

Oral Communication Abstract

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Self management for pregnant women with hypertension during the Covid 19 pandemic in Indonesia

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Objectives: Hypertension is still a major health problem. Hypertension is the cause of death with 23.7% of the total 1.7 million deaths in Indonesia. Until now, the exact cause of hypertension cannot be known, but lifestyle has a big influence on this case. During the Covid-19 pandemic, those included in the high risk category for the transmission of COVID-19 were the elderly, pregnant women, infants, and children, as well as those with decreased immune systems.

Methods: This research is a pre-experimental research with one group pretest-posttest design. In this study, the researchers provided self-management to pregnant women with hypertension during the COVID-19 pandemic. The criteria for collecting samples for this study were all pregnant women with hypertension during the COVID-19 pandemic in Beringin Village, Indonesia.

Results: The results of this study were that most pregnant women with hypertension during the COVID-19 pandemic were aged 20-35 years, multi parity, and hypertension with grade 1 (systole: 140-159 mmHg, diastole: 90-99 mmHg). After being given self-management, namely monitoring blood pressure, hypertension diet, and compliance of pregnant women taking medication, the average blood pressure of pregnant women decreased, namely the average systole of 145.18 mmHg to 138.22 mmHg (difference 7.04) and the average diastolic 90.13 mmHg to 87.15 mmHg (3.02 difference).

Conclusions: Things that can be done to overcome hypertension in pregnant women during the Covid 19 pandemic are self-management in the form of a hypertension diet, taking medication regularly. Health workers need to maximize health programs in the form of monitoring community blood pressure, especially people who are vulnerable during the Covid-19 pandemic.

Table 1. Table of changes in maternal blood pressure before and after self-management

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No	Hypertension self management	sebelum		Sesudah	
		N	%	N	%
1	Take medication as recommended				
	Good	2	20%	8	80%
	Enough	4	40%	2	20%
	Less	4	40%	0	0%
2	Blood pressure monitoring				
	Good	4	40%	6	40%
	Enough	4	40%	2	40%
	Less	2	20%	2	20%
3	Hypertension diet				
	Good	4	40%	6	40%
	Enough	4	40%	2	40%
	Less	2	20%	2	20%
4	Self management of hypertension				
	Good	2	20%	8	80%
	Enough	6	60%	2	20%
	Less	2	20%	0	0%

Table 2. Table Distribution of the average frequency of blood pressure in pregnant women with hypertension

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	Before (mmHg)	After (mmHg)	Difference
Systole	145,18	138,22	7,04
Diastole	90,13	87,15	3,02