



## The Relationship between the Implementation of Mother's Care with the Length of the First and Second Stage of Childbirth in Maternal Maternity at Afisya Clinic, East Sambirejo Village, Deli Serdang Regency

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### ABSTRACT

Abstract-Maternal care as one aspect of the 5 red threads really helps mothers to feel safe and comfortable during the delivery process. Maternal care during labor includes care given to mothers starting from stage I to stage IV. The implementation of basic maternal care or become the principle in providing maternal care in the delivery process includes providing emotional support, providing fluids and nutrition, flexibility for micturition and defecation, as well as infection prevention. Research Objectives: To determine the relationship between the implementation of maternal care and the length of the first and second stage of labor at the Afisya Clinic, East Sambirejo Village, Deli Serdang Regency in 2021. Research Methods: This study used an analytical descriptive design using a cross sectional approach. The population is all mothers who give birth at the Afisya line, East Sambirejo Village, Deli Serdang Regency in 2021 in May-August 2021, a total of 56 people. The sample was some mothers who gave birth at the Afisya Clinic, East Sambirejo Village, Deli Serdang Regency in 2021, a total of 49 people. Analysis of the data used is univariable by calculating the frequency in the form of a percentage of the variables studied and bivariable by calculating Chi-Square test statistics and processed using statistical products and service solutions (SPSS) 22. Research Results: maternal care with good category as many as 23 people or 46.9%. Maternal mothers who had a normal first stage of labor were 35 people or 69.5% and who experienced normal delivery were 39 people or 79.5%. The results of the chi-square analysis showed that there was a relationship between maternal care and the length of the first and second stage of labor with  $p=0.041$  and  $p=0.043$  ( $p<0.05$ ). Conclusion: there is a relationship between maternal care and the duration of labor in the first and second stages.

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## 1. Introduction

Maternal care is care that is very influential on the delivery process. Motherly care is care that respects the mother's culture, beliefs and desires. The easiest way to feel about the most appropriate care we give to mothers is to ask ourselves, "Is this the kind of care I want to get?" or "is this kind of care I want for my pregnant family?"

The Maternal Mortality Rate (MMR) in the period 1991-2007 decreased from 390 to 228 per 100,000 live births, in the 2012 Indonesian Demographic and Health Survey (IDHS) the maternal mortality rate rose to 359 per 100,000 live births, in 2015 the MMR showed a decline namely 305 deaths per 100,000 live births (Kemenkes, 2016). The 2000 human development report states that the maternal mortality rate in Malaysia is far below Indonesia, namely 41 per 100 thousand live births, Singapore 61 per 100 thousand live births, Thailand 44 per 100 thousand live births, Philippines 170 per 100 thousand live births. Whereas in 2000 the maternal mortality rate was still around 307 per 100 thousand live births. Even Indonesia has lost compared to Vietnam, a country that has not been independent for a long time, which has a maternal mortality rate of 160 per 100 thousand live births. (Winjokastro, 2008).

Throughout Indonesia there are still many shortages of professional health workers to assist in childbirth for every mother who is about to give birth, so that mothers who do not want to ask for help from trained birth attendants to provide care while they are in labor and assist their birth process. Part of their reason is because the trained birth attendants do not pay attention to their needs, traditions and personal needs regarding their needs during labor and the birth of their baby (Pusdinkes, 2006).

Based on WHO (World Health Organization) the number of maternal deaths is around 500,000 live births. Of the number of deaths, most of them occurred in developing countries due to lack of facilities, slow assistance, deliveries assisted by traditional birth attendants accompanied by low social, economic and community activities, so that in 1978 WHO (World Health Organization) and UNICEF (United Nations Children Fund) held a meeting in the Soviet Union and initiated the "Idea Primary Health Care" as the basis for midwifery services that can be reached by the community and adapted to the ability of each country to provide (Manuaba, 2006).

Mother's care as one aspect of the 5 red threads really helps mothers to feel safe and comfortable during the delivery process. Mother's affectionate care is care with the principle of mutual respect for mother's culture, beliefs, and wishes. Maternal care during labor includes care given to mothers starting from the first stage to the fourth stage. The implementation of basic maternal care or become the principle in providing maternal care in the delivery process includes providing emotional support, providing fluids and nutrition, flexibility for micturition and defecation, as well as infection prevention. All of these things are used as an anticipation to avoid the occurrence of prolonged labor, non-progressive parturition, and referred parturition.

Several studies have shown that mothers do not want to ask for help from health workers to provide care during labor and delivery of babies on the grounds that these rescue workers do not really pay attention to their needs, traditions, and personal desires of mothers in labor and delivery of babies. Another reason that also plays a role is that most health facilities have regulations and procedures that are less friendly and scary for mothers. These rules and procedures include: not allowing the mother to walk around before the delivery process, not allowing family members to accompany the mother, draining the mother's urine through a catheter tube, limiting the mother to only certain positions during labor and delivery, separating mother and baby immediately after delivery. babies are born (Setiadi, 2007).

Many research results show that if mothers are cared for and given support during the labor and delivery process and know well about the delivery process and the care that will be received, they will have a sense of security and a better outcome (Elizabeth Siwi, 2016). Afisya, East Sambirejo Village, Deli Serdang Regency in 2005 who tried to provide satisfactory service to all patients, including mothers who

gave birth. However, there are still mothers who feel they have not received the services they expected. In May-August 2021 the number of deliveries was 56 people.

Maternal discomfort can be minimized if health workers apply the principles of Motherly Care during the delivery process. Mother's Care is an upbringing with the principle of mutual respect for the mother's culture, beliefs, and wishes. Based on the description, the researcher is interested in researching the relationship between the implementation of motherly care and the length of the first and second stage of labor in women giving birth in Afisya, East Sambirejo village, Deli Serdang district, so that it will be known to what extent the effect of the implementation of mother's care on the length of the first and second stage of labor.

## 2. Method

In this study, the researcher used an analytical descriptive design using a cross sectional approach. This type of research emphasizes the time of measuring or observing independent and dependent variable data only once, at a time, namely when the examination or assessment is carried out once with no follow-up.

The population in this study were all mothers who gave birth in Afisya, East Sambirejo Village, Deli Serdang Regency in May-August 2021, a total of 56 people. The sample used in this study was a number of women who gave birth in Afisya, East Sambirejo Village, Deli Serdang Regency in the year 49 people. Sample size The sample size is the number of members to be sampled. The sample size in the study was determined by the following formula:  $n = N \sqrt{1 + \frac{d^2}{N}}$   $n = 56 \sqrt{1 + \frac{0.05^2}{56}} = 49.1 = 49$  Where: N = Population size n = Sample size d = The desired level of trust/accuracy 49 people. The sampling technique used in this research is purposive sampling, which is a sampling technique based on certain considerations made by the researcher himself. This technique is based on the characteristics or characteristics of the population that have been known previously. The implementation of sampling is purposive sampling, namely at first the researcher identifies all the characteristics of the population, for example by conducting a preliminary study or by studying various things related to the population. Then the researcher determined that based on consideration, some of the population members became the research sample so that the sampling technique was based on the researcher's own personal considerations (Notoatmodjo, 2012)

Data analysis with Univariate Analysis Performed by calculating the frequency in the form of a percentage of the variables studied. And Bivariate Analysis  $\chi^2 = \frac{\sum \frac{(O - E)^2}{E}}$  ( ), Information:  $\chi^2 =$  Chi-square = Total Data O = Observation Value E = Expected value The conclusions from the statistical test results are as follows: a. If  $\chi^2$  count  $>$   $\chi^2$  table,  $H_0$  is rejected or  $H_a$  is accepted, it means that there is a relationship between the independent variable and the dependent variable. b. If  $\chi^2$  count  $<$   $\chi^2$  table,  $H_0$  is accepted or  $H_a$  is rejected, it means that there is no relationship between the independent variable and the dependent variable.

## 3. Analysis And Results

Table 1  
Univariate Analysis  
Distribution of Mother's Care, Frequency of First Stage, Second Stage of Long Frequency

Category	N	%
Safe Motherhood		
Good	23	47
Less	26	53
Total	49	100
Frequency of First Stage of Labor		
Normal	34	69,3
Elongated	15	30,7
Total	74	100

Frequency of Second Stage of Labor		
Normal	39	79,5
Elongated	10	20,5
Total	74	100

Maternal affection is care that respects the culture, beliefs and desires of the mother. There are five aspects that are included in maternal care, but the aspect that is not implemented is the aspect of emotional support. Emotional support is one of the most important aspects of maternal care. The progress of labor is affected if the mother feels safe, respected and cared for by someone who can provide a sense of security. Like a partner or the closest person and health workers play an important role in creating a feeling of security for mothers in labor. On the other hand, feelings of shame or worthlessness, feelings of being watched, feeling in danger, feeling treated without respect, feeling neglected and underestimated can trigger psychobiological reactions that interfere with the efficiency of labor progress. Women who receive emotional support during labor tend to experience shorter labor times and fewer medical interventions (Manik, 2017).

Maternal care can help mothers feel safe and comfortable during the birth process, respecting cultural customs, religious practices and beliefs. As in the point 14 questionnaire item about allowing to carry out family traditions or beliefs regarding childbirth as long as it is not harmful according to health (Manik, 2017). All research respondents at the Lepo-Lepo Public Health Center received maternal care at that point. It is very important to encourage the family to accompany the mother during childbirth. It is important to include 54 closest people such as husbands or other families to accompany mothers during childbirth. Many studies have shown that if mothers

considered and given support during labor and birth of a baby and knowing well about the delivery process and the care that will be received, it will get a sense of security and a good outcome. Maternal care can also reduce labor with measures such as vacuum extraction, forceps, cunam and cesarean section (Aiken, et al, 2000).

Table 2  
Bivariate Analysis  
The Relationship of Mother's Loving Care with First Stage of Labor Time

Safe Motherhood	First Stage of Labor				P/x <sup>2</sup>
	Normal		Elongated		
	N	%	N	%	
Good	20	40%	3	6,1%	0.041/5,99
Less	14	28,5%	12	24,6%	
Total	34	69,3%	15	30,7	

The results showed that most of the duration of the first and second stage of labor was normal, as much as 60.9%. This was due to the safe and well-monitored management of delivery assistance. The length of labor is the time it takes for cervical dilatation to begin until the baby is born. According to Oxorn (2003), the latent phase in primigravida is 8.6 hours while the active phase in primigravida is 5.8 hours. According to JNPKR-KR (2012), stage II multigravida can last for 30 minutes and in primigravida it can last 30-60 minutes.

The results obtained were 34 respondents or 69.7% experienced a normal length of the first stage and 15 people or 30.3% of respondents experienced a prolonged first stage. In addition to the first stage, there were still many respondents who experienced prolonged labor, namely 55 10 respondents or 20.5%. If biological factors are excluded, the cause is due to the lack of optimal maternal care that is

given. This can be seen in the results of the study that less than 50% of respondents or only 23 people (47%) received good maternal care. Meanwhile, the other respondents received less maternal care in the category of less.

Table 3  
Relationship Safe Motherhood and Second Stage of Labor

Safe Motherhood	Lama Persalinan Kala II				P/x <sup>2</sup>
	Normal		Elongated		
	N	%	N	%	
Good	21	42,8%	2	64%	0.041/5,99
Less	14	28,5%	12	24,6%	
Total	34	69,3%	15	30,7	

During labor, mothers really need a sense of security and comfort in the place where the mother is carrying out the delivery process. The thing that can be done to make the mother safe and comfortable is caring for the mother by health workers and the mother's closest family. The results of the study contained in table 4.7 as many as 34 mothers giving birth or 69.5% had a normal duration of first stage of labor, 20 mothers who gave birth received good maternal care, 14 mothers gave birth with poor maternal care. This is in accordance with 56 studies conducted by Tambuwun (2014) that good maternal care can affect the length of labor

The results showed that the value of  $p = 0.041$  ( $p < 0.05$ ) this means that there is a relationship between maternal care and the length of the first stage of childbirth in mothers. This is also in line with research conducted by Manik (2017) that there is a relationship between maternal care and the duration of labor in the first and second stages in the delivery room of the Raden Mattaher Jambi Regional General Hospital. The results of the research showed that the value of  $p = 0.043$  ( $p < 0.05$ ) this means that there is a relationship between maternal care and the length of the second stage of childbirth in mothers. However, maternal care is not the main determinant or the main factor in the occurrence of prolonged first stage and prolonged labor in second stage. Many other factors determine, especially in terms of the mother's biology, such as a narrow pelvis, weak contractions and so on. However, even though it is not the main factor, the presence of maternal care can make the patient or mother in labor more comfortable and calm during the delivery process.

#### 4. Conclusion

Based on the results of the research and discussion that has been presented, the following conclusions can be drawn: Maternal mothers who received maternal care in good categories as many as 23 people or 46.9%, maternity mothers who had a normal first stage of labor as many as 35 people or 69.5% and who experienced normal deliveries as many as 39 people or 79.5%. The results of the chi-square analysis showed that there was a relationship between maternal care and the length of labor in the first and second stages with  $p = 0.041$  and  $p = 0.043$  ( $p < 0.05$ ).

#### References

- Aiken, LH., Clarke. et al. (2000). *Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction*. JAMA 23-30 Oktober 288 (16) 1987-1993
- APN,2007. *Asuhan Persalinan Normal dan Menyusui Dini*. Jakarta: JNPKI-RI

- Arikunto, S. 2006. *Prosedur Penelitian Suatu Pendekatan Praktek*. Jakarta: Rhineka Cipta. Jakarta.
- Educational levels of hospital nurse and surgical patient mortality. *JAMA*. 24 september. 290 (12), 1617-1623
- Kemenkes. 2016. *Profil Kesehatan Indonesia*. Jakarta
- Kuswanti Ina, Melina Fitria. 2014. *Askeb II Persalinan*.Yogyakarta :Pustaka Pelajar
- Manik Rosmaria, 2017. *Hubungan asuhan sayang ibu dengan lama persalinan kala I dan kala II di ruang bersalin RSUD raden Mattaher Jambi*. *Jurnal Bahana Kesehatan Masyarakat*. Vol 1. No.1 Mei 2017
- Manuaba.IBG.2010. *Pengantar Kuliah Obstetri*, EGC, Jakarta. *Medis Rumah Sakit di Indonesia Revisi 2*. Jakarta.
- Notoatmodjo, Soekidjo. 2012. *Metodologi Penelitian Kesehatan*.Jakarta: Rineka Cipta.
- Nursalam. 2003. *Metodologi riset keperawatan*. Jakarta: CV Sagung seto Pusdiknakes , WHO JHPIEGO (2006). *Panduan Pengajaran Asuhan Kebidanan*.
- Kendari Rukiah yeye ai, (2009) *Asuhan Kebidanan II*. Trans Info media. Jakarta
- Setiadi. 2007.*Konsep dan Penelitian Riset Keperawatan*. Yogyakarta: Graha Ilmu
- Syaifuddin. (2009). *Kebidanan Komunitas*. EGC: Jakarta
- Walyani Siwi Elizabeth. Purwo Astuti Endang. 2015. *Asuhan Kebidanan Persalinan dan Bayi Baru Lahir*. Yogyakarta: PT. Pustaka Baru Press
- Widjosastro, H. 2008. *Ilmu Kebidanan*. Jakarta: Yayasan Bina Pustaka
- Yanti .2009. *Asuhan Kebidanan Persalinan*. Yogyakarta: Pustaka Rihama.
- Yuliana, 2017. *Hubungan pelaksanaan asuhan sayang ibu dengan proses persalinan diruangan bersali BLUD Rumah Sakit Konawe* . *Jurnal Kebidanan*. Volume 2 2017