

The Benefits of Dates Ruthab on Blood Volume On Labor Stage 4th

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ABSTRACT

Background: Birth is a natural process and is a physiological condition in a woman. there are 4 stage/times in labor which are 1st time, 2nd time, 3rd time and 4th time. The effort used to facilitate labor is to make contractions and relaxation effective. dates contain tannins which can shorten bleeding time and high glucose as a good source of energy during labor.

Purpose: The purpose of this study is to see at the amount of bleeding in the group not given dates and given date ruthab.

Method: this study using a quasi-experimental method in two different groups with 34 people treated with primigravida with 17 control groups and 17 intervention groups. given treatment for 4 weeks before the estimated delivery and check the blood volume with a measuring cup.

Result: The results showed a significance value of the results of the t-test, namely: 0,000 for the 4th stage, the value was smaller than the significance level (α) of 0.05, meaning H_0 was rejected, so it could be decided the hypothesis of the effect of giving wet dates to decreasing blood volume in stage 4th labor can be accepted.

Conclusion: Dates ruthab can be used as supporting therapy in the labor process and has very convincing benefits.

Keywords: Dates Ruthab, Blood Volume, Labor Stage 4th

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BACKGROUND

Childbirth can be said to be a result of conception of the fetus and age at 37-40 weeks or enough months of pregnancy with spontaneous birth that lasts for 18 hours in mothers who have no labor complications (Syaifuddin, 2007). there are four stages of labor, the first time starts from zero opening to complete opening (10 cm), second stage, starting from complete opening until the baby is born, stage III (release of uri) or birth of the placenta, stage IV (observation), starting from at the birth of the placenta until the first 2 hours post partum. While the four components that influence it are passanger (fetus), passage (maternal pelvis), power (uterine contractions), and psychic (maternal emotional status). If labor begins the interaction of the four components must be interrelated so that spontaneous vaginal birth occurs.

At first stage there are 2 phases, the latent phase and the active phase, the active phase of labor is a very heavy and tiring time for a mother, at this time the mother feels severe pain because of the more active uterine activity. In the active phase, strong and continuous contraction (power) is needed for the start of labor. If the uterine contractions weaken this can lead to prolonged labor (Kumarawati, 2010). In the first period of labor there is often a delay in opening which is a threat to the life of the mother and baby. This is usually caused by pain, which if not handled quickly will cause the mother's breathing and heart rate to increase so that blood flow and oxygen to the placenta are disrupted. Supervision in this phase is a determining point for the mother whether she can undergo a normal delivery or end with an action because of complications (Hermawati, 2009).

Efforts to make mother's labor more effective are made by the occurrence of contractions and reduce the pain felt by the mother during labor, among others, by pharmacological actions and non-pharmacological actions. For pharmacological actions, among others, the use of analgesics, but all these actions have side effects on the mother and fetus. Analgesics can enter the placenta and this can cause bad breathing in the fetus and the mother does not use her abdominal muscles when contracting causing long labor. For this reason, more non-pharmacological actions have been developed to reduce pain and stimulate contractions to accelerate labor. This method is considered to be able to create a relaxing effect on the mother who is giving birth by helping to reduce muscle and emotional tension so that it can reduce pain during labor.

One of the other non-pharmacological therapies to stimulate the work of the hormone oxytocin to improve the quality of contractions to accelerate the process of labor, is to give dates, on dates containing the hormone oxytocin which can cause uterine contractions. The hormone oxytocin increases during labor. According to Prof. Dr. Ir. Ali Khomson, Ms, dates contain nutrients that are useful for the body. The glucose content is higher than other fruits which are only 20-30%. A high source of sugar is needed by mothers who are giving birth because mothers need a lot of energy. The content of tannin found in dates can also shorten bleeding time (Rohrbach, 2009).

Data from the IDHS (Indonesian Demographic and Health Survey), in 2012, the MMR (Maternal Mortality Rate) in Indonesian got the highest rank in the ASEAN (Association of Southeast Asian Nations) which reached 359 per 100 thousand live births. Efforts from the government in suppressing MMR are Safe Motherhood, which considers that every pregnant woman has a risk, even though the condition of maternal health during pregnancy is good. In 2012 the Ministry of Health launched a Expanding Maternal and Neonatal Survival (EMAS) program in order to reduce the maternal and neonatal mortality

rate by 25%. In addition, there is also an increase in comprehensive emergency obstetric and neonatal services in an effort to reduce maternal mortality (Kemenkes, 2014).

From some of the things mentioned above, the author took a date-giving method to see the effect on improving the quality of contractions in the smooth delivery process, which can reduce the incidence of prolonged labor which can reduce maternal and fetal mortality, while reducing the amount of bleeding postpartum delivery to the mother.

OBJECTIVE

This study aimed to see at the amount of bleeding in the group not given dates and given date ruthab

METHODS

The method in this study is using Quasi experiment with a post-test only non equivalent control group design. Population in this study are all primigravida mothers with 36 weeks gestational age in RSUD X as many as 34 people. The sampling method in this study is the total sample so that the sample in this study amounted to 34 respondents who were divided into the control group and the intervention group.

The inclusion criteria in this study are primigravida pregnant women at 36 weeks' gestation and aged between 20 years and 35 years, pregnant women with physiological pregnancy. The place of research was at X Hospital with a research period of 4 weeks. The instrument in this study was an observation sheet in the form of a checklist to distinguish respondents who gave dates and those not given dates, then a measuring cup to measure the amount of bleeding of respondents.

The process of collecting data in this study begins by providing concentrated information to each respondent by explaining the purpose and process of the research conducted. After the respondent agreed, then for 4 weeks the intervention group was given ruthab dates and monitored until the time of labor began from the first to the 4th time with the measured amount of bleeding from the two groups of research subjects. The participants were assured that their engagement was voluntary, and that anonymity, privacy, and confidentiality of the data were guaranteed. Furthermore, they were informed about the purpose and the method of the study before signing a written informed consent. The questionnaires were distributed to eligible participants at the X Hospital, and respondents were asked to complete and return them in the same time.

RESULTS

the results of research from univariate data consisting of age, education and employment status are listed in table 1 below

Table 1. Characteristics of Respondents

Variable	Count	Percentage
Age		
12-17 Years	34	100%
18-40 Years	0	0%
Education		
No School	0	0%
Elementary school	0	0%
Middle School	0	0%
High school	22	64,7%

College	12	35,3%
Work		
No Work	23	67,6%
Work	11	32,4%

From the results of the table above, it is found that almost the majority of respondents are at the age of 12-17 years, which means that the respondents are still in their teens, from the education level of the respondents that most of the respondents have the highest level of education, 22 graduates or 64.7%, then from the level of work it was found that most respondents did not work as many as 23 people or 67.6%.

The results of the bivariate test on the effect of date ruthab on the amount of bleeding in the IV period are listed in the table below

Table 2. Effect of Ruthab Dates on Blood Volume Postpartum IV Period (n = 34)

Variabel	Mean	SD	SE	P-value	N
Intervention Group	445,2941	57,89	14,04	0,000	17
Control group	615,8824	75,42	28,09		17

From the results of table 2 above, the data shows that the average quality of contractions of mothers who did not use wet dates (control group) had contraction or bleeding quality of 615.8824 cc with a standard deviation of 75.42. Whereas in the intervention group (the group given wet dates) the quality of contractions or bleeding in the IV period was 415.2941 cc with a standard deviation of 57.89. From the results of the t-test obtained p-value which is equal to 0,000 means that there is a significant difference in the average quality of contraction when IV using wet dates and those who do not use wet dates.

DISCUSSION

This study is to see the description of the characteristics and effects of date ruthab on blood volume in the IV period of the mother giving birth, from the results of the age characteristics According to Notoatmodjo is the age of a person calculated from the moment the person is born until now. From the results of the study it was found that the age of giving birth with primigravida status is between 12-17 years which is as much as 34 which means that 100% are in adolescence, which means that a large proportion of the population in X hospitals have a history of first pregnancy and childbirth first time labor is in that age range. Judging from the educational characteristics of respondents with primigravida birth mothers dominated by high school education levels as many as 22 respondents or by 64.7% and the rest have tertiary education with a number of 12 respondents or equal to 35.3%. According to Friska (2010) education can be interpreted as someone's guidance on the development of others for an ideal, the higher one's education can be said to be easier to receive information, so that they can think more optimally, this can be interpreted easily someone in an effort to prevent things that are not desirable ie bleeding. From the respondent's job characteristics, it was found that almost the majority of respondents did not work with 23 respondents or 67.6%, while 11 respondents worked or 32.4%. According Yuna (2010) that the work of a woman does not have a significant

relationship with the process of pregnancy and childbirth, only if the woman works and is pregnant, her level of fatigue is more than the working woman who is not pregnant.

From the results of the study obtained data that of 34 respondents who will give birth in the X hospital delivery room, in the intervention group most had an average amount of bleeding of 445cc which was lower than in the control group that is as much as 615cc. This also shows that giving wet dates can control bleeding well, so that bleeding in groups that consume wet dates is less than 500 cc.

According to Mochtar (2002) the IV stage of labor is monitoring for 2 hours after the placenta is born to observe the mother's condition, especially the danger of post partum bleeding. Observations carried out are, the level of awareness of the sufferer, examination of vital signs, uterine contractions, the mother's uterus must be hard and tense, if it is soft then bleeding will occur, immediately look for the cause of bleeding and take management actions, bleeding is still considered normal if not exceeding 500 cc .

The results of a study conducted by Maria in 2016 were obtained using the Mann-Whitney test for the time I 0,000, for the second time 0,000 for stage III 0,000 and for time IV 0,000 which means that there is a significant effect of dates especially on the number of bleeding times IV. The results of the study, the basis of theory and previous research, it can be assumed that with the provision of wet dates it can help the labor process at the time of IV. This is evidenced by the differences in groups given wet dates with groups not given wet dates, where groups given wet dates can further minimize bleeding in the IV period, whereas in groups not given wet dates the amount at the time of IV is above 500 cc.

The results of the T test assuming the second variant of the same group (equal variance assumed) with the T test assuming variance with the two groups not equal (equal variance not assumed). To choose which test we use, it can be seen in the test of variance similarity through levene test. See the value of the test result, the p value $< \alpha$ (0.05) then the variance is different, and if the value of $p > (0.05)$ then the variant is the same. In the above levene test, the value of $p = 0.597$ is obtained so that it can be concluded that at alpha 5%, there is no difference in variance (the second variant of the same group). Furthermore, the p-value T test is found in the same variance section in the sig column (2 tiled), which is equal to 0,000 meaning that there is a significant difference in the average quality of contraction in the IV using wet dates and those who do not use wet dates. This shows that with the provision of wet dates, it can help the labor process in the fourth stage, namely spending blood no more than 500cc. This is evident in this study, where the wet dates had an average bleeding of 400 cc.

According to the Journal of Obstetrics and Gynecology, women who consumed 6 dates every day for 4 weeks before the estimated date of delivery and were associated with cervical ripening, obtained data, underwent spontaneous labor, had the first labor phase faster, used less oxytocin, had a score Bishop is better at admission to the hospital, the opening of the cervix is larger, more successful in inducing labor, the membranes are not easily broken, the normal labor rate is higher. IV stage of labor is monitoring for 2 hours after the placenta is born to observe the condition of the mother, especially the danger of post partum bleeding. Observations carried out were the level of awareness of the patient, examination of vital signs, blood pressure, pulse, breathing and temperature. uterine contractions, the uterus / uterus of the mother must be hard and tense, if the uterus is soft then bleeding will occur. Immediately look for the cause of bleeding and take management measures, bleeding is still considered normal if it does not exceed 500 cc.

The results of Suroso's study (2016) with the results of bivariate $t = -3.234$ while t -table 2.002 so that H_0 is rejected which means there is an influence between the consumption of regular date palm extracts against contractions when 1, whereas the amount of bleeding also gets almost the same results where the group given treatment gets bleeding in the IV period of 162.17 ml compared to the control group that is equal to 186.17 ml and based on bivariate analysis H_0 was found to be rejected, which means that there is an effect of giving regular dates to IV IV bleeding in primipara.

CONCLUSION

The results of this study were carried out so that univariate data were obtained where respondents with primigravida in X Hospital who experienced the first labor process were mostly teenagers, where the highest level of education was high school graduates, with the majority status not working. After giving ruthab dates to the intervention group there were significant differences in the amount of blood volume at the time of IV between the control group and the intervention group, the results of the bivariate data test showed that dates ruthab could significantly reduce the number of bleeding women giving birth at IV stage.

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