

Family Support and Midwives' Motivation for the First Stage of Labor

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ABSTRACT

The first stage of labor is the longest duration compared to the second, third, and fourth stages. At this time requires extra energy because contractions occur that cause feelings of fear, anxiety, and excessive stress, triggering the release of non-epinephrine hormones that inhibit the work of oxytocin so that it can prolong the first stage of labor. The purpose of this study was to investigate the relationship between family support and the midwives's motivation for the first stage of labor progress in an Independent Midwifery Practice within working area of Kalumata Public Health Center, Ternate City. The population is woman who during the first stage of labor in an Independent Midwifery Practice in Ternate City. There were 30 samples in this research that have been selected by using quota sampling technique. The data were collected by using questionnaires and partographs. The results of multivariate analysis using logistic regression showed that the two independent variables, family support and midwife's motivation when correlated multivariate together showed that had not relationship with the progress of the first stage of labor with the significant value equal to 0,05 and more than 0,05 is 0,999. The progress of labor is multifactorial that related with each other and not independent. Although the woman had received support from her family and motivation from the midwife, if her self efficacy was low, that can make anxiety and increased intervention in labor. Support in labor should be a standard procedure that is planned to be provided by midwife to pregnant woman and their families before the signs and symptoms that labor has begun.

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1. Introduction

The results of the recording of the family health program from the Ministry of Health, the Maternal Mortality Rate in Indonesia in 2020 was 4,627 with the following details 1,330 cases of bleeding, 1,110 cases of hypertension in pregnancy, 230 cases of circulatory system disorders, 144 cases of metabolic disorders, 33 cases of heart disease, 5 cases of covid 19, and 1,584 with other cases ([Ministry of Health In Indonesia, 2021](#)).

Labor is the process of expulsion of the fetus, placenta, and amniotic membranes from the uterus which begins with the release of blood mucus, cervical dilatation, and rupture of the amniotic membranes ([NCIHD, 2017](#)). The main focus in the delivery process is the health and safety of the mother and baby, but the mother's emotional health and positive experiences during childbirth should also receive attention ([Molenat & Panagiotou, 2015](#)). Women's negative perceptions about childbirth

will continue to be in memory for a long time which will lead to postpartum depression and fear of impending labor (Bohren et al., 2019).

The first stage of labor has the longest duration compared to the second, third, and fourth stages. At this time requires extra energy in a labor, contractions at this stage feel different from local pain to intense contractions to get the baby out of the womb. Great support from the husband/family is needed at this stage, for example providing support and accompanying the mother during the labor process because feelings of fear, anxiety, loneliness, excessive stress will trigger the release of Non-Epinephrine hormones which will inhibit the work of oxytocin or uterine contractions so that it can prolong the length of time the first stage in the labor process (Handayani, 2015).

Previous research states that pregnant women who get husband's support before delivery have a tendency to not experience anxiety (Susanti, 2017). While the results of Nurmaulid's research, mothers with labor difficulties had various expectations regarding the services they received because at that time the mother experienced various physical and psychological complaints. These include providing information, granting permission to apply culture, explanation of procedures and risks of each action, creating a safe and comfortable atmosphere, allowing families to accompany, bonding and attachment support, being given services by nurses who are patient, responsive and competent, and get forms of service that are appropriate better (Nurmaulid et al., 2016).

Seeing the impact caused by childbirth that did not go normally, and the importance of family support and midwives during the delivery process, especially in the first stage, mothers who will give birth need their closest people to provide support, so researchers are interested in researching "the relationship between family support and midwife's motivation for the first stage of labor progress".

2. The Proposed Method

The major aim of the study was to know the relationship between family support and midwife's motivation for the first stage of labor progress.

3. Methods

Analytic study was conducted to investigate Family Support and Midwives' Motivation for the First Stage of Labor. This research has obtained a description of ethical exemption from the Health Research Ethics Committee of the Tanjungkarang Health Polytechnic with the number 003/KEPK-TJK/X/2022. The researcher uses a cross sectional approach, that is, the researcher collects data at the same time. Data collection was carried out after obtaining permission from the research site. The population is woman who during the first stage of labor in the Independent Midwifery Practice in Ternate City. There were 30 samples using quota sampling technique. The stages of implementation are as follows: a) Researchers approach prospective respondents according to the inclusion criteria, namely that you are willing to be a respondent, woman who during the the first stage of active phase with normal pregnancy, and gestational age of 37-40 weeks b) Explain the aims and objectives of the research b. The researcher asked the mother to read the explanation before consent. c) After the mother agreed to be a respondent, the researcher asked the mother to sign an informed consent.

The data used in this research is primary data. This study used a questionnaire containing information about family support and midwives' motivation, while the progress of labor used a partograph instrument. Data in the form of family support and motivation of midwives were filled in by respondents and the progress of labor was filled in by midwives. After the results are collected on the data collection sheet, then tabulate the data. The research want to know relationships between a dependent variable and one or more independent variables and all variables were categorical in nominal so the data were analyzed by using logistic regression test.

4. Results/Findings

4.1 Characteristic Respondents

Table 1. Frequency distribution of respondent characteristics

Characteristics	n	Percentage
Age:		
20-35 years old	27	90%
<20 and >35 years old	3	10%
Education		
Senior high school	21	70%
Higher education	9	30%
Occupation		
Housewife	3	10%
Private employee	17	56,7%
Government employee	10	33,3%
Gestational age		
Postterm pregnancy	4	13,3%
Aterm pregnancy	26	86,7%
Parity		
Primiparous	17	56,7%
Multiparous	13	43,3%
Family support		
Give support	23	76,7%
Not giving support	7	23,3%
Midwife's motivation		
Higher motivation	28	93,3%
Lower motivation	2	6,7%
Progress in the first stage of labor		
Normal	25	83,3%
Abnormal	5	16,7%
Total	30	100%

Based on table 1 above, it can be seen that almost all respondents (90%) were between 20-35 years old that had low risk for pregnancy and childbirth, most of the respondents (70%) were graduated from senior high school, most of the respondents (56.7%) as private employees, almost gestational age from all respondents (86.7%) were aterm pregnancy, most parity of mothers (56.7%) were primiparous, most of the respondents' families (76.7%) given support for the first stage of labor, almost all of the midwives' motivation (93.3%) were in the higher motivation's category, and almost all respondents (83.3%) experienced the progress of the first stage of labor in the normal category.

4.2 Data Analysis

Table 2. Relationship between between family support and midwife's motivation for the first stage of labor progress.

Variables	Sig.	Exp (B)
Family support	0,050	0,068
Midwife' motivation	0,999	0,000

The results of multivariate analysis show that the two independent variables were family support and midwife's motivation when correlated together by used logistic regression test, show had no relationship with the first stage of labor progress. The significant value were 0,051 and 0,999 that is mean that significant value equal to/ more than 0.05 would be considered to be statistically insignificant.

5. Discussion

The first stage of labor consist of latent phase that cervical dilatation up to 4 cm and active phase that cervical dilatation from 4 cm to full or 10cm. This phase of labour may often be distressing, especially for the nulliparous woman (Thornton et al., 2020). For generations, women during

childbirth are usually accompanied by family, friends, and close neighbors (Hodnett et al., 2013b). The WHO intrapartum care model has the potential to positively transform the lives of women, families and communities around the world. Schematic representation of the WHO intrapartum care model such as respectful labor and delivery care, emotional support from selected companions of choice, effective communication by staff, pain relief strategies, regular labour monitoring, documentation of events, audit and feedback, oral fluids and food intake, mobility in labor and birth position of choice, pre-established referral plan, and continuity of care (World Health Organization, 2018). These positive effects include shorter labor, increased spontaneous vaginal delivery, increased maternal and positive feelings of control over the birth experience, reduced use of pain medication, and reduced incidence of cesarean section (Hodnett et al., 2013a).

Continuous support during childbirth by the health professional or a lay support person such as family was needed by most women, so health care institutions should include continuous support during childbirth in their policies and guidelines (Lunda et al., 2018). Service providers in Egypt and Nigeria support mentoring for women during childbirth (Ibrahim et al., 2015). However, this practice is limited because women who used to be able to give birth at home are now obliged to go to health facilities. Sometimes in health facilities, various interventions are given that aim to reduce maternal mortality and morbidity, but this actually had a negative impact on women's childbirth experience (Çalik et al., 2018).

The results of the multivariate analysis showed different things that the family support and the midwife's motivation when correlated together in a multivariate manner showed no relationship with the progress of the first stage of labor with a value of Sig = 0.05 and more than 0.05, namely 0.999. This is not in line with a study at the Teaching Hospital of Shanghai University, China which showed that there was a significant reduction in the duration of labor and the rate of emergency caesarean section in women who received continuous support from family members and professional staff (Wang et al., 2018).

Midwives sometimes feel that birth attendants can abuse the opportunity given to them to assist in childbirth by giving the woman unusual methods of treatment, even causing effects on the fetus. A previous study confirmed this observation by concluding that birth attendants were not knowledgeable about the support women need during childbirth (Kungwimba et al., 2013). In Ghana, there is a traditional birth attendant, to improve maternal health care, but some of their spiritual practices and beliefs may pose threats to their clients. By following the training, they can become useful (Aziato & Omenyo, 2018).

Almost all respondents (90%) were 20 until 35 years old, so that they were possible allowed to give birth normally. Every woman have to be aware of the risks if they had pregnant in extremes of age so that because there are many signs and symptoms of certain complications that be happened (Cavazos-Rehg et al., 2015). Most parity of women in this study were primiparous (56.7%). The results of research at Bwaila Hospital in the central region of Malawi, East Africa showed that the presence of a companion during childbirth was very important for primiparous women because of feelings of anxiety and fear. This is very reasonable because they have never experienced childbirth before and there is information from friends or relatives regarding bad experiences of childbirth (Kungwimba et al., 2013). The presence and mutual trust between mothers who are giving birth for the first time and professionals and partners can increase their ability to control themselves so that they are able to manage the pain that occurs during labor contractions. However, inadequate support from professionals can lead to a negative birth experience because they feel neglected and not prioritized by professionals (Nilsson et al., 2013). Midwives or doctors will motivate mothers, but keep in mind that they also have responsibilities for other mothers who may give birth at about the same time (Leggitt & Ringdahl, 2020). Although most of the respondents (70%) graduated from Senior High School and almost half of the respondents (30%) graduated from higher education, they wanted to go through labour quickly and safely so giving short and simple instructions will be easy to be understood and implemented by the woman.

Sometimes mothers in labor refuse to drink and eat during labor because they have to urinate repeatedly. In fact, the length of labor is unpredictable and straining requires a lot of energy, so extra nutrients are needed to ensure the well-being of the fetus and mother. Some foods specifically recommend for consumption during labor include: oral carbohydrate-based fluids, date fruit or date

syrup, low fat yogurt, bread, biscuits, vegetables, fruits, soup, fruit juices, cereal and milk, toast with butter/jam, low fat cheese, chocolate, and boiled eggs (Dekker & Bertone, 2022).

The lack of support provided could be due to a lack of knowledge about the role of family in labour. Families who are appointed as companions are sometimes not ready to take on their roles because they are not ready both physically and psychologically beforehand, so they tend to be emotional on small problems. The birth attendant is expected to be able to understand the condition of a person who is about to give birth, do not judge and scold him because at that time he could not control his emotions. This kind of support helps build trust, strong relationships, and feelings of security thereby reducing anxiety and pain levels during childbirth.

The following four components, known as the 4P, are a reference in assessing progress in labor, namely: 1) Power related to uterine contractions with the classification must be regular, frequent, last more than 60 seconds and cause cervical dilatation and effacement, 2) Passenger related to the assessment of the size, position and attitude of the fetus, 3) Passage is related to the suitability of the pelvic bone structure with the size of the fetus, and 4) Psychic is related to the emotional state of the mother during her delivery. The four components above are related to each other and do not stand alone, so the progress of labor is multifactorial.

Important factors to consider are the level of stress and anxiety during labor and the presence of a partner to provide support during labor, as well as ensuring that the woman is in a state of acceptance and supported by a comfortable environment (Swier, 2021). However, despite getting support from the closest family and providers, if there is no confidence in him to be able to go through labor smoothly, it will trigger anxiety. An Australian study states that self-efficacy or self-confidence in childbirth is not affected by parity, although multiparous women have higher self-confidence in childbirth, sometimes unexpected things happen that cause fear, anxiety, and stress symptoms to appear. at delivery (Schwartz et al., 2015). Supporting women to have a chosen companion during labour and childbirth is an effective intervention to improve the quality of care in labour and positive women's experience of childbirth (World Health Organization (WHO), 2020).

6. Conclusion

The progress of labor is multifactorial that related with each other and not independent. Although the woman had gotten support from her family and motivation from the midwife, if her self efficacy was low, that can make anxiety and increased intervention in labor. Support in labor should be a standard procedure that is planned to be provided by midwife to pregnant woman and their families before the signs and symptoms that labor has begun.

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