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IDENTIFICATION OF PROBLEMS IN THE 1ST STAGE OF LABOR

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ABSTRAK: MASALAH PERSALINAN KALA I

Latar Belakang: Persalinan merupakan proses fisiologis, dimulai dari pembukaan serviks sampai kelahiran bayi dan plasenta. Pembukaan serviks terjadi karena adanya kontraksi uterus yang menyebabkan serviks menipis dan membuka. Pada persalinan kala I fase aktif berisiko terjadi seperti kontraksi yang lemah atau tidak teratur, pembukaan serviks yang lambat, pendarahan, nyeri, dan kehilangan cairan ketuban. Banyak penyulit dan komplikasi yang menyebabkan kematian ibu dan bayi dapat dihindarkan jika persalinan dikelola dengan baik.

Tujuan: Penelitian ini bertujuan untuk mengidentifikasi masalah persalinan kala I di Puskesmas Kediri Kabupaten Lombok Barat.

Metode: Jenis penelitian yang digunakan dalam peneitian ini adalah kuantitatif dengan rancangan penelitian deskriptif. Sampel dalam penelitian ini berjumlah 24 ibu bersalin. Teknik pengambilan sampel menggunakan total sampling. Jenis data yang digunakan adalah data primer dan data skunder.

Hasil: Hasil menunjukkan sebagian besar usia pada kategori tidak beresiko yaitu 20 responden (83,3%) dan 4 responden (16,7%) pada usia beresiko, Sebagian besar paritas pada kategori tidak beresiko yaitu 23 responden (95,8%) dan 1 responden (4,2%) dengan paritas beresiko, sebagian besar ibu bersalin mengalami kontraksi tidak lemah yaitu 24 responden (100%), sebagian besar pembukaan serviks tidak lambat yaitu sebanyak 22 responden (91,7%) dan 2 responden (8,3%) dengan pembukaan serviks lambat, sebagian besar ibu bersalin mengalami nyeri pada persalinan kala I yaitu 24 responden (100%).

Kesimpulan: Hasil menunjukkan sebagian besar ibu mengalami nyeri persalinan kala I.

Saran: Tenaga kesehatan dapat memberikan pelayanan terbaik selama persalinan kala I, sehingga ibu dalam proses persalinannya lebih tenang, rileks dan tidak menimbulkan lamanya proses persalinan sehingga membahayakan janin dan ibunya sendiri.

Kata Kunci : Kontraksi lemah; Nyeri Ibu Bersalin Kala I; Paritas; Pembukaan Serviks Lambat; dan Usia

ABSTRACT

Background: Childbirth is a physiological process, starting from the opening of the cervix to the birth of the baby and placenta. Cervical opening occurs due to uterine contractions which cause the cervix to thin and open. In the first stage of labor, the active phase carries risks such as weak or irregular contractions, slow opening of the cervix, bleeding, pain and loss of amniotic fluid. Many complications and complications that cause maternal and infant death can be avoided if labor is managed well.

Objective: This study aims to identify problems in the first stage of labor at the Kediri Community Health Center, West Lombok Regency.

Method: The type of research used in this research is quantitative with a descriptive research design. The sample in this study consisted of 24 mothers giving birth. The sampling technique uses total sampling. The types of data used are primary data and secondary data.

Results: The results show that most of the ages are in the no-risk category, namely 20 respondents (83.3%) and 4 respondents (16.7%) are at risk. Most of the parities are in the no-risk category, namely 23 respondents (95.8%) and 1 respondent. (4.2%) with parity at risk, the majority of mothers experiencing contractions were not weak, namely 24 respondents (100%), most of the cervical opening was not slow, namely 22 respondents (91.7%) and 2 respondents (8.3%) with slow cervical opening, the majority of mothers experiencing pain during the first stage of labor, namely 24 respondents (100%).

Conclusion: The results showed that the majority of mothers experienced pain in the first stage of labor.

Suggestion: Health workers can provide the best service during the first stage of labor, so that the mother during the labor process is calmer, more relaxed and does not cause the labor process to take a long time, thereby endangering the fetus and the mother herself.

Keywords: Weak contractions; Mother's Pain in First Stage of Labor; Parity; Slow Cervical Opening; and Age

INTRODUCTION

Birth is a process where the fetus and amniotic fluid are pushed out through the birth canal (Astuti, 2013). Childbirth (labor) is a series of events starting from regular kencengkenceng until the expulsion of the products of conception (fetus, placenta, amniotic fluid and amniotic fluid) from the uterus to the outside world through the birth canal or through other means, with help or with one's own strength (Ayuda et al., 2023). Childbirth is a physiological process, starting from the opening of the cervix to the birth of the baby and placenta. Opening of the cervix occurs due to uterine contractions which cause the cervix to thin and open. The progress of labor depends on the interaction of 3Ps, namely power, passage (birth canal) and passenger (fetus) (Gantini, 2019).

Normal delivery is the process of expelling viable products of conception from the uterus through the vagina to the outside world which occurs at term pregnancy (37-42 weeks) characterized by uterine contractions which cause effacement, dilatation of the cervix, pushing the fetus out through the birth canal. with a percentage of the back of the head without tools or assistance (spontaneous birth) and no complications for the mother and fetus (Desi & Izah, 2023). There are many factors that influence childbirth, both from maternal and fetal factors and also from factors that help and accompany childbirth (Andriyanto et al., 2021).

The first stage of labor is the initial phase of labor, namely the onset of contractions accompanied by changes in the cervix (opening and thinning) until complete opening. Stage I (opening period) lasts between 0-10 cm opening. The first stage process has 2 phases, namely the latent phase (8 hours) where the cervix opens up to 3 cm and the active phase (7 hours) where the cervix opens from 4 cm to 10 cm. Contractions will be stronger and more frequent during the active phase (Mita & Insyiroh, 2023). The duration of the first stage in primigravidas lasts 12 hours while in multigravidas it is around 8 hours (Rahmi et al., 2021). Stage I is the active phase starting from 4 cm to 10 cm dilated accompanied by regular uterine contractions at least twice in 10 minutes and lasting 40 seconds and will continue to increase as the cervical opening increases (Wijayanti et al., 2022).

Normal delivery occurs not because there are no problems during delivery, but there are many possible things that could happen, one of which is complications during delivery. Childbirth complications are conditions in which the mother and fetus are threatened, caused by direct interference during childbirth and are one of the causes of death of the mother and fetus. In the first stage of labor, the active phase carries risks such as weak or irregular contractions, slow opening of the cervix, bleeding, pain and loss of amniotic fluid. This can cause high maternal mortality rates (MMR) and infant mortality rates (IMR) during childbirth (Bayrampour, H. et al., 2012).

The maternal mortality rate (MMR) is an important indicator that can describe the welfare of society in a country. According to the World Health Organization (WHO) definition, maternal death is the death of a woman during pregnancy or within 42 days after the end of pregnancy due to all causes related to or aggravated by the pregnancy or its management, but not caused by an accident or injury. Every year it is estimated that 529,000 women in the world die due to complications from pregnancy and childbirth, so it can be estimated that the maternal mortality rate is 400 per 100,000 live births (estimated maternal mortality from WHO/UNICEF/UNFPA in 2000). Nearly all maternal deaths occur in developing countries. The maternal mortality ratio in developing countries in 2015 was 239 per 100,000 live births and in developed countries it was 12 per 100,000 live births (Grylka-Baeschlin et al., 2022).

The Maternal Mortality Rate (MMR) in Indonesia is still considered high when compared to the MMR in other countries. Based on the results of the Indonesian Demographic Health Survey (SDKI), 2023 shows a significant increase in MMR, namely 359 mothers per 1000,000 live births. MMR again showed a decline to 305 maternal deaths per 100,000 live births based on the results of the 2015 Inter-Census Population Survey (SUPAS) (Kemenkes RI, 2022).

West Nusa Tenggara Province is one of the provinces with the highest maternal mortality rate in Indonesia in 2022. Not only that, NTB is also in the top ten provinces with the highest infant mortality rate. The 2020-2022 SP longform results show that

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there were 257 cases of maternal deaths per 100,000 live births and 24 cases of infant deaths per 1000 live births in NTB. The number of cases is still very far beyond the maximum number of cases achieved by the national target (Dinas Kesehatan Provinsi NTB, 2022).

Research states that in America, childbirth is assisted by trained health workers by providing safe interventions in the first stage of labor without sacrificing the welfare of the mother and fetus, namely by helping the progress of labor in an upright position or other alternative positions for reduces the length of the first stage of labor (Rahmawati et al., 2022). Meanwhile, the results of research conducted prove that the use of peanut balls is a non-pharmacological means to facilitate the length of the first stage of labor, help with vaginal delivery, low risk, and cheap to apply in the delivery process (Tussey, Botsios et al., 2015).

Pregnancy can cause physiological changes in the body, such as increased blood flow, heart rate, and breathing rate. If not treated immediately, this condition can worsen anxiety, tension, fear, and prolong the labor process. One cause is weakening of contractions. This condition can cause severe pain during labor, which can cause uterine muscle contractions, uteroplacental circulation, decreased blood flow and uterine oxygen. This condition has the potential to cause uterine ischemia which increases the amount of pain and risk of complications during pregnancy. causes uterine ischemia, which increases the amount of pain and risk of complications during pregnancy.

Many complications and complications that cause maternal and infant death can be avoided if labor is managed well. All births must be handled by trained and competent birth attendants who can quickly and accurately diagnose and treat complications. When providing care, it is very important to remember that it is more likely that people will use good services by implementing maternal loving care (Fallis, 2023).

Based on the above background, researchers are interested in identifying problems in the 1st stage of labor at the Kediri Community Health Center, West Lombok Regency.

RESEARCH METHODS

The type of research used is quantitative with a descriptive research design. This research uses primary data analysis methods and secondary data. This research identified the first-stage delivery problem at the Kediri Community Health Center, West Lombok Regency. The population is the entire research object being studied. Population can be interpreted as all elements in research including objects and subjects that have certain characteristics and properties. The population in this study was 24 people, namely all mothers giving birth at the Community Health Center (Amin et al., 2023). A sample is a portion taken from the entire object being studied and is considered to represent the entire population. The sample is a portion or representative of the population to be studied (Amin et al., 2023). The sample in this study consisted of 24 people, namely all mothers who gave birth at the Kediri Community Health Center. This research was conducted in October 2024 – November 2024 at the Kediri Community Health Center. The inclusion criteria in this study are The mother's awareness is fully aware, the third trimester pregnant woman is facing First stage of labor (latent phase), cervical opening less than 4, able to read and write, while the exclusion criteria are eclamptic patients.

RESEARCH RESULTS

Based on research conducted in October – November 2024, UPT BLUD Puskesmas Kediri West Lombok Regency obtained the following results:

Table 1
Frequency Distribution Based on the mother's age in the first stage of labor.

Variable	N	%
Ages		
Risk	4	16,7
No Risk	20	83,3

Based on table 1, it shows that 20 respondents (83.3%) were not at risk and 4 respondents (16.7%) were at risk.

Table 2
Frequency Distribution Based on Mother's Parity in First Stage of Labor

Variable	N	%
Parity		
Risk	1	4,2
No Risk	23	95,8

Based on table 2, it shows that 23 respondents (95.8%) had no risk parity and 1 respondent (4.2%) had a risk parity.

Based on table 3, it shows that 24 respondents (100%) contractions are not weak and 0 respondents (0%) had weak contractions.

Table 3

Frequency Distribution Based on weak contractions in mothers in the first stage of labor

Variabel	N	%
Weak Contractions		
Weak	0	0
No Weak	24	100

**Table 4
Frequency Distribution Based on Slow Cervical Opening in 1st Stage Mothers**

Variabel	N	%
Slow Cervical Opening		
Slow	2	8,3
Not Slow	22	91,7

Based on table 4, it shows that 22 respondents (91.7%) cervical opening is not slow and 2 respondents (8.3%) had slow cervical opening.

**Table 5
Frequency Distribution Based on Pain in 1st Stage Mothers**

Variabel	N	%
Labor Pains		
Labor Pain	24	100
No Labor pain	0	0

Based on table 5, it shows that 24 respondents (100%) experienced pain in the 1st stage of labor and 0 respondents (0%) did not experience pain in the 1st stage of labor.

DISCUSSION

The results show that most of the ages are in the no-risk category, namely 20 respondents (83.3%) and 4 respondents (16.7%) are at risk. Most of the parities are in the no-risk category, namely 23 respondents (95.8%) and 1 respondent. (4.2%) with parity at risk, the majority of mothers experiencing contractions were not weak, namely 24 respondents (100%), most of the cervical opening was not slow, namely 22 respondents (91.7%) and 2 respondents (8.3%) with slow cervical opening, the majority of mothers experiencing pain during the first stage of labor, namely 24 respondents (100%). The results showed that the majority of mothers experienced problems in the first stage of labor, namely problems with labor pain.

The results of this study showed that both groups had a low risk average age. In accordance with the theory which states that the ideal age for reproduction is in the range of 20-35 years. This is because in this range the reproductive organs are ready to be fertilized and minimize the risk of complications during childbirth. At age < 20 years there is a risk of complications related to pre-eclampsia and a narrower pelvis, while at age > 35 years there is a greater risk of complications because body function has decreased (King et al., 2019). This is in accordance with research by Ondeck (2014), which states that there is a significant influence on pain among younger and primiparous mothers giving birth. According to research by Soviyati (2016), at a young age, experience in childbirth is still lacking, unable to control the pain, so the family is more worried and immediately asks the staff to take immediate action, apart from that, they are still psychologically immature when compared to pregnant women aged >20 years. For those aged >35 years there are many risk factors for childbirth.

According to research by Syaflindawati et al., (2015), the average length of the first stage of the active phase for mothers who choose to lie down is 263.68 ± 39.47 minutes. The lying position is comfortable for mothers to catch their breath and endure pain. However, fetal descent is not optimal because it only relies on contractions. This is what makes labor in a lying position take longer. According opinion (Putri et al., 2023), labor in the active phase of first stage mothers who use the birthing position has an average time that is still within normal limits (< 360 minutes). Childbirth in this birthing position is considered more comfortable for the mother to rest during contractions. However, fetal descent will only rely on contractions from the mother, so the risk of labor will take longer.

Pregnant women with primiparous parity still do not have an idea of what will happen during childbirth, while multiparous mothers already have an idea of the previous pregnancy and birth process, so that during pregnancy they tend to prepare more mentally and psychologically (Robert & Andrew, 2022). The first stage of the active phase of labor is the opening phase from zero to 10. In this phase, contractions occur which are an indicator of the progress of labor (Pourshirazi et al., 2020). These contractions, known as those felt by the mother in labor, greatly influence the pain she feels because it is the uterine contractions that cause effacement, dilatation of the cervix, and push the fetus out through the birth canal, causing a sensation of pain felt by the mother (Allahem & Sampalli, 2020). Uterine contractions will cause pain in the waist, stomach area and radiate in other directions. The more frequent the mother feels the contractions, the more the pain will increase (Thornton et al., 2020).

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The pain felt by the mother during labor is very normal because the pain is caused by contractions which cause the cervix to open during labor (Yeung et al., 2019). Mothers in labor will feel labor pain caused by contractions (shortening) of the uterine muscles. This contraction causes pain in the waist, stomach area and spreads in other directions. These contractions cause the cervix to open, with this opening of the cervix, labor will occur (Fitriana & Antarsih, 2019). The pain felt by mothers varies because pain is influenced by several factors. One of them is the mother's psychology, the ability to control herself greatly influences labor pain. Someone who has good self-control will be able to deal with problems that arise. This is very necessary for mothers when facing childbirth so that excessive psychological responses such as fear and anxiety will not occur which can disrupt the birth process (Sai et al., 2019).

High levels of labor pain can cause anxiety, especially in primiparous mothers who do not have experience in controlling labor pain (Mawaddah & Iko, 2020). Mothers giving birth for the first time will experience more severe pain than mothers giving birth for the second time because multiparous mothers already have previous experience of giving birth, making them easier to adapt to the labor pain they feel compared to primiparous mothers who have no experience in the birthing process. Previous birth experiences can influence the mother's response to pain. Mothers who have had painful and difficult experiences in previous births, feelings of anxiety and fear of previous experiences will affect their pain sensitivity. Several research results say that the parity variable is related to the labor pain felt by mothers giving birth during the first active phase (Deng et al., 2021).

CONCLUSION

The results show that most of the ages are in the no-risk category, namely 20 respondents (83.3%) and 4 respondents (16.7%) are at risk. Most of the parities are in the no-risk category, namely 23 respondents (95.8%) and 1 respondent. (4.2%) with parity at risk, the majority of mothers experiencing contractions were not weak, namely 24 respondents (100%), most of the cervical opening was not slow, namely 22 respondents (91.7%) and 2 respondents (8.3%) with slow cervical opening, the majority of mothers experiencing pain during the first stage of labor, namely 24 respondents (100%). The results showed that the majority of mothers experienced pain in the first stage of labor.

SUGESTION

Health workers can provide the best service during the first stage of labor, so that the mother during the labor process is calmer, more relaxed and does not cause the labor process to take a long time, thereby endangering the fetus and the mother herself.

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