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HUSBAND'S SUPPORT TO PREVENT PAIN DURING LABOR

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Abstract

Mothers who receive support during labor tend to have shorter labors and spontaneous vaginal births, less pain, and are less likely to require intrapartum analgesia than women who receive usual care without support. The purpose of this study was to determine the husband's social support to prevent labor pain in the Independent Practice of Midwife Ernita, Pekanbaru City. This study design uses qualitative research. The approach used in this study uses a descriptive phenomenological approach. Reporting uses the Standards for Reporting Qualitative Research: A Synthesis of Recommendations (SRQR) framework (O'Brien et al., 2014). This study was conducted at the Independent Practice of Midwife Ernita, Pekanbaru City. This study was conducted in May-June 2024. Informants were taken offline. This study uses a purposive sampling technique. The number of informants in this study was 7 people. The informants used in this study were 5 informants of mothers giving birth, 2 informants from husbands who were willing to sign informed consent. The results of the study showed signs felt by the mother during the labor process. Conclusion support given by husband during labor process can give positive affirmation to mother. Massage and relaxation as intervention for mind to body as non-pharmacological pain reliever. So that pain felt by mother during labor process is reduced and can make mother get positive and fast labor experience.

Keywords: *Support, Husband, Mother, Pain, Labor*

1. INTRODUCTION

Normal labor is a unique and dynamic process involving physiological and psychological aspects between the mother and fetus. Normal birth is where women begin, continue, and complete the process of spontaneous delivery of a newborn baby at term in the peak position without surgical, medical, or pharmaceutical intervention (ICM, 2014). Meanwhile, according to (Keighran, and Lohan, 2016) Labor is a normal psychological event in a woman's life and there is no disease that must be treated or cured.

The labor process is prepared to determine their ability to face labor. While women who are not ready explain the formation and unrealistic expectations in telling unnecessary worries and great fears. Therefore, the need for prevention of lack of labor readiness with antenatal education aims to increase women's readiness to give birth and increase self-confidence, increase the ability to make informed choices and decisions, strengthen the sense of control during the labor process and reduce fear of facing labor (El-Kurdy *et al*., 2017). During the labor process and after childbirth, both brains enter a very specific neurohormonal that is impossible to produce artificially or artificially. The psyche in the labor process is most likely mediated by hormones and nerves and also as certain cultural and personal problems. The peak of oxytocin and androgen hormones during labor is accompanied by the progressive

release of endorphins in the mother's brain which can cause the most special conscious state of labor without medication. Therefore, midwives and mothers easily recognize and are described as "labor fields", but this phenomenon has received little attention from neuropsychology (Olza *et al*., 2018).

Factors that can affect the success of the labor process are influenced by bio-physical, psychological, social (culture) and spiritual. These factors are very important during labor to get a normal, safe delivery and good maternal and infant conditions to prevent death and illness. The global maternal mortality rate is still high, around 287,000 women died during and after pregnancy and childbirth in 2020 (Who, 2024). Maternal health is a top priority for WHO. In addition, in line with the additional goal of Sustainable Development Goal 3 (SDG 3.1), it is targeted that no country will have a maternal mortality ratio of less than 70 deaths per 100,000 live births by 2030 (Sharma et al., 2022). Maternal deaths in sub-Saharan Africa and South Asia accounted for about 87% (253,000) of estimated maternal deaths in 2020. Sub-Saharan Africa accounted for about 70% of maternal deaths (202,000), while South Asia accounted for about 16% of maternal deaths (47,000) (WHO, 2024). Support during the birthing process contributes to healthier outcomes for the birthing person and her newborn and contributes to a positive birth experience (Falconi *et al*., 2022). Women in labor are often surrounded in the delivery room by midwives, husbands, family members and relatives (Hans, Cox and Medina, 2022). Feelings of calm, relaxation, safety and comfort are very supportive during the labor process so that the uterine muscles contract well, strong contractions and regular rhythm. The calm and positive thoughts felt by the mother will provide safe and effective contractions so that they push the fetus and search for the birth canal to open the cervix. Meanwhile, mothers who experience fear and anxiety can make the uterine muscles tense and stiff, causing a longer labor process (Nova, and Mardiani, 2018).

Based on the above, it is deemed necessary to conduct research on how husband's support can prevent labor pain. This is important considering that support is one of the most important things for a smooth labor process. Based on data obtained from the Riau Provincial Health Office (Dinkes), where deliveries in health facilities in 2021 were 84.8% and in 2022 it was 85.4%, while the target that must be achieved is 90%. Deliveries carried out in health facilities are a determining factor for the safety of childbirth and prevent an increase in the number of maternal deaths. The achievement of deliveries in Pekanbaru City increased in 2022 to around 88.7% while in 2021 it was around 86.3%. The achievement of this province is still below the target set (90%), but when compared to the achievement in 2021, there was an increase where the achievement of PF in 2021 was 84.8% (Dinas Kesehatan Provinsi Riau, 2022).

Based on a preliminary study conducted by researchers at Ernita Midwife Independent Practice, there are an average of 10-15 deliveries per month. The presence of companions and health workers during the delivery process provides social support to reduce anxiety and fear in mothers. Mothers who receive more support during the delivery process from their husbands have shorter deliveries, positive delivery experiences, higher satisfaction and better postpartum psychological conditions. Therefore, this study will be conducted to obtain a picture of husband support to prevent labor pain.

2. METHODOLOGY

This research design uses qualitative research. Qualitative research is related to the experience of life events experienced by participants and the aim is to understand what participants say and explain why informants say it (Austin, and Sutton, 2015). The approach used in this study uses a descriptive phenomenological approach. In descriptive research

involving naturalistic data where data is obtained naturally without intervention and manipulation of variables and describes a phenomenon and its characteristics (Nassaji, 2015). Qualitative research is usually difficult to assess because reporting is incomplete, so to complete the reporting using the Standards for Reporting Qualitative Research: A Synthesis of Recommendations (SRQR) framework (O'Brien *et al.,* 2014). This qualitative research approach is more appropriate because it is considered more appropriate to gain a deeper understanding of the study of husband support to prevent labor pain at the Independent Practice of Midwife Ernita, Pekanbaru City.

This research was conducted at the Independent Practice of Midwife Ernita Jl. Lobak, Delima, Kec. Tampan, Pekanbaru City, Riau 28292. This research was conducted in May-June 2024, the reason for choosing this place was based on the researcher's criteria. The researcher's criteria were mothers who gave birth at the Independent Practice of Midwife Ernita, mothers gave birth at the age of 20-35 years, during full-term pregnancy, mothers gave birth accompanied by their husbands. The informant retrieval in this study was conducted offline. This study used a purposive sampling technique. In purposive sampling, researchers select individuals and locations for research because they can intentionally inform understanding of the research problem and the central phenomenon in the study. Decisions need to be made about who the sample should be, what form the sampling should take, and how many people or sites need to be sampled. Then the researcher needs to decide whether the sampling is consistent with the information in the observational approach (Creswell, 2013).

The number of informants in this study was 7 people. The informants used in this study were 5 informants of mothers in labor, 2 informants from husbands who were registered and willing to sign informed consent. Triangulation in this study was the husband and the midwife. The main tool or instrument for data collection in qualitative research is humans or researchers themselves who can observe, ask, listen, request and take research data to be processed later. The human instrument is the researcher in qualitative research. Researchers must obtain valid data so that not just any source is interviewed (Alhamid, and Anofia, 2019). The interview used in this study is semi-structured. This recording tool is used during the interview to obtain comprehensive data during the interview. Field notes are used to record things that are not recorded with audio. Data analysis used in this study uses the structure provided by Collaizi's framework (Wirihana *et al*., 2018), allowing data transparency. The clarity in the structure provided and the ease of application are seen that this study uses a method that provides credible insights.

3. RESULTS

From the interview results, it was found that the signs of labor felt by the mother during the labor process were:

3.1 Uterine Contractions (UTC)

From the results of in-depth interviews, there were signs of labor such as contractions getting stronger, more frequent, feeling intense contractions, cramps and fatigue. The following is one of the informants' statements related to uterine contractions at P1, P2, P3, P5.

“At around 13.00 WIB in the afternoon, my contractions got stronger, I checked with the health center again and it turned out that it was only dilation, 2 (two) midwives there advised me to go home first to rest and eat food that could increase my energy for giving birth” (P1).

“Just feeling the contractions was amazing, miss. I don’t know anymore, the feelings were mixed.
“When I felt the contractions, I didn’t like a lot of noise, miss. I just told her to hurry up and get to the health center” (P3)
“I also experienced incredible pain during the contractions which made me feel exhausted and the contractions often came and went” (P5)

3.2 Birth Canal Pain

Based on the in-depth interviews that have been conducted, there are unique variations from informants, namely terrible pain and constant stomach cramps. The following are the statements of informants P2, P5, B1 B2.

“Yes, it was fun, but not fun. Luckily the labor process was fast, grandma, it took a long time, wow (while laughing a little), I went to the health center to get checked, I was 8 cm dilated” (P2).
“Yes, my stomach kept contracting, cramping, sis. I felt the pain was really between life and death” (P5).
“Yes, my stomach cramped and I felt like I was going to poop. It was really painful, sis” (B1)
“My wife was starting to not be able to stand the pain, sis” (B2)

3.3 Opening of the Birth Canal

Based on the results of in-depth interviews, informants expressed that the pain of the birth canal was like there was already an opening, and that one should not push until the opening was complete. The following is one of the statements of informants P1, P3, P5.
Around 20.30 WIB the contractions got stronger but the midwife said not to push yet. I'm afraid that if the opening isn't complete it will tear wide. After that the midwife left the room” (P1).
“The delivery process was fast, sis, so I'm just happy, sis. But I was a little disappointed, sis, because the midwife wasn't ready. But it's okay sis, thank God the process went smoothly" (P3).
"After opening at 1 pm, we were then told to go home. At 20.30 WIB we saw that it was already opening 4. To make it sound you have to have strong energy, sis. So that you don't hear it wrong" (P5).

3.4 Urge to Push or Push

From the results of in-depth interviews with mothers in labor, there is an urge to push like controlling your breath, there must be strength to push. The following are the statements of informants P1, P2, P3, P5, B1.
“Around 20.30 WIB the contractions got stronger but the midwife said not to push yet. I was afraid that if the dilation was not complete, it would tear wider. After that the midwife left the room” (P1).
“Yes, ma’am, I controlled my breathing too, but definitely didn’t scream hysterically” (P2).
“When I arrived, I was already fully dilated, but I was scolded for not pushing because the midwife wasn’t ready. Even though I was fully dilated, I definitely wanted to push. That’s why my child’s head was bumpy because I was told to hold it in” (P3)

"The dilation was at 1 Maghrib, ma'am, then I was told to go home. At half past 8, I saw that I was already 4 cm dilated and I was born at 23.30 WIB. You have to have a lot of strength to push, ma'am, so that you don't push wrongly" (P5)
"There was an urge to push but the dilation was not complete. I also experienced incredible pain that made me exhausted" (B1)

3.5 Support System

The following are informants' expressions regarding the support given during labor verbally to informants P1, P2, P4, P5, B1, B2.
"Always say come on sis, you can do it come on, you're great, you definitely can. Give me support, tell me to keep sleeping even for one minute, don't be afraid" (P1)
Come on, be strong, our child will be born. Soon we will be father and mother (more or less like that sis)" (P2)
"My husband always tells me not to be afraid, finally the fear disappears by itself and I start to believe that I am capable and able. Can be accompanied during labor, always alert when needed during labor and always supportive" (P4)
"This is my first experience giving birth, sis. Alhamdulillah, it was born normally and the midwife who helped me provided good service" (P5)
"I give support, come on, be strong, you definitely can, soon our child will be born, you have to be strong in facing it for our child" (B1)
"Yes, the support from the family is very supportive sis. Moreover, this is the first grandchild from my wife's family so it is very supportive and indeed all women feel pain during labor but it is only during labor" (B2)

4. CONCLUSIONS

The uterus consists of an inner mucosal layer, namely the endometrium or decidua, an intermediate muscle layer, namely the myometrium. The outer serous layer is the perimetrium, the myometrium consists of longitudinal and circular muscle fibers (Malik, Roh, and England, 2021). Regular uterine contractions or cervical dilation are basic indicators of labor regardless of phase or stage. The physiological process that increases changes in uterine muscle from contractions will continue to increase in strength as the time of delivery approaches (Hanley *et al.,* 2016).

Physical activity carried out by pregnant women can induce metabolic and hormonal changes that can affect the onset of uterine contractions, thereby increasing the signs of spontaneous labor (Rogozinska *et al*., 2017). At the time of labor, oxytocin levels were found to increase significantly in the blood. Oxytocin causes uterine contractions and the start of labor. The increased production of oxytocin during labor continues until the birth of the placenta. This increase in oxytocin levels is useful for preventing postpartum hemorrhage. Other benefits that mothers get from increasing oxytocin levels are reducing anxiety, stress, reducing pain and so on (Moberg *et al.,* 2019).

Labor pain is a complex event with subjective experiences that create a bond between a woman's mind, her body and her surroundings (Whitburn, 2013). Labor pain consists of four processes, namely transduction, transmission, central representation and modulation. Labor pain is not the same as acute and chronic pain associated with meaningful life experiences in life (Njogu *et al.,* 2021). The way to reduce pain during labor is for midwives to support mothers to give birth in a positive, gentle, safe, comfortable way and to be able to give birth easily (Sariati, Windari, and Hastuti, 2016).

Women experience pain during labor with mild, moderate and severe degrees. Pain is felt in the waist, vagina, lower abdomen and throughout the body. Women express labor pain through crying and screaming (Aziato *et al*., 2017). The need for effective labor pain management is very necessary because labor pain makes women tired and this can affect their ability to push during the second stage of labor (Dixon, Skinner, and Fourfeur, 2013).

Labor pain occurs due to the release of chemical mediators such as prostaglandins, thromboxanes, leukotrienes, bradykinins, histamine, substance P and serotonin which can cause stress. This condition can increase the transmission of hormones such as catecholamines and steroids resulting in vasoconstriction of blood vessels and weakened intestinal contractions. Excessive hormone transmission will cause uteroplacental disorders resulting in fetal hypoxia (Rejeki, and Irawan, 2012). The support given by the husband during the labor process can provide positive affirmation to the mother. Massage and relaxation as interventions for the mind to the body as non-pharmacological pain relievers. So that the pain felt by the mother during the labor process is reduced and can make the mother get a positive and fast labor experience.

We recommend the formation of a committee consisting of midwives, doctors, and social workers from each cultural sector to establish different policies that are appropriate for respondents in each medical center. The purpose of having labor assistance during medical interventions, additional surveys discussing the opinions of midwives can help in establishing policies on this issue.

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