THE RELATIONSHIP OF THERAPEUTIC COMMUNICATION WITH THE LEVEL OF ANXIETY OF PRIMIGRAVIDA MOTHERS IN FACING LABOR

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ABSTRAK : HUBUNGAN KOMUNIKASI TERAPEUTIK DENGAN TINGKAT KECEMASAN IBU PRIMIGRAVIDA DALAM MENGHADAPI PERSALINAN

Pendahuluan: Di Indonesia 107.000 ibu hamil mengalami kecemasan dalam menghadapi persalinan. Kecemasan lebih banyak dialami pada ibu hamil Primigravida(Kehamilan pertama) dibandingkan ibu hamil MultigravidaFaktor yang mempengaruhi proses lama persalinan antara lain, faktor *power* (kekuatan mengedan ibu), *passage* (jalan lahir), *passanger* (bayi), *psyche* (kejiwaan ibu) dan *provider* (penolong). Salah satu faktor yang berpengaruh terhadaap keselamatan persalinan adalah faktor kecemasan pada saat proses persalinan. Kecemasan dan ketakutan dapat mengakibatkan rasa nyeri yang hebat dan juga dapat mengakibatkan menurunnya kontraksi uterus, sehingga persalinan akan bertambah lama.

Tujuan: Tujuan dalam penelitian untuk mengetahui hubungan komunikasi terapeutik dengan tingkat kecemasan ibu primigravida dalam menghadapi persalinan.

Metode: Penelitian ini merupakan jenis penelitian analitik dengan desain penelitian cross sectional. populasi adalah seluruh ibu bersalin primigravida di RS TK IV Cijantung Kesdam Jaya Tahun 2023 sebanyak 30 orang. Sampel penelitian ini adalah seluruh ibu hamil primigravida menjelang persalinan di RS TK IV Cijantung Kesdam Jaya pada Bulan Januari dan Februari 2023 sebanyak 30 responden. Teknik pengambilan sampel dalam penelitian ini adalah purposive sampling. Analisis data dengan *Chi Square.*.

Hasil Penelitian: tingkat kecemasan ibu primigravida dalam menghadapi persalinan mayoritas tingkat kecemasan responden 43,3%. Dari hasil uji statistik didapatkan nilai P value = 0,000.

Kesimpulan: Penelitian ini menunjukan bahwa terdapat hubungan komunikasi terapeutik dengan tingkat kecemasan ibu primigravida dalam menghadapi persalinan.

Saran : dari hasil penelitian ini diharapkan pihak rumah sakit dapat meningkatkan pelayanan kesehatan pada ibu bersalin dengan mengelola pelaksanaan komunikasi terapeutik oleh bidan dalam memberikan asuhan pada ibu pada masa persalinan

Kata Kunci: Komunikasi, Terapeutik, Kecemasan, Primigravida, Persalinan

ABSTRACT

Introduction: In Indonesia, 107,000 pregnant women experience anxiety when facing childbirth. Anxiety is experienced more often in Primigravida pregnant women (first pregnancy) than in Multigravida pregnant women Factors that influence the length of the labor process include power factors (mother's pushing strength), passage (birth canal), passanger (baby), psyche (mother's psychology) and provider (helper). One of the factors that influences the safety of childbirth is anxiety during the birth process. Anxiety and fear can cause severe pain and can also result in decreased uterine contractions, so that labor will take longer.

Objective: The aim of the research is to determine the relationship between therapeutic communication and the level of anxiety of primigravida mothers in facing childbirth.

Method: This research is an analytical type of research with a cross sectional research design. The population is all 30 primigravida mothers giving birth at TK IV Cijantung Kesdam Jaya Hospital in 2023. The sample for this research was all primigravida pregnant women approaching delivery at TK IV Cijantung Kesdam Jaya Hospital in January and February 2023, totaling 30 respondents. The sampling technique in this research is purposive sampling. Data analysis with Chi Square.

Results: The anxiety level of primigravida mothers in facing childbirth, the majority of respondents' anxiety level was moderate 43.3%, result tatistical test was found that P value = 0.000.

Conclusion: This research shows that there is a relationship between therapeutic communication and the level of anxiety of primigravida mothers in facing childbirth.

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Suggestion: Further to the results of this research, it is hoped that the hospital will improve health services for birthing mothers by managing the implementation of therapeutic communication by midwives in providing care to mothers during labor.

Keywords: Communication, Therapeutic, Anxiety, Primigravida, Childbirth

INTRODUCTION

According to WHO (2023) aternal mortality is very high. About 287,000 women died during and after pregnancy and childbirth in 2020. Nearly 95% of all maternal deaths occurred in low-and middle - income countries in 2020, and most were preventable (WHO, 2023).

Several factors that influence the length of the labor process include power factors (mother's pushing strength), journey (birth canal), passenger (baby), soul (mother's psychology) and provider (helper). Power factors include the mother's strength to push during labor and HIS delivery, trajectory factors include pelvic type, pelvic size, Chepalo Pelvic Disproportional (CPD), weak birth canal abnormalities, hanging stomach. Passenger factors include large fetus, fetal weight, abnormality, presentation or position of the fetus. Psychological factors include anxiety, fatigue, exhaustion, and worry. Provider factors include epidural analgesia, lying position (Mochtar,2013).

One of the factors that influences the safety of childbirth is anxiety during the birth process. Anxiety that occurs in pregnant women can affect the health of the mother and the fetus she is carrying. In this case, parity is one of the coping mechanisms that influences the level of anxiety in facing the birthing process. Mothers who give birth surgically experience different anxiety compared to mothers who give birth normally (Ambar, 2011).

In Indonesia, 107,000 pregnant women experience anxiety when facing childbirth. Anxiety is experienced more often in Primigravida pregnant women (first pregnancy) than in Multigravida pregnant women (Novitasari, 2013). Anxiety can arise, especially in the third trimester of pregnancy until delivery, where during this period pregnant women feel anxious about various things. In general, mothers experiencing pregnancy for the first time will feel anxious because pregnancy is a new experience and anxiety cannot be avoided from everyday life. A study shows that pregnant women with high levels of anxiety have a risk of giving birth to premature babies and even miscarriage (Astria, 2009)

Anxiety in primigravida pregnant women can arise in the third trimester before labor, during this period pregnant women feel anxious about various things such as normal or abnormal babies being born, pain that will be felt, and so on (Usman et all, 2016) With the labor approach, especially in your first pregnancy, it's natural to feel anxious or afraid because pregnancy is a new experience (Maimunah, 2009).Childbirth is a phenomenon that every married couple looks forward to. For this reason, it is necessary to provide moral and material support that must be provided by the family, husband, and society for the welfare of the mother and fetus in her womb. However, when heading into the delivery process, pregnant women will feel mixed feelings. In addition to being impatient to see the baby born, the mother will also feel fear and anxiety in the face of her delivery (Maryunani, 2015).

Anxiety and fear can cause severe pain and can also result in decreased uterine contractions, so that labor will take longer. (Trisiani, 2016). Anxiety can be felt by everyone if they experience pressure and deep feelings that cause psychiatric problems and can develop in the long term (Shodiqoh, 2014). Anxiety is believed to be a common mental problem in pregnant women, including being more present in the third trimester of pregnancy. Higher levels of anxiety in the third trimester of pregnancy may be related to the closeness of childbirth, which is perceived by some pregnant women as a vulnerable moment and capable of triggering feelings of fear (Silva et al., 2017). The same thing was revealed by Hasim (2018) in his research, where anxiety in pregnancy, if not overcome as soon as possible, will have a negative impact on the mother and fetus

The most commonly associated theory regarding childbirth anxiety is the pain felt by the mother during the labor process. The relationship between pain and anxiety is a positive correlation that is interconnected like a spiral whose tip is enlarged. The effect of anxiety on a spiral-like patterned pain whose tip is enlarged. The more advanced the labor process, the mother's feelings will become more anxious, and the anxiety causes more intense pain, and vice versa (Sariati, 2016). When the mother in labor feels anxious, the body will spontaneously release catecholamine hormones (Hartati & Sumarni, 2017). The increase in this hormone will cause vasoconstriction of blood vessels so that it can increase maternal blood pressure, decrease blood flow to the uterus, decrease uteroplacental flow, and decrease uterine activity so that it can cause prolonged labor (Potter & Perry, 2019). Maternal psychopathological symptomatology

during pregnancy constitutes a significant risk factor for the well-being of the newborn. In particular, both prenatal anxiety and depression negatively affect the clinical aspects of the labor experience and, indirectly, the APGAR index (Smorti et al, 2021).

Not only that, the adverse effects of excessive anxiety on pregnant women when facing childbirth were also revealed by Ramos et al., (2022) that pregnant women who experience excessive anxiety tend to have a shorter gestational age due to corticotropinreleasing hormone activity in the placenta. It is explained that an increase in pCRH occurs between the second and third trimesters compared to the beginning of pregnancy. In addition, a sharper increase in pCRH from the beginning of pregnancy to the third trimester of pregnancy can be triggered by excessive anxiety. High levels of pCRH in the placenta can "ripen" all conception results systematically and lead to a shorter gestational age. Generally, this event is called the pregnancy clock (Ramos et al, 2022).

In this study (Whing Cheung,et all,2020) one caregiver usually took care of more than one woman during labour at any given time. Besides environmental influences, the support of the caregiver is vital to the feelings of control in the women during labour (Wing Cheung, et all (2020)). This was reinforced by Hodnett and Osborn (1989) who studied labouring women receiving continuous one-to-one caregiver support during labour. Hodnett and Osborn (1989) reported higher LAS mean score (151.3 SD=26.4) than the Chinese women during labour in the current study. This suggested that there would have been room for improvement in the current midwifery practice in Hong Kong, with the objectives for balancing economic constraints while providing quality care. Heavy reliance on a technological and medicalised approach to birth at the study unit may reflect that the administrative health policies do not value or understand the time intensiveness of being with women, and this may influence women's satisfaction and their postnatal health and well-being. Midwives are encouraged to initiate dialogue with obstetricians to look for ways of improving women's birth environment.

Midwives have the authority to provide care to patients, which includes prevention, health promotion, disease detection and even first aid needed by the patient. In providing midwifery care, midwives also have the authority to provide communication, information and education (KIE) to patients. In this case, what the patient needs is therapeutic communication. Therapeutic communication has a long-term effect, where the patient will feel more comfortable and trust the midwife, the patient will obey the recommendations given by the midwife so that the patient will recover more quickly and the birth process will be faster. However, if there is no good interaction between the patient and the midwife, serious problems can occur. Midwives who don't smile enough, are less friendly and don't give enough explanations will have a negative impact, which can cause prolonged labor. Patients will feel uncomfortable and even threatened by the midwife's attitude (Permatasari, 2016)

Based on a preliminary study at the TK IV Cijantung Kesdam Jaya Hospital, it is known that the number of births on August 2022 was 24, of which 12 were spontaneous labor and 12 were SC, in September there were 9, 3 were spontaneous and SC were 6 and in October there were 6 15 people, of which 7 people had spontaneous parturition and 8 people had SC. If we look at the number of births, it is known that many respondents chose SC delivery, one of which was because mothers who gave birth chose SC because they felt anxious because of the excruciating pain before delivery, so many decided to have SC immediately.

RESEARCH METHODS

The aim of this study was to determine the relationship between therapeutic communication and the level of anxiety of primigravida mothers in facing childbirth, using cross sectional design.

This research was conducted in TK IV Cijantung Kesdam Jaya Hospital. The sampling technique in this research is purposive sampling, namely by taking research subjects according to the sample criteria within a time limit of one month. The use of therapeutic communication by midwives to mothers giving birth and determining the level of anxiety using a questionnaire and the total sampling were 30 mother primigravida birth mother. Ho will be tested with a level of significance of 0.05. The statistical test used is Chi Square statistical analysis

RESEARCH RESULTS

Of the 30 primigravida mothers in facing childbirth at TK IV Cijantung Kesdam Jaya Hospital in 2023, majority of respondents anxiety levels were moderate anxiety, it was 43.3% and of therapeutic communication is that the majority of respondents said it was good, it was 60%.

Table 1
Distribution of the frequency Anxiety Levels and Therapeutic Communication of Primigravida Mothers in Facing Childbirth

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Anxiety	frekuensi	(%)
No Anxiety	5	16,7
Mild Anxiety	9	30,0
Moderate Anxiety	13	43,3
Severe Anxiety	3	10,0
Communication of Therapeutic		
Good	18	60,0
Not Good	12	40,0

Table 2
The Relationship between Therapeutic Communication and the Anxiety Level of Primigravida Mothers in Facing Childbirth

Communication of Therapeutic	Anxiety										P value
	No Anxiety		Mild Anxiety		Moderate Anxiety		Severe Anxiety		Total		
	N	%	n	%	N	%	n	%	N	%	
Good	5	27,8	9	50,0	4	22,2	0	0	18	100	0,000
Not good	0	0	0	0	9	75	3	25	12	100	

Of the 30 primigravida mothers in facing childbirth at TK IV Cijantung Kesdam Jaya Hospital in 2023 has relationship between therapeutic communication and the level of anxiety of primigravida mothers in facing childbirth at TK IV Cijantung Hospital Kesdam Jaya in 2023 shows that respondents who received good therapeutic communication had more mild levels of anxiety have 9 of 18 people or 50%, while respondents who received therapeutic communication less well, there are more people with moderate levels of anxiety have 9 of 12 people or 75%. From the statistical test results, it was found that P value = 0.000, meaning p value < α (0.05), so it can be concluded that there is a relationship between therapeutic communication and the level of anxiety of primigravida mothers in facing childbirth at TK IV Cijantung Kesdam Jaya Hospital in 2023.

DISCUSSION

The results this studi showed that primigravida mothers in facing childbirth the majority of respondents' anxiety level was moderate was 13 respondents (43.3%), majority of respondents stated that therapeutic communication was good have 18 respondents (60%) and have relationship therapeutic communication with anxiety (P=0,000).

This studi same thing was found in a study

conducted by Sri Norlina (2021) which stated that therapeutic communication was significantly related with anxiety (P=0,0006). Rusniawati, et all (2020), the result from research have results of statistical tests using a chi-square with a 2x3 table on the Pearson chisquare, the p-value = 0.014. The p-value

The anxiety experienced by mothers at the beginning of labor is related to various factors related to the birth process. The basic reasons that make mothers anxious about childbirth include pain during delivery, the mother giving birth normally or by Cesario Sesar, whether the baby is born safely or not, whether the mother is safe or not, and costs after delivery. Ways to reduce anxiety in mothers include: midwives providing information and educating mothers to understand clear fears, creating cooperative relationships with companions, being good listeners, showing a sympathetic, helpful and communicative attitude towards mothers who are about to give birth. One effort to reduce this anxiety is to apply maternal loving care which in its application uses therapeutic communication techniques (Maryunani, 2016).

The importance of promoting the detection of women experiencing antenatal anxiety has been reflected in recent clinical guidelines. In the UK, the National Institute for Health and Care Excellence (NICE) guidance on perinatal mental health (NICE,2014) has for the first time recommended considering use of two screening questions (Generalised Anxiety Disorder scale, GAD-2) (Spitzer RL,et all. 2006) for the case-identification of anxiety in pregnant and postnatal women, and the

most recent Scottish guidelines have also called for further research in this area (SIGN,2012). However, the evidence for recommending the GAD-2 is primarily based on its good screening accuracy in the general population (NICE, 2011) with a very limited evidence base in perinatal populations. Although clinical diagnostic interviews are the optimal method of assessment for anxiety disorders, self-report rating scales such as the GAD-2 are often preferred in busy clinical practice and research because of their brevity (Austin MP, 2004)

The occurrence of pregnancy-specific anxiety has been proposed as a distinct syndrome (Huizink AC, et all, 2004) and a number of studies have investigated this unique anxiety type (Phillips J,et all, 2009) This emerging construct refers to a particular anxiety response related to a current pregnancy, which can include fears and worries around labour and delivery, the health of the baby and expected changes in a woman's role Dunkel Schetter C, et all (2012).

In relation to the 'socio-medical' subscale, one item ('Giving birth') was found to load above the predefined criterion of 0.63 in all studies, thus demonstrating strong evidence of its psychometric properties in assessing a major worry in pregnancy. Another three items showed moderate strength of evidence as they loaded above 0.63 on the 'socio-medical' subscale in all studies apart from one. Specifically, 'Internal examinations' had an item loading coefficient of 0.61 in Gourounti and colleagues, but item loadings above 0.63 in all the other studies; 'Going to hospital' (0.68–0.79), apart from Gourounti and colleagues (0.47) (Gourounti K, et all (2012)); and 'Coping with the new baby' (0.65–0.68), except for the study by Petersen and colleagues, (Petersen JJ,et all (2009)) in which its loading was 0.58.

CONCLUSION

In accordance with the general objectives stated in the previous chapter that this study was majority of respondents' anxiety level was moderate 43.3%, majority of respondents stated that therapeutic communication was 60% and have relationship therapeutic communication with anxiety (P=0,000).

SUGGESTION

Further to the results of this research, it is hoped that the hospital will improve health services for birthing mothers by managing the implementation of therapeutic communication by midwives in providing care to mothers during labor.

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