# Physical and Psychological Preparation in Preparing for Childbirth

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ABSTRACT

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and newborn mortality rates. Maternal Mortality Rate (MMR) is an indicator of the success of a country's health services. Every day more than 850 women die due to complications during pregnancy and childbirth. There are several things that mothers and families must prepare for when facing childbirth. Physical and psychological preparation is one of the many preparations that mothers must pay attention to. The aim of this research is to determine the mother's physical and psychological preparation in preparing for childbirth. Research method: This type of research is qualitative descriptive research. Data is collected through interviews which will then be observed and grouped according to research themes and sub-themes. The research was conducted in the Labuhanbilik city area with the research implementation period starting from 21 September 2023 to 6 January 2024. The research results consisted of 2 themes, namely 1) the experience of physical preparation that the mother does in preparing for childbirth, 2) the experience of psychological preparation that the mother does in preparing for childbirth. Each theme has sub themes. Conclusion: Mothers who have experienced childbirth say they have made various preparations for the upcoming birth, such as taking leisurely walks, eating nutritious food, carrying out pregnancy checks, and getting support from their husbands and family.

The health status of a country can be determined by high or low maternal mortality rates

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#### INTRODUCTION

The health status of a country can be determined by high or low maternal mortality rates and newborn mortality rates. Maternal Mortality Rate (MMR) is an indicator of the success of a country's health services. Every day more than 850 women die due to complications during pregnancy and childbirth, and 99% of all maternal deaths occur in developing countries. One of the targets under the Sustainable Development Goals (TPM) is to reduce the global maternal and childbirth mortality ratio to less than 70 per 100,000 births, with no country having a maternal mortality rate more than twice the global average. According to the World Health Organization, women who die can be caused by complications during and after pregnancy and childbirth. The main complications that cause almost 75% of all maternal deaths are antepartum or postpartum bleeding, infection, complications during pregnancy (high blood pressure during pregnancy, pre-eclampsia or eclampsia, and gestational diabetes), complications during childbirth, and a history of unsafe abortion. These complications have a greater chance in young mothers or primigravidae compared to mothers who have experienced pregnancy and childbirth.

Giving birth is a process that requires a lot of preparation, especially for mothers who are far from the reach of health service facilities. Preparations for birth are made at least three weeks before the mother's expected birth date. Thorough preparation will make the mother calmer and more comfortable during each delivery process. The results of a preliminary study conducted by researcher Basyiroh (2022), stated that the mother's unpreparedness for childbirth was one of the factors causing postpartum complications. The cause of maternal death is obstetric complications which are often not anticipated in advance. At the time of delivery, if obstetric complications are found and the mother does not understand the preparations needed before delivery, then the mother will not receive timely and appropriate services, resulting in delays in treatment and referral.

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There are several things that mothers and families must prepare for when facing childbirth. Physical and psychological preparation is one of the many preparations that mothers must pay attention to. The birthing process is a tiring process, therefore physical preparation is needed, such as attending prenatal classes, maintaining a healthy diet, and having regular pregnancy checks from an obstetrician. Daily activities that mothers can do during pregnancy apart from pregnancy exercise are jogging, walking, swimming or low impact sports. Physical preparation with this exercise can help the mother in the breathing process later during labor. Apart from that, it can make the mother's body more relaxed, can facilitate opening during normal delivery due to flexible pelvic muscles, and the mother can also control the mother's weight during pregnancy. Nutrition is also important in preparation for childbirth, because after entering the third trimester, pregnant women must really pay attention to nutrition for a smooth delivery. The nutrients needed by mothers in the third trimester are omega 3 and choline, foods that contain calcium, iron, zinc and vitamin A. The average calories needed ranges from 285 to 300 kcal. Adequate maternal calories during pregnancy will help the growth of fetal tissue and the placenta. Examinations during pregnancy are also no less important, examinations during pregnancy can help mothers to avoid or detect early complications that can occur either before or during delivery. Examinations during pregnancy can also monitor the well-being of the fetus in the womb.

The birthing process is very scary, especially for mothers who are giving birth for the first time or mothers who are young. Of course, pregnant women who will have their first birth will experience feelings of fear, worry, nervousness and panic, especially with the thought of the labor pain they will feel. Therefore, mothers also have to make psychological preparations. One thing you have to prepare is to avoid excessive panic and fear. Here the role of family and husband support is really needed, with the presence of a husband or family and even neighbors in the neighborhood who provide emotional support to the mother, it will have a good impact on the mother's psychology and vice versa. By providing real support to the husband and family, the mother will avoid depression, both during postpartum and after delivery. Mothers who are too stressed also have an impact on the growth and development of their fetus. Therefore, before the birth day approaches, the mother must be prepared to face the upcoming birth. The aim of this research is to determine the mother's physical and psychological preparation in preparing for childbirth.

#### **METHOD**

In this research the author uses qualitative methods as a phenomological approach. This research method aims to explain a phenomenon in depth and is carried out by collecting data in as much depth as possible. Participants in this research were selected using a purposive sampling technique based on certain criteria. Participants in this research were mothers who had experienced childbirth, and lived in the Labuhanbilik city area. Participants were 5 people. The research location is in the Labuhanbilik city area, Central Panai District, Kab. Labuhan Batu, North Sumatra Province. The overall research time for this research was carried out from September 21, 2023 to January 6, 2024. The results of this research are descriptive information, with data collection techniques through observation, interviews and documentation. Participants will be asked in-depth questions according to the research objectives. The questions are semi-structured and contain open-ended questions. During the interview, the researcher will record the results of the interview and make field notes from which the researcher will then group the results according to themes and sub-themes.

### RESULTS AND DISCUSSION

#### **Results**

Table 1. Respondent Characteristics

Table 1: Respondent diffracter is ties										
No	<b>Participants</b>	Participant	Age	Education	<b>Employme</b>	Number of				
		Name			nt	Children				
1	P1	Ny. U	35	DIII Obstetrics	Midwife	1				
2	P2	Ny. S	24	High School / Equivalent	Housewives	1				

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3	Р3	Ny. W	28	S1 Biology Education	Teacher	1
4	P4	Ny. N	39	SI History Education	Teacher	2
5	P5	Ny. R	37	SI Primary School	Teacher	3
				Teacher Education		
6	P6	Ny. M	34	SI Primary School	Teacher	4
				Teacher Education		

From the results presented in the table aboveThis research involved 6 (six) participants with symbols "P1 to P6" who were interviewed by the researcher. Participants consist of mothers who have experienced the birth process, these mothers will be interviewed by researchers to find out what the mothers' past experiences were in preparing for childbirth. The majority of participants were in their 30s. The majority of participants have a SI education level, with the mother working as a teacher. Researchers also conducted interviews with 3 mothers who still have 1 child and 3 mothers who have 2 or more children.

In this research, 2 themes were obtained, namely physical preparation, psychological preparation with four sub-themes.

### Theme 1: Physical Preparation

### Sub theme 1.1: exercise for pregnant women

Interview result:

"I didn't do any exercise during pregnancy, I just took a leisurely walk in the morning and evening. I did this walking exercise when I was approaching labor. In the morning it usually starts at half past six in the morning, in the afternoon it usually starts at four in the afternoon. If it's long, I usually only take a break for 10 minutes at a time, then after I'm less tired I start again, so later I will exercise for almost half an hour by walking. "I exercised during my third trimester of pregnancy, because I was also working, so I took a leisurely walk 3 times a week." (Participant 1)

"I just take a leisurely walk in the morning and evening. I went for a walk in the afternoon when I was pregnant (I was about to give birth). I think I walked almost half a kilometer, sometimes it could be more. I often do it in the morning around 6 after morning prayers, because the air is still fresh.(Participant 4)

"I just take a leisurely walk in the morning and evening. For my first and last child I exercised in the afternoon, with my first child I actually didn't exercise that much, then because it took quite a long time for me to give birth to my first child, my next child was advised to exercise for a leisurely 30 minute walk 4 times a week. But when I was close to giving birth, I reduced it because the pregnancy was already heavy, so it took less than half an hour. My second child exercised in the morning, because when I was pregnant with my second child, I diligently went out early in the morning for a walk around the house. "My midwife also said that if you are very pregnant, you should do a lot of movements like people prostrating themselves during prayer, because it will keep the baby's head down." (Participant 5)

"I just take a leisurely walk in the morning and evening. I often exercise in the afternoon because I work in the morning. The time was around 5 o'clock, because the sun was no longer hot. 400 meters to 600 meters is my sport. But my last child didn't exercise because the nausea and vomiting made me want to give birth, in 3 weeks I was going to give birth and then it stopped." (Participant 6)

#### **Sub Theme 1.2: Nutrition During Pregnancy**

Interview result:

"Here in coastal areas there are foods high in protein such as fresh fish, besides drinking milk, vitamins and vegetables. Before pregnancy, my weight was 63 kg, when I entered the first trimester my weight increased by 4 kg because my appetite was good and I didn't experience morning sickness. When I entered the maternity month, my total weight was only 7 kg, because my appetite



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suddenly decreased and I got tired quickly, but fortunately there were no problems, maybe it was just hormonal changes and the stress of facing childbirth. "My child's weight at birth was 3.2 kg with a length of 50 cm." (Participant 1)

"Eat lots of fish and vegetables because we are a coastal area, there are also lots of vegetables such as kale, sweet potato leaves, spinach, etc. My weight increased by 6.5 kg. My child weighs 2.68 kg and is 46 cm long. My child was born thin, my parents said maybe it was genetic. My other siblings and I were small when we were born." (Participant 2)

"Eat lots of fish and vegetables because we are a coastal area, there are also lots of vegetables such as kale, sweet potato leaves, spinach, etc. My weight during pregnancy increased by 10 kg, almost 11 kg, even though I experienced nausea and vomiting at the beginning of pregnancy, but after giving birth my weight only increased by 3 kg from my weight before pregnancy. My weight before pregnancy was 56 kg. My child was also born big, 3.89 kg with a length of 51 cm. "Yesterday, because this is my first child, I intended to just have a baby, but the midwife said I could give birth normally." (Participant 3)

"Eat lots of fish and vegetables because we are a coastal area, there are also lots of vegetables such as kale, sweet potato leaves, spinach, etc. My weight during pregnancy only increased by 6 kg but my baby was born 3.6 with a length of 50 cm. My second child's weight increased by 9 kg but the baby was smaller than the first, only 3.16 kg with a length of 48 cm. "Indeed, I eat instant noodles quite often with my second child, even though the first child didn't." (Participant 4)

"I eat a lot of fish and vegetables because we are a coastal area. I also often drink date juice honey and raw egg pudding mixed with honey. My last child's weight increased by 8 kg, if I'm not mistaken, my other children's weight increased not far from 8 kg. My children were also born big, none of them were under 3.5 kg, even my last child was 3.9 kg. maybe because of heredity. "(Participant 5) "Eat lots of fish and vegetables because we are a coastal area, there are also lots of vegetables such as kale, sweet potato leaves, spinach, etc. My last born child weighed 3.02 kg and was 47 cm long. Indeed, my child was born not very big. My first child was only 2.9 kg. Maybe it's because of genetics, my family and my husband were born small. My weight increased by around 7 to 8 kg. My child number 3's weight increased by 9 kg if I'm not mistaken, because only with child number 3 I didn't have nausea and vomiting during pregnancy at the beginning of the month but my child was still 3.01 kg at birth. I once asked the midwife but the midwife said it was still normal."(Participant 6)

#### Sub Theme 1.3: Examination During Pregnancy

Interview result:

"I did 4 pregnancy checks." (Participant 1)

"I did two pregnancy checks, because in 2020 there was the corona virus, so the schedule for examinations at the puskesmas was often changed, so sometimes I didn't have the examination. "I checked twice in the first and middle months, in the last month I didn't check again because of the corona virus." (Participant 3)

"I did a pregnancy check. "My first child 3 times, my second child 4 times." (Participant 4)

"I did a pregnancy check. My first and second children were 3 times, with my last child only 2 times, because at that time during Covid, my in-laws forbade me from leaving the house often. At that time, the last child didn't have too many lectures, maybe because during the Covid-19 period the school was also on holiday so I didn't have too many activities and stress when teaching. "Only my weight has increased quite a bit from the previous pregnancy." (Participant 5)

"I did pregnancy checks, if I'm not mistaken, 3 times each, only the last child 4 times, because I had quite a lot of complaints. At the beginning of pregnancy, nausea and vomiting, then in the middle of pregnancy, my head was always dizzy and I cried easily and was nervous until I was about to go into labor. "(Participant 6)

## Theme 2: Psychological Preparation Sub Theme 2.1: Family and Husband Support

Interview result:

"My husband and family are supportive. When I exercise accompanied by my husband, my mother and in-laws always deliver food. Pregnancy checks are also accompanied." (Participants 1, 3, 5,6)

"My husband and family support me, I also live at my in-laws' place. "Because my child is the first grandchild and my in-laws, I always pay attention, I almost never do the housework, all my in-laws do." (Participant 2)

"My husband and family were supportive, such as taking me for pregnancy checks, when I had my first child, I never cooked for almost 3 months of my first pregnancy, so sometimes my husband did the cooking if my mother didn't accompany me. "Pregnancy checks are also delivered, and sometimes my husband accompanies me during exercise." (Participant 4)

#### Discussion

#### Theme 1: physical preparation

In this research, it can be seen that mothers in the Labuhanbilik city area do not do pregnancy yoga or do not take prenatal classes. However, the participants replaced it with morning and evening exercise such as taking a leisurely walk. The participants did this during the 3rd trimester of pregnancy in order to speed up the labor process they would face. Apart from that, because the Labuhanbilik city area earns fishermen, protein from fish is the main source of nutrition. Participants also admitted to making pregnancy check-up visits at the local health center 2, 3 or 4 times during pregnancy.

This research is in line with Hidayati (2019) who said that pregnancy exercise can reduce discomfort during pregnancy and prepare the pregnancy physically and psychologically for childbirth. Exercise during pregnancy can also make the delivery process easier. Exercise during pregnancy can be done with pregnancy exercises, pregnancy yoga, and other sports. Physical preparation for childbirth includes readiness for the mother's health condition, including readiness for things related to physiological changes during pregnancy until just before delivery. This is in line with research by Kadek Sri Ariati el al. (2022). In preparing your physical condition, mothers need to prepare to eat nutritious food and drink enough. Mothers can do physical activities such as walking in the morning, or doing other household activities, and still get enough rest

#### Theme 2: Psychological Preparation

From this research, it can be seen that all participants received support from their husbands and families. Several participants admitted that one of the supports from their husbands and family was that their husbands accompanied them when their mothers would go on prenatal visits, and their families suggested that their mothers stay where their elders were. Apart from that, the participants also have knowledge about childbirth preparation, especially for mothers who have given birth more than once. Several participants also said that there was anxiety and fear when giving birth, especially for mothers who were giving birth for the first time, but the support of their family and husband as well as prayers encouraged the mothers during that time.

This research is in line with Sudirman el al., (2019), the role of the husband has a real positive effect on the wife's subjective well-being during pregnancy and childbirth. Therefore, husbands are expected to increase their sensitivity and concern for the condition of their wives who are pregnant and/or giving birth, increase their knowledge about pregnancy and the postpartum period so that they can provide support to their wives, including under certain conditions they must be ready and willing to carry out several roles of the wife. An increase in the role of the husband is expected able to improve the subjective welfare of the family in general and the subjective welfare of wives who are pregnant and/or giving birth in particular. Apart from that, this research is also in line with Kartika & Claudya (2021), who stated that support and affection from family members can provide feelings of comfort and security when pregnant women feel afraid and worried about their pregnancy. In psychological



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preparation, one of the things that mothers must prepare before giving birth is to avoid panic and fear and be calm, so that pregnant women can go through the birthing period well and be more prepared and ask for support from the people closest to them. Love and attention from the surrounding environment will certainly help in providing encouragement to the mother who is about to give birth and is a motivation in itself, so that the mother will be calmer and ready to face the birth process in the future. The feeling of fear that the mother feels can be overcome by the role of the husband or family by providing love or motivation to the mother. The family can give confidence to the mother by telling the good things about their previous experience of giving birth.

#### CONCLUSION

After conducting research on childbirth preparation for primigravida and multigravida mothers in the Labuhanbilik city area, the conclusion of this research was that the informants did not do yoga for pregnant women or did not take prenatal classes. However, the participants replaced it with morning and evening exercise such as taking a leisurely walk. Apart from that, because the Labuhanbilik city area has a fishing income, protein from fish is the main source of nutrition, and the participants also had prenatal visits. Participants admitted that one of the supports from their husbands and family was that the husband came along when the mother went on a pregnancy visit, and the family suggested that the mother stay in a place where her elders were present.

#### REFERENCE

- Kadek Sri Ariyanti, Made Dewi Sariyani, Siti Zakiah, and I Nyoman Dharma Wisnawa, "Persepsi Tentang Manfaat Yoga Prenatal untuk Meningkatkan Kesiapan Menghadapi Persalinan pada Ibu Hamil di PMB Jaba Denpasar: Studi Kualitatif," *J. Yoga dan Kesehat.*, vol. 5, no. 2, pp. 150–159, 2022, doi: 10.25078/jyk.v5i2.1884.
- I. Kartika and T. P. Claudya, "Hubungan Dukungan Keluarga Dengan Tingkat Kecemasan Ibu Hamil Menghadapi Proses Persalinan," *J. Midwifery Public Heal.*, vol. 3, no. 2, p. 47, 2021, doi: 10.25157/jmph.v3i2.6821.
- D. Rahmawati, "Hubungan Aktivitas Fisik Ibu Saat Hamil Dengan Kejadian Seksio Sesarea Di Kediri," *J. Kebidanan*, vol. 7, no. 2, pp. 112–117, 2019, doi: 10.35890/jkdh.v7i2.103.
- S. Rohmah and R. Lestari, "Pengaruh Sikap Ibu Hamil Dan Lingkungan Sosial Budaya Terhadap Mitos-Mitos Dalam Kehamilan Di Dusun Sindangasih Ciakar Cipaku Ciamis," *Borneo Nurs. J.*, vol. 5, no. 2, pp. 35–41, 2023, doi: 10.61878/bnj.v5i2.76.
- S. Marwati and I. Revita, "Filosofi dalam Mitos Kehamilan Perempuan Minangkabau," *Lisan*, vol. 8, no. 2, pp. 83–90, 2019, [Online]. Available: https://ejournal.um-sorong.ac.id/index.php/li/article/view/375/226
- A. Z. Widniah, "Pengetahuan dan Sikap Ibu Hamil tentang Persiapan Persalinan di Masa Pandemi Covid-19," *JolN J. Intan Nurs.*, vol. 1, no. 1, pp. 46–52, 2022, doi: 10.54004/join.v1i1.69.
- S. Sudirman, H. Puspitawati, and I. Muflikhati, "Peran Suami dalam Menentukan Kesejahteraan Subjektif Istri pada Saat Hamil dan Melahirkan," *J. Ilmu Kel. dan Konsum.*, vol. 12, no. 1, pp. 26–37, 2019, doi: 10.24156/jikk.2019.12.1.26.
- D. Kade Santhi Wia, N. W. Armini, and N. L. P. Sri Erawati, "Gambaran Persiapan Persalinan dalam Upaya Penerapan Program Perencanaan Persalinan Dan Pencegahan Komplikasi di Masa Pandemi Covid-19," *J. Ilm. Kebidanan (The J. Midwifery)*, vol. 10, no. 1, pp. 47–59, 2022, doi: 10.33992/jik.v10i1.1827.
- M. Azis, N. Alza, N. Triananinsi, A. Y. Dian Pertiwi, and M. Kamaruddin, "Efektivitas Senam Hamil Terhadap Kelancaran Persalinan Kala Ii Pada Ibu Inpartu Di Puskesmas Bulupoddo Kabupaten Sinjai," *Med. Alkhairaat J. Penelit. Kedokt. dan Kesehat.*, vol. 2, no. 2, pp. 70–74, 2020, doi: 10.31970/ma.v2i2.54.
- U. Hidayati, "Systematic Review: Senam Hamil Untuk Masa Kehamilan Dan Persiapan Persalinan," *PLACENTUM J. Ilm. Kesehat. dan Apl.*, vol. 7, no. 2, p. 8, 2019, doi: 10.20961/placentum.v7i2.29732.



### Journal of Health, Medical Records and Pharmacy

https://jurnal.devitara.or.id/index.php/sehat

E-ISSN: 3032-4033 Volume 1 Nomor 1 Tahun 2023

- N. Hesti, Z. Zulfita, and R. Ryantori, "Faktor-faktor yang Berhubungan dengan Persiapan Persalinan pada Ibu Hamil di Kelurahan Anduring," *J. Ilm. Univ. Batanghari Jambi*, vol. 22, no. 2, p. 837, 2022, doi: 10.33087/jiubj.v22i2.1963.
- M. Mu'alimah, H. Saidah, P. W. Wigati, S. Sutrisni, D. Kartikasari, and S. Sunaningsih, "Pemberdayaan Ibu Hamil dengan menerapkan Prenatal Gentle Yoga menuju Kehamilan Sehat pada Ibu Hamil Trimester II dan III," *J. Community Engagem. Heal.*, vol. 5, no. 1, pp. 38–41, 2022, doi: 10.30994/jceh.v5i1.295.
- Ruqaiyah, Asyima, and Fatmawati, "Pendamping Ibu Hamil dalam Pelaksanaan Senam Hamil dan Persiapan di Kecamatan Simbang Kab. Maros Tahun 2022," *J. Pengabdi. Kpd. Masy. Pelamonia Vol. 2 Nomor 2 Tahun 2022*, vol. 2, no. 2, pp. 54–60, 2022, [Online]. Available: https://ojs.iikpelamonia.ac.id/index.php/pengabdian/article/view/256