



RESEARCH ARTICLE

URL of this article: <http://heanoti.com/index.php/hn/article/view/hn1407>**Effleurage Technical Applications As The Management Of Pain Labor In Bidan Praktik Mandiri Tembalang District****Dyah Ayu Wulandari*, Vita Triani Adhi Putri***

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ABSTRACT

Childbirth is the process of getting the baby out with the contractions of the mother's uterus (Depkes RI,2007). One of the most effective methods used to reduce labor pain is with massage which is one of the nonpharmacological methods performed to reduce labor pain. Midwives have an enormous stake in reducing nonpharmacological pain. Interventions included in the nonpharmacology approach are psychological analgesia performed since early pregnancy, relaxation, massage, kuteneus stimulation, aroma therapy, hypnosis, acupuncture and yoga (Gadysa, 2009). The purpose of this study was to determine the effectiveness of effleurage techniques in reducing labor pain in maternal mothers at Bidan Praktik Mandiri Tembalang District. This research was a quasi-experimental research of pre-post test with control group design (Arikunto, 2009). The subject of this research was 30 maternal mother in Tembalang District selected by purposive sampling technique. Data were collecting using checklist. The analysis used T Test. The result showed there was effect of massage effleurage on the decrease of labor pain at Bidan Praktik Mandiri Tembalang District.

Keywords: Effleurage technique, Management of pain maternal labor

INTRODUCTION

Background

Childbirth is the process of getting the baby out with the contractions of the mother's uterus (Depkes RI,2007). During labor, the uterus contracts and pushes the baby down to the cervix. This push opens the cervix. After the cervix reaches the complete opening, the contraction will move the baby down and out. During the first stage of labor, pain is primarily experienced by stimulation of nociceptors in the adnexa, uterus, and pelvic ligaments. Many studies support that the first stage of labor pain is due to cervical dilatation and lower uterine segment, with advanced distension, stretching, and trauma to the muscle fibers and ligaments supporting this structure (Simkin, 2007).

Stretching of muscle has been shown to be a stimulus in visceral pain. The intensity of pain experienced in contractions is associated with the degree and speed of cervical dilatation and lower uterine segment. Intensity and time of pain are associated with the formation of intrauterine pressure that increases the dilatation of the structure. At the early of labor, pain is felt approximately 20 seconds after uterine contractions. In subsequent labor, there is a faster formation of pressure which results in a minimal delay time before any pain perception (Patree, 2007).

One of the most effective methods used to reduce labor pain is with massage which is one of the nonpharmacological methods performed to reduce labor pain. Midwives have an enormous stake in reducing nonpharmacological pain. Interventions included in the nonpharmacology approach are psychological analgesia performed since early pregnancy, relaxation, massage, kuteneus stimulation, aroma therapy, hypnosis, acupuncture and yoga (Gadysa, 2009).

Studies conducted by the National Birthday Trust of 1000 women show that 90% of women feel the benefits of relaxation and massage to relieve pain during labor. Two studies show that massage can benefit both pregnant women and labor women. Women who get regular massage during pregnancy experience decreased anxiety, decreased back pain, and can sleep more soundly than women who do not get a massage. The group receiving the massage also has fewer complications in labor and has fewer levels of stress hormones. Women

who received massage during labor experienced less anxiety, pain reduction, and shorter labor time (Schott and Priest 2002)

Purpose

The purpose of this study was to determine the effectiveness of effleurage techniques in reducing labor pain in maternal mothers at Bidan Praktik Mandiri Tembalang District.

METHODS

This research was a quasi-experimental research of pre-post test with control group design. The pretest-posttest approach with control group design was used to see the effect of treatment through the difference between the intervention group and the control group (Arikunto, 2009). Population in this research was maternity in Bidan Praktik mandiri in Area Tembalang District. Sample was selected by purposive sampling technique. The sample was divided into two groups the treatment group and the control group. Data about labor pain were collected using checklist, then analyzed by Paired T-test and Independent T-test.

RESULTS

Table 1. Differences of Pain Levels in The Control Group Before and After Treatment at Bidan Praktik Mandiri Tembalang District

Variables	Mean	P value
Before treatment	81.33	0.001
After treatment	72.00	

Table 1 in the control group showed that the mean before treatment was given 81.33 and after being treated 72.00, with p value 0.001, so it can be concluded that there is a differences in pain levels in the control group before and after treatment at Bidan Praktik Mandiri Tembalang District.

Table 2. Difference of Pain Level in Treatment Group Before and After Treatment at Bidan Praktik Mandiri Tembalang District

Variables	Mean	P value
Before treatment	84.00	0.001
After treatment	60.00	

Table 2 in the control group showed that the mean before treatment was given 84.00 and after being treated 60.00, with p value 0.001, so it can be concluded that there is a differences in pain levels in the treatment group before and after treatment at Bidan Praktik Mandiri Tembalang District.

Table 3. The Effectiveness of Effleurage Techniques in Reducing Labor Pain at Bidan Praktik Mandiri Tembalang District

Variables	Mean	P value
Treatment group	60.00	0.011
Control group	72.00	

Table 3 shows the mean in the treatment group with massage effleurage 60.00 and mean in the control group 72.00, with p value 0.011, so it can be concluded that there is effect of massage effleurage to decrease labor pain at Bidan Praktik Mandiri Tembalang District.

DISCUSSION

According to the theory that labor pain occurs due to cervical dilatation and lower uterine segment, with further distension, stretching, and trauma to the muscle fibers and ligaments supporting this structure (Patree, 2007).

The result showed there is a differences in pain levels in the control group before and after treatment, there is a differences in pain levels in the treatment group before and after treatment and there is effect of massage effleurage to decrease labor pain at Bidan Praktik Mandiri Tembalang District.

According to theory Non-pharmacological pain control methods are important because they do not harm the mother or the fetus, do not delay labor if given strong pain control, and have no allergic effects or drug effects. The nonpharmacology method is divided into three interacting components that influence the response to Melzack's pain, the motivational-affective strategy (the central interpretation of the message in the box influenced by the feelings, memories, experiences and cultures of a person), cognitive-evaluative (interpretation of the message pain that is influenced by knowledge, a person's attention, the use of cognitive strategies and cognitive evaluation of the situation) and sensory-discriminatory (notice of information on the brain according to physical sensation) (Gadysa, 2009).

At the start of labor, the masseuse can use both palms to press both sides of the back from the shoulders down with rhythmic movements, up and down. The old and slow massage will feel good. Make sure the masseuse uses all parts of the palm of his hand. His fingers must touch the body so feel the tension there. In advanced stages, the masseuse uses his hands to massage strongly at the base of the spine (Danuatmadja and Meiliasari, 2004).

CONCLUSION

Based on the results could be concluded that there is the effect of massage effleurage to decrease labor pain at Bidan Praktik Mandiri Tembalang District.

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