

Relations Acupressure on Acupuncture *Heku* Point (*Heku L.I.-4*), *Ciliao* BL-32 and *Sanyinjiao* Sp-6 with Pain in Phase I Stage of Childbirth Active in Raden Mattaher Hospital

Indarmien Netty Ariasih¹, Titik Hindriyati², Ajeng Galuh Wuryandari³

Abstract: All maternal active phase of the first stage cannot adequately treat pain, for example straining before the complete opening, the patient looks anxious, nervous, exhausted, in pain. There are no adequate effort or action taken to reduce childbirth pain can result in an extension of the first stage, intra-partum infection and the effects to the fetus can be caput succedaneum. Impact which will result from childbirth pains them psychologically, fear and anxiety, but it can increase blood pressure, increased O2 requirements, decreased blood flow uteroplacental and acidosis due to hypoxia in the fetus, it is, if not immediately addressed may be harmful to the mother and fetus so that the best solution that can be done medically seccaria section. This study is a pre-experimental approach one group pretest posttest design, implemented in maternity Raden Mattaher Jambi hospitals in Year 2016. The population were all normal mothers delivered during the period from July to October 2016, with the number of samples of 145 people. Mechanical harvesting accidental sampling. Analysis of the data used are univariate and bivariate with Wilcoxon test. The results showed there were 134 respondents to the results of the level of pain after taking action acupressure lower and 7 respondents his pain level remains, and four people have a pain level that is higher than its prior actions do acupressure. Values obtained significance 0,000 ($p < 0.005$) thus concluded "there is a significant difference between the level of pain before in acupressure to post on acupressure". Given this research is expected Midwives in VK room obstetrics who has received training acupressure in order to apply the method acupressure on acupuncture points to reduce pain in women giving birth the first stage of the active phase, and as a material to carry out further research with variables and design of different studies.

Keywords: Acupuncture Point, Acupressure in *Heku* Point (*Hegu L.I.-4*), *Ciliao* BL-32 and *Sanyinjiao* Sp 6 Pain in Phase I Stage of Childbirth Active

1. Introduction

According to data from the 2007 Demographic and Health Survey in Indonesia 5% of maternal deaths due to prolonged childbirth. 53% of births in Indonesia mother had no complications of childbirth, prolonged childbirth by 37%, amounting to 9% of excessive bleeding and fever by 7%, 2% and the complication of seizures KPD over 6 hours 17%. It can be seen though the death rate due to prolonged childbirth only 5% of AKI but envisaged that 37% of all deliveries take place with the incidence of prolonged childbirth (Macro International, 2007: 216)

One contributing factor is the smooth delivery of power / his, where a good contraction can push the fetus and threw the fetus outside the uterus through the birth canal. Good childbirth contractions where the frequency, intensity, and duration sufficient to produce effacement and dilatation of the cervix. Uterine contractions pain felt by all women giving birth that can affect mothers psychologically in the face of childbirth.

Stress or physiological fear can cause uterine contractions becoming increasingly painful and the pain is felt. The body's response made increasingly tense uterus so that the flow of blood and oxygen to the muscles of the uterus is reduced because of narrowed and narrowed as a result of pain are inevitable (Judha, et al, 2012: 80). Decreased blood to the uterus and placenta uterine contractions slow down and reduce the supply of oxygen to the fetus (Simkin, 2005: 14).

Maternal difficult to adapt to the pain of childbirth can cause uncoordinated uterine contractions that can result in an extension of the first stage of childbirth and fetal well-being distracted. No progress in childbirth or slow the progress of childbirth is one of the complications of childbirth are worrying, complex and unpredictable. Prolonged childbirth can have serious consequences for one or both including intra-partum infection, uterine rupture, pathological retraction ring, fistula formation, injury to the pelvic floor muscles, and effects to the fetus can be caput succedaneum, molasses fetal head. This is can increase mortality and pain both maternal and fetal (Wiknjosastro, 2010: 576).

Births smoothly without a hitch is a dream every maternal and birth attendant. Management of childbirth pain alleviation should be given to birth mothers of the onset of childbirth in order to avoid slow or nonexistent progress of childbirth due to maternal difficult to adapt to the pain she felt. Childbirth pain can be controlled by two methods, pharmacological and non-pharmacological (Spiritual, et al, 2011: 44). Methods of pharmacological pain relief is a method of pain relief using chemical drugs, whereas non-pharmacological method is a method of pain relief naturally without the use of chemical drugs.

Childbirth pain management methods are more effective pharmacological compared with non-pharmacological methods, but more expensive pharmacological methods, and potentially have adverse effects for both the mother and fetus. While non-pharmacological method is inexpensive, simple, effective, without any adverse effects and can improve satisfaction during childbirth because the mother

can control his feelings and his strength (Maryunani, 2010: 97)

Acupuncture treatment is intended to accelerate the initial phase when the latent & faseakti/childbirth. Elongation early stage of childbirth elevating perinatal mortality, the possibility of increased childbirth and maternal infection in danger of exhaustion and dehydration (Djuharto, 1987: 465

Given acupuncture is a treatment with the principle of "stimulating the body to cure itself" using natural materials like substance made in the body such as oxytocin, endorphins, or anti-inflammatory agents, this therapy has no side effects for both mother and fetus. The most likely effect is only local allergy in the skin is pricked. That is, if the mother has a history of allergy). In anticipation of the occurrence of skin allergy mom, we conducted acupressure method.

Based on the Health Profile of Jambi province in 2011, the number of maternal deaths in Jambi province a total of 33 cases. Causes of maternal mortality in Jambi Province in 2011 one of them is prolonged childbirth (4%) of the cases were found (PHO Jambi, 2012: 4).

Impact which will result from childbirth pain such as psychological suffering, fear and anxiety, but it can increase blood pressure, increased O₂ requirements, decreased blood flow *uteroplacental* and acidosis due to hypoxia in the fetus, it is if not addressed can harm both mother and fetus so that the best solution that can be done medically cesarean section (Maryunani, 2010: 24).

In women who experience severe pain and very heavy in general is the first mother childbirth (*primiparous*). This is understandable because the *primi* this is their first experience in childbirth, so that sometimes arises fear and anxiety that can stimulate the release of stress hormones in large quantities (epinephrine, norepinephrine, etc.) that lead to the onset of childbirth pain were longer and heavier whereas in multiparas experiencing pain level after the second stage of childbirth (Simkin, 2005: 150)

The number of women giving birth in H. Abdul Manap Hospitals in 2015 deliveries by cesarean section 148, 234 vaginal deliveries, in 2015 from January to June the number of 344 deliveries, deliveries with top sc 5.23% indicative of prolonged childbirth, vaginal delivery with prolonged childbirth 2.33%. During the period of June 2015, there are birth mothers of the first stage active phase cannot treat pain adequately as many as 32, *primiparity* 21 multipara 11, the mother *primiparous* who experience severe pain in 68%, and for women multipara experiencing severe pain 32%, for example straining before complete opening, the patient looks anxious, nervous, exhausted, in pain. Pain response of the mother was an assortment of them moaning, groaning, crying, screaming, cursing and hitting squeeze even to people around him. Since there is no adequate effort or action taken to reduce the childbirth pain. Based on the above researchers wanted to know the relationship acupressure on acupuncture points on the pain in the active phase of the first stage of childbirth.

2. Formulation of the Problem

Based on the background described then that becomes the problem in this study is the high intensity of childbirth pain of the active phase of the first stage, the research questions are: (1). How is the picture of pain in the active phase of the first stage of childbirth before acupressure in an acupuncture point,*Heku* point in *Ciliaopoint BL-32* and *SP-6,Sanyinjiao* point, (2). How is the picture of pain in the active phase of the first stage of childbirth after doing acupressure in an acupuncture point and point *Heku* in *Ciliaopoint BL-32* and *SP-6 Sanyinjiao* point?, (3). Is there a relationship acupressure against pain in the first stage of childbirth after the active phase is done in an acupuncture point in*Heku* point, *Ciliaopoint BL-32* and *SP-6 Sanyinjiao* point?

3. Research Purposes

1. General Purpose

Knowledgeable Relations acupressure in an acupuncture *Heku* point and *Ciliao* point *BL-32* and *Sanyinjiao* point *SP-6* against pain in the active phase of the first stage of childbirth.

2. Special Purpose

- a) Knowledgeable picture of pain in the active phase of the first stage of childbirth before acupressure in an acupuncture point, in *Heku* point and *Ciliaopoint BL-32* and *SP-6 Sanyinjiao* point
- b) Knowledgeable picture of pain in the active phase of the first stage of childbirth after doing acupressure in an acupuncture point and *Heku* point, *Ciliaopoint BL-32* and *SP-6 Sanyinjiao* point.
- c) Knowledgeable Relations acupressure on acupuncture points and *Heku* point in *Ciliao* *BL-32* and *SP-6* to *Sanyinjiao* point of pain in the first stage of childbirth phase I.

4. The Scope of Research

This study aims to determine the relationship acupressure in an acupuncture *Heku* point and point *Ciliao* *BL-32* and *SP-6 Sanyinjiao* point to pain in the active phase of the first stage of childbirth in the city of Jambi 2016, conducted July-September first, 2016. The design study this is a pre-experimental study with one group pretest posttest approach. ie reveal causal relationships by involving a group in which a group of subjects was observed before the intervention and then observed again after the intervention. The population in this study were all birth mothers of the first stage of the active phase in Jambi Year 2016. Samples were taken by accidental sampling based on the time that women who undergo childbirth. Data collection procedures obtained by filling the observation sheet before the intervention and after the intervention. The instruments used in the form of observation sheet in the form of a response or pain responder. Analysis of the data used is the Wilcoxon test

According to Henderson and Jones (2005: 332) with a control method of childbirth pain can be done pharmacological and non-pharmacological. One of these non-pharmacological techniques is the technique of massage

and acupuncture. The theoretical framework of this study based on the theory of Henderson and Jones (2005: 332) states that childbirth pain control can be done by pharmacological and non-pharmacological

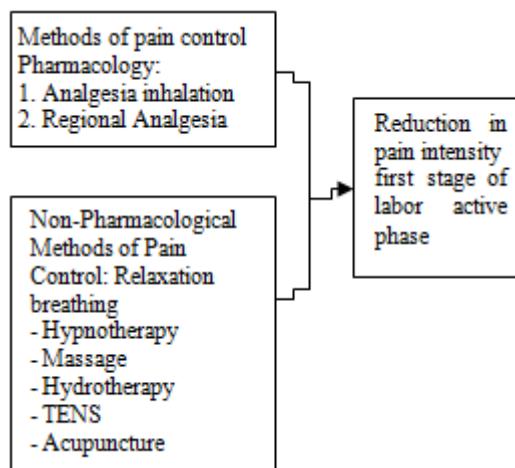


Chart 2.1: Theoretical Framework

5. Framework Concept, Definition of Operational and Hypotheses

Conceptual framework

The conceptual framework of this study based on the theory of Henderson and Jones (2005: 332) that control childbirth pain can be done pharmacological and non-pharmacological. One non-pharmacological techniques is to acupressure on acupuncture *Heku* points (*Heku L.I.-4*), *Ciliao* point BL-32 and *Sanyinjiao* Sp-6. In this study the authors just take acupressure on acupuncture *Heku* points (*Heku L.I.-4*), *Ciliao* point BL-32 and *Sanyinjiao* point Sp-6 as a treatment against the respondents for this action is the most simple, cheap, easy, and often performed by midwives , Other actions such as hypnotherapist, hydrotherapy, TENS, and acupuncture is not done because the therapist should have special expertise gained from education / training, in addition to the tool support for the activities of the action is not available in the researchers conducted the study. Based on the explanation above, the conceptual framework for this study can be described as follows.

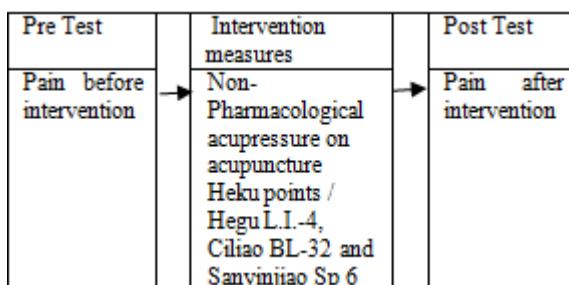


Chart 3.1

The conceptual framework acupressure relationship on an acupuncture *Heku* point (*Heku L.I.-4*), *Ciliao* point BL-32 and *Sanyinjiao* point Sp 6 against pain in the active phase of the first stage of childbirth

Operational Definition

Table 3.1

Operational Definition Acupressure Relations at acupuncture *Heku* points (*Heku L.I.-4*), *Ciliao* point BL-32 and *Sanyinjiao* point Sp 6. Reaction Against Pain in Phase I Stage of Childbirth Active.

Variable	Operational Definition	Method/Tools/Scale/measurement Results
First stage of childbirth pain before the active phase of acupressure on acupuncture <i>Heku</i> point (<i>Heku L.I.-4</i>), <i>Ciliao</i> point BL-32 and <i>sanyinjiao</i> point Sp.6	The pain that arises when the active phase of the first stage of childbirth before acupressure on acupuncture <i>Heku</i> points (<i>Heku L.I.-4</i>) <i>Ciliao</i> point BL-32 and <i>Sanyinjiao</i> point Sp 6	How to Measure: Observations Tool: Observation sheet Measuring scale: Ordinal Results of measurement: 0: no pain 1-3: mild pain 4-6: severe pain 7-9: very pain 10: severe pain (Source: Judha 2012: 35)
First stage of childbirth pain after the active phase of acupressure on acupuncture <i>Heku</i> point, (<i>Heku L.I.-4</i>), <i>Ciliao</i> point BL-32 and <i>sanyinjiao</i> point Sp.6	The pain that arises when the active phase of the first stage of childbirth after acupressure on acupuncture <i>Heku</i> points, (<i>Heku L.I.-4</i>) <i>Ciliao</i> point BL-32 and <i>Sanyinjiao</i> point Sp 6	

Hypothesis

The hypothesis of this study is no relationship acupressure action on acupuncture *Heku* point (*Heku L.I.-4*), *Ciliao* point BL-32 and *Sanyinjiao* point Sp 6 to pain in the active phase of the first stage of childbirth in hospitals Raden Mattaher Jambi in 2016.

6. Research Methods

This study is a pre-experimental approach one group pretest posttest design that reveals causal relationship by engaging a group of subjects, whereby subjects were observed prior to the intervention, then the subject is observed again after the intervention (Nursalam, 2009: 85).The research was conducted in the delivery room Raden Mattaher Jambi hospital 2016.The research was conducted during the months of July to September 2016.

Population and Sample. All units observations made, drawn conclusion (Setiawan, 2010: 88) In this study throughout the normal birth mothers who were in the delivery room Raden Mattaher Jambi Hospital on 15 July until 20 September 2016.Samples are partly taken from the whole object under study and is considered to represent the entire population (Sibagariang, et al, 2010: 72). Sampling was done by accidental sampling in mothers who came to birth in Raden Mattaher hospital in July-September, then the sample was taken and directly serve as the primary sample. In this study, the number of samples obtained during a study of 145 respondents normal delivery both *primiparous* and *multiparous*.

Sample criteria for inclusion in this study include: (1) All of maternal normal active phase of the first stage in the

delivery room Raden Mattaher Jambi Hospital on July 15 to September 20, 2016, (2) Delivery physiological, (3) Membranes yet broken, (4) Not in analgesic effect, (5) Not fetal distress, (6) Willing to be a responder. Samples were exclusion criteria in this study, the criterion is the mothers who are not willing to become respondents.

Data used in this research is the primary data is data obtained directly from respondents through observation of pain perceived by the respondents before and after acupressure on acupuncture *Heku* points (*Heku* LI-4), *Ciliao* point BL-32, and *Sanyinjiao* point Sp 6 on the normal delivery of the active phase of the first stage. The instrument used for data collection are observation sheets that contain the pain scale and rated / scores before treatment and after treatment. Prior to this research respondent were given the explanation regarding the research to be conducted.

Methods of data collection is done on 15 July to 20 September 2016 with a way to measure pain scale before and after the acupuncture point acupressure *Heku* (*Heku* L.I.-4), *Ciliao* point BL-32 and *Sanyinjiaopoint* Sp 6 on maternity. Acupressure pain scale before the acupuncture *Heku* point (*Heku* L.I.-4), *Ciliao* point BL-32 and *Sanyinjiao* point Sp-6 rated at the commencement to the cessation of the contractions of the uterus. Having obtained the pain scale before treatment, birth mothers are taught techniques on acupuncture points acupressure *Hekupoint* (*Heku* L.I.-4), *Ciliaopoint* BL-32 and *Sanyinjiaopoint* Sp-6 performed at the commencement to the cessation of the contractions of the uterus. Scale of pain after treatment was assessed after acupressure on acupuncture *Heku* points (*Heku* L.I.-4), *Ciliao* point BL-32 and *Sanyinjiao* point Sp 6 carried out for 30 minutes. Acupressure on acupuncture *Heku* point (*Heku* L.I.-4), *Ciliao* point BL-32 and *Sanyinjiao* point Sp-6 in maternal childbirth companion is guided by the researcher, midwife or family who have been taught how to acupressure on acupuncture points in *Heku* point (*Heku* Li 4), *Ciliao* BL-32 and *Sanyinjiao* Sp 6 correct.

Data processing in this research based on Setiawan (2010: 127) the data collected is then performed data management through the following stages: (1) Scoring, assign a score to each variable, (2) Editing, to check the completeness and correctness of the data all respondent's treatment, (3) Entry, enter the data that has been inspected and given a code included in a master or a computer database, then create a frequency distribution of a computer program for analysis, (4) Cleaning, this stage is to ensure that all the data that has been included and there are no errors in entering the data so it is ready to be analyzed.

Data Analysis

1. Univariate Analysis

This analysis aims to look at the picture of the frequency distribution of each variable studied, including independent variables (pain in the first stage of childbirth active phase), the dependent variable (acupressure on acupuncture *Hekupoint* (*Heku* LI-4), *Ciliaopoint* BL-32 and *Sanyinjiao* Sp-6). All of these variables is a picture of the subject of research before continuing on analyzing bivariate

2. The Bivariate Analysis

Bivariate analysis aims to examine the relationship of each variable studied. In a study that used statistical test is the Wilcoxon test, because the data obtained is not normal although it has made the transformation.

7. Results and Discussion

a. Quality Data

The data in this study are primary data obtained through observation and intervention in suppressing or acupressure on acupuncture *Heku* points (*Heku* LI-4), *Ciliaopoint* BL-32 and *Sanyinjiaopoint* Sp 6 by researchers and midwives had been told how do acupressure against normal birth mothers both *primiparous* and *multiparous* Raden Mattaher Hospital on 15 July until 15 September 2016.

Data obtained in the form of a response to pain that is felt by the mother impart active phase of the first stage before and after actions are judged objectively. Data quality is highly dependent on the ability of researchers to assess response to pain first stage of childbirth active phase, and management acupressure on acupuncture *Heku* points (*Heku* LI-4), *Ciliaopoint* BL-32 and *Sanyinjiaopoint* Sp 6 appropriately in order to obtain the relationship acupressure at point acupuncture *Heku* point (*Heku* LI-4), *Ciliaopoint* BL-32 and *Sanyinjiaopoint* Sp 6 in reducing childbirth pain to the fullest.

The sample consisted of 145 mothers of normal birth were observed prior to acupressure on acupuncture *Heku* point (*Heku* LI-4), *Ciliaopoint* BL-32 and *Sanyinjiaopoint* Sp 6 and observed back after acupressure on acupuncture *Heku* point (*Heku* Li 4), *Ciliaopoint* BL-32 and *Sanyinjiaopoint* Sp 6 to determine the respondents' response to pain. Acupressure on acupuncture *Hekupoint* (*Heku* LI-4), *Ciliaopoint* BL-32 and *Sanyinjiao* point Sp-6 performed for 30 minutes at each contraction, conducted continuously, when the contractions start, the emphasis acupressure on *Heku* point (*Heku* LI -4), *Ciliaopoint* BL-32 and *Sanyinjiaopoint* Sp-6. Relationship relaxation is then viewed and analyzed to determine differences in pain respondent before acupressure on acupuncture *Hekupoint* (*Heku* LI-4), *Ciliao* point BL-32 and *Sanyinjiaopoint* Sp-6 after acupressure on acupuncture *Heku* point (*Heku* LI-4), *Ciliaopoint* BL-32 and *Sanyinjiao* point Sp 6.

b. Overview Acupressure on acupuncture *Heku* point (*Heku* L.I.-4), *Ciliao* point BL-32 and *Sanyinjiaopoint* Sp 6 Against Pain in Childbirth.

Overview Relaxation acupressure on acupuncture *Heku* points (*Heku* LI-4), *Ciliao* point BL-32 and *Sanyinjiao* Sp 6 against the pain in childbirth is the result that the majority of respondents do engineering acupressure on acupuncture *Heku* point (*Heku* LI-4), *Ciliao* point BL-32 and *Sanyinjiao* Sp-6 to reduce pain and there is not any respondents of 145 people, who are not doing the technique acupressure on acupuncture *Hekupoint* (*Heku* LI-4), *Ciliaopoint* BL-32 and *Sanyinjiao* Sp -6, so that respondents can relax.

According Simkin (2008: 154) that the relaxation can save energy and reduce fatigue, calm the mind and reduce stress, reduce pain, relaxation to reduce tension and fatigue that

mothers feel during childbirth and birth. Also enables the availability of oxygen in the maximum amount to the uterus, which also reduces pain, because the muscles are working (which makes contracts) become ill if deprived of oxygen. Besides the mental concentration that occurs when the mother consciously relax muscles, helps distract from the pain of a mother's contractions.

Approach to preparation for childbirth performed by midwives using techniques acupressure on acupuncture *Heku* points (*Heku* LI-4), *Ciliao* point BL-32 and *Sanyinjiao* Sp-6 as a medium that helps mothers maintain control throughout contractions and may improve relaxation of the muscles of the abdomen and prevent the extension of the first stage.

c. Overview of Childbirth Pain Before Acupressure on acupuncture*Heku* point (*Heku* L.I.-4), *Ciliaopoint* BL-32 and *Sanyinjiao* Sp 6

Overview of childbirth pain before acupressure on acupuncture*Heku* point (*Heku* LI-4), *Ciliaopoint* BL-32 and *Sanyinjiao* Sp-6 obtained that before acupressure respondents mean pain level of 7.26 with a median of 7, which is generally objectively respondents moaning and groaning, unable to follow commands or cannot communicate well, and cannot be coped with over the position or a long breath. More respondents felt moderate pain, and a fraction longer feel the pain very severe. None of the respondents who feel the childbirth pain as mild pain before acupressure on acupuncture *Heku* point (*Heku* L.I.-4), *Ciliaopoint* BL-32 and *Sanyinjiao* Sp-6. It is known from statements of respondents either directly or from the observation of the response of respondents using a checklist during childbirth contractions.

In accordance with the theory of Telfer (1997) in Fraser & Cooper, (2009: 461) that childbirth pain is a multifactorial phenomenon of subjective, personal, and the complex is influenced by psychological factors, biological, social, cultural and economic. So naturally when the level of pain that is felt in every respondent vary according to factors that influence it. In line with the research Insafitta (2006) on the effect of the acupuncture point acupressure *Heku* point (*Heku* LI-4), *Ciliaopoint* BL-32 and *Sanyinjiao* Sp 6 on the first stage of childbirth pain that before acupressure on acupuncture *Heku* point (*Heku* Li 4), *Ciliaopoint* BL-32 and *Sanyinjiao* Sp 6 most respondents feel the childbirth pain is severe, only a minority who felt moderate pain.

At respondents who experienced severe pain and very heavy in general is a first responder with child childbirth (*primiparous*). This is understandable because this was the first *primiparous* them at birth, so that sometimes arises fear and anxiety that can stimulate the release of stress hormones in large numbers resulting in the onset of childbirth pain were longer and heavier. The impact that can cause side effects such as swelling of the mouth of the uterus that cause so disturbed the normal birth process, resulting in an extension of the first stage, eventually even possible delivery should be carried out with surgery. In mothers who feel an agony of childbirth, which often will be felt for a long time. whereas in multiparas increased levels of pain after the second stage of childbirth process.

d. Description of Respondents Do Acupressure on acupuncture*Heku* point (*Heku* L.I.-4), *Ciliao*BL-32 and *Sanyinjiao* Sp 6 In Raden Mattaher Jambi Hospital 2016.

Overview of respondents obtained by observing or observe the behavior of the respondent, that all respondents are given emphasis technique acupressure on acupuncture *Hekupoint* (*Heku* LI-4), *Ciliao* BL-32 and *Sanyinjiao* Sp 6 at the onset of the first contraction of the active phase, opening cervical 4-10 cm by using observation sheet. Observations were carried out for 30 minutes at the time of contraction. Acupressure is done by pressing gently on the acupuncture *Heku* point (*Heku* LI-4), *Ciliao* BL-32 and *Sanyinjiao* Sp 6 increasingly hard accordance mother's ability to receive emphasis while the clerk hands rotate clockwise but not until more pain.

Table 5.1: Distribution of Respondents do acupressure on acupuncture*Heku* point (*Heku* L.I.-4), *Ciliao* BL-32 and *Sanyinjiao* Sp 6 in Raden Mattaher Jambi hospitals 2016

Respondent Characteristic	The number of respondents	%
The age		
<20 and >35 years	26	17,90
20-35 years	119	82,10
The parity		
> 4 child	11	7,60
1-4 child	134	92,40
Level of education		
Elementry school	45	31,00
Junior high school	29	20,00
Senior high school	71	49,00

Based on the table above that of all 145 (100%) of the respondents who do acupressure emphasis on acupuncture *Heku* point (*Heku* L.I.-4), *Ciliao* BL-32 and *Sanyinjiao* Sp-6. 82.10% of respondents were of reproductive age are safe, but there is still included *resti*(high risk) age as much as 17.90%. Respondents with the 1-4 parity as much as 92.40%, but there is still Grande multipara as much as 7.60%. High school education and above the most respondents was 49%, but there is still only up to SD (elementry school) as much as 31%.

Based on the analysis of data obtained picture acupressure the childbirth pain after acupuncture*Heku* point (*Heku* LI-4), *Ciliao* BL-32 and *Sanyinjiao* Sp-6 is the average pain level of 4.21 respondents felt pain with a median of 4, so level moderate pain, and partly After acupressure on acupuncture*Heku* point (*Heku* LI-4), *Ciliao* BL-32 and *Sanyinjiao* Sp 6 no more respondents feel the childbirth pain as very severe pain.

Gate control theory states that the position of the obstacles determines whether nerve impulses run free or to the medulla and the thalamus so as to transmit impulses or sensory messages to the sensory cortex. If the barrier is closed, there is little conduction or even none at all. If the barrier is open, impulses and messages can be passed and transmitted independently (Fraser & Cooper, 2009: 464). Thus it can be stated that acupressure on acupuncture*Heku* point (*Heku* LI-4), *Ciliao* BL-32 and *Sanyinjiao* Sp 6 can close the gate or inhibit pain impulses that few or even none at all conduction (pain) that delivered to the central nervous

system. conducted on maternal active phase of the first stage shown to help mothers be more relaxed and comfortable during childbirth. Acupressure on acupuncture *Heku* point (*Heku* L.I.-4), *Ciliao* BL-32 and *Sanyinjiao* Sp 6 and touch that made the birth mothers of the first stage of the active phase is proven to help the mother relaxed and comfortable during childbirth. After acupressure on acupuncture *Heku* point (*Heku* L.I.-4), *Ciliao* BL-32 and *Sanyinjiao* Sp 6 no more respondents feel the childbirth pain as pain is very severe, but there were respondents who feel severe pain, it is appropriate by Insaffita that after acupressure research on acupuncture *Heku* point (*Heku* L.I.-4), *Ciliao* BL-32 and *Sanyinjiao* Sp 6 most respondents feel moderate pain, only a small proportion of respondents who still feel severe pain.

e. Relationship Acupressure on acupuncture *Heku* point (*Heku* L.I.-4), *Ciliao* BL-32 and *Sanyinjiao* Sp 6 Against Pain in Phase I Stage of Active Childbirth

Based on the results of the study to determine the relationship acupressure on acupuncture *Heku* point (*Heku* L.I.-4), *Ciliao* BL-32 and *Sanyinjiao* Sp 6 against the respondent childbirth pain before and after acupressure can be seen in the following table:

Table 5.2

	N	Median (min-max)	Mean ± s.b	P
The level of pain before in acupuncture	145	7 (0-10)	7,26±1,30	0,000
The level of pain after in acupuncture	145	4 (0-10)	4,21±1,88	

The above table illustrates the differences in response to pain first stage of childbirth active phase is perceived by the respondents before acupressure on acupuncture points *Heku* (*Heku* L.I.-4), *Ciliao* BL-32 and *Sanyinjiao* Sp-6 after acupressure on acupuncture *Heku* point (*Heku* L.I.-4), *Ciliao* BL-32 and *Sanyinjiao* Sp-6. In pain before acupressure on acupuncture *Heku* point (*Heku* L.I.-4), *Ciliao* BL-32 and *Sanyinjiao* Sp 6 obtained standard deviation, N = 145 birth mothers. Whereas in pain after acupressure on acupuncture *Heku* point (*Heku* L.I.-4), *Ciliao* BL-32 and *Sanyinjiao* Sp 6 looks median of 4 with a standard deviation of 1.88 and n = 145 birth mothers. The mean and standard deviations in the above table is only an additional information regarding the characteristics of the data distribution.

Wilcoxon test results showed that there were 55 respondents with the results of the level of pain after taking action acupressure lower than prior to the action. 7 respondents his pain level remains, and four people have a pain level that is higher than its prior actions do acupressure. Values obtained significance 0,000 ($\rho < 0.005$) thus concluded "there is a significant difference between the level of pain before in acupressure to post on acupressure".

Based on the results of research and analysis of the data relationships acupressure on acupuncture *Heku* point (*Heku* L.I.-4), *Ciliao* BL-32 and *Sanyinjiao* Sp 6 on the reaction of pain in the first stage of childbirth active phase showed that the average pain respondent acupressure *Heku* point (*Heku* L.I.-4), *Ciliao* BL-32 and *Sanyinjiao* Sp 6 are at a scale of 7.26 (severe pain) after acupressure on acupuncture *Heku*

point (*Heku* L.I.-4), *Ciliao* BL-32, and *Sanyinjiao* Sp 6 a pain scale to 4.21, (moderate pain). This proves that acupressure on acupuncture *Heku* point (*Heku* L.I.-4), *Ciliao* BL-32 and *Sanyinjiao* Sp-6 can reduce the pain of childbirth from a pain scale were very heavy into severe pain, on a scale of severe pain became moderate pain and on the pain scale is becoming mild pain.

According to Sinclair (2009: 163) suggests techniques in acupuncture acupressure *Heku* point (*Heku* L.I.-4), *Ciliao* BL-32 and *Sanyinjiao* Sp 6 can soothe, can reduce the tension by means of a structured relaxation control. Furthermore, the statement Mander (2003: 164) that the main action sports are considered 'close the gate' to inhibit pain stimulus trip on the higher centers in the central nervous system. Furthermore, the tactile stimulation and positive feelings that develop when done on acupuncture acupressure *Heku* points (*Heku* L.I.-4), *Ciliao* BL-32 and *Sanyinjiao* Sp 6 are attentive and empathetic act reinforce the relaxing effect for pain control.

Based on the research field known that in childbirth acupressure on acupuncture *Heku* points (*Heku* L.I.-4), *Ciliao* BL-32 and *Sanyinjiao* Sp-6 instead of just providing a relaxation technique and rest the body from the burden of physical and mental health but also make mothers feel closer to the people who cared for him and felt more cared for. Attention someone who cares and wants to help with good communication is a source of strength when sick mother, tired and scared. It is essential when addressing a series of contractions to overcome childbirth pain. By using pain management, non-pharmacological which is under the authority of midwife's techniques acupressure on acupuncture *Heku* points (*Heku* L.I.-4), *Ciliao* BL-32 and *Sanyinjiao* Sp-6 can reduce the physiological arousal that would lower the pulse rate, respiratory rate and reduce sweat. These conditions will make the mother more able to deal with the environmental situation is not hope. Mechanical acupressure on acupuncture *Heku* point (*Heku* L.I.-4), *Ciliao* BL-32 and *Sanyinjiao* Sp 6 are the techniques of non-pharmacological very easy to do because it is easy, simple, and practically does not require a long time, special training and without using tools.

The results of *Heku* the research relationship acupressure on acupuncture point (*Heku* L.I.-4), *Ciliao* BL-32 and *Sanyinjiao* Sp-6 with pain in the first stage of childbirth active phase, after intervention and before intervention acupressure on acupuncture *Heku* point (*Heku* L.I.-4), *Ciliao* BL-32 and *Sanyinjiao* Sp 6 are mean pain level of 7.26 / very severe, severe pain, there are no respondents who feel no pain. After acupressure on acupuncture *Heku* point (*Heku* L.I.-4), *Ciliao* BL-32 and *Sanyinjiao* Sp-6 is present with an average pain level of 4.21 / mild, moderate pain, severe pain and none of the respondents who experienced pain very heavy after acupressure on acupuncture *Heku* point (*Heku* L.I.-4), *Ciliao* BL-32 and *Sanyinjiao* Sp-6. These results no significant relationship with curettage acupressure on acupuncture *Heku* point (*Heku* L.I.-4), *Ciliao* BL-32 and *Sanyinjiao* Sp-6 to treat pain.

Acupressure on acupuncture *Heku* point (*Heku* L.I.-4), *Ciliao* BL-32 and *Sanyinjiao* Sp 6 is freeing the mind and loads of

tension deliberately sought and practiced. The ability to deliberate and conscious relaxation can be used as guidelines for reducing the normal discomfort in connection with pregnancy (Simpkin, 2008: 154).

Conscious relaxation has been found associated with decreased muscle tension and decrease the rate of metabolism. Relaxation aware of the whole body during childbirth appears to increase the effectiveness of uterine contractions. When combined with breathing, relaxation can help birth mothers overcome the pain more effectively at each contraction and fuller break between contractions (Patree, Walsh.2007).

Based on the above circumstances that acupressure on acupuncture *Heku* point (*Heku* LI-4), *Ciliao* BL-32 and *Sanyinjiao* Sp-6 both in *primiparous* and the multiparous equally experienced pain in childbirth when I. Acupressure on acupuncture *Heku* point (*Heku* LI-4), *Ciliao* BL-32 and *Sanyinjiao* Sp-6 is an important part in childbirth, when to relax the mother can reduce the tension which aggravate the pain. After do acupressure on acupuncture *Heku* point (*Heku* LI-4), *Ciliao* BL-32 and *Sanyinjiao* Sp-6 levels were very severe pain was successfully lowered in severe pain scale. Especially in *primiparous* preparation of psychology and physiology to receive a baby, give mental and spiritual support, for pregnant women since doing ANC. Visible difference perceived by mothers *primiparous* and multiparous where the average level of pain experienced by the mother outweigh *primiparous* mother multipara case this occurs because the mother giving birth *primipara* is the first experience. So that sometimes arises fear and anxiety that can stimulate the release of stress hormones in large quantities in addition mostly in *primiparous* mothers do relaxation techniques appropriate imprecise standard although previously been taught by the researcher.

8. Conclusions and Recommendations

8.1 Conclusion

Based on the results of research and discussion that has been described and analyzed on acupressure on acupuncture *Heku* point (*Heku* LI-4), *Ciliao* BL-32 and *Sanyinjiao* Sp-6 with pain in the first stage of childbirth active phase of the city of Jambi 2016, it can be summarized as follows:

- 1) The first stage of childbirth pain before the active phase of the breathing relaxation obtained the majority of respondents were in extreme pain, and a small portion of respondents experienced a very severe pain. While the average scale of pain before relaxation breathing respondents is 7.51.
- 2) The first stage of childbirth pain after the relaxation of the active phase of breathing obtained the majority of respondents felt moderate pain and a small proportion of respondents experiencing severe pain. For the average scale of pain after the relaxation breathing respondents is 5.16.
- 3) From the analysis we found differences in respondents' level of pain before and after the relaxation breathing relaxation breathing. Where a decline in pain scale, from very severe pain became severe pain, severe pain became

moderate pain and moderate pain became mild pain. This means there is a breathing relaxation significant relationship to lower reaction first stage of childbirth pain in the active phase.

8.2 Suggestion

1) For H. Abdul Manap Jambi hospitals

To be a midwife in midwifery room can apply the methods of relaxation breathing in giving aid delivery compliance with standards and more intensive in providing information about methods of relaxation breathing As a method of pain control that is most convenient, cost can be provided to the maximum in the techniques and long intervention in an effort to improve quality health care and midwifery care at birth mothers.

2) For Jambi Health Polytechnic Midwifery Programs

To be more propagated back library books, especially handling pain book in childbirth and for additional references about the relationship relaxation breathing to pain first stage of childbirth active phase which could be a reference to the holding of more research.

3) For Researchers Other

The results of this study can broaden handling particularly obstetrics maternal pain in the active phase of the first stage using breathing and relaxation techniques as a material to carry out further research with variables and design studies been taught by the researcher.

References

- [1] Arikunto, 2006. *Prosedur Penelitian Suatu Pendekatan Praktik*. Penerbit Rineka Cipta. Jakarta xi + 369 hlm
- [2] Dinkes Provinsi Jambi, 2012 *Profil Kesehatan Provinsi Jambi*
- [3] Handerson & Jones, 2005 *Buku Ajar Konsep Kebidanan*. EGC.Jakarta: xvii+755 hlm.
- [4] Judha, Mohamad et al, 2012 *Teori Pengukuran Nyeri*. Nuha Medica. Yogyakarta:viii+140 hlm.
- [5] Maryunani, 2010. *Nyeri Dalam Persalinan Teknik Dan Cara Penanganannya*. Tran Info Media Jakarta: x+127 hlm.
- [6] Notoadmojo, 2003. *Pendidikan Dan Perilaku Kesehatan*. Rineka Cipta, Jakarta
- [7] _____, 2005. *Metodologi Penelitian Kesehatan*, Rineka Cipta, Jakarta vi+ 208 hlm
- [8] _____, 2010 *Ilmu Perilaku Kesehatan*, Rineka Cipta, Jakarta ix + 174 hlm
- [9] Permadi Pong, 1982 *Pedoman Praktis Belajar Akupuntur dan Akupuntur Kecantikan*. Penerbit Alumni.Bandung
- [10] Sutanto Djuharto, 1987 *Terapi Akupuntur*. Penerbit Gravidian Jaya. Jakarta
- [11] Wiknjosastro, 2010. *Ilmu Kebidanan*. Yayasan Bina Pustaka. Jakarta: xxiv+992 hlm.
- [12] Eko, R dan Maulana D *Pengaruh Pemberian Teknik Akupresur Terhadap Tingkat Nyeri Persalinan Kala I Di Rumah Sakit Rajawali Citra Potorono Banguntapan Bantul 2007, Seminar Nasional Teknologi 2007 (SNT 2007)*, ISSN: 1978 – 9777

- [13] Turana, Yuda,. (2004). Akupresur. From
http://www.medikaholistik.com/medika.html?xmodule=document_detail&xid=25&ts=1380132446&qs=health.
Didownload pada tanggal 2 Juni2013