


The Influence of Finger Grip Relaxation on The Intensity of Perineal Wound Pain During Wound Treatment in Post Partum Mothers at Sundari Hospital

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Article Info	ABSTRACT
<p><i>Article history:</i></p> <p>Received May 10, 2023 Revised May 16, 2023 Accepted May 29, 2023</p> <hr/> <p><i>Corresponding Author:</i></p> <p>Lilis Pujiati Sekolah Tinggi Ilmu Kesehatan Flora, Indonesia Email: askanashakiyanisa@gmail.com</p>	<p>The delivery process often causes injuries and trauma to the uterine and vaginal areas. Especially those who do vaginal delivery. This wound can cause uncomfortable feelings and also quite severe pain when giving birth to pregnant women. And in order to reduce or overcome this pain, of course there are several ways that can be done to help pregnant women who are in labor so that pain can be overcome during labor. The purpose of this study was to find out and also obtain information and data on how the effect of holding finger relaxation can overcome and become the management of perineal wound pain in postpartum mothers for respondents or informants who control and deliver the process at the Sundari General Hospital. This study used pre and post test systems based on control of groups of respondents or informants in Sundari Public Hospital. In this study, there were 50 postpartum mothers who experienced perineal injuries. From this population the experimental group consisted of 25 people, while the control group also consisted of 25 respondents. For sampling using a purposive sampling technique where the research instrument will use an observation sheet with the NRS pain scale or Numerical Ra Scale as the data to be collected. The data collection will be analyzed using the Mann-Whitney system. And the effect of finger grip relaxation on perineal wound pain in postpartum mothers carried out at Sundari General Hospital can be an application process for mothers who are about to give birth to reduce pain.</p> <p><i>Keywords:</i> Pregnant Women, Pain, Relaxation</p> <p>This article is licensed under a Creative Commons Attribution-ShareAlike 4.0 International License..</p> <div style="text-align: center;"></div>

1. INTRODUCTION

The success of the world of health, especially maternal and child health, is considered successful in overcoming these problems in the world of health by looking at the MMR indicator or Maternal Mortality Rate. The MMR is one of the indicators that can show how the world of health is performing, especially in the maternal health sector in Indonesia. The decline in MMR has occurred from 1991 to 2015 which has fallen quite drastically. From 390 to 305 per 100 thousand live births. Even though there is a decreasing trend from year to year, the target of the MDGs is still not achieved where the target set is 102 per 100 thousand per live birth which must be achieved in 2015. The Maternal Mortality Rate was recorded 3 times when compared to the MDGs target [4]

Meanwhile in 2013, the Maternal Mortality Rate in Indonesia was caused by 3 aspects consisting of bleeding during the delivery process which reached 30.13% according to data from the Indonesian Ministry of Health. Then the second cause is hypertension or high blood pressure which can cause preeclampsia which occurs by 27.1%. The third cause is infection suffered by pregnant women of 7.3% based on data from the Ministry of Health. One of the other causes is prolonged parturition, which has increased from 2010 to 2012. In 2010, 1% of maternal mortality due to parturition was recorded. Then in 2011 it became 1.1%. And in 2012, it rose by 0.7% to 1.8% according to data from the Indonesian Ministry of Health.

The main cause of death for mothers undergoing childbirth is the average bleeding experience. In addition, hypertension and preeclampsia are in the next position which contributes to the Maternal Mortality Rate in Indonesia, especially in Sundari General Hospital. One of the postpartum hemorrhage itself is a spontaneous perineal rupture which always occurs in the first labor. However, it does not rule out the possibility that the next labor process will also rupture the perineum. The average error that occurs in the pushing technique when giving birth is one of the effects of perineal rupture on pregnant women. According to [2], the process of pushing when mothers who are in labor are pushing and lifting their buttock area will not be able to run optimally. So that the process of pushing cannot make the fetus come out of the vagina. This is what makes the perineum rupture, namely the area between the vagina and anus will experience excruciating pain.

Vaginal delivery is also one of the causes of injuries and pain in the birth canal area. It is noted that about 80% of labor processes are spontaneous and can cause injury to the perineal area. This wound occurs due to perineal tears that occur naturally and is also caused by indications for an episiotomy or vaginal cutting so that the delivery process runs smoothly. And usually done for the normal delivery process. Based on the narrative from [2], the perineal wound will cause pain and also discomfort during the delivery process as well as when completing the delivery process.

Pain management is one way that can be used to treat and also reduce the pain that occurs in pregnant women who have vaginal delivery. Pain management includes a comprehensive and not limited to pharmacological techniques alone. This is because pain also gets influence from the emotional side and also the response of each individual that is within themselves.

Pain management to help these pregnant women will use pharmacological techniques, namely techniques that use medication or analgesic processes to help pregnant women who give birth. In addition, the non-pharmacological process itself becomes an act of physical stimulation as well as cognitive behavior that has the potential to reduce the risks that occur to pregnant women.

Relaxation technique is one of the techniques that can be used and is a non-pharmacological technique so that it can help these pregnant women. This technique is used to reduce pain by relaxing the muscles in the body which are experiencing tension, causing tremendous pain according to [15]. And the way that can be used to reduce and reduce this pain is to do one of the techniques, namely finger grip relaxation which is believed to reduce the pain.

According to Liana's thoughts and research (2008), this finger-held relaxation technique is one of the relaxation techniques that is quite simple and also very easy for pregnant women to do. This technique is related to the fingers and also the flow of energy in the body. Unfortunately, not many do and apply this finger-held relaxation technique to reduce and suppress pain during labor. Both in clinics and health institutions, not many have applied this technique as a learning medium.

There are studies that provide evidence that this finger-held relaxation technique has a considerable effect on reducing pain in pregnant women. According to the thoughts of [11] that they mentioned that this relaxation technique can make pregnant women able to reduce and suppress pain. In addition, this technique can also be used as a way to control yourself when there is pain or discomfort, stress on the physical side and also the emotions that occur due to the pain.

Meanwhile, according to [7] states that research on the effect of hand-held relaxation techniques on changes in the pain scale of pregnant women and postoperative patients with sectio caesarea and or normal has significant results. The finger-held relaxation technique is able to change the pain scale of pregnant women who are in labor.

Meanwhile, Pinandita (2012) stated that research conducted on the effect of hand-held relaxation techniques on reducing pain and its intensity proved to be very effective. This technique was performed on postoperative patients where they were able to obtain data that finger grip relaxation techniques were very effective in reducing pain in these patients.

Literature Review

The post partum period is an event after birth where all the reproductive organs will return to their normal state when the mother is not pregnant. Changes in the reproductive system usually occur in the uterus where after the birth of the placenta, the uterus becomes a solid mass of tissue. The uterus will re-enter the pelvic cavity and the uterine fundus will be felt in the area halfway between the symphysis and the umbilicus. Then it will drop about 1 cm each day. While Lochia itself will occur pain intensity. Both

those born vaginally and also sectio caesarea. However, for post partum section caesarea experienced a fairly high intensity due to patient mobility.

Wounds that occur in postpartum and also in the perineal area itself are caused by injuries that are in the birth canal from spontaneous actions or episiotomies in the perineum rupture during the birth process. Perineal rupture itself is a wound that occurs causing the tissue to be damaged and irregular. And it can be caused by pushing from the baby's head and shoulders during normal or vaginal delivery. Besides that, the etiology of perineal rupture itself is caused by factors of pregnant women where precipitate parturition cannot be controlled, causing the wound. Then the inability of the patient to control the process of pushing.

Besides that, the factor of rushing labor with excessive fundus pushing, edema and fragility in the perineum is one of the causes. Another factor is the weakened perineal tissue as a result of vulvar varicosity and also the pubic arch and narrow pelvis, forcing the baby's head to point posteriorly. Episiotomy action can be one of the main causes. While from the baby or fetal side the cause is macrosomy, babies who have occipitoposterior position and also face presentation, deliveries with breech presentation, shoulder dystocia, forceps extraction which is quite difficult to congenital anomalies such as hydrocephalus that occur in babies can be one of the causes of perineal injuries or perineal rupture.

The degree or level of the perineal tear itself is also divided into several levels. According to Wagiyono and Putrono themselves, there are 4 levels of tearing or degrees of tearing which consist of:

1. First rate
This tear will occur which affects the skin, superficial tissue and also the affected muscle, even if it's only a little
2. Second Level
This second level of tear occurs by hitting the perineal skin layer tissue and also superficial to the part of the perineal muscle that is affected by the tear.
3. Third Level
This 3rd degree tear will affect the layers of the skin, superficial tissue and also the perineal muscles. In addition, the tear will affect the springer ani muscle, which is also torn during this delivery process.
4. Fourth Level
While this 4th degree tear will affect the superficial tissue, skin layers and also the perineum muscles and springer ani muscles. The rectal mucosa area is also one of the parts affected by the tear in the delivery process.

The degree or level of the perineal tear will of course lead to actions that can be taken to reduce the intensity of pain for pregnant women. And there are several actions that can be taken based on reference to the degree of tear level which consists of:

1. First Degree
No stitches are needed for pregnant women if there is no bleeding. And if the condition of the wound improves, then the stitching process is not necessary. Only mild treatment is needed.
2. Second degree
The stitching process must be carried out followed by the wound in the vaginal area and also the perineal skin will be closed by the tissue underneath.
3. Third and Fourth Degrees
The action taken is to repair the perineal laceration. And this action is only found in hospitals with complete facilities.

Episiotomy action is one of the actions taken to widen the birth canal so that the baby will be easy to come out. And the way to do this is by cutting the vaginal lining area where the tissue in the recvaginal septum area and the muscles and perineum to the foreskin will be cut to make it easier for the birth canal. This episiotomy becomes an incision in the perineal area which is usually done in order to facilitate the birth of the baby.

Ofcourse to do this step there are several indications. For indications for pregnant women themselves, an episiotomy is performed, including:

1. prophylactic
Namely protecting the integrity of the pelvic floor area
2. Stiff perineum
A stiff perineum and thick and muscular perineal tissue are one of the main considerations for performing the episiotomy.
3. Prevents irregular tearing

Prevent tears from becoming more regular so they don't extend into the rectum.

Meanwhile, indications for the baby or fetus itself to do the episiotomy are the following indications:

1. The condition of the fetus is in a premature condition when it is born so as not to cause trauma to the baby's head
2. Large babies or macrosomes need this action to make it easier for babies to be born
3. Abnormal positions such as face and buttocks presentation to occipitoposterior are one of these actions.

The actions taken during the birth process will of course take time for the wound to heal. And the physiology of wound healing itself consists of 3 phases consisting of:

1. Inflammatory Phase

This phase will occur when the wound occurs until the 5th day. These cut and severed blood vessels will cause a response from the body to perform vasoconstriction and retraction to hemostasis which is responsible for stopping the bleeding. With the occurrence of hemostasis caused by platelets that will be sticky when they exit through the blood vessels, it will clot the blood. And there is an inflammatory reaction in the process.

2. Proliferation Phase

This phase occurs on day 2 to 24. In this phase there will be tissue growth through 3 phases consisting of destructive, proliferative and also epithelialization. In this destructive stage, polymorph cells and macrophages will kill bad bacteria and clean the wound. And macrophages will stimulate fibroblasts which will produce collagen and elastin so that angiogenesis occurs.

3. Maturation Phase

This phase will begin on the 21st day until 1 to 2 years from the healing process. This phase is called the new skin strengthening phase. In this maturation phase, there will be a process of extracellular matrix synthesis, cell degradation to the remodeling process. The contraction that occurs between collagen and elastin will create pressure to the surface area of the skin. This phase will cause itching and also keloids that appear on the surface area of the skin.

In the process of childbirth, of course, pain will always appear. Pain itself is a subjective sensory and emotional experience that can cause damage to the body and also tissues that have the potential to be damaged. Pain is an emotional experience that is definitely not pleasant. This is determined by experience and also the emotional status of the individual.

Pain receptors themselves are part of the body's organs consisting of free nerve endings on the inside of the skin which have a role to provide a response or response to a strong stimulus. And this will receive pain stimuli. These pain receptors are also called nociceptors which are classified on body parts such as skin, somatic and also visceral areas. There are different locations which of course give different responses and pain sensations. There are 2 skin tissue receptor components consisting of Delta-A and Delta-C fibers.

While there are several factors that give influence such as mechanical factors, thermal factors as well as chemical and electrical. As for the theory of pain, there are several theories regarding pain which consist of:

1. Specificity Theory

This theory explains the course of pain originating from specific pain receptors that pass through neuroanatomic pathways to the brain. And these receptors will give a full response these types of stimuli.

2. pattern theory.

This theory will explain the pain caused by various kinds of sensory receptors. And these receptors will be stimulated in certain patterns. And the pain caused by the stimulation of these receptors will produce certain patterns of nerve impulses.

3. Pain control theory

The current theory is the theory of pain control which will explain the pain between when an impulse is blocked when the defense is closed. The balance that occurs from the activity of sensory neurons as well as descending control fibers will regulate the defense process.

4. Endogenous Opiate Theory

This theory is a relatively new theory of pain relief. This theory will explain substances such as opiates in the body that occur naturally and are called Endorphine. Receptors present in the brain match molecules present in morphine and heroin.

There are several classifications or categories for pain duration based on Andarmoyo (2013: 36-39). There are several classifications of disease and pain which consist of;

1. Acute pain
The classification for this pain is that it occurs after a fairly acute or severe injury and also a serious illness. In addition, surgical interventions that have masses of varying intensity in a short time, such as minor and severe injuries, are one of the characteristics of acute pain. The definition of acute pain is pain that appears for a few seconds to 6 months after the injury. And this pain has the function of giving a warning of the injuries and illnesses suffered. The pain will disappear by itself. But there are also those who need treatment.
2. Chronic pain
The second classification is chronic pain which is constant pain that persists in the body for some time. This constant or intermittent pain varies over time and usually lasts longer than 6 months. This pain is very difficult to treat because chronic pain does not respond to the treatment being carried out and also the cause. And there are 2 types of chronic pain categories consisting of:
 - a. Nonmalignant Pain
This pain will appear due to injury located in the tissue that is not progressive in the healing stage. The pain will appear and arise without any definite cause.
 - b. Malignant Pain
This pain is called cancer pain which has a clear and identifiable cause. Such as changes in the nerve area caused by cancer cell metastasis and also chemicals.

There are several factors that influence the perception and tolerance of pain. These factors include:

1. Factors that influence the perception of pain
Factors that can influence pain perception can be divided into several things, namely:
 - a. Age
Young people or children and adults have different developments and influences on pain perception. And of course the response to pain will be different too. At a young age or children, usually it will be quite difficult to express and interpret the pain that appears. Whereas in the elderly, they will also experience difficulties in interpretation due to complications of various diseases and also vague symptoms.
 - b. Gender
Gender also has an influence on the perception of pain that is received and interpreted. Women will usually be easier to interpret pain. It's different from men who will interpret it vaguely except for very intense pain.
 - c. Culture
Culture is also a factor influencing pain perception. There are some cultures that show aches and pains, it will show personal weakness. Practically sometimes there are some individuals or patients who do not interpret the pain they are suffering from.
 - d. anxiety
Anxiety can increase pain perception. The limbic system will control emotions and also anxiety so that it can influence emotional reactions to pain which can be better or worse.
 - e. Coping Mechanism
Patients who have an internal locus of control usually issue self-perceptions that can control the environment and also pain. Meanwhile, patients who have an external locus of control will issue other perceptions such as the nurse's responsibility for the pain they receive.
 - f. Tired
Fatigue and fatigue can reduce coping abilities in dealing with pain that patients get. Pain sensations can get worse if fatigue continues to hit.
2. Factors that influence pain tolerance
There are several factors that influence pain tolerance according to research from [16], which consist of:
 - a. Factors that increase pain tolerance include:
 - Hypnotic
 - Drug
 - Hot
 - Distraction
 - Friction
 - Movement
 - b. Factors that can reduce pain tolerance:

- Depression
 - Angry
 - Tired
 - anxiety
 - Chronic pain
3. Measurement of pain response
- There are several measurements of pain response that can be used, including:
- a. VDS or Verbal Descriptive Scale
VDS or Verbal Descriptive Scale is a method of measuring the level of pain that has an objective nature. This method is in the form of a line in which there are several descriptive sentences that are arranged at the same distance and are in the same line. These descriptive sentences will later be sorted based on no pain to severe or large pain. This scale will later be displayed to the patient to indicate the intensity of pain felt.
 - b. NRS or Numerical Rating Scale
This measurement is the standard use of this research. NRS or Numeric Rating Scale is a replacement method for VDS. This method will later measure the patient's pain level on a scale of 0 to 10. This 0 scale will mean that the patient does not feel pain. While a scale of 10 itself is the opposite where it is a marker for patients feeling very severe pain. The NRS scale is very effective for use in assessing pre- and post-therapeutic pain intensity in patients.
 - c. Visual Analog Scales
The Visual Analog Scale is a pain measurement method that uses a straight line which represents continuous pain and has a verbal description at each end. This analog scale will provide complete freedom for patients to express and describe the level of pain felt by these patients. This method is a measure of the level of pain that is sensitive and felt by the patient.
 - d. Oucher Self Report Pain Scale
This method is a measurement that uses facial images as a description to describe the patient's pain. And usually this method is used for children with an age range of 3 to 12 years. This aims to communicate easily with patients regarding the level of pain suffered by patients. The Oucher method has 2 sides which consist of the picture side and also the numbers. The side of the picture on the right is used for children who can't count yet. Meanwhile, the number side is on the left which is used for children who can count.

Perineal wound pain in post partum mothers, there are several types of pain that pregnant women can feel. What types of pain are commonly felt by post partum mothers? The following types of pain:

1. Physiological Pain
This pain occurs due to injuries to the perineum from rupture and also an episiotomy action that occurs due to certain indications. Women will experience healing in several stages. This physiological stage will later heal the wound starting from the inflammatory stage, to the healing stage which will result in pain.
2. Pathological Pain
This pathological pain in the perineum will indicate an infection which will usually appear on the 7th day. Infecting microorganisms will cause symptoms and signs that can increase pain. Especially when resting.

Pain in the perineum is of course very important to be muffled and also relieved. This can weaken the immune system, which requires effective pain relief to help in an optimal wound healing process. Such as improving sleep quality and also increasing mobility which can lead to positive feelings and also self-confidence. And do not forget also medical therapy that can reduce the pain.

2. METHODS

This research was carried out using the pre and post test method with a control group. The population of this study were post partum mothers who experienced injuries in the delivery process. And the total population is 50 people. The population will be divided into 2 groups, namely the experimental group which consists of 25 people and also the control group which consists of 25 people. Sampling in this study was purposive sampling. While the research instrument uses an observation sheet with a Numerical Rate Scale or NRS contained in the observation sheet which will measure the level of pain and also injuries that occur to the informant population and also respondents who occur in between.

3. RESULTS AND DISCUSSIONS

1. Univariate Results

Table 1. Experimental Group

Pain Scale	Experiment Group				Control Group			
	Pretest		Post Tests		Pre-Test		Post Tests	
	F	%	F	%	F	%	F	%
No Pain			8	32%				
Middle Pain			10	40%			7	36%
Moderate Pain	12	48%			14	56%	9	36%
Severe Pain								

It is known that the results of the pretest conducted in this experimental group who experienced pain or moderate pain were around 12 people or 48%. After the intervention, it was found that there was mild pain in around 10 people or 40% and no pain or little pain in about 8 people or 32%. Meanwhile, for the pretest control group, it was found that 14 people or 56% felt moderate pain. Then a post test was carried out without any intervention consisting of moderate pain around 9 people or 36% and mild pain around 7 people or 28%.

2. Bivariate Results

Table 2. Differences In Pain Scales

Group	Pretest		Posttest		Z Score	P
	Mean	Standard Deviation	Mean	Standard Deviation		
Experiment	4.07	1.03	0.67	0.61	-3.48	0.000

The data collection was obtained and it was also concluded that there were differences in pain scales that occurred in post partum pregnant women before and after receiving education and information about hand-held relaxation techniques in the experimental group. With the result $p < 0.05$.

While in the 3rd data it was found that there were differences in the pain scale obtained in the experimental group where there was a result of $p < 0.05$ after receiving education and also information about these relaxation techniques.

From the results of the research and also the collection of data obtained and carried out on post partum mothers at Sundari General Hospital, a data analysis was obtained which stated that the distribution of frequencies was quite a lot based on age and also the parity of the informants and respondent population, totaling 50 people, namely age 20 to 25 years and also aged 31 to 35 years which reached 38%. Meanwhile, in the age control group, there were quite a lot of mothers aged 25 to 30 years, which reached 70%. Then the most frequency distribution according to parity in the experimental and control groups is the second pregnancy. It was recorded that there were around 7 people or 14%.

While it is known that the results of the pretest in the experimental group that got moderate pain were recorded around 12 people or 48% of the total respondents in that group. And respondents who get mild pain are around 10 people or 40%. Meanwhile, for respondents who did not feel pain, around 8 people or 32% after getting the intervention in the experimental group.

In the control group during the pre-test, around 14 people or 56% of the respondents got moderate pain after the postpartum period. Then after the post test process without the intervention process, there were moderate pain around 9 people or 36% and mild pain reached 7 respondents or 28%.

From the data obtained and the resulting test, knowledge and information can be obtained that the pain scale of perineal wounds during the pretest and when carrying out the post test in the experimental group showed a difference with a p value of 0.000 or $p < 0.05$. The relaxation technique of holding your

fingers while taking deep breaths can actually reduce pain levels and also heal the physical and emotional tension of these pregnant women. This finger-held relaxation technique can warm up the exit points and also entry of energy in the meridian area, which is the path of energy in the body. And usually located from the fingers.

This process can later present a quite different effect. Namely the effect of stimulation spontaneously when done grip. Then the stimulus will flow and also walk towards the brain. Then it will proceed to be passed on to the nerves in the organs of the body that are being stimulated by pain or disturbance. With this technique, of course, it is hoped that it can provide energy channels and clear blockages in the body so that they can run smoothly and also the pain can be reduced quite a lot.

In this study, where there were 50 respondents and informants who took part in the research process, it was shown that there was a very significant difference in the pain scale before and after the hand-held relaxation technique was carried out in the experimental group area. This can be seen from the p value which recorded a number of 0.001 or $p < 0.05$. And these relaxation techniques have a role in the process of reducing pain. With this relaxation, feelings of anxiety, worry and fear which can cause muscles to become tense in post partum mothers after giving birth will make them more relaxed and avoid excessive anxiety. And of course the pain you feel will gradually improve and won't even be felt again.

From the results of the research tests that have been carried out, it was found that the perineal wound pain scale that occurred during the pretest and also posttest in the control group did not differ from the value of this p value of around 0.083 where the $p \text{ value} > 0.05$. In the control group there was no decrease in pain. This is because the control group was not given finger-held relaxation techniques. And there are several factors that cause and influence the level of pain which consists of:

1. Family environment
2. Age of pregnant woman
3. Fatigue
4. History of illness or pain
5. Trust
6. Culture
7. Personal problems
8. Support from the closest people

Pain may get worse if you get pressure from the family environment or the environment where the mother lives in an excessive way. For example, can't sleep and it's also noisy. The room light is too bright, causing insomnia and unable to sleep peacefully, loneliness and other factors that can increase anxiety. Fatigue suffered by pregnant women can also be one of the causes of higher or increased pain. There are many cases that are caused by fatigue then can sleep more peacefully.

The control group had no difference in the pain scale before and after the pretest and posttest. This is because the control group was not given education and information regarding pain management interventions such as pain relaxation techniques where relaxation can reduce tension on the physiological side and also emotions that can make patients able to control themselves when pain arrives. Physical stress and also discomfort can be one of the causes of higher pain during labor.

From the results of the Mann-Whitey test itself, it was found that the value of the p value was 0.000 or $p < 0.05$. This means that the effect of this finger-held relaxation technique on the value of the perineal wound pain scale in pregnant women is very significant. These results show that relaxation has a significant effect on reducing pain for post partum mothers. Relaxation itself is the physical and mental freedom that a person gets from individual tension and also the stress that hits the patient physically and emotionally. This can be a cognitive perception as well as an affective motivation to change someone. This relaxation technique can make the patient able to exercise self-control and also relieve pain and discomfort [11]

There are many types of relaxation techniques. One of them is the finger-held relaxation technique which is a relaxation technique that is quite simple, easy and also simple. Practically this technique can be done by anyone and at any time. This technique has a close relationship with the movement of the fingers and also the flow of energy in the human body. This relaxation technique is very easy to do and does not have a high risk. The easy way is that patients or pregnant women must focus on concentrating and also focus on thoughts to heal themselves and also try to reduce the pain that is obtained by exhaling air in the lungs.

When holding your finger, the next step that must be taken by mothers is to take a deep breath. This of course can reduce and also heal physical and emotional tension. This relaxation technique can warm up the exit points and also the entry of energy in the meridian areas or energy pathways in the body. And this

meridian point is in the finger area. So later it can give a spontaneous stimulating effect and can also be done by holding.

Based on research from [5] that this stimulus will later flow and also continue to walk towards the brain. Then it will continue to walk towards the nerves of the organs of the body. And the nerves that are addressed are the nerves from the organ that is experiencing interference. So that this energy path becomes smoother and removes blockages that occur in the blood and energy pathways in the body.

Another effect of the finger-held relaxation technique according to [10] is that this technique can help reduce pain intensity in post-laparotomy patients. And the results were quite surprising that the finger-held relaxation technique was very effective and useful as a way to reduce pain intensity for all patients who had just undergone surgery. In this study the results obtained from the p value is 0.000. Practically this shows that there is a difference in the intensity of pain that occurs before and after the use of the finger grip relaxation technique that occurs in postoperative patients.

Another study conducted was the study of [9] where this study emphasized finger-hand relaxation techniques to overcome the intensity of pain obtained after or after appendectomy surgery. From this study, it was found that the p value was 0.000 which showed that the implementation of the relaxation technique had a very high effect on reducing pain apart from the use of pharmacology.

The finger-held relaxation technique is indeed very effective and efficient to use in the treatment of pain experienced by post partum pregnant women. This technique is very easy to do and can also warm up the point areas on the fingers where the fingers become a source of energy that enters and leaves the body which will later be carried to the brain. This technique will provide a spontaneous arousal effect and can help patients to control themselves when experiencing severe pain. Apart from that, it can also reduce and heal the emotional and physical side that is tense and stressed due to illness. Likewise with unpleasant conditions after childbirth.

4. CONCLUSION

From the data that has been obtained, the results of this study can be concluded that most of the pain scales obtained during the pretest in this experimental group were 12 people or 48% of the total respondents with moderate pain experience. After the intervention was carried out in the study, it was found that 10 respondents experienced mild pain. While 8 people or respondents did not experience pain at all. As a percentage, it is obtained 40% for mild pain and 32% for no pain at all. While in the control group, in the pretest phase, around 14 respondents experienced moderate pain. Then after the post test was carried out without intervention, it was recorded that 9 people experienced moderate pain and 7 people experienced mild pain. From these data it can be seen that there are differences in the pain scale of perineal wounds pretest and also post test in the experimental group. The p value is around 0.083, namely $p > 0.05$. There was a significant influence on the pain scale that occurred between the experimental and control groups after being given education and information about finger grip relaxation. And after getting the post test without intervention, a p value of 0.000 was obtained, namely $p < 0.05$. The results of this research are expected to be a contribution and also a result of consideration for the creation of a Standard Operating Procedure or SOP which presents the effect of the finger grip technique on the pain scale obtained or received by post partum mothers. It is also hoped that this research can contribute and also be considered for educational institutions to include education to students regarding the effect of finger grip relaxation on the perineal wound pain scale in post partum mothers.

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