

ABSTRAK

PERBEDAAN TINGKAT KECEMASAN IBU BERSALIN DI PUSKESMAS DENGAN DI BIDAN PRAKTIK MANDIRI DAN HUBUNGANNYA DENGAN LAMA PERSALINAN

FATIHAHAYATI

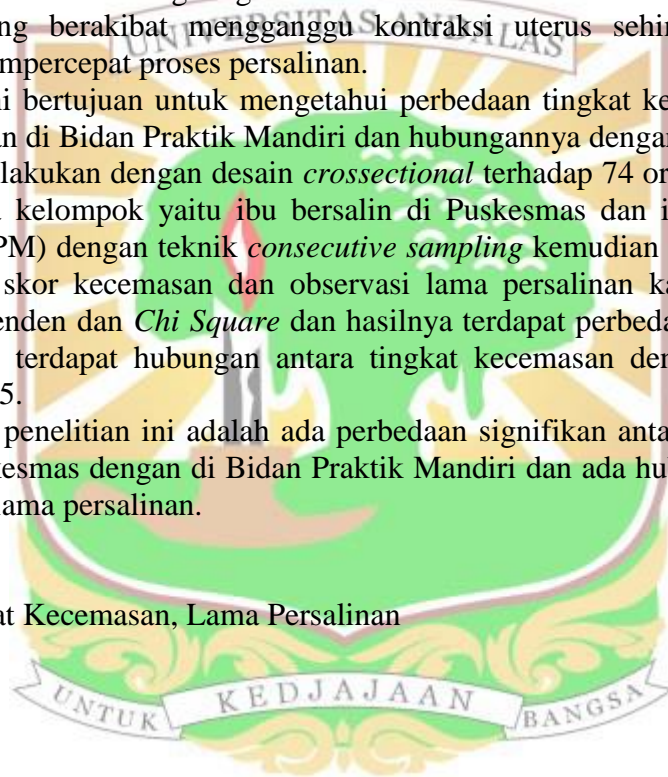
Pencapaian target penurunan Angka Kematian Ibu (AKI) di Indonesia masih belum berhasil. Kematian ibu tersebut disebabkan oleh perdarahan, eklampsia, partus lama, infeksi, abortus, penyakit jantung, dan lain-lain. Kejadian kematian ibu lebih tinggi terjadi pada ibu yang bersalin dengan tindakan dibandingkan pada ibu yang bersalin normal. Rasa cemas yang tidak teratasi juga dapat menyebabkan persalinan berlangsung lebih lama dan harus diakhiri dengan tindakan. Lingkungan bersalin di rumah sakit dapat meningkatkan kecemasan ibu yang berakibat mengganggu kontraksi uterus sehingga tindakan harus dilakukan untuk mempercepat proses persalinan.

Penelitian ini bertujuan untuk mengetahui perbedaan tingkat kecemasan ibu bersalin di Puskesmas dengan di Bidan Praktik Mandiri dan hubungannya dengan lama persalinan.

Penelitian dilakukan dengan desain *crosssectional* terhadap 74 orang ibu bersalin yang dibagi menjadi dua kelompok yaitu ibu bersalin di Puskesmas dan ibu bersalin di Bidan Praktik Mandiri (BPM) dengan teknik *consecutive sampling* kemudian dilakukan wawancara untuk menentukan skor kecemasan dan observasi lama persalinan kala I. Data dianalisis dengan uji T independen dan *Chi Square* dan hasilnya terdapat perbedaan signifikan dengan nilai $p < 0,05$ dan terdapat hubungan antara tingkat kecemasan dengan lama persalinan dengan nilai $p < 0,05$.

Kesimpulan penelitian ini adalah ada perbedaan signifikan antara tingkat kecemasan ibu bersalin di Puskesmas dengan di Bidan Praktik Mandiri dan ada hubungan antara tingkat kecemasan dengan lama persalinan.

Kata Kunci : Tingkat Kecemasan, Lama Persalinan



ABSTRACT

THE DIFFERENCES OF ANXIETY LEVEL BETWEEN MOTHERS GIVING BIRTH AT PUBLIC HEALTH CENTER AND THOSE AT PRIVATE MIDWIFE CENTER AND ITS RELATION WITH THE PERIOD OF LABOR

FATIHATUL HAYATI

The decline of Maternal Mortality Rate (AKI) in Indonesia has not been achieved successfully. Maternal mortality is the result of hemorrhage, eclampsia, obstructed labor, infection, miscarriage, heart disease, etc. Maternal mortality rate is higher in assisted childbirth rather than that of natural childbirth. The unresolved anxiety can cause childbirth to last longer and lead to assisted childbirth. Childbirth environment at the hospital can increase maternal anxiety which results in disturbing uterine contraction so that action should be taken to speed up the delivery process.

The aim of this study is to determine the difference in anxiety level between mothers who give birth at the Public Health Center and those who give birth at Private Midwife Center and its relation with the period of labor.

The study was conducted by cross-sectional design on 74 mothers in labor. They were divided into two groups: those who give birth at Public Health Center and those who give birth at Private Midwife Center with consecutive sampling technique. Interview was then conducted to determine the anxiety score and observe the length period of labor stage 1. Data were then analyzed by conducting Independent T test and *Chi-Square*. The result showed that the first group had higher average score of anxiety than the second group with p value $< 0,05$ and there was a relationship between the level of anxiety and the period of labor with p value $p < 0,05$.

The study suggested that there was significant difference between giving birth at Public Health Center and giving birth of Private Midwife Center and there was relationship between the level of anxiety and period of labor.

Keywords: anxiety level, period of labor