

**OPTIMALISASI 1000 HARI PERTAMA KEHIDUPAN PADA MASA  
ADAPTASI BARU COVID-19 MELALUI PENDAMPINGAN IBU HAMIL DAN  
PELATIHAN KADER DI KABUPATEN BONDOWOSO, JAWA TIMUR**

**OPTIMIZATION OF THE FIRST 1000 DAYS OF LIFE IN THE NEW  
NORMAL COVID-19 THROUGH ASSISTANCE OF PREGNANT MOTHERS  
AND MATERNITY ASSISTANT TRAINING IN BONDOWOSO, EAST JAVA**

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**Abstrak**

*Pada kondisi normal kesehatan ibu dan anak di Indonesia masih menjadi tantangan besar dan diperberat dengan adanya pandemi Covid-19 yang berlangsung sejak bulan Maret 2020 yang berdampak pada adanya batasan dalam hal akses dan kualitas pelayanan. Kekhawatiran yang muncul karena batasan ini adalah adanya peningkatan morbiditas dan mortalitas Ibu dan anak serta penurunan cakupan pelayanan KIA. Kegiatan pengabdian masyarakat ini dilakukan secara daring dan luring dengan tetap menjaga ketat protokol kesehatan. Kegiatan yang dilakukan secara daring yaitu Pelatihan Kader Posyandu Ibu-Balita tentang Perencanaan Persalinan dan Pelatihan Kader Posyandu Ibu-Balita tentang Stimulasi Pertumbuhan, sedangkan kegiatan yang dilakukan secara luring adalah Pelatihan Kader Posyandu Ibu-Balita tentang Optimalisasi Kehamilan dan Pendampingan Ibu Hamil. Kegiatan pengabdian masyarakat yang telah dilakukan berhasil menaikkan pengetahuan ibu. Hal yang paling berpengaruh dalam kegiatan ini kondisi pandemi yang tidak terduga membuat program pengmas harus lebih fleksibel menyesuaikan situasi dan prioritas keamanan bagi para pelaksana pengmas, sehingga direncanakan untuk kegiatan tindak lanjut berupa pendampingan yang akan dilanjutkan oleh mahasiswa prodi kebidanan dengan pengawasan oleh dosen dan bidan wilayah setempat.*

**Kata Kunci :** *Pendampingan Ibu Hamil; Optimalisasi Kehamilan; Perencanaan Persalinan; Telehealth; Pelatihan Kader*

**Abstract**

*When normal conditions, maternal and child health in Indonesia is still a big challenge exacerbated by the Covid-19 pandemic that has been going on since March 2020, which has resulted in limitations in terms of access and quality of services. Concerns that arise because of this limitation are an increase in maternal and child morbidity and mortality and a decrease in the coverage of MCH services. This community service activity is conducted online and offline while maintaining strict health protocols. Activities carried out online include Training of Posyandu Maternity Assistants for Mother-Toddler Children on Delivery Planning and Training for Maternity assistants of Posyandu Mother-Toddlers on Growth Stimulation. In contrast, activities carried out offline are Training for Posyandu Maternity assistants for Mother-Toddlers on Optimizing Pregnancy and Assistance for Pregnant Women. Community service activities that have been carried out have increased mothers' knowledge. The most influential thing in this activity is the unexpected pandemic condition that makes the community service program more flexible in adjusting the situation and security priorities for community service implementers, so it is planned for follow-up activities in the form of mentoring, which midwifery study program students will continue with supervision by lecturers and regional midwives. Local.*

**Keyword :** *Assistance for Pregnant Women; Pregnancy Optimization; Childbirth Planning; Telehealth; Maternity Assistants Training*



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## INTRODUCTION

Pregnancy is the period of carrying a child (starting from the gestation of the menstrual period until before delivery, which generally is 40 weeks or 280 days) and is divided into three periods, or trimesters, each lasting three months (40 weeks) (Prawirohardjo, 2009). Pregnancy is a crucial period in the life of a mother-to-be and her baby-to-be because the conditions during pregnancy will significantly affect the growth and development of the baby. One of the programs launched by the Indonesian government concerning optimizing the quality of the nation's next generation that has been carried out since pregnancy is the First 1000 Days of Life. The First 1000 Days of Life (HPK), or the first thousand days, is a period in the growth and development process that starts from conception until two years old (Anisa, 2012).

The high maternal mortality rate in Indonesia, namely 305 per 100,000 live births in 2015, has not yet reached the set target of 102 per 100,000 live births. Other maternal and child health problems in Indonesia are infant mortality and stunting. The infant mortality rate of 24 per 1000 live births in 2015 has not yet reached the target of 23 per 1000 live births. While the stunting rate is 30.8%, consisting of 11.5% concise and 19.3% short (Riskesdas, 2018)

East Java is one of the provinces with a high maternal mortality rate in Indonesia, namely 89.81/100.000. Bondowoso is one of the districts in the horseshoe area with complex maternal and child health problems; apart from being one of the districts with the highest MMR, it is also the district with high infant mortality and stunting problems in East Java.

Based on the PWS KIA in Bondowoso Regency in 2020, it shows that K1, K4, and P4K data exceed the national coverage target, but maternal and child health problems, especially maternal mortality, infant mortality, and stunting, in Bondowoso Regency are still very high. Bondowoso Regency requires special attention because the number of health workers, maternity assistants, and the coverage of maternal and child health targets are quantitatively standardized but qualitatively not directly proportional. The challenge ahead is to improve the quality of maternal and child health programs. Jambesari Health Center is one of the health centers in Bondowoso Regency, East Java Province, which is used to become a target in improving the quality of public health, especially maternal health for optimizing the first 1000 days of life.

The Covid-19 pandemic condition that has been going on since March 2020 has significantly impacted several things, especially maternal and child health services. Restrictions on access and services are changes affected by the Covid-19 pandemic that require innovation. Telemedicine is one of the strategies to prevent the spread of COVID19 in many countries because telemedicine is the provision of health services using electronic communication technology. Patients and medical personnel do not need to meet in one place but still communicate through an application. (Chang & BoudierRevéret, 2020; Prabowo, 2020; Song et al., 2020). Telemedicine consists of several forms, namely online consultation, screening, and chatbots. With various telemedicine methods, patients can report their symptoms and receive advice and direction regarding their illness (Vidal-Alaball et al., 2020).

Based on the health problems of mothers and children, pregnancy is a period that determines the quality of subsequent life, including the period of growth and development in infancy, toddlers, and children. Improve health need to be carried out by empowering the community, maternity assistant, pregnant women, and families by mentoring pregnant

women and training for Posyandu maternity assistants mothers-to-be children to optimize preparation for childbirth Jambesari Health Center area the new adaptation period of Covid-19.

## **COMMUNITY SERVICE METHODS**

The method of activity in the implementation of this community service consists of: Offline Activities. Activities carried out face-to-face carried out at the Author Village Hall, which include: a). Training for Mother-Toddler Posyandu Maternity Assistants on Optimizing Pregnancy. The presentation method using PPT media and providing module books is expected to provide the correct information to maternity assistant. The maternity assistants training activities were also taught about the assistance of pregnant women and the coordination flow with health workers. Question and answer discussions were also an additional method in this activity to explore participants' knowledge and questions related to related problems encountered previously. b) Assistance for Pregnant Women. This activity is an initial face-to-face meeting with pregnant women. Assistance activities for pregnant women begin with face-to-face meetings for orientation and presentation of mentoring programs to pregnant women. Face-to-face activities are by providing PPT material about pregnancy each semester and self-empowerment of pregnant women during pregnancy and providing modules for pregnant women. They provided education about pregnancy and talks to build trust and psychological closeness with the companion. Online Activities. Follow-up activities from the previous offline activities are online meeting activities, either through online meetings or text/SMS/Whatsapp/phone, which consist of the following activities: a) Posyandu Maternity Assistants Training for Mothers and Toddlers on Birth Planning. Training for Mother-Toddler Posyandu Maternity Assistants on Growth Stimulation. b) These two activities are carried out through online events using the presentation method using PPT media. The maternity assistants training activities will also be taught about planning for childbirth and stimulating the growth of infants and children during the new adaptation period of Covid-19. Question and answer discussion is also an additional method in this activity to explore participants' knowledge and questions related to related problems encountered previously. c) Assistance for Pregnant Women, d) This activity is a continuation of mentoring pregnant women whose initiation has been carried out face-to-face. Assistance for pregnant women to do follow-up assistance through TeleHealth.

Evaluation. The evaluation carried out consisted of an evaluation of maternity assistants' training and pregnant class activities. The evaluation was carried out using a pretest and posttest system. Prior to the presentation, participants will be given a pretest. Furthermore, after the presentation, discussion and Q&A will be conducted posttest. In addition to conducting a pretest and posttest in the process, each maternity assistant will evaluate with reflection activities at the end of the maternity assistants' training activity. In contrast, at the end of the mentoring activity, pregnant women will be evaluated using a pregnant woman satisfaction questionnaire. Follow-up and evaluation plan: 1) If 90% of the number of invitations has been given, the program is declared victorious. 2) If 60-89% of participants attend, the program is declared quite successful. 3) If <60% of participants attend, the program is declared to have not been successful. 4) The program is declared successful if many participants actively ask questions or provide feedback during the program. 5) The mentoring program for pregnant women is declared successful if the pregnant women participating in the mentoring provide a positive response and provide assistance via telehealth at least four times during the community service

program. 6) Evaluate the knowledge and understanding of maternity assistant after maternity assistant training. 7) Evaluate the level of satisfaction of pregnant women after mentoring pregnant women. 8) Analyze the pretest and posttest given to determine whether there is a significant difference. 9) Delivering the results of community service to the Jambesari Health Center so that it continues to follow up on the active role of maternity assistant in assisting pregnant women.

## RESULTS AND DISCUSSION

### Posyandu Health Maternity assistant Training

The first activity in this community service was Posyandu Maternity assistant Training which was carried out offline in the Pengarang Village Meeting Room, held on October 23, 2021. This activity was attended by 15 posyandu maternity assistant from Pengarang Village, Jambesari Darussholah District, Bondowoso Regency. This activity was also attended by the author's midwife and the village health post team of Pengarang. Posyandu maternity assistant are members of the PKK who are very active in every Posyandu activity for toddlers and are the spearhead of midwifery services in the area who are the connectors for the role of health workers to the community. They have long experience as maternity assistant, ranging from 4-20 years. So it is pretty often face-to-face with pregnant women and toddlers. Maternity assistant training has achieved indicators of success in terms of the number of participants present because it has reached >80% of the total invitations, which is 100% (15 of the 15 targeted maternity assistant).

Evaluation of activities, in general, is an activity that runs smoothly. This smooth operation is due to the support of various parties, especially village midwives, health centers, and Village Authors. All maternity assistant who attended as participants were also active in the community and were very active in the training process, both in the discussion process. In general, there were almost no barriers, and there were only two maternity assistant who had to leave the activity for some time because they had to attend the event—preparation of village head elections in the exact location. After the educational activities were completed, the maternity assistant were given a module related to pregnancy and explained how to use it. This activity went smoothly.

Evaluation of these training activities in the form of pre-test and post-test for compare effectiveness of the training to determine the level of knowledge. The pre-test and post-test post-test questions consist of 10 questions which include knowledge about discomfort in pregnancy in trimesters 1, 2,3, knowledge about danger signs during pregnancy, knowledge about antenatal care, knowledge about an adaptation of antenatal care during a pandemic, and the role of maternity assistant in the health of pregnant women.

Table 1. Maternity assistant Training Pre and Post Test Results

Number of Correct Questions (10 questions)	n (pre test)	n (post test)
3	2	0
4	4	0
5	5	1
6	2	1
7	1	4
8	0	2

9	0	2
10	0	4
Total	14	14

Table above is a description of the pre-test and post-test scores. The pretest score range is 3-7 while the post-test is 5-100, with four perfect scores (all correct).

Table 2. Interpretation Results of Pre and Post Test Maternity assistant Training

Knowledge	Before		After	
	Frequency	Percentage	Frequency	Percentage
Less than satisfactory	11	78.57	1	7.14
Satisfactory	3	21.43	5	35.71
Good	0	0	8	57.15
<b>Total</b>	14	100	14	100

\* According to Nursalam (2008), the criteria for assessing the level of knowledge are divided into three categories: The level of knowledge is good if the score or value: (76-100%), The level of knowledge is sufficient if the score or value: (56-75%), The level of knowledge is less if score or value : (< 56%)

Based on Table 2, it can be seen that the knowledge of maternity assistant before being given training was mostly lacking (78.57%). However, after being given the material and having an active discussion, it was found that most of the maternity assistant's knowledge was good (57.15%)

### Maternal Assistance

Assistance for pregnant women is carried out through initial activities carried out face-to-face in the Pengarang Village Meeting Room, which will be held on November 1, 2021. This activity was attended by 15 pregnant women of various gestational ages. This activity consists of: 1) Pregnancy and adaptation education materials during the pandemic by the village midwife Author. 2) Pregnancy optimization material by UNAIR's team of midwifery lecturers. 3) Group discussion between accompanying students and pregnant women conducted with the lecturer team

In general, this activity went smoothly, and the pregnant women actively asked questions during the material session, in mentoring activities carried out with lecturers and five final year professional program students (students have experience mentoring the First 1000 Days of Life in the City of Surabaya).

### CONCLUSION

Posyandu maternity assistant training is essential in optimizing 100 HPK for mothers, fetuses, and children. This activity is carried out as one of the efforts made to empower the community, especially health maternity assistant and pregnant women, in improving the health status of pregnant women in Indonesia. Posyandu maternity assistant are

extensions of health workers with the community who can provide health information in pregnancy to pregnant women. Posyandu maternity assistant training activities have been carried out effectively, marked by increased knowledge and active question and answer discussions. The follow-up plan for this community service activity is mentoring, in which midwifery study program students will continue with supervision by local lecturers and midwives. Unexpected pandemic conditions have forced the community service program to be more flexible in adjusting the situation and security priorities for community service implementers.

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