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Therapeutic Communication Relationship With The Level of Anxiety of Primigravida Mother in Facing Childbirth At TK IV Hospital Cijantung Kesdam Jaya in 2023

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Abstract

One factor that affects the safety of labor is anxiety during the labor process. Anxiety and fear can cause severe pain and can also result in decreased uterine contractions, resulting in longer labor. The purpose of this study is to determine the relationship between therapeutic communication and the anxiety level of primigravida mothers in facing labor. This research type is descriptive-analytic. This study population is all primigravida laboring mothers in TK IV Cijantung Kesdam Jaya Hospital in 2023, as many as 30 people. Samples of this study were all primigravida pregnant women before childbirth at TK IV Cijantung Kesdam Jaya Hospital in January–February 2023, with as many as 30 respondents. The technique of sampling in this study was purposive sampling. Analyze the data with Chi Square. The statistical test results obtained P value = 0.000 means P value < α (0.05). The results indicate that there is a relationship between therapeutic communication and the level of anxiety of primigravida mothers in the face of childbirth. It is expected that TK IV Cijantung Kesdam Jaya Hospital will improve health services for mothers in labor by managing the application of therapeutic communication by midwives in providing care to mothers in labor.

Keywords: *Communication, Therapeutic, Anxiety, Primigravida, Childbirth*.

INTRODUCTION

Most women experience anxiety during giving birth, and labor depicts a physiological process that happens to every woman. According to current data, 10–25% of Indonesian women aged 20–44 are at a higher risk of experiencing mental stress or anxiety while considering vaginal delivery. A 10-15% increase in labor complications is caused by mental stress or anxiety episodes (Syafrie, 2018).

Maternal Mortality Rate is an obstetric and gynecological service indicator and an indicator of the success of a country's health care system. Around 800 women die every day from causes related to pregnancy and

childbirth. The majority of maternal deaths occur in developing countries with higher mortality rates in rural areas and poor and poorly educated communities (WHO, 2018).

Anxiety is often felt by a primigravida mother about to go into labor. Experiencing constant unease, worry, uncertainty about the labor they will undergo, anxiety, and more concerns, primigravida women always have much on their minds. According to Aisyah's research, due to inexperience, ignorance, and low maternal education, the majority of primigravida pregnant women have mild anxiety (30%) and have moderate anxiety (30%) (Aisyah, 2019).

The direct causes of maternal mortality in Indonesia are hemorrhage at 30.3%, eclampsia at 27.1%, and infection at 7.3% (Indonesian Demographic and Health Survei, 2012). In addition to hemorrhage and infection as causes of death, deaths due to infected abortion and prolonged partus were also included. The incidence of prolonged partus or partus kasep in Indonesia is 1.8%. One of the causes is anxiety at 28.7%, which aggravates labor pain and ultimately slows down the birth of the baby (Sitepu, 2016).

Preparation for childbirth by preparing the mother to face a new role as a mother of a baby, so that good therapeutic communication is needed. Health services provided in hospitals through care services for patients in hospitals often ignore psychological aspects, causing various psychological problems for patients, one of which is the fear of childbirth (Fitria, 2016).

Factors affecting prolonged stage I includes wrong labor leader, large fetus or congenital abnormalities, primary and secondary old primi, hanging abdomen, grandemulti, early rupture of membranes when the cervix is still closed, hard and not yet flattened, anxiety and fear or stress response, administration of strong analgesics or too fast in labor and administration of anesthesia before the active phases, short stature <150 cm which is usually associated with malnutrition, history of previous *section caesarea* delivery, IUFD (Intra Uterine Fetal Death), young mother or under 17 years of age, presence of unknown degree of placenta previa, or presence of fibroid-like mass emerging from the uterus or cervix (Rukiyah et al., 2012).

The results of previous research show that of the 20 respondents of pregnant women with their first child (primigravida), the results obtained were about 75% or 15 people experiencing moderate levels of anxiety. The level of anxiety in pregnant women of the first child (primigravida) is higher than that of pregnant women more than once (multigravida), according to data from the United Nations Children's Fund says that mothers who experience problems in childbirth are about 12,230,142 million people, 30% of whom are due to anxiety because of the first pregnancy (Sitepu, 2016).

Efforts to prevent prolonged labor are aimed at reducing feelings of anxiety in laboring mothers. Anxiety in labor can be reduced by using non-pharmacological methods related to the basic purpose of reducing anxiety and transferring pain in labor, which is to keep the patient and the fetus as free as possible from depressive effects by providing comfort so as not to interfere with uterine contractions (Adriana, 2012). In childbirth, the presence and support of a companion or helper during labor can provide comfort during labor in the sense that it can reduce morbidity, reduce pain, shorten labor, and reduce the number of operative deliveries (Jannah, 2012).

Attarha's (2016) study also found that midwifery communication and emotional support during labor had a very positive impact on laboring mothers, such as reducing pain and anxiety, shortening labor time, and reducing the use of analgesics by 28%. Providing this support is the role of midwives, where midwives need to be responsive in providing care, this is where communication is needed. In the world of health care or midwifery, communication techniques are known as therapeutic communication.

The 2030 Sustainable Development Goals (SDGs), also known as the Global Goals, consist of 17 goals which are expected to achieve poverty reduction, equitable sustainable development, livelihoods and decent work, equitable access to services and social security, environmental sustainability and disaster resilience, improved governance and equitable access to justice for all. Therefore, the RPJMN 2015-2019 target is to reduce the maternal mortality rate to 306/100,000 KH (Ministry of Health, 2015).

Based on the World Health Organization (WHO) report in 2019, it is reported that approximately 303,000 women around the world died before or during childbirth. The Maternal Mortality Rate in Indonesia in 2019 was 305 per 100,000. Of the 14,640 total maternal deaths reported only 4,999, meaning there were 9,641 that were not reported to the center. From that data, there were 83,447 maternal deaths in villages and sub-districts, while there were 9,825 maternal deaths in health centers, and 2,868 maternal deaths in hospitals (Achadi, 2019).

Factors affecting the duration of labor include power, passage, passanger, psyche, and provider. The power factor includes the strength of the mother to push during labor and HIS Labor, the passage factor includes pelvic type, pelvic size, Chepalo Pelvic Disproportional (CPD), soft birth canal abnormalities, hanging abdomen. Passenger factors include large fetus, fetal weight, abnormality, fetal presentation or position. Psychic factors include anxiety, fatigue, exhaustion, and worry. The provider factors include epidural analgesia,

positioning of labor (Mochtar, 2013).

Anxiety during the labor process is one of the factors that affect the safety of childbirth. The anxiety that occurs in pregnant women can affect the health of the mother and the fetus she is carrying. Partiality is one of the coping factors that influence the level of anxiety in facing the labor process. The mothers who give birth with surgery experience different anxiety than the mothers who give birth normally (Erawati, 2011). Anxiety levels of around 28.7% can aggravate the pain caused by labor, thereby slowing the birth of the baby (Aditama et al., 2019).

Anxiety and fear can cause severe pain and can also lead to decreased uterine contractions, so labor will be longer. According to Qiu et all., mothers with anxiety disorders are also associated with an increased risk of preeclampsia. Stress, fear, and anxiety can increase blood pressure by stimulating the sympathetic nervous system ("white coat" syndrome) referring to anxiety-related hypertension that occurs as a result of coming to the health care environment (Trisiani et al., 2016).

Anxiety that occurs in pregnant women approaching labor is a very important thing to note, as if anxiety persists without a solution, it will cause anxiety to increase to a higher level and increase the risk of injury. Furthermore, mothers who experience anxiety when facing labor will be affected, causing his them to be his *hypotonic* (Maryunani, 2017).

Anxiety faced by mothers at the onset of labor is related to a variety of factors associated with the labor process. The fundamental reasons that make mothers anxious about childbirth are pain during labor, whether the mother delivers vaginally or by SC, whether the baby is born safely or not, whether the mother survives or not, and financing after childbirth. Methods to reduce anxiety in mothers include: midwives provide information and educate mothers to know clear fears, create a cooperative relationship with the companion, be a good listener, show a sympathetic, helpful and communicative attitude towards mothers who will give birth.

One attempt to reduce anxiety is to apply maternal care which in its application uses therapeutic communication techniques (Maryunani, 2017). Hence, the purpose of this study was to determine the relationship between therapeutic communication and the anxiety level of primigravida mothers in facing labor.

Therapeutic Communication is a type of communication that is consciously planned and whose goal is the patient's recovery. Therapeutic communication aims to reduce the burden of feelings and anxiety on the patient, reduce the patient's doubts and may affect other people, the physical environment and themselves. Therapeutic communication is communication that is consciously planned and the goal is centered on the patient's recovery, reducing the patient's doubts and can affect other people, the physical environment and themselves (Taufik and Juliane, 2011).

According to Yesie Aprilia's explanation in her book "Gentle Birth", the stress that produces anxiety and fear is often felt by pregnant women, especially young mothers, is indeed a factor that hinders the birth process. As a result, many mothers have difficulty in the process of labor and have an impact on the baby. Keep in mind that the fetus and baby in the womb can feel and respond to whatever the mother is experiencing. Stress causes the mother's heart rate to increase and disrupts the blood supply to the fetus, which inhibits fetal development and causes an increased risk of premature birth, small size, and even miscarriage (Aprilia, 2019). Steps that can be taken in communicating with laboring mothers include: establishing a good relationship with the patient, being present to accompany the patient through labor, listening to the patient's complaints during labor, providing touch in assisting the patient, providing information about the progress of labor, guiding labor, making physical contact with the patient, praising the patient for her efforts, and congratulating her on the birth of her baby (Novitasari et al., 2013).

The midwives have the authority to provide care to patients, which includes prevention, health promotion, disease detection up to the first aid needed by the patient. Midwives also have the authority to provide communication, information and education (IEC) to patients. In that case, what is needed by the patient 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 faster and the labor process will be faster.

However, on the contrary, if there is no good interaction between the patient and the midwife, serious problems can occur. Midwives who are less smiling, less friendly and give less explanation will have a negative impact, which can cause a long partus. The patients will also feel uncomfortable and even threatened by the midwife's attitude (Permatasari, 2016).

LITERATURE REVIEW

Based on Sri Norlina's research (2022), it was known that the relationship between therapeutic communication and anxiety of laboring mothers. The results of the study showed that most respondents who received therapeutic communication in the sufficient category with moderate anxiety levels were 21 people (50%) and of the 9 people (21.42%) respondents who received therapeutic communication in the insufficient category there were 2 people (4.76%) who experienced severe anxiety during labor. The correlation test results showed a p value of 0.0006 <0.05, so it was concluded that there was a relationship between therapeutic communication and maternal anxiety.

Hamranani's research (2006) showed that prolongation of kala I can occur at various levels of anxiety, namely mild anxiety 6.25%, moderate anxiety 81.25% and severe anxiety 12.5%. The results of the correlation test showed a relationship between the level of anxiety and the length of labor in the first stage. The calculation of the Kendal Tau relationship test between the level of anxiety and the duration of labor at time I resulted in Z count (2.00) > Z table (1.96) which means that the duration of labor at time I depends on the level of maternal anxiety. Whereas the Kendal Tau test (t) got a result of 0.28 which can be concluded that there is a positive relationship between the level of anxiety and the duration of labor at Stage I.

According to preliminary studies at TK IV Cijantung Kesdam Jaya Hospital, it is known that the number of deliveries in August was 24 people where spontaneous partus was 12 people and SC was 12 people, in September there were 9 people where spontaneous partus was 3 people and SC was 6 people and in October there were 15 people where spontaneous partus was 7 people and SC was 8 people. It is known that many respondents choose SC delivery, one of which is because the laboring mother chooses SC because she feels anxious because of the extraordinary pain before delivery so that many decide to do SC immediately.

According to research (Muthoharoh, 2018), 12 people (46.9%) of primigravida mothers know very little about childbirth, and 24 people (85.7%) of them are not prepared for labor. One of the things that makes pregnant women anxious is their lack of knowledge about the childbirth process. Therefore, increasing one's understanding of the birth process is essential to preparing pregnant women for delivery.

METHOD

This type of research is descriptive analytic, which is research that aims to obtain an overview of the relationship between two or more research variables and uses a cross-sectional research design, a study in which variables including effects are observed at the same time (Notoatmodjo, 2018). It aims to get the relationship between therapeutic communication and the level of anxiety of primigravida mothers in facing childbirth at TK IV Cijantung Kesdam Jaya Hospital in 2023.

Population is the entire object of research or being studied (Notoatmodjo, 2018). The population of this research consisted of all primigravida laboring mothers at TK IV Cijantung Kesdam Jaya Hospital in 2023 as many as 30 people. The sample of this research was all primigravida pregnant women before delivery at TK IV Cijantung Kesdam Jaya Hospital in January and February 2023 as many as 30 respondents.

Sampling technique in this study was purposive sampling, namely by taking research subjects according to sample criteria within a time limit of one month. The use of therapeutic communication by midwives to laboring mothers and the determination of anxiety levels using a questionnaire.

Univariate analysis was conducted for each variable from the results of the study, namely the independent variable is therapeutic communication and the dependent variable is the level of anxiety based on the frequency distribution of each variable studied (Notoatmodjo, 2012). Bivariate analysis was conducted on two variables to determine the relationship between the independent variable (therapeutic communication) and the dependent variable (anxiety level). In order to find the relationship and hypothesis between 2 variables using chi square with the conditions in a population consisting of two or more variables where the data is categorical and normally distributed. Analysis or test used in this study using chi square with a computer program. If the P Value> alpha (0.05), then Ho fails to be rejected (there is no relationship). If P Value < alpha (0.05), then Ho is rejected (there is a relationship).

RESULTS AND DISCUSSION

Table 1. Frequency Distribution of Anxiety Level and Therapeutic Communication of Primigravida Mothers in Facing Labor

Variable	Frequency (n)	Percentage (%)
Level of		

Anxiety		
None	5	16,7
Light	9	30,0
Medium	13	43,3
Heavy	3	10,0
Therapeutic Communication		
Good	18	60,0
Not Good	12	40,0

Table 2. Relationship between Therapeutic Communication and Anxiety Level of Primigravida Mothers in Facing Labor

Therapeutic Communication	Level of Anxiety										P Value
	None		Light		Medium		Heavy		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	
Total	5	16,7	19	30	13	43,3	3	10,0	30	100	

a. Anxiety Level of Primigravida Mothers in Facing Childbirth

Based on the results of the study, it shows the frequency distribution of the anxiety level of primigravida mothers in facing labor at TK IV Cijantung Kesdam Jaya Hospital in 2023, namely the majority of respondents' anxiety level was moderate as many as 13 respondents (43.3%). Consistent with Sri Norlina's research in 2021, it is known that the majority of maternity mothers' anxiety is with a moderate level of anxiety, namely 21 people or 50%. In line with Hamranani's research, it shows that prolongation of stage I can occur at various levels of anxiety, namely mild anxiety 6.25%, moderate anxiety 81.25% and severe anxiety 12.5%.

Theoretically, anxiety that occurs in pregnant women approaching labor is a very important thing to note, because if anxiety continues without a solution, it will cause anxiety to increase to a higher level and increase the risk of injury. For example, mothers who experience anxiety when facing labor will affect hiss so that hypotonic hiss occurs. According to the researcher's assumption that anxiety in mothers in facing labor is more moderate anxiety, this is because many mothers feel fear and lack of therapeutic communication from midwives that can make mothers anxious about facing labor.

Varney (2015) suggests that postpartum mothers should experience intense emotions, which may lead to worry. Both the pleasure and the pain experienced might contribute to the anxiety that develops. Primary anxiety, or birth trauma, is one type of anxiety that people experience after they realize they have given birth. The emergence of neurotic dread stems from this. One type of anxiety is called lah-free-floating anxiety, in which the sufferer feels as though they are constantly waiting for something negative to happen. Because of their dread of suffering negative outcomes in unpredictable circumstances, they will consequently constantly feel anxious.

According to Maryunani (2017), there is a correlation between certain labor-related parameters and the anxiety that mothers feel at the start of labor. Providing information to allay anxieties and lessen anxiety, forming cooperative connections with companions, listening well, displaying empathy, and supporting and communicating with expectant women are some of the strategies to reduce anxiety. A stressful experience, childbirth increases pain, fear, and anxiety. Hormonal changes cause mothers to undergo physical and psychological changes throughout pregnancy. The fetus will have an easier time growing and developing until it is ready to be born thanks to these modifications. Primiparas endured longer labor pains because their labor process was longer than that of multiparas. This makes the primipara feel more worn out, enhances their sense of pain, and heightens their dread, all of which can make the agony feel worse (Restyla, 2013).

It is the hypothesis of the research that pregnant women experience anxiety at a distinct level. Mother psychology, family support during pregnancy, and midwife communication can all have an impact on this fear. Supporting and educating mothers on the proper mechanics of labor, how to adjust to childbirth, and how to be

sympathetic are all effective ways to help mothers gain control over their anxiety.

a. Therapeutic Communication of Primigravida Mothers in Facing Childbirth

The results showed the frequency distribution of therapeutic communication at TK IV Cijantung Kesdam Jaya Hospital in 2023, namely the majority of respondents stated that it was good as many as 18 respondents (60%).

In accordance with Erien Luthfia & Nur Azizah (2016), it is known that the results show that of the 57 respondents, the theurapetic communication of midwives in the obstetrics and delivery room of the Bojonegoro Regency General Hospital in the good category amounted to 30 people (52.6%) and in the poor category amounted to 27 people (47.4%).

Therapeutic communication is a relationship between a nurse and a patient that is designed to achieve therapy goals in achieving an optimal and effective level of recovery in the hope that the patient's length of stay will be shortened (Muhith and Siyoto, 2018). According to Priyoto, nurses are required to carry out therapeutic communication in nursing actions so that patients and families know the actions that will be taken to patients through the stages in therapeutic communication. Nurses should never be confused and on the contrary the patient must feel that he is the main focus of the nurse during the interaction (Priyoto, 2015).

According to the researcher's assumption that therapeutic communication in facing childbirth are the provision of assistance to mothers who will give birth by guiding the labor process. Mothers in labor must have excessive emotions that can cause anxiety where labor is a tense time and arouses the emotions of the mother and her family, instead it can also be a painful and frightening time for the mother.

b. Relationship between Therapeutic Communication and Anxiety Level of Primigravida Mothers in Facing Childbirth

Based on the results of the statistical test, the value of P value = 0.000 means p value < α (0.05) so it can be concluded that there is a relationship between therapeutic communication and the anxiety level of primigravida mothers in facing labor at TK IV Cijantung Kesdam Jaya Hospital in 2023.

Corresponding with Sri Norlina's research, it is known that the results of the correlation test show a p value of 0.0006 <0.05, so it is concluded that there is a relationship between therapeutic communication and maternal anxiety (Norlina, 2022).

Theoretically, ways to reduce anxiety in mothers include: Midwives provide information and educate mothers to know clear fears, create a cooperative relationship with the companion, be a good listener, show a sympathetic, helpful and communicative attitude towards mothers who will give birth (Maryunani, 2017).

According to the researcher's assumption that anxiety that occurs in pregnant women approaching labor is a very important thing to pay attention to, because if anxiety continues without a solution, it will cause anxiety to increase to a higher level and increase the risk of injury. One of the efforts to reduce anxiety is to apply maternal compassionate care which in its application uses therapeutic communication techniques.

When the senses pick up stimuli, the process of receiving information by an individual starts. The brain interprets stimuli and transforms them into signals that may be processed. Perception is the process of comprehending the information that the sensory system has processed. Every individual will experience perception differently. Variations in perception will result in various brain impulses, which can impact the information recipient's psychological state. It will have a positive effect and vice versa if a favorable view is produced. In addition to helping to prevent potential delivery-related difficulties, mothers are able to attend to whatever demands that arise during labor, both physically and psychologically (Naha, 2013).

Given their lack of expertise or inexperience with pregnancy and labor, primigravida mothers in particular need to know a lot about these topics. Well-trained mothers can prepare themselves for childbirth by understanding what's about to happen. For instance, mothers who know how to manage their contractions would use breathing and relaxation techniques. According to Aisyah et al. (2015), women who lack knowledge will opt to weep, groan in agony, and behave erratically when their children are in bed.

In order to avoid any issues during labor, pregnant women who prepare for childbirth will receive knowledge from professionals and support from those closest to them. In order to overcome their fear, mothers will better prepare their bodies and brains for labor. Because they get health information, mothers with high levels of knowledge will be more self-reliant in choosing their attitudes and course of treatment. Maternal pregnancy and lack of desire to use health services are impacted by low maternal awareness (Padila, 2013).

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CONCLUSION

Based on the results of research on the relationship between therapeutic communication and the level of anxiety of primigravida mothers in facing labor, it can be concluded. Therapeutic communication has a relationship with the anxiety level of primigravida mothers in facing labor. From that, the Hospital is expected to improve health services for mothers in labor by managing the application of theurapetic communication by midwives in providing care to mothers in labor. Another thing that can be said from this result is that good therapeutic communication carried out by a midwife can create strength and a feeling of comfort and safety for the mother, so that it can shorten the length of the labor process.

Hence, therapeutic communication is important for every patient before any medical intervention, including those who are about to give birth. Therapeutic communication is a way to build a therapeutic relationship that is necessary for the exchange of information, feelings, and thoughts to form therapeutic intimacy. Good therapeutic communication is expected to minimize the level of anxiety associated with childbirth. Overcoming or reducing patient anxiety is one of the midwife's responsibilities. One way to do this is through communication. Therapeutic communication is expected to reduce the patient's family's anxiety because the family feels that their interaction with the midwife is an opportunity to share knowledge, feelings, and information so that they can overcome their anxiety.

By enhancing information sharing, education, and communication, primigravida mothers facing labor can experience less anxiety. Through therapeutic communication, health professionals in health services that offer therapeutic services to primigravida women can provide information to these mothers. The more effectively health professionals communicate with patients in a therapeutic manner, the less anxious primigravida mothers feel.

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