The Effect Of The Rebozo And Effleurage Techniques On Reducing Contraction Pain During Labor At TPMB Lina Maryati In 2022

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Abstract.
Pain that lasts from the first stage to the third stage of labor is referred to as labor pain. Apart from being a subjective experience, labor pain is also the result of physical sensations caused by uterine contractions, cervical dilatation and effacement, and fetal descent. Purpose of Writing: to determine the Effectiveness of the Rebozo and Effleurage Techniques in Reducing Contraction Pain During Labor at TPMB Lina Maryati in 2022. Research Methods: In this study it was experimental (quasi-experimental) with a control group design and an experimental group with a quantitative approach. Sampling in this study was a total sampling of 15 people. The sample technique used was accidental sampling. Research results: between using the rebozo and effleurage techniques before and after the mean rank was 8.00 and the sum rank was 120.00. A value of 15 means that this result indicates a decrease (reduction) from the value before and after meaning that all respondents who experienced contraction pain during labor had a reduction in contraction pain using rebozo and effleurage so that it was concluded that there was a significant difference in the pain scale of contractions before and after the rebozo technique was carried out and effleurage, thus it can be concluded that the rebozo and effleurage techniques are effective in reducing contraction pain or in other words, there is effectiveness of the rebozo and effleurage techniques in reducing contraction pain during labor. Conclusions and Suggestions: can be a guideline for health workers, especially midwives in applying this technique to mothers in labor in an effort to reduce or eliminate pain experienced by mothers during contractions.

Keywords: Rebozo and Effleurage Techniques and Reduction of Painful Contractions.

I. INTRODUCTION

Pain that lasts from the first stage to the third stage of labor is referred to as labor pain. Apart from being a subjective experience, labor pain is also the result of physical sensations caused by uterine contractions, cervical dilatation and effacement, and fetal decline. (Utami & Fitriahadi, 2019).Blood pressure, pulse, respiration, perspiration, pupil diameter, and muscle tension are physiological reactions to pain. Uterine contractions, known as Braxton Hicks contractions because they start in the 30th week of pregnancy and are caused by changes in the hormones estrogen and progesterone, are what cause labor pains. The contractions are irregular, painless and 5mmHg intensity and how strong these Braxton Hicks Hicks contractions are regular and will help her during labour. Amniotic fluid can sometimes leak before delivery, though it usually ruptures before it's fully opened. It is hoped that labor will begin within 24 hours after the amniotic fluid ruptures. (Utami & Fitriahadi, 2019).The absence of discomfort during childbirth is not always ensured by preparation for childbirth. However, childbirth preparation is necessary to reduce anxiety and fear of labor pain so that mothers can choose different training strategies or methods to help them deal with their worries. During the early stages, uterine contractions are the main source of pain, the cervix dilates and the lower uterine segment thins. Pain in the second stage comes from two sources. Stretching of the vagina, vulva, and perineum is the first source, and contraction of the myometrium is the second. Stage III: Pain caused by the contraction of the uterus and the placenta passing through the cervix. (Judha, 2012).

Analgesia,which reduces and relieves pain, and anesthetics, which partially or completely eliminates sensation in a part of the body, are two medications that can be used to treat labor pain. while the non-pharmacological treatments for pain are Distraction, Effluerage Method, Kneading (squeezing), Firm counter pressure method, Abdominal lifting, Cold Hot Compresses, Guided Imaginary, Aroma Therapy and Rebozo Techniques (Patel, 2019).In Simbolon Research, (2021). Efficiency of the Rebozo Technique in Phase I Active Labor in Primigravida Maternity. An independent t test was used to analyze the test findings, which revealed that there was variation in the mean length of labor during the first active phase of the first stage, indicating how well the rebozo technique worked to shorten this period of labour. The rebozo technique is

very good for reducing labor pain and speeding up labor.Based on previous research which showed the effectiveness of using non-pharmacological methods using the rebozo technique and Effleurage Massage to reduce pain during labor. In addition, the researchers conducted an initial survey with 2 mothers in labor, then the researchers tried to do the rebozo technique during the active phase in the first birthing mother, they found a sense of reduction in menstrual pain, and then the researchers tried to do effleurage on the second birthing mother with the same results. there is a reduction in pain. Therefore researchers are interested in using the research title "Effectiveness of the Rebozo and Effleurage Techniques in Reducing Contraction Pain During Labor at TPMB Lina Maryati in 2022"

II. METHODS

In this study, it was experimental (quasi-experimental) with a control group design and an experimental group with a quantitative approach. the variable in the study, namely the dependent/dependent variable, is a decrease in contraction pain during labour. and the independent/free variables are the rebozo and effleurage techniques. Data analysis was used in this study, namely analysis of normality tests and different tests using SPSS version 29. To measure pain scales using the FLACC questionnaire, abbreviated from F (Face), L (Leg), A (Activity), C (Cry), and C (Consolability). The score is added up by looking at the pain scale 0-10. and measure the reduction in contraction pain.

Sampling in this study is a total sampling of 15 people. The sample technique used is accidental sampling. The inclusion criteria are Willing to be a respondent, Mother giving birth with head presentation. Meanwhile, the exclusion criteria were willing to be respondents, mothers giving birth with head presentation. The implementation stage at this stage of primary data collection is in accordance with the research objectives to determine the effectiveness of the Rebozo and Effleurage Techniques for Reducing Contraction Pain During Labor at TPMB Lina Maryati in the way before the Rebozo and Effleurage Techniques were carried out by assessing the pain scale using the FLACC scale during contractions then researchers performing the Rebozo and Effleurage Technique, then assessing the pain scale using the FLACC scale with a score of 1-10.

III. RESEARCH RESULT

A. UNIVARIATE ANALYSIS

1. Frequency Distribution of Decreased Contraction Pain Scale Before Using the Rebozo and Effleurage Techniques During Labor at TPMB Lina Maryati in 2022

No	Pain Intensity	Frekuensi	%
1.	No pain	0	0,0
2.	Mild pain	4	26,7
3.	Moderate pain	8	53,3
4.	Severe pain	3	20,0
	Total	**15**	**100.0**

Based on table 1 above, the majority of the 15 respondents experienced moderate pain as many as 8 people (53.3%), mild pain as many as 4 people (26.7%), and severe pain as many as 3 people (20.0%). %) before using the rebozo and effleurage techniques.

2. Frequency Distribution of Decreased Contraction Pain Scale After Using the Rebozo and Effleurage Techniques During Labor at TPMB Lina Maryati in 2022

No	Pain Intensity	Frekuensi	%
1.	No pain	4	26,7
2.	Mild pain	9	60,0
3.	Moderate pain	2	13,3
4.	Severe pain	0	0,0
	Total	**15**	**100.0**

Based on table 5.2 above, it shows that out of 15 respondents, 9 (60.0%) of them reported mild pain after using the rebozo and effleurage procedures. A total of 4 patients (26.7%) reported no discomfort, while at least 2 (13.3%) reported moderate pain.

3. Average Contraction Pain Scale Using the Rebozo and Effleurage Techniques Before and After During Labor at TPMB Lina Maryati in 2022

		N	Mean Rank	Sum Of Rank
pretes-postes	Negatif Ranks	15	8,00	120,00
	Positif Ranks	0	0,00	0,00
	Ties	0		
	Total	15		

Table 3 shows the results of the majority of the averages before and after the negative ranks or the difference (negative), namely between using the rebozo and effleurage techniques before and after the mean rank is 8.00 and the sum rank is 120.00. A value of 15 means that this result indicates a decrease (reduction) from the value before and after, meaning that all respondents who experienced painful contractions during labor experienced a reduction in the pain of contractions by using rebozo and effleurage

B.   BIVARIATE ANALYSIS

1.   The Effectiveness of the Rebozo and Effleurage Techniques for Reducing Contraction Pain During Labor at TPMB Lina Maryati

Kelompok	Mean		standar deviasi		Selisih Mean	Selisih SD	P value
	sebelum	sesudah	sebelum	sesudah			
Teknik Rebozo Dan Effleurage	1,93	0,87	0,704	0,640	1,226	0,23	0,01

Table 4 shows the average value before doing the rebozo and effleurage technique, which is 1.93 and a standard deviation of 0.704. The average value after doing the rebozo and effleurage techniques is 0.87 and the standard deviation is 0.640. Viewed based on the difference in mean before and after that is 1.226 while the difference in standard deviation before and after is 0.23.The results of the analysis of contraction pain scale before and after the rebozo and effleurage techniques were carried out obtained p value (0.001) <α (0.05) which means that there was a significant difference in the pain scale of contractions before and after the rebozo and effleurage techniques were carried out. the rebozo and effleurage techniques are effective in reducing contraction pain or in other words there is the effectiveness of the rebozo and effleurage techniques in reducing contraction pain during labor.

DISCUSSION

It can be seen that of the 15 respondents before using the rebozo and effleurage procedures, the majority of the 15 respondents reported experiencing moderate pain as many as 8 people (53.3%), mild discomfort as many as 4 people (26.7%), and severe pain as many as 3 people . people (20.0%). The majority of them then reported mild discomfort, up to 9 people (60.0%), no pain, up to 4 people (26.7%), and moderate pain, up to 2 people (13.3%), after performing the technique. rebozo and effleurage. In the Wilcoxon test results, a negative value = 15 was obtained between using the rebozo and effleurage techniques before and after the mean rank value was 8.00 and the sum rank was 120.00, positive value = 0 and ties value = 0 Results of contraction pain scale analysis There were significant differences in the contraction pain scale before and after the rebozo and effleurage actions. According to the study of the contraction pain scale before and after the two techniques were performed, the p value (0.001) <a (0.05) was obtained. From the results above, it can be concluded that the rebozo and effleurage techniques are effective in reducing contraction pain or in other words, the effectiveness of rebozo and effleurage treatment is useful for reducing labor contraction pain.The findings of this study are in line with the findings of Nurpratiwi et al (2020). In the active stages of early labor, the rebozo technique of shaking apples and rebozo moving while lying down helps relieve discomfort and speed up labor in multigravida mothers.). who stated that the rebozo shake the apples technique and rebozo shifting while lying down also had a positive effect on labor, one of which was to increase the feeling of comfort during labour.

Painful contractions that make the mother feel more anxious will make the pain worse, this is supported by the theory according to Qorininai, (2017) which states feelings of anxiety and fear in facing childbirth can physiologically cause uterine contractions to feel more painful and painful. Handling to reduce

pain can be done with non-pharmacological measures. Based on Sitiyaroh's research, (2020) that non-pharmacological treatment can be carried out by not consuming drugs, non-pharmacological treatment can be carried out with acupressure, acupuncture, classical music therapy, aromatherapy, and consumption of traditional or natural foods.According to Somawinata, (2021) which states that the active phase of labor is a demanding and trying time for the mother because the contractions become more frequent and the pain becomes unbearable. Contraction pain during labor in the first stage of labor is visceral pain because heartburn is felt from the uterus and cervix because the uterus is stretching and cervical dilatation occurs. Then, pain is channeled from the spinal cord, so that it can be felt starting from the lower abdomen and radiating to the back area, then down to the thighs. However, the mother will no longer experience discomfort during the intervals between contractions at this point, as the head continues to drop below the pelvis. The duration of the excruciating contractions will be prolonged. During labour, the painful contractions usually originate in the uterine muscles. During labour, you will experience visceral pain, which is localized, somatic, and present as labor begins. It has searing qualities and indistinct location boundaries. Cephalopelvic disproportion, dystocia, and other painful and uncomfortable complications of pregnancy include these.

The researchers hypothesized that the worry and emotional discomfort experienced when experiencing the pain of childbirth causes pressure on nerve endings to expand and relax the uterine muscle tissue and joints that follow the contractions. This is supported by the theory of Sitiyaroh, N & Nency, O (2022) which in theory focuses on non-pharmacological therapy in reducing anxiety during labour. In addition to the presence of the husband, non-pharmacological therapy is available to help reduce anxiety during labor and delivery. This therapy encourages mothers to take steps to unwind and feel comfortable giving birth. As well as helping in the early stages of labor to relieve back discomfort and to calm, soothe and soothe the mother in labour, massage can be used to relax the mother and bring her closer to her partner. There are also other studies, such as Indrayani's claim (2016) that effleurage (gentle massage) and counterpressure (pressure) are two massage techniques that can reduce discomfort and are very beneficial for women during the first stage of labour.In this study, non-pharmacological treatment measures were carried out, namely the rebozo technique and effleurage. Previous studies only carried out research on the rebozo technique with contraction pain or effleurage action on contraction pain, but in the current study carried out simultaneously the rebozo and effleurage technique on the grounds that both are non-pharmacological measures that can reduce pain and can make women feel relaxed and comfortable in labor. It is supported by Yuriati, & Khoiriyah (2021) the title of his research was about comfortable labor with the rebozo technique. The results of the first stage of research using the rebozo technique in the treatment group were 1.20 where the p-value was 0.002.

Therefore, in this study it was explained that there was an effect rebozo technique with the duration of the first stage and the level of pain in labor. So that the action of the rebozo technique can be applied to any normal delivery process.Research according to Herinawati et al (2019) in her research stated that effleurage massage is a method of non-pharmacological pain management to reduce or relieve pain in the first stage. The implementation of research conducted on pregnant women who were massaged for 20 minutes every hour during the stages of labor would be more free from pain, because massage stimulates the body to release endorphins. According to statistical analysis, effleurage massage has a significant impact on pain during the first active period, with a count of sig (2-tailed) 0.000 <0.05.Based on the results of the theory conveyed by previous researchers, the researchers argue that the rebozo and effleurage techniques can be performed on women in labor when they experience painful contractions. Therefore, the researchers really hope that the results of the study can be used as a guideline as a non-pharmacological treatment action to relieve or relieve pain during contractions in mothers in labor.The limitation of this study is that researchers have to divide their time between two research locations, which causes the number of samples collected to be less than ideal, making it difficult to carry out. Researchers cannot do this for all mothers who give birth at TPMB Lina Maryati due to time constraints.

IV. CONCLUSION

From the research findings on the Effectiveness of the Rebozo and Effleurage Techniques for Reducing Contraction Pain During Labor at TPMB Lina Maryati, it was found:

1. It was seen that of the 15 respondents before carrying out the rebozo and effleurage techniques the majority of them reported mild to moderate pain in 8 people (53.3%), mild to mild in 4 people (26.7%), and severe to severe in 3 people (20.0%).

2. Then of the 15 respondents after doing the rebozo and effleurage techniques, most of them had no pain as many as 4 people (26.7%), mild pain as many as 9 people (60.0%), and moderate pain as many as 2 people (13.3%).

3. Negative ranks or the difference (negative), namely between using the rebozo technique and effleurage before and after the mean rank value is 8.00 and the sum rank is 120.00. A value of 15 means that this result shows a reduction (decrease) between the values before and after, meaning that all respondents who experienced contraction pain during labor had a reduction in contraction pain by using rebozo and effleurage.

4. Positive ranks or difference (positive), namely between using the rebozo technique and effleurage before and after there are 0 positive data (N) which means there is no increase in contraction pain from the values before and after.

5. Ties are the similarity of scores before and after, namely between using the rebozo and effleurage techniques there is no equal assessment between before and after.

6. From the results above, it can be concluded that the rebozo and effleurage techniques are effective in reducing contraction pain or in other words, there is effectiveness of the rebozo and effleurage techniques in reducing contraction pain during labor.

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