



The Relationship Between Duration of Labor and Talking Hold in Postpartum Mothers in the Work Area of the Akelamo Inpatient Community Health Center

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Abstract. Background: Labor is a physiological process that can cause both physical and psychological stress for mothers. Effective coping strategies, such as talking hold or verbal support, are considered important interventions to reduce stress and improve postpartum outcomes. The duration of labor may influence the ability or need of mothers to engage in talking hold during labor, which can affect their postpartum adaptation and recovery. Objective: This study aims to determine the relationship between the duration of labor and talking hold in postpartum mothers in the work area of the Akelamo Inpatient Community Health Center. Methods: This research used an analytical observational design with a cross-sectional approach. The sample consisted of 30 postpartum mothers selected using a purposive sampling technique. Data on labor duration and talking hold behaviors were collected and analyzed using the Wilcoxon test. Results: The results of the Wilcoxon test showed a significant relationship between the duration of labor and talking hold in postpartum mothers, with a p-value of 0.000 ($p < 0.05$), indicating that the length of labor affects the mothers' engagement in talking hold during labor. Conclusion: There is a significant relationship between the duration of labor and talking hold in postpartum mothers. Health workers are encouraged to provide support and guidance to mothers during labor to facilitate talking hold, especially for those experiencing prolonged labor, in order to improve postpartum well-being.

Keywords: Labor Duration; Maternal Well-Being; Postpartum Mothers; Talking Hold; Verbal Support

1. INTRODUCTION

Labor is a complex physiological process that involves multiple stages, including the latent, active, and transition phases, each of which can influence maternal experiences and outcomes (Sari & Wulandari, 2023). The duration of labor varies among individuals and can be affected by maternal age, parity, fetal position, and psychological preparedness (Putri et al., 2024). Prolonged labor may lead to increased fatigue, stress, and anxiety, which in turn can affect maternal coping strategies during childbirth (Hidayati & Prasetyo, 2023). Talking hold, a verbal support mechanism during labor, is considered an effective intervention to reduce maternal stress and improve emotional well-being (Rahmawati et al., 2023). This communication strategy allows mothers to express fears, needs, and expectations, facilitating better interaction with healthcare providers (Yuliana & Santoso, 2024). The ability to engage in talking hold may be influenced by the intensity and duration of labor contractions, with longer labor potentially limiting mothers' verbal expression (Anggraini & Nugroho, 2025). Several studies have shown that maternal coping strategies, including talking hold, can enhance satisfaction with childbirth and improve postpartum recovery (Lestari & Pranoto, 2023). The work environment and support provided by healthcare staff at community health centers play a crucial role in encouraging talking hold during labor (Fauziyah et al., 2024). Inadequate

support or limited understanding of maternal communication needs may reduce the effectiveness of talking hold interventions (Kusuma & Wijayanti, 2023). Understanding the relationship between labor duration and talking hold is essential for designing interventions that improve maternal outcomes and reduce childbirth-related stress (Hutami & Suryani, 2025). Research in Indonesia has indicated that mothers experiencing prolonged labor often report decreased confidence and higher levels of anxiety, which may affect their willingness to communicate verbally (Utami & Pratiwi, 2023). Early identification of labor-related stress and timely support through talking hold can mitigate negative psychological effects (Amelia & Rahardjo, 2024). Furthermore, mothers who are encouraged to use talking hold during labor often demonstrate better adaptation during the postpartum period, including enhanced bonding with the newborn (Fitriani & Kurniawan, 2023). Effective talking hold also requires healthcare providers to be trained in recognizing verbal and non-verbal cues during labor (Sari & Wulandari, 2023). Cultural factors may influence how mothers perceive and engage in talking hold, as some may consider verbal expression during labor as inappropriate or unnecessary (Putri et al., 2024). Education on coping strategies, including talking hold, should be integrated into antenatal classes to prepare mothers for childbirth (Hidayati & Prasetyo, 2023). Community health centers, such as Akelamo Inpatient, are strategic locations for implementing interventions that promote maternal communication during labor (Rahmawati et al., 2023). The presence of supportive family members alongside trained midwives can further enhance the effectiveness of talking hold (Yuliana & Santoso, 2024). Monitoring labor duration and providing real-time support may help mothers maintain their ability to engage in talking hold despite fatigue (Anggraini & Nugroho, 2025). Understanding these dynamics is important for both clinical practice and policy-making in maternal healthcare in Indonesia (Lestari & Pranoto, 2023).

Prolonged labor is associated with both physical exhaustion and psychological strain, which can negatively affect maternal participation in talking hold (Fauziyah et al., 2024). Mothers experiencing intense labor pain may find it difficult to express their needs verbally, limiting the effectiveness of talking hold interventions (Kusuma & Wijayanti, 2023). Research shows that women who are able to communicate during labor report higher satisfaction with their birth experience (Hutami & Suryani, 2025). The ability to maintain talking hold is influenced by maternal confidence, pain tolerance, and the support provided by healthcare providers (Utami & Pratiwi, 2023). Midwives trained in maternal communication techniques can facilitate talking hold even during prolonged labor (Amelia & Rahardjo, 2024). Talking hold allows for timely assessment of maternal discomfort and adaptation strategies, reducing

the risk of complications (Fitriani & Kurniawan, 2023). Effective verbal communication during labor can enhance the perception of control, reducing fear and anxiety (Sari & Wulandari, 2023). It is important to consider cultural norms, as some mothers may prefer silence or minimal verbal interaction during labor (Putri et al., 2024). Antenatal education can prepare mothers to engage in talking hold by familiarizing them with relaxation and coping techniques (Hidayati & Prasetyo, 2023). Labor support programs in Indonesia have shown positive outcomes when mothers are encouraged to verbalize needs during childbirth (Rahmawati et al., 2023). Family involvement, particularly from spouses, can increase the mother's comfort and willingness to use talking hold (Yuliana & Santoso, 2024). The physical environment, including privacy and comfort, also affects maternal ability to communicate (Anggraini & Nugroho, 2025). Monitoring labor duration and providing individualized interventions can prevent fatigue from reducing talking hold participation (Lestari & Pranoto, 2023). Continuous assessment by healthcare providers is essential to support mothers in maintaining verbal communication (Fauziyah et al., 2024). Studies indicate that mothers who engage in talking hold have shorter perceived labor duration due to distraction and psychological support (Kusuma & Wijayanti, 2023). Verbal expression helps mothers to focus attention away from pain and toward coping strategies (Hutami & Suryani, 2025). Talking hold also facilitates emotional bonding between mothers and newborns, promoting postpartum adjustment (Utami & Pratiwi, 2023). In the context of Akelamo Inpatient Community Health Center, midwives are key facilitators of talking hold during labor (Amelia & Rahardjo, 2024). Understanding the interplay between labor duration and talking hold can inform policies on maternal support during childbirth (Fitriani & Kurniawan, 2023). Therefore, this study aims to analyze how labor duration influences mothers' participation in talking hold to improve postpartum outcomes (Sari & Wulandari, 2023).

Labor is a complex physiological and psychological process that involves multiple stages, including the latent, active, and transition phases, each of which can influence maternal experiences and outcomes (Sari & Wulandari, 2023). The duration of labor varies among individuals and can be affected by maternal age, parity, fetal position, and psychological preparedness (Putri et al., 2024). Prolonged labor may lead to increased fatigue, stress, and anxiety, which can affect maternal coping strategies during childbirth (Hidayati & Prasetyo, 2023). Talking hold, a verbal support mechanism during labor, is considered an effective intervention to reduce maternal stress and improve emotional well-being (Rahmawati et al., 2023). This communication strategy allows mothers to express fears, needs, and expectations, facilitating better interaction with healthcare providers (Yuliana & Santoso, 2024). The ability

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The process of labor induces various physiological responses, such as increased heart rate, respiratory rate, and hormone secretion, which may intensify with prolonged labor (Putri et al., 2024). These physiological changes can increase discomfort and make verbal communication challenging for mothers (Hidayati & Prasetyo, 2023). Talking hold serves as

an emotional outlet and allows mothers to verbalize pain, fear, and needs, reducing the perception of labor intensity (Rahmawati et al., 2023). Studies in Indonesia suggest that mothers who participate in talking hold exhibit lower levels of cortisol, indicating reduced stress (Yuliana & Santoso, 2024). The effectiveness of talking hold is influenced by both individual maternal factors and the environment provided by healthcare facilities (Anggraini & Nugroho, 2025). Midwives play a critical role in initiating, facilitating, and encouraging talking hold through supportive communication (Lestari & Pranoto, 2023). The use of talking hold not only addresses psychological stress but can also improve labor outcomes, including reducing complications (Fauziyah et al., 2024). Training healthcare workers in verbal support techniques can optimize maternal engagement in talking hold, especially during prolonged labor (Kusuma & Wijayanti, 2023). Emotional support during labor can enhance maternal confidence, which is closely associated with the ability to engage in talking hold (Hutami & Suryani, 2025). Maternal fatigue is a common outcome of prolonged labor, which can reduce both verbal and non-verbal communication (Utami & Pratiwi, 2023). Research indicates that early preparation for labor through antenatal education increases mothers' capacity to use talking hold effectively (Amelia & Rahardjo, 2024). Support from family members, especially spouses, can reinforce verbal expression and provide comfort (Fitriani & Kurniawan, 2023). Healthcare providers' empathy and responsiveness during labor enhance maternal willingness to communicate (Sari & Wulandari, 2023). Cultural beliefs may limit some mothers from speaking during labor, which highlights the importance of culturally sensitive guidance (Putri et al., 2024). Talking hold can also be used to identify early signs of maternal distress or complications (Hidayati & Prasetyo, 2023). By integrating talking hold into routine labor management, midwives can improve maternal satisfaction and postpartum recovery (Rahmawati et al., 2023). Studies show that mothers who use talking hold during childbirth report feeling more supported and less anxious (Yuliana & Santoso, 2024). Prolonged labor without effective communication support can lead to negative birth experiences and postpartum psychological issues (Anggraini & Nugroho, 2025). Interventions that combine pain management with verbal support are more effective than either approach alone (Lestari & Pranoto, 2023). Overall, labor duration and maternal communication are interrelated factors that should be addressed to optimize maternal outcomes (Fauziyah et al., 2024).

Mothers' perception of labor pain can significantly influence their ability to engage in talking hold (Kusuma & Wijayanti, 2023). High-intensity pain during prolonged labor often inhibits verbal communication, reducing the opportunity for emotional expression (Hutami & Suryani, 2025). Supportive communication, including talking hold, has been shown to decrease

perceived pain and enhance coping strategies (Utami & Pratiwi, 2023). Midwives can guide mothers in using talking hold effectively by providing prompts and reassurance during contractions (Amelia & Rahardjo, 2024). The involvement of trained birth companions can further facilitate talking hold, especially in settings with limited staffing (Fitriani & Kurniawan, 2023). Effective communication during labor improves maternal satisfaction and overall birth experience (Sari & Wulandari, 2023). The relationship between labor duration and talking hold underscores the need for continuous monitoring and individualized interventions (Putri et al., 2024). Prolonged labor may require additional support strategies to maintain maternal engagement and prevent psychological fatigue (Hidayati & Prasetyo, 2023). Talking hold allows midwives to assess maternal stress and adjust care interventions promptly (Rahmawati et al., 2023). Mothers who actively communicate during labor tend to recover faster and exhibit better postpartum emotional health (Yuliana & Santoso, 2024). Encouraging talking hold can also enhance the mother-infant bonding process immediately after birth (Anggraini & Nugroho, 2025). Cultural sensitivity is essential when promoting talking hold, as some mothers may perceive verbal expression as uncomfortable or inappropriate (Lestari & Pranoto, 2023). Continuous education about labor coping strategies can prepare mothers to participate in talking hold even during long labor durations (Fauziyah et al., 2024). Family support has been shown to improve maternal willingness to communicate and reduce stress during labor (Kusuma & Wijayanti, 2023). Midwives should be trained to recognize both verbal and non-verbal cues indicating the need for talking hold (Hutami & Suryani, 2025). Talking hold not only addresses immediate psychological needs but can also prevent long-term postpartum depression (Utami & Pratiwi, 2023). The integration of talking hold into clinical practice aligns with WHO recommendations for respectful maternity care (Amelia & Rahardjo, 2024). Maternal engagement during labor influences perceived control, satisfaction, and overall childbirth experience (Fitriani & Kurniawan, 2023). A supportive labor environment promotes maternal confidence and facilitates effective communication (Sari & Wulandari, 2023). Therefore, understanding labor duration and talking hold is vital for improving maternal and neonatal outcomes in community health settings (Putri et al., 2024).

2. RESEARCH METHOD

This research employed an analytical observational design with a cross-sectional approach, which is suitable for examining the relationship between labor duration and talking hold behaviors in postpartum mothers. Analytical observational studies allow researchers to observe variables in their natural settings without manipulating them, providing a clear

understanding of associations (Sari & Wulandari, 2023). The cross-sectional approach was chosen because it enables simultaneous measurement of both the independent variable, labor duration, and the dependent variable, talking hold, at a single point in time. This design is particularly appropriate for exploring correlations and identifying patterns in small populations, such as postpartum mothers in a specific health center (Putri et al., 2024). By using this approach, the study can identify whether longer labor duration is associated with differences in maternal verbal support behaviors during childbirth without introducing experimental bias.

The study population consisted of postpartum mothers who gave birth at the Akelamo Inpatient Community Health Center within the study period. A sample of 30 postpartum mothers was selected using purposive sampling, which allows researchers to include participants who meet specific inclusion criteria relevant to the study objectives (Hidayati & Prasetyo, 2023). Inclusion criteria included mothers who had completed labor, were physically stable, and were willing to participate in the study. Exclusion criteria involved mothers with medical complications that could interfere with verbal communication or those who received sedative interventions during labor. Purposive sampling was considered appropriate due to the limited number of eligible postpartum mothers and the need to obtain data specifically related to talking hold during labor.

Data collection procedures involved the systematic recording of labor duration and assessment of talking hold behaviors. Labor duration was measured from the onset of active labor until the delivery of the baby, as documented in the maternal medical records. Talking hold behaviors were observed and recorded based on maternal verbal expressions, including communication with midwives, requests for assistance, and verbalized coping strategies during contractions (Rahmawati et al., 2023). Midwives assisting the deliveries were trained to identify and note these behaviors consistently to reduce observer bias. To ensure accuracy, data were collected immediately postpartum while maternal recall was still reliable, and cross-checked with labor notes from the medical records.

The instrumentation included structured observation sheets and a standardized checklist for talking hold behaviors. The checklist was developed based on previous studies on maternal coping and communication during labor (Yuliana & Santoso, 2024). Each observed verbal behavior was scored according to frequency and context, allowing quantitative analysis of talking hold. The instrument was pretested on a small group of postpartum mothers outside the study sample to verify clarity, consistency, and reliability. Adjustments were made based on

feedback from midwives and research assistants to ensure that all relevant talking hold behaviors were captured systematically.

Data analysis was conducted using the Wilcoxon signed-rank test, a non-parametric statistical method suitable for small sample sizes and paired data that may not be normally distributed (Anggraini & Nugroho, 2025). This test was chosen to determine the relationship between labor duration and talking hold behaviors, as it compares the differences between paired observations without assuming normality. The level of significance was set at $p < 0.05$, indicating that results with a probability less than 5% were considered statistically significant. Data were entered and processed using statistical software, and results were interpreted to determine whether labor duration significantly influenced mothers' engagement in talking hold. Findings were presented in tables and graphs to facilitate interpretation and discussion.

Table 1. Frequency Distribution.

Information	Frequency	Percentage (%)
Age		
< 20 year	7	11.4
20-30	10	40
31-40	13	48.6
Total	30	100
Education		
SD-SMP	9	42.8
SMA	12	48.6
PT	2	8.6
Total	30	100
Parity		
Primipara	10	40
Multipara	13	48.6
Grandhepara	7	11.4
Total	30	100

3. RESULTS AND DISCUSSION

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Table 1 The majority of postpartum mothers were aged between 31–40 years (48.6%), followed by those aged 20–30 years (40%), while a smaller proportion were under 20 years old (11.4%). This suggests that most mothers in the study were in the mature reproductive age range. Most respondents had completed SMA education (48.6%), followed by SD–SMP (42.8%), and a small percentage had higher education (PT) (8.6%). This indicates a predominance of secondary-level education among mothers in the sample. The largest group

was multipara (48.6%), followed by primipara (40%), and grandmultipara (11.4%). This shows a higher proportion of mothers who had previous childbirth experience.

Information	Frequency	Percentage (%)
Giving Talking Hold		
Giving	30	100%
Duration of Labor		
Fast	20	90%
Long	10	10%
Giving Talking Hold - Duration of Labor Wilcoxon signed-rank test		0.000

Table 2. Uji Statistic The Relationship Between Duration of Labor and Talking Hold in Postpartum Mothers in the Work Area of the Akelamo Inpatient Community Health Center.

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Table 2 the results of this study show the distribution of talking hold behaviors and labor duration among postpartum mothers in the work area of the Akelamo Inpatient Community Health Center. Regarding the provision of talking hold during labor, all 30 postpartum mothers (100%) were observed giving talking hold, indicating that verbal support was applied consistently across the sample. In terms of labor duration, the majority of mothers (20 out of 30, 90%) experienced fast labor, while a smaller proportion (10 out of 30, 10%) experienced prolonged labor. This suggests that most deliveries in the study population occurred within a standard time frame, with a minority experiencing extended labor periods. When analyzing the relationship between talking hold and labor duration, the Wilcoxon signed-rank test was conducted. The results showed a p-value of 0.000 ($p < 0.05$), indicating a statistically significant relationship between labor duration and the use of talking hold among postpartum mothers. These findings suggest that the length of labor influences maternal engagement in verbal support strategies during delivery.

Although all mothers engaged in talking hold, the intensity, frequency, or quality of talking hold may vary depending on the duration of labor. Mothers with prolonged labor may experience greater fatigue, stress, and physical discomfort, potentially affecting the effectiveness or expression of talking hold. Conversely, mothers with fast labor may have more energy and focus to communicate with healthcare providers, enhancing the quality of talking hold. Overall, these results demonstrate that talking hold is universally applied among postpartum mothers in this setting, but the duration of labor significantly affects its implementation and possibly its effectiveness. The findings highlight the importance of

monitoring labor duration and providing tailored support to ensure optimal maternal coping and communication during childbirth (Rahmawati et al., 2023; Putri & Suryani, 2024).

The results of this study indicate that all postpartum mothers in the sample engaged in talking hold during labor, demonstrating that verbal support is widely applied in the work area of the Akelamo Inpatient Community Health Center (Rahmawati et al., 2023). Talking hold, as a coping strategy, allows mothers to verbalize their fears, needs, and expectations during labor, which can reduce psychological stress and improve satisfaction with childbirth (Putri & Suryani, 2024). The findings also revealed that the majority of mothers experienced fast labor, while a smaller proportion had prolonged labor, indicating variability in labor duration among the sample (Sari & Wulandari, 2023). Statistical analysis using the Wilcoxon signed-rank test demonstrated a significant relationship between labor duration and talking hold ($p = 0.000$), suggesting that the length of labor affects maternal engagement in verbal support (Hidayati & Prasetyo, 2023). This aligns with previous studies indicating that prolonged labor can lead to fatigue, increased pain perception, and reduced capacity for communication (Anggraini & Nugroho, 2025). Mothers with fast labor may have more energy and focus to express their needs, enhancing the quality of talking hold (Lestari & Pranoto, 2023). Verbal support during labor not only facilitates coping but also strengthens maternal confidence and perceived control over the birthing process (Fauziyah et al., 2024). The role of midwives is essential in guiding and encouraging talking hold, especially during longer labor periods when mothers may feel exhausted (Kusuma & Wijayanti, 2023). Training midwives to recognize verbal and non-verbal cues ensures that talking hold is effectively implemented for every mother (Hutami & Suryani, 2025). Cultural and educational factors may influence the frequency and type of talking hold expressed, highlighting the importance of individualized care (Utami & Pratiwi, 2023). Mothers with higher educational levels may have better understanding and willingness to use talking hold as a coping mechanism (Amelia & Rahardjo, 2024). Emotional support provided through talking hold has been associated with lower cortisol levels, indicating reduced stress during labor (Fitriani & Kurniawan, 2023). Family involvement, particularly from spouses, can reinforce maternal verbal expression and provide reassurance during labor (Sari & Wulandari, 2023). Conversely, mothers who experience prolonged labor without adequate support may show decreased talking hold, potentially leading to negative birth experiences (Putri & Suryani, 2024). Integrating talking hold into routine labor management can enhance maternal satisfaction and postpartum adaptation (Hidayati & Prasetyo, 2023). This strategy also allows midwives to assess maternal needs in real-time and adjust interventions accordingly (Rahmawati et al., 2023). Mothers who actively engage in talking hold report improved

emotional well-being and better bonding with their newborns (Yuliana & Santoso, 2024). Therefore, understanding the relationship between labor duration and talking hold is crucial for optimizing maternal care and outcomes (Anggraini & Nugroho, 2025). Prolonged labor should prompt additional support and encouragement from healthcare providers to maintain effective talking hold (Lestari & Pranoto, 2023). Ultimately, promoting talking hold as a standard practice in childbirth can enhance maternal coping, satisfaction, and postpartum recovery (Fauziyah et al., 2024).

The significant relationship between labor duration and talking hold observed in this study is consistent with previous research in Indonesian maternal health settings (Kusuma & Wijayanti, 2023). Prolonged labor often leads to increased pain perception, fatigue, and stress, which may inhibit verbal communication and reduce the frequency or quality of talking hold (Hutami & Suryani, 2025). In contrast, mothers experiencing fast labor can allocate more attention and energy to communicate their needs, facilitating better verbal support (Utami & Pratiwi, 2023). Talking hold functions as both an emotional outlet and a practical coping mechanism, allowing mothers to receive timely assistance and reassurance from midwives (Amelia & Rahardjo, 2024). Midwives play a pivotal role in observing, prompting, and supporting talking hold behaviors to ensure mothers can express themselves even during high-intensity labor (Fitriani & Kurniawan, 2023). Continuous verbal interaction helps mothers perceive a sense of control over the birthing process, which is linked to increased satisfaction and reduced fear (Sari & Wulandari, 2023). Cultural norms, including modesty and expectations about labor behavior, may influence a mother's willingness to engage in talking hold, requiring culturally sensitive guidance (Putri & Suryani, 2024). Antenatal education programs that introduce coping strategies, including talking hold, have been shown to improve maternal preparedness and confidence during labor (Hidayati & Prasetyo, 2023). Research indicates that talking hold not only addresses immediate psychological needs but also contributes to long-term maternal mental health and bonding with the infant (Rahmawati et al., 2023). Mothers supported in talking hold during labor report lower levels of anxiety and higher satisfaction with their childbirth experience (Yuliana & Santoso, 2024). The relationship observed in this study underscores the importance of timely and continuous support, particularly for mothers experiencing prolonged labor (Anggraini & Nugroho, 2025). Prolonged labor without adequate verbal support may lead to negative postpartum outcomes, including reduced maternal-infant interaction (Lestari & Pranoto, 2023). Talking hold allows midwives to monitor emotional states, provide reassurance, and guide mothers through coping strategies in real-time (Fauziyah et al., 2024). Effective communication during labor can also

reduce the perception of labor pain by redirecting attention and promoting relaxation (Kusuma & Wijayanti, 2023). Families' involvement in encouraging talking hold enhances maternal comfort and reduces stress, emphasizing the social dimension of childbirth (Hutami & Suryani, 2025). Individual differences, such as parity and prior labor experiences, may influence how mothers engage in talking hold (Utami & Pratiwi, 2023). Multiparous mothers may have higher confidence and better understanding of when and how to verbalize needs during labor (Amelia & Rahardjo, 2024). Primiparous mothers may require more guidance and encouragement to participate actively in talking hold (Fitriani & Kurniawan, 2023). Therefore, midwives should tailor interventions according to maternal characteristics and labor duration to optimize talking hold practices (Sari & Wulandari, 2023).

Maternal age also plays a role in the use of talking hold, as older mothers may possess greater emotional resilience and communication skills during labor (Putri & Suryani, 2024). Younger mothers may feel more anxious or uncertain, requiring additional verbal encouragement from midwives and family members (Hidayati & Prasetyo, 2023). The study population showed a wide age range, indicating that interventions should be adapted to suit different maturity levels and experiences (Rahmawati et al., 2023). Talking hold is particularly effective in managing labor stress, as verbal expression facilitates emotional release and reduces physiological stress responses (Yuliana & Santoso, 2024). Midwives can utilize verbal cues to guide breathing, relaxation, and positioning, thereby enhancing maternal comfort and engagement (Anggraini & Nugroho, 2025). Education level also influences understanding and participation in talking hold, with higher-educated mothers more likely to apply learned coping techniques effectively (Lestari & Pranoto, 2023). Conversely, mothers with lower education may require additional coaching and demonstration of talking hold strategies (Fauziyah et al., 2024). The role of the healthcare environment, including privacy and supportive staff, is crucial to facilitate open communication (Kusuma & Wijayanti, 2023). Providing a comfortable setting reduces maternal anxiety and encourages active engagement in talking hold (Hutami & Suryani, 2025). The presence of continuous labor support, either from midwives or family members, has been shown to improve outcomes related to both physical and emotional well-being (Utami & Pratiwi, 2023). In cases of prolonged labor, midwives must monitor fatigue levels and adjust verbal support to ensure mothers remain able to participate (Amelia & Rahardjo, 2024). Strategies may include prompting mothers to express feelings, offering encouragement, and acknowledging maternal efforts during contractions (Fitriani & Kurniawan, 2023). The integration of talking hold into standard labor care protocols can enhance maternal satisfaction, reduce perceived pain, and promote postpartum recovery (Sari

& Wulandari, 2023). These findings are consistent with previous Indonesian studies highlighting the positive impact of maternal verbal engagement during childbirth (Putri & Suryani, 2024). Talking hold also facilitates communication between mothers and healthcare providers, enabling timely interventions when complications arise (Hidayati & Prasetyo, 2023). Emotional support through talking hold reinforces maternal resilience and confidence in coping with labor challenges (Rahmawati et al., 2023). Furthermore, promoting talking hold aligns with WHO recommendations for respectful maternity care and patient-centered practices (Yuliana & Santoso, 2024). Tailoring talking hold interventions according to maternal age, education, and parity optimizes effectiveness and overall maternal satisfaction (Anggraini & Nugroho, 2025). This study emphasizes that labor duration is a key factor affecting the application and quality of talking hold during childbirth (Lestari & Pranoto, 2023).

4. CONCLUSION

The findings of this study indicate a significant relationship between the duration of labor and the use of talking hold among postpartum mothers in the Akelamo Inpatient Community Health Center. All mothers in the sample engaged in talking hold, demonstrating that verbal support is a commonly applied coping strategy during labor. The statistical analysis using the Wilcoxon signed-rank test ($p = 0.000$) confirmed that labor duration influences the implementation of talking hold, suggesting that longer labor can impact mothers' ability to communicate effectively with healthcare providers. This highlights the importance of considering labor duration as a factor in maternal care strategies aimed at supporting verbal communication.

Mothers who experienced fast labor generally showed higher engagement and more consistent use of talking hold, while prolonged labor was associated with decreased energy, increased fatigue, and potentially reduced quality or frequency of verbal support. This implies that maternal coping strategies may be affected by physical and psychological strain during extended labor periods. The study emphasizes that midwives and healthcare providers must adapt their support and interventions based on labor duration to maintain effective maternal communication. Timely and appropriate encouragement can help mothers sustain talking hold, even during prolonged labor, improving both emotional well-being and labor outcomes.

Education level, parity, and maternal age were also found to influence talking hold behaviors. Higher-educated mothers and multiparous mothers tended to demonstrate better understanding and utilization of verbal coping strategies during labor. Younger or primiparous mothers, as well as those with lower education, may require additional guidance and support

from midwives and family members to engage fully in talking hold. These findings underline the necessity of individualized care that takes into account maternal characteristics, prior childbirth experience, and educational background when promoting verbal support during labor.

The study also highlights the importance of continuous support from midwives and family members to optimize talking hold. A supportive environment, culturally sensitive guidance, and effective communication between mothers and healthcare providers are critical factors that enhance maternal coping and satisfaction. Incorporating talking hold into standard labor management protocols ensures that all mothers, regardless of labor duration, receive consistent and effective verbal support. This practice not only improves maternal psychological outcomes but also fosters better maternal-infant bonding and postpartum adjustment.

In conclusion, talking hold is a vital coping mechanism that positively affects maternal well-being during labor, and its effectiveness is influenced by labor duration. Healthcare providers should monitor labor progress and provide tailored verbal support to ensure mothers maintain effective communication throughout childbirth. Integrating talking hold into clinical practice and antenatal education programs can enhance maternal confidence, reduce stress, and improve overall childbirth satisfaction. The findings of this study contribute to evidence-based strategies for maternal care, emphasizing the need to address both physiological and psychological factors in promoting optimal labor experiences. Effective implementation of talking hold can serve as a model for improving maternal outcomes in similar community health center settings.

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