ABSTRACT

Introduction: The opening-stages of the cervix during baby-delivery-process is a physiological condition. In any case, if the interaction is excessively long, whenever left unchecked, it can influence the mother’s condition as weariness, dread, stress, and pain that can expand agony and influence the conveyance cycle. The reason for this investigation was to break down the impact of murottal or reading Al’Qur’an treatment on the advancement of the main phase of work in the dynamic period of primigravidal mothers.

Methods: The research is utilized pre-experimental with a pre-posttest design. The participants in this study was 102 primigravidal mothers who emanated to the VK Maternity who met the inclusion conditions with the sampling technique utilizing the accidental sampling method. Data collection comprises coding, editing, and tabulating, then the data is scrutinized by computer using the paired t-test with P-Value = 0.05.

Results: The results exposed that the average cervical dilatation before murottal therapy was 5.46, the average after murottal therapy was 8.95. Paired t-test showed that there was an effect after murottal therapy. There is an increment in the amassing of cervical dilatation after murottal Al’Qur’an treatment. The examination presumes that there is an impact of murottal Al’Qur’an treatment on the advancement of the main phase of work in the dynamic period of primigravidal mothers.

Conclusion: The use of murottal Al’Qur’an treatment to primigravidal mothers is extremely huge in aiding smooth the advancement of baby-delivery as far as the cervical opening. With the goal that the baby-delivery-process is simpler for the mother to live.

Keywords: Murottal Al’Qur’an, baby-delivery-process development, primigravidal mothers.


INTRODUCTION

Baby-delivery-process is a characteristic cycle and causes agony. Numerous mother who cannot endure the aggravation since it is tremendously affected by pressure called dread, strain, pain. This makes strain or frenzy that causes torment. With expanding sensations of pain, moms consistently request a speed up conveyance and need to be given painkillers and some need a medical procedure. Baby-delivery-pain is a condition that is generally disdained and surprisingly dreaded by pregnant mother who are going to conceive a birth. Dread of baby-delivery-process is the fundamental justification pregnant mother to pick conveyance by cesarean area without clinical indications, yet the solicitation of pregnant mother who see cesarean segment is a preferred option over ordinary baby-delivery-process. B-Endorphin is a neuropeptide consisting of 31 amino acids produced by the pituitary gland as a result of the cleavage of Proopio Melano Cortin (POMC). In an investigation conducted by Wahida, Nooryanto, Sri Andarini, Master of Midwifery Study Program, Faculty of Medicine, Universitas Brawijaya Malang in 2014, the example comprised of 1 group, in particular mothers conceiving a birth in the main phase of the baby-delivery-process, comprising of 30 participants who were chosen dependent on incorporation and rejection models. The aftereffects of the relative test investigation prior and then afterward treatment clarified that there was an extremely critical distinction in the mean force of pain between the perceptions before treatment and perceptions after treatment. These outcomes show that the therapy of murottal Al’Qur’an treatment for 25 minutes utilizing a music box speaker and headphones can reduce pain intensity in mothers during the primary phase of baby-delivery-process. The outcomes additionally showed the mean degree of B-Endorphin in the perception before treatment (1053.6±606.32ng/L) was essentially lower (p=0.000) than the mean degree of B-Endorphin after treatment (1813.5±546.78ng/L).

These outcomes demonstrate that the treatment of giving murottal Al’Qur’an treatment to pregnant mother during first stage of the baby-delivery-process can expand B-Endorphin levels. Religious relaxation developed by Benson combines relaxation with a conviction factor that can make an internal strength that assists an individual with relax. By analogizing that the reading of the Qur’an likewise has a lethargic, standard and delicate rhythm and the conviction factor, it is trusted
that paying attention to the reading of the Qur’an can cause relaxation.\(^7\) The arrangement of murottal treatment is required to give true serenity, with a calm and relaxed heart expected to be in accordance with the advancement of the baby-delivery-process of the primary phase of baby-delivery.

In a research directed by Wahida, Nooryanto, Sri Andarini in 2014, the example comprised of 1 group, specifically mother conceiving a birth in the baby-delivery-process, comprising of 30 participants. The consequences of the analysis examination test prior and then afterward treatment clarified that there was an extremely huge contrast in the mean force of pain between perceptions before treatment and perceptions after treatment. These outcomes demonstrate that the therapy of murottal Al-Qur’an treatment for 25 minutes utilizing a music box speaker and headphones can reduce pain force in mothers during the primary phase of baby-delivery-process. The results also showed the mean level of B-Endorphin in the observation before treatment \((1053.6\pm606.32\text{ng/L})\) was significantly lower \((p=0.000)\) than the mean level of B-Endorphin after treatment \((1813.5\pm546.78\text{ng/L})\). These results prove that the treatment of giving Murotal Al-Qur’an therapy to pregnant women during the active phase I can increase B-Endorphin levels. Religious relaxation developed by Benson combines relaxation with a belief factor that can create an inner strength that helps a person to relax.\(^6\)

The reason for this investigation was to break down the impact of murottal or reading Al-Qur’an treatment on the advancement of the main phase of work in the dynamic period of primigravida mothers.

**METHOD**

**Study Design**
The research utilized pre-experimental with a pre-posttest design.

**Sample Study**
The participants in this examination was 102 primigravida mothers who emanated to the VK Maternity who met the inclusion criteria with the sampling technique utilizing the incidental sampling method.

**Data Analysis**
Data collection includes coding, editing, and tabulating, then the information is scrutinized by computer using the paired t-test with P-value = 0.05.

**RESULT**
General information from this research include the characteristics of participant that consisted of age, gender, as follows:

The source of the research instrument data is that showed most of the participants are in the age range of 20-30 years with a total of 52 participants \((50.98\%)\).

The source of the research instrument data is that showed that most of them are housewives with a total of 61 participants \((59.8\%)\).

The source of the results of the SPSS statistical test is that based on the information above, the average cervical dilatation was 5.46 cm before the murottal Qur’an was being heard.

The source of the outcomes of the SPSS statistical test is that based on the information above, the average cervical dilatation was 8.95 cm after the murottal Qur’an was being heard.

The source of the SPSS statistical test outcomes that dependent on measurable tests acquired p-value 0.000 \((p \leq 0.05)\), this outcome implies that there is a significant impact between the mean cervical dilatation prior and then afterward paying attention to the Qur’an murottal. H0 is dismissed and H1 which implies that there is a murottal impact of the Qur’an on the advancement of the first stage of baby-delivery-process in the active phase of primigravida mothers.

**DISCUSSION**
The development of childbirth in the active phase before murottal Al-Qur’an therapy was applied to primigravida mothers at maternity VK RSUD Dr. Haryoto Lumajang The measurement results showed the normal cervical dilatation is 5.46 cm. baby-delivery-process is a cycle of ousting the results of origination that can live from the uterus through the vagina to the outside world. The process starts when compression emerges, and the lady secretes bodily fluid blended in with blood. This mucus mixed in with blood happens in light of the fact that the cervix starts to open and levels, while the blood comes from the vessels around the cervical channel that crack because of movements when the cervix opens. One of the signs and symptoms of process is his expanding recurrence, all the more frequently and consistently with more limited constriction distances, causing more extraordinary pain.

**Table 1. Characteristics of Respondents by Age.**

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency (f)</th>
<th>Percentile (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 20</td>
<td>30</td>
<td>29.4</td>
</tr>
<tr>
<td>20 – 30</td>
<td>52</td>
<td>50.98</td>
</tr>
<tr>
<td>&gt;35</td>
<td>20</td>
<td>19.62</td>
</tr>
<tr>
<td>Total</td>
<td>102</td>
<td>100</td>
</tr>
</tbody>
</table>

**Table 2. Characteristics of participants based on education.**

<table>
<thead>
<tr>
<th>Education</th>
<th>Frequency (f)</th>
<th>Percentile (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary School</td>
<td>25</td>
<td>24.5</td>
</tr>
<tr>
<td>Junior High School</td>
<td>29</td>
<td>28.4</td>
</tr>
<tr>
<td>Senior High School</td>
<td>30</td>
<td>29.4</td>
</tr>
<tr>
<td>College</td>
<td>18</td>
<td>17.7</td>
</tr>
<tr>
<td>Total</td>
<td>102</td>
<td>100</td>
</tr>
</tbody>
</table>

**Table 3. Cervical dilatation before listened to murottal Al Qur’an.**

<table>
<thead>
<tr>
<th>Cervical Dilatation</th>
<th>Mean</th>
<th>Min</th>
<th>Max</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before the murottal Qur’an</td>
<td>5.46</td>
<td>4</td>
<td>9</td>
<td>1.719</td>
</tr>
</tbody>
</table>

**Table 4. Cervical dilatation after listened to Murottal Qur’an.**

<table>
<thead>
<tr>
<th>Cervical Dilatation</th>
<th>Mean</th>
<th>Min</th>
<th>Max</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>After the murottal Qur’an</td>
<td>8.95</td>
<td>4</td>
<td>10</td>
<td>1.731</td>
</tr>
</tbody>
</table>
First stage baby-delivery-process is divided into two phases, namely the latent phase, which is opening up to 3 cm which lasted about eight hours and the active phase, which is opening from 3 cm to complete (+ 10 cm) which lasted around six hours. Utmost of the participants were in the first stage of the active phase with an opening of 4 cm. According to the analysis, researchers took participants in the active phase because in the active phase, adequate contractions commenced to appear, in every 2-3 minutes with a time span of 40-60 seconds. According to Prawirohardjo (2013) in the active phase, the opening-session lasted 1.2 cm per hour in primiparas and 1.5 cm/hour in multiparas. This will make it easier to measure the progress of baby-delivery-process. The accelerated phase typically has a better predictive value on the outcome of the process. Friedman contemplates the maximum slope phase to be “a good portion of the overall efficiency of this machine”, whereas the nature of the deceleration phase reflects the fetopelvic relationships. Complete cervical dilatation in the active phase of baby-delivery-process is produced by cervical retraction around the lower part of the fetus.

**The development of childbirth in the active phase after murottal Al Qur’an Therapy was applied to primigravida mothers at maternity VK RSUD Dr. Haryoto Lumajang**

In light of the normal cervical dilatation is 8.95 cm after the murottal Qur’an is heard. The two periods of cervical widening are the idle stage and the dynamic stage. The dynamic stage is additionally partitioned into an acceleration stage, a greatest incline stage, and a deacceleration stage. The span of the idle stage is more factor and helpless to changes by outside factors, and by sedation (prolongation of the inert stage). The length of the idle stage has little to do with the resulting pattern of baby-delivery-process, while highlights of the speed up stage ordinarily have a more prominent prescient worth on the result of the process. Friedman considers the most extreme incline stage to be “a decent proportion of the general effectiveness of this engine”, though the idea of the deceleration stage is more intelligent of the fetopelvic connections. Complete dilatation of the cervix in the active phase of 1 baby-delivery-process results from retraction of the cervix around the lower part of the fetus. After complete cervical dilatation, the second phase of process starts after that solitary the progressive descent of the lower a piece of the fetus is the lone accessible evaluating instrument to survey the advancement of baby-delivery-process. As per Friedman, the mean term of active baby-delivery-process in nulliparas is 4.9 hours. The standard deviation of 3.4 hours is very wide. Consequently, the active phase was accounted for to have a factual limit of 11.7 hours (mean +2 SD) with very factor length. Undoubtedly, the speed of cervical dilatation goes from 1.2 to 6.8 cm/hour. Subsequently, if the initial speed that is viewed as typical for nulliparous baby-delivery-process is 1.2 cm/hour³, then, at that point the base ordinary speed is 1.5 cm/hour³. Comprehend Friedman’s investigation of the dynamic stage that the pace of plunge of the baby is considered notwithstanding the pace of cervical dilatation, and that both happen at same time process.

The decline started in the late phases of active dilatation, beginning at around 7–8 cm in nulliparas and as right on time as 8 cm. Friedman partitioned the active phase issue into protraction unsettling influences (delayed/extended - disintegrated) and captures (impeded, not advancing). He characterized protraction as a sluggish pace of opening and sliding, which for nulliparas is a dilatation pace of under 1.2 cm/hr or a plunge of under 1 cm/hr. For multiparas, protraction was characterized as a dilatation pace of under 1.5 cm each hour or a plunge of under 2 cm each hour. It characterizes it as a total discontinuance of the opening or decay. Arrest of dilatation was characterized as the shortfall of cervical change inside 2 hours, and capture of plunge as the shortfall of fetal drop inside 60 minutes. He tracked down that about 30% of moms with delayed work had cephalopelvic disparity, while this issue was analyzed in 45% of mothers who experienced work clog problems.

Practically half experienced cervical dilatation of 4 cm before the murottal Qur’an was being heard. Participants were applied murottal inside an hour. In the wake of completing the murottal Al Qur’an, the Participants surveyed the advancement of their baby-delivery-process by carrying out a vaginal toucher (VT) assessment. The majority of the participants experienced cervical dilatation of 10 cm in the wake of paying attention to the murottal Qur’an. Dilatation of the cervix in the active phase of 4-10 cm/completion requires 6 hours. One of the variables that influence the birth cycle is a psychological factor, to be specific genuine feelings of serenity. The initial speed that is viewed as typical for nulliparous work is 1.2 cm/hour, so the base ordinary speed is 1.5 cm/hour³. As indicated by the supposition of the researcher, the participants experienced more cervical dilatation subsequent to paying attention to the murottal Qur’an.

**Murottal al-Qur’an effect over the progress of active phase I labor in primigravida mothers in VK Maternity Hospital Dr. Haryoto Lumajang**

Based on statistical tests, the p-value was 0.000, according to the p-value < (α = 0.005), this result means that there is a significant conclusion between the mean cervical dilatation before and after the Qur’an murottal was being applied, which means that there is a murottal al-Qur’an influence on the development of active phase I labor in primigravida mothers in VK Maternity Hospital Dr. Haryoto Lumajang in 2020. The two phases of cervical dilatation are the latent stage and the active phase. The active phase is additionally partitioned into an

<table>
<thead>
<tr>
<th>Cervical Dilatation</th>
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<th>Max</th>
<th>SD</th>
<th>p-value</th>
</tr>
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<tbody>
<tr>
<td>Before listening to murottal</td>
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<td>9</td>
<td>1.719</td>
<td>0.000</td>
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<td>8.95</td>
<td>4</td>
<td>10</td>
<td>1.731</td>
<td></td>
</tr>
</tbody>
</table>

**Table 5. Analysis of the effect of murottal Al Qur’an over enhancement of childbirth during the Active Phase I.**

*p-value: 0.000 α: 0.05*
accelerated stage, a maximum slope stage, and a deceleration stage. The span of the latent stage is more factor and vulnerable to changes by outside factors, and by sedation (prolongation of the inactive stage). The length of the latent stage has little to do with the ensuing course of work, while highlights of the accelerated stage typically have a more noteworthy prescient value on the outcome of the baby-delivery-process. Friedman considers the maximum slope stage to be “a decent proportion of the general effectiveness of this engine”, though the idea of the deceleration stage is more reflective about fetopelvic connections. Complete dilatation of the cervix in the active phase of baby-delivery-process results from withdrawal of the cervix around the lower part of the fetus. After complete cervical dilatation, the second phase of work starts; after the only development of plunge by the lower a piece of the fetus is only accessible estimation measurement for evaluating the development for baby-delivery-process. The results of Wahida, Nooryanto, Sri Andarini’s research (Master of Midwifery Study Program, Faculty of Medicine, Brawijaya University, Malang) indicated that the mean B-Endorphin levels in the pre-treatment observation (1053.6±606.32ng/L) were significantly lower (p = 0.000) than the average level of B-Endorphin after treatment (1813.5±546.78ng/L). These results prove that the treatment of giving murottal Al-Qur’an therapy for 25 minutes using a music box speaker and earphones in active phase I maternity mothers can increase B-Endorphin levels. This research showed that giving murottal Al-Qur’an is verified to be effective in increasing levels of B-Endorphin in active phase I birth mothers. Reading the Qur’an, which is applied at a slow, gentle tempo, full of appreciation can impulse a relaxation feedback.

Researchers have found that body cells are influenced by different things, including light waves, radio waves, sound waves and others. In this segment we will talk about the impact of sound waves on the cells of the human body. Sound is a wave or vibration that movements through the air at rates of up to 340 meters per second. Each sound has its own vibrations and waves of differing statures, while what can be heard by people goes from 20 db each second to 20,000 db each second. The sound waves travel noticeable all around until they are at last gotten by the ear, then, at that point the waves move in the ear and go through changes into electrical signs that keep on traveling through the auditory nerve network as per the bearing of the auditory system in the brain. Auditory cells react to one another and answer each other with the goal that the waves then, at that point move to different pieces of the cerebrum, particularly the forebrain especially frontal lobe. These parts associate with one another and convey messages which are then converted into a language that people comprehend. That is the manner by which the human mind assumes a part in dissecting and interpret different signs or informations and afterward provide sequential command to different pieces of the body to answer the signs.¹⁰

CONCLUSIONS

Based on the results of research conducted by researchers regarding the impact of murottal Al-Qur’an over the development of the first stage of baby-delivery-process in the active phase of primigravida moms. The development of active phase I process prior to being applied murottal Al-Qur’an treatment to primigravida mothers indicated that the normal cervical dilatation was 5.46 cm before the murottal Qur’an was applied. The advancement of the main phase of child conveyance measure in the dynamic stage after the murottal Qur’an was applied in primigravida mothers, indicated that the normal cervical dilatation was 8.95 cm after the murottal Qur’an was applied. There is an impact of murottal al-Qur’an on the development of the active phase of the first phase of baby-delivery-process in primigravida mothers. Further research with different study designs and varied samples is needed to find out more about other factors that affect baby delivery development by one phase in active primigravidal mothers through Al Qur’an murottal method.

ACKNOWLEDMENT

With the implementation of this research, we offer our gratitude to the individuals who have upheld this movement like all participants, specifically mothers in baby-delivery-process and neighboring medical clinics who have worked with this research activity. Ideally this study is helpful for us all.

AUTHOR CONTRIBUTION

All authors contributed to this study’s conception and design, data analysis and interpretation, article drafting, critical revision of the article, final approval of the article, and data collection.

FUNDING

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CONFLICT OF INTEREST

There is no conflict of interest for this manuscript.

ETHICAL CONSIDERATION

This study has been declared ethical by the Ethical Commission for Health Research of Stikes Hafshawaty Pesantren Zainul Hasan.

REFERENCES


