EFFECT OF AFFIRMATION FLASHCARDS ON LEVEL OF ANXIETY IN SECOND STAGE OF LABOR AT MIDWIFERY CLINIC, EAST JAVA

Esty Puji Rahayu, Lailatul Khusnul Rizki

Universitas Nahdlatul Ulama Surabaya

ABSTRACT

Background: The Indonesia Demographic and Health Survey (IDHS) 2017 reported a high maternal mortality rate (MMR) in Indonesia. Safe and effective management of the second stage of labor presents a clinical challenge for laboring women and practitioners of obstetric care. This study aimed to examine effect of affirmation flashcards on level of anxiety in second stage of labor at midwifery clinic, East Java.

Subjects and Method: This was a quasi-experiment with pre and post-test design was conducted at Mei Kurniawati, Amd.Keb midwifery clinic, Surabaya from July to September 2020. A sample of 30 pregnant women who planned to give birth normally at Mei Kurniawati, Amd.Keb midwifery clinic was selected by simple random sampling. The dependent variable was anxiety in second stage of labor. The independent was flashcard affirmation treatment. The data were analyzed by Paired T test.

Results: Effect of Flashcard Affirmation treatment on anxiety, control variable (Mean=-3.70; SD= 1.48; p< 0.001) was higher than treatment variable (Mean= -2.15; SD= 1.44; p< 0.001). Effect of flashcard affirmation on the duration of second stage of labor, control variable was higher (Mean= -8.88; SD= 3.81; p< 0.001) than treatment variable (Mean=-1.02; SD= 1.17; p< 0.001).

Conclusion: Maintaining the mother's psychological condition can be done by giving positive affirmations to the mother, besides that the support of husband and family is also an important point, for that research that may be carried out to develop this research is the role of husband support in the smooth delivery of labor.

Keywords: flashcard affirmation, second stage of labor, anxiety

Correspondence:

Esty Puji Rahayu. Universitas Nahdlatul Ulama Surabaya. Jl.SMEA no.57, Surabaya. Email: esty@unusa.ac.id Mobile: 085755196600

BACKGROUND

Labor is a process of labor that occurs naturally in the mother's uterus' contractions and is followed by an opening to expel the baby. During this delivery period, complications are prone to occur that can lead to maternal death. The Sustainable Development Goals (SDGs) set in 2015 to 2030, Indonesia has an MMR target of up to 70 / 100,000 KH and AKB 12/1000 KH (Dinkes, 2015). Meanwhile, based on 2017 Indonesian Demographic and Health Survey (IDHS), the average IMR was recorded at 24 per 1000 live births.

Meanwhile, MMR reached 305/100,000 live births (SUPAS, 2015). Meanwhile, in East Java, the MMR reached 90.2 per 100,000 live births, while the IMR was 20.1/1000 life skills (Dinkes Jatim, 2017).

Maternal mortality can also be caused by Sectio cesarean (SC) federation. The maternal mortality rate by section cesarean is 40-80 per 100,000 live births, and this figure shows a 25 times greater risk and 80 times higher risk of infection than vaginal delivery (Suhartatik, 2014). C delivery can occur because mother herself is not sure of her ability to deliver naturally smoothly.

Mothers who are about to give birth

The 7th International Conference on Public Health Solo, Indonesia, November 18-19, 2020 |34 https://doi.org/10.26911/the7thicph-FP.03.04

must have excessive emotions that can cause anxiety. The anxiety that arises can be caused by two factors: pleasure and the pain that is being felt. Pain during childbirth is normal. The causes include physiological and psychological factors. The emergence of this anxiety due to birth can be experienced by pregnant women who choose cesarean delivery and pregnant women who decide on normal labor. However, every pregnant woman has a different intensity of anxiety. Felman et al. found that more than 12% of mothers who had ever given birth said they were quite anxious when they first gave birth. Fear, anxiety, and pain eventually cause stress, which results in excessive adrenaline expenditure. This results in narrowing of the vessels and blood flow that carries oxygen to the uterus, resulting in a decrease in uterine contractions, which will prolong labor time.

In the third trimester the mother will experience a period of discouragement and depression due to increased discomfort and the mother will experience a fear of safety during childbirth. Treatment Flashcard Affirmation is a relaxation technique that can treat the discomfort problem of pregnant women. Affirmative relaxation is a combination of deep breath relaxation and positive statements (affirmations) (Prawirohardjo, 2009).

Affirmations are complete positive sentences that are arranged according to our wishes (for example, when we do self hypnosis), are specific and contain hopes or ideals, the affirmations that are conveyed are not in a hypnotic state, they are merely informational. Affirmations can be used in a number of ways, can be pronounced/said aloud, written in a journal/diary or written on a card that you can see and can easily see in any place that is often seen everyday (on the dresser, on the door of the room, in office desks etc. (Aprilia, 2019)

Affirmation flashcards help mothers give positive affirmations to themselves will reduce maternal anxiety in dealing with childbirth. For this reason, techniques for reducing pain during labor need to be mastered by midwives to emphasize giving birth in a positive, gentle, safe way and how To achieve this easily (Aprilia, 2010).

This study aims to determine the effect oftreatment flashcard affirmation on the duration of stage 2 and maternal anxiety during childbirth. While the formulation of the problem of this study is "Effect of flashcard affirmation treatment with duration of 2 stages and maternal anxiety?"

SUBJECTS AND METHOD

1. Study Design

Type of The method used is an observational analytic with a quasi-experimental design, post test only group design, which compares anxiety and the length of time 2 mothers who were given positive affirmation therapy and those who were not given affirmations. Then analyze the correlation between variables. This research was conducted with a longitudinal approach in which the researcher began to provide affirmation cards to respondents starting at 36 weeks of gestation and followed by its progress until the delivery process so that anxiety data and duration of time 2 during labor were obtained

2. Population and Sample

The population in this study were pregnant and childbirth mothers at PMB Mei Kurniawati. Samples were UK pregnant women over 36 weeks and planning to give birth normally at PMB Mei Kurniawati by simple random sampling of 30 respondents, 15 respondents with treatment and 15 respondents as control variables.

The 7th International Conference on Public Health Solo, Indonesia, November 18-19, 2020 |35 https://doi.org/10.26911/the7thicph-FP.03.04

3. Study Variables

The dependent variable was anxiety in second stage of labor. The independent was flashcard affirmation treatment.

4. Operational Definition of Variables Treatment Flashcard Affirmation is treatment ordescribed to respondents treatment of pregnant women with pregnancies of more than 36 weeks to process delivery with media affirmation flashcard containing positive affirmations related to pregnancy and childbirth

Anxiety are subjective feelings experienced by individuals including feelings of fear, uncertainty, anxiety or fear caused by threatening situations that cause individual helplessness.

The duration of Second Stage of Labor is the phase in which the cervical opening is complete (10 cm) and ends with the birth of the baby.

5. Data collection

Researchers begin to give affirmation cards to respondents starting at 36 weeks of gestation and follow their development until the delivery process so that anxiety data and length of period 2 can be obtained. during delivery. Affirmation flashcards were given to respondents and given information about how to use them. Meanwhile, anxiety uses the Visual Analog Anxiety Of Pain Scale (VAAPS)stage of and the secondlabor uses the observation sheet. Data obtained directly / primary data, data collection is done by filling out the observation sheet and recapitulating it.

Table 1. Sample Characteristic

Characteristic	Frequency (n)		Percentage (%)		
	Treatment	Control	Treatment	Control	
Age					
<20 years	1	1	6.67	6.67	
20-25 years	1	2	6.67	13.33	
26 - 30 years	5	6	33.33	40	
31 - 35 years	7	3	46.66	20	

6. Data Analysis

The data were analyzed by Paired T test.

7. Research Ethics

In this study the researcher did not display the respondent's name and prior to the treatment, informed consent was given first. During the research, all photo documentation and the results of the questionnaire were only carried out for research purposes and were not disseminated.

RESULTS

1. Sample Characteristics

The subjects in this study were 30 pregnant women with a gestational age above 36 weeks. There were 15 pregnant women who were given treatment to read affirmation cards and 15 others as control variables who were not treated to read affirmation cards. From table 2 result was effective of Flashcard Affirmation treatment on anxiety, control variable (Mean = -3.70; SD = 1.48; p < 0.001) was higher than the treatment variable (Mean = -2.15; SD = 1.44; p <0.001). Effect of flashcard affirmation on the duration of second stage of labor, control variable was higher (Mean = -8.88; SD = 3.81; p <0.001) than treatment variable (Mean = -1.02; SD = 1.17; p < 0.001). From the results of this analysis, it can be interpreted that there is a significant effect between flashcard affirmation treatment with a duration of 2 stages and maternal anxiety.

> 36 years	1	3	6.67	20	
Total	15	15	100	100	
Parity					
Primiparous	4	1	26.67	6.67	
multiparous	11	13	73.33	86.66	
Grande multiparous	0	1	0	6.67	
Total	15	15	100	100	
Anxiety level					
Mild	11	6	73.33	40	
Moderate	3	9	20	60	
Heavy	1	0	6.67	0	
Total	15	15	100	100	
Second Stage of					
Labor					
≤ 5 minutes	4	4	26.67	26.67	
6-10 minutes	7	6	46.66	40	
11-15 minutes	4	4	26.67 26.6		
16-20 minutes	О	1	0	6.67	
Total	15	15	100	100	

Table 2. Results of Analysis of Paired t Tests

Variable	Control		Treatment		p	
	Mean	SD	Mean	SD	-	
Effect oftreatment Flashcard						
Affirmation on anxiety	3.70	1.48	-2.15	1.44	<0.001	
Effect of flashcard affirmation on						
duration 2	-8.88	3.81	-1.02	1.17	<0.001	

DISCUSSION

1. The Effect of Positive Affirmations with Anxiety During Childbirth

In mothers who give birth for the first time, there is no idea about what will happen during childbirth and fear because they often hear terrible stories from friends or relatives about experiences during childbirth such as the mother or the baby dying and this will affect the mother's mandset about the scary labor process. In study, most respondents multiparous mothers where the number of children was 2-4 people, namely 73.33% in the treatment group and 86.66% in the control group.

You can also reduce anxiety in dealing with bondage with breath relaxation techniques. This technique can be used as an alternative first choice to reduce anxiety in pregnant women because it is easy to implement and can be done independently and sustainably at home (Laili, 2017).

Apart from pregnancy exercise and relaxing breath, positive affirmations can also reduce anxiety. In this study, respondents were divided into 2 groups, namely the treatment group with flashcard affirmation and the control group without

The 7th International Conference on Public Health Solo, Indonesia, November 18-19, 2020 |37 https://doi.org/10.26911/the7thicph-FP.03.04 flascard affirmation. In the treatment group the most was mild anxiety, namely as much as 73.33%, while in the control group the most was moderate anxiety level, namely 60%. From the data above, data analysis was carried out with the T test, it was found that there was a positive influence of affirmation on maternal anxiety in facing childbirth with p < 0.001 (p < 0.05).

The results of this study are in line with the research conducted (Indrayani, 2019) that there is a significant difference between the score of anxiety levels before and after being given affirmation with p 0.00 where the value is ($p \le 0.005$), while for the control group the results of t count are 0.000 and p 1,000, where with this value ($p \ge 0.005$), there is no significant difference between anxiety scores.

Affirmation is a form of self-affirmation related to positive things. Through these positive words, the brain will indirectly be indoctrinated so that our own perspective will also change. Affirmations can change a person's point of view in dealing with life and the environment around him. As a result, affirmations will make our minds more positive. Other benefits include growing self-confidence, improving body health, keeping away from depression, providing self-comfort, and making oneself happier.

Researcher assumption, affirmation using flashcard affirmation media greatly affects anxiety levels. mother in labor. With flashcard media, it is easier for mothers to affirm themselves so that there will be less negative thoughts about childbirth. It is undeniable that during childbirth, all muscles contract, if this affirmation is carried out from pregnancy to before delivery, it can reduce pain and anxiety during childbirth. In addition, this anxiety will also be reduced if there is support from family and health

workers, as well as a comfortable place of delivery.

2. The Effect of Positive Affirmations with Second Stage of Labor

Delivery Labor is a frightening condition, especially for mothers who are experiencing labor for the first time. Preparations made during pregnancy have not been able to guarantee the mother to be ready for childbirth. Negative images often complain about appearing in mothers near the time of delivery (Handayani, 2017).

The length of time of the prolonged second stage of labor is possible because from the results of the study the respondents looked worried about the labor they were facing. The anxiety experienced by mothers in labor may occur because they are experiencing stress or it can also be caused by a lack of information received by mothers in dealing with childbirth.

In this study, most respondents with positive affirmation treatment experienced stage 2 for 5-10 minutes (46.66%), while in the control group most respondents experienced stage 2 for 5-10 minutes (40%). However, in the control group there were respondents who experienced stage 2 for 16-20 minutes, while in the treatment group none experienced stage 2 for more than 16 minutes. Based on these data, the analysis results obtained with the T test, namely p = 0.000 (p <0.05), which means that there is an effect of positive affirmations for a long time 2.

Positive affirmations are part of hypnobirthing. The results of the study on the effect of positive affirmation with a 2-stage duration are in line with research conducted by Dona, 2016 with the results of the hypnobirthing method having a very significant effect on the length of the labor

process (p <0.05), in mothers who received the hypnobirthing method treatment had time fewer labor processes compared to mothers who gave birth who were given loving care.

Researchers assume that many factors affect the smoothness and duration of labor, especially stage 2. Parity, age and maternal psychological condition greatly affect the duration of stage 2. Mothers with more than 1 parity are likely to process the process of copulation more quickly.

This study has several limitations because there are several psychological factors that were not assessed such as past birth experiences, the relationship between respondents and their families and other social and psychological conditions.

Therefore, health as workers, especially midwives, are expected to be able to provide comprehensive midwifery care physically psychologically both and including the readiness of the mother in facing childbirth. Maintaining a good psychological condition of the mother can be done by giving positive affirmations to the mother, besides that the support of husband and family is also an equally important point.

REFERENCES

- Dona S (2016). Perbedaan lama persalinan menggunakan teknik hypnobirthing dan tanpa teknik hypnobirthing. Dinamika Kesehatan. 7(2).
- Handayani R (2017). Faktor-faktor yang Berhubungan dengan Tingkat Kecemasan selama Persalinan pada Ibu Primigravida Trimester III di Wilayah Kerja Puskesmas Lubuk Buaya Padang Tahun 2012. Ners Jurnal Keperawatan. 11(1): 60-69.
- Hidayati T (2019). Pengaruh Dukungan Keluarga (Suami) Dengan Lama Persalinan Kala II. Jurnal Keperawatan dan Kebidanan. 11: 1.
- Indriyani T (2019). Efektivitas Afirmasi Tenaga Kesehatan Pada Tingkat Kecemasan Ibu Bersalin Multipara Di RSUD Bula Kabupaten Seram Bagian Timur Tahun 2018 /2019. Jurnal Ilmu dan Budaya. 41: 63.
- Manuaba IGB (2010). Buku Ilmu Kebidanan Penyakit Kandungan dan Keluarga Berencana Untuk Pendikan Bidan. Edisi 2. Jakarta: EGC.
- Laili F (2017). Pengaruh Teknik Relaksasi Nafas Dalam Terhadap Kecemasan Dalam Menghadapi Persalinan Pada Ibu Hamil. Jurnal Kebidanan. 3(3): 152-156.