

Hypnotherapy Assistance for Primipara Postpartum Adaptation

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Abstract: ***Introduction:** The beginning of postpartum is sensitive period primipara adaptation for new tasks as a mother in caring newborns. Postpartum period is known as a real change in the lives of women who need adaptation. An indication of difficulty postpartum period adaptation is the emergence of a arising reaction from threat marked by feeling uncomfortable and worry. Primiparas is greater number of postpartum concerns in all modes of adaptation than multiparas. **Methods:** Quasy experiment non-equivalent control group design with non-parametric data analyzed. Postpartum adaptation problems are measured periodically pre test, first home visit, second home visit, third home visit and post test. Experiment got 40 primiparas at Citra Insani maternity hospital period 3th March 2018 to 2th May 2018. **Results:** Treatment group significantly decreased postpartum adaptation problems in physiological, self-concept, focal stimulus and residual stimulus adaptations compared to the control group. Family and social environment affected how primiparas postpartum. **Conclusion:** Primipara postpartum sensitive period during 1-8 days postpartum period. The bigger problem can avoid is to be independent to caring the baby well.*

Keywords: Hypnotherapy, Postpartum, Adaptation, Assistance, Primipara

1. Introduction

Relevance of research refers to the process of adaptation to the primipara postpartum period after the process of pregnancy and childbirth. Primipara postpartum, nurses, midwives, and doctors get an alternative treatment and others recommendation from this research to avoid postpartum maladaptation. It's should avoid in primipara postpartum period, because maladaptation can distract other normal process in postpartum period recovery which is they get an happiness for their birth. Happiness get a new family member can turn into anxiety because new role as a mother to keep and caring the baby. Anxiety can be a stressor which stimulate stress hormones in the body.

2. Literature Survey

Postpartum period is the period after childbirth or the recovery period from the delivery process is complete until the reproductive organs are restored as before pregnancy which during for 6-8 weeks[1]. Mother experiences physical changes followed by psychological changes. There is great excitement, experiencing the exploration and assimilation process of the baby, but also under pressure to absorb learning about what to do in caring the baby and feeling a great responsibility in the process of changing the role of being a mother[2].

The initial process of the postpartum period is a sensitive period when a primipara adapts to a new task as a mother in caring a newborn baby[3]. Normative psychological changes at the beginning of postpartum period shows increase alertness to dangers such as fear and irritability. It's considered as adaptive state for improve protect ability the baby to be safe from possible environmental[4].

3. Methods/Approach

This type of research used quasy experiment non-equivalent control group design. Two groups were divided into treatment and control groups with 40 respondents total. Observations were carried out for 15 days through a series of observations in pre-test (0 postpartum day), first home visit (3rd postpartum day), second home visit (day 6 postpartum), third home visit (9th day postpartum) and post test (15th day postpartum). Roy Adaptation's model as assessment format primipara postpartum adaptation. Research ethics are informed consent, anonymity, confidentiality and veracity[5] The ethical approval has been obtained from the Health Research Ethics Committee of Health Polytechnic Semarang.

4. Results & Discussion

4.1 Physiological Adaptation

Hypnotherapy assistance proved have an effect on reducing the physiological adaptation problem of the treatment group, because there was a significant and consistent reduction in physiological adaptation problems at each research observation visit. As a result of a reduction in physiological adaptation problems it will be directly proportional to the reduction in the adaptation of primipara postpartum focal stimuli. The impact of accelerating the decline in physiological adaptation problems to primipara postpartum is to reduce the risk of prolonged physical discomfort in primiparas. Prolonged pathological physical discomfort results in a response to an increase in blood pressure, chronic fatigue, and vasoconstriction[6]. This response can bring postpartum mothers at the point of inability to function and physical function (somative complaints) in maladaptive responses to stress, causing postpartum depression which can

interfere with brain function, autonomic nerves, endocrine system and immune system which are referred to as psychosomatic diseases[7].

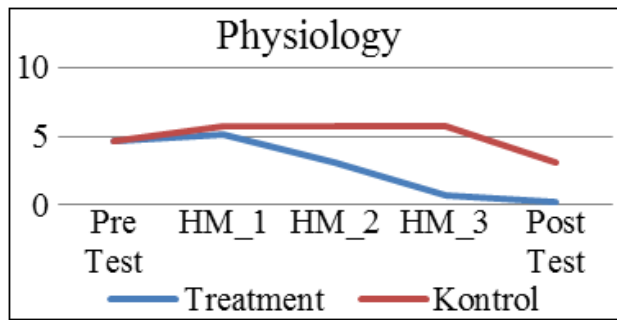


Figure 1: Data-load physiology adaptation

Self-concept adaptation problem is relate to residual stimulus about primipara postpartum perceptions and beliefs. Counseling approach is overcome the residual stimulus to improve maternal perceptions and beliefs in the postpartum adaptation undertaken so as to make a good self-concept for primipara postpartum. Mentoring postpartum adaptation through the application of effective hypnotherapy provides a reduction in the problem of self-concept adaptation and residual stimulus of the treatment group. There was a consistent and significant reduction in the problem at each research observation visit. Normative psychological changes at the beginning of a mother's postpartum period will show increased feelings of fear and irritability which are considered as adaptive conditions to improve their ability to protect the baby [4]. Fear and irritability can prolong stressor for primipara. Brain responds to the stressor by sending information to the hypothalamus that makes the adrenal gland part of the cortex to produce cortisol as a stress hormone. Cortisol is greatly avoid in the postpartum period, because it can block other good hormones needed by the primipara to carrying out new roles as mothers such as endorphin and prolactin to increase comfort and breastfeeding activity[8].

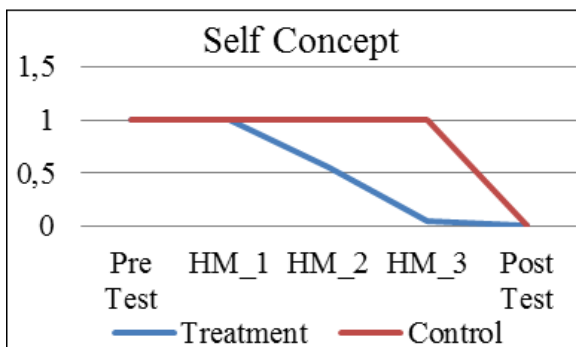


Figure 2: Data-load self concept adaptation

Role functions adaptation examines patterns of primipara postpartum social interaction relate to people around due to multiple roles. Three social interactions that are family environment, social environment, husband and other closest people. Wife role changes become a mother makes primipara postpartum need support from the social environment. Contextual stimulus in the form of support is needed to improve maternal, infant health status and facilitate the process of good adaptation to being a mother. Other study explained that postpartum mothers who received good

acceptance and support from their mother-in-law and husband have good adaptation role function process to become a new mother. Negative support create an maladaptation process which is not good for primipara postpartum[9].

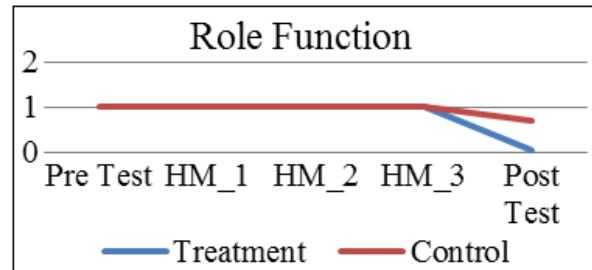


Figure 3: Data-load role function adaptation

Interdependent adaptation is a balancing between dependency and independence primipara. Majority of primipara postpartum depend on mothers or parents in law, because they are live in the same house with their parents, either the parents or parents in law which is primipara does not become independent caring the baby. All interventions and care depend on mother or mother in law, primipara experiences contextual stimulus problems and residual stimulus that she does not have confidence and courage to caring everything by her self. Hypnotherapy assistance did not give effect to the occurrence primipara independence in the entire adaptation process. The majority of the family's own environment does not give full trust to the mother to behave independently, so that the mother can only be resigned to carrying out what is in accordance with the family's wishes. In line with the results of research the role of the environment greatly influences the independence of a mother to play a role as a new mother[9].

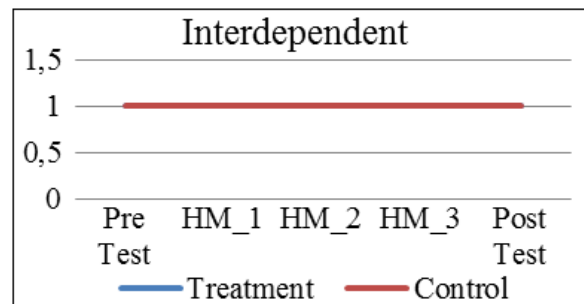


Figure 4: Data-load interdependent adaptation

Focal stimulus is behavior change in primipara postpartum. Behavior changes derived from positive suggestions from each effective hypnotherapy assistance. Behavioral changes that occur related to physical adaptation difficulties such as difficulty in defecation, fatigue, breastfeeding position, lack of appetite, expenditure of lokeha, and other physical changes. Primipara postpartum behavior changes through hypnosis assistance show positive behavioral changes for themselves. Real behavioral changes occur postpartum primipara like having more insight into physical physiological changes in the postpartum period and decrease the worried. More implement various activity to preventive maladaptive adaptation. Independence behaviour can not change by all primipara postpartum. They cannot fully caring

the baby from beginning until observation end. They also help by others people to bath the baby, cord care, urination and defecate cleansing.

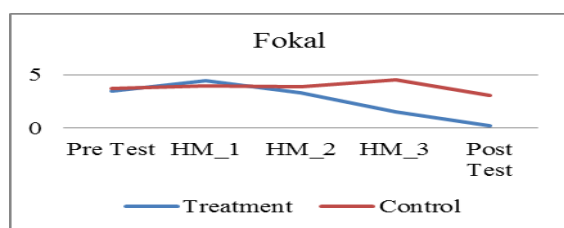


Figure 5: Data-load focal stimulus

Contextual stimulus is causes contribute of behavior changing. Many factors can influence behavior change like age, sex, genetic, social interaction, stressor, and coping mechanism[10, 11]. Research explained that the environment must be comfortable support hypnotherapy[12]. Behavioral cannot actually be done directly by changing primipara postpartum behavior, requiring more confidence and support for rapid positive behavior changes. This research found that primipara postpartum can fast behavioral changes because she have an belief. Belief is direct to her self and midwife. All beliefs and behavior changes can faster if an advice can not make conflict with husband, parents and parent in law. Conflict is cause of behavior changes.

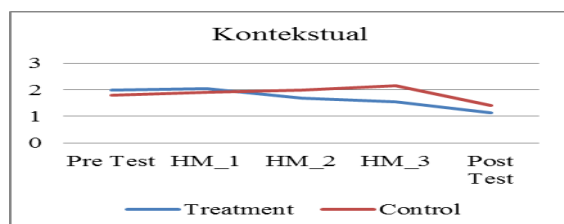


Figure 6: Data-load kontekstual stimulus

Residual stimuli are past experiences that affect primipara postpartum perceptions and beliefs. A primipara does not have past experience to deal with the postpartum period. However experience can be obtained from sharing knowledge from midwife and people around. This study found that relevant matters affect past experiences of parents or parents in-laws. Their experiences are shared with primiparas and most still apply to mothers even though there are still things that are less relevant now. It can be conflict for primipara to handle. Sometimes what parents or parents in-laws instruction contrast with midwife instruction like food culture high protein for recovery perineal tears. Parents or parents in-laws forbid to eat egg and fish. According midwives that egg and fish are allowed to eat because high protein consist to fast perineal tears recovery.

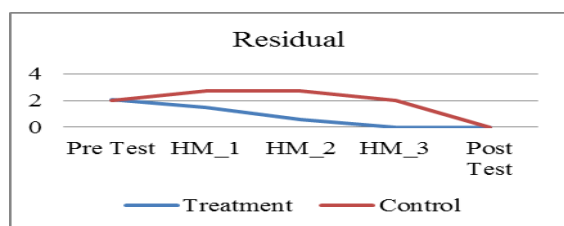


Figure 7: Data-load residual stimulus

5. Conclusion

Hypnotherapy assistance adaptation of the treatment group can be referred to as an alternative acceleration in the reduction of physiological adaptation problems, focal stimulus, self-concept adaptation and primipara postpartum contextual stimulus. Parents and parent in law have big effect to decrease primipara beliefs to solve maladaptive postpartum period.

6. Future Scope

Researchers can not control the physical environment of respondents in the family support category, social environment and cultural factors that influence maternal belief of the adaptation of the primipara postpartum period.

7. Other recommendations

Subsequent research needs to be scrutinized and a comprehensive hypnotherapy model is developed not only involving one primipara subject but others like the family to control factors that interfere with the effectiveness of maternal hypnotherapy.

References

- [1] Bahiyatun SP, editor Buku Ajar Asuhan Kebidanan Nifas Normal 2013: EGC.
- [2] Sulistyawati A. Buku ajar asuhan kebidanan pada ibu nifas. Yogyakarta: Andi Offset. 2009:1-6.
- [3] Lonstein JS, Lévy F, Fleming AS. Common and divergent psychobiological mechanisms underlying maternal behaviors in non-human and human mammals. *Hormones and behavior*. 2015;73:156-85.
- [4] Pearson RM, Lightman SL, Evans J. Attentional processing of infant emotion during late pregnancy and mother-infant relations after birth. *Archives of women's mental health*. 2011;14(1):23-31.
- [5] Rse. P. Ethical Issues In Maternal Care And The Role Of Health Providers In Clinical Practice. *Proceeding International Conferences Midwifemidwife Health Polytechnic Semarang*. 2016.
- [6] Kim P. Human Maternal Brain Plasticity: Adaptation to Parenting. *New directions for child and adolescent development*. 2016;2016(153):47-58.
- [7] Thompson-Booth C, Viding E, Mayes LC, Rutherford HJ, Hodsoll S, McCrory EJ. Here's looking at you, kid: Attention to infant emotional faces in mothers and non-mothers. *Developmental science*. 2014;17(1):35-46.
- [8] Ibrahim. *Perawatan Kebidanan*. 2 E, editor. Jakarta: Bharata; 2004.
- [9] CH. H. Predictors of postpartum women's health status. *J Nurs Scholarsh*. 2001;36(4):51-345.
- [10] Roy C, & Andrews, H. A. . *The Roy Adaptation Model: The definitive statement* Norwalk, CT:Appleton & Lange 1991.
- [11] Weiss M, Fawcett J, Aber C. Adaptation, postpartum concerns, and learning needs in the first two weeks after caesarean birth. *Journal of clinical nursing*. 2009;18(21):2938-48.

- [12] Anuhgera D KT, Sumarni S, Mardiyono M, Suwondo A.
. Hypnotherapy Is More Effective Than Acupressure In
The Production Of Prolactin Hormone And Breast Milk
Among Women Having Given Birth With Caesarean
Section. *Medicine And Clinical Science*. 2017.

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