International Journal of Public Health Excellence (IJPHE)

Vol. 1, No. 2, May 2022, pp. 179~183

Journal Homepage: https://ejournal.ipinternasional.com/index.php/ijphe

ISSN: 2809-9826, DOI: 10.55299/ijphe.v1i2.131

The Effect of Before and After Counterpressure Massage on Taste Reduction Pain of Maternal When the Phase I is Active at the Nurhasah Midwife Clinic

Mardiah

Akademi Kebidanan Langkat, Indonesia

Article Info

Article history:

Received March 13, 2022 Revised April 04, 2022 Accepted May 11, 2022

Corresponding Author:

Mardiah Akademi Kebidanan Langkat, Indonesia Email: mardiahimar1822@gmail.com

ABSTRACT

Labor pain is a major concern for every pregnant woman because if the pain is not resolved there will be an impact on the delivery process. Labor pain can result in loss of emotional control that leads to mood disorders. Nurhasanah Midwife Clinic is a midwifery clinic located in Tembung, a Delima midwife with an average birth rate of 10-20 people per month in one month. The type of research used by the researcher is an Experiment using a Quasy Experimental design with a pretest-posttest design approach, namely research that aims to explain something and the relationship between something and another from an event that occurs because of the results of the action. Consecutive sampling is a sampling method by selecting samples that meet the research criteria for a certain period of time so that the number of samples is met. The results of this study indicate that counterpressure massage technique is effective for reducing labor pain. Labor pain is a physiological thing that makes mothers feel pain and fear in the face of childbirth. One way to make the mother feel comfortable is to give a counterpressure massage technique during contractions. Counterpressure massage given to pregnant women during the active phase I will make the mother able to control pain without having to give excessive verbal responses and can reduce the use of therapy. Pharmacological agents that have side effects for both mother and fetus.

Keywords:

Massage Counterpressure, Maternity Pain, Phase I

This article is licensed under a <u>Creative Commons Attribution-ShareAlike 4.0 International License</u>.



1. INTRODUCTION

Labor pain is attention main for every woman pregnant because if it hurts no resolved will there is impact on the birth process. Labor pain can affect characteristics clinical a mother among them bulk heart, pressure blood, speed breathing, consumption oxygen and levels catecholamines, all of which could endanger good for mother and baby. Labor pain is also accompanied by fear, which is associated with with slow delivery process which causes height number operation **caesar** [5].

Who can reduce the pain experienced mother give birth during phase I active, one the solution is To do massage with technique *counterpressur* e. Massage form direct such as counterpressure is very effective for resolve painful back During childbirth. *Counterpressure* can resolve painful sharp and give sensation fun that fights no comfortable at the moment contraction or in between contraction. *Counterpressure* conducted use heel hand for massage area lumbar During contractions that can help reduce pain sensation and transmission impulse painful to brain. *Counterpressure* could conducted in position mother sleeping or position half sitting, appropriate with convenience mother [17].

Principle method this is reduce tension mother so that mother feel comfortable and relax face childbirth. Method this can also increase stamina for overcoming pain and not cause depression breathing in babies born

(Rejeki, 2011). A research conducted at Polindes Kembangringgit District Pungging Mojokerto Regency carried out on women in First stage of labor is obtained that 60% of pain primiparas consequence very strong uterine contractions, 30% pain moderate, 10% pain light. In multipara 45% pain great, 30% pain moderate, 25% pain light [7].

Because of Thing the seen that pain in stage 1 and problems consequence pain in mother maternity no light thing so that in the process of giving birth often conducted methods certain for overcome it. part big use drug certain for handle problem painful so that researcher feel need for see effective and efficient from massage counterpressure to mother give birth to in reduce pain 1st stage of labor until can Becomes reference addition for power health specifically midwife.

2. METHOD

Research used researcher is Experiment with use design get up Quasy Experiment with pretest-posttest design approach, namely research that aims to for explain something and relationship Among something with something other from something events that happened because results action (intervention) research) [10].

Study this done on the month January until May 2022. Place study conducted clinic midwife Nurhasanah Medan Tembung . Population in study this is whole mother who undergoes Phase I labor active on month january 2022 to with May 2022 at the Clinic Midwife Nurhasanah.

Sample According to Roscoe (1975) in book [3], for study experimental simple with strict experimental control, successful research is with size sample small between 10 to with 20. Based on the explanation above, then the amount used sample by researcher 15 mothers give birth during phase I active on month January until May 2022 at the Clinic Midwife Nurhasanah.

Retrieval technique sample on research this is with non-probability sampling in the form of consecutive sampling technique. Consecutive sampling is method taking sample conducted with choose sample that meets criteria study until period time certain so that amount sample fulfilled [9].

- a. Inpartum mother during phase I active with age pregnancy term (37-42 weeks)
- b. Age mother between 20-35 years old
- c. Fetus life single with presentation head
- d. Not experience disturbance skin or injury to the sacrum
- e. Ready Becomes respondent, can communicate with good and be in the clinic Midwife Nurhasanah Exclusion:
- a. maternity mother with disturbance contraction
- b. Maternity mothers who get acceleration or acceleration labor
- c. Maternity mothers who get therapy analgesic for reduce painful
- d. state mother and fetus who arrived arrive Becomes pathological
- e. Maternity mothers who experience drop awareness as well as state bad general _

3. RESULTS AND DISCUSSION

3.1. Results

Univariate Analysis

Pain Intensity Before conducted Counterpressure massage (Pre-Test) is known that amount respondents who experienced painful mild (1-3), pain moderate (4-6), and very severe pain (10) was no there is with percentage 0%. Whereas amount respondents who experienced painful weight (7-9) i.e. as many as 15 mothers maternity with percentage 100% and amount whole respondent as many as 15 people gave birth during phase I active.

Pain Intensity After conducted Counterpressure Massage (Post Test) is known that amount respondents who experienced painful light (1-3) as many as 2 respondents with percentage 10%. Amount respondents who experienced painful medium (4-6) as many as 16 respondents with percentage 80%. Amount respondents who experienced painful severe (7-9) as many as 2 respondents and the number of respondents who experienced very severe pain (10) is no there is or percentage 0%. Whereas amount whole respondent is 20 mothers give birth during phase I active. Bivariate before conducted massage, average pain labor of 8.3 with standard deviation of 0.657 and standard error 0.147 and minimum and maximum value is 7 to 9. While after conducted counterpressure massage, average pain labor becomes 5.1 with standard 1.210 and standard deviation error 0, 270 and minimum and maximum value is 3 to 7. Visible difference mean value between mean pain labor before conducted counterpressure massage and pain relief labor after conducted counterpressure massage is 3.2 (pain light) with standard deviation of 0.768 and standard error of 0.172. From result 95% confidence interval estimate that difference in mean pain childbirth before conducted counterpressure massage and after conducted massage *counterpressure* is between 2,841 (pain mild) to 3,559 (pain) light). Based on statistical test results obtained score probability (p) is 0.000. So could concluded that massage *counterpressure* effective in lower painful labor mother give birth during phase I active in clinic Midwife Nurhasanah.

3.2. Discussion

Univariate

Analysis A. Prior Pain Level conducted Counterpressure Massage in Maternity Phase I Phase Active Based on results study obtained average yield drop scale painful before conducted counterpressure massage for mom give birth during phase I active is 8.3 (pain weight) with standard deviation 0.657 and scale pain at least 7 (pain weight) and scale painful maximum 9 (pain) weight).

Before conducted counterpressure massage, pain childbirth that is felt by all respondent is painful heavy with score 7-9. Amount whole respondent is as many as 20 mothers give birth during phase I active. Respondents who experienced pain on a score of 8 (pain weight) as many as 10 respondents, then 8 respondents is at a score of 9 (pain weight) and 2 respondents is at a score of 7 (pain weight).

The pain experienced mother in labor is manifestation from there is a contraction muscle uterus and contractions. This is what causes pain in the waist, area stomach and creeps to direction thigh. Contraction this cause existence opening mouth womb (cervical) with existence opening cervix this so will occur childbirth [1].

Labor pain will the more increase because during the first stage of labor has reach uterine contractions with sufficient frequency, intensity and duration for produce flattening and dilating progressive cervix to occur delivery [22].

Labor pain could influence characteristics clinical a mother including rainfall heart, pressure blood, speed breathing, consumption oxygen and catecholamine levels, all of which could endanger good for mother and baby. Besides it hurts labor could result in loss control emotions leading to mood disorders. Labor pain is also accompanied by fear, which is associated with with slow delivery process which causes height number operation caesarean [7].

Handling painful in labor is Thing the main thing that must be considered by the giver care health moment give help childbirth. Helper maternity and mother maternity often forget for apply control techniques painful waist childbirth in the first stage so that mother experience pain great. This thing will cause mother maternity have experience poor delivery, experienced prolonged labor trauma and even by no direct could cause postpartum blues. Then it's very important for a helper labor for Fulfill needs mother will feel comfortable moment childbirth, one from needs the is control painful waist the most appropriate and effective delivery for him and need Support for apply these techniques during the delivery process [5].

B. Pain Level After conducted Counterpressure Massage in Maternity Phase I Phase Active. Based on results study obtained average yield decrease scale painful after conducted counterpressure massage for mom give birth during phase I active is of 5.1 (pain medium) with standard deviation 1.210 and scale pain at least 3 (pain light) and scale painful maximum 7 (pain) weight). After conducted counterpressure massage on 20 respondents, pain labor felt by respondents on average ranged from a score of 4-6 (pain moderate).

Respondents who experienced painful heavy with a score of 7 as many as 2 people, at a score of 6 (pain moderate) as many as 7 people, on a score of 5 (pain moderate) as many as 4 people, on a score of 4 (pain moderate) as many as 5 people and at a score of 3 (pain light) as many as 2 people. Massage form direct such as counterpressure is very effective for resolve painful back During childbirth. Counterpressure can resolve painful sharp and give sensation fun that fights no comfortable at the moment contraction or in between contraction Counterpressure done use heel hand for massage area lumbar During contractions that can help reduce pain sensation and transmission impulse painful to brain. Counterpressure can conducted in position mother sleeping or position half sitting, appropriate with convenience mother [7].

Principle method this is reduce tension mother so that mother feel comfortable and relax face childbirth. Method this can also increase stamina for overcoming pain and not cause depression breathing in babies born [12]. Based on research that has been done, after conducted counterpressure massage for mom give birth during phase I active occur drop intensity painful that is from painful heavy to painful medium. This thing in line with Research by Seri Pasongli, et al, at Manado Adventist Hospital in 2014 stated that: that paired t statistical test results show that before conducted intervention counterpressure technique, score painful Lowest is 9 (pain weight) and score highest is 10 (very severe pain), with standard deviation of 0.507 and the average value of 9.40 (pain weight). After intervention obtained score painful Lowest is 3 (pain) light) and score painful highest is 8 (pain weight), with standard deviation of 1.387 and the average value of is 4.93 (pain moderate). This thing show drop intensity painful before conducted counterpressure massage is painful weight and after conducted counterpressure massage to painful medium.

Bivariate Analysis

A. Influence Before and After conducted Massage Back

Counterpressure Technique Against Reduction of Pain in Maternity during Phase I Active Based on results study obtained results that the average (Mean) decrease intensity painful before conducted counterpressure massage is 8.3 (pain weight) with standard deviation of 0.657. Whereas after conducted counterpressure massage, obtained an average decrease intensity painful of 5.1 (pain medium) with standard deviation 1.210. Difference Among before conducted counterpressure massage and after conducted counterpressure massage is 3.2 (pain light) with standard deviation of 0.768. From result 95% confidence interval estimate that difference in mean pain labor before performed

counterpressure massage and after conducted counterpressure massage is between 2,841 (pain mild) to 3,559 (pain) light).

Based on statistical test results obtained p value = 0.000 and it is known that = 0.05, p this show p value more small from value of or p < . So that Ho is rejected and Ha is accepted with the meaning there influence before and after conducted massage back counterpressure technique against pain reduction _ mother give birth during phase I active at home Maternity Month Your Majesty Virgin. This result show that effective counterpressure massage conducted for lower intensity pain in mother give birth during phase I active.

Other related research about influence counterpressure massage for pain reduction is Leila Bikum 's 2015 research on the effect of counterpressure massage against level painful mother give birth during phase I active in BPM Ellok Eucharia Safitri Gedongkiwo Yogyakarta, obtained of 15 respondents in the group experiment , value before conducted counterpressure massage is by 93.3% or 14 respondents with average pain of 7.60 (pain weight) and after conducted counterpressure massage , experience painful currently as much as 73.3% or 11 respondents with average pain of 6.13 so that occur drop level painful childbirth .

While in the group control, intensity painful pretest delivery shows that level painful currently as much as 66.7% with an average pain of 6.47. On post test painful heavy as much as 93.3% with an average pain of 8.07 so that occur enhancement level pain in the mother during phase I active.

Based on study Pratiwi Diah , Etc year 2013 regarding the effectiveness of the counterpressure technique at Tidar Hospital Magelang , average rate painful labor mother who doesn't given counterpressure massage of 6.6 more big from given mother counterpressure massage with an average of 4.3 so that could concluded that mother who doesn't given counterpressure massage experienced average painful more high .

This thing in line with Gate control theory of Melzack and Wall (1965) in Potter & Perry (2005), propose that impulse painful could set or inhibited by the mechanism defense along system nerve center. Theory this say that impulse painful delivered moment a defense opened and impulse blocked moment a defense closed. Effort close defense the is base eliminating theory pain.

Mother who got massage During two twenty minute every hour for deep contraction labor will more free from pain. This thing caused because massage stimulate body for release functioning endorphins as pain relief and create _feeling comfortable. Massage this help mother feel fresher, relaxed, and comfortable in childbirth [15]. Massage counterpressure technique performed with give emphasis on source area painful waist felt childbirth so that could release tension muscle, reduce painful waist childbirth, facilitate circulation blood and finally cause relaxation. Counterpressure massage technique during labor will help resolve cramps in muscles, lowering pain, anxiety, speed up the labor process, eliminate voltage thigh muscles followed expansion of the pelvis due to relaxation of the muscles around the pelvis and make it easier baby down pass Street born, effective in help reduce pain _ waist childbirth and relative safe because almost no there is effect side effects [17].

Giving counterpressure massage can close gate message pain to be delivered to the spinal cord and brain, apart from that pressure strong on technique this can activate compound endorphins at the synapse cells nerve spine and brain, so that transmission from message painful could inhibited and causes a decreased status sensation pain [16].

Research results this show that massage effective counterpressure technique for reduce painful childbirth. Labor pain is Thing physiology that makes mother feel pain and fear in face childbirth. However, the condition the could handled with method bring mother enter condition relaxation. one method for make mother feel comfortable is with give massage counterpressure technique during contraction. Counterpressure massage given to mother give birth during phase I active, will make mother the could control painful without must give exaggerated verbal response as well as could reduce use therapy pharmacology that has effect side for mother nor fetus.

4. CONCLUSION

Based on results analysis and discussion, can taken conclusion as following: Average pain labor before conducted counterpressure massage is 8.3 (pain weight) with minimum value 7 (pain severe) to 9 (pain) weight). Average pain labor after conducted counterpressure massage is 5.1 (pain medium) with minimum value 3 (pain light) and value maximum 7 (pain weight). Occur drop intensity painful after conducted Viewed counterpressure massage from difference mean value between mean pain labor before conducted counterpressure massage and pain relief labor after conducted counterpressure massage that is of 3.2 (pain light) with minimum value 2.841 (pain mild) and a maximum value of 3,559 (pain light). Based on statistical test results using the T-Test test, obtained p value = 0.000 and it is known that = 0.05, p this show it p value more small from value of or p < So that Ho is rejected and Ha is accepted with the meaning there influence before and after conducted massage back counterpressure technique against pain reduction mother give birth during phase I active in clinic Midwife Nurhasanah .

ACKNOWLEDGEMENTS

Author thanks to all my team and my institution.

REFERENCES

- [1] Diah , Pratiwi , Etc. , 2013. The Effectiveness of Abdominal Lifting And Counter Pressure Techniques In Overcoming Labor Pain Phase Active When I At Home Sick General of the Tidar Region, Magelang City . Accessed October 2 , 2016. http://www.ojs.akbidylpp.ac.id/index.php/Prada/article/view/19
- [2] Fristiana , Erinda , 2015. Applications of Counterpressure Techniques Against Pain Reduction in Care Mrs. S's Nursing In Phase I Labor Active In Room VK
- [3] Sukoharjo Hospital . Accessed October 27, 2016. http://digilib.stikeskusumahusada.ac.id/files/disk1/17/01gdlheniekales-839-1-ktiheni-6.pdf.
- [4] JNPK-KR, 2008. Training Clinic Care Normal Delivery . Jakarta: USAID.
- [5] Kholisotin, 2010. The Effect of Counter Pressure Massage Technique on Back Pain Phase I Labor Active In Mothers Giving Birth at the health center Mergangsan Yogyakarta. Accessed October 27, 2016. http://jurnal.umy.ac.id/index.php/psn 2012010/article/view/1255.
- [6] Lailiyana, Etc., 2011. Upbringing Midwifery Labor. Jakarta: EGC.
- [7] M. Satria, 2018 Influence Before And After Conducted Massage Back of Counterpressure Technique Against Reduction of Pain in Maternity during Phase I Active In Clinic Midwife Elviana year 2017.
- [8] Pasongli , Seri, Etc. , 2014. The Effectiveness of Counterpressure Against Decrease Phase I Pain Intensity Active Normal Delivery at Home Manado Adventist Hospital . Accessed October 27 , 2016. http://ejurnal.poltekkesmanado.ac.id/index.php/jib/article/view/224/239.
- [9] Potter&Perry , 2005. Teaching Fundamental Nursing . Jakarta: EGC.
- [10] Prawirohardjo, Sarwono, 2010. Science Midwifery. Jakarta: PT Bina Pustaka.
- [11] Sustenance, Sri Etc., 2014. Pain in the First Stage of Labor Through Practice CounterPressure By Husband at hospital Soewondo Kendal. Accessed October 2, 2016. http://ejournal.keperawatanmaternitas.ac.id/index.php/JKS/article/pdf.
- [12] Rizqiana , Nur fitri , 2015. Application of Kneading and Counterpressure Techniques Against Decrease Pain Intensity In Care Nursing Mrs D With Phase I Labor Active In Room VK Sukoharjo Hospital. Accessed October 27 , 2016. http://digilib.stikeskusumahusada.ac.id/files/disk1/17/01gdlheniekales839-1-ktiheni-6.pdf
- [13] Rohani, Etc., 2011. Upbringing Midwifery During Childbirth Jakarta: Salemba Medika.
- [14] Simkin, Penny, et al., 2007. Complete Guide Pregnancy, Childbirth & Babies. Jakarta: Arcan.
- [15] Sunyoto, Danang, 2012. Biostatistics for Midwifery. Yogyakarta: Nuha medicine.
- Wahyuningsih, Marni, 2014. Effectiveness Aromatherapy Lavender and Massage Effluerage Against the [16] Level Pain in Phase I Phase Active in Primigravida at BPS of Labor Utami and Ponek Room at Karanganyar Hospital Accessed October 27 2016. http://repository.usu.ac.id/bitstream/12345678/27154/4/Chapter% 20II.pdf
- [17] Yulianti, Etc., 2009. Midwifery Care II Labor. Jakarta: Trans Info Media.
- [18] Zahra, Hartuti, 2011. Comfortable During Process Labor. Jakarta: Uba Press.
- [19] Siregar, Rahmah. (2021). Factors Related to Low Motivation of Motivation to Carry Baby / Baby to Posyandu. International Journal of Multidisciplinary Research and Analysis. 04. 10.47191/ijmra/v4-i6-11.
- [20] Suryani, Elvi & Harahap, Maryam & Siregar, Rahmah. (2022). The Relationship of Learning of ASKEB II Course Practicum Laboratory With the Achievement of Level II Students' Competence. International Journal of Public Health Excellence (IJPHE). 1. 105-109. 10.55299/ijphe.v1i2.41.
- [21] Siregar, Rahmah. (2022). Factors Which Influence Incident Hypertension on Pre-Elderly. International Journal of Public Health Excellence (IJPHE). 1. 117-121. 10.55299/ijphe.v1i2.66.
- [22] Harahap, Riska & Wulandari, Ratna & Nainggolan, Ramadhani. (2022). Effectiveness of Ginging Candy Against Nausea and Vomiting in Pregnant Mothers at The Joint Maternity Clinic North Padang Lawas District. International Journal of Public Health Excellence (IJPHE). 1. 152-156. 10.55299/ijphe.v1i2.115.
- [23] Siregar, Dewi. (2022). Counseling On Oxytocin Massage in Promoting Breast Milk For Breastfeeding Mothers in Bintuju Sub-District, Batang Angkola District, Selatan Tapanuli Regency Year 2022. International Journal of Community Service (IJCS). 1. 72-76. 10.55299/ijcs.v1i1.124.
- [24] Suryani, E., Harahap, M. L., Siregar, R. J., & Ihram Kurnia Agusta. (2022). The Relationship of Learning of ASKEB II Course Practicum Laboratory With the Achievement of Level II Students' Competence. *International Journal of Public Health Excellence (IJPHE)*, 1(2), 105–109. https://doi.org/10.55299/ijphe.v1i2.41
- [25] Riska Yanti Harahap, Ratna Wulandari, & Ramadhani Nainggolan. (2022). Effectiveness of Ginging Candy Against Nausea and Vomiting in Pregnant Mothers at The Joint Maternity Clinic North Padang Lawas District. *International Journal of Public Health Excellence (IJPHE)*, 1(2), 152–156. https://doi.org/10.55299/ijphe.v1i2.115