Original Research Article

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The effect of the implementation active birth technique using hypnobirthing accelerated the progress of the first stage of labor among intrapartum mother

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ABSTRACT

Background: Problems in childbirth, including old labor, which is one of the causes of death for mothers and newborns, is still widely found in Indonesia. Factors that influence labor to take longer are abnormal presentation, inadequate contractions, birth canal abnormalities, multiple pregnancies and anemia. To deal with prolonged labor, the UK has introduced active birth techniques. Hypnobirthing is one of the active birth methods that can be used during the first stage of labor. This research purposes to study the effect of the application of the active birth technique using hypnobirthing on the progress of the first stage of labor in the mother.

Methods: This type of research was quasi experimental with the post-test only design approach. This research was conducted from 15 May to 18 August 2020, in 4 independent practice midwives (BPM) Padang City in 2020. Data were collected through observation sheets using non-probability sampling techniques, namely purposive sampling with a total sample of 15 samples. Data were collected using observation sheets. Data were analysed using univariate and bivariate analysis using the dependent T-test.

Results: The results showed that the mean labor progress using hypnobirthing was 3.67 and SD±1.49 with a minimum value of 1 and a maximum of 6. Based on the statistical test, the p value was 0.000 (p<0.05).

Conclusions: There is the effect of the application of active birth techniques using hypnobirthing on the progress of stage I labor in maternal labor.

Keywords: Active birth, Intrapartum mother, The progress of the first stage of labor

INTRODUCTION

Childbirth is a natural process. Physiologically, the mother will experience contractions that cause cervical thinning and opening. This will cause the mother to feel pain and this pain is often perceived as the most intense pain experience a mother has ever felt during her life.¹

There are 2 phases in the first stage of labor where the latent phase is when the cervix is dilated from 0 cm to 3-4 cm and the active phase start when the cervix dilates 3-4

cm to 8-10 cm. At this stage, cramp-like contractions pain originating from distension of uterine tissue and cervical dilation, spreading through the spinal cord to the abdominal area and lumbosacral area. Since, most women describe pain during childbirth as the most intensive pain they have ever experienced, effective labor pain management remains an important aspect of intrapartum care.²

According to data reports from WHO (2015), it was noted that every day in 2015 there were 830 mothers who died

due to complications of pregnancy and childbirth. WHO also recorded MMR in Indonesia (2015) of 126/100,000 live births.³

The 2012 Indonesian health demographic survey (IDHS) noted that MMR in Indonesia was still high at 359/100,000 live births. This figure is still quite high when compared to neighboring countries in the ASEAN region. The latest data from the Ministry of Health (2016) states that up to semester I in 2017 there were 1,712 cases of maternal death during childbirth.⁴ The high MMR illustrates that the level of welfare of the people in Indonesia is still low.⁵ Data released by the Directorate of Maternal Health in 2012 shows that maternal mortality in Indonesia is caused by several factors. These factors include bleeding (30.1%), hypertension (26.9%), infection (5.6%), prolonged labor (1.8%), abortion (1.6%) and other causes (34.5%). Based on these data, prolonged labor is one of the factors contributing to the contribution of maternal mortality in Indonesia, even though the percentage is quite small. In Indonesia, there are still many problems during childbirth, including old labor, which is one of the causes of death for mothers and newborns.4

Long labor (prolonged labor) is labor that lasts more than 24 hours for primiparous, and more than 18 hours for multiparous, the problem that occurs in long labor is a latent phase of more than 8 hours, labor has lasted more than 12 hours but the baby has not been born, dilated cervix to the right of the line alerts us to active phase labor.⁶

Factors that influence labor to take longer are abnormal presentation, inadequate contractions, birth canal abnormalities, multiple pregnancies and anemia. To deal with prolonged labor, the UK has introduced active birth techniques. The success of implementing the active birth method in the UK is 46% born naturally with a kneeling position 29%, a combination of 4 positions 28%, 23% left tilt, standing 9% and squatting 4%. More than 200 midwives in the UK have implemented this method.⁷

The active birth method in Indonesia has actually been implemented as one of the care services in the delivery process, namely in terms of mobilization which encourages the mother to choose the position that is considered the most comfortable with the aim of minimizing pain and can affect the length of the first stage and second stage of labor, this is in accordance with the standards of midwives according to WHO in 2010 in terms of midwives as assistants for delivery. In general, there are still many mothers who experience prolonged period I and more mothers go through the first stage by lying in bed because they cannot stand the pain of contractions and some patients for other reasons.⁸

Methods that can be used in the active birth technique are taking walks, tilting to the left, mobilizing, mentoring husbands, yoga, warm cold compresses, birth balls and hypnobirthing that have been carried out by midwifery care during childbirth to help the old labor. The advantages of active birth include the progress of labor, reduced pain due to uterine contractions moving towards the front of the uterus naturally and not against gravity, increased energy in the second stage, less risk of perineal tear in stage II and the condition of the mother and baby is more optimal because it reduces medical therapy that can cause side effects in both. Hypnobirthing is one of the active birth methods that can be used during the first stage of labor.

Research conducted by Rohmah in Gombang on the application of the active birth technique using a birth ball to the progress of labor, namely the progress of labor becomes 2-3 hours faster.¹¹

Hypnobirthing is an exercise in planting suggestions to the mother's subconscious mind to support her conscious mind and control her actions in undergoing labor. Hypnobirthing is done by making direct contact with the subconscious. Hypnobirthing can help mothers feel calmer in facing labor. Planting concepts and understanding in the mother's subconscious mind will greatly help the smooth running of the birth process. A mother who is consciously unable to do anything can let the subconscious work to calm her down and help her through labor, except for the pushing stage which must be done consciously. Hypnobirthing consists of various relaxation techniques that mothers can use during childbirth. This relaxation technique is very useful for reducing pain and emotional stress during labor.¹²

Hypnobirthing is a technique used to overcome the fear of childbirth. Based on deep relaxation, breathing, and visualization techniques, women are taught to trust their bodies, regain confidence in their ability to give birth, and free themselves from tension and pain. Using this technique, the mother who is about to give birth can achieve a state of deep relaxation without losing touch with reality. Maternity will produce endorphins that reduce discomfort and pain intensity along with the need for analgesics, while shortening the stage of labor.¹³

The research objective was to study the effect of the application of the active birth technique using hypnobirthing on the progress of the first stage of labor in the mother.

METHODS

This type of research is quantitative with a design. This type of research is quasi experimental with a Post -test Only Design approach 14. The research was conducted in 4 independent practice midwives (BPM) Padang city. Conducted on 15 May-18 August 2020. The population in this study were all mothers giving birth at the midwife independent practice in Padang City with a full-term gestation ≥37-42 weeks with no pregnancy complications. The sampling technique used non probability sampling,

namely purposive sampling. Data obtained using observation sheets. The sample in this study were 15 mothers with the treatment of hypnobirthing technique. Inclusion criteria were pregnant women with gestational age ≥37-42 weeks, stage I active phase (opening >4 cm), head presentation, no complications of pregnancy/mothers with complications (former secio caesarea, Mc Donald >40 cm, maternal TB <145 cm, maternal blood pressure >140/90 mm/Hg, anemia mother), normal FHR. Data were collected using observation sheets. Data were analyzed descriptively using univariate and bivariate analysis using the dependent T-test.

RESULTS

Based on Table 1, it was found that the mean progress of labor using hypnobirthing was 3.67 and SD±1.49 with a minimum value of 1 and a maximum of 6 compared to the existing theory, the mean is 4.27 and SD±1.38 and the minimum value of 2 and maximum 6.

Table 1: Average frequency distribution of the application of active birth techniques using hypnobirthing to the progress of first stage labor in maternity.

Treatment	Mean	Min-Max	SD
Hypnobirthing	3.67	1-6	±1.49
Theory	4.27	2-6	±1.38

Table 2 shows that the results of the statistical test with a p value of 0.000 (p<0.05) means that there is an effect of the application of active birth techniques using hypnobirthing on the progress of first stage labor in maternal labor.

Table 2: Effect of the application of active birth techniques using birth balls on the progress of first stage labor in maternity.

Treatment	n	P value
Hypnobirthing	15	0.000

DISCUSSION

Based on the results of the study showed that the results of the statistical test with a p-value of 0.000~(p<0.05) meant that there was an effect of the application of active birth techniques using birth ball and hypnobirthing on the progress of first stage labor in maternity.

In addition, it is also in line with the results of research by Buulolo showing that there is an effect of hypnobirthing with the duration of the active phase I labor process in primiparous and multiparous labor mothers with a p value <0.005. 15

The positive impact on mothers who carry out hypnobirthing therapy during childbirth can facilitate the

delivery process (stages I and II are smoother). The results of research conducted by Mahmuda show that the hypnobirthing group has an average length of delivery of 2.47 hours, this shows that the mother hypnobirthing is pregnant who gives birth faster than pregnant women who are not doing hypnobirthing.¹⁶

In this study, performed by giving treatment to 10 samples given hypnobirthing treatment. The treatment is given to mothers who are already in the active phase I phase.

The factor that influences the length of labor is labor pain. Labor pain is a physiological condition, labor pain begins to appear in the first stage of labor in the latent phase and the active phase. The latent phase opens up to 3 cm, lasting as long as 8 hours. Pain comes from uterine contractions and cervical dilation, with increasing volume and frequency of uterine contractions, the pain you feel will get stronger, the peak of pain occurs in the active phase, where the opening occurs from 3 cm to 10 cm and lasts for 6 hours. Pain that occurs can affect the condition of the mother in the form of fatigue, fear, worry and cause stress. Stress can cause the contraction of the uterus to weaken and result in prolonged labor and even death.¹⁷

Hypnobirthing is associated with shortening the first stage of labor, especially in primiparous mothers and may reduce analgesic use. Labor can be skipped without complications and does not require surgery, forceps or vacuum and even the baby who is born has a normal APGAR value. Hypnobirthing is a method that teaches mothers to understand and release fear tension, pain syndrome (syndrome of fear, tension and pain) which causes pain and discomfort during labor.¹⁸

Hypnobirthing is a non-pharmacological pain reliever method of delivery. Its use is physically beneficial during pregnancy and childbirth. The hypnobirthing method is a combination of natural birth processes with hypnosis to build positive perceptions and self-confidence and reduce fear, anxiety and tension, and panic before, during and after childbirth. The suggested benefits of using hypnobirthing during labor include reduced pain, decreased anxiety levels, less use of analgesics, easier fetal head delivery and rotation, shorter duration than one stage of labor and increased maternal satisfaction and well-being.

In this study, the use of hypnobirthing during labor, precisely in the active phase, greatly influenced the progress of labor. Hypnobirthing helps the first stage of labor to be shorter. Hypnobirthing method is based on the belief that every mother giving birth has the potential to undergo the birth process naturally, calmly, and comfortably (without pain). This method is used to control the mother's mind and enter positive suggestions in the mother's mind, so that it can provide a feeling of relaxation to the mother, an increase in the mother's sense

of well-being can encourage the physiological process of labor.

This study is relatively the same as research conducted by Phillips-Moore which concluded that mothers who gave birth who were given hypnobirthing treatment showed similar results to those found in other studies on hypnosis for childbirth. The results show some additional benefits of hypnobirthing. Maternity women feel more confident, relaxed, less afraid, focused, and more in control and about the ease and comfort of labor and delivery.²¹

CONCLUSION

There is an effect of the application of active birth techniques using hypnobirthing on the progress of stage I labor in maternity at BPM Padang City.

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