Journal Educational of Nursing (JEN)
Vol. 7 No. 1 – January – June 2024; page 1-12
p-ISSN: 2655-2418; e-ISSN: 2655-7630
journal homepage: https://ejournal.akperrspadjakarta.ac.id
DOI : 10.37430/jen.v7i1.191

Article history:
Received: November 7th, 2023
Revised: November 24th, 2023
Accepted: December 19th, 2023

Relationship between Breech Delivery and The Condition of Mother and Baby at RSIA Permata Hati

Fathiyati[1], Al-Bahra[2], M. Adila Rossa[3], Ratna Wati
Department of Midwifery, Salsabila College of Health Sciences, Serang – Indonesia[1]
Information Technology Education Study Program-Raharja University, Tangerang–Indonesia[2]
Management, Muhammadiyah University of Jakarta – Indonesia[3]
STIAMI Institute of Social Sciences and Management[4]
e-mail: fathiyati@gmail.com[1], albarha@raharja.info[2], moch.adila.rossa@gmail.com[3], ras030507@gmail.com[4]

Abstract

The aim of this research is to determine the relationship between breech delivery and the condition of the mother and baby at RSIA Permata Hati in 2021. The conceptual framework in this research is the independent variables in the form of maternal age, parity, history of previous births, gestational age, hydramnios, placenta previa and pregnancy. twins and the dependent variable is breech position. It is hoped that the benefits of this research can be used as a source of reference in handling breech delivery. In this study the author used a descriptive method by collecting data using secondary data from (Medical Records). Data analysis was carried out univariately and bivariately with a population distribution of the frequency of breech position events that occurred at RSIA Permata Hati in 2021 as many as 133 people. The results of the overall study showed that 68 people (68%) experienced pure buttock breech births and those who experienced 32 people (32%) conveyed the location of the breech buttocks. The maternal age at risk of breech delivery was 41 people (41%) and the age without risk was 59 people (59%). And 59 mothers (59%) had a previous delivery history and 41 mothers (41%) did not have a previous delivery history. It is hoped that the results of this research health workers can improve the quality of services, especially in handling breech cases and can improve the quality of existing services again.

Keywords: Breech Position; Childbirth History; Placenta Previa; Hydramnios; Multiple Pregnancy.

Introduction

Childbirth is the process of expelling the products of conception in the form of a fetus and placenta which are at term, namely 37-42 weeks of gestation and can live outside the womb either with or without assistance. Normal delivery is the process of expelling a fetus that is at term, born spontaneously with a posterior presentation that lasts 18 hours without complications for the mother or fetus.

According to the World Health Organization (WHO) in 2019, every year 358,000 mothers die during childbirth, of which 355,000 (99%) come from developing countries. The Maternal Mortality Rate (MMR) in developing countries is the highest with 290 maternal deaths per 100,000 live births compared

to the MMR in developed countries, namely 14 maternal deaths per 100,000 live births. The MMR in 2018 in the world was 303,000, a decrease of around 44% compared to 1990. The IMR aged 0-11 months was 34 per 1000 live births.

The most sensitive indicator of the success of maternal and child health programs is the perinatal and maternal mortality rate. This situation is caused by malpresentations including abnormalities in breech presentation, hypoxia and birth trauma. In all births, 3-4% of cases are breech. The incidence of breech presentation ranges from 25-30% when gestation is 28 weeks and cephalic presentation occurs at 34 weeks gestation.

The cause of breech position is poor or non-existent fixation of the head on the pelvic inlet. The fetus moves easily, such as hydramnios, multipara, small fetus, gemelli, uterine abnormalities such as aruatus uterus, uterine myoma. The fetus died long ago. From the research results, the incidence of prolonged labor is 2.8% to 4.9%. One of the factors that influences long labor is positional abnormalities, in this case the breech position due to accommodation disorders, free fetal movement, fixation problems at the upper pelvic inlet, often obstructed labor or prolonged labor.

Clinical conditions of breech delivery include conditions that can increase fetal mortality or affect the vertical polarity of the uterine cavity. Breech delivery occurs in 3-4% of all term pregnancies. A higher percentage of breech position occurs at a less advanced gestational age. At 32 weeks 7% of fetuses are breech and 28 weeks or less are typically breech. The recurrence rate for second pregnancies is nearly 10% and for subsequent pregnancies 27%.

Breech pregnancy can be caused by many things, including: multiparity, prematurity, multiple pregnancies, hydramnios, hydrocephalus, anencephaly, placenta previa, narrow pelvis, uterine abnormalities and uterine deformities, implantation of the placenta in the uterine fundus horn.

Birth in the breech position can cause emergencies in the fetus, such as amniotic fluid poisoning and asphyxia, while in the mother it is possible that the birth canal will tear and cause prolonged labor so that infection can occur. A breech birth can be performed vaginally if the patient is not an old primigravida, the fetus has a high social value baby, a bad obstetric history, the fetus is not large (no more than 3.5 kg), no pelvic narrowing and no prematurity.

Based on data obtained at RSIA Permata Hati in 2020, the results were 122 (6.83%) of the total number of births, namely 1787 people. Then in 2021 the results were 133 (7.07%) of the total number of births, namely 1881 people.

There are many factors for breech presentation including prematurity, excessive amniotic fluid, multiple pregnancies, placenta previa, narrow pelvis, myoma, hydrocephalus, large fetus, history of previous births, and age and gestational age. Part of the reason is that there is a flabby buttocks presentation. Some mothers give birth to all their babies in breech presentation indicating that the shape of their pelvis is such that it is more suitable for breech presentation than cephalic presentation. Implantation of the placenta in the fundus or in the uterine tone tends to facilitate breech presentation.

The position of the breech can certainly affect the birth process. If what happens is pure breech presentation, then normal delivery is still relatively easy in multiparas. Meanwhile, if what happens is foot presentation, when the membranes rupture spontaneously, the umbilical cord may also come out (umbilical cord prolapse). If delivery is not carried out immediately, the fetus may not be saved.

To prevent this, delivery can be done by caesarean section. However, the best therapy is prevention. Preventing or at least being prepared is important. Preventive measures are not only taken during childbirth, but are started when the mother is pregnant by providing good antenatal care.

The general aim of this research is to determine the frequency distribution of mothers with breech births, the frequency distribution of mothers with breech births based on age, parity, birth history, gestational age, placenta previa, hydramnios, multiple pregnancies, as well as the relationship between age, parity, birth history , gestational age, placenta previa, hydramnios, twin pregnancies with breech delivery at RSIA Permata Hati in 2021.

Method

In this study the author used a descriptive method with a cross sectional approach. Data collection uses secondary data from (Medical Records). The population in this study were all women giving birth with breech presentation, namely 133 women giving birth at RSIA Permata Hati. The sample in this study was a portion of mothers who gave birth in a breech position at RSIA Permata Hati. The sample size in this study was calculated using the Solvin formula. The number of samples used in this research was 100 mothers giving birth in breech position at RSIA Permata Hati in 2021.

The sampling technique used in this research was the Simple Random Sampling technique. The method for taking samples in this research is by making a lottery according to the population size, starting from 1 to 133, then shuffling until you get a lottery according to the number of samples. The numbers that come out of the lottery will be used as a research sample. In this study, the instruments used in data collection were patient status obtained from RSIA Permata Hati medical records and checklist sheets. The data used is secondary data, namely by looking at the patient's status in the RSIA Permata Hati Ciputat medical record. After data collection is carried out, the data is processed using random sampling as follows with the Editing, Coding, Entry and Cleaning steps.

Result

1. Univariate Analysis

a. Breech Delivery

Table-1. Distribution of frequency of breech delivery among women giving birth at RSIA Permata Hati in 2021

No	Breech location	Frequency	Percentage (%)
1.	Pure Ass	68	68%
2.	Legs Buttocks	32	32%
	Amount	100	100

Table 1 above shows that of the 100 mothers who gave birth in the breech position with pure buttocks, there were 68 people (68%), while those who experienced birth in breech position with the buttocks of the legs were 32 people (32%).

b. Breech Delivery Based on Age

Table-2. Frequency Distribution of Breech Delivery Based on Age to mothers giving birth at RSIA Permata Hati in 2021

No	Mother's Age	Frequency	Percentage (%)
1.	At risk (<20 and >35 years)	41	41 %
2.	No Risk 20 to 35 years	59	59%
	Amount	100	100

Table 2 above shows that of the 100 mothers who experienced breech delivery, those aged 20 to 35 years were 59 people (59%) while those aged <20 and >35 years were 41 people (41%).

c. Breech Delivery Based on Parity

Table-3. Frequency Distribution of Breech Delivery Based on Parity to mothers giving birth at RSIA Permata Hati in 2021

No	Maternal Parity	Frequency	Percentage (%)
1.	Primipara	45	45 %
2.	Multi or Grandemulti	55	55%
	Amount	100	100

Table 3 above shows that out of 100 mothers in labor who experienced breech presentation in mothers with primiparous parity, there were 45 people (45%), while those with multiparous or grandemulti parity were 55 people (55%).

d. Breech Position Delivery Based on Past Birth History

Table-4. Frequency Distribution of Breech Delivery Based on History Previous birth at RSIA Permata Hati in 2021

No	Past birth history	Frequency	Percentage (%)
1	Yes	59	59 %
2	No	41	41 %
	Amount	100	100

Table 4 shows that out of 100 mothers who experienced birth with a breech position based on previous birth history, there were 59 people (59%), while 41 women (41%) gave birth without a history of previous birth.

e. Breech Delivery Based on Gestational Age

Table-5. Frequency Distribution of Breech Delivery in Pregnant Women Based on gestational age at RSIA Permata Hati in 2021

No	Gestational Age	Frequency	Percentage (%)
1.	20 to 37 Weeks	51	51%
2.	38 to 42 Weeks	49	49%
	Amount	100	100

Table 5 shows that out of 100 mothers who gave birth in a breech position based on a gestational age of 20-37 weeks, there were 51 people (51%), while mothers who gave birth in a breech position based on a gestational age of 38-42 weeks, namely 49 people. (49%).

f. Breech Delivery Based on Placenta Previa

Table-6. Frequency Distribution of Breech Delivery in Pregnant Women Based on Placenta Previa at RSIA Permata Hati in 2021

No	Placenta Previa	Frequency	Percentage (%)
1.	Yes	39	39%
2.	No	61	61%
	Amount	100	100

Table 6 shows that out of 100 mothers who experienced a breech delivery based on placenta previa, there were 39 people (39%), while those who experienced a breech delivery without placenta previa were 61 people (61%).

g. Breech Delivery Based on Hydramnios

Table-7. Frequency Distribution of Breech Delivery in Pregnant Women Based on Hydramnios at RSIA Permata Hati in 2021

No	Hydramnios	Frequency	Percentage (%)
1.	Yes	60	60%
2.	No	40	40%
	Amount	100	100

Table 7 shows that out of 100 mothers who gave birth in a breech position based on hydramnios, there were 60 people (60%), while there were 40 mothers who experienced birth in a breech position without hydramnios, namely 40 people (40%).

h. Breech Delivery Based on Multiple Pregnancy

Table-8. Distribution of breech delivery events among mothers giving birth Based on Twin Pregnancies at RSIA Permata Hati in 2021

No	Multiple Pregnancy	Frequency	Percentage (%)
1.	Yes	56	56%
2.	No	44	44%
	Amount	100	100

Table 8 shows that out of 100 mothers who experienced breech delivery with twin pregnancies, there were 56 people (56%), while 44 people (44%) experienced breech birth without twin pregnancies.

2. Bivariate Analysis

a. The relationship between maternal age and breech delivery

Table-9. The relationship between maternal age and breech delivery to mothers giving birth at RSIA Permata Hati in 2021

No	Age	Breech location				Total		P value	OR 95%CI
		Pure Ass		Leg Buttocks					
		∑	%	∑	%	∑	%		
1.	At risk (<20 and >35 years)	29	42,6	12	37,5	41	41	0,787	1,239 Cl=0,523-2,935
2.	No Risk (20-35 years)	39	57,4	20	62,5	59	59		
	Amount	68	100	32	100	100	100		

Data analysis: From table 9, it is known that the number of birth mothers who experienced pure buttock breech position was 39 people (57.4%) while the number of birth mothers who experienced pure buttock breech position were at the age of (20-35 years) as many as 20 people (62.5%). The results of statistical tests using Chi-Square obtained Pvalue > α (Pvalue = 0.787) meaning that α = 0.05 shows that there is no relationship between maternal age and breech delivery in women giving birth.

b. The relationship between maternal parity and breech delivery

Table-10. The relationship between maternal parity and breech delivery to mothers giving birth at RSIA Permata Hati in 2021

No	Parity	Breech location				Total		P value	OR 95%CI
		Pure Ass		Leg Buttocks					
		∑	%	∑	%	∑	%		
1.	Primipara	36	52,9%	9	28,1%	45	45%	0,035	2,875 CI= 1,162 – 7,113
2.	Multipara or Grandemultipara	32	47,1%	23	71,9%	55	55%		
	Amount	68	100%	32	100%	100	100%		

Data analysis: From table 10, it is known that the birth mothers who experienced a lot of pure buttock breech position were 36 people (52.9%) in the primipara parity, while the number of birth mothers who experienced a lot of pure buttock breech position were 23 people in the multiparous or grandemultipara parity. (71.9%). The results of statistical tests using Chi-Square with continuity correction obtained Pvalue < α (Pvalue = 0.035) meaning that α = 0.05 shows that there is a relationship between maternal parity and breech delivery in mothers giving birth. Analysis of the close relationship between the 2 variables obtained OR = 2.875 (95%): CI: 1.162 – 7.113. This means that mothers who have multiparous or grandemultiparous parity have a 2.87 times greater chance of having a breech fetus compared to mothers who have primiparous parity.

c. The relationship between previous birth history and breech delivery

Table-11. The relationship between previous birth history and breech delivery to mothers giving birth at RSIA Permata Hati in 2021

No	Past birth history	Breech location				Total		P value	OR 95%CI
		Pure Ass		Leg Buttocks					
		∑	%	∑	%	∑	%		
1.	Yes	35	51,5%	24	75%	59	59%	0,044	0,354 CI= 0,139 - 0,897
2.	No	33	48,5%	8	25%	41	41%		
	Amount	68	100%	32	100%	100	100%		

Data analysis: From table 11, it is known that 35 birth mothers who experienced pure buttock breech position had a history of previous births (51.5%) while birth mothers who experienced a lot of pure buttock breech position were those who had a history of pure birth. then as many as 24 people (75%). The results of statistical tests using Chi-Square with continuity correction obtained Pvalue < α (Pvalue = 0.044) meaning that α = 0.05 shows that there is a relationship between the history of previous births in the mother and the breech delivery in the birthing mother. Analysis of the close relationship between the 2 variables obtained OR = 0.354 (95%): CI: 0.139-0.897. This means that mothers who have a history of previous breech births have a chance of having a breech delivery fetus again by 0.35 times greater than mothers who do not have a previous history of breech births.

d. The relationship between gestational age and breech delivery

Table-12. The relationship between gestational age and breech delivery to mothers giving birth at RSIA Permata Hati in 2021

No	Gestational Age	Breech location				Total		P value	OR 95%CI
		Pure Ass		Leg Buttocks					
		∑	%	∑	%	∑	%		
1.	20-37 weeks	40	58,8%	11	31,3%	51	51%	0,018	2,772 CI=1,137-6,541
2.	38-42 weeks	28	41,2%	21	68,8%	49	49%		
	Amount	68	100%	32	100%	100	100%		

Data analysis: From table 12, it is known that 40 women who gave birth experienced pure buttock breech position, namely at the gestational age of 20-37 weeks, while 40 mothers who gave birth experienced a lot of pure buttock breech position, namely at 38 weeks of gestation. -42 weeks as many as 28 people (41.2%). The results of statistical tests using Chi-Square obtained Pvalue < α (Pvalue = 0.039) meaning that α = 0.05 indicates that there is a relationship between the gestational age of the mother and the incidence of breech position in the mother giving birth. Analysis of the close relationship between the two variables showed that OR = 2.727 (95%) : CI : 1.137-6.541, meaning that women giving birth at 20-37 weeks of gestation had a 2.72 times greater chance of breech occurrence compared to those with 38-42 weeks of gestation.

e The relationship between placenta previa and breech delivery

Table-13. The relationship between placenta previa and breech delivery to mothers giving birth at RSIA Permata Hati in 2021

No	Placenta Previa	Breech location				Total		P value	OR 95%CI
		Pure Ass		Leg Buttocks					
		∑	%	∑	%	∑	%		
1.	Yes	25	36,8%	14	43,8%	39	39%	0,654	0,748 CI=0,318-1,757
2.	No	43	63,2%	18	56,3%	61	100%		
	Amount	68	100%	32	100%	100	100%		

Data analysis: From table 13, it is known that 43 women who gave birth experienced pure buttock breech position, that is, not with placenta previa, were 43 people (63.2%), while 18 women who gave birth experienced pure buttock breech position, namely not with placenta previa. (56.3%). The results of statistical tests using Chi-Square obtained Pvalue > α (Pvalue = 0.654) meaning that α = 0.05 shows that there is no relationship between placenta previa in mothers and the incidence of breech presentation in mothers giving birth.

f. The relationship between hydramnios and breech delivery

Table-14. The relationship between hydramnios and breech delivery to mothers giving birth at RSIA Permata Hati in 2021

No	Hydramnios	Breech location				Total		P value	OR 95%CI
		Pure Ass		Leg Buttocks					
		∑	%	∑	%	∑	%		
1.	Yes	46	67,6%	14	43,8%	60	60%	0,040	2,688 CI=1,133-6,376
2.	No	22	32,4%	18	56,3%	40	100%		
	Amount	68	100%	32	100%	100	100%		

Data analysis: From table 14, it is known that 46 women who gave birth experienced pure buttock breech position, namely with hydramnios, while 18 people who gave birth experienced pure buttock breech position, namely not with hydramnios, were 18 people (56, 3%). The results of statistical tests using Chi-Square obtained Pvalue < α (Pvalue = 0.040) meaning that α = 0.05 indicates that there is a relationship between hydramnios in mothers and the incidence of breech position in mothers giving birth. Analysis of the close relationship between the two variables showed that OR = 2.688 (95%) : CI : 1.133-6.376, meaning that mothers who gave birth with hydramnios had a 2.68 times greater chance of having a breech position compared to mothers who gave birth without hydramnios.

g. The relationship between multiple pregnancies and breech delivery

Table-15. The relationship between multiple pregnancies and breech delivery to mothers giving birth at RSIA Permata Hati in 2021

No	Multiple Pregnancy	Breech location				Total		P value	OR 95%CI
		Pure Ass		Leg Buttocks					
		∑	%	∑	%	∑	%		
1.	Yes	45	66,2%	11	34,4%	56	56%	0,006	3,735

2.	No	23	33,8%	21	65,6%	44	44%		CI=1,540-9,057
	Amount	68	100%	32	100%	100	100%		

Data analysis: From table 15, it is known that 45 birth mothers experienced pure buttock breech position, namely twin pregnancies (66.2%), while 21 birth mothers experienced pure buttock breech position, namely not twin pregnancies (21). 65.6%). The results of statistical tests using Chi-Square obtained Pvalue < α (Pvalue = 0.006) meaning that α = 0.05 indicates that there is a relationship between twin pregnancies in mothers and the incidence of breech position in mothers giving birth. Analysis of the close relationship between the two variables showed that OR = 3.735 (95%) : CI = 1.540-9.057, meaning that women giving birth with twin pregnancies have a 3.73 times greater chance of having a breech position compared to women giving birth who do not have twin pregnancies.

Discussion

1. Mother gives birth with the fetus in the breech position

The results of the research that has been carried out show that out of a sample of 100 mothers giving birth with breech presentation at RSIA Permata Hati in 2021, 68 (68%) had pure buttocks and 32 (32%) with buttocks. If we look at independent variables such as: parity, history of previous births, gestational age, hydramnios, multiple pregnancies and these variables are related to the incidence of breech position, while independent variables such as: maternal age and placenta previa have no relationship with the incidence of breech position.

2. Relationship between maternal age and breech position events

The results of the univariate research showed that of the 100 mothers who experienced breech delivery, those aged 20 to 35 years were 59 people (59%) while those aged <20 and >35 years were 41 people (41%). Based on the results of the bivariate analysis carried out, it can be seen that out of 100 mothers who gave birth with breech delivery in the maternal age group of 20-35 years, there were 59 people (59%) while those aged <20 and >35 years were 41 people (41%).

The results of bivariate analysis using the chi square statistical test to determine the relationship between maternal age and the incidence of breech position in mothers giving birth, obtained a P-Value > α (P-Value = 0.787), meaning that at α = 5%, it shows that there is no significant relationship between maternal age and the incidence of breech position in women giving birth, so that the research hypothesis on both variables failed to be accepted. The results of the bivariate analysis do not match the hypothesis that the researcher has formulated.

3. Relationship between Parity and the incidence of Breech Position

The results of the univariate research showed that out of 100 mothers in labor who experienced breech presentation in mothers with primiparous parity, there were 45 people (45%), while those with multiparous or grandemulti parity were 55 people (55%). Based on the bivariate analysis, it can be seen that out of 100 mothers who gave birth with breech delivery, the majority were in the group of maternal parity cases, namely in multiparous and grandemulti as many as 55 people (55%) while in primiparous parity there were 45 people (45%).

Based on the results of bivariate analysis using the chi square statistical test with continuity correction, the P-Value value < α (P-Value = 0.070),

meaning that α = 5% indicates that there is a significant relationship between maternal parity and the incidence of breech position in mothers giving birth. , so that the alternative research hypothesis on both variables is accepted. And it is known that multiparous and grandemulti parity have a 2.475 times greater chance of breech delivery in mothers compared to primiparous mothers.

4. Relationship between previous birth history and the incidence of breech position

The results of the univariate research showed that out of 100 mothers who experienced birth with a breech position based on previous birth history, there were 59 people (59%), while 41 women (41%) gave birth without a history of previous birth. Based on the results of the bivariate analysis carried out, it can be seen that out of 100 mothers who gave birth with breech delivery in the group of cases with a history of previous birth, there were 59 people (59%) while there were 41 people (41%) who gave birth without a history of previous birth.

The results of bivariate analysis using the chi square statistical test with continuity correction to determine the relationship between the previous history of breech position and the incidence of breech position in mothers giving birth obtained a P-Value < α (P-Value = 0.044), meaning that at α = 5% it shows that there is There is a significant relationship between a history of previous breech position and the incidence of breech position in women giving birth, and it is known that having a history of previous breech position increases the experience of breech position by 0.354 times greater than having no previous history of breech position.

5. Relationship between gestational age and the incidence of breech position

The results of the univariate research showed that out of 100 mothers who gave birth in a breech position based on a gestational age of 20-37 weeks, there were 51 people (51%), while mothers who gave birth in a breech position based on a gestational age of 38-42 weeks were 49 people (49%). Based on the bivariate analysis carried out, it can be seen that out of 100 mothers who gave birth with a breech delivery in the 20-37 weeks gestational age group, there were 51 people (51%) while there were 49 women who gave birth with a gestational age of 38-42 weeks (49%).

The results of bivariate analysis using the chi square statistical test showed that there was a relationship between gestational age and the incidence of breech position in mothers giving birth. The P-Value < α (P-Value = 0.018), meaning that at α = 5%, it showed that there was a significant relationship between age. 20-37 weeks of pregnancy with the incidence of breech position in women giving birth, and it is known that the gestational age of breech position is 2,772 times greater than the gestational age of 38-42 weeks.

6. Relationship between placenta previa and breech presentation

The results of the univariate analysis showed that of the 100 mothers who experienced breech delivery based on placenta previa, there were 39 people (39%), while those who experienced breech delivery without placenta previa were 61 people (61%). Based on the bivariate analysis carried out, it can be seen that out of 100 mothers who gave birth with breech delivery in the group of cases with placenta previa, there were 39 people (39%) while there were 61 women who gave birth without placenta previa (61%).

The results of bivariate analysis using the chi square statistical test showed that

there was a relationship between gestational age and the incidence of breech position in mothers giving birth, obtained a P-Value > α (P-Value = 0.654), meaning that at α = 5%, it showed that there was no significant relationship between placenta previa with the occurrence of breech position in mothers giving birth, so that the research hypothesis on both variables failed to be accepted. The results of the bivariate analysis do not match the hypothesis that the researcher has formulated.

7. Relationship between hydramnios and breech position

The results of the univariate analysis showed that out of 100 mothers who experienced birth with a breech position based on hydramnios, there were 60 people (60%), while there were 40 mothers who experienced birth with a breech position without hydramnios (40%). Based on the bivariate analysis carried out, it can be seen that out of 100 mothers who gave birth with breech delivery in the group of cases with hydramnios there were 60 people (60%) while there were 40 women who gave birth without hydramnios (40%).

The results of bivariate analysis using the chi square statistical test showed that there was a relationship between gestational age and the incidence of breech position in women giving birth. The P-Value < α (P-Value = 0.040), meaning that at α = 5%, it showed that there was a significant relationship between hydramnios. with the incidence of breech position in women giving birth, and it is known that hydramnios with a breech position is 2.688 times greater than hydramnios without a breech position.

8. Relationship between multiple pregnancies and breech presentation

The results of univariate analysis showed that of the 100 mothers who experienced breech delivery with twin pregnancies, there were 56 people (56%), while 44 people (44%) experienced breech birth without twin pregnancies. Based on the bivariate analysis carried out, it can be seen that out of 100 women giving birth with breech births in the group of cases with twin pregnancies there were 56 people (56%) while there were 44 women giving birth who did not have twin pregnancies (44%).

The results of bivariate analysis using the chi square statistical test showed that there was a relationship between gestational age and the incidence of breech position in women giving birth. The P-Value < α (P-Value = 0.006), meaning that α = 5% indicated that there was a significant relationship between pregnancies. twins with a breech position occur in birth mothers, and it is known that twin pregnancies with a breech position are 3.735 times greater than twin pregnancies with a breech position..

Summary

The results of this study concluded that there was a significant relationship between maternal parity and the incidence of breech position in mothers giving birth. There is a significant relationship between the incidence of breech position based on previous history of breech position. There is a significant relationship between the incidence of breech position based on gestational age which often occurs in mothers giving birth. There is a significant relationship between hydramnios and the incidence of breech position in mothers giving birth. There is a significant relationship between the incidence of breech position and multiple pregnancies which often occur in pregnant women.

References

1. Agnes Isti Harjanti, Zakiyatul Miskiyah. 2016. "Pengelolaan Kehamilan 34 Minggu dengan Letak Sungsang Menggunakan Metode," 1–7.
2. Agustin, Dian Rahmawati1 Lia. 2019. "Faktor Penyulit Persalinan Pada Persalinan Dengan Seksiosesarea Di Kediri" 10 (1).
3. Andi, Hasliani. 2016. "Penanganan Persalinan Presentasi Bokong Di Rumah Sakit Khusus Daerah Ibu Dan Anak Pertiwi," 18–21.
4. Andi Meutiah Ilhamjaya. 2020. "Angka Kejadian Dan Faktor – Faktor Yang Berhubungan Dengan Janin Letak Sungsang dari Ibu Hamil Yang Melahirkan Di RSWS Makassar" 2 (2): 172–78.
5. Aprina, Anita Puri. 2016. "Faktor-Faktor Yang Berhubungan Dengan Persalinan Sectio Caesarea Di Rsud Dr. h Abdul Moeloek Provinsi Lampung," 90–96.
6. Astuti, Anjar Tri. 2018. "Hubungan Paritas Dan Kehamilan Kembar Terhadap Kejadian Letak Sungsang Di RSKDIA Siti Fatimah Makssar Tahun 2018" 2 (2).
7. Atik, Syiska, Jenie Palupi, and Yunita Sari. 2019. "Gambaran Derajat Asfiksia Neonatorum Pada Persalinan" 01 (1): 13–20.
8. Chunaeni, Siti, Arum Lusiana, Esti Handayani, Poltekkes Kemenkes Semarang, Kala I Fase Aktif, and Nyeri Persalinan. 2016. "Efektifitas Terapi Murottal Terhadap Penurunan Nyeri Ibu Bersalin Kala I Fase Aktif" 001.
9. Dinkes Provinsi Sulawesi Selatan. 2017. "Provinsi Sulawesi Selatan Tahun 2016."
10. Dwi Nopiandari, Vifsi Agustina Handiniati. 2019. "Hubungan Anemia, Kehamilan Ganda, Dan Letak Sungsang Dengan Kejadian Ketuban Pecah Dini Pada Ibu Bersalin Di Rumah Sakit Pusri Palembang Tahun 2018" 7 (386).
11. Farihatin, Yuyun. 2019. "Hubungan Kejadian Persalinan Lama Dengan Persalinan Sectio."
12. Fauzia, Sri Wahyuni. 2017. "Faktor Persalinan Dan Kejadian Asfiksia Di Rsud Kota Bogor" 3 (1): 20–25.
13. Gray, Caron J, and Meaghan M Shanahan. 2020. "Breech Presentation Authors," 2–5.
14. Halimah Tu'sadiah. 2019. "Asuhan Kebidanan Ibu Hamil Dengan Letak Sungsang Pada Ny. I Di Rsud Dr. Drajat Prawiranegara Tahun 2019 Pregnant" 1 (1): 1–9.
15. Hidayah, Prima, and Heni Puji Wahyuningsih. 2018. "Hubungan Tingkat Risiko Kehamilan Dengan Kejadian Komplikasi Persalinan Di RSUD Panembahan Senopati Bantul" 3 (1).
16. Jauza Irbah, I Gede Ngurah Harry Wijaya Surya, I Nyoman Gede Budiana. 2019. "Karakteristik Persalinan Spontan Pervaginam Pada Kehamilan Dengan Bekas Seksio Sesarea Di Rsup Sanglah Denpasar" 8 (2): 1–7.
17. Jennewein, Lukas, Ulrikke Kiellandkaisen, Bettina Paul, Charlotte J Mo, Sophia Klemt, Sally Schulze, Nina Bock, and Wiebke Schaarschmidt. 2018. "Maternal and Neonatal Outcome after Vaginal Breech Delivery at Term of Children Weighing More or Less than 3 . 8 Kg : A FRABAT Prospective Cohort Study," 1–14.
18. Layla Imroatu Zulaikha, Sari Pratiwi A. 2017. "Hubungan Paritas Ibu Bersalin Dengan Kejadian Letak Sungsang Di Bps Suhartatik Wilayah Kerja Puskesmas Talang."
19. Marthia Ikhlasiah, Siti Riska. 2017. "Hubungan Antara Komplikasi Kehamilan Dan Riwayat Persalinan

Dengan Tindakan Sectio Caesarea Di Rumah Sakit Fatimah Serang," 1–7.
20. Miftakhul Zanah, Eko Mindarsih, Sri Wulandari. 2015. "Faktor-Faktor Yang Berhubungan Dengan Persalinan Sectio Caesarea Di Rsud Panembahan Senopati Bantul Tahun 2015," 1–9.
21. Musyahida. 2019. "Hubungan Asfiksia Neonatorium Dan Fraktur" 02 (01).
22. Nurdiyana, Siti. 2020. "Gambaran Karakteristik Ibu Bersalin Dengan Letak Sungsang Di Rs Kesdam Jaya Tahun 2018" 5 (1): 128–34.
23. Nurhidayah, Siti, and Erindra Budi C. 2018. "The Impact of Mixed Methods on Fetal Position Changes in Breech Pregnancy in Tegal Regency Independent Midwifery Practitioner" 2018: 51–59. https://doi.org/10.18502/kls.v4i4.2263.
24. Obstetricians, Royal College of, and And Gynecologists. 2017. "Management of Breech Presentation," no. 20: 151–77. https://doi.org/10.1111/1471-0528.14465.
25. Pradana, Ayoe Apriani. 2019. "Tanggung Jawab Bidan Praktik Mandiri Dalam Yang Menyebabkan Kematian Bayi Ditinjau Dari Peraturan Menteri Kesehatan Nomor 1464 Tahun 2010 Tentang Izin Dan Penyelenggaraan Praktik Bidan Dihubungkan Dengan Standar Profesi Bidan" 2 (1): 104–16.
26. Pramana, Cipta. 2019. "Manajemen Persalinan Sungsang," 1–14.
27. Putra, Nordiansyah, Nurul Utami, Fakultas Kedokteran, and Universitas Lampung. 2017. "Rencana Partus Pervaginam Pada Kehamilan Aterm Dengan Presentasi Bokong Dan Ketuban Pecah Dini Vaginal Birth Aterm Pregnancy with History Premature Ruptur of the Membranes and Breech Presentation" 7 (April): 81–84.
28. Putri, Selly Melasti, and Widya Maya Ningrum. 2019. "Gambaran Penyebab Bayi Lahir Mati (Stillbirth) Pada Proses Persalinan" 1: 37–44.
29. Putriana, Yeyen. 2016. "Hubungan Persalinan Presentasi Bokong Dengan Kejadian Asfiksia Bayi Baru Lahir Di Rumah Sakit Kabupaten Lampung Utara" XII (2): 251–56.
30. Restu Duwi Lestari, Nurita Nilasari Bunga Kharisma Arifiana Putri. 2019. "Analisis Faktor Penyebab Kejadian Asfiksia Pada Bayi Baru Lahir," 251–62. https://doi.org/10.26699/jnk.v6i1.ART.p251.
31. Rohmi Handayani, Dyah Fajarsari, Dwi Retno Trisna Asih, Dewi Naeni Rohmah. 2014. "Pengaruh Terapi Murottal Al-Qur'an Untuk Penurunan Nyeri Persalinan Dan Kecemasan Pada Ibu Bersalin Kala I Fase Aktif," 1–15.
32. Sari, Ruri Maiseptya, and Nuril Absari. 2017. "Faktor-Faktor Yang Berhubungan Dengan Tindakan Sectio Caesarea Di Rumah Sakit DKT Bengkulu."
33. Setiawan, Iwan. 2017. "Tafsir Ayat Al-Qu r'an Tema Keperawatan, Kebidanan Dan Fakta Ilmiahnya" 1 (2): 197–212.
34. Suciana Ajrina Suyanto, Laella K. Liana, Rimonta F. Gunanegara. 2013. "Persalinan Sungsang."
35. Sutrianita, Junaid, Farit Rezal. 2018. "Persepsi Ibu Hamil Terhadap Pertolongan Persalinan Menggunakan Tenaga Dukun Bayi Di Kecamatan Lawa Kabupaten Muna Barat Tahun 2017" 3 (2).