

Hypnobirthing Effectiveness on Length Stage of Labor

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ABSTRACT

The first stage of labor begins with regular uterine contractions followed by cervical dilatation and effacement until the cervix is fully dilated. Anxiety, stress and long labor pain during labor can affect uterine contractions, so that it can affect the length of the first stage of labor. Hypnobirthing can be trained during pregnancy and applied by the mother herself during the delivery process which is useful for reducing and overcoming pain and anxiety during labor so that uterine contractions are more adequate and labor can take place in a relaxed, comfortable and brief manner. The purpose of this study was to determine the difference in the length of the first stage of labor between mothers who had hypnobirthing and without hypnobirthing. The design of this study was a clinical trial with a randomized control trial. The independent variable was hypnobirthing and the dependent variable was the length of the first stage. Data were analyzed using Chi-square and independent sample t-test. The results showed that the average length of the first stage with hypnobirthing was shorter (10.09) hours than without hypnobirthing (17.23) hours with a difference of 6.74 hours. Hypnobirthing, if performed at 37-40 weeks of gestation, had a 1.96 times greater effect on decreasing the length of the first stage of labor with an effect strength of 5.7%, statistically and clinically the reduction effect was significant. The conclusion of the study is that the duration of the first stage of labor is shorter than using hypnobirthing compared to without hypnobirthing.

Keywords: hypnobirthing; length of labor

INTRODUCTION

Prolonged labor is one of the causes of the high maternal mortality rate (MMR) in Indonesia. Several factors that can cause prolonged labor include: 1) power is his and the strength of the mother's pushing; 2) passage, the baby is too big, or the size of the pelvis is not matched with the baby's head; 3) passanger is an abnormality in the position and presentation of the baby; 4) psychological, the mother is not ready to labor, mothers who are anxious and afraid to childbirth; and 5) providers or birth attendants who are not skilled. From a psychological point of view, childbirth is an event full of stress.⁽¹⁾

Anxiety and stress in mothers during labor can cause an increase in the body's consumption of glucose which results in fatigue. Anxiety also causes an increase in catecholamine secretion which can inhibit uterine contractions so that it can cause prolonged labor. Prolonged labor can increase the risk of postpartum hemorrhage is one of the causes of maternal mortality in Indonesia.⁽²⁾

First stage of labor begins with regular uterine contractions followed by dilatation (opening) and effacement of the cervix until the cervix is fully dilated (10 cm). The cervix is open and flat, causing signs of labor in the form of mucus mixed with blood (bloody show). Blood comes from the rupture of capillaries around the cervical canal due to displacement when the cervix is flattened and opens. Uterine contractions also cause changes in the cervix with an adequate frequency of contractions at least 2 times in 10 minutes.^(2,3) The length of the first stage in primigravida is 10-14 hours, while in multigravida it is 8-9 hours.⁽²⁻⁴⁾ Meanwhile, according to IFGO (International Federation of Gynecology and Obstetrics) prolonged labor is labor that exceeds the universally accepted 18 hour time limit (first stage of labor). Hypnobirthing means the process of giving birth with hypnosis, where the mother is fully aware of and enjoys the birth process. This method is rooted in the science of hypnosis with a psychological approach that gives women the opportunity to concentrate, focus, and relax, so that hypnobirthing refers more to hypnotherapy, which is an exercise in implanting suggestions in the subconscious by the mother, to support the conscious mind that controls the mother's actions in undergoing the labor process.⁽⁵⁾

The hypnobirthing procedure is a combination of self-hypnosis and natural childbirth, a process of implanting positive suggestions into the subconscious, when the brain waves are relaxed or in alpha or theta waves. This therapy teaches mothers to understand and let go of the fear-tension-pain syndrome, which is often the cause of pain and discomfort during the birth process.⁽⁶⁾ Hypnobirthing with the help of self-hypnosis allows a woman to prepare her own body to be in a very relaxed position where all the muscles of the body work as desired during the labor process.⁽⁵⁾

This study aims to determine and analyze the effectiveness of hypnobirthing on the duration of the first stage of labor.

METHODS

This study was a clinical trial study with a randomized controlled trial design to compare the average length of the first stage with the hypnobirthing method and without hypnobirthing, so that there are two groups of subjects. The placement of subjects into each group was done randomly (random allocation) with the aim of getting two comparable groups to avoid selection bias. Group A (the treatment group) was trained in the hypnobirthing method during pregnancy, while group B (the control group) was not treated with the hypnobirthing method. This study was not blinded or called an open clinical trial, that is, both the researcher and the subject were aware of the action given.

The target population in this study were all pregnant and childbirth women in the Special Region of Yogyakarta. The affordable population in this study were all pregnant women and gave birth at Happy Land Hospital, Rachmi Maternity Home and Puri Adisty Maternity Hospital Yogyakarta. The sample size used the Lemeshow formula with 50 treatment groups and 50 control groups. The data was collected using an intervention observation form, namely the research data in the form of the length of the first stage in the treatment group (hypnobirthing) and the control group (without hypnobirthing) as well as medical record data to obtain records of the length of the first stage in the treatment group (hypnobirthing) and control group (without hypnobirthing). Data were analyzed using Chi-square and independent sample t-test.

RESULTS

Table 1 shows that the average length of the first stage of labor in the treatment group and the control group was 13.7 hours with a standard deviation of 6.74 hours. The minimum length of the first stage was 3.3 hours (the treatment group) while the maximum length of the first stage was 25.3 hours (the control group).

Table 1. The duration of the first stage of labor in mothers with hypnobirthing and without hypnobirthing

	Length of first stage
Mean ±SD (hours)	13.7±6.74
Minimum	3.3 hours
Maximum	25.3 hours

Table 2 shows that the length of the first short period was 76 people (69%) and the longest one was 34 people (31%).

Table 2. Number of short and long of labor in mothers with hypnobirthing and without hypnobirthing

Length of first stage of labor	Frequency	Percentage
f<18 hours (short)	76	69
f>18 hours (long)	34	31
Total	100	100

Table 3 shows that the average length of the first stage with hypnobirthing was shorter (10.09 hours) than without hypnobirthing 17.23 hours. The average difference was 6.74 hours. This difference was statistically significant with p value <0.05 and clinically also significant.

Table 3. Comparison of the average length of the first stage between mothers who did hypnobirthing and those who did not do hypnobirthing

	Length of first stage		CI 95%
	Mean±SD	Average of difference	
Hypnobirthing	10.09 ±4.72	6.74	5.27-8.21
No hypnobirthing	17.23 ±2.83		

DISCUSSION

This study is in accordance with research from Astuti, et al. ⁽⁷⁾ which found that the results of the analysis of the average length of labor progress with hypnobirthing were 66.7 minutes and without hypnobirthing the length of labor progress was 100 minutes with a p value of 0.038 which means that there is an effect of hypnobirthing on labor progress.

The results of the same study were also stated by Karuniawati ⁽⁸⁾ that the length of the first stage in the treatment group was 129 minutes and in the group without hypnobirthing was 135.67 minutes. The mean value was found that mothers who gave birth with hypnobirthing had a delivery time of 6.67 minutes shorter than those who gave birth without hypnobirthing.

Muhidayati, et al ⁽⁹⁾ who found that the hypnobirthing technique significantly affects the progress of labor in the latent phase of the first stage of labor in primigravida mothers. The same thing was stated by Uludag ⁽¹⁰⁾ that hypnobirthing reduces pain levels during labor, shorter pain duration, lower labor costs and a more pleasant delivery experience. The same study was also conducted by Beevi, et al ⁽¹¹⁾ who found that mothers who underwent hypnosis gave birth more vaginally, none of the treatment groups used epidural pain relief. This study is the same with Madrona ⁽¹²⁾, women who underwent hypnosis during the prenatal period showed good obstetric results, also Moore ⁽¹³⁾, the majority of women reported feeling more confident, relaxed, less afraid, focused and more in control as well as ease and comfort. in childbirth, satisfaction with having an involved and supportive partner, and Darma, et al ⁽¹⁴⁾ there is an effect of applying active labor techniques using hypnobirthing on the progress of the first stage of labor.

However, this study is not in accordance with research from Sariati ⁽¹⁵⁾ which found that there was no significant difference between mothers who had hypnobirthing and without hypnobirthing on the length of labor. One of the factors that influence prolonged labor is inadequate uterine contractions during the first stage of labor.

The mother's success in doing hypnobirthing exercises during pregnancy will be proven by the ease and peace of mind during the delivery process. Mother's composure is an important key during the delivery process. The hypnobirthing relaxation method helps smooth labor and can minimize pain. Some people may still feel pain, but with hypnobirthing the pain won't be so intense that it leaves a mark on the trauma. Relaxed conditions will also encourage the release of endorphins hormones that help eliminate fear, tension, and panic during childbirth, so that mothers will still remember and reminisce about all childbirth events as something very memorable and happy that can support the effectiveness of childbirth, becoming safer and shorter.

CONCLUSION

The duration of the first stage of labor in mothers who were trained with the hypnobirthing method during pregnancy was shorter than that of mothers who were not trained with the hypnobirthing method. The hypnobirthing method needs to be a part of antenatal care services to prepare the mother psychologically for pregnancy and childbirth in an effort to shorten the length of the first stage of labor and reduce complications during childbirth.

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