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MIDWIFERY CARE FOR WOMEN WITH LABOR PAIN USING THE ACUPRESSURE METHOD IN BPM JUMITA, SST, M.Kes BENGKULU CITY

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ABSTRACT

The discomfort and pain during labor and the puerperium is unique in that it differs from other pains in that it is part of a normal process whereas, other pain follows a pathological condition. Pain response can be seen from changes in attitude, anxiety, moaning, crying and even roaring. Acupressure therapy is believed to be able to physically calm down, stimulate endorphins, which in turn can reduce the scale of labor and puerperal pain. The purpose of this case study report is to provide Maternity Nursing Care for Mrs R, 31 years old G4P2A1, 40-41 weeks of gestation with pain using the acupressure method at BPM Jumita, SST, M.kes, Bengkulu city with midwifery management according to Varney. In the preparation of this case study report using descriptive methods, namely by disclosing facts in accordance with the data obtained. From the assessment, it was found that the results of the mother gave birth at 40-41 weeks of gestation, giving acupressure therapy at the 1st stage of the opening of 6 cm of pain before being given therapy on a scale of 5 after treatment, in the first treatment when the opening was 6 cm, the pain that the mother felt was on the scale. 5, after treatment it becomes 3.Second when the opening is 8 cm, the pain that the mother feels is on a scale of 8, after treatment becomes 6.The third is during the 2 hour postpartum pain that the mother feels on a scale of 4 after treatment becomes 2. The conclusion is that there is a decrease in pain scale after acupressure therapy is given. It is hoped that health workers, especially midwives, are able to reduce AKI and AKB by reducing complications that occur in pregnant women, and applying non-pharmacological therapies that do not endanger the mother in providing care.

Keywords : Pain, Labor, Akupresur

INTRODUCTION

About 810 women die from complications of pregnancy or childbirth worldwide every day. In 2017, approximately 295,000 women died during and after pregnancy and childbirth (WHO, 2019).

The Indonesian Health Demographic Survey (IDHS) in 2012 showed a significant increase in MMR, namely 359 maternal deaths per 100,000 live births. In 2015, MMR again showed a decrease based on the results of the Inter-Census Population Survey (SUPAS) to 305 maternal deaths per 100,000 live births (Kemenkes RI, 2015)

In 2018 there was an increase in the Maternal Mortality Rate by 111 per 1,100,000 live births. In absolute terms, the number of maternal deaths during 2018 was 39 people, consisting of 4 pregnant maternal deaths, 10 maternal deaths and 25 postpartum maternal deaths (Dinkes Prov. Bengkulu, 2019).

Deliveries in Bengkulu City in 2018 totaled 7,148 people, assisted by health personnel totaling 6,840 (95.7%). This figure has increased compared to 2017 with a coverage of 6,717 (94.39%) (Bengkulu City Health Office, 2019).

The most dominant non-medical determinant that encourages mothers to give birth by sectio caesarean is due to pain during labor by 96.5%. This is what mothers fear. The results of the basic health research in 2010 showed that the number of cesarean sections was 15.3%, where 13.3% of the deliveries did not experience complications during pregnancy. A study conducted in Jordan reported that 92% of women had a bad experience with childbirth, including fear, 66% and labor pain, 78%. The results of the sitorus study on delivery by sectio Caesarean in the city of Medan reported that the caesarea section on medical indications in government hospitals was 69.3% and non-medical indications were 29.1%. Medical indications in private hospitals are 30.7% and non-medical indications are 70.9% (Indrayani, 2016).

Russian theorists who had original ideas about the psychoprophylaxis of childbirth included acupressure massage in their approach. They identified "pain relief points" in the body and recommended applying pressure to specific areas to help relieve pain. This technique is neglected as a preparatory component to give birth when people become westernized. Acupressure interferes with and alters pain impulses as they travel to the brain (gate theory), and this can also promote the release of endorphins. (indrayani, 2016)

RESEARCH DESIGN AND METHODOLOGY

The type of study used is descriptive observational method with a case study approach. The observational method is a planning procedure which includes and records the number and level of certain activities related to the problem under study. Descriptive method is a research method that is used with the main objective of making a description or descriptive of the state of an object. A case study is conducting detailed research on a person or unit over a period of time (Sugiyono, 2014).

The case study used by the author in making this case study is to use midwifery care according to Varney's seven steps from assessment to evaluation and development data using Varney.

FINDINGS AND DISCUSSION

Study day / date : Thursday 16 July 2020

Time : 01.00 WIB

Place : BPM Jumita, SST, M. Kes, Bengkulu City

I. Assessment

Subjective: Mother said that she felt pain in the stomach since 9:00 p.m., spread from the stomach to the back, along with mucus mixed with blood, amniotic fluid (+)

Objective

1. General examination: general condition: good, awareness: composmentis, BP:120/70mmHg, P: 84 times / minute, R: 20 times / minute, S: 36.6^{0}C.
2. Physical examination
   1) face: no pale, no edema, no cloasma gravidarus, cold sweats.
   2) abdomen: elongated abdominal shape, enlargement is not appropriate (more than) gestational age, there is no post-surgery wound, there is a linea nigra and striae gravidarum.

      Auscultation: FHR (+) 144 times / minute and 130 times / minute, regularly maximum punctum: 2 fingers below the center of the right side of the mother's abdomen and centered on the left side of the mother's abdomen

      There are uterine contractions, the frequency is 3 times in 10 minutes, 20-40 seconds long.
   3) Genetalia:

      inspection: there are no varicose veins on the vulva, it appears that there is mucus mixed with blood.

      Internal examination: calm vulva / vagina, thin soft portio, 6 cm cervical opening, clear (-) amniotic membrane, no small parts palpable, back presentation of the head, front right crown denominator, moulase no loss of the lowest part, HII- HIII.

II. Interpretation

Mrs. R, 31 years old, G4P2A1 40-41 weeks pregnant, head presentation, live gamely intra-uterine fetus, head location Hll-Hlll, right forehead crown, good condition of mother and fetus, one stage in labor latent, 6 cm opening.

III. Potential Diagnose

1st stage is elongated, and severe pain

IV. Needs and immediate handling

Independent: monitor the condition of the mother and fetus

V. Plans

1. Measure the pain scale that the mother felt before giving acupressure therapy
2. Perform acupressure therapy on the mother
3. Measure back the pain scale that the mother felt after being given acupressure therapy

VI. Action

1. Measuring the pain scale that the mother felt before being given acupressure therapy using NRS (numeric rating scale)

Obtained the maternal pain scale is on a scale of 5 (moderate pain)

2. Perform acupressure therapy on the mother, the points used in between

Spleen point 6

Acupressure to increase the intensity of the contractions is called Spleen 6 and the hoku or large intestine 4. Spleen 6 can be found four fingers wide above the ankle bone.

Point L14

Hoku or LI4 is in the network between the thumb and index finger

GB point 21

You can also try a point on the shoulder called Gall Bladder 21.

Bladder Point 27-34

There are several sacral points known as Bladder 27-34 on the lower spine which are also very effective in dealing with pain during contractions, including when the pain of this contraction spreads down the lower waist towards the thigh.

Point KI

Point K1, This point is located on the top 1/3 of the sole of the foot, when the sole of the foot is flexed (pulling the toes forward toward the sole of the foot).

Point BL 67

To get rid of pain, pinch or apply pressure to the outer corners of the little toes of the foot during the contraction. Press very hard and hold for 7 - 10 seconds

3. Measure back the pain scale that the mother felt after being given acupressure therapy

Obtained the maternal pain scale decreased to be on a scale of 3 (mild pain)

VII. Evaluation

1. The pain scale that the mother felt before being given acupressure therapy has been measured, which is on a pain scale of 5 (moderate pain)
2. Mother has been given acupressure therapy
3. The pain scale that the mother felt after being given acupressure therapy decreased to 3 (mild pain)

Progress note at 02.15

The pain scale that the mother feels is on a pain scale of 8 (severe pain is controlled), then given acupressure therapy for ± 20-30 minutes the mother's pain scale decreases to 6 (moderate pain)

CONCLUSION

Researchers draw a conclusion and case studies that have been carried out, namely: There was a decrease in the pain scale at the opening of 6 from the 5 (moderate) pain scale to the 3 (mild) pain scale, and at the opening of 8 there was a decrease in the pain scale from 8 (controlled weight) to 6 (moderate).

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