

# The Effectiveness of using Special Labor Clothing on the Comfort Level of Multigravida Women Giving Birth in Parturition at Sultan Thaha Saifuddin Regional Hospital, Tebo, Jambi Province 2023

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This study aims to determine the differences and analyze the effectiveness of the use of special maternity clothing on the comfort level of multigravida mothers in labor at Sultan Thaha Saifuddin Tebo Regional Hospital. This study uses a quantitative method with a "Cross Sectional" approach, researchers measure variables at one time. Respondent statistical test analysis uses the T test with a paired t-test approach. This study was conducted in June-July 2023 in the delivery room of Sultan Thaha Saifuddin Tebo Regional Hospital on multigravida mothers in labor. The sampling technique used was purposive sampling according to the inclusion and exclusion criteria with a sample size of 33 multigravida mothers. The instrument in this study was a questionnaire about maternal comfort in undergoing the labor process. Bivariate analysis in this study was conducted to determine the effectiveness of the use of special maternity clothing on the level of maternal comfort in undergoing the labor process. The results of the study showed differences after the use of special maternity clothing can increase the comfort of multigravida mothers in labor. The use of maternity clothing yielded results (sig. 0.000, meaning  $<0.05$ ). This indicates that the use of maternity clothing is highly effective, as seen from the post-test score of 44.1200, which is greater than the pre-test score of 37.2100, indicating a significant difference in the level of maternal comfort during labor. Conclusion: Maternity clothing is effective in improving the comfort of multigravida mothers in labor at Sultan Thaha Saifuddin Hospital, Tebo, 2023.

**Keywords:** Multigravida Mothers, Maternity Comfort, Maternity Clothing

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## 1. Introduction

Childbirth is a physiological process experienced by mothers when their pregnancy reaches term. However, various problems can arise that can lead to pathological labor. Therefore, thorough preparation for childbirth is necessary to prevent morbidity and mortality due to delayed care caused by suboptimal preparation (Rahmadani, 2017).

A woman's experience during childbirth is crucial and impacts her social well-being later in life. This makes it difficult to separate the influence of care models, the physical environment, and birth outcomes. A safe and satisfying birth experience is significantly influenced by the level of stress and anxiety experienced by the mother. One way to reduce stress in women is to increase comfort during labor (Hodnett, 2009).

Childbirth is a precious time for a woman, as she can experience various unpredictable conditions during the process. Therefore, the quality of care provided by healthcare professionals to women in labor requires

serious attention. Quality of care is an indicator of the utilization of health services received by women in labor and is related to positive patient evaluations, where women feel trust, satisfaction, and comfort with the care provided (Nuraeni, 2016).

Midwives, as birth attendants, are required to understand the expectations and needs of women in labor. Patient comfort and satisfaction are crucial components in improving service quality, particularly in the planning and management of healthcare systems. Comfort is defined as a feeling of satisfaction with the situation and conditions experienced. Meeting comfort needs can foster a sense of well-being in the individual (Bangun EV, 2016).

Women who feel comfortable tend to have greater confidence and ability to cope with the labor process, as well as a stronger capacity to reduce pain perception and reduce the risk of medical intervention. Evaluation of the fulfillment of women's comfort needs is necessary, as increased comfort indicates a reduction in tension or anxiety and leads to more constructive behavior. This constructive behavior is characterized by a sense of renewal, which can strengthen motivation and a positive attitude toward the progress of labor, even if the mother continues to experience pain from contractions (Chuntarapat, 2007).

Comfort is a person's comprehensive assessment of their environment. Humans assess environmental conditions based on stimuli received through the five senses, which are then processed by the nervous system and brain to produce a judgment of comfort or discomfort. This assessment involves not only physical-biological aspects, but also psychological and emotional ones. Stimuli such as sound, light, smell, temperature, and other environmental conditions are simultaneously perceived and processed by the brain before producing a comfort response.

Achieving patient comfort is closely related to improving the patient's physical and mental condition within their environment. Comfort can be achieved through various interventions encompassing physical, emotional, environmental, and social aspects. Comfort is multidimensional, encompassing three main domains: body, mind, and spirit. Comfort in the bodily domain indicates the fulfillment of physical needs, comfort in the mental domain relates to calmness, security, and freedom from anxiety, while comfort in the spiritual domain is characterized by a feeling of connection with spiritual values and controlled emotions (Kolcaba, 2003).

The most ideal place for childbirth is a healthcare facility with adequate equipment and healthcare personnel ready to provide assistance in the event of complications. Minimal health facilities, such as community health centers (Puskesmas), village health posts (Polindes), and hospitals, must be supported by trained health workers, such as midwives, general practitioners, and obstetricians. Childbirth assisted by health workers using safe, clean, and sterile equipment can prevent infections and other health risks (Ministry of Health, Republic of Indonesia).

In addition to cleanliness, safety, and sterility, the birth process must also be supported by comfort, as comfort influences the mother's psychological well-being during labor. To ensure a comfortable delivery in health facilities, particularly regional hospitals (RSUD), complete supporting facilities such as special maternity clothing are required. Currently available maternity clothing often does not fully meet the mother's need for privacy during labor.

Current findings indicate that mothers giving birth, whether at home or in health care facilities such as Basic Emergency Obstetric Neonatal Care (PONED) and Comprehensive Emergency Obstetric Neonatal Care (PONEK), still experience limitations in fulfilling aspects of comfort and privacy (Ministry of Health of the Republic of Indonesia).

Based on the Regulation of the Ministry of Health of the Republic of Indonesia, all normal births must be carried out in health facilities such as hospitals, clinics, community health centers, and other health facilities. However, in practice, mothers often give birth in an open position, leaving almost all parts of their bodies uncovered, resulting in a lack of maternal privacy. This lack of protection of privacy (aurat) during labor is a contributing factor to discomfort for mothers and their families. This is a significant concern, given that the majority of people in Tebo Regency are Muslim, and covering the aurat is a religious obligation that must be upheld, including during labor.

Recent expert opinion also supports the importance of comfort and privacy during labor. Bohren et al. (2020) stated that a positive birth experience is strongly influenced by respect for the mother's dignity, privacy, and emotional needs. The WHO (2020) emphasizes that women-centered maternity care must ensure a sense of safety, comfort, and respect for the mother's cultural values and beliefs. ACOG (2021) states that a birthing environment that supports privacy and comfort can reduce anxiety and increase maternal satisfaction with the birth process. Furthermore, Kolcaba (2021), in developing comfort theory, emphasizes that comfort-based interventions, including privacy protection, are essential for improving the quality of nursing and midwifery care.

## 2. Method

The subjects in this study were multigravida mothers in labor and delivery in the delivery room of Sultan Thaha Saifuddin Tebo Regional Hospital. They met the inclusion criteria but were not excluded. They agreed to participate after completing an informed consent form.

The sample in this study consisted of 33 multigravida mothers in the delivery room of Sultan Thaha Saifuddin Tebo Regional Hospital. The sampling technique used was purposive sampling, a technique that specifically determines the sample based on the research objectives and predetermined inclusion and exclusion criteria. Purposive sampling is often referred to as a sampling technique with specific considerations. This study employed a quantitative method with a cross-sectional approach, where the researcher measured the study variables at a single observation point. Respondent data analysis was performed using a paired t-test to examine differences before and after treatment.

## 3. Results and Discussion

### Comfort Level Test for Using Special Maternity Clothing Before and After Using Special Maternity Clothing

Comfort Level		
Before Use	After Using Special Maternity Clothes	P Value
Special Maternity Clothing		
36,11±7,020	45,12±4,871	0,000

Based on Table 1, the posttest score of 45.12 is greater than the pretest score of 36.11, and a difference is considered if the sig value is less than 0.05. The results show a sig value of 0.00, which is less than 0.05, indicating a difference between the pretest and posttest.

### Effectiveness Test of the Use of Special Maternity Clothing Before and After Using Special Maternity Clothing

Effectiveness Score			
Before using Special Maternity Clothes	After Using Special Maternity Clothes	n	P Value
37.21±8.019	44.12±3.87	1	0,00
		1	0

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## Discussion

### Differences Before and After Using Special Maternity Clothing

The results of this study indicate that using special maternity clothing can increase the comfort of multigravida mothers during labor, compared to using regular maternity clothing during the delivery of their first child.

With the use of special maternity clothing, the post-test score was 45.12, which is greater than the pre-test score of 36.11. A significant difference is considered if the significance value is less than 0.05. The results show a significant value of 0.00, which is less than 0.05, indicating a difference between the pre-test and post-test.

Based on this study, we can see the difference in the effect of using special maternity clothing before and after using special maternity clothing. Therefore, it can be concluded that using special maternity clothing can increase the comfort of multigravida mothers during labor.

Comfort is a psychological state in which unpleasant feelings are not felt by the body. Comfort is closely related to each individual's experience, ultimately forming a complex overall picture of comfort (Kolcaba, 2005). Therefore, it is difficult to define comfort. There is no definitive measurement for comfort because each individual's response varies.

### Effectiveness of Using Special Maternity Clothing Before and After Using Special Maternity Clothing

The results of the use of special maternity clothing were (sig. 0.000, meaning  $<0.05$ ). This indicates that the use of special maternity clothing is highly effective, as seen from the post-test score of 44.1200, which is greater than the pre-test score of 37.2100, indicating a significant difference in the comfort level of women during labor. This research aligns with research conducted by Meiranny, who defines comfort in a way that is consistent with the client's subjective experience (Meiranny, 2018). A woman who feels comfortable during labor will have confidence, the ability to cope, and a strong capacity to reduce pain perception and reduce the risk of medical intervention during labor (Kumala KI, 2021).

Research on women's expectations regarding maternity clothing design highlights the importance of clothing features such as style, comfort, the ability to create a positive body image during pregnancy, durability, and adaptability to changes in body shape during pregnancy. Clothing comfort characteristics include thermal, tactile, and psychological comfort. Thermal comfort relates to heat transfer between the body, clothing, and the environment through heat exchange and ensuring body heat balance. Tactile comfort refers to sensations felt when wearing a garment, such as smoothness or abrasion. Psychological comfort is an adaptation to a person's mental state, style, purpose of use, and body changes (Sohrabi, 2021).

One study showed that body changes during pregnancy not only affect physical health and cause mobility limitations, but also alter women's mental body image and reduce body satisfaction. Therefore, it is recommended that maternity clothing be designed to promote comfort in movement and activities, as well as to foster a positive body image and a sense of motherhood (Krisjanous, 2021).

## 4. Conclusion

Based on the data analysis conducted in this study, the following conclusions can be drawn at STS TEBO Regional Hospital, Jambi Province. The use of special maternity clothing increases the comfort of multigravida mothers giving birth in partu at Sultan Thaha Saifuddin Regional Hospital, Tebo 2023/ Special

maternity clothing is effective in increasing the comfort of multigravida mothers giving birth in partu at Sultan Thaha Saifuddin Regional Hospital, Tebo 2023.

## 5. Reference

- Abdurahmat. (2003). *Pengertian efektivitas*. Jakarta: PT Rineka Cipta.
- Afifatu, R. (2015). Efektivitas pembelajaran. *Jurnal Pendidikan Usia Dini*, 9.
- Aji Bade, B. L., Ola Deji, M. O., Amoo, P. O., & Makinde, O. Y. (2013). Antenatal patients' level of satisfaction toward service rendered by health workers in selected primary health centers of Ejigbo local government, Osun State, Nigeria. *European Journal of Business and Management*, 5(28), 189–197.
- Arief, M. A. (2008). *Jilbab kok gitu? Koreksi jilbab Indonesia*. Solo: Maktabah Ta'awuniyah.
- Bangun, E. V. (2014). Pengaruh warna ruang kerja terhadap kenyamanan dosen Departemen Psikologi Industri dan Organisasi Fakultas Psikologi USU. *Skripsi Sarjana*, Universitas Sumatra Utara, 8(10), 120–130.
- Chuntharapat, S. (2007). *The effect of using a yoga program during pregnancy on maternal comfort, labor pain, and birth outcome* (Doctoral dissertation). Prince of Songkla University.
- Endut, F. I. (2015, September 19). Pakar obstetrik dan ginekologi, Hospital Kemaman, Kuala Terengganu.
- Hodnett, E., Soodowne, J., Edwards, N., & Walsh, D. (2009). Home-like versus conventional institutional settings for birth (Review).
- Indrayani, Djami, & Moudy, E. U. (2016). *Asuhan persalinan bayi baru lahir*. Jakarta: Trans Info Media.
- Kamus Besar Bahasa Indonesia. (2016). Kamus Besar Bahasa Indonesia (serial online), 1(1). Diunduh 5 Juni 2017 dari <http://www.ebsof.web.id>
- Kementerian Kesehatan Republik Indonesia. (2016). *Peraturan Pemerintah Republik Indonesia Nomor 47 Tahun 2016 tentang fasilitas pelayanan kesehatan*. Jakarta: Kemenkes RI.
- Kementerian Pendidikan, Kebudayaan, Riset, dan Teknologi Republik Indonesia. (2016). *Kamus Besar Bahasa Indonesia* [Internet]. Diakses 7 April 2023 dari <https://kbbi.kemdikbud.go.id>
- Kolcaba, K., & DiMarco, M. A. (2005). Comfort theory and its application to pediatric nursing. *Pediatric Nursing*, 31(3).
- Krisjanous, J., Allayarova, N., & Kadirov, D. (2021). Busana kebajikan: Menjelajahi ketegangan pakaian hamil halal di situs pakaian online. *Journal of Islamic Marketing*. <https://doi.org/10.1108/JIMA-03-2020-0080>
- Kumala, K. I. (2021). Kenyamanan psikologis pada desain interior fasilitas kebidanan (Studi kasus: Rumah Bersalin di Kabupaten Wonogiri). *Seminar Ilmiah Arsitektur Indonesia (SIARI)*, 302–309.
- Meirany, A. (2010). *Pengaturan lingkungan*. Jakarta: Salemba Medika.
- Meirany, A. (2018). *Pengaturan lingkungan persalinan sebagai upaya peningkatan kenyamanan dan kepuasan persalinan*. Semarang: Unissula Press.
- Notoatmodjo, S. (2012). *Metodologi penelitian kesehatan*. Jakarta: Rineka Cipta.
- Nuraeni, T. (2016). Analisis faktor yang berhubungan dengan rendahnya kunjungan (K4) ibu hamil di Puskesmas Rambu Apus. *Jurnal Kesehatan Masyarakat*, 4(3).
- Nursalam. (2013). *Metodologi penelitian ilmu keperawatan*. Jakarta: Salemba Medika.
- Rahmadani, R., Utami, F. S. (2017). Faktor-faktor yang berhubungan dengan kesiapan persalinan di Puskesmas Bangun Tapan II Bantul Yogyakarta. *Jurnal Kesehatan*, 2(2).
- RSUD Sultan Thaha Saifuddin Tebo. (2022). *Data persalinan RSUD Sultan Thaha Saifuddin Tebo*. Tebo: RSUD STS Tebo.
- Rukiyah, A. Y. (2009). *Asuhan kebidanan I (Kehamilan)*. Jakarta: Trans Info Media.
- Sohrabi, Z., & Kazemi, A. (2021). Kuesioner citra tubuh prenatal: Perkembangan dan evaluasi psikometrik. *Jurnal Kesehatan Psikologi*, 26, 1508–1518.

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- Steers, R. M. (2015). *Efektivitas organisasi*. Jakarta: Erlangga.
- Sugiyono. (2017). *Metode penelitian kuantitatif, kualitatif, dan R&D*. Bandung: Alfabeta.
- Susilowati, E. (2014). Upaya menciptakan kenyamanan pada ibu bersalin melalui setting tempat persalinan. Dalam *Proceeding Book Workshop Nasional Magister Kebidanan*, Fakultas Kedokteran Universitas Padjadjaran, Bandung.
- Tamara, L., & Callahan. (2004). *Blueprints obstetrics and gynecology*. USA: Blackwell Publishing.
- Tsianakas, V., & Liamputtong, P. (2002). What women from an Islamic background in Australia say about care in pregnancy and prenatal testing. *Midwifery*, 18(1).
- Winkjosastro, H. (2007). *Ilmu kebidanan*. Jakarta: Yayasan Bina Pustaka Sarwono Prawirohardjo, 110–114.