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The Influence of Massage Counterpressure on Pain Rate Reduction in First Stage Active Phase Labor Process

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ABSTRACT

Keywords:

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Background: Birth pain is a physiological condition derived from uterine contraction and cervical dilation that can affect the mother's condition of fatigue and stress. As the mother's uterine contraction increases, the pain in her back will grow stronger. One effective massage technique that eliminates back pain from delivery by Danuatmaja and Meilasari (2008). Is counterpressure on the decrease of pain level at the first stage of labor in PMB Ety Supratiningsih Rahayu Zubaidah, SST Desa Menturo Kecamatan Sumobito Kabupaten Jombang year 2017

Methods: Research using design of Quasy Experimental Design method with Non Equivalent Control Group approach with total sampling sampling 15 respondents with instrument of Bourbonnais pain scale and pain observation sheet with analysis test *Mann-Whitney U-Test* $\alpha=0,05$.

Results: Result of research of calculation of Mann-Whitney U-Test correlation with trust level $\alpha=0,05$ got price $Z=-2,725 < Z$ table with Asymp sig: $0,006 < 0,05$. Thus H_1 is accepted, then there is the effect of counterpressure massage on the decrease of pain tingkat in the process of labor stage I active phase in PMB Ety Supartiningsih Rahayu Zubaidah, Mentoro Village Sumobito Subdistrict Jombang District.

Conclusions: There is influence of counterpressure massage to the decrease of pain tingkat at labor process of I phase active phase. Suggestions As a reference of health practitioners to provide maternal knowledge about the benefits of counterpressure massage to the decrease of pain level in labor process I active phase, and should be done according to the condition of the client with the previous good approach

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I. INTRODUCTION

Physiologically, labor pain can occur in the first and second stage of labor (Mhadi (2009) in Andarmoyo and Suharti (2013)). The first stage of labor pain is caused by a stimulus delivered through the nerves in the cervix (cervix) and the uterus or lower uterus. This pain is a visceral pain that comes from uterine contractions and adnexa. The intensity of the pain relates to the forces of contraction and the pressure generated. Pain will increase in the presence of isometric contraction in the uterus that resist resistance by the cervix or uterus and perineum. And strong uterine contractions are a source of strong pain.

The sensitivity of perceived maternal pain may be eliminated by pharmacological approach and non-pharmacological approach. The non-pharmacological approach can be done by providing the presence of other people, especially the husband or family to accompany the maternity mother. Secondly, with relaxation and distraction to reduce stress and anxiety. Third, giving position changes, including ambulation, has been associated with better use of less pain medication, more effective contractions, and greater maternal control. Fourth is the use of local hot and cold compresses that stimulate neurons that block the transmission of further excitatory pain and cause vasodilation and increased blood flow to the area. While giving cold compresses decreases discomfort by reducing the sensitivity of the skin and superficial muscles by sensory stimuli and by reducing inflammation and stiffness. And the last and still rarely applied is massage techniques or massage. (Myles, 2011)

There is no right way to explain how much pain the mother may feel. But the severity of the pain is the most subjective thing felt by the sufferer and can be described using a scale of pain that is of a quantity. The most commonly used pain scale in assessing the degree of pain according to Judha (2012) is the scale of Bourbonnais pain

Based on preliminary study at PMB Etty Supratiningsih Rahayu Zubaidah, SST Mentoro Village Sumobito Subdistrict Jombang District on Desember 03, 2016 obtained data 5 normal spontaneous maternity, 2 mothers with spontaneous referral t, pain management performed in the from of relaxation methods appropriate Normal Birth Attendance. So with the above phenomenon, the authors want to take the title of the influence of massage counterpressure to decrease the level of pain in labor stage I active phase in PMB Etty Supratiningsih Rahayu Zubaidah, SST Mentoro Village Sumobito District Jombang Regency in 2017.

II. LITERACY

Concept of Massage Counterpressure

Strong massage technique or counterpressure is done by placing the heel of the hand or also use a tennis baal, baal pressure can be given in a straight movement or a small circle. Step perform massage counterpressure by Liberman (2012) is applying pressure on the sacrum area on a steady basis with the base of the fist of one hand when there is a contraction for 30 minutes. The counterpressure massage execution procedure is as follows.

Preparation Phase

Equipment and materials in the form of massage therapist who will perform counterpressure stage orientation.

Greetings, maintaining patient privacy by closing doors and windows, describes procedures counterpressures massage and usefulness, as well as informed consent.

Therapist wash hand, positioning clients as comfortable as possible, and start doing massage counterpressure. Massage counterpressure do in sacral mother steadily by using the base of one hand therapist when the mother had contracted for 30 minutes. Counterpressure massage movements can be done in a circular motion which can be seen.

Concept of Level Of Pain

Level severity of pain a subjective thing that is felt by the patients and can be described using a pain scale that are quantity. Pain scale is most often used in assessing the degree of pain a person under Judha (2012) is pain scale can be Drawn Bourbonnais .

Information :

The larger the value, the more severe the pain intensity

Scale 0 = No pain

Scala 1-3 = mild pain

Scala 4-6 = moderate pain

Scala 7-9 = severe pain

Scala 10 = very severe pain (frantic, uncontrolled)

Concept Labor

The delivery process is divided process is divided into three stages namely, first, the cervix opens and this as a result of the contraction of the uterus, the second stage of the process of spending a baby vaginally, and the third stage is the process of expulsion of the placenta (Capogna, 2015). According Kuswatu and Meina (2014) and sulistyawati (2010) stage of labor is divided into 4 phases / time that is stage I, stage II, Stage III, and stage IV. In the first stage of cervical dilatation open until 10 cm

III. METHOD

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This study uses a quasi-experimental design approach to pre and post test to analyze the influence of the effect of massage counterpressure to decrease the level of pain in the active phase of the first stage of labor.

IV. RESULT

Effect of massage counterpressure against the decline rate of pain at the first stage of phase active labor after the data were analyzed using the mann-whitney test values obtained significancy 0,006 when the post-test, which means that the value of $P < 0,05$ and statistically counterpressure massage is effective in lowering the level of pain in birth mother. Respondents in this study to intervensi, On the pretes was conducted to identify the intensity of labor pain using a visual pain scale according to Bourbannais and the recorded in the observation sheet. Selection of respondents in the researchers took the 15 respondents with a pain scale of each five respondents mild pain, 5 respondents moderate pain, severe pain and 5 respondents in order to control the occurrence of bias. Giving massage counterpressure every time the mother had contracted for 30 minutes in the first stage of the active phase. After counterpressure massage for 30 minutes, back pain level measurement (post_test) to determine changes in the level of pain. The results of post-test consisted of live respondents had mild pain(3,3%), 8 respondent experiencing moderate pain(53,3%) and 2 respondents experiencing severe pain (5,5 %). This suggest that effective counterpressure massage in reducing maternal pain.

The theory underlying the decline in the level of pain using massage counterpressure this is the theory of gate control of Melzack and wall (1965) in Padila (2014) and Andarmoyo (2013) which states that during labor, travel pain impulses from the uterus along the fibers of neural small (fibers C) on the part of ascending to the substantia gelatinous on the spinal column. Cells then deliver the stimulation of pain to the pain the brain. Tactile stimulation such as massage can produse the opposite massage that delivers all the largest and fastest growing neureal fibers (A0 delta fibers). (Padila, 2014).

In this study, there are some characteristics of respondents who also supports the effect of counterpressure massage to decrease pain levels of maternal, namely respondents age culter, experience of labor and birth companion. The first characteristic is the age of the respondents, the majority of respondents have lifespan of between 20-35 years with a total of 12 respondents (80%). According to mubarok (2007) is a hallmark of the age of physical maturity and the maturity of personality closely associated with decision-making and one's perception of something. In this study, the respondents included in the group of age. In addition to the age of respondents already quite mature, based on cultural factors. Other factors that support. According judha (2012) cultural socialization determines a person's psychological behavior.. Beliefs and cultural values affect the way individuals cope with pain. Individuals learn what to expect and what is acceptable of respondents also support the reduction of maternal pain. In this study, most respondents are primiparas. This also support the reduction of maternal pain. In this study, most respondents are primiparas. This means that even more respondents with primiparous but not entirely decreased levels of pain these respondents are influenced by the lack of experience of childbirth. Under the escort of factors have been accompanied by a large part of the husband. Facilitation of labor is associated with the support of someone by giving attention to improving the transfer of pain response (Judha 2012). In other words a;though the labor pain is felt by the respondents, but the presence of a significant person (husband) for respondents to minimize loneliness and fear. So that the perception of pain would be reduced.

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