

## Research Article

## Partum Mothers' Experience Regarding Support during the COVID-19 Pandemic

### *Pengalaman Ibu Bersalin Mengenai Dukungan selama Pandemi Covid-19*

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#### Abstract

**Objective:** To investigate the experiences of mothers giving birth with regard to family support and the assistance of health workers during the COVID-19 pandemic.

**Methods:** A descriptive phenomenological approach was employed for this research, following the framework standards for reporting qualitative research (SRQR). Thirteen individuals participated in the study, comprising seven mothers giving birth, three husbands, two midwives, and one parent. The research was conducted at the Mlati II Health Center in Sleman Regency, specifically in Cabakan Hamlet, Sumberadi, Kec. Mlati, Kab. Sleman, Special Region of Yogyakarta, during January-February 2022. The choice of location was based on specific criteria set by the researchers. Data collection took place online due to practical reasons, with informants being contacted to choose between online or offline interviews. Purposive sampling was used for informant selection, and in-depth interviews lasting approximately one hour each were conducted via WhatsApp, Zoom, or phone calls, with prior agreement from the informants. The interviews followed a semi-structured format.

**Results:** Two main themes emerged from the data analysis: the emotional experiences of mothers during labor and their various needs. The COVID-19 pandemic had a significant impact, leading to feelings of anxiety, fear, tension, and the need for comfort and confidence. These psychological needs were categorized into verbal support, including encouragement, communication, and reassurance, as well as tactile support, involving gestures such as stroking, holding, and back rubs. Mothers also expressed spiritual needs, such as prayer and maintaining positive thoughts for a smooth delivery and the health of the baby. Nutritional needs, encompassing healthy and balanced eating, were identified as essential during childbirth. Support from husbands, family members, and health workers played a crucial role in reassuring mothers and educating them about COVID-19 prevention, contributing to a positive birthing experience.

**Conclusion:** The provision of positive support during childbirth can facilitate a normal delivery and instill confidence in mothers.

**Keywords:** childbirth, covid-19 pandemic, experience, maternity, support.

#### Abstrak

**Tujuan:** Untuk mengetahui pengalaman ibu bersalin mengenai dukungan keluarga dan tenaga kesehatan selama pandemi covid-19.

**Metode:** Desain penelitian ini menggunakan pendekatan fenomenologi deskriptif sehingga untuk melengkapi pelaporan menggunakan framework standards for reporting qualitative research a synthesis of recommendations (SRQR). Jumlah informan yang digunakan dalam penelitian ini yaitu 13 orang, yang terdiri atas 7 ibu bersalin, 3 suami, 2 bidan dan 1 orang tua. Penelitian ini dilakukan di Puskesmas Mlati II di Kabupaten Sleman, di Dusun Cabakan, Sumberadi, Kec. Mlati, Kab. Sleman Daerah Istimewa Yogyakarta. Penelitian ini dilakukan pada bulan Januari-Februari 2022, alasan pemilihan tempat ini adalah berdasarkan kriteria peneliti. Metode dalam penelitian dilakukan secara online. Peneliti memiliki beberapa alasan praktis untuk mengumpulkan data secara online. Peneliti menghubungi informan untuk menanyakan apakah bersedia di wawancara secara online atau offline. Rekrutmen informan pada penelitian ini menggunakan purposive sampling. Peneliti melakukan indepth interview dengan informan secara online melalui media whatsapp, zoom dan telepon seluler kurang lebih satu jam tiap individu dengan perjanjian terlebih dahulu dengan informan. Wawancara yang digunakan dalam penelitian ini semi structure.

**Hasil:** Didapatkan 2 tema yaitu tanda-tanda persalinan dan kebutuhan ibu bersalin. Dampak pandemi covid-19 membuat ibu merasa was-was atau kekhawatiran, takut dan cemas, tegang, berusaha nyaman, berusaha tenang dan rasa percaya diri. Kebutuhan psikologis ini terbagi menjadi dua bagian yaitu dukungan secara verbal dan dukungan secara sentuhan. Dukungan secara verbal seperti menyemangati, di ajak ngobrol, memberikan dukungan, mendampingi, ramah, komunasi, percaya diri, siaga, pelayanan bagus, harus kuat, menyayangi dan perhatian. Dukungan secara sentuhan seperti di elus-elus, mengusap keringat, pegang kepala, menggosok-gosok punggung dan menggosok perut. Kebutuhan spiritual yang didapatkan ibu selama proses persalinan yaitu zikir, berdoa, dan selalu berpikir positif agar persalinan lancar dan bayi sehat. Kebutuhan nutrisi ibu bersalin seperti makan-makanan yang sehat, makanan bergizi seimbang, minum air putih untuk tenaga megejan. Dukungan yang diberikan oleh suami, keluarga dan tenaga kesehatan membuat ibu merasa tenang dan mendapatkan edukasi terhadap penyebaran covid-19 agar mendapatkan persalinan yang positif.

**Kesimpulan:** Dukungan yang positif akan memberikan persalinan normal dan ibu percaya diri.

**Kata kunci:** dukungan, ibu bersalin, pandemi covid-19, pengalaman, persalinan.

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## INTRODUCTION

Acute respiratory syndrome coronavirus 2 (SARS-CoV-2), also known as COVID-19, caused a global public health emergency. The COVID-19 pandemic was initially reported in Wuhan, China, in December 2019. Globally, over 2 million people have tested positive for the virus, and nearly 140 thousand individuals have tragically lost their lives<sup>1</sup>.

The COVID-19 pandemic has had a profound impact on hospital organizations, healthcare workers, and societies in affected countries. Visits to hospitalized patients have been significantly restricted and, in some cases, entirely prohibited as a preventive measure to curb the spread of COVID-19. These measures have been implemented by governments to mitigate the risk of transmission. Specifically, during childbirth, only one person has been permitted to accompany the birthing process, and visits from other individuals have been prohibited while patients are in the hospital.<sup>2</sup>

Globally, maternal mortality is still very high, around 295,000 women. In developing countries, maternal mortality is still high, around 415 per 100,000 live births, more than 40 times higher than European countries and almost 60 times higher than Australia and New Zealand<sup>3</sup>. Maternal and perinatal deaths are often the result of complications that do not manifest suddenly but rather develop over time. These complications may include miscarriage, uterine rupture, sepsis during the postpartum period, postpartum hemorrhage, preeclampsia, and eclampsia.<sup>4</sup>

Pregnancy and childbirth are normal physiological events that occur in a woman's life<sup>5</sup>. Positive birth experiences will increase the bond between mother and baby<sup>6</sup>. Negative birth experiences can have profound effects on mothers, potentially leading to feelings of despair, being traumatized to give birth, and postpartum depression<sup>7</sup>.

The current condition is with the outbreak of Covid-19 during hospitalization so that restrictions on visitors during childbirth and referrals are limited by health facilities, causing isolation and helplessness for pregnant women. Counseling regarding birth plans must consider the new stress on the mother, so that the mother can choose the right health facility for delivery<sup>8</sup>.

Changes in service to maternal service practices have an impact on delivery. During the Covid-19 pandemic there was a change in the rules that

women in labor could not be accompanied by their families, causing women to feel anxious and afraid. Health service policies and delivery practices must support safe and comfortable services. Women who get safe and comfortable services during the Covid-19 pandemic can make mothers get positive experiences<sup>9</sup>.

Based on the above discussion, it is deemed necessary to conduct research on how mothers experience childbirth regarding family support and health workers during the pandemic Covid-19. This is important considering that support is one of the most important things for the smooth delivery process, the support given from husbands, family and health workers is needed by mothers.

Mothers during the perinatal period need support from family and health workers to provide positive information that aims to prevent anxiety and fear during the delivery process. The collaborative approach provided by health workers must be fulfilled both physically, psychologically, emotional and socially. Mother-centred education and information is very important for psychological safety against uncertainty and unexpected experiences during labor during the pandemic covid-19<sup>10</sup>.

Based on data obtained from the Health Department (Dinkes) of Sleman, the number of mothers giving birth was 13,470. The number of deliveries at the public health center (puskesmas) Mlati II in 2019 was around 536 births<sup>11</sup>. Preliminary studies conducted by researchers had an impact on the number of deliveries during the Covid-19 pandemic. During the pandemic the average delivery was 10-15 per month. The Community Health Center continues to carry out delivery assistance during the Covid-19 pandemic. If there is a room disinfection schedule, the patient will be transferred to another facility.

The COVID-19 pandemic has led to significant changes in the services provided at healthcare facilities, including the restriction of family accompaniment during childbirth. However, at Puskesmas Mlati II in Sleman, mothers giving birth still receive assistance from their families. Despite this, the atmosphere, which can be described as less conducive due to COVID-19, intensifies maternal anxiety and worry. Elevated levels of anxiety and worry can have detrimental effects on the childbirth process and a mother's psychological well-being.

This study aims to explore the experiences of mothers giving birth concerning family support

and interactions with healthcare workers during the COVID-19 pandemic at Puskesmas Mlati II in Sleman. The research seeks to provide valuable information, knowledge, education, and insights to mothers giving birth regarding the significance of family support and healthcare worker involvement during the COVID-19 pandemic.

Social support offered to mothers during childbirth plays a vital role in boosting their self-confidence and enthusiasm for the birthing process. Such support can take various forms, including instrumental, emotional, informational, and appraisal support<sup>12</sup>. Spiritual is a person's relationship with an entity outside himself. Fear and anxiety about pain during childbirth cannot be separated from one another. There is a relationship between religion and anxiety<sup>13</sup>.

**METHODS**

This research design uses qualitative research<sup>14</sup>. The approach used in this study uses descriptive phenomenology<sup>15</sup>. The approach using qualitative research is more appropriate to use to gain an in-depth understanding of research on the experiences of birth mothers regarding support during the pandemic covid-19<sup>16</sup>. Qualitative research is usually difficult to evaluate because the reporting is incomplete, so the Standard Reporting Synthesis of Recommendations (SRQR).

Retrieval of informants in this study was carried out online. This study used a purposive sampling technique<sup>17</sup>. The informants used in this study were 7 mothers giving birth, 3 informants from husbands, 1 informant from parents and 2 informants from registered health center midwives who were willing to sign informed consent. Ethical Clearance with number 1437/KEP-UNISA/I/2022.

This research was conducted at the Mlati II Health Center in Sleman Regency in Cabakan Hamlet, Sumberadi, Kec. Mlati, Kab. Sleman, Special Region of Yogyakarta 55286. This research was conducted in January-February 2022, the reason for choosing this place was based on the researchers' criteria.

The criteria for the researchers were mothers who gave birth at the Mlati II Health Center in Sleman, mothers who gave birth at the age of 20-35 years, were at full term of gestation and mothers who gave birth used cell phones to communicate on both Android and iOS.

Researchers conducting In-depth individual

interviews (IDI) are used as the most powerful tool to gain an understanding of humans and dig deep information<sup>18</sup>. The application of the in-depth interview method conducted in this study was the fastest and most appropriate method used by researchers during the pandemic Covid-19.

In this study, researchers were not directly present at the research location. Researchers conducted in-depth interviews with informants online via whatsapp, zoom and cell phones for approximately one hour per individual with prior agreement with the informant.

The source triangulation used was the husband of the mother who gave birth, the family, namely parents and health workers, namely the midwife who worked at the Mlati II Health Center in Sleman.

The triangulation technique in this study uses documentation that aims as evidence that researchers are conducting research on informants and interview guides to ask for data needs by researchers.

Time triangulation in this study was carried out in the morning until noon which was directed to meet the person in charge of MCH. Researchers coordinated with midwives to request data on mothers who gave birth at the Mlati II Health Center. After obtaining the birth mother's data, the researcher contacted the informant via chat on WhatsApp with the aim of obtaining valid data information.

The interview schedule in this study was in accordance with the wishes of the informant and when the informant's baby was sleeping the aim was to obtain clearer, valid and proven data in obtaining data sources.

**RESULTS**

**Table 1.** Characteristics of Informants

Code	Age	number of children	Profession
P1	23	1	Housewife
P2	25	1	Housewife
P3	26	1	Private Sector Employee
P4	24	1	Housewife
P5	25		Housewife
P6	25	2	Housewife
P7	23	1	Housewife
B1	28	1	Entrepreneur
B2	30	1	Entrepreneur
B3	29	1	Private Sector Employee
Bd 1	52		Senior Midwife/ DIV
			Midwifery
Bd 2	35		Midwife / DIII
			Midwifery
IK 1	60		Housewife

The main informants of this study were mothers who gave birth at the Mlati II Health Center.

The results of interviews with mothers who give birth show the needs that are needed by the mother during the delivery process, namely psychological needs. This psychological need is divided into two parts, namely support and emotional. Informants revealed that during the delivery process they received support from their husbands, family, health workers both verbally and by touch.

### Verbal Support

The interviews on support for informants verbally indicated that support was provided such as encouraging, being invited to chat, providing support, accompanying, friendly, communicating, confident, alert, good service, having to be strong, loving and caring. The following are the informants' expressions regarding the support given during labor verbally to informants P1, P2, P4, P5, P6, Bd 1, Bd 2, C1, B1, B2, B3.

*"Always say come on sis, miss you can come on, great miss, you can do it. Give support to me, tell me you have to stay asleep even for one minute, you shouldn't be afraid" (P1)*

*"Yes, my husband accompanies me, supports, encourages, gives drinks, feeds, fans. Yes like. Come on, my dear, our child will be born. Soon we will be father and mother (more or less like that sis)" (P2)*

*"The midwives were also good, all friendly too, from my prenatal check up to the birth the midwives were always good and patiently the midwife directed me to be rapid after rapid directed to the observation room but apparently there was no opening yet directed to go home" (P4)*

*"This is my first experience giving birth, Miss. Alhamdulillah, I was born normally and the midwife who helped me provided good service" (P5)*

*"The service there is good, sis. Every time I get sick and have cramps like that, the midwife says it's opening and the midwife is on standby to come, check and check my baby's heart" (P6)*

*"Support given by my husband is good. Even though the mother feels scared, her husband can still accompany her, but it is recommended that the husband use an N-95 mask like that" (BD 1)*

*"Jenengan is struggling, this is the soul of the women here. Jenengan has to fight, his son also struggles to get out, so Jenengan has to be enthusiastic like that. I hope the birth goes smoothly, sis" (BD 2)*

*"You have to be enthusiastic, you have to be strong, you have to do that. You have to be calm, you have to be patient and your husband provides food and drink" (C1)*

*"I'm giving support, come on, keep spirit, you can do it soon, our child will be born, you have to be strong to face it for the sake of our child" (B1)*

*"I'm giving support, come on, keep spirit, you can do it soon, our child will be born, you have to be strong to face it for the sake of our child" (B2)*

*"Yesterday my mother-in-law offered a prayer that the delivery would go smoothly, the mother and baby would be healthy. Always think positively that women's nature is like that. And reminding you that you have to eat and drink too so you have energy" (B3)*

### Touch Support

The interviews obtained this sub-theme, informants revealed that they received touch support such as being stroked, wiping sweat, holding their heads, holding hands, rubbing their backs and rubbing their stomachs. The following are expressions of support in touch with informants P1, P2, P5, P7, Bd 1, Bd 2, B1, B2.

*"Don't get massages, sis, because you can't just be stroked. I was carried to the bathroom for fear of getting tired" (P1)*

*"I stroked my wife's stomach, because she felt pain" (P1)*

*"Even wiping sweat too sis" (P2)*

*"He stroked my head and held my hand so that my heart would be calm and my mind sis" (P5)*

*"Hold hands and fan sis" (P5)*

*"My husband always kisses my forehead, rubs my back, strokes my stomach" (P7)*

*"Like that, when there is his, he also rubs his back, strokes and so on" (Bd 1)*

*"Support provided by the husband is in the form of a support system such as attention and feeding" (BD 2)*

*"I stroked his stomach and gave massages, fed him food and drink" (B1)*

*"I stroked his stomach and massaged his back, fed him food and drink and asked him to tell stories to reduce his anxiety" (B2)*

*"I stroked his stomach inviting his sister to tell stories and massaged his back" (B3)*

## DISCUSSION

Data collected from informants who gave

birth during the COVID-19 pandemic revealed that, fundamentally, their childbirth experiences were not significantly different from those before the pandemic. However, it was noted that the predominant difference during the pandemic was the heightened level of fear experienced by mothers. Throughout the COVID-19 pandemic, the analysis of the data identified two main themes: "Signs of Labor" and "Maternal Needs During Labor."

Regular uterine contractions or cervical dilatation are basic indicators of labor regardless of the phase or stage. Physiological processes that increase uterine muscle changes from contractions will continue to get stronger as the time of delivery approaches<sup>19</sup>. The urge to push on the mother is to hold her breath while pushing which lasts for 10 seconds or more when the opening of the cervix is complete<sup>20</sup>.

Mothers who are struggling to give birth to children really need support from the people they care about, especially from their husbands. The support provided by the husband can add strength and make the mother feel valued and loved. The support system provided by the family and health workers is also important for mothers to increase their enthusiasm to meet their baby, who has been waiting for nine months with great hope.

### Verbal Support

The establishment of trust and good communication between health workers and mothers will fulfill spontaneous and smooth deliveries. Examination procedures during labor can be determined by the conditions that occur. The friendship and closeness of health workers is very important to mothers in providing quality services throughout the life cycle<sup>21</sup>.

Health workers must provide the best service to the mother during the delivery process in accordance with the current SOP and notify what handling is done during the delivery process<sup>22</sup>. The support provided by the husband during the birth process can provide a sense of care and establish a harmonious relationship between mother and husband. The presence of a husband during the birth delivery process can provide a feeling of calm, comfort, feeling appreciated so as to reduce anxiety<sup>23</sup>.

Mothers who get high self-efficacy from husbands, families, and health workers will have a lower incidence of postpartum depression.

Families that provide support to mothers during childbirth will make mothers feel loved, cared for, valued so as to reduce fear, stress and depression after childbirth<sup>24</sup>.

### Touch Support

Family support is needed by the mother during the birth process. Especially the presence of childbirth assistance, namely the husband. A husband who gives a touch, such as touching his wife's hand with feeling, will give a more calm and comfortable feeling in facing labor<sup>25</sup>. The husband plays a vital role in accompanying the mother during the childbirth process. His support goes beyond just financial assistance; it encompasses emotional and psychological support as well. This support is characterized by love and care, boosting the mother's self-confidence, and showing her respect. The husband also maintains open and honest communication, gives undivided attention, and is genuinely caring and responsive. Furthermore, he stands prepared to embrace the responsibilities of parenthood, demonstrating readiness to become a loving and supportive parent.

### CONCLUSIONS

The support given by husbands to mothers can add strength, feel calm, comfortable so that mothers feel valued and feel confident and empowered. husband's high self-efficacy during the delivery process during the covid-19 period will make the mother feel calm and relaxed in facing childbirth so that excessive fear and anxiety is reduced.

The support provided by parents and husband is an inseparable unit during the birth process. The support provided by the family is no less important during the pandemic covid-19. Families can also provide online support such as video calls and telephone calls to mothers because of the policy regarding childbirth assistance, only one person is allowed.

Families can also provide online support such as video calls and telephones to mothers because of the policy regarding birth assistance that only allows one person. Before the mother gives birth, the family encourages the mother to be able to give birth normally, must not give up, must be enthusiastic, the women are here and pray.

Support provided by health workers during the delivery process is in the form of emotional

support can make mothers feel valued, more confident and feel what they feel about pain and fear during labor. Good social relationships between mothers and health workers can create a positive birth experience and reduce pain during labour. Despite the Covid-19 pandemic, health workers, particularly midwives, consistently followed the Standard Operating Procedures (SOP) while providing services. In addition to their regular duties, they implemented measures to prevent the transmission of Covid-19.

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