



THE RELATIONSHIP BETWEEN POEDJI ROCHJATI'S SCORE AND THE RISK OF PREGNANCY COMPLICATIONS IN PREGNANT WOMEN

Erik Ekowati¹.

¹Universitas Gunadarma
erikekowati16@gmail.com

ABSTRACT	KEYWORDS
The Poedji Rochjati Scorecard (KSPR) is an instrument used to identify pregnancy risk factors so that complications can be prevented early. This study aims to analyze the relationship between KSPR and the risk of pregnancy complications in pregnant women. The study design was cross-sectional on 80 pregnant women. The instruments used include KSPR sheets and pregnancy medical records. Population: all pregnant women in the second and third trimester at the posyandu in Tanjungsari village, Boyolangu Tulungagung District in January-October 2025. Number of samples: 80 respondents with consecutive sampling technique. The results of the Chi-Square test obtained p-value = 0.027. Because the p value < 0.05, H_0 is rejected and H_1 is accepted, which means that there is a significant relationship between the Poedji Rochjati Score and the incidence of pregnancy complications in pregnant women Early detection of pregnancy risks using KSPR is needed to maximize antenatal services.	KSPR, Complications, Pregnancy

INTRODUCTION

Pregnancy is a physiological phase that requires optimal nutritional intake to support fetal growth and maintain maternal health. The World Health Organization (WHO, 2022) states that malnutrition in pregnant women increases the risk of anemia, premature delivery, and low birth weight (BBLR). In Indonesia, the prevalence of anemia in pregnant women is still high, at 48.9% (Risikesdas, 2018).

Pregnancy is a physiological condition that can develop into pathology if there are risk factors that go undetected. According to WHO (2022), 15% of pregnancies have the potential to experience serious complications that require timely treatment. Therefore, identification of pregnancy risks is very important from the beginning.

Indonesia uses the Poedji Rochjati Scorecard (KSPR) to assess pregnancy risk through various indicators such as maternal age, parity, height, pregnancy distance, obstetric history, and accompanying medical conditions. The SPR has been proven to help health workers determine the level of awareness of high or very high risks.

However, some antenatal services have not used KSPR optimally, so the risk of pregnancy is often recognized too late. Therefore, this study was conducted to determine the relationship between KSPR and the incidence of pregnancy complications.

METHOD

This study uses a cross-sectional design. Population: all pregnant women in the second and third trimester at the posyandu in Tanjungsari village, Boyolangu Tulungagung District in January-October 2025 Number of samples: 80 respondents using consecutive sampling techniques. The research instrument used Poedji Rochjati's score sheet and pregnancy medical records. Data analysis using Chi-square test with significance level of 0.05

RESULT

The results of the study consisted of general data and specific data. General data contains demographic data of respondent characteristics where the results can be seen in the following table:

1. Demographic Data on Respondent Characteristics

Table 1.1 Demographic Distribution of Respondent Characteristics

Age	Frequency (f)	Percent (%)
< 20 Year	13	16,3
20-35 Year	56	70,0
> 35 Year	11	13,8
Quantity	80	100
Gravida	Frequency (f)	Percent (%)
Primigravida	52	65,0
Multigravida	28	35,0
Quantity	80	100
Height	Frequency (f)	Percent (%)
< 145 cm	6	8
>145 cm	74	92
Quantity	80	100

Based on table 1.1 above, it was found that out of a total of 80 respondents, most of the respondents, namely 56 respondents (70%) aged 20-35 years, most of the respondents, namely as many as 52 respondents (65%) primigravida and almost all of the respondents as many as 74 respondents (92%) had a height of >145 cm.

2. Distribution Poedji Rochjati Score

Table 1.2 Poedji Rochjati Score Distribution

Criteria	Frequency (f)	Percent (%)
Low risk (KRR)	13	16,3
High risk (KRT)	56	70,0
Very high risk (KRST)	11	13,8
Quantity	80	100

Based on table 1.2 above, it was found that out of a total of 80 respondents, most of the respondents, namely 56 respondents (70%) had the High Risk SKPR (KRT) criteria.

3. Distribution of Pregnancy Complications

Table 1.3 Occurrence of pregnancy complications

Complications	Frequency (f)	Percent (%)
Anemia	25	31,25
Pre eklamsi	2	2,5
Edema	8	10
No complications	45	56,25
Jumlah	80	100

Based on table 1.3 above, it was found that out of a total of 80 respondents, almost half of the respondents, namely 25 respondents (31.25%) suffered from anemia.

4. The Relationship between Poedji Rochjati's Score and Pregnancy Complications

Table 1.4 Relationship of Poedji Rochjati Score with Pregnancy Complications

Poedji Rochjati Score	Anemia	Preeklamsia	Edema	No Complications	Total
Low risk (KRR)	2	0	1	10	13
High risk (KRT)	18	1	6	31	56
Very high risk (KRST)	5	1	1	4	11
Total	25	2	8	45	80

Hasil Uji Chi-Square

Pearson Chi-Square	14,267
df	6
Asymp. Sig. (p-value)	0,027

Based on the results of the Chi-Square test using the SPSS program, a p-value = 0.027 was obtained. Because the p value < 0.05, H_0 is rejected and H_1 is accepted, which means that there is a significant relationship between the Poedji Rochjati Score and the incidence of pregnancy complications in pregnant women.

The results of the bivariate analysis showed that the incidence of pregnancy complications was more common in pregnant women with a high-risk Poedji Rochjati score and a very high risk compared to low-risk pregnant women. The most common complication is anemia, especially in high-risk groups. The results of the Chi-Square test showed a significant relationship between the Poedji Rochjati score and pregnancy complications ($p = 0.027$), so it can be concluded that the higher the pregnancy risk score, the more likely it is to have pregnancy complications.

The results showed that the higher the KSPR, the more likely the mother is to experience pregnancy complications. This is in accordance with the function of KSPR as an early detection of risk factors, such as extreme age (≤ 20 or ≥ 35 years), parity too often, poor obstetric history, and certain medical conditions.

This research is in line with the study of Suwanti (2021) which states that KSPR is effective in identifying high-risk pregnant women and is related to the incidence of obstetric complications. Pregnant women with high scores are also likely to require more intensive monitoring, including regular antenatal check-ups and referrals.

Risk detection using KSPR needs to be continuously strengthened in primary services so that complications can be prevented early on through educational, nutritional, or timely referral interventions.

CONCLUSION

There was a significant relationship between the Poedji Rochjati Score and pregnancy complications. Mothers with high or very high SPR are more likely to have pregnancy complications. Regular and comprehensive implementation of SPR is highly recommended in ANC services.

SUGGESTION

The results of the research are expected to be used as a reference for the next researcher to continue this research with better research methods

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