



THE RELATIONSHIP OF THE IMPLEMENTATION OF MOTHER'S LOVE CARE WITH THE LENGTH OF LABOR IN THE 1ST AND 2ND STAGES AT THE CIBADAK HEALTH CENTER

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Abstract

Background: Childbirth is a physiological process, where the products of conception (fetus and placenta) are expelled which can live outside the womb, starting with uterine contractions, effacement and opening of the cervix, birth of the baby and placenta through the birth canal or through another route (abdomen), with or without assistance. help. When dealing with a mother in labor, medical personnel are needed who can embrace the mother during the birthing period, so having loving maternal care is important in dealing with a mother in labor. Purpose of writing: To find out how the implementation of maternal care is related to the duration of the first and second stages of labor at the Cibadak Community Health Center. Research methods: The research used is analytical with a *cross sectional approach*, the research sample is 40 respondents, then testing will be carried out using paired tests and independent sample T tests. Research Results: The results of this research show There is a relationship between the implementation of maternal care and the length of labor in the first and second stages of labor at the Cibadak Community Health Center with a p value of 0.00 $0 < 0.005$. Conclusions and Suggestions: The application of loving maternal care to the length of the first and second stages of labor for those who apply and those who do not apply it have different average values because those who apply maternal loving care well will have a faster duration of first and second stages of labor.

Keywords: Implementation of Maternal Loving Care, Stage I, Stage II

Introduction

Childbirth is a physiological process, where the products of conception (fetus and placenta) are expelled which can live outside the womb, starting with uterine contractions, effacement and opening of the cervix, birth of the baby and placenta through the birth canal or through another route (abdomen), with or without assistance. assistance (Widiastini, 2014). During childbirth, the mother will usually feel anxious, accompanied by nervousness, fear and doubt about the birth she is facing, the mother will feel doubtful about whether she will be able to go through the birth process normally and smoothly (Sunarsih, 2019).

Fear of childbirth is a serious problem in women which can make mothers avoid pregnancy, cause stress to the mother and fetus, and increase the mother's request for a Caesarean section (Hassandazze et al, 2020). In addition, more than 80% of low-risk pregnant women experience fear during childbirth. In this study, participants reported 81% fear of giving birth at 28 weeks of gestation and 82% reported fear of giving birth at 38 weeks of gestation (Alipour et al., 2011). The same thing was stated in Desni's (2018) research which stated that the majority (34%) of women giving birth were at a moderate level of anxiety with an abnormal length of second stage labor of

44%. The p value result: 0.009 which states that there is a relationship between the level of anxiety and the length of labor in mothers giving birth (Desni, Yoni, 2018).

When dealing with a mother in labor, medical personnel are needed who can embrace the mother during the birthing period, so having loving maternal care is important in dealing with a mother in labor. Affectionate maternal care is care that respects each other's culture, trusts the mother's wishes for safe care during the birth process and involves the mother and family as decision makers, is not emotional and is supportive in nature. Maternal care refers to the competency of midwives in Indonesia, especially the K-4 competency standard, namely care during labor and birth, midwives must be able to provide care during delivery.

The benefits of maternity care are giving the mother a sense of security, comfort, providing both physical and emotional support, as well as strong care for the mother by allowing the patient to choose the process of giving birth according to the mother's comfort. The results of Mujizatiana's (2018) research showed that mothers who received maternal care were in the good category with a labor duration of 46.9% (p-Value = 0.041). The results of the chi-square analysis showed that there was a relationship between maternal loving care and the length of the first and second stages of labor with a value of $p=0.041$ and $p=0.043$ ($p<0.05$). There was a relationship between maternal loving care and the length of the first and second stages of labor.

Based on the results of a preliminary study conducted in October 2023 at the Cibadak Community Health Center as one of the Community Health Centers in Lebak Banten Regency. In 2022 there will be 47.2 % of births. In 2023, deliveries at health centers will decrease to 45.2 %.

The results of the initial *survey* that researchers conducted through interviews with 10 birthing mothers taken earlier in October 2023, namely that of the 10 people who gave birth without maternal care, 7 people (70%) said they felt scared, anxious and worried, 2 people (20%) said labor felt longer and tiring and 1 person said it was normal, no problems. Of the 10 mothers, it was also discovered that 7 people (70%) were in long labor, 3 people (30%) in labor were referred and action was taken. Not all of the existing midwives implement maternal care, based on interview results, only 50% provide maternal care.

Based on this description, the author is interested in conducting research on "The Relationship between the Implementation of Affectionate Maternal Care and the Length of Labor in the First and Second Stages at the Cibadak Community Health Center".

Literature Review

Childbirth is a physiological process, in which the products of conception (fetus and placenta) are expelled which can live outside the womb, starting with uterine contractions, effacement and opening of the cervix, birth of the baby and placenta through the birth canal or through another route (abdomen), with the help of or without assistance (Luh Putu Widiastini, 2018).

In the stages of labor there are Stage I and Stage II. Stage I (Opening Period) Inpartu (the state of labor) is characterized by contractions, mucus mixed with blood coming out (bloody show) because the cervix begins to open (dilate) and thin (effacement). Stage I (opening stage) is divided into 2 phases, namely the latent phase, where the opening occurs progresses slowly, from opening 1 to opening 3 cm takes 7-8 hours and the active phase, lasts 6 hours and is divided into 3 subphases. Acceleration, lasts 2 hours, opening to 4 cm.

Stage II (Fetal Expulsion Period) The second stage is the period starting from complete opening (10 cm) until the expulsion of the fetus, characterized by the mother's push to push (doran), pressure on the anus (technus), the mother's perineum protruding (perjol), the vulva opening (vulka) In primigravida stage II it lasts 1-2 hours and in multigravida stage II it lasts ½-1 hour.

A loving mother's care is care that respects the mother's culture, beliefs and desires. attention and support to the mother during labor and birth of the baby will provide a sense of security, better outcomes, reduce births by vacuum, vaginal cunt and caesarean section (SC) and delivery occurs more quickly (Legawati, 2018).

The aim of normal delivery care is to maintain survival and improve the health status of the mother and baby, with minimal intervention but optimal quality of service.

Research Methodology

The research used is analytical with a *cross sectional approach*, namely to determine the relationship between the independent variable and the dependent variable. The research sample was taken from the entire population because in research according to Ari Kunto (2017), if the objective is less than 100, it is better to take all or the total population, then the research sample is 40 respondents.

Then, after knowing the characteristics of each variable, it was carried out in October 2023 and analysis was carried out using paired and independent sample T tests.

Research Result

Univariate Analysis

No	Respondent Characteristics	Frequency (f)	Presentation (%)
1	Age		
	<20	6	15.0
	20-35	31	77.5
	>35	3	7.5
2	Educational background		
	elementary school	6	15.0
	JUNIOR HIGH SCHOOL	19	47.5
	SENIOR HIGH SCHOOL	13	32.5
	S1	2	5.0
3	Work		
	IRT	32	80.0
	SELF-EMPLOYED	7	17.5
	PRIVATE SECTOR	1	2.5
	EMPLOYEE		
Total		40	100.0

Based on the data in table 5.2, the respondents in this study were mothers giving birth, indicating that the age of the mother giving birth was <20 years, namely 6 people with a percentage of 15.0%, the age of the mother giving birth was 20-35 years, namely 31 people with a percentage of 77.5%, the age of the mother giving birth >35 years, namely 3 people with a percentage of 7.5%. Respondents in this study were mothers giving birth with a frequency of education, respondents who graduated from elementary school, namely 6 people with a percentage of 15.0%, respondents who graduated from junior high school, namely 19 people with a percentage of 47.5%, respondents who graduated from high school, namely 13 people with a percentage of 32.5%. with S1 graduates, namely 2 people with a percentage of 5.0%. The respondents in this study were mothers giving birth. The frequency distribution of respondents based on housewife work was 32 people with a percentage of 80.0 %. Respondents with self-employed jobs were 7 people with a percentage of 17.5%, and respondents with private employment were 1 person with a percentage of 2.5%.

No	Variable	Frequency (f)	Presentation (%)
1	Management of Mother's Loving Care		
	Apply	17	42.5
	Lack of Implementation	23	57.5
2	Length of First Stage of Labor		
	4 Hours - 6 Hours	19	47.5
	7 Hours - 9 Hours	21	52.5
3	Length of Labor in Second Stage		
	55 Minutes - 60 Minutes	13	32.5
	61 Minutes - 66 Minutes	12	30.0
	70 Minutes - 82 Minutes	15	37.5
Total		40	100

Based on the results of the frequency distribution of implementation of maternal care, 17 people implemented it with a percentage of 42.5%, and 23 people did not implement it with a percentage of 57.5%. Based on the frequency distribution results of the first stage of labor, with a labor duration of 4 hours - 6 hours, there were 19 people, with a labor duration of 7 hours - 9 hours, there were 21 people.

Based on the results of the frequency distribution of the duration of the second stage of labor, with a labor duration of 55 minutes - 60 minutes, there were 13 people, with a labor duration of 61 minutes - 66 minutes there were 12 people, with a labor duration of 70 minutes - 82 minutes, there were 15 people.

Bivariate Analysis

1. The relationship between the implementation of maternal care and the duration of the first stage of labor

Implementation of Mother's Loving Care	Mean	Std. Deviation	Q	Sign
Apply	16.88	6.00662	6,160	0,000
Lack of Implementation	10.77			

Based on table 5.4, it shows that the average length of labor in the first stage of labor for those who implement maternal care well, the length of labor in the first stage will be faster as indicated by a mean value of 16.88 than for those who do not apply maternal affection care with a mean value of 10.77. Apart from that, looking at the sig value, it shows that there is a relationship between the implementation of maternal care and the length of the first stage of labor, which is indicated by the *sig value* = 0.000, where this value is smaller than the value $\alpha = 0.05$.

2. Maternal Care and the Duration of the First Stage of Labor

Implementation of Mother's Loving Care	Mean	Std. Deviation	Q	Sign
Apply	55.90	11.64295	29,374	0,000
Lack of Implementation	66,325			

Based on table 5.5, it shows that the average length of labor in the second stage of labor for those who implement maternal care well, the length of labor in the second stage of labor will be faster as indicated by a mean value of 55.90 minutes than for those who do not apply maternal care with a mean value of 66.325 minutes. Apart from that, looking at the *sig value*, it shows that there is a relationship between the implementation of maternal care and the length of the second stage of labor, which is indicated by the *sig value* = 0.000, where this value is smaller than the value $\alpha = 0.05$. Apart from that, looking at the average value.

Discussion

A. Implementation of Affectionate Maternal Care with Length of First Stage of Labor

Based on table 5.4, it shows that the average length of labor in the first stage of labor for those who implement maternal care well, the length of labor in the first stage will be faster as indicated by a mean value of 16.88 than for those who do not apply maternal affection care with a mean value of 10.77. Apart from that, looking at the sig value, it shows that there is a relationship between the implementation of maternal care and the length of the first stage of labor, which is indicated by the sig value = 0.000, where this value is smaller than the value $\alpha = 0.05$.

According to Erawati, in childbirth care, providing support in the form of physical and emotional support by providing strong care to the mother with minimal intervention according to the stage of labor can reduce the risk of infection, inform the mother and her family about the progress of labor and provide appropriate care for the baby to be born soon., assisting mothers in early breastfeeding (Erawati, 2011).

The results of this research are in line with research conducted by Mujizatryan with a p-value of 0.000 (<0.05), it means that there is a relationship between the implementation of maternal care and the length of the first stage of labor, showing that the latent phase, where opening takes place slowly, from 1 to 3 cm opening takes 7-8 hours, while the active phase, lasts for 6 hours and is divided into 3 subphases. Acceleration, lasts 2 hours, opening to 4 cm (Mujizatryan, 2018). Another study conducted by Tambuwun et al (2014) showed that there was a relationship between the implementation of maternal care and the length of labor as indicated by the results of the *chi-square statistical test*, which obtained a value of $p=0.000 < \alpha=0.05$ with 19 respondents at the Kolongan Community Health Center, Kalawat District, North Minahasa Regency (Tambuwun et al, 2014). Apart from that, research conducted by Setiawati shows that there is a relationship between the implementation of maternal care and the length of the first stage in primiparas.

Based on the results of the analysis, the implementation of loving maternal care, in this case emotional support, can help the mother to be more relaxed and can reduce the pain the mother feels during the birthing process. The better the mother's loving care, the faster the duration of the first stage of labor will be.

B. Implementation of Affectionate Maternal Care with Length of Labor in the First Stage I

Based on table 5.5, it shows that the average length of labor in the second stage of labor for those who implement maternal care well, the length of labor in the second stage of labor will be faster as indicated by a mean value of 55.90 minutes than for those who do not apply maternal care with a mean value of 66.325 minutes.. Apart from that, looking at the sig value, it shows that there is a relationship between the implementation of maternal care and the length of the second stage of labor, which is indicated by the sig value = 0.000, where this value is smaller than the value $\alpha = 0.05$. Apart from that, looking at the average value

According to Miracles in stage II are the period starting from complete dilatation (10 cm) until expulsion of the fetus. In primigravida stage II it lasts 1 - 2 hours and in multigravida stage II it lasts ½ - 1 hour. During labor, the mother really needs to feel safe and comfortable in the place where the mother is carrying out the birthing process. What can be done to make the mother safe and comfortable is maternal care carried out by health workers and the mother's closest family (Mujizatryan, 2018).

Apart from that, research conducted by Rosmaria Br Manik shows that there is a relationship between maternal care and the length of the second stage of labor in the Maternity Room at Mattaheh Jambi Regional General Hospital in 2016 with 26 respondents who received good maternal care and 14 who did not receive good care. love mother well (Manik, 2017). Maternal affectionate care is one of the programs developed by the government in order to reduce the high rate of death and pain

experienced by mothers during pregnancy and birth, so that by implementing maternal affectionate care it can provide physical and emotional support and reduce maternal mortality rates in childbirth (Purwaningsih & Fatmawati, 2010).

According to Manik, the mother's loving care is not the main determinant or main factor in the length of labor. Many other factors determine this, especially from the mother's biological perspective, such as narrow pelvis, weak contractions and so on. However, even though it is not the main factor, the presence of loving maternal care can make the patient or mother giving birth more comfortable and calm during the birthing process (Manik, 2017).

Conclusions

1. Implementation of maternal affection care. Based on the results of the frequency distribution of the implementation of maternal affection care, 17 people applied it with a percentage of 42.5%, and 23 people implemented it less with a percentage of 57.5%.
2. Frequency distribution of the duration of the first stage of labor with a labor duration of 4 hours – 6 hours as many as 19 people, with a labor duration of 7 hours – 9 hours as many as 21 people.
3. Frequency distribution of the duration of the second stage of labor with a labor duration of 55 minutes - 60 minutes as many as 13 people, with a labor duration of 61 minutes - 66 minutes as many as 12 people, with a labor duration of 70 minutes - 82 minutes as many as 15 people.
4. There is a relationship between the implementation of maternal care and the duration of the first stage of labor at the Cibadak Community Health Center which is proven by the result of a sig value = 0.000 which is smaller than $\alpha = 0.05$. The average length of labor in the first stage of labor which applies maternal care well is that the length of labor in the first stage will be faster as indicated by a value of 16.88 than those who do not apply it well. mother's loving care is average value of 10.77.
5. There is a relationship between the implementation of loving maternal care and the length of the second stage of labor at the Cibadak Community Health Center which is proven by the result of a sig value = 0.000 which is smaller than $\alpha = 0.05$. that the average length of labor in the second stage of labor who apply good maternal care, the length of labor in the second stage will be faster as indicated by a value of 55.90 than those who do not apply maternal care with an average value of 66,325.

Suggestion

Based on research, researchers provide the following suggestions:

1. For local health workers, it is hoped that health workers will improve maternal care services for birthing mothers so that mothers feel more comfortable and calm when facing the birthing process.
2. For research respondents, it is hoped that respondents should seek more information about preparing for childbirth, either via the internet, TV or by asking midwives or obstetricians.
3. For future researchers, it is hoped that they will develop research on other factors that influence the length of labor and factors that hinder the implementation of good maternal care.

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