THE 5th INTERNATIONAL CONFERENCE ON HEALTH POLYTECHNICS OF SURABAYA (ICOHPS)

by Ellen Pesak

Submission date: 10-Nov-2022 09:26AM (UTC+0700)
Submission ID: 1949744525
File name: 1.pdf (205.76K)
Word count: 3082
Character count: 16056

THE 5th INTERNATIONAL CONFERENCE ON HEALTH POLYTECHNICS OF SURABAYA (ICOHPS)

2 nd st *International Conference of Midwifery* (ICoMid)

Title

Therapeutic Communication on the Intensity of Labor Pain in the Active Phase I

Sjenny Olga Tuju, Sandra G.J.Tombokan, Iyam Manueke, Atik Purwandari, Robin Dompas, Ellen Pesak

1 Department Midwifery Department of Health Politeknik Kemenkes Manado
2 Department Midwifery Department of Health Politeknik Kemenkes Manado
3 Department Midwifery Department of Health Politeknik Kemenkes Manado
4 Department Midwifery Department of Health Politeknik Kemenkes Manado
5 Department Midwifery Department of Health Politeknik Kemenkes Manado
6 Department Nursing Department of Health Politeknik Kemenkes Manado
Corresponding author: olgatuju@gmal.com

ABSTRACT

In the labor process, not all mothers can face calm due to pain due to uterine contractions that cause discomfort that can affect labor. There are various ways that can reduce labor pain non-pharmacologically by providing therapeutic communicationefforts to reduce pain. This research aims toKnowing the Effectiveness of Therapeutic Communication Against the Intensity of Labor Pain in the First Stage of Active Phase.The research design method used is quasi-experimental with a one group pretest-posttest design. The sample of this research is mothers giving birth with a total of 20 respondents. At Tk II Hospital RW Mongisidi Teling Manado. Data analysis using Wilcoxon test by using an observation questionnaire,The results of the research on pain intensity before therapeutic communication were averaged 6.90 and after therapeutic communication was 4.20, and the results of the analysis of p value 0.001 <0.05 concluded that there was an effect of therapeutic communication affecting the intensity of labor pain in the first stage of the active phase on the intensity of labor pain in the first stage of the phase. Active.

Keywords: Active Phase I Labor, Pain Intensity, Therapeutic Communication

BACKGROUND

The process of childbirth is often perceived as scary and causes excruciating pain. Some mothers also feel traumatized by the process of their first delivery due to various difficulties and pain during childbirth so that they are afraid to plan to have another child. Copper, MA (2009) The level of pain in the labor process felt by every mother giving birth is subjective. It does not only depend on the intensity of his or her but also depends on the mental state of the mother when facing labor. Experience with pain perception, in general, primiparas have more sensitive pain sens than multiparas. Prawirohardjo (2016)

Pain during labo is caused by uterine contractions and dilatation of the cervix and lower uterine segment. The intensity of pain is proportional to the strength of the contractions and the pressure that occurs, the pain increases when the cervix is fully dilated due to the baby's pressure on the pelvic structures followed by stretching and tearing of the birth canal. Mander (2013)

Pain that is not handled properly can cause other problems, namely increasing anxiety during childbirth so that the production of adrenaline increases and causes vasoconstriction which causes mate al blood flow to the fetus to decrease. Walsh (2007)

Decreased blood flow and oxygen to the uterus and tissue ischemia cause the fetus to experience hypoxia and the mother will experience a prolonged labor process and create more pain impulses Sumirah (2009). Therefore, this can increase the number of maternal and fant morbidity rates.

Based on the performa e achievements of the Indonesian Ministry of Health in 2015-2017, the number of cases of maternal mortality decreased from 4,999 in 2015 to 4912 in 2016 and in 2017 (semester 1) as many as 1712 cases (Kemenkes RI, 2017).

Long parturition often occurs in the first stage of labor, so the first stage is a alert point for midwives to find out whether the patient can give birth normally or not. Stage I is the longest stage with pain caused by l and cervical dilatation that the patient has to deal with. F primi, they are given 1 hour to open the cervix by 1 cm and for multi it is only half an hour to open the cervix by 1 cm. her birth.

According to the Survey Data of the North Sulawesi Provincial Health Office (2018), the maternal mortality rate is 50 mothers. The causes of maternal death in North Sulawesi were bleeding in 19 mothers (38%), hypertension in pregnancy 9 mothers (18%), infection in 4 mothers (8%), and others 18 mothers (36%). Meanwhile in Manado City, the maternal mortality rate is 10 mothers (20%). The causes of maternal death in Manado City are bleeding in 1 mother (2%), hypertension in pregnancy for 2 mothers (4%), infection in 1 mother (2%), and other 6 mothers (12%).

The initial survey was co ucted in February 2019 at Tk.II Hospital RW Mongisidi Teling Manado. The data found at Tk.II Hospital RW Mongisidi Teling Manado in 2018 normal deliveries amounted to 847 mothers, on average mothers who gave birth normally experienced labor pain with different pain intensities.

Labor pain can cause stress which causes excessive release of hormones such as catecholamines and steroids. This hormone can cause smooth muscle tension and vasoconstriction of blood vessels. This can result in decreased uterine contractions, decreased uteroplacental circulation, reduced blood and oxygen flow to the uterus, and the development of uterine ischemia which increases pain impulses. Sumirah (2009)

According to research conducted by Lajuna, et al (2014) with the title The Effectiveness of Therapeutic Communication Against the Intensity of Labor Pain in the Active Phase I (4-8 m) at the Regional Public Service Agency of the Mother and Child Hospital Banda Aceh, concluded that there is an effect of effective Therapeutic Communication can reduce the

intensity of labor pain in the active phase of the first stage (4-8 cm) in the Regional Public Service Agency of the Banda Aceh Mother and Child Hospital.

Therapeutic communication is communication that is consciously planned and purpose centered for the patient's recovery. This therapeutic communication aims at the Effectiveness of Therapeutic Communication Against the Intensity of Labor Pain to reduce the burden of feelings and fears that exist in patients, reduce patient doubts and can affect other people, the physical environment and themselves. Taufik (2009)

Based on the previous description, the researcher is interested in conducting research on "The Effectiveness of Therapeutic Communication Against the Intensity of Childbirth Pain in Active Phase I at Tk II Hospital RW Mongisidi Teling Manado".

RESEARCH METHODS

The research design used in this study was a quasi-experimental method that was one group pretest-posttest, namely an intervention to identify the effect of therapeutic communication with first stage labor pain in inpartum mothers before and after therapeutic communication. Research location at Tk.II Hospital RW Mongisidi Teling Manado. Samples were taken as many as 20 people, with the technique of taking acidential sampling. The instruments used in this study were the Informed Consent sheet and the observation sheet. Data analysis using Wilcoxon test. This research has gone through the ethics committee and is ethical.

RESULTS ANDDISCUSSION

Respondents Overview

Tabel 1.

No	Characteristics	F	%
1.	Age group		
	20-35	8	40
	≤20 atau ≥35	12	60
2.	Education		
	basic education	4	20
	Middle education	16	80
3.	Pain Intensity	0	0
	Moderate Pain	18	90
	Great Pain		

Based on table 1. Shows age20 years or 35years is the largest respondent with a total of 70%. It Shows that the majority of respondents' education is high school by 80%.it was found that all mothers did not work by 100%.

Table 2. Distribution of respondents based on pain intensity Before being given therapeutic communication measures

No	Pain Intensity	F	%
1.	Moderate Pain	5	25
2.	Great Pain	15	75
	Amount	20	100

Based on table 2. Shows the intensity of pain before therapeutic communication is mostly 75% severe pain

Table 3. Distribution of respondents based on pain intensity After being given therapeutic communication measures

No	Pain Intensity	F	%
1.	Mild Pain	5	25
2.	Moderate Pain	15	75
3.		20	100

Based on table 5. It can be seen that the intensity of pain after therapeutic communication is mostly experienced moderate pain as much as 75%.

Table 4. Differences in pain intensity before and after therapeutic communication

No	Pain Intensity	F	mean	SD	value
1.	Pre test	20	6,90	1,3334	0,001
2.	Post test	20	4,20	1105	

Based on table 6. Shows the average (mean) before therapeutic communication is 6.90 and after therapeutic communication is 4.20. p value 0.001 <0.05 means that there is an effect of pain intensity before and after therapeutic communication

1. **Characteristics of Respondents**

Effect of age on pain intensityBased on the results of the study, it can be seen that from 20 samples it was found that most of the respondents were of reproductive age, namely <20 or >35 years by 60%. This means that physically the reproductive organs of most mothers are not ready to carry out reproductive tasks. Developmental differences will affect the pain reaction to childbirth. These developments, namely physically, organs at an age less than reproductive age will not be ready to carry out reproductive tasks and the development of psychological maturity causes reactions to pain that arise to be more severe. This is in accordance with Yanti's (2010) theory that an age that is too young will be difficult to control labor pain. Effect of mother's education on pain intensity. Based on the results of the study, it can be seen that from the 20 samples, it was found that most of the respondents had a high school education of 80%. Education will be able to have an impact on the mother's knowledge about childbirth including about labor pain and how to manage pain. This is in accordance with Ye's theory (2015) which states that mothers who have a good. understanding of the labor process have a lighter level of pain than mothers who have a poor understanding. (8)

The effect of mother's work on pain intensityBased on the results of the study, it can be seen that from the 20 samples, it was found that most of the respondents did not work, namely 100%. Mother's work can be related to the state of fatigue experienced by the mother. Mothers who work outside during pregnancy will experience more fatigue than mothers who do not work

2. **Pain Intensity Before Therapeutic Communication**

Based on the results of the study, it was found that from 20 samples, the average pain intensity before therapeutic communication was 6.90. This is because respondents who said severe pain had a high sense of fear and anxiety about the labor process they were

going through, as well as a lack of support. given to the mother. Prior to therapeutic communication, the average mother experienced severe pain. This is due to several factors, one of which is when an observation is made, on average the mother has entered the first stage of the active phase, namely opening 4-8 where Muryunani's theory (2010) at opening 4-8 the pain feels intense, stabbing and stiff caused by by uterine contractions that are getting stronger, more than 3 times in 10 minutes for 40 seconds or more, and the lowering of the lower part of the fetus that presses and pulls on the parts of the pelvic area. In addition, one respondent with another respondent has a different pain threshold, and the emotional condition of the mother is tense and weak, which greatly affects the mother's coping mechanism to cope with the pain she is experiencing.

This is in accordance with the theory put forward by Sarwono (2008) which states that the feeling of pain at the time of his is very subjective, not only depending on the intensity of his, but also on the mental state of the person. Mothers who are relaxed and confident are calmer than mothers who are tense and less ready to face the labor process. Labor pain becomes milder as pain control becomes more frequent and effective. Bonica 1990 says that alerting women to an impending labor can reduce pain. Emotional tension from anxiety to fear can exacerbate the perception of pain during labor. Pain or the possibility of pain can induce fear so that anxiety arises which ends in panic, fatigue and lack of sleep that can exacerbate pain (the dick-read method). According to Bobak's (2000) theory that previous childbirth experiences can also affect the mother's response to pain (9). For mothers who do not have experience giving birth or mothers who give birth for the first time, they will feel anxious and afraid in the face of childbirth. Physiological stress or fear can cause uterine contractions to become more painful and painful (Indarsita et al., 2014).

The results of this study are in line with research conducted by Sari (2014) at the Delima Clinic, Medan, also conducted a similar study on the method of counseling/therapeutic communication in reducing labor pain and the results obtained that the respondents' pain intensity before therapeutic communication was mostly at the level of severe pain. as many as 20 people (47.6).

3. **Pain Intensity After Therapeutic Communication**

Based on the results of the study, it is known that from 20 samples of pain intensity after therapeutic communication the average (mean) is 4.20. This is because respondents who say moderate pain is more psychologically ready to face the labor process so that mothers are more confident and not afraid to face the birth process. As stated by Sari (2014), that if mothers are cared for and given support during labor and birth and know well about the delivery process and the care they will receive, they will get a sense of security and good outcomes. The steps that can be taken in communicating include:establishing a pleasant relationship with the client, being present to accompany the client, listening to client complaints,

The importance of therapeutic communication in reducing pain caused by childbirth is very necessary, therefore midwives in labor must be able to help create a sense of self-confidence, because if the client himself feels nervous in the face of childbirth, whether physically or mentally not ready, a sense of fear arises so that feelings of anxiety arise. pain will increase (Indarsita et al., 2014).

This is in accordance with previous research conducted by Bangun (2012) related to the effect of the midwife's therapeutic communication on the intensity of labor pain at the Santi Medan Clinic. which means ($P<0.05$). These results indicate that therapeutic communication has a significant effect in reducing labor pain.

4. Effect of Pain Intensity Before and After Therapeutic Communication

Based on the results of statistical tests, it was found that p value of 0.001 <0.05 means that there is an effect of pain intensity before and after therapeutic communication. This is in accordance with previous research conducted by Yusnita (2012), who also conducted a similar study on therapeutic communication and the results obtained were that there was an effect of therapeutic communication on labor pain in parturient mothers in the obstetrics and maternity ward at the Pidie District General Hospital based on the results of statistical tests. p value <0.05 (0.004) so that the alternative hypothesis in this study is accepted. This significant influence is influenced by many things, including those related to the attitude, behavior and communication of midwives in interacting which are considered to have an effect on the conditions experienced by the mother.

According to the research results of Setiawan and Tanjung, therapeutic communication is an effective therapy in reducing the level of anxiety and fear of patients. So it can be concluded that labor pain caused by fear, anxiety and panic will be overcome with these therapeutic communication techniques and labor pain will feel lighter.

The purpose of therapeutic communication itself is the realization or acceptance of oneself, more control and control of emotions, reducing the burden of feelings and thoughts, reducing self-doubt and influencing others, the physical environment and themselves. Bangun. (2012)

According to Sari (2014) therapeutic communication in childbirth is the provision of assistance to mothers who will give birth by providing guidance on the delivery process. Communication is carried out by midwives by providing reinforcement to mothers in labor. So it can be concluded that according to several existing theories that labor pain that arises because of anxiety, fear and panic, which can aggravate labor pain will be able to be overcome by providing therapeutic communication, which shows that the purpose of the therapeutic communication is to reduce the burden of the mind of fear. and anxiety faced by the patient

CONCLUSIONAND RECOMMENDATION

Based on the results of the analysis of the effectiveness before and after therapeutic communication on the intensity of labor pain in the active phase of the first stage of the Wilcoxon test, it is known that p value 0.001 <0.05 means that there is an effect of pain intensity before and after therapeutic communication.It is hoped that every maternity mother can control her attitude and emotions so, that the intensity of the pain she experiences can be controlled according to the opening of the cervix.

REFERENCES

Bobak. (2000). Maternity And Gynecological Care. Jakarta: EGC

Bangun. (2012). *Pengaruh Komunikasi Terapeutik Terhadap Intensitas Nyeri Persalinan Kala I Fase Aktif di Klinik Santi Medan.* Skripsi. Universitas Sumatera Utar

Copper, MA (2009). Myles Midwife Textbook. Jakarta: EGC

Get up. (2012). The Effect of Therapeutic Communication on the Intensity of Labor Pain in Active Phase I at Santi Clinic, Medan. Thesis. University of Northern Sumatra

kementerian Kesehatan.2016.Modul Bahan ajar cetak Keperawatan, keperawatan maternitas.Jakarta: Kementerian Kesehatan RI.

L Lajuna, R Muhede – 2019. The Effectiveness of Therapeutic Communication Against the Intensity of Labor Pain in the Active Phase I (4-8 cm) at the Regional Public Service Agency of the Mother and Child Hospital Banda Acehhttp://repository.digilib.poltekkesaceh.ac.id:80/repository/jurnal-pdf-ilSef 5putx89KtdN.pdf

Mander. (2013). Labor Pain. Jakarta: EGC

Prawirohardjo. (2009). Midwifery. Jakarta: Bina Pustaka Foundation

Sari R. (2014). The Effect of Therapeutic Communication With Intensity of Labor Pain in Latent Phase I at the Pomegranate Clinic Medan. University of Northern Sumatra. KTI

Sumarah, et al. (2009). Maternity Care (Midwifery Care for Maternity) Jakarta: Fitramaya.

Taufik, M., & Juliane. (2009). Therapeutic Communication And Counseling In Practice*Midwifery*. Salemba Medika. Jakarta

Walsh, VL (2007). Textbook of Pregnancy and Childbirth. Jakarta: Student Library

Yanti, M. Keb. 2010. Textbook of Midwifery Childbirth. Yokyakarta : LibrariesRihama

Ye, H., Jiang, Y., & Ruan, Z. (2015). Relationship Between Factors Of Labor Pain And Delivery Outcomes.

THE 5th INTERNATIONAL CONFERENCE ON HEALTH POLYTECHNICS OF SURABAYA (ICOHPS)

ORIGINALITY REPORT

39%	37%	13%	%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	usnsj.com Internet Source	14%
2	icomidp.poltekkesdepkes-sby.ac.id Internet Source	11%
3	repositorii.urindo.ac.id Internet Source	5%
4	repository.poltekkes-kdi.ac.id Internet Source	3%
5	bircu-journal.com Internet Source	1%
6	Asriadi Asriadi, Usman Usman, Rohmansyah Wahyu Nurindra. "Health Belief Model of Buton's Ethnic Migration Population the Birthplace Selection in South Buru Island's", Jurnal Aisyah : Jurnal Ilmu Kesehatan, 2021 Publication	1%
7	Lewin, D.. "Uterine work and resistance to the opening of the cervix: normal values for primigravidae", European Journal of	<1%

	Obstetrics & Gynecology and Reproductive Biology, 1977 Publication	
8	chembiopublishers.com Internet Source	<1 %
9	journals.stikim.ac.id Internet Source	<1 %
10	Noviyanti, Ratna Dewi, Adri Idiana. "Effectivity of Large Intestine 4 Point Accupressure on Labour Pain Stage-I Active Phase", Bioscientia Medicina : Journal of Biomedicine and Translational Research, 2021 Publication	<1 %
11	Putu Indah Sintya Dewi, Kadek Yudi Aryawan, Putu Agus Ariana, Ni Ayu Putu Eka Nandarini. "Intensitas Nyeri Persalinan Kala I Fase Laten pada Ibu Inpartu menggunakan Birth Ball Exercise", Jurnal Keperawatan Silampari, 2020 Publication	<1 %
12	ijfmt.com Internet Source	<1 %
13	www.tandfonline.com Internet Source	<1 %
14	Luluk Susiloningtyas, Ratna Feti Wulandari. "The Effect Bonapace Method Reduces Labor Pain Of Active Phase I To Intranatal Care", STRADA Jurnal Ilmiah Kesehatan, 2020	<1 %

Publication

15	Aqliya Nursahidah, Shinta Novelia, Anni Suciawati. "The effect of Lavender Aromatherapy on labor pain among delivery women", Asian Community Health Nursing Research, 2020 Publication	<1 %

Exclude quotes	On	Exclude matches	Off
Exclude bibliography	On		