

Warm compresses Against Pain Giving Birth In Practice Independent Midwives HJ. Zurahmi 2019

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Abstract - The most tiring and severe time, and most pregnant women feel pain or pain during labor is the first phase of the latent phase and active phase. One method in reducing labor pain is a warm compress. The use of compresses is easier and more practical through procedures without having to undergo training. Warm compresses are roommates can vasodilating increase of the local temperature of the skin thereby increasing circulation to the tissues to reduce muscle spasms and reduce pain. This case study was carried out with the aim of giving Midwifery care to women by giving warm compresses and to determine the effect of warm compresses on pain. Case study method for women with childbirth pain, to overcome this problem, a warm compress is done. The final report is done at BPM HJ. Zurahmi York City, Midwifery care for women with back pain was done 8 times of care for 1 day on July 5, 2019. After Midwifery care of 8 times for patients, the results obtained in the last study were back pain experienced by mothers can be reduced and resolved. It is hoped that it can become an entry for BPM in the management of labor pain in the first stage of the latent and active phases the which can be applied at the BPM by using a warm compress.

Keywords : Maternity, Warm Compress, Labor Pain

1. Introduction

Every woman has a unique birth experience, including the experience of pain during labor and how to overcome them. Experiences vary greatly in terms of pain or physical and psychological aspects and every woman's response to pain are very different (Setyowati, 2018).

Severe pain can increase fear and anxiety of the mother. Their fear and anxiety will stimulate the sympathetic nervous activity that increased catecholamine secretion. Stimulates catecholamine receptors alpha and beta that affects the blood vessels of the uterus and the rise in uterine muscle tone. This effect lowers uterine blood flow that will improve maternal blood pressure (Setyowati, 2018).

One method of reducing labor pain is a warm compress. The use of compress more easily and practically through the procedure without training. Warm compresses are vasodilation can increase the local temperature of the skin increases circulation on the network to process reduces muscle spasms and reduce pain. Cold compresses are vasokontraksi useful to reduce swelling, and soothes the skin (Spiritual, Saswita, and Marisah, 2011)

The results of the study (Manurung et al., 2013) suggests that there is the influence of a warm compress therapy to the reduction and prevention of significant scaling up delivery after treated for 20 minutes were given a warm compress therapy. Yani & Khasanah Research, (2012) where the results showed that out of eight respondents, mostly by 5 respondents (62.5%) feel comfortable after being given a warm compress, while three respondents (37.5) of the first stage of labor in partu mother phase active uncomfortable after being given a warm compress.

The aim of this care is to perform midwifery care using Hanga compress to relieve pain during childbirth,

2. Method

The method used is a case study with reference to midwifery care at birth mothers. This case study illustrates midwifery care at birth mothers using warm compresses to reduce the pain experienced by the mother during delivery.

3. Result

a. First visit

The study was conducted on July 5, 2019. Studies conducted in BPM Intranatal Hj. Zurahmi. From the results of Subjective Data: Mother says 23-year old housewife working as this is the first pregnancy mother said HPHT: 25/09/2018, complained of back pain radiating to the placenta, mucus mixed with blood and water pumped out of the way born since 18:00 pm.

In prngumpulan Objective Data: The general state of good mother and awareness composmentis, Blood pressure: 120/80 mmHg, respiratory: 20x / min, pulse: 80x / min, temperature: 36,50C, Weight Before Pregnancy: 49 Kg, Weight Now : 55 kg, height: 152 cm, abdominal examination: palpation results as follows: at the bottom of the mother's abdomen palpable round, hard and bouncy, namely the head of the fetus. Fetal head is in contact with the PAP, Leopold IV: Divergent, TFU 30 cm, Fetal heart rate: 156x / min, the interpretation of fetal weight (30-11) x 155 = 2945 grams, His 3x within a 10 minute frequency of 40 seconds, VT opening 3 cm, the lower portion of thin, soft, colored clear rupture of membranes, cephalic presentation.

Perform midwifery care to give informed consent to the mother for giving a warm compress to reduce the pain of childbirth mother. Pain that mothers feel is something physiological or natural thing happened on maternity for their uterine contractions, cervical dilation and thinning, as well as a decrease in the fetus during labor. Tell the mother to breathing relaxation techniques, do a warm compress on her back also can reduce pain. Because of warm compresses this provides a sense of warmth to meet the needs of a sense of comfort, reduce or eliminate pain, and mempelancar bloodstream. The technique, fill the pot with warm water that has been provided. Position mother in a state of lying tilted left or to right as comfortable as a mother, but it is advisable to tilt left, put the jar which is already filled with warm water and wrapped in a towel and then placed on the lower back mothers who feel pain, and keep your hands backward to hold the bladder bag for 20 minutes. And teach the husband or family to perform compression techniques have been warm for 20 minutes. At the time the mother said pengompresaan feel comfortable and pain was reduced when in a warm compress on the lower back of the mother.

4. Discussion

In the implementation of midwifery care is, subjective data found in this study seemed to theory invented by (Sondakh, 2013) in which subjective data are included information about the mother said she was 23 years old, the mother complained of back pain that radiates keari-ari, the mother can shows the location of back pain is the lower back so that the final assessment of the capital said the pain had subsided and she can show facial pain on a scale that has been provided, the mother said the pain has been reduced to a mild scale with grades 1-3. According to (Rukiah, Yulianti, Maemunah, & Susilawati 2009) pain is that bad taste is subjective due to the stimulation of specialized nerve endings. During labor and vaginal birth, the pain caused by uterine contractions, cervical dilation, and distension of the perineum. Objective data documenting the results illustrate the client's physical examination, laboratory results, and other diagnostic tests as defined in the data focus on supporting care (Sondakh, 2013). Objective data found in this study is the general state of good mother, awareness composmentis, BP: 120/80 mmHg, N: 80 x / m, R: 20 x / m, s: 36,50C, hisnya 3x within a 10 minute frequency 40 second, VT 3 cm lower portion of thin, soft, amniotic (-), FHR 156 x / min. On physical examination, the authors did not find the gap between theory and cases. The figures are not much different from the theory described by (Eniyati & Daughter, 2012) that the vital signs within normal limits blood pressure ranges from 110/70 mm Hg-120/80 mmHg, pulse 60-80 x / minute, respiratory 19-24 x / min. Assasment in this case in line with the theory according to (Scientific, 2015) that the diagnosis is made berdasarkan documenting the results of the data analysis and interpretation of subjective and objective in an identification that diagnosis / problem, anticipate potential problems and the need for immediate action by the midwife or doctor. Diagnosis can be

established in midwifery care is G1PoA0Ho gestational age of 37 weeks and 6 days, when the first phase of latent inpartu with labor pain. The fetus is alive, single, intaruterin, cephalic presentation, k / u fetal better Results in this study found the mother mengalami pembukaan very fast from the opening 3 at 18:00 pm to complete opening at 21:00 am, it was concluded the mother went into labor Precipitate. According to (Oxorn & Forte, 2010) Precipitate confinement lasts 3 hours. In some cases, amplitude exceeding 50 be the cause of a quick delivery. However, in most cases, the main factors that cause the baby easily through the pelvis is the lack of detention on maternal tissue. Danger of quick delivery as maternal tissue lacerations, cerebral hemorrhage, brain damage to the fetus and asphyxia due to disturbances in placental circulation, but there are also risks to the mother and the child is not greater than the average labor. According to (Sondakh, 2013) describes the documentation of action planning and evaluation planning, implementation based on subjective data collection, objective, and assessment suit the patient's needs. Planning in this case the authors provide health education about labor pain, so to cope with labor pain, the writer tries to give warm compresses to reduce pain. According to (Fitrianingsih & Wandani, 2018) pain is the most dominant in the first stage of labor. The pain of childbirth that can cause stress, causes the release of hormones such as catecholamines and steroids. Excessive secretion of hormones will cause uteroplacental circulation, causing fetal hypoxia. Treatment to control labor pain with non-pharmacological method that is warm compresses. According to (Rahman et al., 2017) that a warm compress therapy is an action taken to give a warm compress to meet the needs of a sense of comfort, reduce or relieve pain, reduce or prevent muscle spasms and provide a sense of warmth, cozy, and quiet on the client. Warm compresses can be done in various media, one media used is to use warm pot. The temperature of water used range 37-40oC and duration of use 20 minutes. According Manurung 2011 in (Wulandari et al., 2012) warm compresses therapy is one of labor pain management therapy in addition to other alternative therapies such as administration psikoedukasional, biofeedback therapy, therapy endorphan, gate control and sensory transformation. kemberian warm compresses on the area of the body will give a signal to the hypothalamus through the spinal cord. When the heat-sensitive receptors in the hypothalamus is stimulated, secrete effector system signals start sweating and peripheral vasodilation. Changes in blood vessel size will mempelancar circulation oxygenation prevent muscle spasms, giving a sense of warmth to make the muscles relax the body and decrease pain. Given warm water compress on the lower back of the head where women diarea compresses the spinal cord to reduce pain, heat will increase the circulation area so that repair tissue anoxia caused by pressure (Yani & Khasanah, 2012). The author provides 8 times the care which every one time the care is given for 15-20 minutes. In the care of the latter on the date of July 5, 2019 at 20:45 mothers said that they experienced back pain has begun to wane and the author invites families to participate. Given warm water compress on the lower back of the head where women diarea compresses the spinal cord to reduce pain, heat will increase the circulation area so that repair tissue anoxia caused by pressure (Yani & Khasanah, 2012). The author provides 8 times the care which every one time the care is given for 15-20 minutes. In the care of the latter on the date of July 5, 2019 at 20:45 mothers said that they experienced back pain has begun to wane and the author invites families to participate. Given warm water compress on the lower back of the head where women diarea compresses the spinal cord to reduce pain, heat will increase the circulation area so that repair tissue anoxia caused by pressure (Yani & Khasanah, 2012). The author provides 8 times the care which every one time the care is given for 15-20 minutes. In the care of the latter on the date of July 5, 2019 at 20:45 mothers said that they experienced back pain has begun to wane and the author invites families to participate. The author provides 8 times the care which every one time the care is given for 15-20 minutes. In the care of the latter on the date of July 5, 2019 at 20:45 mothers said that they experienced back pain has begun to wane and the author invites families to participate.

5. Conclusion

In action Managing cases have been granted in accordance with the complaint and the patient, and the patient has to make and receive advice that has been given. And after the administration of

midwifery care with warm compresses for 20 minutes to a patient, the results obtained are labor pain experienced by the mother can be reduced by up to a scale of 1-3. Are not expected to be entered for BPM in the first stage of labor pain management latent phase and an active phase that can be applied in BPM using warm compresses. Expected care activities carried out by the author can add references to the documentation of midwifery in her special maternity warm compresses technique to reduce the pain of childbirth so that students can make midwifery care documentation is properly and correctly.

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