SORUME HEALTH SCIENCES JOURNAL
SHSJ
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The Effects of Verbal Guidance on the Intensity of First Stage of Labor Pain in the Primigravida Mother In Community Health Center of Kassi-Kassi Makassar

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ARTICLE INFO

ISSN: 2723-1259
Vol. 1, No. 1, June 2020
URL:
https://www.usnsj.com/index.php/shsj/article/view/1164

Abstract

One of the main factors influencing labor is the inadequate psychological condition that makes a person feel anxious. One effort to solve anxiety problem is with verbal guidance that with gently and soothingly words can reduce the pain experienced of the mother. This study aims to determine the effect of verbal guidance on the intensity of first phase labor pain in primi-gravida in-mother mothers. This type of research used quasi- experimental design with one-group Pre test-post design techniques. The population in this study was all mothers who gave birth normally in Community Health Center (CHC) of Kassi-Kassi Makassar during March up to June 2019. The sample in this study was 30 respondents using purposive sampling technique; the data used are primary data. Data analysis was performed with the Wilcoxon Test. Based on the Wilcoxon Test results obtained p value = 0,000 which is smaller than the significance degree (α = 0.05). Based on the results of the analysis Ha (Alternative Hypothesis) was accepted, it means there is the influence of verbal guidance on the intensity of labor pain on the first phase of primigravida mothers in CHC of Kassi-kassi Makassar. We hope to be able to assist midwifery services in improving maternal health services by applying good verbal guidance methods as one of interventions in reducing maternal pain.

Keywords: **Verbal Guidance, Labor Pain, Pregnancy**

A. Introduction

Maternal and child health is one of the concerns of the world health organization (WHO) estimates that every year some 500,000 people die from pregnancy and childbirth, 99% of these deaths occur in developing countries 50% of them occur in Indonesia and Egypt (WHO, 2012). The main causes of death are bleeding, hypertension, infection, and indirect causes, mostly due to interactions between pre-existing medical conditions and pregnancy. The number of women dying from complications during pregnancy and childbirth has decreased by 43% from the estimated 532,000 years 1990 while in 2015 as many 303,000 (WHO, 2016). Based on the Indonesian Health Demographic Survey (IDHS), MMR in Indonesia increased in 2012 to 359 / 100,000 live births. This figure is far compared to 2007, which was 228 / 100,000 live births. IMR has decreased, namely in 2012 amounted to 32 / 100,000 live births, in 2007 amounted to 34 / 100,000 live births, and in 2002-2003 there were 35 / 100,000 live births. From the above data, MMR and IMR in Indonesia are still far from the 2015 MDG target which targets MMR 102 / 100,000 live births, and IMR 23 / 100,000 live births (IDHS, 2012). During the last 5 years AKI in South Sulawesi showed a downward trend of 117.02 per 100,000 live births in 2011, in 2012 it dropped to 104.97 per 100,000 live births, in 2013 it rose to 116.01per 100,000 live births, in 2014 rose again to 116.37 per 100,000 live births, in 2015 dropped to 116.34 per 100,000 live births. While IMR reaches 10.75 per 1,000 live births. The figures above are still far from the 2016 South Sulawesi target which targets AKI 60 / 100,000 births life and IMR 8.5 / 1,000 live births (Dinas Kesehatan, South Sulawesi Province, 2013). The maternal mortality rate in Makassar City shows a decrease from 20.33 / 100,000 KH in 2014 to 19.85 / 100,000 KH in 2015, in 2016 19.10 / 100,000 KH, in 2017 18.70 / 100,000 KH or reaching 115 cases, while IMR in 2017 (Infant Mortality Rate) reached 1,059 cases. (Makassar City Health Office, 2017) Based on preliminary data collection conducted on December 10, 2018 at the Kassi-Kassi Makassar Public Health Center in 2015, there were 27.65% or 91 deliveries out of 329 normal deliveries, 2016 25.72% or 97 deliveries out of 377 normal deliveries, in 2017 is 26.56% or 102 percent of them 384 normal deliveries, 2018 from January to 10 December was 30.63% or 87 deliveries out of 284 normal deliveries. On December 10, 2018 at the Makassar Kassi-Kassi Health Center taken from secondary data, namely data in the form of in-patient patograph sheets for one day there were 2 laborers who had had their first birth.

B. Literature Review

1. Labor Process.

Labor and delivery are normal physiological events. Childbirth is the release and release of conception products (fetus, amniotic fluid, placenta and amniotic membrane) from the uterus through the vagina to the outside world. Normal delivery is a process of fetal expulsion that occurs in full-term pregnancies (37-40 weeks), born spontaneously with a percentage of the back of the head that lasts less than 24 hours without complications for both the mother and the fetus. (Prawirohardjo, 2010).

Passenger or fetus moves along the birth canal is the result of the interaction of several factors, namely the size of the fetal head, presentation, location, attitude, and position of the fetus. Because the placenta must also pass through the birth canal, the placenta is also

considered part of the passenger that accompanies the fetus. However, the placenta rarely inhibits labor in a normal pregnancy (Sumarah, 2010).

Passage The birth canal consists of the mother's pelvis, which is part of the solid bone, pelvic floor, vagina, and introitus (outer hole of the vagina). The layers of pelvic floor muscles help support the release of the baby even though it is soft tissue, but the mother's pelvis is much more involved in labor. The fetus must successfully adapt itself to the relatively rigid birth canal. Therefore the size and shape of the pelvis need to be considered before labor begins (Sumarah et al, 2010).

The forces that encourage the fetus in labor are the contraction, abdominal muscles, diaphragm contraction, and action of the ligaments. The primary strength needed in labor is the contraction of the uterine muscles, while the secondary strength is the maternal striking force. (Sumarah et al, 2010).

Possition (Position) Mother's position affect the anatomical adaptation and physiology of labor. According to Melzack, et al in 1991 in Bobak (2012) changing position makes fatigue disappear, gives a sense of comfort, and improves circulation. A good position in labor is an upright position which includes standing, walking, sitting, and squatting. Upright position can provide a number advantages, it is because the upright position allows gravity to help decrease the fetus, can reduce the incidence of umbilical cord compression, reduce pressure on maternal blood vessels and prevent compression of blood vessels and upright position can make the abdominal muscles work more synchronous (mutually reinforcing) with the uterus when straining mothers (Bobak, 2012).

Psychological Responses (Psychology) Psychological is the psychological condition of the client where the availability of positive impulses, Childbirth preparation, past experience, and psychological coping / coping / coping strategies are crucial parts during labor, characterized by anxiety or decreased ability of the mother because of fear to deal with labor pain. The physical response to mother's anxiety or fear is the release of the catecholamine hormone. This hormone inhibits uterine contractions and placental blood flow (Manurung, 2011).

C. Methods

1. Research Design

   This study uses a quasi-experimental research design with one group Pre test-post test design with no control group. Measurements are considered treatment effects. This research has been carried out in the Kassi-Kassi Makassar health center. When this research was conducted in March 15 to June 12 2019 at the Kassi-Kassi Makassar Public Health Center.

2. Participants/Respondents/Population and Sample

   Population is a group of subjects that are the object or target of research, which have certain characteristics and are determined by researchers to be able to draw conclusions (Stang, 2015). Based on the definition above, the population of this study is all mothers with normal deliveries in the Kassi-Kassi Makassar Public Health Center, as many as 73 people. The sample in this study was a portion of the population of normal maternity

women in the Makassar Kassi-Kassi Puskesmas, 30 respondents. According to Gay and Diehl (1992), Based on a sample of 15 experimental studies / group.

3. *Data Collection*

Verbal guidance is one form of guidance or communication that is commonly used to convey messages or encouragement to other parties through verbal, verbal guidance is verbal guidance or with words that are conveyed gently and soothingly, can divert the mother's attention and pain in nature (Darsana, 2013). The importance of verbal guidance in reducing pain caused by childbirth is very necessary, therefore midwives in labor must be able to help generate self-confidence, because if the client himself feels nervous in facing labor both physically and mentally is not ready then a sense of fear arises so that the feeling pain will increase (Kartono, 1992 in Indarsita, Utami, Sari, 2014)

4. *Data Analysis*

Bivariate analysis was performed to determine the effect of independent and dependent variables. So to assess the influence of this study, researchers used a statistical test. One of the requirements in paired T-tests is that the data must be normally distributed. Researchers have conducted the Kolmogrov smirnov Test normality test (K-S sample) shows the results of data not normally distributed with a Significant K-S value before treatment 0,000 and after treatment 0,000 which means that a significant value of K-S <0.05. Therefore the analysis of research results cannot be continued using the Paired T-Test, even using the Wilcoxon Test. The results of the analysis using the Wilcoxon Test as many as 30 respondents experienced a decrease in pain The results of analysis using SPSS 16 obtained p value = 0,000 which is smaller than the degree of significance α = 0.05. From the results of the analysis, Ha (Alternative Hypothesis) was accepted and H0 (Zero Hypothesis) was rejected.

D. Results and Discussion

1. Results

Table 1
Frequency Distribution of Respondents Based on Pain Scale Pre and Post-Intervention at the Kassi-Kassi Health Center Makassar in 2019

Pain Scales	Pre-intervention		Post-intervention	
	F	**(%)**	**F**	**(%)**
Moderate Pain	7	23,3	22	73,3
Severe Pain	23	76,7	8	26,7
Total	**30**	**100**	**30**	**100**

Table 2
The influence of Verbal guidance on the intensity of first phase active labor pain in primigravida mothers in Puskesmas Makassar Kassi-Kassi in 2019

Variable	Result	F	P-Value	Sig
Pain Intensity	Decreased	15	0.000	0.05
	Increased	0		
	Remain Stayed	15		
Total		30		

2. Discussion

The results of this study are in line with research conducted by Dwi Hartati (2013) in LPTP-KIA, Sleman District, Special Region of Yogyakarta, also conducted a similar study of verbal counseling / guidance methods in reducing labor pain and the results of the pain intensity of respondents before verbal guidance the majority are in the level of severe pain as many as 20 people (47.6). This is consistent with previous research conducted by So that it can be concluded that there is an influence of verbal guidance on the intensity of labor pain in the active phase of the first phase of primigravida mothers in the Makassar Community Health Center in 2019.

Yuliastanti (2013) related to the effect of midwife assistance on labor pain intensity at the Santi Medan Clinic, it was found that after being given assistance or verbal guidance there was a significant change or decrease in pain level where p value (0,000) was significant (P <0.05)). These results indicate that the effect of midwife assistance on labor pain intensity has a significant effect in reducing labor pain. This is in accordance with previous studies conducted by Nurhidayati (2012), also conducted a similar study of verbal guidance and obtained the results of the influence of verbal guidance on the intensity of childbirth pain in mothers in labor in the midwifery and maternity ward. p value <0.05 (0.004) so that alternative hopotesis in this research is accepted. Based on the results of the study note that of the 30 samples found pain intensity before verbal guidance most of the 23 (76.7%) controlled severe pain. This is due to the fact that respondents who say that severe pain is controlled have a high level of fear and anxiety about the labor process they are going through, as well as a lack of support given to mothers.

Before verbal counseling, the average mother experiences severe controlled pain. This is due to several factors, one of which is when observations are made, the average mother has entered the first phase of the active phase of opening 4-8 where Mury Greece's theory (2010) at opening 4-8 pain feels intense, piercing and stiff caused by uterine contractions that get stronger, above 3 times in 10 minutes for 40 seconds or more, and the decreasing of the bottom of the fetus is pressing and pulling parts in the pelvic region. In addition, one respondent and another respondent had different pain thresholds, and the emotional condition of the mother who was tense and weak greatly affected the coping mechanism of the mother to cope with the pain she felt. Pain Intensity After Verbal Guidance Based on the results of the study, it is known that from 30 samples of pain intensity after verbal guidance most of the 73.3% were moderate pain. and not afraid in the face of childbirth. According to the researchers' assumptions, there are several factors that can cause the

hypothesis to be accepted. The first factor according to the researchers is the influence of verbal guidance in reducing pain arising from labor is necessary, because the midwife must be able to cause self-confidence of the mother, because if the client himself feels nervous in facing labor both physically or mentally is not ready then arises fear so that the pain will increase. This is consistent with the theory of Yanti (2010) lack of support and self-confidence will be difficult to control labor pain. The second factor according to researchers is the educational factor. Most respondents were found to have a senior high school education of 36.7%. Education will have an impact on maternal knowledge about childbirth, including labor pain and how to manage pain. This is in accordance with Ye's theory (2015), saying that mothers who have a good understanding of the delivery process feel the level of pain felt lighter than mothers who have a worse understanding. As stated by Fraklin (2000) in Sari (2014), if mothers are cared for and given support during labor and birth and know well about the labor process and care they will receive, they will get a sense of security and good outcomes. The steps that can be taken in conducting guidance include: establishing a good relationship with the client, being there to accompany the client, listening to complaints, complaints, giving a touch in assisting clients, providing information to clients, making physical contact with clients, giving praise to clients for effort that he has done. These results indicate that the influence of verbal guidance on labor pain intensity has a significant effect in reducing labor pain.

E. Conclusion

From the results of the study the influence of verbal guidance on the intensity of labor pain in the first phase of active phase in mothers in labor Primgravida found that there was a correlation with the decrease in labor pain intensity in Makassar Kassi-Kassi Public Health Center in 2019. Based on statistical test results it was known that p value 0,000 <0.05 means that there was an influence of pain intensity before and after verbal guidance.

Author Contribution (optional if author more than one)
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Conflict of Interest (optional)
The authors report no conflict of interest. The authors alone are responsible for the content and writing of the article.

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