

## PSYCHOLOGICAL TRAUMATIC POST-PLACENTA RETENSION WITH THE DESIRE TO GET PREGNANT

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### ABSTRACT

Negative birth experiences can even lead to severe psychological trauma in women. Post-copy trauma can affect mother-child relationships, against husbands, even the way they treat their children. Based on data in 2023 from January to July at Pratama Sebuk Hospital, 36 mothers were given birth data, and five mothers had placenta retention cases with psychological trauma. This research uses a qualitative research design with a Case Study Research approach. With the accidental sampling technique, samples of 5 informants were obtained. using the method of interviewing five subjects of postpartum mothers with a history of placenta retention. These subjects were investigated in response to post-placental psychological trauma with the desire to become pregnant again. The results showed that all subjects in your study had psychological trauma at the time of the placenta retention event that they experienced, so anxiety and fear arose when they remembered the event and other physical reactions arose. Besides, all subjects don't have a pregnancy plan anymore even though there are those who are physically and psychologically ready to cope with pregnancies. Psychological trauma during childbirth is a more complex and comprehensive concept than previously thought, and should be regarded as a postpartum mental health problem of its own. This is crucial for the prevention and further management of the problem.

**Keyword :** Pregnant, Psychological trauma, Retensio Plasenta

## 1. INTRODUCTION

Birth is a major event in a woman's life, has a profound and complex nature. Not only does it involve major physical changes, but it is also accompanied by significant psychological fluctuations. Negative birth experiences can even lead to severe psychological trauma in women. Studies show that the incidence of traumatic births ranges from 20 to 68.6 percent in different countries. According to the criteria of the Diagnostic and Statistical Manual of Mental Disorder fourth edition-text revision (DSM IV-TR), PTSD is categorized as a disorder associated with trauma and stress, which mainly manifests itself in four groups of symptoms: recurrence, avoidance, hyperarousal, and negative cognitive and mood, and these symptoms must be present for more than a month.

A meta-analysis showed that 4% of postpartum women in the community sample experienced PTSD after experiencing traumatic birth experiences, compared to 18.5% in high-risk samples (such as women with pregnancy or childbirth complications) (Yildiz dkk., 2017). That means more post-natal women who experience psychological trauma do not reach the PTSD threshold so they are unidentified, yet they are struggling with the trauma.

Post-copy trauma can affect mother-child relationships, against husbands, even the way they treat their children. A number of maternal deaths are a comprehensive impact of postnatal trauma, with 81% occurring as a result of complications during pregnancy, childbirth and 25% during respiratory periods. Efforts to reduce mortality or pain are listed in the Sustainable Development Goals. There are 17 global goals in the SDGs that relate to efforts to reduce maternal death or pain at number two: good health and well-

being. (dr. Batara I. Sirait, Sp. OG, KFER, 2022).

According to the data of the Health Ministry of Northern Kalimantan Province, in 2021 the total number of mother deaths in Kaltara of 29 cases, is still high (Kaltara Provincial Dinkes, 2021). Data of Mother Deaths in Nunukan District (2021) in 2021 reached 95.65 /100.000 KH this figure is still higher than the target district is 92.00/100.000 population. And post-partum bleeding is the leading cause of maternal death in Indonesia and rupture of the birth pathway is the second cause of post-uterine bleeding that occurs at almost the first delivery and not rarely at subsequent delivery. (Prawiroharjo, 2012 dalam Nita Ike Dwi Kurniasih, 2021)

The most common causes of bleeding are uterine atonia and placental retention, as well as other causes such as cervical or vaginal laceration, rupture of the uterus, involution uterine and respiratory infection. Placenta retention is the absence or absence of the placenta until or beyond 30 minutes after the baby is born.

Based on data in 2023 from January to July at Pratama Sebuk Hospital, 36 mothers were given birth data, and five mothers had placenta retention cases.

Based on previous research by Anteby et al, (2017) at Lis Maternity Hospital Israel that the age factor of the mother > 35 years increases the risk of developing placenta retention incidents 1.08 times (OR 1.08, 95% CI 1.03-1.12). This can happen because under the age of 20 a woman's reproductive function is not fully developed, whereas, in women over 35 years of age, her reproductive functions have decreased, leading to complications such as post-partum bleeding resulting in placenta retention. Therefore, consideration of age in pregnancy or childbirth is one of the things to bear in mind (Okta Vitriani, 2019).

Based on the data and description above that mentions that still high incidence rates of placenta retention and experiencing psychological trauma this is crucial for further prevention and treatment of the problem. For then, as an author, I am interested in studying the problem of placenta retention at the Hospital of Pratama Sebuku through a study entitled "Psychological trauma post-placental retention with the desire to become pregnant again at the hospital in 2023".

## 2. ETHODS

Qualitative research is carried out to build knowledge through understanding and discovery. Qualitative research approach is a process of research and understanding based on methods that investigate a social phenomenon and human problem. In this research, researchers make a complex picture, research words, detailed reports of the respondent's guidance and conduct studies on natural situations.

This method uses a qualitative method with a Case Study Research approach or case study strategy and then identifies the subject in this study entitled "Psychological trauma post placenta retensio with the desire to conceive again in the Hospital of Pratama Sebuku" namely the mother post partum or the mother's history of birth with placental retensio. The sampling technique in this study is using accidental samplings.

## 3. RESULT

Table.4.1 Characteristics of the Informer

Infor mer	Age	Pari ty	Past Birth History	Past Placetal Retensi on History	Curently Placental Retension History
1	37	4	spontan eous births	Never	January 2023
2	36	4	spontan eous births	Never	January 2023

3	25	1	spontan eous births	Never	March 2023
4	29	2	spontan eous births	Never	April 2023
5	32	3	spontan eous births	Never	July 2023

Based on the table 4.1 it is stated that the informant enters the age of < 35 years there are 3 informants (60%), seen from the Parity of informants entering in < 5 (100%), viewed from the history of previous births all informants have a history of spontaneous births (100%), and viewed by the past history of placenta retention all the informants never (100%)

### Psychological trauma

The result of the interview with the mother or subject or the triangulation of the question whether you still remember the placenta retention event that you have experienced? Showing the whole subject saying still remembered the placental retention incident that you've experienced.

The result of the next interview question to the mother or subject as well as the triangulation of the question whether you feel afraid and anxious in view of the placenta retention event during this childbirth? The result shows the whole subject said he was still afraid and anxious in view of the placenta retention incident he had ever experienced.

The result of the next interview question to the mother or the subject as well as triangulation of the question whether you frequently suffer from sleep disorders, excessive sweating and increased heart rate given the occurrence of placenta retention? The result shows the whole subject said to have a sleep disorder such as difficulty sleeping, excessive sweating and increased heart rate given the incidence of placenta retention.

The result of the next interview question to the mother or the subject as well as the

triangulation of the question How is your health after having a placenta retention event in the process of this childbirth? Showing the whole subject says the health condition is healthy and good

The result of the next interview question to the mother or the subject as well as the triangulation of the question Are you still able to perform daily activities as usual after the placenta retention event? Showing the whole subject said it was still able to perform daily activities as usual after placenta retention.

#### **Desire To Get Pregnant Again**

The result of the next interview question to the mother or subject as well as the triangulation of the question Do you have a plan to conceive again after your child grows up?. Showing subjects 1, 2 and 5 say they do not want to get pregnant again after the adult child whereas Subjects 3 and 4 are not ready for pregnancy again.

The result of the next interview question to the mother or subject as well as the triangulation of the question Do you have a plan to conceive again after your child grows up?. Showing subjects 1, 2 and 5 say they do not want to get pregnant again after the adult child whereas Subjects 3 and 4 are not ready for pregnancy again.

The result of the next interview question to her husband or mother as well as the triangulation of the question Is your wife feeling physically ready enough to face another pregnancy?. Showing subjects 1, 2 and 5 say they are not physically prepared to face a pregnancies again and subject 2, 3 says they are physically sufficiently ready to face the re-pregnancy.

#### **Post-Placental Psychological Trauma With The Desire To Become Get Again**

The result of the next interview question to the mother or the subject as well as triangulation of the question Do you feel afraid and anxious about placenta retention during the next delivery?. Showing the whole subject said fears and anxiety will occur again

placenta rerensio during the following delivery.

The result of the next interview question to the mother or the subject of the question Have you consulted with a health professional about the complaints experienced and pregnancy and delivery preparation prevented placenta retention incidents?. Showing the subject 1, 2, 4, 5 said that they had done a post-partum re-examination but had not consulted the health professional and the subject 3 had already done a consultation.

#### **4. DISCUSSION**

##### **Psychological trauma**

Based on the results of the questionnaire and interviews with key informants or subjects 1, 2, 3, 4, 5 and triangulated informants, we obtained all those who still remember the placenta retention events experienced during this delivery process and showed that given the event the subject experienced fear and anxiety as well as other physical reactions such as beating, sweating and suffering from sleep disturbances when remembering the event.

According to a Yildi et.al (2017) study, a meta-analysis showed that 4% of post-pornographic women in the community sample experienced post-traumatic stress disorder (PTSD) after experiencing a traumatic birth experience, compared to 18.5% in the high-risk sample. (seperti wanita dengan komplikasi kehamilan atau persalinan).

The researchers argued that all subjects experienced psychological trauma after the delivery process with the treatment of placenta retention experienced by the mother. Despite that, they are still able to carry out their daily activities and are generally in good health. A psychological trauma is a natural subject reflecting a serious psychological or emotional event that causes substantial damage to a person's psychological and psychological within a relatively long period

of time. Psychological trauma during maternal delivery is a more complex and comprehensive concept than previously thought, and should be considered as a post-partum mental health problem of its own. This is crucial for the prevention and further management of the problem. Psychological support and counselling by health professionals may be useful in helping the subject cope with the anxiety and fear experienced as well as the physical reactions arising from psychological trauma.

### **Desire To Get Pregnant Again**

The results of the interview conducted on the desire to conceive again after the adult child and the preparedness of his physical and psychological condition to face the pregnancy again showed the subject and triangulations 1, 2, and 5 no longer have a desire for conceiving again and have agreed with his partner to not conceive anymore besides that the physical and mental condition of the subject is not ready after the event of placenta retensio to face pregnancies again, while the subject 3 and 4 have not yet planned to get pregnant again because of psychological conditions that are not ready but the husband of the subjects still hopes his wife will conceive once more after the big child and healthy subject condition because subject 3 has a new child and subject 4 has 2 new children, for the physical condition of subject 3 & 4 indicates that they are in a state of readiness to face a re-pregnancy.

According to Hidayani dkk study (2023) In the study group, 34 cases (85%) fear of a new pregnancy, while 21 (51.2%) cases similar fear in the control group ( $p=0,001$ ). The average number of children planned in the study group was  $3.75\pm1.15$  before the complex while the number dropped to  $1.60\pm1.41$  afterwards. In the control group, the number of planned children also experienced a decrease after normal. In addition, the decline in the study group was statistically greater than in the control subjects ( $p<0,001$ ). There

were no statistically significant differences observed when the two groups were compared in terms of anxiety and depression. Post-traumatic stress disorder (PTSD) scores for recurrent experiences and avoidance symptoms, as well as overall scores significantly higher in the patient group; however, no statistical differences were observed between groups in terms of hyper-excitement symptoms.

The researchers argued that the subjects 1, 2, and 5 showed physical unpreparedness or psychological unwillingness to face another pregnancy and no desire to conceive again even though the child is growing up and this is already agreed with the partner or spouse of the subject. These results suggest that the subject may need significant psychological support to deal with the complaints experienced. If necessary, further health checks are carried out by a health professional, and support from a partner and reliable sources of information can also help them deal with their complaints.

### **Post-Placental Psychological Trauma With The Desire To Become Get Again**

The results of interviews conducted with subjects 1, 2, 3, 4 and 5 who suffered psychological trauma after this delivery process with placenta retensio treatment measures with the desire to conceive again, all subjectees showed fear and anxiety to face pregnancy again because of the trauma of the process of its actions and fear of placenta retentions incidents will recur or occur again at the next delivery. In addition to the psychological trauma experienced, subjects 1 and 2 already have 4 children and are over the age of 35 and most of them have not consulted with health professionals about the complaints experienced and preparations for pregnancy and subsequent delivery to prevent placenta retention.

A person's past experience has a huge influence on his future decisions. It can be expected that pregnancies with complications



that lead to life-threatening conditions, prolonged hospitalization, and additional interventions can raise fears related to pregnancy or recurrence. The negative impact and risk of recurrence of such experiences can lead to reluctance to have children.

The researchers argued that subjects 1, 2, 3, 4 and 5 suffered psychological trauma after placenta retention events in this delivery process so that all subjectees showed fear and anxiety to face pregnancy again and do not want to get pregnant again because all subjectes were afraid and anxious that placenta retention events would occur again at subsequent delivery. Although some of the subject's husbands still hope that his wife will be ready to get pregnant again if the child is grown up. These results suggest that the subject may need significant psychological support to deal with the complaints of psychological trauma experienced after retention with the desire to become pregnant again. If necessary, further health checking with a health professional and consultation of complaints experienced and preparation for pregnancy and subsequent delivery if the partner is ready to conceive again and can prevent placenta retention.

## 5. CONCLUSION

1. In this study, five mothers with postnatal placenta retention who have experienced post-placental psychological trauma and have no desire to become pregnant again have been obtained.
2. In this research, it has been shown that all the informants of post placental retention still often remember the event and if considering the placental retention event experienced fear and anxiety and other physical reactions such as sleep disturbances, sweating and shock in view of the event.
3. In this study showed that all informant mothers are in good health condition, can perform day-to-day activity but there are 4 informants have not been physically prepared only 1 informant is in good physical condition

but all informants psychological condition is not ready to face pregnancy again.

4. In this research showed all informers mothers do not want to get pregnant again and have no plans for pregnancies again because still fears and anxiety will experience placenta retention events again at the next delivery.

5. In this studies showed 4 informant Mother post retention placenta has not been consulted with a health professional about the complaints she experienced and consultation pregnant preparation and childbirth prevention of placenta retention occurrences and only one informant has already done the consultation. This is very important for the treatment of the psychological trauma that the mother has experienced and also for the support of her husband and family.

## 6. REFERENCE

- Ariani Lutfisari, Lia Mulyanti<sup>1</sup>, Sherkia Ichtarsi Prakasiwi<sup>1</sup>, Indri Astuti Purwanti<sup>1</sup>, Thoyyibatul Islami. 2023. Faktor Resiko Penyebab Perdarahan Postpartum. Jurnal: Midwifery Care
- A. Wulandari, M. Rohmah, and S. Natalia, "The effect of Jasmine Aromatherapy and Back Massage to Reduce the Intensity of Labor Pain in the Active Phase in Maternity Hospital Ngadilah, Malang City," Int. J. Psychol. Rehabil., vol. 24, no. 07, pp. 8697-8702, 2020.
- Chaplin, J. (2001). Kamus Lengkap Psikologi (terj. Dr Kartini Kartono). Jakarta: PT. Raja Grafindo Persada
- Dr. Batara I. Sirait, Sp. OG, KFER. 2022. Perdarahan postpartum. UKI: Jakarta
- Firza Nur Chaerunnisa (2020). Trauma Pada Melinda di Novel Speak <http://elibrary.unikom.ac.id/id/epri/3968>.
- Hayati, S., Maidartati and Amelia, M. 2019. Faktor-Faktor Yang Berhubungan Dengan Perdarahan Postpartum

- Primer . *Jurnal Keperawatan BSI*. 7, 2 (Oct. 2019).
- Istri Yuliani. 2019. FAKTOR RISIKO YANG BERHUBUNGAN DENGAN KEJADIAN RETENSIO SISA PLASENTA PADA IBU BERSALIN DI PRAKTIK MANDIRI BIDAN. Unriyo
- Islamiati, E., Natalia, S., & Rohmah, M. (2020). Hubungan Self Efficacy Kehamilan Trimester III Dengan Tingkat Kecemasan Dalam Menghadapi Persalinan Di Puskesmas Bululawang Kecamatan Bululawang Kabupaten Malang. *Journal of Health Science Community*, 1(2). Retrieved from <https://www.thejhsc.org/index.php/jhsc/article/view/93>
- Kemenkes RI. 2023. Retensio Placenta. 14 Februari 2023
- Kurniati, P. T. (2021). Hubungan Usia Ibu Bersalin, Paritas Dan Berat Bayi Lahir Dengan Kejadian Partus Tak Maju . *Jurnal Muara Sains, Teknologi, Kedokteran, dan Ilmu Kesehatan* , Vol. 5, No. 1, April 2021: hlm 215-224
- Lionarda Tika, Paskalia Tri Kurniati, S.ST.,M.Kes, Rizki Amartani, S.ST.,M.Kes. 2022. Hubungan Usia Ibu Bersalin Dan Paritas Dengan Kejadian Retensio Plasenta Di Rumah Sakit Umum Ade Mohammad Djoen Sintang. *Jurnal Kebidanan Kapuas* Vol. 1 No. 1 Oktober 2022
- Nita Ike Dwi Kurniasih, Cecep Heriana, Evi Soviyati, Ryan Apriyanti. 2021. Hubungan lama kala III persalinan dengan kejadian perdarahan pada ibu post partum di RSUD 45 kuningan. *Journal of public health innovation* VOL. 01 NO. 02 , JUNI 2021 DOI: 10.34305/JPHI.V1I2.302
- Notoatmodjo S. Ilmu Perilaku Kesehatan. Jakarta: PT Rineka Cipta; 2012.
- Nur Fatwikiningsih, S. Psi, M.Psi, Psikolog Kesehatan. Buku Teori Psikologi Kepribadian Manusia : Penerbit Andi ; 2012.
- Okta Vitriani, Lailiyana, Aulya Nadya Citra Sartono Putri. 2019. Faktor-Faktor Yang Berhubungan Dengan Kejadian Retensio Plasenta Di Rsud Arifin Achmad Pekanbaru Tahun 2017. *Jurnal Ibu dan Anak*. Volume 7, Nomor 1, Mei 2019
- Sugiyono. (2019). *Metode Penelitian Kuantitatif, Kualitatif, dan R&D*. Bandung: Alfabeta.
- Salma Kusumastuti\*, Tri Maryani, Niken Meilani and Tri Maryani and Niken Meilani (2018) FAKTOR-FAKTOR YANG MEMPENGARUHI KEJADIAN RETENSIO PLASENTA DI RSUD KOTA YOGYAKARTA TAHUN 2013-2017. *Repository Polkesyo*
- Wiwid Widuri, Dwiana Estiwidani, Margono. 2020. Faktor-Faktor Yang Berhubungan Dengan Kejadian Retensio Plasenta Di Rsud Panembahan Senopati Bantul Tahun 2020. <http://eprints.poltekkesjogja.ac.id/6324/2/Abstract.pdf>