The Hypnobirthing Effect On The Incidence Of Asphyxia In Pringapus Sub-District Of Semarang 2017

Ely Shovrotul Khoiriyah, Isri Nasifah, Heni Hirawati Pranoto

ABSTRACT: Newborns undergoing a new birth process require physiological adjustments in the form of maturation, adaptation that is adjusting from intrauterine life to extra uterine life and tolerance for newborns to be able to live well, (Marmi, 2012). The condition of newborns (BBL) which experiencing asphyxia can be minimized by non-pharmacological methods, one of which is hypnobirthing method. This study aims to determine the effect of hypnobirthing on the incidence of asphyxia. This type of research is an experiment with a posttest only control group research design. Furthermore, the population of the study were all pregnant women in BPM Pringapus District of Semarang Regency in July 2017. The subject of the research was 20, namely 10 control samples and 10 treatment group samples with the Nonprobability Sampling method of saturated samples. In obtaining the data used independent t-tests. Moreover, most of the newborns in the control group had asphyxia at 70.0%, while those in the hypnobirthing treatment group were mostly asphyxia at 60.0%. There are differences in the incidence of asphyxia between mothers who were not given hypnobirthing with mothers who were given hypnobirthing treatment, where the results of the independent t-test p-value of 0.022 <a (0.05).

Keywords : Hypnobirthing, Asphyxia

1 INTRODUCTION
Newborns undergoing a new birth process require physiological adjustments in the form of maturation, adaptation that is adjusting from intrauterine life to extra uterine life and tolerance for newborns to be able to live well, (Marmi, 2012). Health problems in children are one of the main problems in the health sector. Basically the degree of child health reflects the nation's health status, because children as the next generation of the nation can be developed in continuing the nation's development. Based on these reasons, the problem on children's health takes precedence in national development planning. Children, especially neonates and newborns, are one of the vulnerable community groups and need serious attention from the government due to the high infant mortality rate (IMR), MOH RI, 2009). Based on the Indonesian Demographic and Health Survey (SDKI) in 2012 the neonatal mortality rate was 19 per 1000 live births. While from the 2015 inter-census population survey (SUPAS), the IMR was 22.23 per 1,000 live births, which means that the 2015 MDGs target had reached 23 per 1,000 live births (Ministry of Health Republic of Indonesia, 2015). Furthermore, the biggest cause and problem of newborn mortality are respiratory problems (Asphyxia) at 37%, besides premature babies at 34% and sepsis 12%. Infant Mortality Rate (IMR) in Central Java Province increased by there were 112 deliveries. Through data collection in the register, the average number of women giving birth is 22 each month and in health services, especially midwifery, there are 2 methods, namely pharmacological and non-pharmacological methods. Non-pharmacological methods have no side effects and have non-invasive, inexpensive, simple, effective and without harmful effects, one of which can use hypnobirthing techniques. The purpose of the study was to determine the effect of hypnobirthing on the incidence of asphyxia in Pringapus District of Semarang Regency in 2017.

2 RESEARCH METHODS
The Experimental research with posttest only control group design was applied in this study. Next, the population of the study were all women in the BPM Pringapus District Semarang Regency in July 2017 with an average of 20 women giving birth each month. Then, nonprobability Sampling technique with saturated sample parameters were conducted in the study, the number of samples was 20, namely the control sample (which was not given treatment) was 10 and the case sample (which was given treatment) was 10. The APGAR Score observation sheet was used as an instrument. Sources of data obtained in the study with primary data by directly assessing Apgar score in the first minute of birth. The analysis of the study used univariate analysis, and bivariate analysis used independent t-test.

3 RESEARCH FINDING
The results of the study that were carried out to 20 respondents with 10 control groups and 10 treatment groups are as follows:
Table 1. Frequency Distribution of Asphyxia Occurrence in Women with No Treatment Hypnobirthing in Pringapus District Semarang.

Based on table 1, it can be seen that from 10 subjects of maternity mothers who were not given hypnobirthing treatment, the majority experienced asphyxia in the amount of 7 people (70.0%).

Table 2: Description of the APGAR Score in Maternity Unpublished Treatment Hypnobirthing

<table>
<thead>
<tr>
<th>Variable</th>
<th>n</th>
<th>Mean</th>
<th>SD</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>APGAR Score</td>
<td></td>
<td>7.50</td>
<td>1.18</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Asphyxia</td>
<td>7</td>
<td>70.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Asphyxia</td>
<td>3</td>
<td>30.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
<td>100.0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Based on 2, it can be seen that from 10 subjects of maternity mothers who were not given treatment hypnobirthing, had an average APGAR Score of 7.50, with a minimum score of 6 and a maximum of 9. APGAR Score on average 7.50, with a minimum score of 6 and a maximum 9.

Table 3: Frequency Distribution of Asphyxia Occurrence in Women with Maternity Given Treatment Hypnobirthing in Pringapus District, Semarang Regency.

<table>
<thead>
<tr>
<th>Incidence of Asphyxia</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asphyxia</td>
<td>4</td>
<td>40.0</td>
</tr>
<tr>
<td>Not Asphyxia</td>
<td>6</td>
<td>60.0</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Based on table 3, it can be seen that of the 10 subjects who were given maternal hypnobirthing treatment, the majority did not experience asphyxia as many as 6 people (60.0%).

Table 4: Description of APGAR Score on Maternity Mothers Given Hypnobirthing Treatment

<table>
<thead>
<tr>
<th>Variable</th>
<th>n</th>
<th>Mean</th>
<th>SD</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>APGAR Score</td>
<td>10</td>
<td>8.70</td>
<td>0.95</td>
<td>7</td>
<td>10</td>
</tr>
</tbody>
</table>

Based on table 4, it can be seen that of the 10 respondents giving maternity hypnobirthing treatment, has an average APGAR Score of 8.70, with a minimum score of 7 and a maximum of 10.

Table 5: Differences APGAR Score between Maternity Mothers who were given Hypnobirthing and those who were not Hypnobirthing

Based on table 5, it shows that the average APGAR score in women given Hypnobirthing is 8.70, higher than those given without Hypnobirthing at 7.50.

1. The incidence of asphyxia in mothers who were not given hypnobirthing treatment (control group).

Based on the results of the study mothers who were not given treatment with maternal subjects consisted of 5 primiparous mothers and 5 multiparous mothers with an average age of 25 years and 39 weeks gestation. For subjects who were not given hypnobirthing treatment, the APGAR Score averaged 7.50, a minimum APGAR score of 6 and a maximum of 9. From the APGAR Score, the majority of which were 70% of newborns had asphyxia, because the baby had failed to start and continue breathing spontaneously and regularly at birth or some time after birth. Asphyxia events that occur in newborns to mothers who are not treated as much as 70% of babies experience asphyxia, which consists of 4 primiparous mothers and 3 multiparous mothers. The cause of asphyxia is due to the baby factor which has umbilical cord twisting as much as 3 babies from 2 primiparous mothers and 1 multiparous mother, the factor of mother in a miscarriage as much as 2 so that the duration of labor extends from 1 primiparous mother and 1 multiparous mother, as well as factors of maternal anxiety in dealing with childbirth so that it affects the psychological factors of mothers as much as 2 of the primiparous mothers who have just faced childbirth and 1 multiparous mother who had previously experienced labor but still stressed that labor was sick. Anxiety levels before delivery and during labor will increase, with normal maternal adrenaline hormone that increases can affect the delay and strength of the mother during labor. This is in line with the theory of Winjaksastro (2009) which states that the factors causing the low APGAR score are maternal factors: maternal hypoxia, contraction disorders, and maternal psychological factors, placental factors: thin placenta, fetal factors: premature, umbilical cord twisting and spreading, and labor factors such as old parturition and parturition with labor. Newborns must be dealt with immediately after birth, because at birth the baby moves...
from total dependence to physiological independence, this process of change is known as the transition period where it starts when the new baby comes out of the mother's body and continues for several weeks for certain organ systems, meaning newborn babies adjust to their new environment.

2. Incidence of Asphyxia in Mothers Given Hypnobirthing Treatment (Treatment Group). Based on the results of the study that subjects who were given Hypnobirthing with an average age of 25 years and 39 weeks of gestation at delivery, consisted of 5 primiparous mothers and 5 multiparous mothers. From mothers who were given hypnobirthing treatment, the APGAR Score with an average of 8.70, a minimum score of 7 and a maximum of 10. APGAR Score assessment was done in the first minute when the baby was born because if the baby had asphyxia and needed resuscitation treatment, it was done in the first minute, and assessed endurance of the baby through labor. The APGAR value of mothers given hypnobirthing score of the lowest score of 7 includes the criteria for asphyxia, mucus suctioning to free the airway and tactile stimulation until the baby does not experience breathing problems and active movements. Whereas the highest APGAR score is 10, it is not asphyxia so there is no need for treatment and IMD can be done.

Of the APGAR scores of respondents given hypnobirthing, most 60% did not experience asphyxia, while 40% of infants experienced asphyxia from 1 primiparous mother and 3 multiparous mothers. The cause of asphyxia in mothers who have been given treatment hypnobirthing twisting is because 3 babies have umbilical cord multiparous mothers and 1 baby because of the strength of the mother during labor which affects the duration of labor which is jammed where the mother with primipara. Giving hypnobirthing to respondents is done close to the estimated delivery up to delivery, hypnobirthing is done 4 times per respondent until delivery. Where providing hypnobirthing with a relaxation script guide to instill positive intentions of the subconscious mind to pregnant women to enjoy the beauty of pregnancy, the smooth delivery process is short and the baby is born healthy with normal appgar. This is in accordance with research on the provision of methods Hypnobirthing previous, namely: According to Laili, Ngazizah, Widyawati and Mulyati (2014), stated that maternal mothers who were given Hypnosis had normal and good Apgar Score values. Meanwhile, according to Agustiningsih (2014) states that the method of hypnobirthing stage done before labor or entering the first, is influenced by the power of the mother during contraction with the Apgar score of the normal newborn. According to Afriani's study (2015), it was stated that mothers who were given hypnobirthing the percentage of infants who did not experience asphyxia was higher (96%) compared to mothers who were not given hypnobirthing that was 88%. Whereas research conducted by Werner, Uldbjerg, Zachariae, and Nohr (2013) in Denmark that fewer infants experienced asphyxia in the group given hypnobirthing and the level of maternal anxiety when facing labor was lower.

3. Hypnobirthing Effect on Asphyxia in Pringapus District, Semarang Regency. The data of the study were normally distributed as evidenced by the results of the normality test as obtained by the p-value for the APGAR score in the control group 0.058 and the treatment group 0.287. Therefore, for both p-values 0.058 and 0.287 > α (0.05), it can be concluded that the data can be stated as normally distributed. So the difference test is done using the independent t-test method. Based on the independent t-test, the APGAR Score among the group of women who were not treated (the control group) was an average of 8.70. While the group of maternity mothers who were given treatment (treatment group) with an average of 7.50 so that the obtained value of t count was 2.508 with a p-value of 0.022. From the p-value 0.022 < α (0.05) shows that there is a difference in the effect of Hypnobirthing after being treated for asphyxia. Which shows that there is a significant effect of Hypnobirthing on the incidence of asphyxia in Pringapus District, Semarang Regency. Giving non-pharmacological therapy with hypnobirthing method to pregnant women before delivering in the management of labor until delivery in an effort to emphasize positive suggestions, and create a feeling of calm when approaching labor. In addition, giving hypnobirthing is able to make the mother stay relaxed and not panic so that without pain and the end result of the delivery process is shorter, without pain, smooth and the baby is born healthy. As stated by Kuswandi (2014) Hypnobirthing is one of the techniques of auto hypnosis (self hypnosis), which is a natural effort to instill positive intentions / suggestions of the soul / subconscious mind in undergoing pregnancy and childbirth preparation.

4 CONCLUSION
Based on research that has been conducted on maternity mothers, regarding the effect of hypnobirthing on the incidence of asphyxia in Pringapus District of Semarang Regency, the following conclusions can be drawn:

1. Maternity mothers who were not given hypnobirthing treatment, or the control group of most newborns had asphyxia of 7 people (70.0%). With an average APGAR score of 7.50, a minimum score of 6 and a maximum score of 9.

2. Most of mothers who were given hypnobirthing treatment or treatment groups did not experience asphyxia in the amount of 6 people (60.0%). With an average APGAR Score of 8.70, a minimum score of 7 and a maximum score of 10.

3. There is a significant difference in the incidence of asphyxia between women who were not given treatment and those who were given hypnobirthing treatment in Pringapus District, Semarang Regency, where the t-test resulted with a p-value of 0.022 < α (0.05).
5 SUGGESTION

1 For Midwives
It is recommended to apply non-pharmacological therapy to the method of hypnobirthing by holding classes hypno starting from the beginning of pregnancy until delivery.

2 For the Community (Subjects)
It is advisable to know about the relaxation of hypnobirthing techniques and can practice it to yourself in increasing relaxation through the subconscious mind during pregnancy and childbirth.

3 For Further Researchers
It is recommended that further researchers be able to further examine hypnobirthing associated with other variables or effects, as well as develop other non-pharmacological methods.

6 REFERENCES