

**THE EFFECT OF THE MAHIRA METHOD (MARYAM, AROMATHERAPY, HYPNOTHERAPY, IMMERSION/HYDROTHERAPY, RELAXATION, AND ACUPRESSURE) ON PAIN IN THE FIRST STAGE OF NORMAL LABOR: QUASI-EXPERIMENTAL STUDY AT THE ARSY MEDIKA CLINIC, CIREBON**

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**ABSTRAK: PENGARUH METODE MAHIRA (MARYAM, AROMATERAPI, HIPNOTERAPI, IMERSI/HIDROTHERAPI, RELAKSASI, DAN AKUPRESUR) TERHADAP NYERI KALA I PERSALINAN NORMAL: QUASI-EXPERIMENTAL STUDY DI KLINIK ARSY MEDIKA CIREBON**

Latar Belakang: Nyeri persalinan merupakan salah satu tantangan utama dalam proses persalinan normal yang dapat memengaruhi kondisi fisik, emosional dan psikologis Ibu. Pengelolaan nyeri yang tidak efektif dapat memperpanjang durasi persalinan, meningkatkan resiko intervensi medis, serta menurunkan kualitas pengalaman melahirkan. Sementara itu, intervensi farmakologis tidak selalu tersedia di fasilitas kesehatan tingkat pertama dan memiliki potensi efek samping terhadap Ibu dan Janin. Sebagai alternatif, pendekatan nonfarmakologis yang aman, efektif, dan sesuai dengan nilai budaya serta spiritual masyarakat Indonesia menjadi sangat penting untuk dikembangkan. Metode MAHIRA merupakan inovasi pelayanan kebidanan di Klinik Arsy Medika Cirebon yang mengintegrasikan enam teknik nonfarmakologis: Maryam (terapi Qur'ani dengan pembacaan murottal surat Maryam dan dzikir), Aromaterapi, Hipnoterapi, Imersi air hangat, Relaksasi dan Akupresur. Masing-masing komponen telah terbukti bermanfaat secara ilmiah dalam manajemen nyeri, namun belum pernah dikaji secara terpadu dalam satu paket intervensi.

Tujuan: Untuk menganalisis pengaruh metode MAHIRA terhadap intensitas nyeri kala I persalinan normal.

Metode: Penelitian ini menggunakan pendekatan kuantitatif dengan desain *quasi-experiment pretest-post test* tanpa kelompok kontrol dengan menggunakan Uji *Wilcoxon*, dengan pengukuran skala nyeri NRS (*Numeric Rating Scale*) dan VRS (*Verbal Rating Scale*) sebelum dan sesudah intervensi. Subjek penelitian adalah 28 Ibu bersalin kala I normal yang memenuhi kriteria inklusi dan menjalani Metode MAHIRA secara menyeluruh.

Hasil: Sebelum diberikan intervensi (*pre-test*), sebagian responden mengalami nyeri berat yakni sebanyak 20 orang (71,4%), dan 8 orang (28,6%) mengalami nyeri sedang, tidak ada responden yang berada pada kategori tidak nyeri maupun nyeri ringan. Setelah diberikan intervensi Metode MAHIRA (*post-test*), terjadi perubahan tingkat nyeri yang cukup signifikan dengan responden yang memiliki keluhan nyeri berat menurun menjadi 6 orang (21,4%), sedangkan jumlah responden dengan nyeri sedang sebanyak 11 orang (39,3%), dan nyeri ringan meningkat menjadi 11 orang (39,3%), tidak ada responden yang melaporkan tidak nyeri sama sekali. Hasil uji statistik menggunakan Uji *Wilcoxon* menunjukkan nilai  $p < 0,001$ , ini berarti bahwa terdapat perbedaan signifikan/bermakna secara statistik antara tingkat nyeri sebelum dan sesudah diberikan intervensi Metode MAHIRA.

Kesimpulan: Intervensi Metode MAHIRA terbukti efektif dalam menurunkan nyeri kala I persalinan normal secara signifikan.

Saran: Metode MAHIRA dapat direkomendasikan sebagai strategi nonfarmakologis yang efektif dan aman untuk membantu Ibu dalam mengurangi nyeri persalinan kala I.

Kata Kunci : Metode MAHIRA, Nyeri persalinan, Kala I persalinan normal, Terapi nonfarmakologis, Terapi islami

**ABSTRACT**

Background: Labor pain is one of the main challenges in the normal delivery process, affecting the mother's physical, emotional, and psychological condition. Ineffective pain management can prolong labor, increase the risk of medical intervention, and reduce the quality of the birthing experience. Meanwhile, pharmacological interventions are not always available in primary health care facilities and have potential side effects on the

mother and fetus. As an alternative, non-pharmacological approaches that are safe, effective, and in accordance with the cultural and spiritual values of the Indonesian people are crucial to develop. The MAHIRA method is an innovative midwifery service at the Arsy Medika Clinic in Cirebon that integrates six non-pharmacological techniques: Maryam (Quranic therapy with recitation of Surah Maryam and dhikr), aromatherapy, hypnotherapy, warm water immersion, relaxation, and acupressure. Each component has been scientifically proven to be beneficial in pain management, but has never been studied in an integrated manner within a single intervention package.

**Purpose:** To analyze the effect of the MAHIRA method on pain intensity during the first stage of normal labor.

**Methods:** This study used a quantitative approach with a quasi-experimental pretest-posttest design without a control group using the Wilcoxon Test, with NRS (Numeric Rating Scale) and VRS (Verbal Rating Scale) pain scale measurements before and after the intervention. The study subjects were 28 mothers who had normal first-stage labor who met the inclusion criteria and underwent the MAHIRA Method in its entirety.

**Results:** Before the intervention (pre-test), most respondents experienced severe pain, with 20 participants (71.4%), while 8 participants (28.6%) reported moderate pain. No respondents reported no pain or mild pain. After the MAHIRA method intervention (post-test), a significant reduction in pain intensity was observed. The number of respondents experiencing severe pain decreased to 6 participants (21.4%), while 11 participants (39.3%) reported moderate pain, and 11 participants (39.3%) experienced mild pain. No respondents reported complete absence of pain. Statistical analysis using the Wilcoxon test showed a  $p$ -value  $< 0.001$ , indicating a statistically significant difference in pain intensity before and after the MAHIRA method intervention.

**Conclusion:** The MAHIRA method intervention was proven to be effective in significantly reducing pain during the first stage of normal labor.

**Suggestion:** The MAHIRA method can be recommended as a safe and effective non-pharmacological strategy to help mothers reduce pain during the first stage of labor.

**Keywords :** MAHIRA methods, Pain labour, First stage normal labour, Non-pharmacological therapy, Islamic therapy

## **INTRODUCTION**

Labor is a physiological process that is often accompanied by intense pain, particularly during the first stage of labor. This pain is caused by uterine contractions, cervical dilatation, and fetal pressure on the pelvic structures. High levels of pain may increase maternal anxiety, muscle tension, and consequently slow the progress of labor. In the long term, unmanaged labor pain can negatively affect mothers' perceptions of childbirth and reduce their satisfaction and trust in midwifery care services (Andrew and York, 2020).

A preliminary study was conducted at Arsy Medika Clinic, Cirebon, in July 2025 involving 10 women undergoing normal labor in the first stage, using the Numeric Rating Scale (NRS) to measure pain intensity. The results showed that 6 out of 10 mothers (60%) experienced severe pain (NRS score 7–10), 3 mothers (30%) experienced moderate pain (NRS score 4–6), and only 1 mother (10%) experienced mild pain (NRS score 1–3). Interview findings also revealed mothers' interest in natural, spiritual, and relaxation-based approaches during labor. Therefore, non-pharmacological approaches to labor pain management have become an important alternative, as they are safer, more affordable, and feasible to be implemented by

primary healthcare providers such as midwives (Norhapifah, et al. 2024).

Several non-pharmacological methods—including aromatherapy, hypnotherapy, breathing relaxation, music therapy, and acupressure—have been widely studied individually and proven effective in reducing pain intensity and enhancing maternal comfort during labor (Weerasingha, et al. 2024) (Burns, et al. 2019). This is in line with the results of research conducted by Lutfia (2021) After the application of hypnotherapy and lavender aromatherapy, anxiety decreased from 16 to 10 (participant I) from 20 to 9 (participant II), 23 to 13 (participant III) (Suri, 2021). The results of another study by Bunga et al (2021) The results of bivariate analysis of the mean value of pain intensity after being given lavender aromatherapy were 5.33 and the mean value of pain intensity after being given murotal was 4.27 with a significance level of 0.016 murotal was more effective in reducing the scale of labor pain in the first active phase compared to lavender aromatherapy (Carolin, 2021). Another study that is in line with the effect of murotal Al-Qur'an from Nur Sulaeha et al (2026) The results of statistical tests showed a  $p$  value = 0.001, which means that there is an effect of giving Murotal Al-Quran on reducing the intensity of labor pain

(Sulaeha, 2026). Dewi Nopiska et al.'s (2021) study on hydrotherapy revealed a difference in the intensity of labor pain in the active phase of the first stage of labor before and after hydrotherapy, with a p-value of  $0.000 < 0.05$  (Lilis et al., 2021). Another study on breathing relaxation and acupressure to reduce labor pain was conducted by Herviza et al. (2023). The analysis revealed a significant difference between the acupressure and breathing relaxation therapy groups in reducing labor pain in women in the first stage of labor at the Mursalina Labor and Labor Center in 2023 (Mursalina, 2023). Another study on acupressure to reduce labor pain was conducted by Aris et al. (2024). The results showed a significant effect between the groups before and after acupressure, with a p-value of 0.00, indicating that acupressure had an effect on pain intensity in women in the active phase of the first stage of labor (Prastyoningsih et al., 2024). However, integrated approaches that combine these techniques into a single intervention package are rarely found, particularly those developed locally and grounded in the spiritual values of Indonesian society. Arsy Medika Clinic, Cirebon, has developed an innovative approach known as the MAHIRA Method, which stands for:

- M: Maryam – spiritual therapy through the recitation of *Surah Maryam* and *dikir'*
- A: Aromatherapy – relaxation using essential oils such as lavender
- H: Hypnotherapy – positive affirmations, visualization, and conscious breathing techniques
- I: Immersion – warm water therapy to relieve muscle tension
- R: Relaxation – breathing exercises and guided meditation
- A: Acupressure – pressure applied to specific points associated with uterine contractions

The MAHIRA Method represents an integration of multiple non-pharmacological techniques specifically designed to help laboring mothers cope with pain in a calmer, more comfortable, and spiritually supportive manner. Each component of this method has a scientific basis and has been widely applied as an individual intervention; however, no previous study has examined their combined effects within a comprehensive intervention model (Azizmohammadi and Sima, 2019; Azizah et al., 2021) (Mohammed et al., 2025).

Based on documentation studies conducted at Arsy Medika Clinic during 2024–2025, a total of 183 deliveries were recorded, of which 148 cases

(81%) were normal vaginal deliveries and 35 cases (19%) required referral. Interviews with midwives indicated that non-pharmacological therapies have been implemented to assist normal labor since 2021. These findings encouraged the researchers to conduct this study at Arsy Medika Clinic, Cirebon.

Therefore, it is important to investigate the effect of the MAHIRA Method on pain during the first stage of normal labor as a foundation for developing future midwifery practice models based on non-pharmacological and spiritual approaches. The World Health Organization (WHO) has emphasized the importance of such approaches in supporting a positive childbirth experience and woman-centered care (Well, 2022) (Prabandari and Sofiana, 2023). Nevertheless, the implementation of non-pharmacological methods in primary-level maternity facilities, such as clinics and community health centers, remains suboptimal. A study by Wulandari et al. (2021) reported that only 30–40% of healthcare providers in primary services consistently utilize these approaches (Nori et al., 2023). Contributing barriers include limited training, inadequate simple supporting tools, and low awareness among pregnant women regarding the benefits of these techniques (Norhapifah et al., 2024).

With the growing demand for woman-friendly maternity care and minimal medical intervention, it is crucial to promote the systematic utilization of non-pharmacological methods grounded in holistic and Islamic spiritual principles among both mothers and healthcare providers at the clinical level (Rasouli, Maleki and Zenoozian, 2023).

Previous studies have demonstrated the effectiveness of individual non-pharmacological techniques when applied separately. A study by Burns et al. reported that aromatherapy can reduce anxiety and pain during labor (Ashari et al., 2024). Hypnotherapy has also been shown to enhance maternal control over pain perception and the childbirth process (Gil-ugidos et al., 2025). Acupressure and relaxation techniques are widely utilized within active labor management approaches (Mrayan et al., 2024).

However, no studies have integrated all of these techniques into a single comprehensive model, particularly one that incorporates a structured Islamic spiritual approach such as the recitation of *Surah Maryam* and Qur'anic *murottal*. In this regard, the MAHIRA Method represents a novel and locally grounded approach that combines evidence-based practice with the religious and cultural values of Indonesian society.

The novelty of this study lies in:

- The integration of multiple non-pharmacological techniques into a single intervention package
- The incorporation of a Qur'an-based spiritual approach that has been minimally explored in labor pain research
- The development of an innovative midwifery clinical service model grounded in local culture and Islamic values

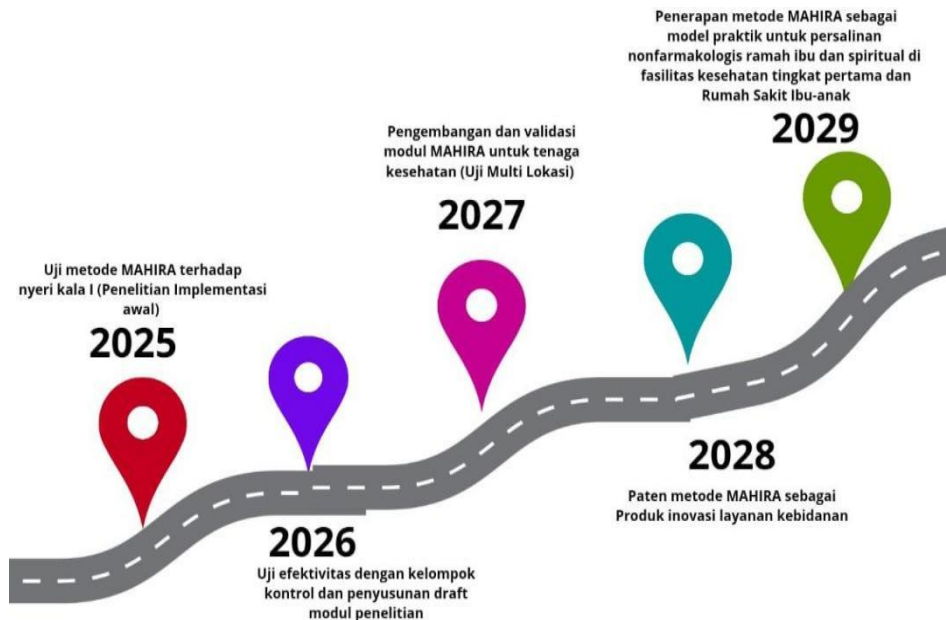


Figure 1. Roadmap of MAHIRA Methods research in Arsy Medika Clinic, Cirebon, 2025.

## RESEARCH METHODS

### Study Design and Research Approach

This study employed a quantitative approach and design with a quasi-experimental pretest-posttest without a control group. The study aimed to evaluate the effect of the MAHIRA method on reducing pain intensity during the first stage of normal labor.

### Study Setting and Time Frame

#### Study Setting

The research was conducted at Arsy Medika Primary Clinic, Cirebon, Indonesia

#### Time Frame

The study was carried out from August to November 2025.

### Population and Sample

#### Population

The population of this study consisted of all women experiencing the first stage of labor at Arsy Medika Clinic, Cirebon. Based on clinical records, the total number of deliveries recorded from August to October 2025 was 59 laboring mothers.

### Sample Size

The determination of the sample size referred to Sugiyono (2017), who suggested that the sample size for simple experimental studies ranges from 15–30 participants per group. Based on this recommendation, the study included 27 women in the first stage of normal labor who met the inclusion criteria.

To anticipate potential dropouts, incomplete data, or participants who did not complete the intervention, the sample size was increased by 10–15%, resulting in a recruitment target of approximately 30 respondents. This adjustment was made to ensure an adequate minimum sample size for valid statistical analysis in accordance with the quasi-experimental design.

#### 1) Inclusion Criteria

- a) Women in the active phase of the first stage of labor (cervical dilation  $\geq 4$  cm)
- b) Term pregnancy ( $\geq 37$  weeks of gestation)
- c) Normal labor without complications
- d) Willingness to participate and provision of written informed consent

#### 2) Exclusion Criteria

- a) Women with indications for cesarean section

b) Severe psychological disorders

**Inclusion and Exclusion Criteria**

**Inclusion Criteria**

Participants were included if they met the following criteria: Women in the active phase of the first stage of labor (cervical dilation  $\geq$  4 cm), term pregnancy ( $\geq$  37 weeks of gestation), Normal labor without complications, Willing to participate and provide written informed consent

**Exclusion Criteria**

Participants were excluded if they had: Indications for cesarean section, Severe psychological disorders that could interfere with the intervention process

**Intervention Procedure (MAHIRA methods Group)**

The MAHIRA methods was implemented during the active phase of the first stage of labor (4–

10 cm cervical dilation) and included the following components:

- a. Maryam Therapy: Qur’anic *murottal* recitation of *Surah Maryam* and *dzikir*
- b. Aromatherapy: Using the Lavender essentials oil
- c. Islamic Hypnotherapy: Positive affirmations and breathing relaxation techniques
- d. Immersion: Warm water immersion (warm compresses)
- e. Relaxation: *Oxytocin* massage and relaxation instruments
- f. Acupressure: Stimulation of GB-21, LI-4, and SP-6 points

**Data Measurement**

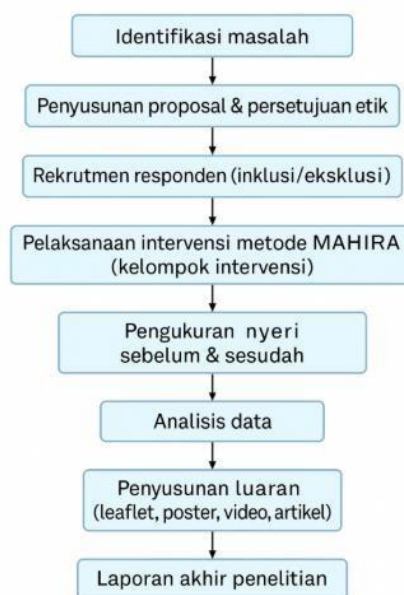
Pain intensity was measured using the Numeric Rating Scale (NRS) and Verbal Rating Scale (VRS) before and after the intervention.

**Data Analysis**

Data were analyzed using Wilcoxon Test.

**Table 1**  
**Work plan of MAHIRA Methods Research in Arsy Medika Clinic, Cirebon, 2025**

Indicator	Target	Due date	Person in charge
Respondent recruitment	$\geq$ 20 respondents of Laboring Mothers	1 <sup>st</sup> month	Leader and team members
Implementation of the intervention	100% of the participants in the MAHIRA Methods Group	1 <sup>st</sup> - 2 <sup>nd</sup> month	Practicing Midwife
Data collection and analysis	Analysis results report	3 <sup>rd</sup> month	Research team
Developing outputs (Banner, Posters, Booklets, Videos, Articles)	5 types of output is finished	4 <sup>th</sup> month	Leader and creative team



**Flow Diagram 2. Planning of MAHIRA Methods Research in Arsy Medika Clinic, Cirebon, 2025**

RESEARCH RESULTS

**Table 2**  
**Distribution of Respondents in MAHIRA Methods Research in Arsy Medika Clinic, Cirebon, 2025**

Variable	N	Percentage (%)
Parity		
Primipara	20	71,4
Multipara	8	28,6
Ages category		
< 20 tahun	0	0
20 – 35 tahun	25	89,3
>35 tahun	3	10,7

Table presents 2, the majority of respondents were primiparous mothers, totaling 20 participants (71.4%), while multiparous mothers accounted for 8 participants (28.6%). Regarding age distribution, most mothers were aged 20–35 years, with 25 participants (89.3%), whereas 3 mothers (10.7%) were older than 35 years.

**Univariate analysis**

Respondents characteristic based on The Labor Pain Intensity Before and After Intervention Using the MAHIRA Method Among Laboring Mothers at Arsy Medika Clinic, Cirebon, 2025

Table 3 presents the levels of labor pain before and after the MAHIRA methods intervention among laboring mothers at Arsy Medika Clinic, Cirebon, in 2025, with a total of 28 respondents. Prior to the intervention (pre-test), the majority of respondents experienced severe pain, with 20 participants (71.4%), while 8 participants (28.6%) reported moderate pain. No respondents were categorized as having no pain or mild pain.

**Table 3**  
**Distribution of Respondents Labor Pain Intensity Before & After MAHIRA Methods (n=28)**

Labor Pain Intensity	Pre test		Post test	
	N	Percentage (%)	N	Percentage (%)
No Pain	0	0,0	0	0,0
Mild Pain	0	0,0	11	39,3
Moderate Pain	8	28,6	11	39,3
Severe Pain	20	71,4	6	21,4

Following the MAHIRA intervention (post-test), a notable change in pain levels was observed. The number of respondents experiencing severe pain decreased to 6 participants (21.4%), whereas 11 participants (39.3%) reported moderate pain, and the proportion of respondents experiencing mild pain increased to 11 participants (39.3%). No respondents reported complete absence of pain.

These findings indicate that the MAHIRA methods intervention was effective in reducing labor pain intensity. Before the intervention, the majority of mothers experienced severe pain; however, after the intervention, this proportion decreased substantially, accompanied by an increase in the number of mothers reporting mild and moderate pain. Therefore, the MAHIRA methods demonstrates potential as an effective non-pharmacological intervention for labor pain management.

**Bivariate Analysis**

The Effect of MAHIRA Methods Intervention on Pain During the First Stage of Normal Labor at Arsy Medika Clinic, Cirebon, 2025

**Table 4**  
**The Effect of MAHIRA Methods**

Pain Labor	n	Median (Min - Max)	Rata-rata (Standard Deviation)	p Value
Before MAHIRA Methods Intervension	28	8 (4 - 10)	7,86 (1,758)	<0.001
After MAHIRA Methods Intervension	28	5 (1 - 8)	4,50 (2,064)	

Table 4 presents the results of the analysis regarding the effect of the MAHIRA method intervention on pain during the first stage of normal labor at Arsy Medika Clinic, Cirebon, in 2025. Prior to the MAHIRA intervention, labor pain intensity had a median value of 8 with a range of 4–10, and a

mean score of  $7.86 \pm 1.758$ . After the intervention, a reduction in pain intensity was observed, with the median decreasing to 5 (range 1–8) and the mean decreasing to  $4.50 \pm 2.064$ .

Statistical analysis using the Wilcoxon test revealed a p-value < 0.001, indicating a statistically

significant difference in pain intensity before and after the MAHIRA method intervention. These findings demonstrate that the MAHIRA method intervention was effective in reducing pain during the first stage of normal labor. The decrease in both median and mean pain scores from pre-intervention to post-intervention suggests that the MAHIRA method provides a meaningful relaxation effect and enhances comfort for laboring mothers.

The  $p$ -value  $< 0.001$  further confirms that the reduction in pain intensity was not due to chance but represents a genuine effect of the MAHIRA intervention. Therefore, the MAHIRA method can be recommended as a safe and effective non-pharmacological strategy to assist mothers in reducing pain during the first stage of labor.

## DISCUSSION

The results of the study showed that the MAHIRA Method intervention significantly reduced pain during the first stage of normal labor at the Arsy Medika Clinic in Cirebon. Before the intervention, the majority of women experiencing severe pain experienced a median score of 8 and a mean score of 7.86. After the MAHIRA intervention, pain levels decreased significantly, with a median score of 5 and a mean score of 4.50, with a Wilcoxon test showing a  $p$ -value of  $< 0.001$ . These findings demonstrate the MAHIRA Method's effectiveness in reducing the intensity of first-stage labor pain.

Theoretically, first-stage labor pain results from repeated uterine contractions, cervical dilation and effacement, and pressure from the fetal head on the pelvic structures and surrounding soft tissues (Kendall, 2018). If pain is not managed properly, this condition can trigger increased anxiety, muscle tension, and an excessive stress response characterized by elevated catecholamine hormones (Fiorenita, 2024). These conditions have the potential to inhibit effective uterine contractions, slowing labor progress and increasing the risk of medical intervention (Elgzar, Alshahrani and Ibrahim, 2024).

Physiologically, first-stage labor pain is caused by strong uterine contractions, cervical dilation, and stretching of pelvic tissues. Unmanaged pain can increase the mother's stress response, resulting in increased anxiety, muscle tension, and catecholamine release, which can actually slow the progress of labor (Raziyeh Maasoumi, 2023). Therefore, effective pain management is a crucial aspect of woman-centered care.

The pain reduction in this study can be explained by the synergistic effect of each

component of the MAHIRA Method. Lavender aromatherapy is known to have a relaxing effect by decreasing sympathetic nervous system activity, thereby reducing anxiety and pain perception (Kaya *et al.*, 2023). Hypnotherapy and positive affirmations play a role in increasing maternal control over pain through the mechanisms of suggestion and mental relaxation, as explained by Babbar and Azizmohammadi, who found hypnotherapy to be effective in improving pain coping during labor (Dahlen Sukanuma, 2018).

Immersion or warm water compresses also contribute to pain reduction by increasing muscle relaxation, improving blood circulation, and reducing physical tension in laboring mothers (Wahyuni, Suryani and Kirana, 2022) (Moradi, Maleki and Zenoozian, 2022). Furthermore, relaxation techniques such as oxytocin massage and guided breathing can stimulate the release of oxytocin and endorphins, which act as the body's natural analgesics (Sulistiyowati *et al.*, 2025).

Acupressure at points GB-21, LI-4, and SP-6, used in this study, has also been shown to be effective in reducing labor pain. Several previous studies have shown that stimulation of these points can inhibit the transmission of pain impulses and increase maternal comfort during labor (Kusfaningrum, 2025). This is in line with the results of this study, which showed a significant reduction in the proportion of severe pain after the intervention.

The uniqueness and main strength of the MAHIRA Method lies in the integration of an Islamic spiritual approach through the recitation of Surah Maryam and dhikr. This spiritual approach has been shown to increase inner peace, reduce anxiety, and improve pain perception in laboring mothers (Sukarsih and Hikmah, 2020) (Niaz Azari, 2022). Research by Sari and Nurjanah also showed that Maryam therapy significantly reduced pain in the first stage of labor (Nunung Nurjanah, Fika Nurul Hidayah, 2020). Thus, the findings of this study strengthen the evidence that integrating spiritual values into midwifery care provides significant additional benefits, particularly within the cultural context of Indonesian society (Kusfaningrum, 2025).

The results of this study also align with WHO recommendations emphasizing the importance of non-pharmacological approaches to support a positive childbirth experience and minimize unnecessary medical interventions (Kendall, 2018). Furthermore, this research contributes to addressing the challenges of implementing non-pharmacological methods in primary healthcare facilities, which have been limited due to a lack of

training and practice standards (Fariningsih, Febiyanti and Ivanny, 2025).

## CONCLUSION

Based on the research results and discussion, it can be concluded that the majority of women giving birth during the first stage of normal labor at the Arsy Medika Clinic in Cirebon experienced high levels of pain before receiving the MAHIRA Method intervention. This indicates that labor pain is a common experience for women giving birth and requires appropriate management to improve comfort during the birthing process.

After receiving the MAHIRA Method intervention, which included Maryam, aromatherapy, hypnotherapy, immersion/hydrotherapy, relaxation, and acupressure, there was a significant reduction in pain levels among women giving birth. This was evident in the decrease in both median and average pain scores after the intervention compared to before. Statistical analysis using the Wilcoxon test showed a p-value <0.001, indicating a significant difference between pain levels before and after the MAHIRA Method implementation.

These findings indicate that the MAHIRA Method is effective in helping reduce pain during the first stage of normal labor. Furthermore, this method is safe, non-pharmacological, and can be an alternative approach to labor pain management that is holistic, integrated, and incorporates a spiritual approach based on Islamic values.

Thus, the MAHIRA Method has the potential to be developed as an innovative model in midwifery practice, particularly in efforts to improve maternal comfort during the labor process and support woman-centered care delivery services.

## SUGGESTION

Based on the findings of this study, the MAHIRA method is recommended for wider implementation in primary healthcare facilities such as clinics and community health centers (Puskesmas) as a holistic, culturally, and spiritually based alternative for non-pharmacological labor pain management. Midwives should receive training and capacity building on the implementation of integrated non-pharmacological interventions, including Islamic spiritual approaches, to ensure consistent and optimal application in maternity care. In addition, midwifery educational institutions may incorporate the MAHIRA method as teaching material, practice modules, or learning innovations in courses related to childbirth care and non-pharmacological pain management. Future researchers are encouraged to conduct further studies using experimental designs with control

groups and larger sample sizes, as well as to explore the effects of the MAHIRA method on other outcomes such as labor duration, maternal satisfaction, and maternal-neonatal outcomes..

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