

Connection Class Mother Pregnant With Readiness Mother Facing Childbirth in the Work Area of Gela Health Center, North Taliabu District Masriyani

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ABSTRACT

Pregnant women's classes are one form of activity carried out by health workers to improve mothers' knowledge and understanding of pregnancy and childbirth preparation. Pregnant women's class activities in the Gela Health Center Work Area, North Taliabu District are still very low due to several factors, namely the low level of maternal education, support from husbands or families which is lacking and also because of the family economy or a small family income that causes mothers to be less prepared to face childbirth. This type of research uses an analytical survey with a *cross-sectional study approach*, the population in this study was 79 pregnant women, with a sampling technique using *Simple Random Sampling*, 66 respondents were obtained. Data collection was carried out by direct interviews using questionnaires. By using the Chi-Square statistical test to determine the relationship between the two Independent and Dependent variables. The results of the study from 66 Respondents obtained Most of the respondents who participated were quite follow class Mother pregnant And Ready For face labor as much as 23 Respondents (34.8%) while respondents who did not participate and were not ready to face childbirth were as many as (65.2%). Results analysis use test statistics Chi-Square obtained results $P=0.00 < 0.05$, so Hey in reject And H_a accepted Which means There is connection between Class Mother pregnant with readiness Mother face labor in Region Work Health Center Gela Subdistrict Taliabu North. It is expected to always be active in attending pregnancy classes because in this pregnancy class mothers can learn about pregnancy, signs and dangers of pregnancy and how the labor process is good so that mothers are ready to face labor without any doubt.

Keywords: Mother Class Pregnant, Readiness Mother, Facing Labor.

INTRODUCTION

Pregnancy is a natural process and physiological. Every woman Which own healthy reproductive organs, who have menstruated, and have sex with a man whose reproductive organs are healthy, are very likely to experience pregnancy. During the growth and development of pregnancy from month to month, a pregnant woman's ability to adapt to the changes that occur in her physical and mental state is required (Yanti, 2020).

Pregnancy involves many psychological changes that can lead to pregnancy anxiety. Change psychic This covering the feeling of fear that arises because pregnancy causes major changes in the mother's body which is considered something new. Anxiety pregnancy most often in due to hormonal changes and thoughts experienced by pregnant women before giving birth, which makes mothers afraid when they are going to give birth (Yanti, 2020).

Pregnant women's class activities are one of the instruments for learning. Together or in groups about Health for pregnant women. One of the goals of the pregnant women's class is to increase the knowledge and skills of mothers regarding with pregnancy, pregnancy

maintenance, childbirth and postpartum care, newborn care. (Ministry of Health, 2019).

The quality of implementation of classes for pregnant women can be achieved from involvement person closest Mother pregnant, namely the husband. The role of a husband is very important from pregnancy, childbirth to postpartum. One of the roles of a husband is to support the mother to attend pregnancy classes as a form of effort to help smooth the delivery process, And preparation in process breastfeeding (estuning and Lestari, 2020).

Pregnant women's decisions to attend mother's class pregnant in push by factor knowledge which they have related objective And profit Which

they can benefit from classes for pregnant women (Siti Aminah, 2020). Increase interest and attention of pregnant women through the support of health workers because the key to implementation depends on the role of health workers. Support from health workers is a dominant factor influencing the participation of pregnant women in pregnancy classes (patriaajati, 2019).

Low visits by pregnant women will cause a lack of information obtained during pregnancy such as readiness for the labor process. Labor Readiness is an action plan made by the mother, family members, and health service providers to improve the health of the mother and fetus. One of the causes of maternal mortality (MMR) is the lack of readiness of the mother and family members to face childbirth.

Maternal and fetal deaths are often not caused by technical incompetence or negligence, but also due to the lack of maternal health education about childbirth. Knowledge Which limited on Mother Primigravida about childbirth increases anxiety. To overcome this and prevent primigravida anxiety in facing childbirth Wrong One effort Which can done by power health is with provide health education on preparation for childbirth and the birth process as well as pain management during childbirth so that maternal anxiety is reduced and they are more prepared to face childbirth. This can be obtained by pregnant women through the pregnancy class program (Yanti., 2020).

Readiness Labor is a action plans created by mothers, family members, and health care providers to improve health Mother And fetus. Wrong One cause of maternal mortality (MMR) is the lack of readiness Mother and also member families to face childbirth both from the mother's own perspective and from the family's economic perspective and so on.

According to WHO (2019) Maternal Mortality Rate (MMR) is the number of deaths Mother consequence process pregnancy, childbirth, and postpartum which are used as indicators of women's health. The maternal mortality rate (MMR) is one of the global targets of the Sustainable Development Goals (SDGs) in order to reduce the maternal mortality rate (MMR) to 70 per 100,000 live births by 2030.

According to WHO (2019) Number Death Mother (AKI) in the world, which is 303,000 people. The maternal mortality rate (MMR) in ASEAN is 235 per 100,000 live births (Asean secretariat, 2020). Maternal deaths in Indonesia in 2019 were 4,221 cases (Ministry of Health of the Republic of Indonesia, 2019).

The most common causes of maternal death in Indonesia in 2019 were bleeding, hypertension in pregnancy, infection, metabolic disorders, and others (Ministry of Health of the Republic of Indonesia, 2019). Around 25-50% of maternal deaths are caused by problems related to pregnancy, childbirth and postpartum (WHO, 2018)

Number death Mother (BATTERY) is Wrong indicators that can describe the welfare of society in a country. According to the World Health Organization (WHO) death Mother is the burden that very big Which Lots Country developing. WHO estimates that the number of maternal mortality rates (MMR) is very high in the world, with 800 women dying every day due to complications and childbirth. Maternal and Child Health (MCH) problems are still a health problem in Indonesia. This is because it is still high AKI infant mortality rate (IMR) which exist in Indonesia. BATTERY And AKB in Indonesia is one of the highest in ASEAN.

The number of deaths in 2019 reached 305/100,000 live births (Ministry of Health of the Republic of Indonesia.2020).

The maternal mortality rate (MMR) is defined by the World Health Organization. (WHO) as number death Mother per

100,000 birth life. Number death Mother in

Province in 2019 reached 202 live births. This figure is certainly still from the Millennium Development Goals (MDGs) target of 102 per 100,000 live births in 2019. (North Maluku Provincial Health Office, 2019).

In North Maluku Province, the highest maternal mortality rate (MMR) was found in Sula Islands Regency, which was 36.71 incidents per 1,000 live births. In South Halmahera Regency, it was 34.65 incidents per 1,000 live births. life , Halmahera West 34.57, Central Halmahera 31.73, Morotai Island 29.12, Taliabu Island 27.51, East Halmahera 24.05 and Tidore Islands Tidore Kepulauan is 23.29 incidents per 1,000 live births. (North Maluku Provincial Health Office 2020).

In Regency Island Taliabu Number death Maternal (MMR) in 2020 was 4 people per 1,000 live births, and in 2021 it was 6 people whereas on year 2022 as much as 5 people per 1,000 live births. (Health Service of Taliabu Island Regency 2022).

Based on Initial Observations conducted on the first respondent, pregnant women in their second parity admitted that they were ready but were constrained by family economic constraints. Efforts made were to increase public awareness of the importance of pregnant women's class activities.

Based on the description above, the researcher is interested in conducting research with the title "**Relationship Class Mother Pregnant with Readiness Mothers Facing Childbirth in the Gela Health Center Work Area, North Taliabu District**"

Review About Class Mother Pregnant

a. Understanding Mother Class Pregnant

According to the Indonesian Ministry of Health (2012), a class for pregnant women is a study group for pregnant women with amount participant maximum 10 person. In this class, pregnant women will learn together, discuss and exchange experiences about KIA in a comprehensive and systematic manner and can be implemented in a scheduled and continuous manner. Class Mother pregnant

facilitated by midwives/ health workers using a pregnancy class package, namely a KIA book, flipchart (flip sheet), guidelines for implementing pregnancy classes, and handouts. facilitator class Mother pregnant. Some of the benefits of prenatal classes are:

- a. The material is provided in a comprehensive and planned manner in accordance with the guidelines for pregnant women's classes.
- b. The material is more comprehensive, making it easier for health workers to prepare for implementing classes for pregnant women before presenting the material.
- c. Can bring in experts to provide explanations on certain topics
- d. There is interaction between health workers and pregnant women when the material is discussed.
- e. Implemented periodically and continuously.
- f. Evaluations are carried out on health workers and pregnant women in providing presentations so that the quality of the learning system can be improved .

Pregnant women's classes are a means to learn together about health for mothers. pregnant in form look at advance in groups that aim to improve mothers' knowledge and skills regarding pregnancy, childbirth, postpartum care, baby care, infectious diseases, etc. Classes Mother pregnant containing group Mother pregnant women aged 4-36 weeks with a total of 10-15 participants (Directorate General of Nutrition and KIA, 2011).

b. Objective Class Mother Pregnant

According to the Indonesian Ministry of Health (2012), the general aim of classes for pregnant women is to increase knowledge, change attitudes and behavior of mothers so that they understand about examinations and care. pregnancy so that Mother And fetus Healthy, safe delivery, comfortable postpartum, safe mother, safe baby Healthy, prevention disease physique And mental health, nutritional disorders and complications of pregnancy, childbirth and postpartum so that the mother and baby are healthy, care for newborns for optimal growth and development, and physical activity of pregnant women.

METHODS

Objective special class Mother pregnant that is :

- a. There is interaction and sharing of experiences between participants and between participants and health workers/midwives.
- b. Improving knowledge, attitudes and behavior of pregnant women regarding:
 - 1) Pregnancy check-ups and care to ensure the mother and fetus are healthy (understanding pregnancy, signs of pregnancy, complaints often experienced by pregnant women, physical changes in pregnant women, emotional changes in pregnant women, pregnancy check-up schedules, health services for pregnant women, caring for pregnant women. And fetus Healthy, things Which should be avoided by mothers during pregnancy, myths/taboo, and preparation for childbirth).
 - 2) Safe delivery, comfortable postpartum, safe mother, healthy baby (early signs of labor, signs of labor, labor process, early initiation of breastfeeding (IMD), family planning (KB) after delivery, service postpartum, guard mothers giving birth and postpartum and healthy babies, things Which must avoided Mother giving birth and postpartum, and myths).
 - 3) Prevention of disease, pregnancy complications so that the mother and baby are healthy (malaria, symptoms and consequences, how malaria is transmitted and how to prevent it, sexually transmitted infections (STIs), general symptoms, HIV, the virus that causes AIDS, method prevention HIV/AIDS in pregnant women, chronic energy deficiency (CED), anemia (lack of blood), danger signs in pregnancy, sign danger on childbirth, danger signs and postpartum maternal diseases, postpartum syndrome).
 - 4) Newborn baby care for growth and development optimal (sign baby born healthy, newborn care, neonatal care (6 hours-28 days), danger signs in newborns, birth defects, kangaroo care method (KMC), correct breastfeeding position and attachment, immunization, keeping babies healthy, things to avoid, myths, and birth certificates).
 - 5) Activity physique Mother pregnant.

c. Target Class Pregnant mother

Participant class Mother pregnant should Mother pregnant at 20-32 weeks of pregnancy, because at this gestational age the mother's condition is strong, there is no fear of miscarriage, it is effective for do exercise pregnant. Amount The maximum number of pregnant women class participants is 10 people per class.

It is expected that the husband/family will participate in at least one meeting so that they can follow various important materials, for example material about danger signs and preparation. labor or material Which others. Besides That in implementation can involving one cadre and traditional healer in the work area for each class of pregnant women (Indonesian Ministry of Health, 2012).

d. Implementation Class Mother Pregnant

The implementation of pregnancy classes can be carried out by the government, private sector, Non-Governmental Organizations (NGOs) and the community.

- a. Function And Role (Province, Regency and Health Centers)

The implementation of the pregnancy class is developed in accordance with the functions and

roles at each level, namely: Province, Regency and Health Center. The function and role of the province are to prepare trainers, support the implementation of the pregnancy class (facilities and infrastructure), as well as monitoring and evaluation.

The function and role of the district is to prepare facilitators for pregnant women's classes and be responsible for the implementation. class Mother pregnant (funds, facilities and infrastructure), as well as monitoring and evaluation. Function And role Health Center namely the head of the Health Center as the person in charge and coordinating the implementation of the class for pregnant women in his/her work area. Midwives/health workers health responsible responsible for implementing classes for pregnant women (identification of prospective participants, coordination with stakeholders, facilitation of meetings, monitoring, evaluation and reporting).

b. Facilitator And Source person

The facilitator for the pregnant women's class is a midwife or officer health Which has receive training as a prenatal class facilitator (or through on the job training) and after that are allowed to carry out prenatal class facilitation. In the implementation class Mother pregnant facilitator can ask for help from the resource person to convey material field certain. Resource persons are health workers who have expertise in certain fields to support pregnancy classes.

c. Means and Infrastructure

The facilities and infrastructure needed to carry out classes for pregnant women are:

1. The study room for a capacity of 10 participants is approximately 4 m x 5 m in size, with a d e q u a t e ventilation and lighting .
2. Writing tools (whiteboard, paper, markers, pens) if available.
3. KIA Book
4. Sheet Come back class Mother pregnant
5. Pregnant women's class implementation guidebook
6. Facilitator's handbook g. Teaching aids (KB kit, food model, dolls, kangaroo method, etc.) if any
7. Mat/carpet (mattress)
8. Pillow, chair (If There is)
9. Physical activity CD/pregnancy exercise CD (if available)

Ideally, the facilities and infrastructure are complete as mentioned above, but if... No There is room special, wherever the place can be implemented according to the agreement between the pregnant woman and the facilitator. While other activities such as physical activity/pregnancy exercise are only additional materials, not the main ones.

a. Preparation implementation class Mother pregnant

Things that need to be prepared before implementing pregnancy classes:

1. Identify/register all pregnant women in the work area. This is intended to find out how many pregnant women there are. Mother pregnant And age pregnancy so that they can determine the number of participants in each class for pregnant women and how many classes will be developed within a certain period of time, for example, one year.
2. Preparing the place and facilities for implementing the class for pregnant women, for example a place at the Community Health Center or Village Health Post/Village Health Post, Independent Midwife Practice, Hospital, Village Office/Meeting Hall, Integrated Health Post or at the home of a community member. Facilities Study use mats/carpets, pillows, etc. if available.
3. Preparing materials, extension tools And timetable implementation pregnant women's classes and study the material that will be presented.
4. Preparation of pregnant women class participants, inviting all Mother pregnant in working area .

5. Preparing the implementation team for the pregnant women's class, namely who the facilitators are and resource persons if needed.

6. Implementation meeting class Mother pregnant

According to Ministry of Health Republic of Indonesia (2012) class meeting Mother pregnant done minimum 4 times of meeting during pregnancy or according to the results of the facilitator's agreement with the participants. At each meeting, the material for the pregnant women's class that will be delivered is adjusted to the needs and conditions of the pregnant women but still prioritizes the main material. The presentation of the main material in the pregnant women's class includes:

a. Pregnancy check-ups and care so that the mother and fetus are healthy, consisting of understanding pregnancy, signs of pregnancy, complaints often experienced by pregnant women, physical changes in pregnant women, change emotional Mother pregnant, pregnancy check-up schedule, health services for pregnant women, maintaining Mother pregnant And fetus Healthy, Things that mothers should avoid during pregnancy, myths/taboo, preparation for childbirth.

b. Safe delivery, comfortable postpartum, safe mother, healthy baby consisting of early signs of labor, signs of labor, labor process, initiation breastfeeding early (IMD), KB postpartum, postpartum care, keeping mothers in labor and postpartum and babies healthy, things that mothers in labor and postpartum should avoid, and myths.

c. Prevention of diseases, complications of pregnancy, childbirth and postpartum so that mothers and babies are healthy, consisting of malaria, symptoms, effects, transmission methods and prevention methods for malaria, sexually transmitted infections, HIV/AIDS, prevention methods for HIV/AIDS in pregnant women, chronic energy deficiency (CED), anemia, danger signs in pregnancy, danger signs in childbirth, danger signs and postpartum maternal diseases, postpartum syndrome. Special For material

Third, the material delivered can be adjusted to the health problem conditions in the local area. For example, malaria material can be delivered in areas with malaria endemicity.

d. Newborn baby care for optimal growth and development consisting of signs of a healthy baby being born, newborn baby care, neonatal services, danger signs in newborns, birth defects, kangaroo method care (KMC), position And adhesion proper breastfeeding , immunization, keeping babies healthy, things to avoid in caring for newborns, myths, birth certificates.

e. The meeting should be held for pregnant women with the earliest possible gestational age. The meeting time is adjusted to the readiness of the mothers, it can be done in the morning or afternoon with a meeting time of 120 minutes including 15-20 minutes of pregnancy exercise. At the end of each meeting, physical activity/pregnancy exercise can be done. Physical activity/pregnancy exercise is an extra activity/material in the pregnancy class, if implemented, after arriving home it is expected to be practiced. In implementation Pregnant women's classes: Physical activity activities for pregnant women can be done by pregnant women of any gestational age.

2. Overview of Maternal Readiness for Childbirth

1. Understanding Labor

Labor is the process of opening and thinning of the cervix and the fetus descending into the uterus. in road born Which happen on full-term gestational age is 37-42 weeks (Icemi Sukarni K, 2013). Labor is the process of movement out of the fetus, placenta And membrane from in fetus through the birth canal. Various changes happen on system female reproduction in the days and weeks before labor begins (Bobak, Lowdermilk, 2004).

2. The Process of Childbirth

According to Joyce Y. Johnson (2014) stages (periods) of labor, namely road enter road born In normal birth, the engagement process occurs when the fetus enters the pelvis, descent occurs

when the emerging part moves into the pelvis from position negative become 0 and towards a positive position, and flexion, which is when the fetal head curves to bring the chin closer to the chest and shows the smallest diameter of the head to the mother's pelvis for passage 11 towards the cervix and out of the vagina to be born. The stages of normal labor are:

a. When 1

When I is labor started since the occurrence of uterine contractions and cervical dilation until reaching complete dilation (10 cm). The first stage of labor is divided into two phases, namely the latent phase and the active phase.

1) Latent phase of labor The latent phase is phase Which slow characterized by the onset of contractions which cause gradual thinning and opening of the cervix, opening less than 4 cm and usually need time during 8 hours.

2) Phase active labor Phase active is a phase which is characterized by the frequency and duration of uterine contractions generally increasing (contractions are considered adequate or sufficient if they occur three or more times within a certain period of time). 10 minute And in progress

for 40 seconds or more, the cervix opens from 4 to 10 cm usually with speed 1 cm or more per hour until complete dilation is 10 cm, and the lower part of the fetus descends 12 cm.

b. When 2

Duration 30 minutes to 3 hours for primigravida mothers and 5 to 30 minutes for primigravida mothers. minute For multigravida mother or multipara, starting with complete dilation ending with the birth of the baby.

c. When 3

It begins with the completion of the birth process and ends with the birth of the placenta. This process is known as the placental delivery period. The third stage of labor lasts between 5-10 minutes.

d. When 4

Started moment placenta born until

The first 2 hours postpartum and ends with signs of stabilization of the mother's vital organs.

3. Understanding Improving Childbirth Readiness

Improving childbirth readiness is an action plan made by the mother, family members, and health service providers to improve the health of the mother and fetus. Efforts to improve childbirth readiness are very important. important Good from aspect physique and psychology, so that childbirth walk smooth and Mother And baby Happy Where This plan may include discussions to ensure that Mother accept necessary care. With the birth plan can reduce maternal confusion during childbirth, and increase the likelihood that the mother will receive appropriate and timely care (BKKBN, 2015).

4. Childbirth Readiness

Readiness labor have several things according to (Bobak, Low dermis, 2004) There is 4 things, namely: physical, psychological, financial and cultural readiness.

a) Physical Readiness

Readiness physique related with the problem of the mother's health condition, where the mother needs to prepare her physical condition before getting pregnant. The mother understands that there are physiological changes before labor occurs approximately 2 weeks, where the mother will find it easier to breathe because the fundus uteri is slightly lowered because the fetus' head begins to enter the upper pelvic inlet (PAP), the mother will urinate frequently (BAK) because the descent head fetus to in PAP which presses on the urinary bladder and the mother feels existence description his false that is, sometimes the stomach cramps (Joyce Y. Johnson, 2014). The nutritional status obtained by pregnant women is a balanced nutritional intake that is sufficient according to needs and does not suffer from infectious diseases or other chronic diseases that can have an impact. on condition body other in pregnant women, so that when a

mother is pregnant she has more than before she was pregnant (Directorate General of Nutrition and KIA, 2014).

Another physical readiness that needs to be considered is doing sports, for example prenatal gymnastics, because a pregnant woman... Mother pregnant need physique Which fit to give birth. This fit condition is related Also with There is or whether or not the prospective mother has any serious illnesses. If a history of high blood pressure or severe asthma is found, for example, it means that a normal delivery cannot be performed. Therefore, from the first 14 days of pregnancy, a caesarean birth must be planned. Function main exercise pregnant For help smoothness process labor, movement-movements in prenatal gymnastics also function to avoid the breech position (Fedrico Patria, 2015).

As for efforts to support the physical readiness of pregnant women, the government has implemented the Childbirth Planning and Complication Prevention Program (P4K). The Childbirth Planning and Complication Prevention Program (P4K) is an activity in order to increase the role of active husband, family And society in plan labor Which safe and preparation face complications that may occur, including planning the use of postpartum contraception to increase coverage and quality of health services for Mother pregnant And baby new born (Ministry of Health of the Republic of Indonesia, 2009).

The expected results in birth planning and prevention of complications are receiving antenatal care according to standards, pregnant women and their families have a birth plan including family planning, receiving birth assistance according to standards, receiving postpartum care according to standards, families can prepare for birth costs, environmental cleanliness and health (socio-cultural) of mothers receive postpartum contraceptive services and there is cooperation between health service officers. Which related with maternal delivery. The activities in the P4K program include antenatal care examinations, KIA counseling and education, and recording in the KIA book (Ministry of Health of the Republic of Indonesia, 2009).

b) Psychological Readiness

Primigravida mothers generally do not have an idea about the events that will be experienced at the end of their pregnancy when labor occurs. One thing that mothers must prepare for before labor is to avoid panic. And afraid And behave

calm, where pregnant women can go through the labor process well and be more prepared and ask for support from those closest to them, attention and affection will certainly help provide encouragement for mothers who are about to give birth.

Family, whether parents or husband, are the closest people to a prospective mother who can provide consideration and assistance, so that for a mother who is about to give birth, it is a source of motivation. alone so that more steadfast and more prepared in facing childbirth. Support from husband and family to help a pregnant woman's understanding gain experience so that pregnant women can anticipate and better deal with the mother's needs. Communication needs And hope husband And other family members become a source of support Which needed Mother pregnant to support family health functions (Joyce Y. Johnson, 2014).

c) Financial readiness

Financial readiness for mothers who are going to give birth is an absolute necessity that must be prepared, where financial readiness or that which is related to income or finances owned to meet needs during pregnancy until delivery. Economic conditions are related to the mother's ability to prepare for childbirth costs, prepare baby diapers and other equipment, childbirth requires a lot of money. For that, it is better for mothers to have budgeted for childbirth. The costs can be budgeted by the mother or family according to the delivery rates at the place where the planned delivery will take place. In addition to the budget for childbirth costs, it is also necessary to determine the place of birth in accordance ability We, for example a house giving

birth or in House with

bring in a midwife. Adequate planning includes determining the right place with consideration in choosing a place giving birth with considering the distance of the birthing place from home, the quality of service, the availability of assistance personnel, the facilities available, and the ability to finance where each clinic or hospital has different tariff provisions.

Readiness psychological like Avoid stress, eliminate worry, and prepare the husband mentally. To avoid worry or anxiety, the most important thing for pregnant women to do is that is routine check it out pregnancy. In addition, preparation for the husband is also important in working together to care for the baby (Fedrico Patria, 2015).

d) Cultural readiness

Cultural issues include dealing with issues of practice and beliefs that may will be different from performed by health workers, but important for the family of pregnant women. Mothers must know the customs, habits, traditions and standards of living that are not good for pregnancy, and try to prevent the consequences. Preparations related to bad habits before pregnancy to be avoided during pregnancy occur. Cultural factors are very important where there is a tradition to bring the placenta home, how to behave properly during pregnancy by maintaining attitudes and behavior.

e) Material Readiness

According to (Fedrico Patria, 2015) mothers, husbands and family members must prepare the necessary equipment to be brought during childbirth, including:

a. Readiness For Mother

- 1) Includes toiletries (such as towels) big, towel small, soap, toothpaste, toothbrush, comb and sanitary napkins).
- 2) Clothes normal Which easy washed and easy to use for breastfeeding
- 3) Several sets of pajamas (button-down tops)
- 4) Bra breast-feed And bearing breast-feed
- 5) Trousers in sufficient quantity
- 6) Shirt foot And octopus adhesive/string
- 7) Settings dress For go home

b. Readiness For baby

- 1) Baby bathing and care equipment such as baby towels, baby soap, baby shampoo, telon oil, lotion and baby powder.
- 2) Clothes baby covering a number of baby clothes set, hat/head cover, socks and gloves, diapers, baby octopus, blanket, swaddle and baby carrier.

3. Overview of the Relationship between Pregnant Women's Classes and Readiness in facing childbirth.

Pregnant women's classes are an effort that is carried out government For lower death toll Mother And baby. Wrong One effort What is done is to empower families and communities to increase knowledge and independence by making birth plans so that they can anticipate maternal neonatal emergencies that may occur early. (Aning Subiyatin, 2021).

Based on Susianto's research (2014), there was an increase in the mother's readiness in facing childbirth because the mother had attended a pregnancy class. This happened because the readiness of pregnant women was based on the knowledge and experience of pregnant women that they had obtained. during follow class Mother pregnant. According to research on the benefits of prenatal classes for increasing the frequency of visits by pregnant women, it is stated that there is a difference in the frequency of visits. ANC on Mother pregnant Which More pregnant women take classes than those who don't, so their knowledge is also greater.

According to Qumairah (2014), classes for pregnant women can improve skills and knowledge. so that can change behavior and can improve the readiness of pregnant women in facing childbirth. This readiness includes physical and psychological aspects including stress and

anxiety levels.

Hypothesis Study

A research hypothesis is a temporary answer to a research question (Notoatmodjo, 2020). Hypothesis in This study is: the relationship between the class of pregnant women and the readiness of mothers to face childbirth at the Gela Health Center, North Taliabu District.

RESULTS AND RESEARCH DISCUSSION

	Age	Frequency	Percent (%)
Ha : Ada Hubungan Kelas Ibu hamil dengan kesiapan ibu dalam Menghadapi Persalinan Di Puskesmas Gela Kecamatan Taliabu Utara.	< 20 Year	7	10.6%
	21-30 Year	45	68.2%
	31-40 Year	10	15.1%
	> 40 Years	4	6.1%
Ho : Tidak Hubungan Kelas Ibu hamil dengan kesiapan ibu dalam	Amount	66	100%

Source : Questionnaire Study Masriani, 25 March 2024

Puskesmas Gela Kecamatan Taliabu
Based on the table It is known above that of the 66 respondents, the largest number were in the 21-30 year age group with a total of 45 respondents (68.2%), and the smallest number were in the > 40 year age group with a total of 4 respondents (10.6%).

Table 4.3 characteristics variable Class Mother Pregnant with the readiness of mothers to face childbirth in the work area of Gela Health Center North Taliabu District

Criteria	A. Desain Penelitian	Frequency	Percent (%)
Enough	Metode penelian ini merupakan jenis penelian kuantitatif. Dengan menggunakan survey analitik	3	20%
Not enough	korelasional dengan pendekatan	12	80%
Amount	Cross Sectional Study. Populasi	66	100%

Source : Questionnaire Study Masriani, 25 March 2024

ibu hamil yang Ada di Wilayah Kerja Puskesmas Gela. Sampel adalah sebagian dari populasi yang di teliti dan dianggap mewakili seluruh populasi. Cara pengambilan sampel di lakukan secara acak sederhana *Simple Random Sampling*.

Test statistics

	Value	df	Asymptotic Chi-Square Tests Significance (2-sided)	Exact Sig. (2- sided)	Exact Sig. (1-sided)
Pearson Chi-Square	66.000 ^a	1	.000		
Continuity Correction ^b	61.669	1	.000		
Likelihood Ratio	85.338	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	65.000	1	.000		
N of Valid Cases	66				
a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 8.02.					
b. Computed only for a 2x2 table					

Results of research analysis on the relationship between mother's class pregnant with readiness face labor in the working area of the Gela Taliabu Utara Health Center based on test statistics use test Chi-Square obtained the result $p = 0.000 < 0.05$ then H_0 is rejected and H_a is accepted which means there is a relationship between the class of pregnant women and readiness to face childbirth in the work area of Gela Health Center, North Taliabu District.

CONCLUSION AND CONCLUSION SUGGESTIONS

Based on results study Which has carried out in the Gela Health Center Work Area, Taliabu District North on 15 Respondent mother pregnant Regarding the relationship between the class of pregnant women and the mother's readiness to face childbirth, the following conclusions can be drawn:

1. Pregnant women's class activities are one of the routine activities carried out by health workers. (Midwife) in Region Work Gela Health Center to improve mothers' knowledge and understanding during pregnancy. Pregnant women are required For follow activity the minimum 4x during pregnancy. Research Which carried out in the Gela Health Center Work Area It was found that there were 23 respondents (34.8%) who were quite satisfied with the activity and there were 43 respondents (65.2%) who do not attend classes Mother pregnant due to Because Mother come to the Posyandu has entered the third trimester and there are some mothers who are lazy to participate in these activities because the mother's education level is still low and there is a lack of support from her husband or family.

2. Research conducted in the Gela Health Center Work Area, North Taliabu District, found that pregnant women who were ready to face childbirth were only 23 Respondent(34.8%) %) And 13

Respondent 43 (65.2%) Which No Ready facing this labor is caused by the level of understanding Mother Still low supported by family economic factors.

3. Based on statistical tests using the Chi-Square test obtained results $p=0.000 < 0.05$ so H_0 is rejected and H_a is accepted, which means there is a relationship between the class of pregnant women and readiness to face childbirth in the work area . Health Center Gela Subdistrict Taliabu North.

SUGGESTION

The suggestions that researchers provide based on the research results are as follows:

1. For Pregnant mother

It is expected that you will always be active in attending pregnancy classes because in these pregnancy classes, mothers can learn about pregnancy, signs and dangers of pregnancy and how to have a good delivery process so that mothers are ready to face childbirth without the slightest doubt.

2. For Land Study

It is expected to provide information for related agencies, especially Gela Health Center,

regarding the Relationship between pregnancy classes and mothers' readiness to face childbirth. What are the causes of the lack of interest in mothers to attend pregnancy classes and the factors causing mothers who are not ready to face childbirth.

3. For Other Researchers

It should be used as basic data and reference for further researchers to conduct research development on the relationship between the class of pregnant women and the readiness of mothers to face childbirth by conducting deeper and broader information gathering through competent books.

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