



THE INFLUENCE OF HYPNOBIRTHING INTERVENTION ON THE INTENSITY OF LABOR PAIN AND THE PROMOTION OF EARLY BREASTFEEDING INITIATION IN NEONATES: AN INVESTIGATION WITHIN THE TANJUNG SAMAK WORK AREA IN 2022

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ABSTRACT

Labor pain is a physiological experience for all women during childbirth, with most (91.9%) experiencing severe pain due to uterine contractions. Excessive pain can lead to stress, inhibiting contractions. Hypnobirthing, a non-pharmacological technique, can reduce labor pain and facilitate early breastfeeding initiation (IMD). This quantitative quasi-experimental study aimed to assess the effect of hypnobirthing on labor pain intensity and IMD success. Conducted from February to April 2022, it involved 20 women, with 10 in the intervention group and 10 in the control group. Pain intensity and IMD success were measured using a numerical scale, analyzed with a dependent T-test (significance < 0.05). Results showed significant effects of hypnobirthing on reducing labor pain ($p = 0.001$) and improving IMD success ($p = 0.000$). It is recommended that midwives in Tanjung Samak be trained in hypnobirthing to enhance childbirth outcomes.

KEYWORDS: Hypnobirthing, IMD, Pain.

INTRODUCTION

The majority of women in labor (91.9%) endure substantial pain due to physiological processes such as uterine contractions, cervix stretching, and cervical dilation (Legiati Titi & Widiawati Ida, 2013). Uterine contractions are crucial for guiding the baby's head towards the pelvic region, primarily occurring in the fundus area of the uterus, with increasing intensity and frequency (Rahmawati A, Hartati, & Sumarni, 2016).

Labor pain activates the sympathetic nervous system, increasing plasma catecholamines (e.g., epinephrine), which can disrupt uterine contractions, prolong labor, and pose risks to both mother and baby (Rilyani, 2017). Effective pain management during labor is thus critical.

Exclusive breastfeeding in Indonesia remains below the desired threshold of 80%, with only 42% reported in 2013 (Indonesian Ministry of Health, 2015). Neonatal deaths, primarily occurring within the first week, can be mitigated by early initiation of breastfeeding (IMD) and exclusive breastfeeding (Moascara, 2011).

Hypnobirthing, a non-pharmacological technique, offers pain relief during labor without the costs and potential

side effects of medical interventions (Sri Rejeki, 2013). It posits that a fear-free childbirth can lead to relaxed uterine muscles, facilitating an easier birthing process.

Research supports hypnobirthing's efficacy in reducing labor pain and improving IMD success. Shawn Gallagher (2001) found that the active phase of labor for nulliparous women was reduced to 4.5 hours with hypnobirthing, compared to 12 hours without. Similarly, the second stage of labor decreased from 2 hours to 1 hour. Yulia (2013) in Surabaya found a significant reduction in pain intensity for hypnobirthing-assisted births ($p=0.005$), with a Mann-Whitney test p -value of 0.025 indicating a clear difference in pain levels.

In Tanjung Samak, Meranti Islands Regency, 68 third-trimester pregnant women were studied. Prior to hypnobirthing implementation, many expressed significant pain during labor. After receiving hypnobirthing training, mothers reported positive outcomes, using techniques such as muscle relaxation and breathing exercises to manage pain effectively.

Given this background, the research titled "The Influence of Hypnobirthing Intervention on the Intensity of Labor

Pain and the Promotion of Early Breastfeeding Initiation in Neonates: An Investigation within the Tanjung Samak Work Area in 2022" was conducted.

METHOD

The research design for this study is quantitative, employing a quasi-experimental approach. It involves two groups: an intervention group, where hypnobirthing techniques are implemented, and a control group, serving as a comparative reference. Both groups will be assessed using the Numeric Rating Scale (NRS) instrument to measure the intensity of labor pain. The target population for this research comprises all mothers in the first active phase of labor within the Tanjung Samak Community

Health Center working area. The quasi-experimental design allows for a comparative analysis between the intervention and control groups, offering insights into the potential effects of hypnobirthing on labor pain intensity in this specific community health setting.

RESULTS AND DISCUSSION

The research, conducted in February-March 2022, focused on examining the Impact of Hypnobirthing on Labor Pain Intensity and the Success of Early Breastfeeding Initiation in the Tanjung Samak Work Area. The study involved 20 respondents, and the findings from this investigation are presented in the subsequent tables.

Table 1: The Effect of Providing Hypnobirthing on the Intensity of Childbirth Pain in the Tanjung Samak Work Area in 2022.

	Group n	Mean	elementary school	Min	Max	P value
Pain Intensity	Intervention 10 control 10	7.20 13.80	1.19 1.37		8 10	0.001

Table 1 displays that the average pain intensity with the intervention was 7.20, ranging from a minimum of 4 to a maximum of 8. Conversely, the group without intervention exhibited an average pain intensity score of 13.80, with a minimum of 5 and a maximum of 10. As a

result, the p-value is 0.001. With $0.001 < 0.05$, H_0 is rejected, signifying a significant difference in the average intensity of labor pain between the intervention and control groups.

Table 2: The Effect of Providing Hypnobirthing on the Success of IMD in the Tanjung Samak Work Area in 2022.

	Group n	Mean	elementary school	Min	Max	P value
Time IMD success	Intervention 10 Control 10	38 57	5.37 33.01	30 60	45 90	0,000

Table 2 illustrates that the average successful IMD time with the intervention was 38 minutes, with a standard deviation of 5.37, ranging from a minimum of 30 to a maximum of 45 minutes. On the other hand, the average IMD time in the control group was 57.00 minutes, with a standard deviation of 33.01, ranging from a minimum of 60 minutes to a maximum of 90 minutes. Due to the non-normal distribution of the data, a non-parametric test was utilized to compare IMD between the treatment and control groups, resulting in a p-value of 0.000. Consequently, with $0.000 < 0.05$, H_0 is rejected, indicating a significant difference in the success of IMD in newborns between the intervention and control groups.

deviation of 5.37. Conversely, the mean duration in the control group was 57.00 minutes, with a standard deviation of 33.01, and durations ranging from 60 to 90 minutes.

In this study, it is evident that the intervention group, comprising the hypnobirthing participants, had an average pain intensity of 7.20, with a minimum score of 4 and a maximum score of 5. In contrast, the control group experienced an average pain intensity of 13.80, with a standard deviation of 1.37, and pain scores ranging from 8 to 10.

Drawing from related research on hypnobirthing conducted by Nur Kholilah (2008) in the work area of Kasihan 1 Community Health Center, Bangunjiwo, Kasihan, Bantul, Yogyakarta, titled "The Effect of Hypnobirthing on the Success of Early Breastfeeding Initiation," it was found that hypnobirthing significantly influenced the success of early breastfeeding initiation. The study involved 30 pregnant women, divided into an experimental group of 15 and a control group of 15. The average time for mothers to find the breast was shorter in the hypnobirthing group (26.8 minutes) compared to the non-hypnobirthing group (58 minutes), with a difference of 31.1 minutes. The research concluded that hypnobirthing positively impacted the success of early breastfeeding initiation in third-trimester pregnant women.

The average duration of successful IMD in the hypnobirthing group was 38 minutes, with a standard

deviation of 5.37. These findings are supported by statements from respondents who reported feeling calmer, more comfortable, and confident after undergoing

hypnobirthing. Additionally, other research indicates that hypnobirthing is effective not only in reducing labor pain but also in promoting postpartum calmness, thus expediting the IMD process compared to situations where hypnobirthing was not utilized.

CONCLUSION

The hypnobirthing group exhibited a mean pain intensity of 7.20, with a standard deviation of 1.19, ranging from a minimum of 4 to a maximum of 5. Conversely, the control group had an average pain intensity of 13.80, with a standard deviation of 1.37, and pain scores ranging from 8 to 10. The average success of IMD in newborns within the hypnobirthing group was 38 minutes, with a standard deviation of 5.37, and durations ranging from 30 to 45 minutes. In contrast, the control group had a mean IMD duration of 57.00 minutes, with a standard deviation of 33.01, and durations ranging from 60 to 90 minutes. The study confirms the influence of hypnobirthing on the intensity of labor pain and the success of IMD in newborn babies within the Tanjung Samak work area.

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