

APPLICATION OF EFFLEURAGE MASSAGE TECHNIQUE IN POSTPARTUM PAIN

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ABSTRACT

Data in the world around 80% of postpartum mothers give birth normally, in Indonesia mothers who give birth normally reach 81.5%, in Kulon Progo the number of mothers giving birth is 39.44%. Mothers who give birth normally often experience pain due to uterine contraction which is referred to as "after pain" is a pain that feels like heartburn that lasts for 1-4 days after giving birth. The impact of pain if left untreated will cause inhibition of early mobilization, inhibition of lactation, inhibition of the bonding attachment process, Feelings of tiredness, anxiety, disappointment due to discomfort, disturbed sleep patterns, and even prolonged pain will increase the risk of postpartum blues. So that to reduce the pain, a non-pharmacological pain management intervention can be used in the form of effleurage massage techniques. Objective: this case study aims to determine the application of effleurage massage technique in postpartum pain. Method: This case study uses a descriptive method conducted in an approach with one respondent who will be carried out effleurage massage technique 2-3 times for 5 minutes for 3 days. Before and after the effleurage massage technique, the pain level was identified using a comparative pain scale. Results: There was a decrease in pain scale after being given the effleurage massage technique for 3 days from a pain scale of 4 (moderate pain) to 1 (mild pain). Conclusions: the effleurage massage technique is able to reduce the pain scale with an average pain scale in the range of 2 scales.

Keywords: afterpain; effleurage massage; post partum

INTRODUCTION

Mothers who experience a recovery period after nine months of pregnancy and give birth at the age of full-term without experiencing complications in the mother or fetus with one fetus presenting the crest of the head that lasts within 18 hours is called a spontaneous postpartum mother. (Hipson & Anggraini, 2021) Data in the world about 80% of postpartum mothers who give birth normally experience pain in the lower abdomen on the first day, as much as 79% of normal labor can increase the occurrence of pain (*afterpain*) This pain usually occurs in 45-55% in the first week after giving birth and will increase by 60-68% in the next 8 months (Rahmayanti et al., 2021). Meanwhile, according to prevalence in Indonesia, 81.5% of mothers who give birth normally experience pain due to uterine contractions (Helmi & Rasyid, 2020). From the results of the Central Statistics Agency in Kulon Progo, the number of mothers who experience discomfort or pain after giving birth is 39.44%, in Panjatan village, 3.7%, in Krembangan Village 0.26%, and in hamlet X there is 0.04% (BPS Kulon Progo, 2023). The discomfort experienced by postpartum mothers is pain due to uterine contraction known as "*after pain*" and pain throughout the body after normal childbirth. These contractions can interfere with the comfort of the mother in the postpartum period and last for 1-4 days after giving birth (Sitinjak et al., 2023).

According to a study conducted by Didien Ika Setyarani in 2018 in (Harnany, 2021), it was found that 10% of mothers experienced controlled severe pain (*after pains*), 57% experienced moderate pain (*after pains*), and 33% experienced mild pain (*after pains*). And the results of a study

conducted by waifti Amalia, et al. in 2015 showed that 90% of mothers experienced moderate pain (*after pains*), while 10% experienced severe *pain (after pains)*. Both studies showed that most postpartum mothers experienced moderate pain *levels (after pains)*. From this, mothers experience a high number of aches and pains (*after pains*) so that if left unchecked, it can have a very complex impact on mothers, among others, inhibition of early mobilization, Lactation inhibition, inhibition of the bonding attachment *process*, feelings of tiredness, anxiety, disappointment due to discomfort, sleep pattern disturbances, and even prolonged pain will increase the risk of postpartum *blues*. Based on this, to reduce the pain experienced by postpartum mothers, pain management interventions can be used both pharmacological and non-pharmacological interventions. Non-pharmacological therapies that have been proven to be safe and effective in reducing pain during postpartum masses, one of which is (Rahmadi Islam, 2018). Because *massage* is a safe, easy, cost-free procedure, has no side effects and can be done alone or with the help of others to reduce pain (Fathia *et al.*, 2023). The results of Parulian's 2014 research in (Danur Jayanti & Indah Mayasari, 2022). Showing that the application of massage techniques that are effective in reducing pain by up to 45% is *effleurage massage*. The *effleurage massage technique* is carried out by applying pressure in the form of a gentle massage using the hands to improve blood circulation. Calmly and rhythmically, pressured massage Distal and downward for skin stimulation The abdomen with the fingertips of the palm with the direction of movement forms a butterfly-like pattern, often accompanied by abdominal breathing. This can reduce uterine contractions, decrease in uteroplacental circulation, decrease blood and oxygen flow to the uterus so as to reduce pain in childbirth (Aini, 2016)

METHOD

This study uses a descriptive method that is a case study to describe the application of *effleurage* massage techniques to reduce pain scale in postpartum mothers taken 1 respondent with the criteria of postpartum pain on days 0-4 who experience pain on a mild to moderate scale (scale 1-6). The *effleurage* massage technique will be carried out 3 days in the morning, afternoon and evening for 5 minutes for 2-3 times in accordance with the standard operating procedures (SOP). Before and after the implementation of the *effleurage* massage technique, the pain level was identified using a comparative pain scale.

RESULT AND DISCUSSION

In this case study, the respondent Mrs. S, 19 years old, a postpartum mother on days 1, 2 and 3, who experienced pain due to uterine contractions with a pain scale of 4 (moderate pain), namely pain felt in the abdomen, pain felt heartburn repeatedly and occurred continuously. Then the *effleurage massage* technique was carried out for 3 days in a row for 5 minutes for 2-3 times to get the results:

Table 1.
Pain Scale

| Day / Date | Jam | Pain Scale | |
|--------------------------|-------|---------------|--------------|
| | | Before Action | After Action |
| Tuesday, 19 March 2024 | 16.00 | 4 | 2 |
| Wednesday, 20 March 2024 | 09.00 | 3 | 1 |
| | 16.00 | 4 | 2 |
| Thursday, 21 March 2024 | 09.00 | 3 | 1 |
| | 16.00 | 3 | 1 |

The following is a chart of the pain scale before and after the *effleurage massage technique*

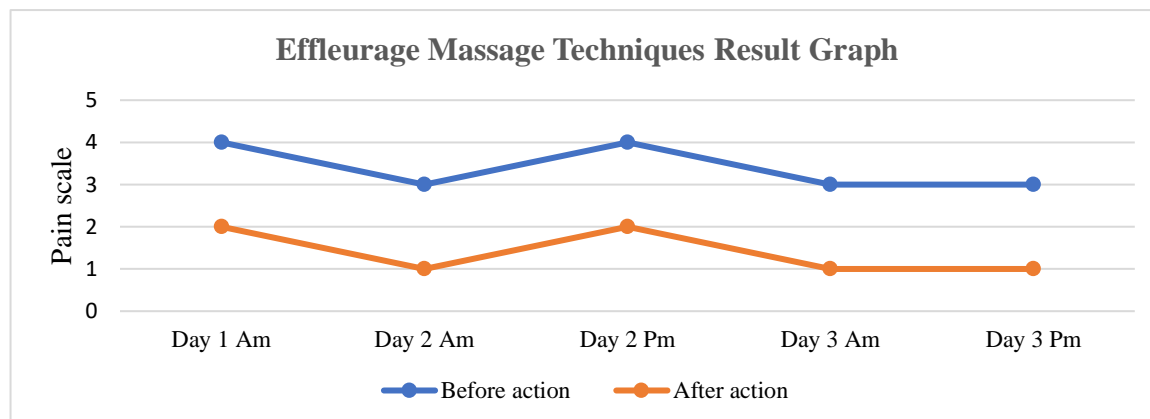


Figure 1. Pain scale chart before and after *effleurage massage technique* action

On the first day in the afternoon at 16.00 WIB, before the implementation of the *effleurage massage technique* on Mrs. S, an interview was conducted and the pain scale measurement was carried out using a comparative pain scale measuring tool, then the results of the pain scale 4 were obtained and after being given the implementation of the *effleurage massage technique* As many as 2-3 times for 5 minutes using the swab given by baby oil, the pain scale decreased to 2. This is in accordance with the theory (Fasikhatus, 2019). That *effleurage* is a light massage using the palm of the hand which is usually done on the abdomen, in harmony with breathing during contractions. This technique can help stimulate the skin, distract (divert the focus of pain) so that after the *effleurage massage technique* is carried out, Mrs. S said she felt relaxed, and comfortable in her abdomen and body. In the implementation carried out on the second day in the morning at 09.00 WIB, Mrs. S said that she lacked sleep and rest because she felt pain while breastfeeding her baby so that the pain scale result of 3 was obtained. This is the same as the opinion expressed by (Syahriana *et al.*, 2023). That uterine contraction pain will increase when a woman is breastfeeding her baby because there is a stimulation of the baby's suction that releases the hormone oxytocin into the bloodstream and enters the uterus, causing contractions. With this condition, the implementation of the *effleurage massage technique* for 5 minutes was carried out and 3 massages were carried out to reduce the pain of contractions so that the pain scale was 2. From this implementation, there was a decrease in the scale of pain and a response was obtained from respondents who said that "the massage is very good" and "the pain I feel in the abdomen has decreased".

On the second day in the afternoon at 16.00 WIB, from the results of the interview, Mrs. S said that she was still in pain while breastfeeding even though she had used a breast milk connector. So that there was an increase from the previous result to a pain scale of 4. With this condition, the implementation of the *effleurage massage technique* for 5 minutes was carried out 2 times and a reduction in the pain scale was obtained to 2. This is in accordance with the theory (Harnany, *et al.*, 2021). That mothers who feel pain from uterine contractions coupled with breastfeeding the baby cause the pain to increase. This is because the hormone oxytocin, which regulates breast milk production, triggers contractions to be stronger so that the scale of pain in the implementation carried out on the 2nd day increases. The implementation carried out on the third day in the morning at 09.00 WIB got the result that Mrs. S was used to breastfeeding with a breast milk connector so that the pain felt had decreased, after that the pain scale was measured again and got a result of 3 then the *effleurage massage technique* was carried out for 5 minutes with 2 massages so that the

pain scale was 1. This is in accordance with the theory put forward (Mardiani, 2022). That before the *effleurage massage* technique will still feel uncomfortable, endure pain and after the action will be taken there will be a decrease in pain.

The implementation of the third day in the afternoon at 16.00 WIB was carried out to measure the pain scale and get a result of 3 after which the *effleurage massage* technique was carried out for 5 minutes and carried out 3 times, after which the pain was reduced to 1. This is in line with research conducted by (Sitinjak *et al.*, 2023). It is said that *effleurage massage* can reduce pain perception through a mechanism that inhibits pain *stimulation (gate control)* and increases the endogenous morphine hormone. And the more frequency is done, the *endogenous morphine* hormone will be produced by the brain so that it causes a relaxation effect. In addition, Mrs. S also responded that her body was getting more comfortable and relaxed after 3 days of *effleurage massage* technique and said that "it is very comfortable to massage right at the pain point that I feel". From the implementation of the *effleurage massage* technique which was carried out for 3 days in a row. In general, this study can have the effect of lowering the pain scale in Mrs. S. The results of this study are in line with the research conducted by (Sitorus & Harianja, 2020) which states that there is a difference before and after the *effleurage massage technique is given*. And from the results of the research (merlina yuliarti, 2023). With the title "Application of *effleurage massage* technique to reduce pain scale in postpartum mothers", the result was obtained that there was a decrease in pain scale after being given the *effleurage massage* technique so that this technique is effective to help reduce postpartum pain and postpartum mothers can do it independently.

CONCLUSION

In the case study, it can be stated that before being given the *effleurage massage* technique, the patient was observed about the pain scale which showed on the pain scale of 4, after the *effleurage massage* technique was carried out for 3 days in 1 week, the pain scale decreased to 1, so that the *effleurage massage* technique was able to reduce the pain scale with the average pain scale in the range by 2 scales. There are several factors that can affect changes in the pain scale in Mrs. S, including lack of rest/sleep, pain when breastfeeding the baby and blistered breast milk.

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