IDENTIFICATION OF THE MOTHER'S METAL AND PHYSICAL PREPARATIONS BEFORE DELIVERY

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ABSTRAK: IDENTIFIKASI PERSIAPAN LOGAM DAN FISIK IBU SEBELUM BERSALIN

Latar Belakang: Angka kematian ibu merupakan salah satu target yang telah ditentukan dalam tujuan ke-3 Sustainable Development Goals (SDGs), target yang akan dicapai yaitu mengurangi angka kematian ibu secara global dari 218 menjadi kurang dari 70 per 100.000 kelahiran hidup hingga kurun waktu 2030 (WHO, 2018).Tingginya angka kematian ibu merupakan masalah kesehatan dunia terutama di negara berkembang. Di perkirakan 830 wanita meninggal diseluruh dunia setiap harinya dikarenakan komplikasi selama kehamilan atau persalinan. Dimana 99 % kematian terjadi di negara bepenghasilan menengah kebawah dan hampir dua pertiga terjadi di Afrika (WHO, 2018).

Tujuan: mengidentifikasi persiapan mental dan fisik ibu hamil trimester III menjelang persalinan

Metode: Jenis penelitian ini menggunakan jenis penelitian deskriptif. Sampel dalam penelitian ini adalah ibu hamil trimester yang berjumlah 40 orang.

Hasil: persiapan fisik dan mental ibu menjelang persalinan terdapat 25 (62,5%), Hasil yang didapatkan sebanyak 15 (37,5%) ibu hamil. 25 ibu hamil yang lain belum dikatakan siap secara fisik karena komponen dari Program Perencanaan Persalinan dan Pencegahan Komplikasi (P4K) belum terpenuhi

Kesimpulan: berdasarkan hasil penelitian yang sudah dilakukan. Ibu hamil sebagaian besar lebih banyak yanag mampu mempersiapkan persalinanya secara mental, sedangankan persiapan secara fisik masih belum banyak dilakukan karena beberapa komponen dari P4K belum terpenuhi.

Saran: persiapan secara fisik dan metal harus dilakuakan oeh tenaga kesehatan kepada ibu hamail dalam mempersiapkan persalinananya, karena hal ini mampu mengurangi resiko terjadinya komplikasi pada ibu maupun bayinya.

Kata Kunci: persiapan fisik, persiapan mental, ibu bersalin

ABSTRACT

Background: The maternal mortality rate is one of the targets that has been determined in the 3rd goal of the Sustainable Development Goals (SDGs), the target to be achieved is to reduce the global maternal mortality rate from 218 to less than 70 per 100,000 live births until 2030 (WHO, 2018). The high maternal mortality rate is a world health problem, especially in developing countries. An estimated 830 women die worldwide every day due to complications during pregnancy or childbirth. Where 99% of deaths occur in lower-middle-income countries and almost two-thirds occur in Africa (WHO, 2018).

Objective: identifying the mental and physical preparation of pregnant women in the third trimester before delivery

Method: This type of research uses a descriptive type of research. The sample in this study is 40 pregnant women in the trimester.

Results: The physical and mental preparation of mothers before childbirth was 25 (62.5%), the results obtained were 15 (37.5%) pregnant women. The other 25 pregnant women have not been said to be physically ready because the components of the Childbirth Planning and Complications Prevention (P4K) Programme have not been fulfilled

Conclusion: Based on the results of the research that has been carried out. Most pregnant women are able to prepare for their labor mentally, while physical preparation is still not much done because some components of P4K have not been fulfilled.

Suggestion: Physical and metal preparations must be made by health workers to Hamail's mother in preparing for her delivery, because this can reduce the risk of complications for the mother and her baby.

Keywords: Physical preparation, mental preparation, maternity

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INTRODUCTION

Childbirth is a birth process that takes place with the mother's own strength without the help of tools and does not injure the mother and her fetus. The stages or periods in childbirth include stage I (opening), phase II (expenditure period), phase III (period of uri), phase IV (period of observation or supervision). In pregmiravid, it usually lasts 12 hours for phase I, the active phase normally runs for 6 hours in pregmiravida, while the duration of labor in phase I in multigravida is 8 hours. Factors that affect childbirth include maternal power (power), fetus (passanger), birth canal (passage), psych (psych) including anxiety. Anxiety in childbirth will affect the delivery process (Sagita, 2018).

World Health Organization (WHO) data in 2020 estimated that anxiety during pregnancy is around 8-10%, and increases to 12% when approaching delivery. In Indonesia, there are 373,000 pregnant women experiencing anxiety. In the face of childbirth, 107,000 (28.7%) pregnant women experience anxiety (Yanti et al., 2023).

ASEAN data from 280 pregnant women found that 193 (68.9%) had a very strong power over the delivery process, while in Indonesia out of 162 pregnant women there were 97 (59.8%) who were found to experience anxiety in facing the delivery process (Hidayah et al., 2021).

Data from the Ministry of Health of the Republic of Indonesia in 2020 shows that the prevalence of pregnant women who experience anxiety is around 43.3% and those who experience anxiety in facing childbirth is around 48.7% (Kultu, 2023).

Preparation for childbirth is not only physical preparation but mental training is also the main thing. Therefore, this has been prepared by the mother and family from the pregnancy period. However, in reality, in the field, pregnant women are not fully ready to face childbirth, both physically and mentally (Rahmawati El et al, 2018).

In addition to physical and mental preparation, it is no less important to have a childbirth companion who is very important and recommended to play its role in supporting mothers in the delivery process later (Saputri & Yudianti, 2020).

Through Antenatal Care visits, childbirth preparations can also be carried out, one of which is by attending classes for pregnant women, mothers can get complete, clear information on pregnancy care, as well as preparation for childbirth, postpartum, and newborn care (R. Anggraini and Y. Kanora, 2019).

The government continues to strive to make breakthroughs in reducing AKI and AKB in Indonesia, one of which is the Childbirth Planning and Complications Prevention Program (P4K) where with the implementation of this program well, the health of mothers and children will be better (R. Anggraini and Y. Kanora, 2019).

Readiness for childbirth is one of the benchmarks in the success of the delivery process. A primigravida mother who does not understand childbirth often has difficulties in preparing for her delivery. Therefore, when pregnancy takes place, mothers must be given knowledge about childbirth and what readiness is needed. The lack of preparation for childbirth is caused by the lack of maternal knowledge, low level of education, socio-culture, and socio-economics (Geniofam, 2010).

Anxiety is a person's mental condition which is full of worry and fear about what may or may not happen. This condition is one of the maternal psychological disorders that occurs, including in pregnant women who are at high risk. Pregnant women will feel increasingly worried about their health and condition, mothers will feel afraid that the baby will be born at any time not in normal conditions and something will happen to the baby, they have also experienced a history of miscarriage so they will continue to experience feelings of fear of losing the baby and something happening to the pregnancy. (Janiwarty & Pieter, 2013).

Apart from having an impact on the birthing process, anxiety in pregnant women can also affect the child's growth and development. Anxiety that occurs, especially in the third trimester, can result in decreased birth weight and increased HHA (Hypothalamic-Pituitary-Adrenal) activity which causes changes in steroid hormone production, impaired social behavior and fertility rates in adulthood. In addition, anxiety during pregnancy is related to emotional problems, hyperactivity disorders, decentralization and impaired cognitive development in children (Shahhosseini et al., 2015).

In Indonesia, there are 107,000 (28.7%) pregnant women who experience anxiety when dealing with pregnancy. Anxiety in pregnant women can arise, especially in the third trimester of pregnancy until the time of delivery, during this period pregnant women feel anxious about various things such as whether the baby is born normally or not, the pain that will be felt, and so on (Usman et al., 2016).

Anxiety will have a negative impact on pregnant women from the time of pregnancy onwards childbirth, such as an anxious fetus that inhibits its growth, weakens uterine muscle

contractions, etc. This impact can harm the mother and fetus (Novitasari et al., 2013).

Almost all low risk pregnancies experienced mild levels of anxiety (88.9%), almost all high risk pregnancies (86.7%) experienced moderate levels of anxiety, while almost all very high risk pregnancies (66.7%) experienced severe levels of anxiety. The higher the pregnancy risk factors for pregnant women, the higher the mother's anxiety level. Research shows that the majority of pregnant women experience moderate anxiety due to the relationship between age, parity and traumatic experiences with the mother's anxiety level. It is normal for multigravida mothers to experience anxiety, where anxiety is anxiety about the image of the pain they suffered during childbirth. Especially for mothers who have experienced high-risk pregnancies, their anxiety levels will definitely increase. Where this pregnancy has a high risk both during pregnancy and during the birth process. There are also mothers who have experienced traumatic experiences and traumatic experiences have been proven to influence pregnant women's anxiety when facing childbirth (Saputri & Yudianti, 2020).

Anxiety - anxiety experienced by humans, especially pregnant women and mothers approaching childbirth, can actually find a solution to reduce the level of anxiety, this can be through therapeutic media, whether humor therapy, prayer therapy and also dzikir therapy. With this therapy, pregnant women can minimize and manage anxiety. (Rahman A, 2020).

The results of the research show that systematic desensitization therapy with dhikr relaxation can reduce physical and psychological symptoms of anxiety resulting in a change in the subject's level of phobia, from severe phobia to moderate phobia and mild phobia. (Fitriani Anisa, 2019).

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To avoid complications in childbirth, it is necessary to prepare for pregnancy or prepare for birth properly. Preparation before birth is quite a lot, starting from things in the form of physical, mental, and also the needs of the mother during and after childbirth. Pregnant women who do not experience complications during their pregnancy will assume that their delivery will go normally so that the mother does not care about the delivery (Atikah Nurmala, 2012).

The impact of mothers' unpreparedness to face childbirth is one of the causes of high AKI. At the time of delivery, if the mother is found to have obstetric complications and the mother does not understand the necessary preparations before delivery, then the mother does not get appropriate and timely services so that there are three delays in referral, namely delays in making decisions to refer, delays in reaching health facilities, delays in obtaining help at health facilities (Ministry of Health. RI. 2020).

There is a significant effect of this treatment to reduce the level of anxiety in patients before surgery. Based on research results, it is recommended to use this type of treatment in an effort to reduce preoperative patient anexity. Looking at the effects, we can conclude that it can reduce and be a solution in reducing anxiety in patients. (Harianto, Sulaiman, Amrullah, 2019).

RESEARCH METHODS

The type of research used is descriptive research, which is to describe facts about a situation objectively. This research was carried out in August-September 2024. Located at the Dasan Tapen Health Center, West Lombok in 2024.

The population in this study is all pregnant women in the third trimester at the Dasan Tapen Health Center in August-September. The sample in this study is all pregnant women in the third trimester of 40 pregnant women.

By using the total sampling technique. The type of data in this study is quantitative data, namely the results of the research and its analysis are described in a scientific paper in the form of narratives and tables, then from the analysis that has been carried out a conclusion is drawn. The data sources used in this study are in the form of secondary data with the KIA book to see the implementation of P4K and the Hars questionnaire to see the mother's anxiety or mental readiness before childbirth.

The data used univariable analysis to describe the characteristics of each variable studied using the frequency distribution and percentage of each group, then the data was displayed in the form of tables and narratives.

RESEARCH RESULTS

Based on the table above, we can conclude that there are some mothers who are not physically ready in preparation for childbirth. However, there is a clear difference in mother's mental preparation.

More dominant from the increase in the number of pregnant women who are mentally prepared to face their childbirth.

Tabel 1

Category	N	%
mental preparation	25	62,5
physical preparation	15	37,5

Based on the results of identification carried out in pregnant women in the third trimester in the physical and mental preparation of mothers before delivery, there are 25 (62.5%) of 40 pregnant women in the third trimester who are mentally ready to face childbirth, this can be seen from the results of the Hars questionnaire conducted by the researcher.

This Hars questionnaire contains 14 questions that express anxiety or feelings of pregnant women before giving birth. Before asking 14 questions, the researcher first informed the concern and explained the purpose of this research.

Meanwhile, to improve the physical readiness of mothers by reading the KIA (Maternal and Child Health) book and paying attention to the component points of the Childbirth Planning and Complications Prevention Program (P4K). The results obtained were 15 (37.5%) pregnant women. The other 25 pregnant women have not been said to be physically ready because the components of the Childbirth Planning and Complications Prevention Program (P4K) have not been fulfilled.

The components of the Childbirth Planning and Complications Prevention Program (P4K) are made up of stickers for pregnant women, birth aides, delivery assistants, vehicles, funds, and blood donations.

DISCUSSION

Mental unpreparedness in labor due to contractions in the myometrium muscles. Childbirth anxiety is a physiological thing with intermittent pain and stops when the delivery process is completed (Noviyanti, et al., 2021).

Psychological stress in the maternity mother causes the release of the hormone catecholamines and steroids, so that it is able to cause smooth muscle tension and vascular vasoconstriction. This can cause a decrease in uterine muscle contraction, decreased uterine circulation, reduced blood flow and oxygen to the uterus and the onset of uterine ischemia which causes an increase in the number of pain impulses and childbirth complications (Sumarah & Wiyati, 2012)

Excessive anxiety is an emotional factor related to physical and mental unpreparedness and another cause is an increase in pelvic muscle tension due to increased catecholamine secretion (Pirdel, et al., 2019).

The effects of anxiety in childbirth can trigger the release of excess catecholamine levels, so that it can result in a decrease in blood flow to the uterus, a decrease in uterine contractions, a decrease in blood flow to the placenta, the oxygen available to the fetus will also decrease or decrease, then it can cause the duration of labor during the first active phase (Trisetiyaningsih & Wulansari, 2018) Psychological factors also affect labor pain such as the presence of a labor companion. Based on the results of the study, it was also found that 4 mothers gave birth with a companion who experienced severe pain, while 8 mothers gave birth without a companion who experienced severe pain. This describes that the presence of a delivery companion is very helpful in reducing pain in childbirth mothers. Judging from the fact that fewer mothers in labor experience severe pain compared to mothers who give birth without a companion.

A delivery companion is a person who can do a lot to be able to help the mother during the delivery process. A companion is the existence of someone who accompanies or is directly involved as a delivery guide, who provides support during pregnancy, childbirth, and postpartum, so that the delivery process that she goes through runs smoothly and provides comfort for the maternity mother (Indrayani, 2013).

The results of this study also found that the presence of a companion also has a close relationship with the intensity of pain felt by the mother giving birth. This research is in line with research that found that mothers who are accompanied by their husbands, family members or a professional who are desired say that they are more confident, comfortable and give birth smoothly so that they can reduce the pain of childbirth (Bohren, et al., 2019).

CONCLUSIONS

Mother's preparation physically helps pregnant women prepare their pregnancy to be safer, while the mental preparation that Mrs. Hamail does in preparing for her delivery will make her feel more comfortable, if they feel and get a sense of security and comfort, the labor process will run more smoothly and reduce the risk of complications.

The results obtained from the research carried out are that pregnant women understand

what they should do, on the other hand, health workers also become more prepared for pregnant women to feel comfortable and safe in the delivery process.

SUGESTIONS

Physical and mental preparation for pregnant women in the third trimester in preparing for labor is very important to do because it helps pregnant women to be prepared and reduce the risk of complications for both mother and baby.

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