



THE EFFECT OF MUROTTAL AL-QURAN ON THE REDUCTION OF ANXIETY IN G1P0A0 PARTURIENT MOTHERS DURING THE LATENT PHASE OF FIRST STAGE

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Abstract. **Background :** Anxiety in childbirth can increase the risk of birth, including prolonged labor, postpartum hemorrhage, increased morbidity in the baby and increased symptoms of depression and anxiety in the mother during labor. The purpose of the study was to determine the effect of Murottal Qur'an on reducing anxiety in maternity mothers.

Methods : 4 databases are used using key terms such as anxiety, anxiety, maternity, labor, stage 1, first stage, latent phase and latent phase, with publication limits in the last five years.

Results : 4 journals were used in the application of this evidence based case report, with the results of the study stating that there is a significant relationship between Murottal Qur'an and a decrease in anxiety in maternity mothers.

Conclusion : The use of non-pharmacological therapies to relieve anxiety by listening to Murottal Alquran can be used by public health care as alternative is easy to obtain.

Key words: Murottal, Anxiety

Background

Labor is a physiological process or the process of expelling the products of conception that can live from the uterus to the outside world, thus enabling the mother to be able to give birth to her fetus through the birth canal. Normal delivery occurs at term (37-42 weeks), born spontaneously with back of the head presentation lasting 18 hours, without complications to both mother and fetus⁽¹⁾. The normal labor process consists of IV stages, the first being the first stage, starting from the beginning of the uterine contractions which causes thinning and dilatation of the cervix gradually until it reaches complete dilatation. One of the factors that affect the delivery process is psychological factors, namely in the form of anxiety experienced by the mother⁽²⁾. Anxiety experienced by mothers can have an

impact on the well-being of mothers and their babies⁽³⁾. The psychological condition of the mother can trigger the occurrence of prolonged labor, which is one of the causes of the high MMR in Indonesia⁽⁴⁾.

Despite recent attention in research, anxiety during pregnancy is associated with adverse effects for both the mother and the baby after birth, including increased risk of delivery, postpartum hemorrhage, increased infant morbidity, increased depressive symptoms and increased morbidity and mortality. maternal anxiety during labor⁽³⁾ including prolonged labor⁽⁴⁾. Several attempts have been made to deal with anxiety in childbirth, such as providing aromatherapy, spiritual support and progressive relaxation. One way to deal with anxiety is sound therapy which is useful in the labor process, because it can reduce pain and can

make the mother feel more relaxed.⁽⁵⁾. Murottal therapy is an effective music therapy used to reduce anxiety in patients. Recitation of the Qur'an physically contains elements of the human voice, while the human voice is an amazing healing instrument and the most accessible tool.⁽⁶⁾.

In the XVII annual conference of the American Medical Association, the results of research conducted by Ahmad Al-Khadi (in Andi Julia Rifiana, 2019) the main director of the Islamic Medicine Institute for Education and Research in Florida, United States, on the effect of listening to the holy Qur'an ' You can feel enormous physiological and psychological changes. From the results of this study, it shows that 97% of those who listen to Murottal Al-Qur'an will find peace and reduce reflective nervous tension⁽⁷⁾. Based on this, the authors are interested in examining the effect of Murottal Al-Qur'an therapy on the anxiety level of G1P0A0 mothers in facing childbirth.

Methods

The type of research design used is Evidence based case report. The search for related journals is carried out on electronic data based such as Google Scholar, Garuda Ristekbrin, PubMed and Cochrane Library with the keywords used are Murottal therapy, Murottal Al-Quran, Kala I, First stage, latent phase, latent phase, anxiety, anxiety, childbirth and labor. E-data based journal searches are limited to 5-year publications, i.e. in the range of 2016 to the latest publication in 2021, with full-text inclusion criteria, in English or Indonesian, respondents who agree to non-pharmacological therapy to reduce anxiety.

Results

From 1,479 journals found at Google Scholar and 4 journals at Garuda Ristekbrin, 1,243 journals were not used because they did not meet the inclusion criteria. The remaining 236 journals were taken and assessed for feasibility, so that 4 journals were obtained that were used for evidence-based application.

In the application of an evidence-based case report for handling anxiety in maternity mothers in the latent phase, this refers to research conducted by Andi Julia Rifiana and Yarma Mita Sari, which in this study used the HRS-A questionnaire instrument or Hamilton Rating Scale for Anxiety before and after given the intervention, while the intervention given is Murottal Al-Quran letter Ar-Rahman to the mother for 10 minutes.

In this case, based on the anamnesis that has been done, the mother admits that she feels anxious because she has had heartburn for 2 days, but there has been no progress in cervical dilatation so that the baby has not yet been born. After measuring using the HRS-A questionnaire, the total score of the mother is 25, which means that the mother experiences a moderate degree of anxiety, according to the theory put forward by Herdman (2018) which says that the assessment of the degree of problem is; <14: none, score 14-20: mild anxiety, score 21-27: moderate score and score >27: severe anxiety⁽⁸⁾.

Anxiety experienced by mothers is a psychological response that is commonly found in mothers who are or are about to give birth. Some mothers are sometimes unable to control the anxiety they face, resulting in disharmony in the body. This will be bad if not addressed immediately. Where anxiety can increase blood pressure and breathing, resulting in fetal distress, bleeding during labor or postpartum, including prolonged labor.⁽⁹⁾. Wahyuni (2020) suggests that the presence of dysfunctional uterine contractions is a response to anxiety and can inhibit uterine activity⁽¹⁰⁾.

At the time of delivery, the hormone adrenaline increases, causing suppression of levels of the hormone oxytocin, where the hormone oxytocin is produced naturally by the body so that it can stimulate uterine contractions. The hormones other than adrenaline at the time of delivery, namely catecholamines (norepinephrine including epinephrine and dopamine) are one of the factors causing obstructed labor. Catecholamine will circulate when the mother experiences severe anxiety and fear so that this hormone will cross the placenta to the fetus and

will fill the environment. When a person experiences anxiety and fear, the body's muscles tend to tense up and will automatically prepare for defensive action. Therefore, anxiety will be a determining factor for overall delivery⁽¹¹⁾.

After the pre-test was carried out on the mother and it was found that the mother experienced moderate anxiety, then an intervention was given by listening to the Muottal Al-Qur'an letter Ar-Rahman for 10 minutes and when it was finished, the post-test was again carried out with a score of 19, which means the mother experienced a decrease in the degree of anxiety to mild anxiety. This is because listening to the recitation of the Qur'an can stimulate the parasympathetic nervous system which has the opposite effect with the sympathetic nervous system, resulting in a balance between the two autonomic nerves. This is the basic principle of the emergence of the relaxation response, namely there is a balance between the two nerves. In addition, in relaxed conditions, there will be a super sensitivity reaction to the receptor.⁽¹⁰⁾.

Anxiety can be treated with pharmacological and non-pharmacological. Non-pharmacological therapy can be done with relaxation techniques such as listening to music, adjusting breathing patterns and distraction patterns, namely diverting the mind, for example by listening to muottal Al-Qur'an. Physiologically, hearing is a process where the ear receives sound waves, distinguishes frequencies and sends information to the central nervous system, muottal and classical music will give a positive impression on the hypothalamus and amygdala, causing a positive mood. So that in childbirth, it can reduce the anxiety experienced⁽¹²⁾.

In a study conducted by Yanita Trisetyaningsih (2018), it was stated that the provision of Al-Quran muottal therapy can significantly reduce anxiety in first-stage mothers with $p = 0.000$, which means $p < 0.05$. Muottal listening is effective in reducing anxiety because it reduces reflective nervous tension⁽¹⁾.

Conclusions

The provision of non-pharmacological therapy by listening to Muottal Al-Quran can be concluded that there is an effect on reducing anxiety levels in latent phase I maternity mothers, because muottal Qur'an is considered to stimulate the hypothalamus and amygdala to oscillate, so that it can create positive affirmations in themselves and can stimulates the secretion of endorphins, so that the stimulus for anxiety in the mother is reduced. So that the provision of therapy by listening to the Muottal Qur'an to reduce anxiety can be given by health workers, especially midwives in helping mothers face childbirth. Because muottal Qur'an is an easy and cheap alternative that can be found and used by the community.

Competing Interests

The author states that there are no competing interests.

Author's Contributions

The implementation of the Evidence based case report is reviewed by the supervisor, who completes, provides criticism and suggestions, as well as improvements to compile evidence-based implementation reports.

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