

The correlations of method between the first and the subsequent childbirth at PKU Muhammadiyah Yogyakarta hospital in 2016

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Abstract

The birth of elective Caesarean Sectio leads to a 3-fold risk than the risk of vaginal birth, whereas emergency Sectio Caesarean birth causes a 9-fold risk than the risk of vaginal delivery. This research uses analytic observational design. The data retrieval uses a retrospective time approach. The sample in this research is taken with purposive sampling technique (January 1st 2016 to December 31th 2016), were 195 patients. This study, using secondary data. Data analysis used Chi Square. With significance level 0,05 obtained result of P Value equal to 0,000 (P Value <0.05) and value of closeness (Phi) equal to 0,612. Therefore it can be concluded there is a relationship between the first labor with the next labor at PKU Muhammadiyah Yogyakarta Hospital in 2016 with the strong relationship.

Keyword: First Labor; Next Labor; Caesarean Section

INTRODUCTION

The number of mothers labor to increase, according to Ministry of Health data in 2011, the number of mothers reached 4,830,609, reaching 4,902,585 in 2012, reaching 4,975,636 in 2013, and increasing by 2014 to reach 5,049. 771. (Kemenkes RI, 2015). Caesarean Section (CS) is currently the most labor procedure performed on women in the world. CS actions continue to increase for various reasons. Often with increasing CS, the number of CS increases because of the decrease of Vaginal Birth After Caesarean (VBAC) vaginal delivery. In the United States the incidence of sectio caesarean is 25-30%, it seems that this number will continue to increase due to demographic changes and changes in obstetric action policy. Many patients ask for CS without any indication of Obstetrics or Medical. As the patient increases in CS, it increases the number of surgical complications such as bleeding, infection and bowel adhesions or bladder. (Rifayani, 2012). In fact, women who have a history of a former caesarean is not required to have caesarean delivery again, but they have the option to plan their next labor by performing a normal vaginal birth or known as Vaginal Birth After Caesarean (VBAC) or performing a caesarean section. Due to the lack of information on this option, women with a history of former caesarean section tend to choose to perform a caesarean section again at the next delivery (ACOG, 2010).



RESEARCH METHODS

The design used in this study is an observational analytic study. Data retrieval using retrospective time approach. The population in this study were all mothers who had a history of labor at least 2 times in PKU Muhammadiyah Yogyakarta Hospital. The population in this study amounted to 612 respondents. The sample in this study was taken with nonprobability sampling with purposive sampling technique. This study used a sample that meets the inclusion and exclusion criteria of 195 patients. In this study, researchers obtained secondary data to determine the population and the sample of mothers who have labored at least two live births. Method of data retrieval using secondary data from medical record. The analysis done in this research is to create cross table (contingency) between independent variable with dependent variable that is to know the existence of relationship, using Chi square test statistic.

RESULTS AND DISCUSSION

Univariate Analysis

a. Characteristics of First Birth Type

Table 1. Frequency Distribution Characteristics of First Respondent's Type of Labor

Type of Labor	Frequency	%
Vaginal	159	81,5
Caesarean Section	36	18,5
Total	195	100

Based on Table 1 above, it was found that in the first delivery of respondents, 81.5% of them use vaginal delivery or in this case amounted to 159 respondents and 18.5% or 36 respondents of whom use sectio caesarean childbirth.

b. Characteristics of Next Birth Types

Table 2. Frequency Distribution Characteristics of Next Birth Types of Respondents

Type of Labor	Frequency	%
Vaginal	133	68,2
Caesarean Section	62	31,8
Total	195	100

Based on Table 2 above obtained the results that respondents who gave birth by way of vaginal in the next delivery as many as 133 respondents or 68.2%, while respondents who gave birth by way of sectio caesarean in the next delivery as much as 62 respondents or 31.8%.

Bivariate Analysis

Table 3. Results of First Labor Relations With Next Labor In PKU Muhammadiyah Yogyakarta Hospital

First Labor	Next Labor						P Value	Phi
	Pervaginal		Caesarean Section		Total			
	F	%	F	%	F	%		
Vaginal	130	66,67	29	14,87	159	81,54	0,000	0,612
sectio	3	1,54	33	16,92	36	18,46		
caesarean								
Total	133	68,21	62	31,79	195	100		

From Table 3 above the results obtained that the respondents who perform labor by way of vaginal both in the first and subsequent labor amounted to 130 respondents or 66.67%, whereas respondents who perform pervaginam delivery in the first delivery alone and do sectio caesarean delivery at the next delivery amounted to 29 respondents or 14 , 87%.

1. First Labor In PKU Muhammadiyah Yogyakarta Hospital

According to Anderson (1975) in Joy (2009), in determining the type of labor both pervaginal and sectio caesarean is influenced by several factors such as Parity, Age, Congenital Disease, Complications, Education, and Employment which in this study becomes a disturbing factor. In addition, the above factors are some of the reasons for determining the type of labor which is a risk factor for the mother during pregnancy.

According to Setyowati (2013) that in primiparous moms, experience and the need to overcome pain during childbirth causes an influence on the process and determination of the type of labor. Maternal pain can provide a physical response and a psychological response in which the presence of this response will affect the process and determination of the type of labor. In an effort made by the mother emerged an independent handling effort where with the pain, the mother tries to overcome by rubbing the stomach, berdo'a, move and inhale to desire the type of labor that he thinks can reduce the level of pain. (Setyowati, H., 2013)

In primiparous mothers, the choice of delivery is influenced by several factors. According to the results of a study conducted by Haniek (2013) shows that vaginal delivery is performed by considering other factors such as maternal physical and psychic readiness, fetal state, maternal age, birthrate or other diseases that endanger the mother and fetus.

2. Next Labor In PKU Muhammadiyah Yogyakarta Hospital

The history of labor is crucial to the selection of labor in subsequent pregnancies, if in the course of labor can take place normally taking into consideration the above factors are expected in the next delivery the mother is not traumatized by normal labor (Manuaba, 2010)

Haniek U. (2013) through his research also explains that the incidence of Sectio cesarea in the mother mulitipara has several causes such as never carry out labor with cesarean section, the trauma of morbidity in the normal delivery, physical

condition and psychic mother who does not support, the position and state of the baby and there is a change lifestyle. If formerly Sectio cesarea was the last resort for emergency delivery, it is now the first choice in labor.

Based on the research of Rimonta Gunanegara (2010) about factors influencing the incidence of cesarean section with history of cesarean section in RS Imanuel Bandung that cesarean operation still has high incidence rate at Immanuel Hospital, while success rate of Vaginal Birth After Cesarean (VBAC) still low. This is due to the mother's desire to repeat the Cesarean section again as a choice of labor.

In a study conducted by Edyanti and Indawati, R. (2014) explains that there is a maternal factor effect on the incidence of obstetric complications including age, pregnancy distance and the frequency of prenatal care and the selection of previous types of labor. The previous history of intolerance has even been expressed as having a strong closeness to labor today. Determination of the type of labor in women with multiparas is influenced by several factors that are almost identical to those factors that influence the determination of the first type of labor. It's just that there are additional factors that become the materia consideration determining the next type of labor is the first type of labor used by the mother to give birth. (Afriani, A., Desmiwanti, Kadri, H., 2013)

3. Relationship Between The First Labor With The Next Labor at PKU Muhammadiyah Yogyakarta Hospital.

As Sofie Rifayani sS(2012) points out in his book that the excessive concerns of primpara patients leads to increased sectio caesarean elective action. While vaginal delivery in former sectio caesarean can be performed well (VBAC), there is growing concern that this action may cause uterine rupture. The increasing demand for sectio caesarean grew the term Caesarean Deliveri on Maternal Request.

In addition to the history of labor with sectio caesarean either section cecarean emergency or sectio caecarean elective is advised to give birth in midwifery facilities headed by a consultant or obsgin because this becomes one of the risk factors of postpartum bleeding in the next delivery. (Rifayani, 2012), and possible spontaneous uterine rupture in future pregnancies (Mochtar, 2011).

However, there is also a guideline which states that in fact women who have a history of a former cesarean is not required to give birth by cesarean delivery, but they have the option to plan further labor by way of a normal delivery or known as Vaginal Birth After Cesarean (VBAC) C-section. Due to the lack of information on this option, women with a history of former cesarean section tend to choose to perform a cesarean section again at the next delivery (ACOG, 2010).

CONCLUSION

Based on the analysis results can be seen that there is a relationship between the first delivery with the next delivery in PKU Muhammadiyah Yogyakarta Hospital in 2016 with a significance value of 0.000 or P Value <0.05 and has a value Phi 0.612 which means having a strong relationship. In deciding the type of labor to be used for childbirth should be consulted with the relevant midwife and / or doctor and not because of Caesarean Deliveri on Maternal Request, as every decision in the selection of the type of childbirth has an impact.

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