



Article

HUSBAND SUPPORT ON REDUCING PAIN SCALE OF CHILDBIRTH WOMEN

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A B S T R A C T

Childbirth is always accompanied by pain or pain that can have a negative impact if not handled properly, because pain can cause tension and panic stress which is the initial condition of maternal and neonatal emergencies. Therefore the role of the husband as a companion for labor is needed to assist the delivery process. This study aims to determine the relationship of husband's support for maternal with childbirth pain in Padang Tongga auxiliary health center in 2019. This type of research is descriptive analytic with cross sectional study approach which was conducted in September - October 2019 in Padang Tongga auxiliary health center. The population in this study were all maternity during September - October as many as 36 deliveries. Sampling using accidental sampling technique with a sample size of 31 people. Data collection in this study uses observation sheets, data analysis includes univariate analysis and bivariate analysis using the chi-square test. The results showed that 58.1% of respondents with poor husband support, 64.5% of respondents with severe pain in labor. There is a significant relationship between husband's support and labor pain scale, statistically obtained p value = 0.021 and PR = 2,1. It was concluded that husband's support for maternity is significantly related to labor pain scale, therefore it is expected to all parties, especially health workers to always increase the involvement of the husband as a companion for labor, in order to help expedite the labor process.

I. INTRODUCTION

Childbirth or giving birth to a baby is a normal process in women of childbearing age. Childbirth is an important event that is eagerly awaited by every married couple. Welcoming the birth of the baby is a time that will make every family very happy. So all moral and material support is poured out by the husband, family and even all members of society, for the welfare of the mother and fetus (Maryunani 2010).

The image of pain during childbirth often haunts pregnant women nearing labor. For pregnant women, delivery may be an exciting time. There is a sense of excitement about giving birth to a cute or tiny baby. But behind that, there is a sense of horror when you remember the pain, heartburn and pain that will accompany it. The joy of welcoming the baby suddenly turns into something scary, when the mother imagines how great the pain is when giving birth (Maryunani 2010).

Childbirth is accompanied by pain, pain occurs because of the large activity in the body to expel the baby. Labor is defined as stretching and widening of the cervix. This incident occurs because the muscles of the uterus contract to push the baby out. The uterine muscles tighten during contractions, along with each contraction, the bladder, rectum, spine, and pubic bones receive intense pressure from the uterus. The weight of the baby's head as it moves down the birth canal also causes pressure, which is painful for the mother (Danuatmaja 2014).

Pain during childbirth has a more negative physiological and psychological impact on a mother, this pain can cause a variety of clinical responses such as anxiety and vice versa, excessive anxiety will worsen a person's pain response. Pain in childbirth is objective for each individual, but if it is not handled properly, it will have clinical impacts in labor such as fatigue, fear, worry and stress. Stress can cause weakening of uterine contractions and result in prolonged labor, which is an initial condition for maternal and neonatal emergencies which in turn will increase the risk of maternal mortality (Anggraeni, et al, 2014).

The maternal mortality rate in Indonesia is higher than other countries. In developed countries only 1-2% of maternal deaths according to (WHO). Meanwhile, the results of the 2012 Basic Indonesian Health Survey (IDHS) indicate a problem in achieving the target of reducing the Maternal Mortality Rate (MMR). The 2012 IDHS data published in 2013 recorded that the maternal mortality rate jumped to 359 per 100,000 live births. Distribution of the percentage of causes of maternal mortality, there are three main factors causing maternal mortality, namely, bleeding, hypertension during pregnancy, infection, prolonged labor, and abortion. Meanwhile, other causes also play a significant role in causing maternal death. What is meant by other causes

is the indirect cause of maternal death, such as conditions of cancer, kidney, heart disease, tuberculosis or other illnesses suffered by the mother (Kemenkes RI, 2017).

Pain in labor should not be ignored. So many methods are taken to reduce pain during labor, including stimulation and massage, Ice and Heat Therapy, Transcutaneous Electrical Nerve Stimulation (TENS), Hypnosis, ILA, Relaxation Techniques, and Acupuncture. The types of methods above are pain relief methods that use certain techniques and / or tools. Based on this, if the application of the technique and the use of these tools is not appropriate for the mother to give birth, then the goal of reducing pain during childbirth will not be achieved, or it can even increase the pain from the previous pain. For this reason, it will be more effective and efficient if the pain of the mother in labor is reduced by affecting the psychology of the mother concerned. One of the ways to influence the psychology of mothers who give birth is to bring birth attendants who are highly desired and trusted by mothers who give birth (Diana, 2013).

Support in childbirth such as praise, reassurance, actions to increase the comfort of the mother, physical contact, explanations about what happens during labor and birth and constant friendly attitude. Midwives can fulfill these tasks. However, in practice midwives also have to perform medical procedures that can distract themselves from the mother. In this case, a woman who is giving birth must be accompanied by someone she trusts and makes her feel comfortable. This person can be his spouse, friend or family member. It will feel different if someone is treated the same as different people (Diana, 2013).

The husband as a partner is the most appropriate person to provide support and love during the labor process. Loving support from the partner will quickly reduce the mother's need for anesthetic drugs and medical intervention in childbirth (Anggraeni, 2014). This is reinforced by Indrayani's (2016) statement that good support will help mothers reduce their pain. In a relaxed state, the body will produce happy hormones called endorphins which will suppress stressor hormones, so that the pain you feel will be reduced. The support provided by the husband will make the mother more comfortable and enjoy each childbirth trip, the more the mother enjoys the labor process, the more relaxed the mother will feel, as a result the mother is no longer focused on the pain of labor, so the sensation of labor pain can be reduced (Indrayani, 2016).

Previous research that has been conducted by Diana (2013), regarding childbirth companions as a reduction in pain during childbirth at Margono Soekardjo Hospital, Purwokerto. This study involved 30 samples of mothers who gave birth and most of the respondents were pregnant women who were accompanied by their husbands during delivery. The results of this study concluded that the presence and role of childbirth assistants had a significant effect on the

intensity of labor pain where most respondents with good assistance only felt less pain when compared to respondents who were not accompanied during delivery and statistically obtained p value = 0.002.

Another study conducted by Anggraeni, et al. (2014) on the Effect of Husband's Support in the Delivery Process with Childbirth Pain at RSIA Bunda Arif Purwokerto, the results of this study concluded that the better the support provided by the husband, the less the sensation of labor pain and vice versa. the lower the support from the husband, the higher the sensation of labor pain that is felt. Based on the results of statistical analysis, it was found that the value of p = 0.000 means that husband's support has a significant effect on labor pain.

Pustu Padang Tongga is one of the Pustu in the working area of the Manggopoh Puskesmas with the highest average number of deliveries when compared to other pustu in the Manggopoh Puskesmas work area, based on the results of the initial survey that had been carried out it was known that in general every maternal assistance from family members, especially husbands, but not all birth attendants can show a good role in the delivery process so not every pregnant woman gets good support from a birth attendant or husband.

In an interview that was conducted on June 27, 2019 with 10 postpartum mothers, the mother said that the husband always gave the family ample time to accompany the mother from being pregnant to giving birth. mother to choose who will be the mother's companion at delivery. The mentoring process in Pustu Padang Tongga always puts the husband first, but if the husband cannot accompany him due to several factors, the assistance may be replaced by another family. Based on this background, the researcher wanted to conduct research on "The Relationship between Husband Support for Maternal and Childbirth Pain Scale at Pustu Padang Tongga in 2019"

II. METHODS

This research uses a quantitative approach. This type of research is a descriptive analytic. This research was conducted at Pustu Padang Tongga in September - October 2019. The population in this study were all mothers giving birth at Pustu Padang Tongga in September - October 2019 with 36 deliveries. The sampling technique used in this study was the accidental technique. sampling so that a sample of 31 people was obtained. The data were collected using the husband's support observation sheet and the labor pain scale. Data analysis included univariate analysis and bivariate analysis using the chi-square test.

III. RESULT

Table 1 hemoglobin level in intervention and control group

No	Husband Support	Skala Nyeri Persalinan						p-value	PR (95% CI)
		Severe Pain		Moderate Pain		Total			
		f	%	f	%	f	%		
1.	Not Good	15	83,3	3	16,7	18	100	0,021	2,167 (1,05-4,442)
2.	Good	5	38,5	8	61,5	13	100		
Total		20	64,5	11	35,5	31	100		

18 respondents with poor support from their husbands, most of them were 15 people (83.3%) with a severe labor pain scale, while of the 13 respondents with good husband's support, only less than 5 people (38.5%) respondents with severe labor pain scale. Based on the results of statistical analysis using the chi-square test, the value of $p = 0.021$ ($p < 0.05$) was obtained, meaning that there was a significant relationship between husband's support and the labor pain scale. Further analysis showed the value of $PR = 2.1$, meaning that the pain scale of severe labor was twice as common in the group of respondents with poor support from their husbands.

IV. DISCUSSION

Anxiety can arise from a person's reaction to pain. This increases sympathetic nerve activity and catecholamine secretion. Excessive release of catecholamine hormone levels in the blood circulation can cause smooth muscle tension and vasoconstriction of blood vessels so that uterine contractions weaken, oxygen supply to the fetus is reduced (Indrayani et al., 2016). Fear and anxiety can cause the mother to be unable to interpret what the midwife or doctor says or events during childbirth in a negative or pessimistic way. Avoiding or reducing maternal psychological stress can encourage the psychological process of childbirth (Simkin 2007).

The existence of childbirth assistance can cause happy emotions in the mother, resulting in impulses from neuro transmitters to the limbic system then transmitted to the amygdala and then to the hypothalamus so that stimulation of the ventromedial nucleus and the surrounding area can cause a feeling of calm (Reader, 2011), decreased anxiety and increased relaxation will stimulate endogenous natural opioid (β endropin), this opioid is permanent to block pain nociceptors. So that the mother in labor becomes relaxed and comfortable. Which can provide a calm effect and the mother will feel pain will also be reduced (Yuliantum, 2008).

In line with previous research conducted by Anggraeni, et al. (2014) on the effect of husband support in labor with labor pain at RSIA Bunda Arif Purwokerto, the results of this study indicate that there is a significant relationship between husband's support and labor pain. = 0,000.

The assumption of the researchers was that the husband's support or assistance to the mother in labor was significantly related to the labor pain scale. Where labor pain tends to be lower in the group of mothers with good husband's support and the scale of labor pain tends to be seen higher in the group of mothers who give birth with less good husband support. This condition indicates that there is a relationship between husband's support and the labor pain scale.

The mechanism of the husband's support relationship with the labor pain scale emphasizes the psychological aspects of the mother, where good assistance and support from the husband is able to provide peace, security and confidence to the mother during the labor process. Support from can provide calm and increase relaxation in the mother, which can suppress feelings of anxiety and tension during childbirth. A relaxed body condition and decreased anxiety will stimulate endogenous natural opioids (β endropin), these opioids are permanent to block pain nociceptors so that the pain sensation you feel will be reduced. Furthermore, a relaxed body condition will reduce muscle tension or spasm, including labor muscles, so that when the cervix is dilated, the sensation of pain will be reduced when compared to the tense mother's condition. Therefore, it can be concluded that husband's support as a labor companion has a significant relationship with the labor pain scale.

V. CONCLUSION

There is a significant relationship between husband's support for maternal and childbirth pain scales, statistically obtained p value = 0.021 and OR = 8

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