Bradley and Hypnobirthing Models in an Antenatal Class to Overcome Anxiety for Pregnant Women at PMB and Puskesmas, Palembang City 2019

1st Heni Sumastri
Midwifery Major
Politeknik Kesehatan Kemenkes Palembang
Palembang, Indonesia
henisumastri@poltekkespalembang.ac.id

2nd Ellita Vasra
Midwifery Major
Politeknik Kesehatan Kemenkes Palembang
Palembang, Indonesia
Fikaaam.anakmama@gmail.com

Corresponding author: henisumastri@poltekkespalembang,ac.id

Abstract - **Pregnancy and childbirth are natural processes that women experience in their life cycle. Obstruction induced by anxiety and pain at delivery can lead to artificial interventions such as a C-section (SC). In 2011, the percentage of SC increased dramatically to 30-80% in private hospitals in Indonesia. The bad impact of pregnant women anxiety triggers the stimulation of uterine contractions. The result of this condition can increase blood pressure so that it can trigger preeclampsia and miscarriage (Maharani, 2008 in Novriani, 2017). The purpose of this research is to see the effect of health education Hypnobirthing (done by officers) and the Bradley Method (husband - trained to do affirmations). Quasi experimental research design with pre and post methods. Research sites at PKM Pembina Palembang and BPM Husniyati Palembang. The population was all third trimester pregnant women and samples after the study for each intervention amounted to 22 for pre intervention and 22 for intervention pots so that the total sample was 44 respondents.The results showed that the age of respondents at low risk was 86.4%, low parity was 18 people (81.8%) and respondents who worked were 7 people (31.8%). There were significant differences before and after the intervention both Hypnoprenatal (: p value = 0, 000) and the Bradley method (p value = 0.024). There is no difference before and after Hypnoprenatal intervention: p Value = -0.069, Bradley Method: p Value = 0.418. The results of the correlation test on hypnoprenatal p value = 0.106 and the Bradley method p value = -0.183 means that there is no influence before and after the intervention. Suggestions are expected that after this research, the self hypnosis manual that the author has made becomes a reference or reference for mothers in doing hypnosis.**

Keywords: Bradley Method, hypnobirthing, anxiety

I.   INTRODUCTION

When Pregnant Improper posture will force additional stretching and fatigue in the body, especially in the spine, causing pain or pain in the back of the pregnant woman. Low back pain is pain that is felt in the lower back area, it can be local pain (inflammation) or radicular pain or both. Labor pain is a response to nervous stimulation caused by uterine contractions and tissue damage during labor and vaginal delivery.

Labor and delivery are normal physiological events. Labor is the release and excretion of products of conception (fetus, amniotic fluid, placenta and amniotic membrane) from the uterus via the vagina to the outside world.

Perceptions of pain or pain tolerance vary depending on the individual, and the intensity of pain during labor affects the psychological state of the mother, delivery, and the well-being of the fetus. Pain is a sensation of discomfort that post partum mothers often complain about. Pain has a very complex impact on the care of post partum mothers, including: inhibition of early mobilization, inhibited lactation, inhibition of the bonding attachment process, feelings of fatigue, anxiety, disappointment due to discomfort, disturbed sleep patterns, and even if prolonged pain will increase the risk of post partum blues. The use of evidence-based practice methods provides more opportunities for nurses to think critically in order to make decisions and take appropriate actions according to the problem and the uniqueness of the patient.

Most (90%) of deliveries are accompanied by pain (Oxorn, DC). Pain during labor is common and is a process that involves the mother's physiology and psychology. Pain is a cause of frustration and hopelessness, so that some mothers often feel that they will not be able to go through labor (Niven & Gijsbers, 1994; Potter & Ann Griffin, 2006). Murray reported the incidence of pain in 2,700 mothers, 15% experienced mild pain, 35% with moderate pain, 30% with severe pain and 20% of deliveries with very severe pain (Murray, et al., 2002).

In Indonesia, there are 373,000,000 pregnant women who experience anxiety in the face of childbirth, as many as 107,000,000 people (28.7%). While the entire population on the island of Sumatra, there are 679,765 pregnant women who experience anxiety in facing childbirth 355,873 people (52.3%) (Depkes RI, 2008).

The bad impact of pregnant women anxiety triggers the stimulation of uterine contractions. The result of this condition can increase blood pressure so that it can trigger preeclampsia and miscarriage (Maharani, 2008 in Novriani, 2017). Low birth weight babies (LBW) and premature babies are also a negative impact of anxiety in pregnant women (Spitz, 2013). Age, parity of pregnant women, level of education, and occupation are factors that cause anxiety levels in primigravida pregnant women (Handayani, 2015).

In order to determine the availability of information for parents, providers, and childbirth educators in the most relevant natural methods, "natural birth education" was carried out. The most common types of classes are the Bradley, Lamaze, and hypnobirthing Method

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The results of a preliminary survey that had been carried out in the working area of the Puskesmas Pembina, BPM Lismarini and the Independent Practice Midwives. The results of the interview show that both primigravida and multigravida mothers experience anxiety, the intensity of anxiety is more frequent when imagining the birth that they will undergo, whether the mother will give birth normally or not, and whether the fetus is normal or not. The number of pregnant women in November 2017 was 236 mothers with primigravida criteria as many as 647 pregnant women

The purpose of this study was to determine the effect of the Bradley method and prenatal hypno-prenatal anxiety in pregnant women

II. RESEARCH METHODOLOGY

The research design used in this study was "One Groups Pretest-Posttest Design", a research design that contained a pretest before being treated and a posttest after being given treatment. and then to see the effect of treatment based on its significance is to analyze the difference test using statistical T-test
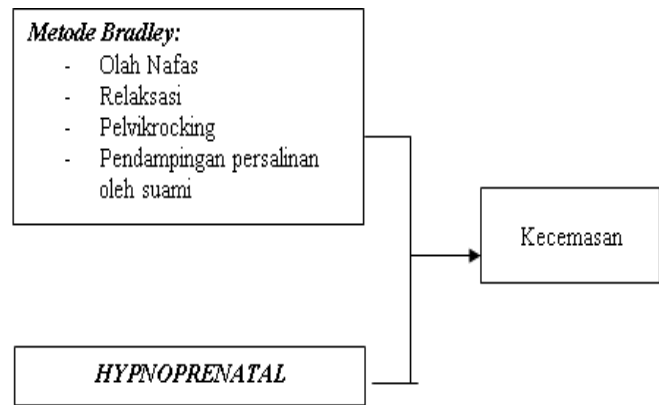
Place: Public of health and Midwifery Pracrice in Palembang City

Implementation Time: September - December 2019

Population:

The population was all pregnant women who were in Puskesmas Pembinda and Midwife Practical Mandiri Husniyati Palembang with the following criteria for inclusion: Normal pregnant women, gestational age> 37 weeks. Next, the researchers determined the number of samples as many as 32 people. So that the number of samples for each group amounted to 11 pregnant women for pre and 11 people for the post group in 1 method so that the total number was 44 samples.

Hypothesis:

There is an effect of Bradley's model and hypnoprenatal on anxiety in pregnancy

Data processing :

Collecting and coding data (editing & coding), scoring (scoring), entering data (data entry), data tabulating

Data processing: The data is processed with a frequency distribution system and testing the relationship between variables with statistical tests. The statistical test formula used is: correlation test with chi square and to assess the difference with the T test with a significant degree if $P < 0.005$.

Data analysis

Data analysis using the help of statistical analysis software used: Chi Square test to see the equality of respondent characteristics, T-test, namely: a statistical test that compares the mean of two groups of data is called the mean difference test and correlation test

III. RESULTS

From the number of samples, it was determined that each group amounted to 22 before the intervention and 22 after the intervention so that the total sample was 44 samples. The study was conducted from October to December 2019 at the Puskesmas Pembina Palembang (antenatal class) and Bidan Husniyati and midwife lismarini.

The characteristics of pregnant women who were the subjects of the study consisted of age which was divided into 2 categories low (> 20 and <35 years) and high (<20 and> 35 years), parity was divided into 2 categories (low; 1 child and more high). of 1 child), the work is divided into 2 categories (working and not working)

Table 1. Characteristics of pregnant women who were research subjects in the 2 study groups

No	Karakteristik		n=22	%
1	Age	- Low	19	86,4
		- High	3	13,6
2	Parity	- low	18	81,8
		- high	4	18,2
3	Work	- low	7	31,8
		- High	15	68,2

In table 4.1 above, it can be seen that the age of the respondents when the research was carried out was in the low risk category amounting to 86.4%, low parity amounted to 18 people (81.8%) and the respondents who worked were 7 people (31.8%)

Table 2. Differences in the Characteristics of Respondents based on Age, Parity and Occupation with the Bradley method and antenatal class at Puskesmas Pembina and BPM Husniyati Palembang in 2019

	Group				P value
	I		II		
	(n=11)		(n=11)		
Mothers Age					
Higrh Risk	2	18,18	5	45,45	0,28
Low Risk	9	81,82	6	54,54	4
Number of Children					
High	9	81,82	5	45,45	0,00
Low	2	18,18	6	54,46	0
Work					
Work	6	54,54	3	27.27	0,00
Don't Work	5	45,46	8	72,73	0

Information :
- Group 1: Antenatal Class
- Group II: Bradley Method

From table 4.2 above, it can be seen that maternal variables are normally distributed p value> α (0.005), parity and work variables get p value <α (0.005), which means the data is not normally distribute

The pain category in this study was divided into 3 categories, namely No Pain (<3) Mild Pain (3-4), moderate pain (4-6) and Severe (7-10).

Table 3. Differences in levels of anxiety before and after the intervention of the Bradley Method and Hypnoprenatal at the Community Health Center and the Palembang City Independent Practice Midwives in 2019

	Group							
Anxious Level	Hypnoprenatal class N = 11				Bradley Metode N = 11			
	Before		After		Before		After	
- Not	0	0	0	0	0	0	1	9,10
- Light	7	63,64	5	45,45	7	63,64	7	63,63
- Moderate	4	36,36	6	54,55	4	36,36	3	27,27

Information :
- Hypnoprenatal: p Value = -0.069
- Bradley Method: p Value = 0.418

From table 4.4 above, it can be seen that for hypnoprenatal intervention, the anxiety felt by the mother was moderate before the intervention mild anxiety was 63.64% and after intervention there were 5 people 45.45% and before the intervention moderate anxiety was 36.36% and after intervention. intervention person 54.55% then for the Bradley method before the intervention mild anxiety amounted to 63.36% and moderate 36.64%, after the intervention there was a shift in anxiety without pain 9.10%, mild 63.36% and moderate 27.27%

Table 4 : Differences Before and after Intervention based on Cortisol Levels in Community Health Centers and Independent Practicing Midwives of Palembang City in 2019

No	Category	Mean	Standard deviation	ρ Value
1	Hypnoprenatal class Before and After Intervention	-4,000	13,924 (-16,449-8,449)	0,490
2	Bradley Method Before and after the Intervention	-2,364	11,935 (-10,382-5,655)	0,526

Note: Paired T test

The results of the hypnoprenatal correlation test showed that the results before and after the intervention p value = 0.490, meaning that there was no effect before after the intervention and the Bradley correlation test method before and an internevsi p value = 0.526 also had no effect before and after the intervention

IV. DISCUSSION

The age of the respondents at the time of the study was in the low risk category, amounting to 86.4%, based on the previous theory that age has a very big influence on emotional maturity and depression mechanism of a person in dealing with problems including ongoing pregnancy, low parity of 18 people (81.8%) based on the previous theory, low parity increases the risk of experiencing pain greatly because in women with no experience, the risk of complications will be greater, pain causes many problems that lead to pathological problems for both pregnant and childbirth mothers while respondents who work have an emotional risk to increase anxiety in the end leads to very intense pain, feeling tired, and lack of rest. Pregnancy is a physiological thing that occurs in women of reproductive age. During pregnancy, changes occur in the mother, both physically and psychologically. In general, the physical changes during pregnancy are: amenorrhoea, enlarged breasts, changes in the shape of the uterus, changes in the work system of the organs, enlargement of the stomach, weight gain, weakening of the relaxation of the digestive tract muscles, sensitivity to sensation, and enlarged legs and arms (Pieter & Lubis, 2010).

Almost all primigravida pregnant women experience worry, anxiety, and fear both during pregnancy, during labor and after delivery. The pregnant woman will have disturbing thoughts as a development of anxious reactions to the stories she has acquired. Concerns and worries for pregnant women if not handled seriously will have an impact and influence on physical and psychological, both the mother and the fetus.

Mothers who experience anxiety or stress, the signal travels through the HPA (Hypothalamus-Pituitary-Adrenal) axis which can cause the release of stress hormones including Adreno Cortico Tropin Hormone (ACTH), cortisol, epinephrine, ß-endorphin, Growth Hormone (GH), prolactin and Lutenizing Hormone (LH) / Folicle Stimulating Hormone (FSH) (Suliswati, 2012).

Family support is the help or support that individuals receive from someone in their life and in the family environment such as husbands, parents, in-laws, which make the recipient feel

cared for, valued and loved, while those who receive family support understand the meaning of support provided by the family. Family support is very much needed for pregnant women, more so before the delivery period arrives.

The family support closest to a pregnant woman is from her partner (husband), in this case the husband can provide support in the form of giving encouragement and attention to his wife, fostering good relationships with partners, taking light walks while chatting, speaking softly, positively and etc. That way, the wife can be mentally strong to face everything during her pregnancy and also before her delivery.

Incorrect timing of working mothers increased to trigger stress and psychological disorders amounted to 7 people (31.8%). Work A job is an activity that a person does, especially to support his life and his family so as to generate income in the form of money (Narbuko, 2002). Work can generate income that will increase family finances, so that pregnant women are really ready to face the birth later. This is in accordance with the opinion of Purwatmoko (2001), that with an increase in income, health care and services can be guaranteed. A mother be able to find all the health information about her and the baby in her womb, so that she can have a safe and enjoyable 27 pregnancy and prevent anxiety. The occupation of pregnant women not only shows the socioeconomic level, but also shows the presence or absence of interaction of pregnant women in the wider community and active in certain organizations, with the assumption that working mothers will have higher knowledge and receive information more quickly than mothers who do not work.

Hypnoprenatal intervention before the mother's pain was 63.63% moderate and 36.37% severe. After the intervention, there was a shift in the mild category to 36.37% and moderate to 63.63%. This shows that distraction as a result of giving affirmations to the mother during the prenatal period as a distraction of pain that is often experienced by mothers until delivery can be overcome as long as the mother is willing to practice to always think positively and rationally so that whatever is experienced will not lead to problems that end in complications that occur. in the third trimester of pregnancy, childbirth and the puerperium are also breastfeeding. Pain that occurs in each mother will be felt according to the sensory system that applies to each individual, and can also be influenced by external factors such as previous birth experiences, family support and so on.

The Bradley intervention method before the intervention, the pain that was felt was 54.54% and 45.46% severe, while after the intervention there was a shift in pain to mild 36.36% being 54.54% and severe 9.10%. There is no significant shift but still progressively shows positive things that support from the husband, especially what is expected by the mother, the husband's attention is a form of partner's affection when the mother often feels discomfort, caresses or gently strokes her husband or partner giving the mother's emotional difference, calm, comfort and feeling. safe for partners during pregnancy, childbirth, postpartum and breastfeeding strongly supports the physiological changes that occur in mothers, the Bradley method is the basis of theory that upholds complete partner support during pregnancy, childbirth, postpartum, there have been many studies explaining the impact that comes with the presence of a husband as a couple.

After Hypnoprenatal anxiety felt by the mother was moderate before the intervention mild anxiety amounted to 63.64% and after intervention there were 5 people 45.45% and similarly before the intervention moderate anxiety was 36.36% and after the intervention mild people 54.55%. The hyno method is a method of exploring the problems of the mother's subconscious so that she can overcome worry, anxiety when exploring the mother's subconscious mind, she must be able to overcome the fear of anxiety that occurs.

Furthermore, for Bradley, the method before the intervention, mild anxiety was 63.36% and 36.64% moderate, after the intervention there was a shift in anxiety not anxious 9.10%, mild anxiety 63.36% and moderate 27.27%. The results of this study are very good but have not shown very significant results. Stress is a condition caused by a stressor. Stress can also be interpreted as a homeostatic disorder that causes changes in the physiological balance resulting from physical and psychological stimuli.

The types of stressors that can induce a stress response are: physical (trauma, surgery, intense heat or cold), chemical (decreased O2 supply, acid-base imbalance), physiological (strenuous exercise, hemorrhagic shock, pain), infectious (bacterial invasion), psychological or emotional (anxiety, fear, sadness) and social (personal conflict, lifestyle changes).

The results of the correlation test on hypnoprenatal showed that the results before and after the intervention p value = 0.490 means that there is no effect before after intervention and Bradley correlation test method before and after internevsi p value = 0.526 also there was no effect before and after the intervention.

V. CONCLUSION

1) Characteristics of the Respondents are age in the low risk category, low parity and respondents who work are still low
2) There are significant differences before and after the intervention both Hypnoprenatal and Bradley methods between pain and the intervention performed
3) There is no difference before and after the intervention
4) The results of the hypnoprenatal correlation test showed that there was no effect before after intervention and the Bradley correlation test method before and for an intervention p value = -0.183 also had no effect before and after the intervention

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