



DESCRIPTION OF THERAPEUTIC COMMUNICATION OF MIDWIVES IN ASSISTING WITH CHILDBIRTH AT THE PARTNER CLINIC OF THE SANTA ELISABETH HEALTH SCIENCES COLLEGE, MEDAN, 2019 2025

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Abstrak

Latar Belakang: Komunikasi terapeutik merupakan salah satu aspek penting dalam pelayanan kebidanan yang dapat membantu ibu bersalin merasa lebih nyaman, mengurangi kecemasan, dan mempercepat proses penyembuhan. Komunikasi yang kurang efektif dapat berdampak negatif terhadap pengalaman ibu dalam proses persalinan. Tujuan: Penelitian ini bertujuan untuk mengetahui gambaran komunikasi terapeutik bidan dalam pertolongan persalinan di klinik mitra kerja Sekolah Tinggi Ilmu Kesehatan Santa Elisabeth Medan pada tahun 2025. Metode: Penelitian ini menggunakan desain deskriptif dengan jumlah responden sebanyak 30 bidan dari beberapa klinik mitra kerja. Pengambilan data dilakukan dengan teknik total sampling dan menggunakan kuesioner sebagai instrumen pengumpulan data. Hasil: Hasil penelitian menunjukkan bahwa sebagian besar bidan memiliki komunikasi terapeutik yang baik (76,7%), cukup (20%), dan kurang (3,3%). Komunikasi terapeutik juga dipengaruhi oleh faktor usia dan lama bekerja. Kesimpulan: Mayoritas bidan di klinik mitra kerja telah memiliki kemampuan komunikasi terapeutik yang baik dalam pertolongan persalinan. Diperlukan pelatihan berkelanjutan untuk meningkatkan kualitas komunikasi, terutama bagi bidan yang memiliki pengalaman kerja lebih rendah.

Kata Kunci: *komunikasi terapeutik bidan dalam pertolongan persalinan*

Abstract

Background: Therapeutic communication is a crucial aspect of midwifery care that helps laboring mothers feel more comfortable, reduces anxiety, and facilitates the healing process. Ineffective communication may negatively impact a mother's birthing experience. Objective: This study aims to describe the therapeutic communication of midwives in labor assistance at affiliated clinics of Santa Elisabeth School of Health Sciences Medan in 2025. Methods: This descriptive study involve 30 midwives from affiliated clinics using total sampling. Data are collected using a questionnaire as the primary instrument. Results: The results showed that most midwives have good therapeutic communication (76.7%), moderate (20%), and poor (3.3%). Communication is also influenced by age and length of work experience. Conclusion: The majority of midwives in affiliated clinics demonstrated good therapeutic communication during labor assistance. Ongoing training is needed to enhance communication skills, especially for midwives with less work experience..

Keywords: *therapeutic communication of midwife in assisting with childbirth*

INTRODUCTION

The meaning of communication is as means delivery something from the individual to other people or a group and this symbol occurrence interaction between personal human beings, through communication, individual can share feelings and information, so that allows occurrence interaction and understanding between the parties involved, where the idea the accepted, understood, and agreed to, so that in the end become understanding or the meaning it has together by both parties involved (Annisa, 2021).

In a service, good communication is very necessary in build and maintain trust customer or client. When communicating in a way positive can increase satisfaction and loyalty, while communication that is not Good can cause customer leave connection with institution service.

Likewise in give service health, ability power health or nurse in give excellent service through Effective communication is crucial. Good communication can increase trust and hope patient For healed, while therapeutic communication that is not effective Can cause impact negative which can influence mental and physical health a person, in the form of stress, anxiety, and depression, if No managed with right. So from that 's important For own effective and supportive communication in the therapeutic process with family patient (Azhari, 2023). Quality good communication also influences condition psychological patients and can prevent conflict with patient or his family. If communication bad happened, not No Possible will impact on reputation institution service health, even potential make patient move to choice other. Therefore that, service good communication is very important in build positive and improving relationships quality service health.

Every activity or activity will always started with existence started with communication that provides instructions and directions to staff or group For finish assignment (Ciselia, 2019). Communication is a speaking process For convey information related work to other people (Purba et al., 2026). In other words, communication become base For do all activities and events through talks between fellow.

Good communication is very important in expedite the work process, because can give directions, instructions and clear action. Therefore that, master and understand good communication is very important For satisfying all parties. With effective communication, the message conveyed will more easy understood, comprehended, accepted, and implemented with both by the recipient message (Dimyati, 2022). This will increase effectiveness interactions and reduce potential misunderstanding. Communication No only useful as order or instructions, but also as channel For convey information and make sure others know important thing. Therefore that, mastery Good communication is essential (Marpaung et al., 2026).

Communication can differentiated become a number of type based on its purpose, such as : convey news or information or news, giving order or directions work, and communication ordinary nature relaxed and purposeful For build connection or interest everyday. Third type communication This often We meet in various activity everyday (Muchith, 2024).

In delivery messages and information with perfect, then message the need organized and managed with Good so that si recipient with like heart in accept message, understandable, and easy discussion understood. If the message No arranged with Good or difficult understood, then recipient message will difficulty understand, comprehend, and implement it. Therefore that, the arrangement a good message is very important in effective communication (Panjaitan et al., 2026).

If the message No arranged with OK, recipient message Possible No Want to accept it, so that message No effective and can damage connection between giver and receiver message (Iriani, 2022). Therefore that, message should arranged with with good structure, short, concise, and focused on the points important For make it easier recipient message understand it. Avoid too much information wide or No clear bagar communication more effective.

Communication aim For prevent misunderstanding and reaching objective certain with give understanding to against talk. Effective communication need conducive situation so as not to cause No comfortable or tension. The term " your mouth" your tiger " describes that poor communication can bring negative risk. The principle of "If you implant goodness, you will reap

kindness " also applies in communication, where kindness will bring good and bad will bring evil. So from that, the need in do communication with wise and positive.

The purpose of communication is ensure message delivered with clear and understandable with well by the recipient. Effective communication allows proper understanding about the intentions and ideas conveyed, so that the ideas and thoughts can accepted and implemented with good. In various context, such as meeting, care health, or interaction with family and clients. With using appropriate communication strategies, individuals can increase possibility success in various context, good (Sabur, 2024).

Communication therapeutic interpreted as something that is designed or structured, focused on goals patient recovery. Communication therapeutic is form directed and ongoing communication between a number of individuals, in particular in interaction between power health and patients used by healthcare professionals medical For help patient overcome stress, problems psychological, as well as build harmonious relationship with other people. Communication therapeutic need abilities and skills special For support patient reach healing and well-being so that speed up the healing process and improve quality life they (Swarjana, 2022)..

There are seven fact key about number incident maternal deaths in the world According to World Health Organization (WHO) in 2016, among them : almost 830 women died This Actually can prevented related with pregnancy and birth babies, as much as 99% of the time maternal mortality in developing countries, the number maternal mortality is higher Lots than women who live in the area rural life in poverty, children young will risky in face complications and numbers death Mother pregnant and giving birth more high in women who become pregnant at a very young age or under 20 years old as well as those over 35 years old compared to with woman who is get pregnant at the age of 20-35 years, help from existing personnel trained moment before, during labor, and after birth baby can save life mother and baby, decline maternal deaths worldwide are declining up to 44% between period 1990-2015 and targets for reduce height number death Mother until decrease of 70/100,000 births life (Swarjana, 2023).

In fact, the process of childbirth often triggers anxiety in many Mother pregnant, good That because of fear will pain, complications or results end labor. Anxiety moment undergoing the labor process. Anxiety This Can marked with symptoms like tension, confusion, often ask about How development of the labor process, feelings No determined, already even crying. Good support and communication from officer health is very important For help reduce anxiety and make the labor process more comfortable for Mother. However, on the other hand, mothers can feel his anxiety decrease Because existence part family specifically accompanying husband moment labor and labor medical directing questions and complaints that are felt, so that Mother feel understood and get sufficient information For reduce anxiety and fear during the labor process Because method delivery given Enough good (Iskandar, 2024).

According to research by Gusti Devi Rizki Mahmudah, et al (2022) said that during do inspection moment approaching labor, labor health behave open with patients and a supportive atmosphere That will make patient feel comfortable so that communication therapeutic procedures performed will increase motivation for Mother giving birth and feeling appreciated by midwives (Elis, 2024).

According to results study Rizkita Kurnia Sari (2020) said that during do inspection with Mother childbirth, midwife will to inform condition from Mother giving birth with explain in a way slowly and in easy language understood by mother giving birth Because That will guard comfort mother and increase confidence self Mother moment approaching childbirth. (Sari, 2020)

According to results Ridha Maharani's research (2022) said that attitude good given to Mother giving birth it really affects belief Mother with actions to be taken We do, because attitude midwife in line with the given action to mother. (Maharani et al., 2022)

According to results Linda Andri Mustofa's research (2022) says that respondents who have attitude positive / good more choose power health as helper labor Because treatment good thing

given by the midwife to the mother giving birth more trusted by mothers giving birth (Kusuma, 2023).

According to results study Manggala Wirijaya Tantra (2024) says that in communicate with patient specifically mother who is experience labor with do expression face that shows empathy, touch physical and motivation provided by midwives will make Mother giving birth feel cared for and comfortable with existing services (Lubis, 2019).

AKI (number death mother) is indicator important in evaluate health women and improvement health become one of the main targets in reproduction important woman in objective development The fifth Millennium Development Goal (MDG), which aims increase health mother and lower number death mother and time giving birth. High battery show existence problem Serious in system health and care Mother pregnant. Therefore that, the decrease in AKI is global priorities for increase health and safety mother. In Indonesia, AKI is still tall caused by several factors, such as lack of access to help power health, limitations facility health, as well as factor direct and indirect direct others that influence health Mother (Melinda, 2022).

Midwives run duties and responsibilities the answer in increase health mother and child, especially at level village. Existence midwife in the village become the most important indicators in evaluate level health in the community. Because midwives often become power health first accessed by the public village. Communication therapeutic is ability power medical For build supportive and helpful relationships patient overcome stress, anxiety and fear through effective and empathetic interactions, so that patient can feel more comfortable and supported in the healing process. For example, mother pregnant who will give birth to often experience emotion excessive that can trigger anxiety. With communication good therapeutic, energy medical can help patient For preparation full in facing the labor process (Nugroho, 2018).

Based on observation I during practice midwifery, found that from 6 clinics There is about 30 people showed up condition certain findings This push I For do study towards work partners / employees clinics that are still not enough give communication good therapeutic to Mother giving birth moment help labor, worry and fear with labor and not show attitude open as become duties and responsibilities answer as power health Because will influential with comfort and trust self Mother giving birth with services provided (Nurhalimah, 2022). So that existence interest and intention in carry out study this is the one entitled " Description communication therapeutic midwife in help delivery at the clinic partners Work school tall knowledge health Santa Elisabeth Medan 2025 ".

RESEARCH METHODS

Research Design

In research this, researcher collecting data can give clear picture about the topic to be researched, so used design descriptive For know the communication overview therapeutic midwife in help childbirth at the clinic partners Work Santa Elisabeth College of Health Sciences Medan in 2025.

Population and Sample

The population used in study This refers to the whole object, or environment with coverage wide from subject the research described through research In research This population that is all over partners Work clinic Santa Elisabeth Medan College of Health Sciences with total of 30 midwives Sample is part from selected population randomly or non- randomly for represent population or as subject researchers in study For made into as subject research (Nurhayati, 2023).

Amount samples studied researchers namely 30 midwives. The total sampling method was used in study this, where the whole population made into as sample research. Therefore that is all amount population will made into as sample research at the clinic Thalia, Pera, Kasih Bunda, Bertha, Romauli, Helen

Variables research and definition operational

With variables study is factors that become researched and defined operational is How variables the measured, so that researchers can collect accurate and consistent data in the Communication Overview therapeutic in clinic partners Work in childbirth.

Instrument study

In research this sheet observation used as instrument study For gather all data and view the overview in the clinic partners Work about communication therapeutic in childbirthFor measure presentation from answer findings produced from questionnaire, in research This use formula certain, namely (Octaviana, 2022): Questionnaire communication consists of of 30 statements with system evaluation as following : If true with value 1 and if wrong with value 0Because the questionnaire totaling 25 statements with The highest score is 25 points. Answer Correct statement positive with value 1 and wrong answer with value 0 and correct answer statement negative with value 1 and wrong answer with value 0.

Location and Time of Research

Place or the object on which the researcher will do activity collection the facts in question For answer formulation problem This called with location research. (Dr. HM. Saekan Muchith, 2024) Research This done at the clinic partners Work Santa Elisabeth Medan College of Health Sciences carries out communication therapeutic in help laborIn carry out this research time started from beginning May -June at the Clinic Pera, Thalia, Kasih Bunda, Bertha, Romauli, Helen

Procedure Data Retrieval and Collection

This research using primary data as source the data collected direct through survey field or collect data results from the source directly. Data collection methods include observation and sheets observation For get comprehensive and accurate information (Permatasari, 2016).

data collection process used in study This For gather information or relevant facts on the ground This called as technique data collection. This process involving various methods and techniques in get accurate data as well as Can trusted, so that appropriate and valid data collection, so Can used For analysis and withdrawal the right conclusion (Nuril, 2017).

There are some stages in technique data collection in research this is what was designed For minimize errors and biases, resulting in the data being collected can used For make valid and reliable conclusions: 1) Give letter permission to partners Work clinic Santa Elisabeth Medan College of Health Sciences which has made by the party Institution St. Elisabeth College of Health Sciences Medan 2) With existence permission from leadership clinic, researcher Then inform to owner clinic that study will done in the clinic said, which is partners Work clinic St. Elisabeth College of Health Sciences Medan. With clear communication, researchers can do study with smooth and appropriate plan 3) Researchers wait respondents who want to investigated namely work partners Santa Elisabeth Medan Health College Clinic 4) Researchers do observation and filling questionnaire moment meet with employee clinic 5) Researchers collect data

RESULTS AND DISCUSSION

Research result

Frequency distribution of respondents based on the Therapeutic Communication of Midwives in Assisting with Childbirth at the Clinical Partners of the Santa Elisabeth Health Sciences College, Medan in 2025

Table 1. Frequency Distribution of Midwives' Description of Therapeutic Communication in Assisting with Childbirth at the Partner Clinic of the Santa Elisabeth Medan College of Health Sciences in 2025

Therapeutic Communication Frequency (f) Percentage (%)
Good 23 76.7
Enough 6 20
Less than 1 3.3
TOTAL 30 100

Based on the data in the table on can known that communication therapeutic midwife in help delivery at partner Work clinic Santa Elisabeth Medan College of Health Sciences in 2025 was discovered many communication therapeutic There were 23 good midwives (76.7%) and communication therapeutic lack of midwives as many as 1 person (3.3%).

Frequency distribution of the description of therapeutic communication of midwives in assisting with childbirth at the partner clinic of the Santa Elisabeth College of Health Sciences, Medan in 2025 based on age and length of service.

Table 2. Frequency Distribution Table of Description of Midwives' Therapeutic Communication in Assisting with Delivery at the Partner Clinic of the Santa Elisabeth Medan College of Health Sciences in 2025 Based on Age

Age	Frequency (f)	Percentage (%)
17-25 years	22	73.3
26-35 years	8	26.7
36-45 years	0	0
TOTAL	30	100

Based on the data in table 5.2 above, it can be seen that the frequency of the description of therapeutic communication of midwives in assisting with childbirth at the partner clinic of the Santa Elisabeth Medan College of Health Sciences in 2025 is based on the age of 17-25 years with a majority of 22 (73.3%) people, aged 26-35 years with a minority of 8 (26.7%) people.

Table 3. Frequency Distribution Table of Midwives' Therapeutic Communication in Childbirth Assistance at the Mitra Klinik Santa Elisabeth Medan Health Sciences College in 2025 Based on Length of Service

Length of service	Frequency (f)	Percentage (%)
1-6 months	3	10
7-12 months	4	13.3
1-2 years	13	43.3
≥2 years	10	33.3
TOTAL	30	100

Based on the data above, it can be seen that the frequency of the description of therapeutic communication of midwives in assisting with childbirth at the partner clinic of the Santa Elisabeth Medan Health Sciences College in 2025 based on length of service of 1-6 months was 3 (10%), length of service of 7-12 months was 4 (13.3%), length of service of 1-2 years was 13 (43.3%), length of service of ≥2 years was 10 (33.3%).

DISCUSSION

After it is implemented study assembled with Communication Overview therapeutic midwife in help delivery at the clinic partners Work school tall knowledge health Santa Elisabeth Medan in 2025 in involving 30 respondents, in study This has generate data which is then analyzed based on relevant theory. Research results This will interpreted For get more conclusions profound and meaningful. Furthermore, the findings study This can contribute to development or strengthening existing theories.

Communication overview therapeutic midwife in help childbirth in clinic partners Work school tall knowledge health Santa Elisabeth Medan 2025

Based on results study about description communication therapeutic midwife in help childbirth at the Partner Clinic Santa Elisabeth Medan College of Health Sciences 2025 was found

majority communication therapeutic Good midwives 23 people (76.7%) and a minority communication therapeutic midwife less than 1 (3.3%) person.

Communication therapeutic is a process that involves implementation knowledge and art in exchange message or information between power medical and patient so it is not produced something aspect healing. Communication therapeutic help patient overcome stress, disturbance psychological, and building interpersonal relationships. In the context Mother childbirth, communication therapeutic play a role important in guide and support the birth process with give proper help and guidance, energy health Can help Mother pregnant pass during the labor process with more safe, comfortable and controlled so that help the healing process Mother giving birth (Mulyah, 2020).

According to results study from Dewi Fransiska and Omega (2023) regarding influence communication therapeutic midwife with level anxiety Mother giving birth with total of 30 respondents show communication good therapeutic as many as 23 (76.7%) people and communication not enough Good as many as 7 (23.3%) people. Based on from results that communication effective therapeutic Can reduce anxiety in mothers giving birth, so that they feel will more comfortable and quiet during the labor process. On the other hand, communication therapeutic that is not Good can increase anxiety. So from that, the implementation communication therapeutic is very important in care midwifery For reduce anxiety and increase quality service to mothers Mother giving birth (Prasetyo, 2023).

Based on study from Elis Muharomah, et al (2024) regarding connection communication therapeutic midwife with anxiety Mother giving birth with total of 30 respondents show communication therapeutic Good as many as 20 people (66.7%) and lack of communication Good There were 10 people (33.3%). This study show that, behavior communication therapeutic midwife in a way Already good, but results interviews and observations show that Still There is a number of midwives who have not apply communication therapeutic optimally, so that need done improvement skills and awareness will importance communication therapeutic in practice midwifery (Adjunct, 2022).

According to study Rofiqo Larasati Philip, et al (2024) regarding connection communication therapeutic midwife to satisfaction patient giving birth with total of 33 respondents show communication therapeutic not enough as many as 13 (41.8%) people and communication therapeutic Good as many as 20 (58.2%) people. From the results the that communication good therapeutic implemented, even though There is Still communication therapeutic that is still less. (Philip et al., 2024)

According to Erlina Hayati's research (2020) regarding connection communication therapeutic midwife with level anxiety Mother giving birth with total of 30 respondents show communication less therapeutic as many as 18 people (60.0%) and communication therapeutic Good as many as 12 people (40.0%) (Rismala, 2021).

According to results from study urheda and Rizki Wahyuni (2022) regarding influence companion childbirth and communication therapeutic to decline intensity painful labor show that from total of 17 respondents communication therapeutic midwife as many as 17 people (100%). This result show that communication therapeutic midwife Already Good.

Based on results observation researchers in the field that communication therapeutic procedures performed midwife at Mitra Kerja Clinic Many of the Santa Elisabeth Medan Health Sciences College have already... in accordance with statement communication good and appropriate therapy with duties and responsibilities the answer Alone as midwives. The number of midwife the in do communication therapeutic during the labor process Already Good in give attention or care that has been become obligation midwife as companion in childbirth, so that patients who want give birth to get support from midwife who made himself believe self and confidence with a smooth process her delivery (Sukmawati, 2023).

The process of childbirth can trigger strong emotions and anxiety moment Mother will give birth, so that can facilitate the delivery process can become a painful and arousing experience afraid for mother giving birth. Communication therapeutic There is Mother give birth to is the

process of giving assistance and guidance during childbirth, where midwife give support and strengthening to Mother For make the birth process become more easy and comfortable, so that Mother Can feel more calm, confident, and ready facing during the labor process. (Melinda Restu Pertiwi et al., 2022)

According to researcher, thing This can happened Because communication therapeutic midwife Good during going through the birthing process, causing feelings of fear and worry Mother during giving birth decrease so that the delivery process can ongoing with smooth and successful. Through communication therapeutic midwife category Good Can reduce anxiety and worry mother, improve Work same, and ultimately, contribute to a smoother delivery process. smooth and safe Because Mother feel supported and understood during the labor process (Fransisca & Tahun, 2023).

Communication overview therapeutic midwife in help delivery at the clinic partners Work school tall knowledge health Santa Elizabeth Medan 2025 Based on Age

Based on distribution frequency Communication overview therapeutic midwife in help delivery at the clinic partners Work school tall knowledge health Santa Elizabeth Medan year 2025 based on aged 17-25 years with the majority 22 (73.3%) people, aged 26-35 years with minority 8 (26.7%) people (Ramdhan, 2021).

According to results research by Dewi Fransiska and Omega (2023) with influence communication therapeutic midwife with level anxiety Mother giving birth based on age 20-35 years as many as 12 (40%) people, aged ≥ 35 years as many as 10 (33.3%) people and aged ≤ 20 years as many as 8 (26.7%) people. Based on study that age 20-35 years more Lots do communication therapeutic (Ulfah, 2022).

According to results research by Elis Muharomah and Wintarsih (2024) regarding connection communication therapeutic midwife with anxiety in mothers giving birth based on age 20-35 years as many as 26 people (86.7%) and aged 36-45 years as many as 4 people (13.3%). Based on results study that age 20-35 years more Lots do communication therapeutic (Virawati, 2024).

Based on results Titin Novayanti Dey's (2021) research on influence communication therapeutic to level anxiety Mother third trimester of pregnancy based on age 20-35 years as many as 18 people (46.66%), aged ≥ 35 years as many as 9 (30.00%) people and aged ≤ 20 years as many as 7 (23.3%) people. Research results say that age 20-35 years more Lots do communication therapeutic (Kurniasih, 2022).

Based on results research by Elis Muharomah and Wintarsih (2024) regarding connection communication therapeutic midwife with anxiety Mother giving birth based on age 20-35 years as many as 26 people (86.7%) and aged 36-45 years as many as 4 people (13.3%). Based on results study that age 20-35 years more Lots do communication therapeutic (Wahyuni, 2022).

Based on results research by Sri Norlina (2021) regarding connection communication therapeutic midwife with anxiety Mother giving birth based on age show that age ≤ 20 years as many as 1 (2.38%) people, aged 20-35 years as many as 36 (85.71%) people, and aged ≥ 35 years as many as 5 (11.91%) people. Based on study that age 20-35 years more Lots do communication therapeutic (Tantra, 2024).

According to researchers group age 20-35 years more Lots do communication based on understanding that age This is period important in life marked individuals with improvement involvement social, future preparation, and greater access wide to various channel communication.

Communication overview therapeutic midwife in help delivery at the clinic partners Work school tall knowledge health Santa Elizabeth Medan 2025 Based on Length of Service

Based on distribution frequency description communication therapeutic midwife in help Childbirth at the clinic partners Work Santa Elisabeth College of Health Sciences Medan 2025 based on length of work 1-6 months as many as 3 (10%), length of work 7-12 months as many as 4 (13.3%), the length of work was 1-2 years as many as 13 (43.3%) people, work duration ≥ 2 years as many as 10 (33.3%) people (Rahyani et al., 2021).

According to results study from Putri Kristyaningsih (2021) regarding implementation communication therapeutic nurse show that communication therapeutic based on length of service 2-5 years there are 4 people (7%), length of service 6-10 years there are 18 people (33%), length of service 11-13 years there are 13 people (24%) and the length of service is ≥ 14 years there were 20 people (36%) (Norlina, 2022).

According to results study Rohiminati Afifah Karimunovita, et al (2023) regarding connection saturation Work with communication therapeutic nurse show that from total of 152 respondents based on length of service ≤ 5 years As many as 35 people (23%), worked 5-10 years there are 70 people (46.1%), and the length of service is ≥ 10 years There were 47 people (30.9%). This study show that the length of service is ≤ 5 years more Lots do communication therapeutic (Sari, 2020).

According to results study from Friska Sri Handayani br. Ginting, et al (2023) regarding implementation communication therapeutic by nurses in control hallucinations show that from total of 53 respondents based on length of service 1-10 years there are 20 people (37.7%), length of service 11-20 years there are 19 people (35.8%) and the length of service is 21-34 years There were 14 people (26.4%). This study show that ages 1-10 years more Lots do communication therapeutic (Maharani et al., 2022).

According to results study from Dinda Permatasari (2016) regarding related factors with communication therapeutic midwife community health center in give service health show that distribution of working hours respondents relatively balanced, with 50% of respondents is midwife new at the health center and 50% others is midwife with experience longer stay at the health center (Mustofa & Nurjannah, 2022).

According to results study from Nuril Absari and Vivi Widuri about connection education and length of service midwife with implementer communication therapeutic show that the length of work midwife ≤ 3 years as many as 12 people (41.4%) and length of work midwife ≥ 3 years as many as 17 people (58.6%). This show that new midwife Work so that the interaction and communication carried out by midwives is also lacking so that skills midwife in do communication therapeutic not enough good. (Research et al., 2017)

According to researchers that the longer you work in communication therapeutic will the more good. However on the side others, although experience Work can give greater understanding deep about dynamics communication therapeutic and various possible situations will arise, but experience just No ensure improvement skills communication therapeutic (Mahmudah et al., 2022). Other factors such as knowledge, training and awareness self in give good communication.

CONCLUSION

Based on findings research that has been done done about description communication therapeutic midwife in help labor after do data processing, can concluded that is : 1) From the research conducted that the picture of communication therapeutic midwife in help delivery at the clinic partners Work school tall knowledge health Santa Elizabeth Medan year 2025, found communication therapeutic majority both 23 people (76.7%), and communication therapeutic minority less than 1 person (3.3%). 2) From the research conducted that the picture of communication therapeutic midwife in help delivery at the clinic partners Work school tall knowledge health Santa Elizabeth Medan year 2025 based on age, found aged 17-25 years as many as 22 (73.3%) people, aged 26-35 years as many as 8 (26.7%) people. 3) From the research conducted that the picture of communication therapeutic midwife in help delivery at the clinic partners Work school tall knowledge health Santa Elizabeth Medan year 2025 based on length of service, found Length of service 1-6 months as many as 3 (10%) people, working duration 7-12 months as many as 4 (13.3%) people, worked for 1-2 years as many as 13 (43.3%) people, work duration ≥ 2 years as many as 10 (33.3%) people

SUGGESTION

To midwife: It is expected capable give the best service with operate duties and responsibilities answer as midwife as well as give effective and comprehensive communication so that the patients specifically for Mother giving birth can accept service safe, comfortable and smooth delivery. To clinic partners Work: It is expected For more notice all existing services specifically How services provided to Mother giving birth during the labor process going on, and how it should be communication provided to mother giving birth and also patients other. To researchers furthermore: It is expected to researchers furthermore can do study more carry on with add variables other factors that influence communication therapeutic midwife in help childbirth.

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