

## INTERNATIONAL JOURNAL OF HEALTH SCIENCE

Link Page: <https://ejurnal.politeknipratama.ac.id/index.php/ijhs>

Page: <https://ejurnal.politeknipratama.ac.id/index.php>

### EFFECT OF UPRIGHT POSITION ON FIRST STAGE PAIN IN PRIMIPAROUS MOTHER'S ACTIVE PHASE OF LABOR AT THE PUSKESMAS JUMPANDANG BARU MAKASSAR 2019

Dewi Parwati <sup>a</sup>, Susanti<sup>b</sup>

<sup>12</sup>Institute of Health and Business Siti Fatimah Mamuju  
email : [Parwatidewi27@gmail.com](mailto:Parwatidewi27@gmail.com)

#### ABSTRACT

The first stage process accompanied by pain which is a physiological process, is a subjective experience of physical sensations associated with uterine contractions, dilation and cervical thinning. Primiparous mothers are often worried because they do not understand how to deal with labor. Primipara tends to experience more anxiety to cause tension and fear so that it cannot withstand the pain.

The purpose of this study was to look for the effect of an upright position on pain in the first phase of the active phase of primiparous labor in the Puskesmas Jumpandang Baru Makassar in 2019.

The study was conducted in January to October 2019 at the Jumpandang Baru Public Health Center in Makassar. This type of research is a quantitative experiment with the Post Test Only Group Design approach. The population in this study were all women giving birth at the Jumpandang Baru Makassar health center in January to October 2019. The sample in this study was part of the population of women giving birth at the Jumpandang Baru Makassar health center in January to October 2019 as many as 15 people with Purposive Sampling.

**Keywords:** Upright Position Against Pain in the First Stage of Active Phase of Primipara Mother Delivery.

#### BACKGORUND

Labor is a process of opening and thinning of the cervix and the fetus descending into the birth canal. Normal labor and birth is the process of expulsion of the fetus that occurs at term (37-42 weeks), born spontaneously with a back of the head presentation, without complications for both mother and fetus (Holmes, D. 2012). According to the World Health Organization (WHO) in In 2015 the number of deliveries reached about 103 per 100,000 live births. Meanwhile, in 2016 the number of deliveries reached around 105 per 100,000 live births and in 2017 the number of deliveries reached around 108 per 100,000 live births. For ASEAN countries, especially in the Philippines and Thailand, it reached around 72 per 100,000 live births (WHO, 2017). The results of the 2015 Indonesian Health Demographic Survey (IDHS) noted that the number of deliveries was 31 per 100,000 live births. Meanwhile, in 2016 it was recorded that the number of deliveries was 32.6 per 100,000 live births and in 2017 it was recorded that the number of deliveries was 33.8 per 100,000 live births (IDHS, 2017).

Data obtained from the South Sulawesi Provincial Health Office in 2015 the number of deliveries was 44,623 people. Meanwhile, in 2016 the number of deliveries increased to 45,493 people and in 2017 the number of deliveries was 46,173 people (Ministry of Health, RI. 2017). Childbirth pain can be felt at every stage of labor, namely in the first stage to the fourth stage of labor. In the first stage of labor is the beginning of true labor contractions, which is characterized by progressive cervical changes ending with complete dilation (10 cm) in primiparas, the first stage lasts about 13 hours, while in multiparas it is about 7 hours (Sofian, A. 2012). The process of stage I accompanied by pain which is a physiological process, is a subjective experience of physical

sensations associated with uterine contractions, cervical dilatation and effacement. Primiparous mothers are often worried because they do not understand how to deal with childbirth.

Primiparas tend to experience more anxiety to the point of causing tension and fear so that they cannot withstand the pain (Rukiyah, AY. 2012).

However, the level of pain in the labor process felt by every mother in labor can be different. Stating that the feeling of pain during labor is subjective, not only depending on the intensity of his or her but also depending on the mental state of the mother when facing childbirth. The experience of pain and the amount of parity also affect the perception of pain, in general, primiparas have pain sensors that are more sensitive than multiparas (Holmes, D. 2012).

Efforts to overcome labor pain can use non-pharmacological methods. Non-pharmacological methods have a non-invasive effect, are simple, effective, and without harmful effects, increasing satisfaction during labor because the mother can control her feelings and strength. For this reason, many people choose non-pharmacological methods compared to pharmacological methods. Non-pharmacological methods that can be used to reduce labor pain include homeopathy, massage efflurance, imagination, biological feedback, music therapy, acupressure, hypnosis, water birth, relaxation and acupuncture (Tando, NM. 2013).

## **RESEARCH METHODS**

This design involved one group of subjects, one was given the Quasy Experiment treatment (the experimental group) and the other was given nothing (the control group). From this design, the effect of a treatment on the dependent variable will be tested by comparing the state of the dependent variable in the experimental group after being treated with a control group that is not treated (Hidayat, Az. 2014). In this study, the Post Test Only One Group Design was used

## **RESULTS**

The research was carried out from April to June 2019 at the Jumpondang Baru Health Center Makassar. This type of research was quantitative experimental with the Post Test Only One Group Design approach. The population in this study were all mothers who gave birth at the Jumpondang Baru Health Center Makassar from April to June 2019. The sample in this study was part of the population of maternity mothers who were at the Jumpondang Baru Health Center Makassar from April to June 2019 as many as 15 people with purposive sampling technique.

**Table 1 Distribution of Pain Frequency in Stage I Active Phase of Labor Before An upright position is held at the New Jumpandang Health Center Makassar Year 2019**

<b>Pain in the first stage of the active phase of labor before the upright position is performed</b>	<b>Frequency (f)</b>	<b>Percentage (%)</b>
Light (1-3)	0	0,0
Medium(4-6)	2	13,3
Weight (7-10)	13	86,7
<b>Amount</b>	<b>15</b>	<b>100,0</b>

Source: Primary Data 2019

Based on table 1 shows that of the 15 respondents who experienced moderate pain before the upright position was carried out as many as 2 people (13.3%) and severe pain as many as 13 people (86.7%).

**Table 2. Distribution of Pain Frequency in First Stage of Active Phase of Labor After Upholding in the New Jumpandang Health Center, Makassar in 2019**

<b>Pain in the first stage of the active phase of labor after an upright position is performed</b>	<b>Frequency (f)</b>	<b>Percentage (%)</b>
Light (1-3)	1	6,7
Medium(4-6)	13	86,6
Weight (7-10)	1	6,7
<b>Amount</b>	<b>15</b>	<b>100,0</b>

Source: Primary Data 2019

Based on table 2, it shows that of the 15 respondents who experienced mild pain after an upright position, 1 person (6.7%), moderate pain as many as 13 people (86.6%) and severe pain as many as 1 person (6.7%).

#### Bivariate Analysis

**Table 3. Effect of Upright Position on First Stage Pain in Primipara Mother's Active Phase of Labor At the Puskesmas Jumpandang Baru Makassar 2019**

<b>Treatment</b>	<b>F</b>	<b>Nilai Z</b>	<b>Nilai p</b>	<b><math>\alpha</math></b>
<i>Upright Position</i>	15	-3.508	0,000	0,005

Source: Primary Data 2019

Based on table 3, it shows that of the 15 people who were used as samples, after the Wilcoxon Signed Rank Test was carried out, the Z value was -3.508 and the p value = 0.000 which means  $H_0$  is rejected and  $H_a$  is accepted. Thus, it was concluded that there was an effect of an upright position on pain in the first stage of the active phase of labor for primiparous mothers at the Jumpandang Baru Health Center Makassar.

## **DISCUSSION**

An upright position in the first stage of labor is associated with benefits for both mother and baby, because it can provide relaxation and put a little pressure on the blood circulation so as to provide oxygen supply to the baby, besides that the upright position can also accelerate the descent of the head due to the earth's gravity so that it shortens the body. the first stage of labor. The first stage is the opening that lasts from zero to complete dilatation. The first stage of the active phase is a very important phase of the progress of labor, therefore every birth attendant must be able to control and supervise the labor process so as not to enter into a pathological situation to avoid things that endanger the condition of the mother and fetus during the labor process, especially in the first stage of the active phase. . Extension in the first stage of labor is one of the problems that often occurs in the labor process. The first stage of the active phase normally runs for 6 hours, if within 6 hours the opening is not complete, it can be said that the labor process is slowing down (Manuaba, 2014).

The results showed that of the 15 respondents who experienced moderate pain before the upright position was carried out as many as 2 people (13.3%) and severe pain as many as 13 people (86.7%) and 1 person experienced mild pain after the upright position (6.7%), moderate pain as many as 13 people (86.6%) and severe pain as much as 1 person (6.7%). and Ha accepted. Thus it was concluded that there was an effect of an upright position on pain in the first stage of the active phase of labor for primiparous mothers at the Jumpandang Baru Health Center Makassar.

## **CONCLUSION**

The results showed that of the 15 respondents who experienced moderate pain before the upright position was performed as many as 2 people (13.3%) and severe pain as many as 13 people (86.7%). upright position as many as 1 person (6.7%), moderate pain as many as 13 people (86.6%) and severe pain as many as 1 person (6.7%).

There is an effect of an upright position on pain in the first stage of active labor for primiparous mothers, the Z value is -3.508 and the p value = 0.000.

## **SUGGESTION**

It is hoped that the puskesmas will provide more counseling to mothers so that mothers understand the position of how to push during childbirth. It is hoped that further researchers will examine other variables and use other research methods.

## REFERENSI

1. Asri, Dwi. 2013. *Asuhan Persalinan Normal*, Yogyakarta : Nuha Medika
2. Asrinah, DKK. 2013. *Asuhan Kebidanan Pada Masa Persalinan*. Yogyakarta: Graha Ilmu.
3. Bobak M, Lowdermilk, Jensen MD. 2013. *Buku Ajar Keperawatan Maternitas*. Jakarta: EGC
4. Cunningham Gary. Et al. 2013. *William Obstetrics*.23<sup>th</sup> edition. USA: McGraw Hill Companies, Inc.
5. Darwinawati (2015) *Pengaruh Posisi Tegak (Upright Position) Terhadap Nyeri dan Lamanya Kala I Fase Aktif Persalinan Ibu Primipara di RSUD Kariadi Semarang (Jurnal pdf)*.
6. Fitriana, Y. 2018. *Asuhan Persalinan Konsep Persalinan Secara Komprehensif Dalam Asuhan Kebidanan*. Yogyakarta : Pustaka Baru Press
7. Hidayat, A. Aziz. 2014. *Metode Penelitian Dan Analisis Data*. Selemba Medika. Jakarta.
8. Holmes, D. 2012. *Buku Ajar Ilmu Kebidanan*. Jakarta : EGC.
9. Kemenkes RI. 2016. *Profil Kesehatan Kemenkes Republik Indonesia*
10. Kemenkes RI. 2017. *Profil Kesehatan Kemenkes Republik Indonesia*
11. Manuaba IBG. 2014. *Ilmu Kebidanan, Penyakit Kandungan Dan KB Pendidikan Bidan, Edisi2*. Jakarta: EGC
12. Mochtar. 2012. *Sinopsis Obstetri*. Jakarta : EGC.
13. Notoatmodjo, S. 2014. *Metodologi Penelitian Kesehatan*. Jakarta: Rineka Cipta
14. Prawirohardjo, S. 2013. *Ilmu Kebidanan*. Jakarta: Bina Pustaka.
15. Oktaviana, R (2014) *Pengaruh Posisi Tegak (Upright Position) Terhadap Nyeri dan Lamanya Kala I Fase Aktif Persalinan Ibu Primipara di RSUD Pakansari Bogor (Jurnal pdf)*.
16. Rukiyah, AY. 2012. *Asuhan Kebidanan IV Patologi Bagian 2*. Jakarta : TIM
17. Rukiyah, AY. 2014. *Asuhan Kebidanan IV Patologi*. Jakarta : TIM
18. Saifuddin AB. 2014. *Panduan Praktis Pelayanan Kesehatan Maternal Dan Neonatal*. Jakarta: EGC