



SPIRITUAL MOTIVATION ON NORMAL LABOR PROGRESS IN PRATAMA SAHABAT IBU DAN ANAK CLINIC BANDUNG

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Abstract, Background : Islamic midwifery services are midwifery care provided to the patients with Islamic rules and guidance . Midwifery care is one of the core of midwifery competency. Giving guidance to a mother who do a normal delivery and labor can make the patient until it affects the progress of labour. A midwife must be able to carry out maternity assistance well by using the progress monitoring tools, i. e, partographs. The spiritual motivation given by the midwife to the patient can be pray guidance to the mother during labor.

Methods : This study is an experimental study with post-test control group design. The aim of this research was to know the influence of spiritual motivation on mothers who run normal labour and delivery.on the progress of labour. The subject of this study was a mother who gave birth normally in Pratama Clinic Bandung. Total sampling was used in the sample collection technique. The data collection method used primary data in the form of monitoring with the form of partograph sheet. All of the samples in the intervention group would be guided to do a special pray for a mother who runs labour and delivery by a midwife during a labour. Data analysis used a non-parametric difference test (Mann Whitney Test) to see the differences in the progress of labour between control and intervention groups .

Results : The results of the study showed that of 35 normal partum samples given an interval of 94.3% (2.26 hours) which experienced a more active stage than the control group who was only about 40% (0.60 hours) . The difference in time between the first stage of the active stage and the control and intervention group was 54.5% (1.66 hours). There was added more in the control group that there was one sample (2.8%) who experienced a slowdown when stage I was active. For the second stage of labor, the control and intervention group had an average time of 1.18 hours while the third stage had an average of 0.25 hours. The IV stage can be ascertained throughout the sample to experience a period of observation of the sores for 2 hours after the birth. However, it was emphasized from the results of this study showed that the whole sample did not experience any bleeding or other complications . Statistical tests showed that there were differences in the progress of labor between control groups and intervention groups with a p value of 0.02 <0.05. In turn, there were not meaningful differences of sample time on that stage.

Conclusions : It can be concluded that spiritual motivation given by a midwife influences the progress of labor and delivery. It is suggested that each midwifery practitioners should give spiritual motivation or Al-Quran Murrotal in the midwifery care to accelerate the progress of labor.

Keywords: labor progress, labor and delivery, spiritual motivation, partograph

Background

Labor is a physiologic process during which the fetus, membranes, umbilical cord, and placenta are expelled from the uterus. Labor as the last stage of pregnancy is the early stage where the life outside the uterus is started for a newborn.² The labor is

divided into four stages. The first stage is started from 0-10 cm dilation. The first stage was divided into 2, namely the first latent stage (0-3 cm dilation) and the first active stage (4-10 cm dilation). The second stage is started from the dilation of 10 cm until the birth of the baby. The third stage is also called the uri or the delivery of the placenta and its

membranes. The stage IV itself is a period of 2 hours after the delivery of placenta which at this time the mother requires a serious observation of the possibility of postpartum haemorrhage⁴. At the time of delivery, the mother will experience an increase in anxiety [1]. Anxiety is a full psychological condition with concerns about what might happen [2]. Anxiety over the labor process occupies the highest level most commonly experienced during maternity. When the anxiety arises, there will be a lot of images that will worsen anxiety [3]. When the mother is very anxious about labor, automatically her brain arranges and prepares the body for pain, as a result, the time of delivery and the perception of the pain increases [4]. Beside the exaggerated anxiety can inhibit the cervix dilation, it will also extend the delivery process [5].

Motivation is a psychological process that enhances and directs behaviour to achieve goals. Humans need a three-dimensional portfolio of goals to measure their own destiny in three themes, material, intellectual, and spiritual. Maslow divided two classifications of primary motivation and spiritual motivation [6]. Spiritual need is a pure need that its fulfilment relying on the perfectness of human. The spiritual maturity of individual plays an important role to the psychological individual in facing the problem and the difficulty.

A mother who runs labor and delivery is a holistic union between soul, body and spirit [7]. In Indonesia, about 85% of health workers including midwife pay less attention to the conditions of the psychiatric and mental health of a mother who will deliver the baby, they focus more on the physical condition of the mother and baby born so that many women who choose labor with surgery do not want to feel pain in labor process. Increased anxiety experienced during labor can result in a lack of confidence in the labor process and can cause problems or complications during the process [8,9]. The health worker play an important role in strengthening on the mother who will deliver a baby. The strengthening can be a spiritual support which decrease the mother's anxiety in facing labor and delivery [2, 8, 10].

Giving spiritual motivation to a mother who will run labor and delivery is important to be conducted by a midwife as one of the health workers [11]. The spiritual motivation of a Muslim is divided into three parts, they are, aqidah, worship and muamalat [12]. Forms of spiritual support such as inviting and guiding to pray that the labor process will run well and smoothly and also listening to the murotal quran (qur'anic therapy) when the postpartum process. This form is part of the worship motivation [5, 12].

Mother's spiritual needs during labor will increase. A mother who is in the labor and delivery process really needs a support from medical assistance [10]. Spiritual needs that has been met will give adaptive coping on a mother who is in labor and delivery process so it can reduce anxiety and pain. When she feels pain, she will pray more, do dzikr and ask to listen to Al-Quran Murrotal Al-Quran [5].

Spiritual support provided by the health worker in the labor and delivery process will be meaningful. The job as a health worker not only runs an action based on procedure but also gives treatment holistically starting from physis, psychology and spiritual [13].

Islamic midwifery services are midwifery services provided to the patients according to Islamic Shari'a guidelines [14]. A midwife must be able to carry out maternity assistance with a holistic professional so that the mother and baby will be saved. Based on this matter, researchers are interested in researching the influence of spiritual motivation on the progress of labor and delivery on a mother who runs normal labor and delivery at the Pratama Sahabat Ibu dan Anak Clinic in Bandung.

Methods

This study used an experimental research post-test only control group design. Researchers wanted to know the effect of the command being given during the progress of labor. The samples used were all mothers who will delivery at the Pratama clinic for 1 month. The sampling technique was total sampling. The data collection method used primary data in the form of monitoring with a partograph sheet. All samples in the control group will be guided and delivered by the midwife during the first stage and the labor progress was monitored using partograph sheet until the fourth stage. Analysis of the test data using mann whitney test to see whether a difference of the labor progress between the control group and the intervention group on the mothers will do a normal labor and delivery.

Data collection was performed in the delivery room. Patients who came in the VK room with the first active stage in partu diagnosis were divided into two groups, they are, the control and the intervention group.. The intervention group was given guidance to the mother in the labor process. The midwife guided reading a pray then the patient followed her while the control groups were not given a guidance so that the labor process ran as natural as possible. Breathing relaxation was given to all samples when there was no contraction. The

nutrition and hydration were also given to all of the clients. The monitoring of the labor progress was started from the active phase of the first, second, third and fourth stage by filling in the front and back partograph sheet.

After getting *permission for the study* from the *director of the clinic*, the researcher would ask *the patient to be available for the study* through the *informed choice* and *informed consent*. The researcher also explained the goals and benefits of

the intervention of the pray given to the mother who ran the labor process. The patient who would be a sample was the patient who agreed with the whole research procedure. After getting the agreement, the researcher would conduct the study focusing on the ethical consideration. The next step was collecting and analyzing the data descriptively and statistically.

Results

The study was carried out on August 1-30 2019. The study was conducted on normal maternity in the Pratama Sahabat Ibu dan Anak Clinic Bandung. The result of collecting data showed that there were 70 samples divided into the control and

intervention group. Based on the sample characteristics, 78% were the first labor and delivery. The rest (22%) were the second and third children. The distribution of age samples varied between 20-46 years old. According to the religion category, there were 97.14% Moslems and 2.86% Christian and Hindu.

Table 1 The Progress of Labor and Delivery on Mother who ran the normal delivery and labor

Group	n sample	Average (Hours)			
		The length of The Active phase of The First Stage	The length of the Second Stage	The length of the Third Stage	The length of the Fourth Stage
Control	35	4.86	1.18	0.25	2
Intervention	35	2.88	1.18	0.25	2

The results of the study in table 1 that from 35 samples in partus normal given an intervention. 94.3% who experienced the first active stage were faster than the control group which was only about 40%. Even in the control group, there was 1 sample (2.8%) experiencing a retardation of the active phase of the first stage. The average of labor length of the first stage in the control and intervention group reached the same time about 1.

18 hour, while the length of the second stage on physiological delivery was for 1-2 hours. The length of the third stage was less than thirty minutes or a half hour. On the fourth stage, all of the samples would experience crisis observational period for two hours after the delivery of placenta. However, it was need to be emphasized that all of the samples did not experience bleeding or other complications.

Table 2 The Percentage of the length of the active phase in the first stage with the Standard Theory

Group	n sample	The percentage of samples			
		Average Difference (hours) the first stage with Standard Theory	n sample (hour) increases	n sample (hour)Permanent	n sample (hour) decreases
Control	35	0.60	15 (42.86%)	18 (51.42%)	2 (5.7%)
Intervention	35	2, 26	33 (94.29%)	2 (5.7%)	0%

Based on the results in table 2, there was a difference of 5 1 , 4 % (18 people) between the control group and the intervention group in the progress of the first stage of labor. In the total of 33 samples in the intervention group, the progress of labor in the first stage was faster than in the control group whereas the length of labor which was in accordance with the standard of the first stage of the active stage reached an average of 6 hours indicated by a control group of 18 people while an intervention of 2 people. However, there were two

people experiencing an increasing of the active phase in the first stage for above six hours in the control group. Statistical tests showed p value of 0.02 <0.05 which indicated that there was the difference in the progress of labor between control groups and intervention groups. So, it can be concluded that spiritual motivation given by midwife has an influence on the progress of normal labor

Discussion

The results of this study are consistent with the research conducted by Wahyuni and Deswita (2013) which showed that mural therapy was effective in reducing the level of anxiety facing the labor process². In the first stage, the dilation often arises strongly. Mothers have been in great pain even among thousands of mothers who are not endured and surrender to give birth spontaneously [12]. The spiritual condition of the mothers during this stage greatly suffer from extraordinary pain. Spiritual motivation by praying the prayer in Al-Quran can reduce the level of anxiety that will later affect the pain of maternity contractions^{7, 14}. As stated by Mo Reira-Amelda (2008) that religion and spirituality are related positively to welfare development and are associated negatively to the depression and anxiety.¹⁵ In the labor and delivery process, oxytocin hormone increases. The hormone works on the myometrial smooth muscle so that it causes labor dilation. Towards the second stage, the dilation time will increase [16, 17, 28]. Increased anxiety inhibits the production of oxytocin as one of the most dominant hormones during labor period [16, 29]. Lack of oxytocin hormone can reduce the dilation so the labor process will run longer (the labor process will take place more than 18 hours) [18, 29]. When the mother's anxiety increases, the body will increase the production of the cortisol hormone, which will trigger stress [19, 27]. Stress experienced by a mother will be related to stress on the fetus. Suppression of head at the base of the pelvis will also reduce the fetal cortisol hormone¹⁹ so that if the hormone is automatically increased, it will block the production of the hormone oxytocin [17, 18, 19, 20, 21]. Oxytocin hormone is also known as lovely hormone which is triggered by love and joyful feeling [16, 18]. Automatically, the influence of several other factors will influence the progress of labor [8, 13, 16].

Anwahyuni and Deswita (2013) showed that the mural therapy is effective to reduce an anxiety when the effective motivation to reduce the level of anxiety facing labor [2]. In addition, mural Al-Quran can be used as an alternative therapy to reduce the intensity of pain and anxiety in patients [12, 22, 30]. Guidance for spiritualism such as praying, dhikr, laughing can motivate the patients who will give birth feeling comfortable in facing the

labor process [9, 23]. Inrel et al also added that (1997), when the mother feels calm, the oxytocin in her body can increase [18]. Childbirth can take place more quickly, one of which is affected by increasing levels of oxytocin [8, 19, 21, 16]. The role of a midwife as a companion of a mother in the labor process must be able to review the patients' spiritual aspect and give spiritual care to the mother in the labor process [13, 24] so that it can improve the quality of midwifery care at the mother in the labor process given and one of the real forms of midwifery professionalism [10, 11, 24, 25].

Conclusions and Suggestions

Based on the results of the study about the spiritual motivation on the labor progress of the mother, it can be concluded that the intervention groups that were guided to pray the labor prayer experienced the acceleration of the active phase in the first stage compared to the control group. Statistical tests showed that there were meaningful differences between the control and the intervention group in reaching the length of labor of the active phase in the first stage so it can be concluded that spiritual motivation given by midwife affects the progress of normal labor. It is recommended at every practical practice and in providing nursing and maternity care that can provide spiritual motivation such as guidance and prayer or mural Al-quran to accelerate the progress of labor.

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