

# Counter-Pressure Practice Method by Spouse's for Reducing Pain of Mother's In First Stage Labour

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**Abstract. Background.** Pain in childbirth cause psychological disorders for mothers, such as 87% of postpartum blues, 10% of depression and 3% of psychosis. Therefore interventions to reduce labour pain is necessary to prevent complications in the mother and fetus during the process and after delivery. One method to reduce the pain of childbirth is to give counter pressure on the sacral region, but the application of this method is usually only done by health workers. Counter pressure method can be taught in the family, especially the spouse to reduce the pain of childbirth. Mother in labor need support from the environment of health care workers, families, especially spouses (husband). **Objective:** to describe the practice of counter pressure made by the husband and wife to relieve pain in labour. **Research method:** used descriptive analytic design. As the population were 40 husbands who waiting for their wives at first stage of labour. The husbands have been trained about counter-pressure methods. The sampling method used consecutive sampling method. **Results:** obtained 75% husbands did well for practicing counter-pressure method, 60% women claimed reducing of pain after given counter- pressure by their husband. As a recommendation of this study is the importance of spouse presence in first stage labour for reducing the pain of mothers in childbirth.

## INTRODUCTION

Most deliveries (90%) is always accompanied by pain while in labor pain is a common thing to happen, the pain of labor is a physiological and psychological processes (WHO, 2007; Ministry of Health 2007). Reported from 2,700 women giving birth only 15% of births take place with mild pain, 35% with moderate pain, 30% with severe pain and 20% of deliveries with very severe pain (Niven & Gijsbers, 1984). Health statistics of Central Java (2003) obtained deliveries by skilled health personnel is not maximum 82.75%, and in particular the county Kendal obtained 64.71% figure means that about 35% of deliveries are handled by other than medical personnel. Moreover likely deliveries take a patient's own home. Labor pain can stimulate the release of chemical mediators such as prostaglandins, leukotrienes, thromboxane, histamine, bradykinin, substance P, and serotonin, will result in the secretion of stress hormones such as catecholamines cause and steroids with consequent vasoconstriction of the blood vessels to weaken intestinal contractions. Excessive secretion of these hormones will cause interference uteroplacental circulation resulting in fetal hypoxia. From the research, pain in childbirth causes women experience psychological disorders, 87% post partum blues that occur from 2 weeks to 1 year postpartum, 10% and 3% depression with psychosis (Perry & Potter, 2006). .....

Labor pain is not unbearable encourage maternal looking for some alternatives to treat pain, including the use of pain medications such as analgesics and sedatives (Anita A, Ocviyanti D, SD & Handaya Wisnuwardhani, 2002). While these drugs can give adverse side effects include fetal hypoxia, the risk of neonatal respiratory depression, decreased heart rate and increased maternal body temperature and may cause changes in the fetus (Mender & Rosemary, 2003). There fore interventions reduce labor pain is very necessary in order to reduce complications in the mother and fetus during the process and after delivery. Many kinds of methods performed by health workers to reduce pain in childbirth. Non farmakologi intervention reduces pain, among others, hypnosis, acupressure, yoga, hydrotherapy, acupunctur, Counter Pressure breathing and relaxation techniques. ....Counter Pressure sacral region proven to reduce labor pain but not much done. This method is relatively easy to do by the health worker and his family, especially her husband to help her reduce the level of labor pain. The importance of the role of the family, especially the husband in a decrease in the level of pain in labor should be recognized as an appropriate strategy, because here husband and can act as a psychological support to the wife in labor, so as to reduce morbidity and maternal mortality rates are not directly impact on reducing vulnerability and addressing the impact of the disease.

## Objectives

This study aims to describe how her husband practices after getting training methods Counter Pressure to reduce pain in first stage labor.

## Urgency Research

Labor pain is a pain that is felt by the mother in labor. From the research, pain in childbirth causes women experience psychological disorders, 87% of postpartum blues postpartum blues that occur from 2 weeks to 1 year postpartum, 10% and 3% depression with psychosis. Therefore, it is necessary to find a solution to the labor pain is cheap and practically can be used by mothers to reduce pain in first stage labor. Contribution that can be contributed from the research include: a) providing information about one of the alternatives to reduce labor pain in a nonfarmakologic. b) inform the husband's role in the practice of counter pressure method to reduce pain levels in the mother during the birth process first stage c) Provide information support the importance of family, especially the husband (spous) in nursing care in labor.

## METHODS

The method used is descriptive which gives an overview of the practice of husbands reduce maternal pain in the first stage of labor by using a counter-pressure. The population in this study were all women giving birth by normal delivery at the first stage and as a whole, maternal sample is the normal delivery at the first stage of which is in the Kendal Hospital, with a sample that meets the criteria watchman husband and wife, the first wife.

### Concecutif sampling technique sampling.

Data collection was started by selecting respondents ssesuai criteria, then trained Counter-pressure method. The instrument in this study is a set of tools in the form of instruments action steps that are used to guide him into doing counter-presure, and set of tools for measuring instruments that have been validated pain respondent. Applied research ethics approval or informed consent ie, anonimity with no name, give the patient the freedom to provide flexibility patient rights.

## RESULTS

Table 4.1. Characteristics of respondents by age in the practice of counter pressure by the husband in Soewondo hospital, Kendal, 2014, n=40

Age	X	Mode	Sd	Min	Maks
Husband Age	32	34	7,0	18	48
Wife Age	28	30	6,3	17	40

Table 4.2. Characteristics of respondents by education in the practice of counter-pressure by the husband in Soewondo hospital, Kendal, 2014, n=40

Level of Education	Frequency		Percentage	
	Husband	Wife	Husband	Wife
Basic School	14	10	35,0	25,0
Junior School	9	16	22,5	40,0
High School	11	12	27,5	30,0
College	6	2	15,5	5,0
Total	40	40	100	100

Table 4.3. Characteristics of respondents based on the jobs of the practice of counter pressure by the husband in Soewondo hospital, Kendal, 2014, n=40

Jobs	Frequency		Percentage	
	F			%
Farmer	2	0	5,0	0
Merchants	2	2	5,0	5,0
Private (workers, factory workers)	2	2	5,0	5,0
Theacher	34	21	85,0	52,5
Did not jobs	0	15	0,0	37,5
Total	40	40	100	100

Table 4.3. Characteristics of respondents (wife) based on the experience of childbirth in the practice of counter-pressure by the husband in Soewondo hospitals Kendal, 2014 ,n=40

Frequency childbirth experience	Frequency	Percentage
	F	%
First delivery	14	35,0
The second delivery	22	55,0
Childbirth is more than twice the	4	10,0
Total	40	100

Table 4.5. Characteristic behavior while training on counter pressure on the respondent (husband) in Soewondo hospitals, Kendal, 2014, n=14

No	Spous Behavior while training	Do		Not done	
		(n)	(f)	(n)	(f)
1	Husband listens to the goals Counter Pressure Method	26	60,0	14	40,0
2	Husband listens to the way action reduces labor pain with Counter Pressure Suami	36	90,0	4	10,0
3	Active husband asked as an explanation	20	50,0	20	50,0
4	Husband can take action to correct the Counter Pressure least 3 X while training	32	80,0	8	20,0
5	Husband willing to act counter pressure when the wife felt pain in the first stage of labor	40	100,0	0	0

Table 4.6: Table mean value of the husband's behavior in the training of counter pressure in Soewondo hospitals, Kendal, 2014, n=14

Value Frequency practice category	Frequency	Percentage
	F	%
Both (Score 200-400)	31	77,0
Less well (Score <200)	9	23,0
Total	40	100

Table 4.7. Characteristics of pain to reduction measures by respondent (spouse) to counter pressure practice in Soewondo hospitals Kendal, 2014, n=40

No	Counter pressure action	Do		Not done	
		(n)	(f)	(n)	(f)
1	Husband tells wife Pressure Counter measures to reduce labor pain	38	95,0	2	5,0
2	Husband gives wife a position as comfortable as possible on the felt labor pain	20	50,0	20	50,0
3	The husband gave the left lateral position before the action of pressure Counter	28	70,0	12	30,0
4	Fourth husband looking for the right spot to apply pressure with Counter Pressure to reduce the pain of his wife	32	80,0	8	20,0

5	Husband doing a strong push at the point in the lower back (sacral REGIO) during contraction using the heel of the hand	36	90,0	4	10,0
6	Husband doing a strong push at the point in the lower back (sacral REGIO) during the contraction of the thumb	24	60,0	16	40,0
7	The husband asked his wife whether the pain is reduced when performed counter-pressure	36	90,0	4	10,0
8	Husband always do a counter-pressure when the wife felt pain during childbirth	28	70,0	12	30,0

Table 4.8: Table of mean values husband practices in conducting counter pressure to counter pressure practice in Soewondo hospitals Kendal, 2014, n=40

Value of practice	Frequency	Percentage
	F	%
Both (Score 320-640)	30	75,0
Less well (Score <320)	10	25,0
Total	40	100

Table 4.9: Table frequency of pain after doing counter pressure by husband in Soewondo hospitals Kendal, 2014, n=40

Level of Pain	Frequency	Percentage
	F	%
Reduced	24	60
Not reduced	11	27,5
Increased	5	12,5
Total	40	100

## DISCUSSION

According Bobak (2005) factors that affect reproductive health support to her husband, that knowledge about pregnancy and childbirth, experience, marital status, and socioeconomic status. From the research data obtained 35% of elementary school-educated husbands and 85% of workers are adah husband's job as a factory worker, shop workers and other workers. This suggests that the husband's education level and family income is low relatively low.

Husband's support is very important in the delivery process. Because at the time of delivery occurs physiologically severe pain interfere with the mother. From the results, the husband's behavior when trained counter-pressure is 77% of this kind of behavior shows their husband's attention when obtaining information relating to the wife in the delivery process is very large. The behavior of a good husband provides convenience in receiving information in the training of counter pressure. This is consistent with the findings that 80% of men can perform actions Counter-pressure 3 times correctly. The results of this study reinforced by research conducted Arif S (2002) that there is a relationship role of the husband of the behavior of pregnant women in service delivery (Arif, 2002).

In general, from the results, the practice of the husband to perform counter-pressure is good (75%) it shows no concern in giving support to the wife in labor. In the face of labor required consultation and support from family, especially her husband (Susilowati, 2000). Age is one indicator that can reflect the maturity of someone in the act, including in decision-making. The average age of the husband is 32 years old, it shows the average husband belonged to a young adult. Young adults can show positive behavior in preparing for the future, including in preparing a generation descendant of the family, especially the reproductive developmental tasks. Minimum age is 18 years old husband (7.5%) of this age is still part of adolescence to early adulthood is possible still less mature in the decision included in the act of doing spousal support (included in the delivery process). From the research data obtained there is still 23% less good husband in training Counter pressure and 25% less well in practice counter-pressure. This is possible because the husband is still there under the age of 20 years.

Age also affects a person responds to pain. Judging from the average age of the respondent (wife) is 28 years showed a majority in the age group 20-30 years, in addition to the average of the respondents were in the productive age, as well as physiologically possible still withstand labor pain. However, in addition to individual pain response, pain is influenced by many things such as the environment, race, certain actions and also the pattern of one's coping in the face of pain.

The result showed that 22% of mothers who received Counter-pressure measures were primigravida and has had second thoughts, it means the mother has had previous experience of overcoming pain. The results of the study mothers pain after Counter-pressure is reduced pain by her husband as much as 60% of mothers and only a small proportion is 12.5% said the pain increased after the counter-pressure by the husband, and 27.5% of mothers say no no change in pain even after counter-pressure by her husband. According Hutajulu (2003) individual labor pain and many other factors are very influential.

## CONCLUSIONS AND RECOMMENDATIONS

Counter pressure action performed by the spouse's can reduce pain of mother in first stage childbirth.

From these results it is suggested that health workers involving husbands birth attendants in the delivery process especially in reducing labor pain.

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