setiana *et al.*, (2019) found a significant relationship between preeclampsia and cesarean delivery at the Kindergarten Hospital. IV Dr. Noesmir Baturaja in 2018. The results of the analysis show that preeclampsia has a risk 3,382 or 3 times experienced labor cesarean section compared to respondents who did not experience preeclampsia. In line with the results of the research above, Esta's research (2017) with the results of the *chi-square test* = 0.05, the *p-value* = 0.002 <= 0.05 with the RP value = 1.519, meaning that there is a significant relationship between preeclampsia in the mother and the incidence of cesarean delivery . It can be said that pregnant women with preeclampsia are 1.519 times more at risk of having cesarean delivery than pregnant women without preeclampsia.

Research by Sukma *et al.*, (2020) shows that pregnant women with a risk of abdominal delivery are twice as high in the age range <20 years and >35 years,

compared to the age group 20 years. -35 years old. The same results were also concluded by Hapsari *et al.*, (2018) through respondents aged < 20 and > 35 with the risk of delivery by cesarean section (63.2%) is higher than that of respondents 20-35 years old, which is 36.8%. Pregnant women <20 years who give birth are more at risk of getting physical and psychological disorders. This happens because the reproductive organs of adolescent girls are immature to withstand the burden of pregnancy, or the pelvis is not developed enough to put the fetus at risk of mismatch. Meanwhile, in elderly women >35 years, there are changes in the tissues and organs of the womb and the birth canal which causes their elasticity to decrease. Other complications include essential hypertension and gestational diabetes, so a caesarean section cannot be avoided (Hutabalian 2016). Research conducted by Putra *et al.*, (2021) shows that there are as many as 79 people (31.6%) had repeated cesarean deliveries. The research conducted (Pamilangan, 2020) concluded, maternal indications were 424 patients (42.7%), mostly due to a history of previous cesarean section as many as 107 patients (25.23%). Likewise, research conducted by Tanjung and Subekti (2018) shows that a history of previous cesarean section is at risk for undergoing a cesarean section in the next birth.

RSUD dr. TC Hillers Maumere is one of the Regional Government General Hospitals in Sikka Regency with type C, being a referral center for mainland Flores and Lembata. Apart from being a hospital that provides treatment to patients, RSUD dr. TC Hillers is also a teaching hospital in the Province of East Nusa Tenggara (NTT). To become a center for clinical education (practice) for students and health students ranging from health vocational students, D - III Nursing and Midwifery, Bachelor of Nursing and Midwifery, practicing young doctors, resident doctors and other research.

Based on the data obtained by researchers, in 2021 there were 2.1 16 cases of childbirth, with details of normal deliveries as many as 206 (9.73%) cases, deliveries with complications were 7 64 (36.1%) cases, and cesarean section delivery in 1,146 (54.15%) cases. Hospital data also shows that the number of cesarean section procedures from year to year has increased, namely 1,264 cases in 2020 and 1,146 cases in 2021 where from 1,146 cases of cesarean section deliveries, deliveries with indications were found. KPD as many as 54 cases (4.48%), indications of high blood pressure or severe preeclampsia (PEB) as many as 85 cases (7.05%), and deliveries with indications of former cesarean section as many as 230 cases (19.10%). Meanwhile, from January to April 2022, there were 510 cases of childbirth with details of normal deliveries as many as 213 (41.76%) cases and caesarean section deliveries as many as 297 (58.23%) cases. Based on the data and synthesis above, the author feels the need to conduct research on the factors influenced pregnant women in making decisions for planning childbirth cesarean section at RSUD Dr. Tc. Hillers.

METHODS

The research design is an analytic observational study with a case control approach. This research was conducted in RSUD dr. TC Hillers Maumere, Sikka Regency, NTT Province in July 2022. The population in this study were all pregnant women who gave birth in July 2022, the number of samples in this study was 140 people. The sampling technique is purposive sampling. The data used is primary data. Data were analyzed by univariate and bivariate with chi square test. The data was processed using a computer with the SPSS program.

DISCUSSION

- 1) There are half of the mothers who gave birth by cesarean section, the majority of the age of the mothers who gave birth at RSUD Tc. Hillers Maumere 20-35 years old as many as 95 people (67.9%), the majority of mothers have good knowledge as many as 73 people (52.1%). The majority of mothers did not experience premature rupture of membranes as many as 73 people (52.1%). Some of the mothers had a history of SC as many as 70 people (50%) and most of the mothers did not experience preeclampsia as 133 people (95.0%).
- 2) There is no significant relationship between age risk factors and *sectio caesarea* in women giving birth at dr. Tc. Hillers Maumere 2022
- 3) There is no significant relationship between knowledge risk factors and *sectio caesarea* in RSUD dr. Tc. Hillers Maumere 2022
- 4) There is no significant relationship between the risk factors for premature rupture of membranes (PROM) with *sectio caesarea* in women giving birth at dr. Tc. Hillers Maumere 2022
- 5) There is a significant relationship between the risk factors for the history of delivery with cesarean section and *sectio caesarea* in women giving birth at dr. Tc. Hillers Maumere 2022
- 6) There is a significant relationship between risk factors for pre-eclampsia and *sectio caesarea* in women giving birth at RSUD dr. Tc. Hillers Maumere 2022

CONCLUSION

a. The Relationship of Age Risk Factors to Childbirth by Cesarean Section at RSUD Dr. TC Hillers Maumere Sikka District In 2022

The results showed the results of the *P-Value* $0.278 < 0.005$, which means that there is no significant relationship between age risk factors and cesarean delivery at Dr. Hospital. TC Hillers Maumere. This study is in line with research conducted by Arman (2017) with the results obtained for the test there is no significant relationship between maternal age and the choice of method of delivery by *sectio caesarea*. From the results of the study, it is also known that the Risk Prevalence value is 1.347.

According to the theory of childbirth has risks to both the mother and fetus, in the form of pain to the risk of death. There are two modes of delivery, namely vaginal delivery and abdominal delivery. The optimal productive age for healthy reproduction is between 20-35 years. The risk of childbirth will increase at the age of under 20 years and above 35 years (Sukma & Sari, 2020).

Based on previous research conducted by Selvi Destaria (2011) in Sukma and Sari (2020) entitled Comparison of Maternal and Perinatal Outcomes of Third Trimester Pregnancy between Young Age and reproductive age, it was found that the risk factors that affect third trimester pregnancy at a young age are healthy reproduction vaginal delivery by vacuum extraction and prematurity. At the age of the mother less than 20 years of the uterus, the reproductive organs function perfectly. As a result, if pregnant women at this age may experience prolonged or obstructed labor, because the size of the baby's head is not yet larger so it does not pass through the pelvis. In addition, the strength of the perineal and abdominal muscles has not worked optimally, resulting in prolonged or obstructed labor that requires procedures such as vacuum extraction or forceps.

According to the researcher's analysis in this study, there was no relationship between age and cesarean delivery. At this time we know that cesarean delivery does not only occur at risky ages, but there are still many mothers at an age who are not at risk for cesarean delivery. pregnancy so that cesarean delivery does not only occur at risky ages.

b. The Relationship of Knowledge Risk Factors to Childbirth by Caesarean Section at RSUD Dr. TC Hillers Maumere Sikka District In 2022

The results of the study can be explained that most of the mothers who have good knowledge of giving birth using the SC method, namely 38 people (27.1%) and also giving birth normally (vaginally) or not giving birth, namely as many as 35 people (25%) majority with good knowledge. The results of statistical tests using *Chi-Square* obtained *P-Value* = 0.847 which is greater than the alpha value of 0.05 so that it can be concluded that statistically there is no relationship between knowledge of cesarean delivery in RSUD dr. Tc. Hillers Maumere. This study is not in line with the research conducted by Helmi (2020) with the title Determinants of Sectio Caesarean Delivery at Pekanbaru Hospital with the result that there is a relationship between knowledge ($P = 0.041$, $Or = 2.909$ (1.142-7.409)).

According to the theory of knowledge is influenced by various factors that exist around the individual both internal and external factors. The level of knowledge about the majority of sectio caesarea is in the less category this can be influenced by the respondent's education level, age and also the availability of information about the danger signs of pregnancy. Information obtained from various sources will affect a person's level of knowledge, if someone gets a lot of information it can accelerate a person to gain extensive knowledge (Lubis, 2018). It is recommended for pregnant women who are planning to give birth to be able to attend counseling or classes for pregnant women delivered by health workers about the selection of delivery methods. So that mothers are able to make good and right decisions, so that the delivery process runs smoothly and mothers can give birth to their babies safely.

This study is in line with research conducted by Rahmadani (2020) on factors related to cesarean delivery which stated that most of the respondents, namely 57.1%, already had good knowledge. The results of statistical tests stated that there was no relationship between knowledge and cesarean delivery with a *p* value of 0.078.

The researcher assumes that, in this study, most of the respondents in the case group have good knowledge. However, there are still those who have poor knowledge. This can trigger problems in pregnancy and childbirth because knowledge plays an important role in a person's health status.

c. The Relationship of PROM Risk Factors to Delivery by Cesarean Section at RSUD Dr. TC Hillers Maumere Sikka District In 2022

Based on the results of this study, it was found that the majority of mothers with premature rupture of membranes (KPD) gave birth by sectio caesarea as many as 36 people (25.7%) and the majority of mothers without premature rupture of membranes gave birth normally or without cesarean section as many as 39 people (27.9%). The results of statistical tests using *Chi-Square* obtained *P-Value* = 0.499 greater than the alpha value of 0.05 so that it can be concluded that statistically there is no relationship between premature rupture of membranes and cesarean delivery in RSUD dr. Tc. Hillers Maumere.

According to the theory of PROM is a problem that must be addressed immediately in childbirth because it can increase perinatal morbidity and mortality. The cause of PROM is not clearly known so that preventive measures cannot be carried out except by suppressing the occurrence of infection. However, it is thought that PROM occurs due to reduced membrane strength or increased intrauterine pressure or by both of these factors. The strength of the membrane is reduced due to infection originating from the vagina and cervix. PROM is one of the factors that cause asyxia neonatorum. Several factors trigger the occurrence of asyxia, namely eclampsia, fetal distress, KPD, and other maternal and fetal emergencies (Andayasari et al, 2015).

Premature rupture of membranes (PROM) is a rupture of the membranes before delivery. PROM is closely related to labor complications such as premature birth, umbilical cord compression, chorioamnionitis, respiratory distress syndrome, placental abruption to fetal death which can increase perinatal mortality and morbidity. The longer the PROM, the greater the complications of childbirth, thus increasing the risk of asyxia.

The results of this study are in line with research conducted by Sitinjak (2018) with the results that the incidence of cesarean delivery is more common in mothers who are not diagnosed with PROM, namely 26 (76%) compared to mothers diagnosed with PROM, which is 8 (24%). The results of the chi - square test obtained χ^2 count 0.34 smaller than χ^2 table 3.841 which means H_0 is accepted H_a is rejected. In this study, there was no significant relationship between PROM and cesarean delivery.

The researcher assumed that, in this study, there was no relationship between premature rupture of membranes and cesarean delivery. KPD is indeed one of the complications that can occur in maternity mothers, but the incidence of PROM can still be carried out with normal delivery assistance because if the right treatment is carried out, mothers who experience PROM do not need to have a cesarean delivery and can be helped by vaginal delivery.

d. The Relationship of Risk Factors with History of Sectio Caesarea to Delivery by Caesarean Section at Dr. Hospital. TC Hillers Maumere Sikka District In 2022

The results of the study can be explained that the most women who have a history of cesarean delivery (ever cesarean) gave birth by sectio caesarea (SC) method, namely 34 people (24.3%) while the majority of mothers who had never had cesarean delivery were normal (not cesarean section) as many as 102 people (72.9 %) The results of statistical tests using *Chi-Square* obtained a *P-Value* = 0.000 which is smaller than an alpha value of 0.05 so it can be concluded that statistically there is a relationship between a history of CS (ever SC) and caesarean section delivery in RSUD dr. Tc. Hillers Maumere.

According to the theory, the history of childbirth at high risk is labor that has had a previous cesarean section, vacuum extraction, forceps, premature/LBW birth, prolonged labor, premature rupture of membranes and stillbirth. A history of cesarean delivery has a 6 times greater risk of cesarean delivery in subsequent pregnancies because cesarean delivery can result in uterine artery rupture in the mother and injury to other organs so that when spontaneous delivery is performed, it can pose a risk of uterine rupture.

The cause of delivery by cesarean section can be due to problems on the part of the mother and baby. There are two decisions for caesarean section. First, the

decision of a previously diagnosed caesarean section. The causes include, imbalance in the size of the baby's head and mother's pelvis (narrow pelvis, large child, forehead position, facial position, etc.), severe pregnancy poisoning, severe preeclampsia or eclampsia, abnormal position of the baby (breech, latitude), some cases the cervix is closed by the placenta (placenta previa), twins, pregnancy in elderly mothers, history of caesarean section in previous pregnancies, mothers suffering from certain diseases, birth tract infections and so on. The second is a decision taken suddenly because of the demands of an emergency (Puri, 2016).

The results of this study are in line with the research conducted by Susanto et al (2019) with the results of a history of CS that is not the only cause of CS. Delivery by SC method is done due to several factors. Namely factors in the mother: narrow pelvis, severe pregnancy poisoning, severe preeclampsia or eclampsia, pregnancy in elderly women, history of caesarean section in previous pregnancies, labor tract infections and so on. Factors in the fetus: the size of the baby's head is too big, the location of the forehead, the location of the face, placenta previa, twin fetuses, fetal position abnormalities (breech, latitude). The results showed that there were 44 women (59.5%). If there is no high risk to the mother and fetus, vaginal delivery or normal delivery can be performed. Sectio caesarea is performed if vaginal delivery is not possible. From the results of the Chi-square statistic test, the value of $p(0.000) < (0.05)$. Which means that there is a relationship between the history of SC and the management of cesarean delivery in the Kindergarten Hospital. II Pelamonia Makassar.

According to the researcher's assumption, in this study 50% of respondents gave birth by SC. Delivery with SC at this time has been done a lot. A history of CS is one of the factors that causes subsequent deliveries to be carried out by CS as well because if the mother gives birth by CS and becomes pregnant again in the near future, it will result in scarring in the previous delivery which has not been maximized, so to prevent injuries due to uterine contractions, the next delivery will be performed by CS. also.

e. The Relationship of Pre-eclampsia Risk Factors to Delivery by Cesarean Section at Dr. Hospital. TC Hillers Maumere Sikka District In 2022

The results showed that the variable history of pre-eclampsia in mothers with *sectio caesarea* were all mothers who suffered from pre-eclampsia 5% who gave birth by *sectio caesarea method* . . The results of the *chi square test* show that the probability value (*p-value*) is 0.013 where $p < 0.05$ means that there is a significant relationship between pre-eclampsia and *sectio caesarea* .

According to the theory, hypertension/pre-eclampsia accounts for 20% of pregnancy complications and is one of the causes of maternal mortality and morbidity. A history of hypertension/pre-eclampsia before pregnancy will cause hypertension to get worse so that the delivery mother is delivered by *caesarean section* to save the mother and the fetus in her womb. Pregnancy with pre-eclampsia can occur in pregnant women with a previous history of chronic hypertension. Pre-eclampsia is a multi-systemic disorder that occurs in pregnancy which is characterized by hypertension and edema, and can develop from mild, moderate to severe which can progress to eclampsia (Lalenoh, 2018). According to Bandiyah (2019), the dangers of pre-eclampsia in pregnancy can cause convulsions (eclampsia), while the dangers to the fetus include impaired fetal growth in the mother's womb and babies born with

low weight, even death in the womb.

The results of this study are in line with research conducted by Novita (2018) that there is a significant relationship between a history of hypertension/pre-eclampsia and *sectio caesarea*. The results of the same study according to Dewi Andriani (2021) showed that there was a relationship with a history of hypertension/pre-eclampsia with *sectio caesarea*, further research conducted by Sadiman (2019) stated that there was a significant relationship between pre-eclampsia/eclampsia and *sectio caesarea* in maternity.

According to the researchers, there are many factors that can affect a mother giving birth with *sectio caesarea*, one of which is a history of hypertension/pre-eclampsia. Mothers who in their first pregnancy have a history of hypertension/pre-eclampsia tend to have the possibility of experiencing hypertension/pre-eclampsia in their next pregnancy, so in these circumstances, the pregnancy has a risk of having a *caesarean section delivery*. Pre-eclampsia can be prevented early if health workers are able to carry out intensive *antenatal care supervision* so that they can diagnose as early as possible the complications that occur in pregnant women, improve the quality of services according to the conditions and risk factors that exist in pregnant women, and improve access to referrals. namely: utilization of maternal health care facilities and facilities according to risk factors through planned referrals for mother and fetus. Regular and quality antenatal examinations as well as thorough in recognizing signs of hypertension/pre-eclampsia as early as possible so that adequate treatment can be given so that the disease does not become more severe.

REFERENCES

- Ambarwati Tina, Hartawan. (2020). *Hubungan Antara Peran Suami Dengan Persepsi Pemilihan Persalinan Sectio Caesarea*. Journal of Holistic and Traditional Medicine. Vol 05 (02). e-ISSN. 2541-5409.495-498
- Al-Qaqa K, Al-Awaysheh F. *Neonatal outcome and prenatal antibiotic treatment in premature rupture of membranes*. Pakistan J Med Sci. 2005;21(4):441
- Arofiqimaulana. Non Probability Sampling. (2019). <https://arofiqimaulana.com> 24 April2020.
- Arli Suryawinata Arli, Nurul Islamy. (2019), *Komplikasi pada Kehamilan dengan Riwayat Caesarian Section*. Artikel Review J Agromedicine. Vol. 6 (2):364-369
- Aryuniesta. Fitri. (2017). *Faktor-faktor yang berhubungan dengan terjadinya persalinan section caesarea dirisud rantauprapat*. Politeknik KesehatanKemenkes Medan Jurusan Kebidanan Medan.
- Ayuningtyas Dumilah, dkk. (2018). *Etika Kesehatan pada Persalinan Melalui Sectio Caesarea Tanpa Indikasi Medis*. Jurnal Mikmi. Vol. 14 (1):9-16
- Badan Penelitian dan Pengembangan Kesehatan. (2018). *Hasil Utama Riskesdas 2018*. Kementerian Kesehatan Republik Indonesia.Jakarta
- Dian Indahwati Hapsari1, Tuti Hendraningsih. (2018). *Determinan Peningkatan Angka Kejadian tindakan Sectio Caesarea Pada Ibu Bersalin di Rumah Sakit Ade Muhammad Djoen Kabupaten Sintang*.Jurnal Mahasiswa Dan Penelitian Kesehatan. Pontianak.
- Diana Sulis, dkk. (2019). *Buku Ajar Asuhan Persalinan Kebidanan Dan Bayi Baru Lahir*. Anggota IKAPI. JawaTengah.

- Dosen Pendidikan. Pengertian Populasi Menurut Para Ahli.
<https://www.dosenpendidikan.co.id/>. 24 April 2021
- Dwi Rani Sukma¹, Ratna Dewi Puspita Sari. (2020). *Pengaruh Faktor Usia Ibu Hamil Terhadap Jenis Persalinan di RSUD DR. H. Abdul Moeloek Provinsi Lampung*. Lampung. ISSN : 8872 - 9982
- Edwin D. Pamilangan, John J. E. Wantania, Anastasia M. Lumentut. (2020). *Indikasi Seksio Sesarea di RSUP Prof. Dr. R. D. Kandou Manado Tahun 2017 dan 2018*. e-CliniC, Volume 8, Nomor 1, Januari-Juni 2020
- Esta, F. A. (2017). *Faktor- Faktor yang Berhubungan dengan Terjadinya Persalinan Sectio Caesaria di RSUD Rantaupraptat*. Jurnal Kebidanan : ISSN : 8812 - 9983
- Geraldly Yolanda. (2020). *Profil Persalinan Seksio Sesarea Pada Hipertensi Dalam Kehamilan Berdasarkan Hasil Luaran Ibu Di RSIA Sitti Khadijah I Muhammadiyah Makassar Periode Desember 2018-2019*. Skripsi. Fakultas Kedokteran Universitas Hasanuddin. Makassar.
- Hasan Anisa Nurul. (2021). *Faktor-faktor yang mempengaruhi peningkatan kejadian Ketuban Pecah Dini Pada Kehamilan Aterm Di RSUD Lanto DG. Pasewang Jeneponto Tahun 2016-2019*. Skripsi. Fakultas Kedokteran Universitas Muhamadya Makassar.
- Hutabalian, D. (2011). *Pengaruh Umur Terhadap Persalinan Seksio*. Tersedia di : <http://repository.usu.ac.id/bitstream/1234>
- Ida Bagus Giri Sena Putra¹, I Made Wandia², Saktivi Harkitasari. (2021). *Indikasi Tindakan Sectio Caesarea di RSUD Sanjiwani Gianyar Tahun 2017-2019*. Aesculapius Medical Journal | Vol. 1 No.1 | Oktober | 2021
- Irwan. (2018). *Etika dan Perilaku Kesehatan*. CV. Absolute Media. Bantul
- Kemenkes. RI. (2019). Laporan Provinsi Sumatera Selatan, Riskesdas 2018.
- Lubis Sari Duma, (2018). *Hubungan Pengetahuan Ibu Dengan Riwayat Persalinan Dengan Sectio Caesarea (SC) Di RSIA Nofra Husada Bangkinang Tahun 2018*. ISSN : 7712 - 9895
- Mardhiah Ainun. (2020). *Faktor Internal Dan Eksternal Yang Mempengaruhi Terjadinya Seksio Sesarea Permintaan Sendiri*. Jurnal Kebidanan. Vol. 6(2). 177-185
- Matippana Ampera. (2021). *Pentingnya Memahami Inform Consent dan Rahasia Medika Dalam Praktek Kedokteran*. Uwais Inspirasi Indonesia. Jawa Timur.
- Novianti Lola, Mato Rusni, Hasifah. (2019). *Faktor yang yang berhubungan dengan kecemasan ibu dalam menghadapi persalinan seksio sesarea di RSIA Sitti Khadijah I Makassar*. Jurnal Ilmiah Kesehatan Diagnosis Vol. 14 (4). eISSN : 2302-2531.364-368.
- Puji Setiana, Herawati , Sutriyati. (2019). *Hubungan Kelainan Letak Janin , Preeklamsia, Ketuban Pecah Dini Dengan Persalinan Sectio Caesarea*. No 1 Vol 1
- Putri Aditama Lidia, Muklidah Siti. (2019). *Obsterti dan Ginekologi*. Guepedia.
- Putri KA. (2012). *Faktor-faktor yang mempengaruhi tindakan sectio caesarea karyawan (keluarga) perusahaan y peserta program managed care perusahaan asuransi x [skripsi]*. Depok: Universitas Indonesia
- Rehata Margaretha N dkk. (2019). *Anastesiologi dan Therapi Intensif*. PT. Gramedia Pustaka Utama. Jakarta

- Sitinjak Lestari Helti. (2018). *Hubungan Ketuban Pecah Dini Dengan Kejadian Persalinaan Seksio Sesarea Di Rumah Sakit Daerah Kolonen Abundjani Bangko*. Jurnal Kesehatan dan Sains Terapan STIKes Merangin. 1. 44-48.
- Sukasih Ketut Ni dkk. (2020). *Analisis Faktor Non Medis Yang Mempengaruhi Persalinaan Sektio Caesarea Di Rumah Sakit Umum Daerah Sumbawa*. Jurnal Kesehatan Dan Sains. Vol.4 (1). 93-105.
- Susanto Y, Wahdaniah N, Juniarti. (2019). *Faktor-Faktor Yang Berhubungan Dengan Penatalaksanaan Persalinan Sektio Caesarea di RS TK. II Pelamonia Makassar Tahun 2019*.
- Suprptomo RTH. (2021). *Manajemen Anestesi untuk Seksio Sesarea pada Pasien Pre Eklampsia Berat yang Terinfeksi Covid-19*. Vol.4 (1).18-25
- Siswanto Agus Wilopo. (2019). *Perkumpulan Keluarga Berencana Indonesia, The First International Conference on Indonesia Family Planning and Reproductive Health kicks off in Yogyakarta*. Jurnal International
- Sitorus Ernita Friska, Purba Bindavid Bahtera. (2019). *Faktor-Faktor Yang Berhubungan Dengan Pemilihan Tindakan Sektio Caesarea Tanpa Indikasi Di RSUD Sembiring Delitua*. Jurnal Keperawatan dan Fisioterapi (JKF), Vol 1 (2). e- ISSN: 2655-0830. 42-47
- Syarwani, T. I., Tendean, H. M., & Wantania, J. J. E. (2020). *Gambaran Kejadian Ketuban Pecah Dini (KPD) di RSUD Prof. Dr. R.D. Kandou Manado Tahun 2018*. Medical Scope Journal (MSJ, Volume 1, Nomor 2, 24-29.
- Safitri Mekania, (2020). *Indikasi Persalinan Sektio Sesarea dan Komplikasi Pasca Persalinan Sektio Sesarea: Narrative Review*. Program Studi Kebidanan Sarjana Terapan Fakultas Ilmu Kesehatan Universitas Aisyiyah. Naska Publikasi.Yogyakarta.
- Suryawinata Arli, Islamy Nurul Islamy. (2019). *Komplikasi pada Kehamilan dengan Riwayat Caesarian Section*. Jurnal J. Agromedicion. Vol. 6 (2):364-369
- Sholikhah Wahyu Subekti. (2018). *Indikasi Persalinan Seksio Sesarea*. Jurnal Biomterika dan Kependudukan. Vol. 7 (1):11-19
- Syaiful Yuanita dan Fatmati Lilis. (2020). *Asuhan Keperawatan Pada Ibu Bersalin*. CV Jakad Media Publishing. Surabaya.
- Uswatun rahman tanjung. (2018). *Analisis faktor keputusan persalinan dengan sectio caesaria di rumah sakit umum daerah gunungsitoli kab. Nias, tahun 2018*. Politeknik kesehatan kemenkes ri medan
- Yuhana, Tuti Farida, Turiyani. (2020). *Hubungan Ketuban Pecah Dini, Partus Lama, dan Gawat Janin dengan Tindakan Persalinan Sektio Caesarea di Rumah Sakit TK. IV DR. Noesmir Baturaja Tahun 2020*. Jurnal Ilmiah Universitas Batanghari Jambi, 22(1), Februari 2022
- Wijaya Wahyu Dadik, Uyun Yusmein, Rahardjo Sri. (2020). *Penggunaan Skor Indeks Plasenta Akreta (IPA) sebagai Prediktor Manajemen Perioperatif Seksio Sesarea Pasien dengan Plasenta Previa Totalis Suspek Plasenta Akreta*. Jurnal Anastesi Obstetri Indonesia. Vol 3 (2). 111-118.
- World Health Organization. (2020). *Analysis of cesarean section rates using Robson ten group classification system in a tertiary teaching hospital, Addis Ababa, Ethiopia: a cross-sectional study WHO statement on caesarean section rates*. World Health Organization.