

The Effect Of Upright Position On Pain Stage I Active Phase Of Labor For Primiparous Mothers At The Jumpandang Baru Health Center, Makassar

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ABSTRACT. *The first stage process is accompanied by pain which is a physiological process, a subjective experience of physical sensations associated with uterine contractions, dilatation and effacement of the cervix. Primiparous mothers often worry because they don't understand how to deal with childbirth. Primiparas tend to experience more anxiety, causing tension and fear so that they cannot endure the pain. The aim of this study was to find out the effect of the upright position on pain during the first stage of the active phase of labor for primiparous mothers at the Jumpandang Baru Health Center, Makassar. This type of research is quantitative experimental with a Post Test Only One Group Design approach. The population in this study were all mothers giving birth at the Jumpandang Baru Makassar Community Health Center from April to June 2023. The sample in this study was part of the population of mothers giving birth at the Jumpandang Baru Makassar Community Health Center from April to June 2023, totaling 15 people. with Purposive Sampling sampling technique.*

Keywords: *Upright Position for Pain in the First Stage of the Active Phase of Labor in Primiparous Mothers*

INTRODUCTION

Childbirth is a process of opening and thinning of the cervix and the fetus descending into the birth canal. Normal labor and birth is the process of expulsion of the fetus that occurs at term pregnancy (37-42 weeks), spontaneous birth with a posterior presentation, without complications for both mother and fetus (Holmes, D. 2012). According to the World Health Organization (WHO) in In 2015 the number of births reached around 103 per 100,000 live births. Meanwhile, in 2016 the number of births reached around 105 per 100,000 live births and in 2017 the number of births reached around 108 per 100,000 live births. For ASEAN countries, especially in the Philippines and Thailand, it reached around 72 per 100,000 live births (WHO, 2017). The results of the 2015 Indonesian Demographic Health Survey (SDKI) recorded that the number of births was 31 per 100,000 live births. Meanwhile, in 2016, the number of births was 32.6 per 100,000 live births and in 2017, the number of births was 33.8 per 100,000 live births (IDHS, 2017).

Data obtained from the South Sulawesi Provincial Health Service in 2015 saw a total of 44,623 births. Meanwhile, in 2016 the number of births increased to 45,493 people and in 2017 the number of births was 46,173 people (Ministry of Health, RI. 2017). Labor pain can be felt at every stage of labor, namely in the first to fourth stages of labor. In the first stage of labor is the beginning of true labor contractions, which are characterized by progressive changes in the cervix ending with complete dilatation (10 cm). In primiparas, the first stage lasts approximately 13 hours, while in multiparas it takes approximately 7 hours (Sofian, A.

2012). The first stage process is accompanied by pain which is a physiological process, a subjective experience of physical sensations associated with uterine contractions, dilatation and effacement of the cervix. Primiparous mothers often worry because they don't understand how to deal with childbirth.

Primiparas tend to experience more anxiety, causing tension and fear so that they cannot endure the pain. However, the level of pain during the labor process experienced by each mother in labor can vary. States that the feeling of pain during labor is subjective, not only depending on the intensity of the pain but also depending on the mental state of the mother when facing childbirth. Experience of pain and number of parities also influence pain perception, in general, primiparas have more sensitive pain sensors than multiparas (Holmes, D. 2012).

Efforts to overcome labor pain can use non-pharmacological methods. Non-pharmacological methods have non-invasive effects, are simple, effective, and without harmful effects, increasing satisfaction during labor because the mother can control her feelings and strength. For this reason, many people choose non-pharmacological methods compared to pharmacological methods.

Non-pharmacological methods that can be used to reduce labor pain include homeopathy, massage efflurage, imagination, biological feedback, music therapy, acupuncture, hypnosis, waterbirth, relaxation and acupuncture (Tando, NM. 2013).

RESEARCH METHODS

This design involves one group of subjects, one given the Quasy Experiment treatment (experimental group) and the other given nothing (control group). From this design, the effect of a treatment on the dependent variable will be tested by comparing the condition of the dependent variable in the experimental group after being treated with the control group that was not treated (Hidayat, Az. 2014). In this research, the Post Test Only One Group Design design was used. The experimental research design used was as follows:

Table 1: Quasy Experimental Research Design

Group	Treatment	Post-test
Group Treatment	Posisi Tegak	K –2

Sumber : Hidayat, Az. 2014.

Information :

KK: Case Group

K-2: Post Test

This type of research is quantitative experimental with a Post Test Only One Group Design approach. The population in this research is all mothers giving birth at the Jumpandang Baru Makassar Community Health Center. The sample in this study was part of the population of mothers giving birth who were at the Jumpandang Baru Makassar Community Health Center from April to June 2023, totaling 15 people using a purposive sampling technique.

RESULT

Table 2
Frequency Distribution of Pain in the First Stage of the Active Phase of Labor Before Performed in an upright position at the Jumpandang Baru Community Health Center

Nyeri Kala I Fase Aktif Persalinan Sebelum Dilakukan Posisi Tegak	Frekuensi (f)	Persentase (%)
Ringan (1-3)	0	0,0
Sedang(4-6)	2	13,3
Berat (7-10)	13	86,7
Jumlah	15	100,0

Sumber : *Data Primer 2023*

Based on table 2, it shows that of the 15 respondents who experienced moderate pain before taking the upright position, 2 people (13.3%) and 13 people (86.7%) experienced severe pain.

Table 3
Frequency Distribution of Pain in the First Stage of the Active Phase of Labor After Performed in an upright position at the Jumpandang Baru Community Health Center

Nyeri Kala I Fase Aktif Persalinan Sesudah Dilakukan Posisi Tegak	Frekuensi (f)	Persentase (%)
Ringan (1-3)	1	6,7
Sedang(4-6)	13	86,6
Berat (7-10)	1	6,7
Jumlah	15	100,0

Sumber : *Data Primer 2023*

Based on table 3, it shows that of the 15 respondents who experienced mild pain after being in an upright position, 1 person (6.7%), 13 people (86.6%) experienced moderate pain and 1 person (6.7%) had severe pain.

Table 4
The Effect of the Upright Position on Pain in the First Stage of the Active Phase of Primiparous Mothers at the Jumpandang Baru Community Health Center, Makassar

Perlakuan	F	Nilai Z	Nilai p	α
Posisi Tegak (Upright Position)	15	-3.508	0,000	0,005

Sumber : Data primer 2023

Based on table 4, it shows that of the 15 people used as samples, after carrying out the Wilcoxon Signed Rank Test, the Z value was -3.508 and the p value = 0.000, which means H_0 was rejected and H_a was accepted. Thus, it was concluded that there was an influence of the upright position on pain during the first active phase of labor for primiparous mothers at the Jumpandang Baru Health Center, Makassar.

DISCUSSION

The upright position during the first stage of labor is associated with being able to provide benefits to both mother and baby, because it can provide relaxation and put a little pressure on blood circulation thereby providing oxygen supply to the baby. Apart from that, the upright position can also speed up the descent of the head due to the earth's gravitational force thereby shortening the the time of the first stage of labor. The first stage is the opening that lasts between zero opening to complete opening. The first stage of the active phase is a very important phase in the progress of labor, therefore every birth attendant must be able to control and supervise the birth process so that it does not enter a pathological situation to avoid things that endanger the condition of the mother and fetus during the birth process, especially during the first stage of the active phase. . Prolongation in the first stage of labor is one of the problems that often occurs during the birth process. In the first stage, the active phase normally lasts 6 hours. If the opening is not complete within 6 hours, it can be said that the labor process is slowing down (Manuaba, 2014).

The results of the study showed that of the 15 respondents who experienced moderate pain before the upright position, 2 people (13.3%) experienced severe pain, 13 people (86.7%) and 1 person (6) experienced mild pain after the upright position. .7%), 13 people

(86.6%) had moderate pain and 1 person (6.7%) had severe pain. After carrying out the Wilcoxon Signed Rank Test, the Z value was -3.508 and the p value = 0.000, which means H_0 was rejected. and H_a accepted. Thus, it is concluded that there is an influence of the upright position on pain during the first active phase of labor for primiparous mothers at the Jumpandang Baru Health Center, Makassar.

KESIMPULAN

The results showed that of the 15 respondents who experienced moderate pain before the upright position was carried out, 2 people (13.3%) and 13 people (86.7%) experienced severe pain. The results of the study showed that of the 15 respondents who experienced mild pain after the 1 person (6.7%) was in an upright position, 13 people (86.6%) had moderate pain and 1 person (6.7%) had severe pain.

There is an influence of the upright position on pain during the first active phase of labor for primiparous mothers, with a Z value of -3.508 and a p value = 0.000.

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