PAIN ADAPTATION RELATIONSHIP IN FIRST STAGE OF THE LABOR WITH RELAXATION TECHNIQUE IN BPM BASHORI SURABAYA

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Abstract

Many women in the labor process can not adapt to the pain, because she has not experienced for the birth process, the mother also can not control her emotions because too tired. It will cause other problems during the birth process. Intervention to relieve labor pain one of them is to use relaxation techniques breathing. This study aims to know relationship relaxation techniques breathing with pain adaptation response in first stage of the labor in the BPM Bashori .

Analytic survey research design with cross sectional method. Women in labot process population totaled 33 respondents, with a large sample of 30 respondents with Non-Probability Sampling technique accidental sampling type. The independent variable is the Relaxation Breathing Techniques and the dependent variable is the Pain Adaptation Response. Data were collected using the observation sheet. Analyzed using the Fisher Exact test with significance level = 0.05 to determine the relationship between two variables.

Almost all respondents doing breathing relaxation techniques (90%) and almost all respondents can adapt to the pain (86.7%).

The final conclusion is, using relaxation techniques can reduce pain,can improve the quality of health care services on techniques reduce pain during labor to prepare the patient in her labor process with no pain.

Keywords: breathing relaxation techniques, pain adaptation response

INTRODUCTION

Childbirth is an important event that every married couple awaits. However, approaching the labor process of various feelings will mix in the hearts of pregnant women. In addition to being impatient to see his baby born into the world, fear and anxiety to face the process of labor raged in the mind. Childbirth and pain or pain have become an inseparable unity. (Anik, 2010)

The pain in labor in this case is the pain of uterine contractions that can lead to increased

activity of the sympathetic nervous system, blood pressure, heart rate, breathing with skin tone and if not immediately above I will increase fear, tension, fear and stress (Bobak , 2004). Labor pain may affect uterine contractions through increased secretion of catecholamia and cardiac levels and consequently affect the duration of labor. Pain can also cause uncoordinated uterine activity that will result in prolonged labor. Severe and prolonged labor pain may affect circulation or metabolic verification that must be addressed immediately because it can cause fetal death (Rosemary Mander, 2009). Many mothers who face the birth process can not adapt to the pain, most are the first mother to face the birth process, unfortunately the mother who can not control her emotions and too tired that will cause other problems during childbirth. (Anik, 2010).

The pain in labor in this case is the pain of uterine contractions that can lead to increased activity of the sympathetic nervous system, changes in blood pressure, heart rate, respiration with skin tone and if not treated promptly it will increase fear, tension, fear and stress. While in labor the mother must be in a state of relaxed or in a state that is not tense, because when the mother is tense then the mother will flow the stress hormone into the baby's body system. The stress hormone can

make the baby's heart rate increase and trigger stress on the baby. In addition, anxiety in the process of labor caused by the pain itself, in addition to causing the baby's heart rate to be so fast, can also caused prolong the second stage, and / or cesarean section, and also need more neonatal resuscitation assistance for the baby at birth. (Anik, 2010)

Interventions to reduce discomfort or pain during labor are the intervention of pharmacological and nonpharmacalogical pain. The technique of pain reduction during delivery with pharmacological therapy is by analgesic means of giving medicine to reduce pain and by means of anesthesia or anesthesia. But the midwife plays a major role in the prevention of nonpharmacological pain only, which includes the presence of a companion during labor, changes in position and movement, touch and mass, warm and cold compresses, soaking, acupuncture, aromatherapy, hypnosis, music, and by using breathing relaxation techniques. Respiratory relaxation is one of the most useful skills to overcome labor pain. Women who use these skills usually do not feel so ill compared to women who do not use (Whalley, et al. 2008)

RESEARCH METHOD

The research design used is an analytical survey that is a study prepared to analyze, explain a relationship and test based on existing theory. The design was used using cross sectional approach, where the researcher observed variables including risk factor (independent variable), respiratory relaxation technique of patient in the first stage card and several variables including the effect (dependent variable), namely the adaptation response of the patient's labor pain Inpartu kala I which is observed simultaneously at the same time.

The sample in this research is patient inpartu kala I at BPM Bashori in June -August 2016 which amounted to 30 people.

RESULT

a. The frequency distribution of respondents by age

Table 1: Distribution of frequency of respondents by Age at BPM Bashori in 2016

Ages	Frecuency	Persentage
< 20	8	26,7
20 – 35	19	63,3
> 35	3	10
total	30	100

Based on table 1 shows that from 30 respondents almost all respondents (63.3%) aged 20-35 years.

b. The frequency distribution of respondents by gravida

Table 2: Distribution of frequency of respondents by gravida in BPM Bashori in 2016

Gravida	Frekuency	Persentage
Multi	20	66,7
Primi	10	33,3
total	30	100

Based on Table 2 shows that from 30 respondents almost almost all respondents (66.7%) Multi gravida.

c. Distribution of frequency of respondents by opening

Table 3: Distribution of frequency of respondents by opening in BPM Bashori in 2016

Fase	Frekuency	Persentage
Latent fase	0	0
Aktif fase	30	100
Jumlah	30	100

Based on table 3 shows that all respondents (100%) of active phase opening.

d. The frequency distribution of respondents by job

Table 4: Distribution of frequency of respondents by occupation in BPM Bashori in 2016

Occupation	Frekuency	Persentage
Sales	8	26,7
Privat sector	15	50
Housewife	7	23,3
Jumlah	30	100

Table 4 shows that out of 30 respondents (50%) mostly work in the private sector.

e. Distribution of frequency of respondents by education

Table 5: Distribution of frequency of respondents by education in BPM Bashori in 2016

Education	Frekuensi	Persentase
Elementary	23	76,7
Middle	14	23,3
High	0	0
total	30	100

Based on table 5 shows that from 30 respondents almost all respondents (76.7%) level of basic education.

2. Specific Data

a. Frequency distribution of respondents based on breathing relaxation techniques

Table 6: Distribution of frequency of respondents based on breathing relaxation techniques at BPM Bashori in 2016

Relaxation tehcnique	Frekuency	Persentage
Able	27	90
not	3	10
Total	30	100

Based on table 6 shows that almost all respondents were able to perform respiratory relaxation techniques as much as 27 respondents (90%).

b. The frequency distribution of respondents based on the response of adaptation of pain

Table 7: Distribution of frequency of respondents based on response to pain adaptation In Patients Inpartu Kala I at BPM Bashori in 2016

Adaptation Response	Frekuency	Persentasage
Able	26	86,7
not	4	13,3
total	30	100

From table 7 shows that almost all respondents are able to adapt to pain as much as 26 respondents (86.7%).

c. The relationship between breathing relaxation techniques and the response of adaptation of pain

Results of cross-tabulation showed that respondents who were able to perform respiratory relaxation techniques (92.6%) were able to adapt to their pain, respondents who were unable to perform respiratory relaxation techniques (66.7%) were unable to adapt to the pain.

From the above table then analysis with Chi Square test with significance level = 0,05 shows p = 0,004 then p < , but because 3 cells do not fulfill requirement that is e <5 so that analysis is converted into Exact Fisher test with level of significance = 0.05 indicates p = 0.03 then p < that H0 is rejected means that there is a correlation between the response of adaptation of pain in patient inpartu kala I with breathing relaxation technique at BPM Bashori where using respiratory relaxation technique can reduce the pain.

DISCUSS

1. Respiratory Relaxation Techniques first stage of labor

Table 6 shows that almost all respondents were able to perform respiratory relaxation techniques as many as 27 respondents (90%) with help from midwives, and 3 respondents (10%) did not perform relaxation breathing techniques because they did not feel pain during contractions. Relaxation in labor is the process of resting the body and mind from all physical and psychological burden, so the

mother becomes more calm in facing labor process.

Based on Steer's opinion, relaxation is the most commonly used non-pharmacological pain control method in the UK. Steer reported that 34% of mothers used respiratory relaxation methods. Respiratory relaxation is one of the most useful skills to overcome labor pain. Respiratory skills to overcome this pain can be used during labor to deal with labor well which means not overwhelmed or panicked when faced with a series of contractions. Women who use these skills usually do not feel so ill compared to women who do not use them (Anik, 2010).

Relaxation techniques are techniques that provide the greatest input because relaxation techniques in labor can prevent excessive postpartum errors. The relaxation of breathing during the labor process can maintain the sympathetic saha system component in a homeostatic state so that there is no increase in blood supply, reducing anxiety and fear so that the mother can adapt to pain during labor (Mander, 2003). Relaxation and controlled breathing can improve their ability to overcome anxiety and increase the sense of being able to control that cause stress and pain (Schott, Priest, 2008).

From 30 respondents 27 respondents did relaxation breathing technique and 3 respondents did not perform relaxation breathing technique. This happens because in addition to the age of respondents who do relaxation and psychological techniques that are also quite mature then the mother can easily receive instructions from the midwife to perform relaxation breathing techniques when the pain lasts and not just focusing on yourself, so that the mother can rest the body and mind become more calm in the process of labor. The level of education is high enough to make respondents easily respond well what midwives or health workers advise because with low education there will be unclear communication and can cause mother's worries, and if the mother's concerns are not disclosed to health care providers and families , Will make the mother become sensitif

2. **Pain Adaptation Response first stage of labor**

Based on table 7 shows that almost all respondents are able to adapt to pain as much as 26 respondents (86.7%). The threshold of pain in each person is different. Depending on the condition of each person.

Adaptation is an adjustment to an assessment. In this case the individual response to an existing change in the environment that can affect the body's integrity baim physiologically and psychologically in adaptive behavior. The result of this behavior can be an attempt to maintain a balance of a state in order to return to normal, but everyone will differ in adpatip behavior (Andarmoyo, 2013)

At the onset of labor, the contractions may feel like ordinary lower back pain or cramps during menstruation. This initial contraction is usually short and weak. Coming approximately every 15 - 20 minutes. But some labor begins with strong contractions that are closer to the time span. Many women initially feel pain in their backs, which then propagate to the front. If contractions continue to come, but they last for less than 30 seconds, or if they are not strong enough, and if they are not close to the time, they are still in the prenatal stage or entering into preliminary labor. In true labor, the contractions will be strong, long, and more time-honored (Whalley, 2008)

Physiological adaptation is physically adjusting to respond to stimuli from the environment. The physiological response to labor pain is directed to changes in ventilation, circulation, metabolism, and uterine activity (Andarmoyo, 2013).

Psychological adaptation is a self-adjustment aimed at behavior in response to stimuli from the environment. The observed behavioral responses to labor pain such as vocalizations referring to the resulting sound include moans, moans, screams or weeping. On the other side of facial expressions can show that women are experiencing labor pain, such as clenched teeth, hardened jaw muscles, and closed eyes tightly. Movements of the body such as very restless also related behaviors or response to labor pain (Rosemary Mander, 2010).

Social adaptation is a self-adjustment that is demonstrated by the ability of social interaction between a person and another person. Pain can also lead to an observable behavioral response from vocalization, body movement, and impaired social interactions (Indrayani, 2016).

From 30 respondents there are 26 respondents can adapt to nyerinya and 4 respondents can not adapt to nyerinya, the average respondents are able to adapt physically. This is because the majority of respondents are farmers. Daily activities as farmers make respondents accustomed to hard work that makes the muscles of his body are not rigid so they are able to adapt physically. Also because the measurement for physical adaptation is too close. Most respondents are not able to adapt psychologically because the emotional level of each person is different, all of them influences from the environment, from family environment, neighbor and so on. The majority of respondents are able to adapt socially and most respondents are still able to adapt psychologically, these respondents are able to adapt socially, otherwise respondents who are not able to adapt psychologically, respondents are not able to adapt socially because if the patient is in anxious state the patient will be difficult to invite Communicate and difficult to be cooperated so that patients are also said to be unable to adapt socially. This is in accordance with Bobak (2004) theory, unclear communication and more self-centered attention, disturbed by circumstances, difficult to work with, interaction with others is reduced, said to be unable to adapt socially.

3. Relationship Between Respiratory Relaxation Techniques With Pain Adaptation Response In Patients Inpartu Kala I at BPM Bashori

The result of research of correlation between respiratory relaxation technique with the response of adaptation of pain was analyzed by Chi Square statistic test with significance level = 0,05 showed p = 0,004 then p < , but because 3 cells did not fulfill requirement ie e <5 so the analysis was changed to Exact Fisher test with significance level = 0,05 shows p =

0,03 then p < so H0 rejected mean there is relation between respiratory relaxation technique with response of adaptation of pain in patient inpartu kala I at BPM Bashori.

The pain of labor does not always mean that something is wrong (like pain caused by injury or illness). Pain is a normal part of childbirth, which means the baby in the womb is following its time to be born. Knowing some methods of overcoming the pain will help the mother to not feel so scared. Not only that, using some of these skills during labor will help feel stronger (Whalley, 2008). The pain in labor in this case is the pain of uterine contractions which can lead to increased activity of the sympathetic nervous system, changes in blood pressure, heart rate, respiration with skin color and if not resolved soon it will increase fear, tension, fear and stress (Bobak, 2004).

Breathing is a must in our hiudp. With each breath, we breathe oxygen and release carbon dioxide. Wrong breathing will result in inadequate disposal of carbon dioxide, which causes a person to be easily stressed, panicked, depressed, tense, headache, and tired (Evariny A, 2007) Respiratory skills to overcome this pain can be used during labor to cope Childbirth well which means not overwhelmed or panicked when faced with a series of contractions. Women who use these skills usually do not feel so ill compared to women who do not use them (Whalley, et al. 2008).

Relaxation reduces the tension and fatigue that intensify the pain that the mother feels during labor and birth. It also allows the maximum availability of oxygen for the uterus, which also reduces pain, because the working muscles (which make the uterus contract) become sick if oxygen deprivation. In addition, the mental concentration that occurs when the mother consciously relaxes the muscles helps to shift the mother's mother from the pain of contraction time and therefore, will reduce mother's awareness of pain (Whalley, 2008).

Adaptation is an individual process in which each individual has the ability to solve problems or respond to different levels (Brunner, 2001). The Adaptation component

consists of physiological adaptations that are physically adjusting to respond to stimuli from the environment ie by breathing relaxation techniques that can retain the components of the sympathetic saha system in a homeostatic state. Psychological adaptation is a self-adjustment aimed at behavior where relaxation techniques can make the mother relax and relax. Social adaptation is a self-adjustment shown by the ability of social interaction between a person with others where the relaxation techniques that relieve pain can make a person can easily socialize.

According to the facts, respondents who performed respiratory relaxation were more able to adapt to pain than those who did not perform relaxation breathing techniques. It is also influenced by the activity of respondents who mostly work as farmers. And the more variations of pain reduction techniques used, the more patients are able to adapt to pain

From 30 respondents 27 respondents did relaxation breathing technique and 3 respondents did not perform relaxation breathing technique. This happens because in addition to the age of respondents who do relaxation and psychological techniques that are also quite mature then the mother can easily receive instructions from the midwife to perform relaxation breathing techniques when the pain lasts and not just focusing on yourself, so that the mother can rest the body and mind become more calm in the process of labor.

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