

The Effectiveness of Giving ST 36 Acupressure and Deep Breathing Relaxation on the Level of Maternal Pain During the First Stage of the Active Phase at the Duren Sawit District Health Center, East Jakarta in 2022

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ABSTRACT: The presence of labor pain can cause a lack of endorphins which will cause discomfort, anxiety and excessive stress which will hinder the course of labor. This study aims to determine the effect of giving ST 36 Acupressure Techniques and Deep Breathing Relaxation on maternal pain levels during Active Phase I. The design in this study used a Quasy Experiment with a personal pre and post test design, the samples taken in this study were 25 respondents. The instruments used were the VAS Pain Scale (Visual Analogue Scale) and the Observation Sheet. From the results of Univariart data testing, it was found that 96% of the age distribution were in the age group of 20-35 years, with the last education being high school with a percentage of 52%. the mother gave birth to the first stage of the active phase with a p-value of 0.000.

Keywords: Deep breath relaxation, first stage of labor, labor pain, ST 36 acupressure point

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INTRODUCTION

Labor pain is a physiological condition for mothers who are approaching labor because contractions are caused by uterine contractions and cervical dilatation with an increase in the volume of uterine contractions, which can cause excess hormones such as the hormone cortisol and constriction of blood vessels that cause uterine contractions. decline, as well as a decrease in the cycle responsible for labor(1). responsible for the supply of nutrients and oxygen to the fetus, decreased blood flow and oxygen to the fetus. uterus and the occurrence of reduced blood flow to the uterus, which causes an increase in pain impulses and insufficient contractions, therefore the mother can feel worried in labor because the mother feels excessive anxiety and stress. and midwives in handling labor with the relaxation method will reduce labor pain (2)(3).

The Non-Pharmacological Method is one of the methods of handling labor pain which is carried out in various ways, namely by massage methods, touch stimulation, aromatherapy, hypnobirthing, water birth, deep breathing relaxation, labor positions, gymball, acupuncture, and so on. To reduce fatigue and anxiety that can cause stress in the first stage of labor pain is to use the acupressure technique method with the ST 36 point and deep breath relaxation in laboring mothers with active phase I contraction pain (2).

Stomach acupressure or ST point 36 (zusanli) at point ST 36 can increase levels of endorphins, can relieve uterine contractions pain faster, often used for digestive disorders, nausea, overcoming disease, stress, boosting immunity, and reducing fatigue in maternity mothers, at this point on the outside by pressing using the thumb or also called the thumb slowly with a soft touch then position the mother in a position as comfortable as the mother wants and start giving the ST 36 acupressure massage by rotating the thumb at that point slowly and gently for 30 seconds when the contraction pain has not come back if you want maximum results do acupressure for 2 to 3 minutes of emphasis and stop acupressure when the contraction pain returns and the mother is taught to do deep breathing relaxation while the contraction pain is ongoing (4).

Due to the presence of the hormones adrenaline and cortisol that cause stress to decrease, deep breathing relaxation techniques during labor pain can keep components of the sympathetic nervous system in a homeostatic state, prevent an increase in blood supply, reduce anxiety, and allow the mother to adjust to pain during labor. Performed at the onset of pain in the first stage of contraction, relaxation, and concentration to make it easier for the mother to regulate her breathing until the respiratory rate is reduced from 60 to 70 breaths/minute. Deep breathing techniques have been shown to increase a person's pain tolerance and therefore reduce the risk of AKI (5).

METHODES

This research is a quantitative research using the Quasy Experiment method with a personal pre and post test design approach(6). In this study the sampling technique used is total sampling with purposive sampling technique where in this technique the determination of the sample uses certain considerations, namely the sample chosen is not random and the sample must meet the inclusion criteria and exclusion criteria and in its management it uses the same sampling technique as the population. In maternity mothers who experience labor pain in the active phase of the first stage, the relationship between the two variables in this study was tested using the dependent data analysis technique through the Shapiro-Wilk normality test and the Wilcoxon test, after carrying out the normality test continued using the paired T-test. knowing the difference in pain scale before and after being given acupressure at the point of ST 36 and Deep Breathing Relaxation in mothers in labor during the Active phase I then the sample to be studied 25 Respondents The existing samples were selected according to the criteria and observed using the observation sheet.

The inclusion criteria in this study: Inpartu mother patient at the Duren Sawit District Health Center, East Jakarta, Patient giving birth during active phase I, Patients who have the power to read, write, listen and be honest, Patients who have a history of normal delivery, Patients with primary or multiple pregnancies, Patients aged < 40 years dan Mother who is willing to be a sample.

The data collected on these findings through observation sheets in the form of demographic data and pain assessment, the observations made include the characteristics of the respondents. Respondents used a checklist on the pain level number on the observation sheet and filled in with the level of pain experienced by the mother after the ST 36 point acupressure technique and deep breathing relaxation were done. The guidelines or observation sheets will be filled in by the data from the interviews. The use of this finding is to use 2 sheets of observational data in this research.

Observation A is the observation of demographic data of active 1st stage of inpartum patients. the instrument used to describe the response characteristics of the first active parturition mother to describe the characteristics of the respondent by including: name, age, education and history of disease. The form of the number of open-ended questions and respondents choose questions according to the answers that have been provided by the researcher.

Then using Observation B sheet is an observation of pain level assessment (Visual Analog Scales) in active first stage inpartum mothers. This instrument is used to describe the level of pain experienced by respondents by assessing the

results of pain measurements 0 no pain, 1-3 mild pain, 4-6 moderate pain, 7-9 severe pain but still controllable, 10 severe pain is not controlled or unbearable.

After doing the research using 2 observations, the research data will be processed through a computer to calculate the results of the data from the research through the SPSS software. After that, the preparation on the thesis sheet that has been prepared for filling out the results of the analysis test and discussion is carried out.

RESULT AND DISCUSSION

Univariate Analysis Results

Tabel 1: Characteristics of Respondent by Age.

Age	frequency	percentage
Under 20 years old	1	4%
20-35 years old	24	96%
Over 35 years old	0	0%
Amount	25	100%

Based on table 1, it can be seen that respondents with an age range of 20-35 years participated in this study the most with 24 people (96%) and the least, while the lowest was under the age of 20 years as many as 1 person (4%). . And in this study there were no respondents who were over 35 years old.

Tabel 2: Characteristics of Respondents Based on Education Level

Level of education	frequency	Percentage
Primary school	2	8%
Junior high school	7	28%
Senior high school	13	52%
Diploma 3	1	4%
Bachelor degree 1- postgraduate 3	2	8%
amount	25	100%

From table 2 above, it is known that the majority of respondents' education levels are respondents who have a high school education level with a total of 13 people (52%), respondents with a junior high school education level being the second largest respondent, namely 7 individuals (28%), then respondents who

have Elementary school education level and undergraduate and postgraduate degrees have the same number of respondents, namely 2 individuals (8%) in each category, and respondents with Diploma Education have at least 1 respondent (4%).

Bivariate Analysis Results

Table 3: Pain scale before and after the 36 point acupressure technique and deep breath relaxation

Pain level	Intervention 36 point acupressure technique and deep breath relaxation			
	Pre test	%	Post test	%
No pain	0	0%	0	0%
Mild pain on a 1-3 scale	0	0%	0	0%
Moderate pain 4-6	1	4%	24	96%
Severe pain on a 7-9 scale	22	88%	1	4%
Very severe pain with scale 10	2	8%	0	0%
Total	25	100%	25	100%

In table 3 above, it can be seen that before the intervention was carried out through the 36-point acupressure technique with deep breathing relaxation fibers, the pain level of pregnant women was in the severe pain category on a scale of 7-9 with the number of respondents as many as 22 people (88%), then after the intervention the pain level is high. experienced a decrease in moderate pain with a scale of 4-6 as many as 24 people (96%).

Table 4: The difference in the level of pain of pre and post respondents on the 36 point acupressure technique intervention and deep breathing relaxation

Intervensi	Mean	SD	T	Sig.(2-tailed)
Pre test	3,04	0,351	17,321	0,000
Post test	2,04	0,200		

Table 4 shows that the average pain intensity before the 36 point acupressure technique and deep breathing relaxation was in the range of 3.04

(severe pain on a scale of 7-9) with a standard deviation of 0.351, then after the intervention it became 2.04. (moderate pain on a scale of 4-6) with a standard deviation of 0.200. The value of Sig.(2-tailed) is 0.000 <0.05, so it was found that there was a significant difference between the 36 point acupressure technique intervention and breath relaxation before and after the intervention. So it can be concluded that the 36 point acupressure technique and deep breathing relaxation can reduce pain in the 1st stage of labor.

Labor pain is a subjective experience of associated physical sensations with uterine contractions, cervical dilatation and effacement, and fetal descent during labour. Physiological responses to pain include increased blood pressure, pulse, respiration, sweating, and muscle tension(7).

According to experts, non-pharmacological pain reduction techniques provide effects are best for a short period of time, for pain relief lasting only a few minutes, for example during an invasive procedure or while waiting for labour(8).

Massage can reduce the pain intensity score of all respondents, although there is a decrease that is not drastic(9). Mothers who get a massage for twenty minutes every hour during contractions in labor will be more pain free. This is because massage stimulates the body to release endorphins, which act as pain relievers and create a feeling of well-being. This gentle massage helps mothers feel more refreshed, relaxed, and comfortable in labor(10).

CONCLUSION

From these findings it can be concluded that the presence of labor pain can interfere with the course of delivery because the mother is easy to worry excessively which causes excessive anxiety and stress and the lack of approach between the mother in labor and the midwife, in reducing the mother's worries, namely by doing relaxation techniques on labor pain is to use Methods Non-pharmacological techniques that have no side effects in doing so, with non-pharmacological methods using acupressure or massage techniques at the ST 36 point and Deep Breathing Relaxation can reduce the level of pain in uterine contractions and there is an approach between the mother in labor and the midwife who will assist her in labor and can make mothers always think positively in childbirth and can reduce the level of pain in maternal uterine contractions.

SUGGESTION

After doing this research, it is hoped that readers can use it as a guide to increase knowledge about the effect of giving ST 36 point acupressure and deep breathing relaxation on the first stage of labor pain scale. as well as a reference in reducing the intensity of the pain scale in first stage in part mothers.

REFERENCES

- Nurchayanti FD, Admasari Y, Yunita A. Perbedaan Intensitas Nyeri Pada Pasien Inpartu Kala I Fase Aktif Dengan Teknik Effleurage Di Puskesmas Bendo Kediri. *Indones J Heal Dev*. 2020;2(2):92-101.
- Hevrialni R. Penerapan Dan Pendampingan Penerapan Modul Pijat "Uruik" Dalam Manajemen Nyeri Persalinan Kala I Oleh Bidan Praktik Mandiri Di Krida Cendekia. 2021;01(02):15-20.
- Nuraini E, Siagian NA, Kesehatan I, Husada D, Besar J, Deli N. Pengaruh Teknik Massage Back-Effleurage Terhadap Pengurangan Rasa Nyeri Persalinan Kala I Di Klinik Bersalin Kurnia Kecamatan Delitua Kabupaten Deli Serdang *This study aims to determine the effect of Back-Effleurage Massage Technique on Reduction of First*. 2019;2(1):24-9.
- Wahyuningsih IR, Handayani S. Pelatihan Akupresur Untuk Relaksasi Tubuh Dan Mengatasi Dismenorea. *GEMASSIKA J Pengabdian Kpd Masy*. 2020;4(1):63.
- Septiani M, Agustia L. Penurunan Nyeri Persalinan Kala I Fase Aktif Kabupaten Bireuen The Effect Of Deep Breathing Relaxation Techniques To The Reduction Of Pain In Maternal Stage I Of Activephase In The PMB Desita , S . SiT Pulo Ara Village Kota Juang Sub District Bireuen Dist. *J Healthc Technol Med*. 2021;7(2):975-84.
- Sugiyono. *Metode Penelitian Kuantitatif, Kualitatif, dan R&D*. 2nd ed. Sutopo, editor. Bandung: Alfabeta; 2019.
- Rahmawati L, Ningsih MP. Efektifitas Teknik Counter Pressure Dan Abdominal Lifting Terhadap Pengurangan Rasa Nyeri Pada Ibu Bersalin Kala I Fase Aktif Di Bpm Kota Padang. *J Med (Media Inf Kesehatan)*. 2019;6(2):217-24.
- Yohana Elsa Oktavia. Pengaruh Teknik Masase Counterpressure Untuk Mengurangi Rasa Nyeri Persalinan Pada Ibuinpartu Kala I Fase Aktif Klinik Pratama Niar Tahun 201825-7:1;2018. *ا. مجلة جامعة كركوك للدراسات الانسانية*.
- Tono SFN. Pengaruh Seduh Coklat Dan Pijat Countepressure Terhadap Penurunan Nyeri Persalinan Dan Kemajuan Dilatasi Serviks. *J Kebidanan*. 2020;9(1):31-7.

Satria M. Pengaruh Sebelum Dan Sesudah Dilakukan Pijat Punggung Teknik Conterpressure Terhadap Pengurangan Rasa Nyeri Ibu Bersalin Kala I Fase Aktif Di klinik bidan elviana. *Menara Ilmu*. 2018;XII(5):85-92.