THE EFFECTIVENESS OF TRIAL POSITION, HALF-SITTING POSITION AND DORSAL RECUMBENT IN STAGE II LABOR TO REDUCE TRAUMA IN NORMAL LABOR IN THE HOSPITAL. RHIDOS

Marlina L. Simbolon[1], Ingka Kristina Pangaribuan[2], Kamelia Sinaga[3], Annisa Grananda[4]
[1] STIKes Mitra Husada Medan
correspondence author: Telepon: 082164003047, E-mail
simbolon.marlina@yahoo.com

Abstract

The high rate of cesarean section delivery is influenced by many things. One of them is the trauma of childbirth to the mother due to the long labor time. This can be due to the incorrect position of the labor. Most of the maternal and perinatal deaths occurred during delivery. One of the causes is long period II (37%) and asphyxia in infants (28%) (Depkes RI, 2009).

The aim of the study was to determine the differences in the position of half-sitting, tilted to the left and dorsal recumbent labor towards the length of the second period in the hospital. Rhidos 2020. This research is a static experimental group comparison study, the sample of this study were all primigravida maternity with normal delivery care, divided into 3 groups, namely the group with half-sitting labor position as many as 20 respondents, the left tilted labor position group as many as 20 respondents. group of 20 people with the dorsal recumbent position. The study was conducted at the hospital. Rhidos City of Medan in 2020.

Data analysis used univariate analysis presented with frequency distribution, and bivariate analysis to determine the difference in the length of second stage with left tilted position and semi-fowler / half-sitting position using the independent T test.

The results showed that the half-sitting labor position group was 87.5 minutes, obtained p value = 0.029, which means the p value> of alpha (0.05), in the half-sitting position with $\alpha < 0.05$ (p-value = 0.029) and in the dorsal recumbent position with $\alpha < 0.05$ (p-value = 0.001) It can be concluded that Ho is rejected and Ha is accepted, meaning that there is a difference in the effectiveness of the oblique position, half-sitting position and dorsal recumbent position on the smoothness of the labor process.

Keywords: Old Kala II, Half Sitting Position, Left Tilt Position, Dorsal Recumbent Position

Introduction

Childbirth is the process of passing live products of conception from the uterus through the vagina to the outside world. The labor process is divided into four stages, namely stage I, during the opening of the cervix or birth canal, where the cervix opens until it is 10 cm wide. Stage II is called when the fetus is released. Stage III is called the discharge and expulsion of the placenta. Stage IV early observation of post partum hemorrhage (Wiknjosastro, 2005).

Maternal Mortality Rate (MMR) in the world reaches 289,000 inhabitants. MMR in Southeast Asia, namely Indonesia 190 people, Vietnam 49 people, Thailand 26 people, Brunei 27 people, Malaysia 29 people. Most of the maternal deaths occur in developing countries due to lack of access to health services, lack of facilities, late delivery assistance accompanied by low social and economic conditions and education (WHO, 2014).

Maternal death can occur during the second period of labor. The causes include the long second period due to the position during childbirth, the wrong head of labor, his abnormalities, the wrong way of pushing so that it can cause asphyxia in babies, fetal death, uterine inertia, fatigue in the mother 2010). Rhidos Hospital In the city of Medan, which previously started with the

Independent Practice Midwife, is a place for delivery assistance services that are directly carried out by midwives. Based on the data above, the researcher is interested in conducting research on the differences in the position of half-sitting labor, left tilt and dorsal recumbent position with respect to the length of the second period.

Research Method

This study is a static group comparison experimental study (comparison of static groups), namely observing the experimental group (labor position tilted to the left), the experimental group (half-sitting labor position) and the experimental group of labor positions (dorsal recumbent) (Notoatmodjo, 2010). The data collection technique is to use primary data which is collected using a checklist and partograph as a basis for observing the length of the second period. Respondents who met the inclusion criteria were grouped into one of the respondent groups in the following order: Respondent 1 was put in the left tilted position and Respondent 2 was grouped in a half-sitting position and respondent 3 was placed in a dorsal recumbent position and so on until the number of samples in each group was 20 person.

Research Result

A. Univariat Analysis

Tabel 4.1 Distributio Frequency For Smoothness of The Labour Procces on the Tilted position

Smooth Delivery Procces	N	Mean	SD	Minimun	Maximum
Tilt Position	20	87,75	90,00	50	130

From table 4.1 it is found that of the 20 respondents the fastest process of delivery was 50 minutes and a maximum of 130 minutes or 1 hour 10 minutes and the average length of time

Tabel 4.2 Distribution Frequency For Smoothness Of the labour on Half Sitting Position

Smooth Delivery Procces	N	Mean	SD	Minimun	Maximum
Half Sitting Position	20	70,00	62,50	30	130

From table 4.2, it is found that of the 20 respondents the fastest delivery process is 30 minutes and a maximum of 130 minutes or 1 hour 10 minutes and the average length of labor in stage II with a half-sitting position is 70 minutes.

Tabel 4.3 Distribution Frequency For Smoothness Of the labour on dorsal recumbent position

Smooth Delivery Procces	N	Mean	Minimun	Maximum
dorsal recumbent Position	20	30	20	40

Tabel 4.4 Uji Normalitas data

Smooth Delivery Procces	Mean	Median	SD	Shapiro-wilk		
				Statistic	df	P-Value
Tilted Position	87,75	90,00	23,646	0,967	20	0,692
Half Sitting Position	70,00	62,50	25,649	0,919	20	0,094

Table 4.3 The results of the data normality test using the Shapiro-Wilk test, namely the smoothness of the delivery process with a tilted position P-Value> 0.05, namely 0.692 and the smoothness of the delivery process with a half-sitting position P-Value> 0.05, namely 0.094, then it is concluded that the data is distributed normal, so that a bivariate analysis can be done with the independent t-test sample t-test.

B. Bivariat Analysis

Tabel 4.4 The Effectivitas of trial Position,Half Sitting position, dorsal recumbent position in stage II labour

Smooth Delivery Procces	N	Mean	SD	P-Value
Tilted Position	20	87,75	23.646	0,029
Half Sitting Position	20	70,00	25,649	0.029
Dorsal Recumbent Position		40	10,02	0,001

From table 4.4 the analysis results of the independent sample t-test test in an oblique position with α <0.05 (p-value = 0.029), in a half-sitting position with α <0.05 (p-value = 0.029) and in the dorsal position recumbent with α <0.05 (p-value = 0.001) with the conclusion that Ho is rejected and Ha is accepted, meaning that there is a difference in the effectiveness of the tilted position and the half-sitting position on the smoothness of the delivery process.

Discussion

In the second stage of labor, the mother is advised to try comfortable positions during labor and deliver the baby by making it easier for the midwife to assist in a more comfortable delivery. Changing the position of labor during stage II can help labor progress. In this study, it was found that there was a difference in the smoothness of the second stage of labor between half-sitting and oblique positions. The second stage in the oblique labor position group was 87.5 minutes, while the

second stage in the half-sitting labor position was 70 minutes.

The left tilt position has the advantage of giving the mother a relaxed feeling to get the baby out. The oblique position makes it more comfortable and effective for the mother to press and helps repair the occiput transverse to rotate into the occiput anterior position and makes it easier for the mother to rest between contractions if she experiences fatigue. Meanwhile, the semi-sitting position has advantages, namely the flow of the birth canal that needs to be taken to get out shorter and the gravitational force of the earth to lower the fetus into the pelvic cavity.

The lying position on the left side can reduce pressure on the inferior vena cava so that it can reduce the possibility of hypoxia because uninterrupted oxygen supply can provide a relaxed atmosphere for mothers who are tired and can prevent lacerations / tears of the birth canal.

When assisting childbirth, especially during the second stage of labor, mothers are advised to try comfortable positions during labor and deliver babies with the advantage of making it easier for midwives to help deliveries and deliveries more comfortably (Saifudin, 2006). Changing positions regularly during the second stage can help progress in labor (JNPK-KR, 2008). In this study, it was found that there was a difference in the average value of the second stage between half-sitting and left tilted labor positions. The length of the second stage in the half-sitting labor position group was 26.87 minutes, while the second stage in the left oblique labor group was 23.60 minutes, with a difference in the mean value of 3.27 minutes.

This is not in line with Syarifah's research (2013) which states that there is no significant difference between the side position and the half-sitting position on the progress of the second stage of labor at BPM Palembang City. This research is supported by Nurul (2013) that there is no relationship between the left tilt position and the process of accelerating the reduction of the fetal head.

The results of the T test obtained in this study could occur due to several factors, including the power factor, passer, passage, maternal psychology, and birth attendants. This birth attendant can help the mother to stay calm and relaxed, so the helper is recommended to facilitate the mother in choosing her own position of giving birth and explaining the alternatives of the position of giving birth if the position chosen by the mother is not effective. (Sumarah, 2009). So that it can be analyzed that the choice of the position of giving birth does not affect the progress of the second stage of labor, because the position of giving birth is influenced by the comfort of the mother, there is no element of coercion. As for other factors that influence the delivery process, namely maternal psychology such as physical and psychological preparation, and delivery assistance from the closest family.

Conclution

Proportion of oblique and half seated labor positions in the hospital. Rhidos Medan City with delivery times <2 hours were 18 people (90%) respectively. The average value of the second stage of labor in oblique labor position was 87.75 minutes and half-sitting labor was 70 minutes and the dorsal recumbent position was 40 minutes. The results of the t-test analysis of the independent sample t-test in a slanted position with $\alpha < 0.05$ (p-value = 0.029) and in a half-sitting position with $\alpha < 0.05$ (p-value = 0.029) and in the dorsal recumbent position with $\alpha < 0.05$ (p-value = 0.001) with the conclusion that Ho is rejected and Ha is accepted, it means that there is a difference in the effectiveness of the tilted position and the half-sitting position on the smoothness of the delivery process. It is hoped that health workers pay more attention to the needs of labor positions for mothers who give birth.

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