
**THE EFFECT OF COUNTER PRESSURE ON LOW PAIN IN MATERNAL IN THE
ACTIVE PHASE 1 AT THE UJUNG KUBU HEALTH CENTER
BATU BARA DISTRICT YEAR 2022**

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ABSTRACT

Background: Seeing the impact of pain during labor can harm the mother and baby if not treated immediately, then pain control is an important thing to do, where efforts can be made in the form of pharmacological or non-pharmacological treatment. One of the non-pharmacological treatments is counter pressure massage. Objective: To analyze the effect of counter pressure massage on reducing low back pain in pregnant women during the first active phase. Population: Third trimester primigravida pregnant women with a total of 35 people with purposive sampling with a sample of 32 people based on inclusion and exclusion criteria. Type of Research: Experimental research with one group pretest and posttest. Collecting data using observation sheets. And the univariate and bivariate tests were carried out using the Paired Sample T Test Results: The results of this study obtained the mean value before action 7.16 and after action 2.69 with a p-value of 0.000 which means less than 0.005 which means that there is an effect of counter pressure on low back pain in childbirth, stage I active phase. Conclusion: There is an effect of Counter Pressure from before the massage and after it is done on the low back pain of mothers in labor in the first active phase at the Ujung Kubu Health Center, Batu Bara Regency in 2022

Keywords: Counter Pressure, Pain, Waist

INTRODUCTION

Pain is a condition in which an undesirable and unpleasant state is caused by actual or potential damage. Physiologically, labor pain will be felt by

all mothers who will give birth, during the delivery process the mother will feel pain. This can be caused by contractions and uterine activity which is starting to become active, stretching of the abdominal muscles

which is getting tighter and worrying during the delivery process. (Ayu &

labor progress which causes a prolonged second stage. Weakened uterine

Supliyani, 2017). Back pain is pain that occurs in the lumbosacral region. Low back pain caused by increasing intensity during pregnancy until its peak occurs during labor (Diah & Sri, 2020). Pain felt during labor can be caused by an increase in uterine contractions which can cause pain in the waist and abdominal area so that it can radiate to the thighs (Winda, 2020).

The incidence of pain experienced by childbirth mothers is still relatively high, namely 91.9% of mothers who feel labor pain in the first stage and will experience an increase in labor pain 2.63 times more pain in primigravida mothers compared to multiparous mothers. During the labor process, the level of pain experienced by the mother will also be different, namely 15% of maternity mothers will experience mild pain, 35% moderate pain, and 30% of maternity mothers who experience severe pain and there are 20% of maternity mothers will experience very severe pain (Widiawati & Legiati, 2017).

Pain that cannot be overcome will have a negative impact on the continuity of labor, the labor process will slow down and can endanger the mother and fetus where there can be a decrease in the effectiveness of uterine contractions, resulting in slowed

contractions will reduce the performance of contractions that can cause bleeding after the delivery process takes place and can even result in the mother's death, pain that lasts during the labor process also causes asphyxia in the baby where pain can lead to reduced maternal blood flow to the baby and can even cause fetal death in the womb (Ayu & Supliyani, 2017).

Seeing the impact of pain during labor can harm the mother and baby if not treated immediately, then pain control is an important thing to do, where efforts can be made in the form of pharmacological or non-pharmacological treatment. One treatment with non-pharmacological methods, including counter pressure massage (Selvy & Enderia, 2021).

Counter pressure massage is a massage that is done by pressing the sacrum bone continuously during uterine contractions using the palm of the hand or fist. This massage technique will close the pain gate to the brain and will activate endorphine compounds in the nerves which will cause a decrease in pain sensation. This endorphin hormone will affect the impulse transmission process which is interpreted as pain (Ayannur & Novita, 2021).

Center, Batu Bara Regency on December 22, 2021 to January 4, 2022 using an observation sheet, there were 6 maternity mothers who felt severe pain, 2 people felt moderate pain and 2 people had very severe pain, so the mother requested that He was taken to the hospital for a cesarean section.

Based on the above background, pain in the waist during childbirth is often experienced by mothers during the labor process and will cause problems if not treated immediately and it is illustrated that counter pressure massage has a role in blood circulation and stretching the pelvic muscles as well as decreasing pain during the process. labor took place so that the authors were interested in conducting research related to the Effect of Counter Pressure on Low Back Pain in Maternity in Active Phase 1 at the Ujung Kubu Health Center, Batu Bara Regency in 2022.

METHOD

The type of research used is quantitative with experimental methods with one group pretest and posttest. The population in this study were all primigravida TM III pregnant women with a total of 35 people. The sampling technique used was

formula. Data was collected using observation sheets before and after counter pressure was applied. Data processing was carried out univariate and bivariate and normality test using Shapiro Wilk to use the Paired Samples T Test

RESULTS AND DISCUSSION

Univariate Analysis

Table 1. Frequency of Pain Intensity Before to Counter Pressure in Maternal Phase I Active Phase at Ujung Kubu Health Center, Batu Bara Regency in 2022

Pain Level	Frequency	
	F	Percentag e
0 No Pain	-	-
1-3 Mild Pain	-	-
4-6 Moderate Pain	10	31.25%
7-9 Severe Pain	20	62.5%
10 Very Severe Pain	2	6.25%
Total	32	100%

Based on table 1. there is a distribution of the intensity of low back pain in childbirth before counter pressure as many as 32 respondents with moderate pain level 10 respondents (31.25%), severe pain 20

respondents (62.5%) and very severe pain there were 2 (6, 25%) of respondents.

must be ended immediately to reduce the occurrence of complications both pharmacologically and non-pharmacologically. Non-pharmacological

Table 2. Frequency of Pain Intensity After Performing Counter Pressure in Maternal Phase I Active Phase at Ujung Kubu Health Center, Batu Bara Regency in 2022

	Frequency	
	F	Percentage
Pain Level		
0 No Pain	2	6.25%
1-3 Mild Pain	21	65.625%
4-6 Moderate Pain	9	28,125%
7-9 Severe Pain	-	-
10 Very Severe Pain	-	-
POSTEST		
Total	32	100%

Based on table 2. it can be seen that the frequency of the intensity of low back pain in childbirth after counter pressure was performed on 32 respondents, namely 2 respondents (6.25%) who did not experience pain, 21 respondents (65.625%), mild pain and 9 respondents (28.125%) moderate pain.

Pain felt during labor can be caused by an increase in uterine contractions which can cause pain and tenderness in the waist and abdominal area to radiate to the thighs. Low back pain occurs in the lumbosacral area where this pain will increase as the delivery process progresses, but this pain

treatment will be more effective and have no side effects, so it is highly recommended to provide non-pharmacological treatment. However, in the provision of this treatment has limitations where there is limited ability to provide health care (Winda, 2020).

Stimulus from counter pressure massage will cause the pain gate to the brain to be closed and pressure from the hand in the sacrum will activate endorphine compounds so that the flow of pain can be blocked and result in reduced pain. The massage stimulus will also inhibit the psychological feeling of pain and will provide confidence related to reducing the pain experienced, controlling emotions and also reactions to stress (Yulianingsih et al., 2019).

Bivariate Analysis

Table 3. Normality Test of Waist Pain in Maternal Maternity Before and After Counter Pressure for Maternity in Phase I Active Phase at Ujung Kubu Health Center, Batu Bara Regency in 2022 Using Shapiro-Wilk

Data Type	Statistic		
	s	df	P value
Before Action	0.955	32	0.196
After Action	0.943	32	0.094

From the table above shows the results of the normality test data using Shapiro-Wilk, the results obtained before the action P value 0.196 and after P value 0.094, which

means above 0.05, which means that it meets the normality test requirements and can use the Paired Sample T Test

Table 4. Comparison of Pain Intensity Scores Before and After Counter Pressure in Maternity Mothers in Active Phase I at the Ujung Kubu Health Center, Batu Bara Regency in 2022

Paired Sample Statistics				
	mean	N	Std. Deviation	Std. Error Mean
Before	7.16	32	1.588	.281
After Action	2.69	32	1.355	.239

From table 4. It can be concluded that maternity mothers experience pain with an average value before the action is 7.16 and there is a decrease after being given counter pressure with an average value of 2.69

Table 5. Pain Intensity Score Results Before and After Counter Pressure in Maternity Mothers during Active Phase I at the Puskesmas Ujung Kubu Batu Coal Regency in 2022

	N	median (minimum-maximum)	P value
Before Action	32	7(4-10)	0.000
After Action	32	3(0-5)	

Table 5. Based on the Paired Sample T Test the result value is = 0.000, which means less than = 0.05 and it can be interpreted that there is an influence of low back pain in childbirth in the first stage of the active

phase at the Ujung Kubu Health Center, Batu Bara Regency in 2022 before being given a counter pressure and after being given counter pressure

In pain management there are several methods that can be done both pharmacologically and non-pharmacologically. As for the treatment that can be done pharmacologically, including the provision of analgesics and anesthesia, but this has side effects on the continuity of the labor process and causes depression in the fetus so that non-pharmacological treatment is highly recommended with the process is relatively simple, effective and without harmful effects and increases maternal satisfaction during the labor process because the mother can control her feelings and strength (Maryunani, 2018).

Counter Pressure one of the massages with a technique that can close the gate control so as to relieve and inhibit the passage of pain signals to the hypothalamus, counter pressure massage will also stimulate the body to release endorphins and accelerate blood circulation

and oxygenation throughout the body tissues which can help mothers feel more calm and relaxed against childbirth. Counter pressure massage is a technique for blocking pain impulses that will be

Pressure on Low Back Pain in Maternity during the Active Phase I at the Ujung Kubu Health Center in 2022, it can be concluded as follows:

transmitted to the hypothalamus the fastest (Maryunani, 2018).

The results of this study are in line with the research of Yulianingsih, et al. 2019. Gorontalo Health Polytechnic. Counter Pressure Massage Technique on Reducing Pain Intensity in Active Phase I in Maternal Maternity in RSUD. Dr. MM Dunda Limboto, Gorontalo Regency. Stating that there was a significant effect after counter pressure was carried out with the Wilcoxon test results obtaining the results of 0.000 smaller than 0.05 so that H_0 was rejected and H_a was accepted, meaning that the counter pressure massage given to pregnant women in the first stage of the active phase had effectiveness. The massage given will activate the endorphin hormone and close the gate of pain control so that pain will not reach the hypothalamus and the massage given will also accelerate blood circulation so as to provide a sense of comfort (Yulianingsih et al., 2019)

CONCLUSION

Based on the conclusions of the results of the study entitled The Effect of Counter

1. Before to counter pressure, the mother experienced low back pain with
2. moderate pain level 10 respondents (31.25%), severe pain 20 respondents (62.5%) and very severe pain 2 respondents (6.25%).
3. After counter pressure was applied, there was a decrease in the intensity of low back pain experienced by mothers who did not experience pain 2 respondents (6.25%), 21 respondents (65.625%), mild pain and 9 respondents (28.125%).

And it can be concluded that maternity mothers experience pain with an average value before the action of 7.16 and a decrease after being given counter pressure with an average value of 2.69 with a p-value of 0.000. This means that there is an effect of counter pressure on maternal low back pain during the first stage of the active phase.

REFERENCES

- Ayannur, N., & Novita, B. (2021). *PENGARUH COUNTER PRESSURE MASSAGE TERHADAP PENURUNAN NYERI BERSALIN KALA I FASE AKTIF*. 9(4), 638-641.

N. G., & Supliyani, E. (2017). Karakteristik Ibu Bersalin Kaitannya Dengan Intensitas Nyeri Persalinan Kala 1 Di Kota Bogor. *Jurnal Kebidanan Malahayati*, 3(4), 204–210.

Diah, H., & Sri, M. (2020). PENGARUH

ENDORPHIN MASSAGE TERHADAP INTENSITAS NYERI PUNGGUNG BAWAH IBU HAMIL TRIMESTER III. *Jurnal Kesehatan Masyarakat (e-Journal)*, 1.

Maryunani, A. (2018). *Nyeri Dalam Persalinan*.

Selvy, A., & Enderia, S. (2021). *PENGARUH TEKNIK MASASE COUNTER PRESSURE TERHADAP INTENSITAS PENURUNAN NYERI PERSALINAN KALA I FASE AKTIF DI BPM HERASDIANA*. 8(September), 53–61.

Widiawati, I., & Legiati, T. (2017). Mengenal Nyeri Persalinan Pada Primipara Dan Multipara. *Jurnal Bimtas*, 2(1), 42–48.

Winda, S. (2020). *KALA I FASE AKTIF Politeknik Yakpermas Banyumas , Diploma III Keperawatan Politeknik Yakpermas Banyumas , Diploma III Keperawatan* Email : jurnalyakpermas@gmail.com

Politeknik Yakpermas Banyumas , Diploma III Keperawatan Winda Setianingsih Soeparno : Penga. 74–83.

Yulianingsih, E., Porouw, H. S., & Loleh, S. (2019). Teknik Massage Counterpressure terhadap Penurunan Intensitas Nyeri Kala I Fase Aktif pada Ibu Bersalin di RSUD. Dr. M.M Dunda Limboto Kabupaten Gorontalo. *Gaster*, 17(2), 231–374. <https://doi.org/10.30787/gaster.v17i2.374>