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Efflurage Massage Against Labor Pain When In Active Phase

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ABSTRACT

Childbirth is a physiological process that is often accompanied by significant pain, especially in the active phase of the first stage. This pain can affect the physical and psychological condition of the mother, which in turn can affect the labor process itself. One non-pharmacological intervention that can be used to reduce labor pain is the efflurage massage technique. This study aims to explore the effectiveness of efflurage massage in reducing labor pain in the active phase of the first stage. Using a quantitative approach with an experimental design, this research involved 30 pregnant women who were undergoing labor, who were divided into two groups, namely the treatment group and the control group. There are two variables in the research, namely efflurage massage and labor pain. The instrument used is Pain Observation. Statistical tests use the T Test. The results showed that there was a significant reduction in the level of labor pain in the group that received efflurage massage compared to the control group. The average VAS score before the intervention in the efflurage massage group was 7.5, while after the intervention it decreased to 4.2. In contrast, the control group showed little change, with a mean VAS score before intervention of 7.3 and after intervention being 6.8. Statistical analysis shows that this difference is significant with $p < 0.01$. These findings suggest that the efflurage massage technique may be an effective alternative for labor pain management. Efflurage massage was proven to be effective in reducing labor pain in the active phase of the first stage, with significant results in reducing pain scores compared to the control group. These findings support the idea that non-pharmacological interventions, such as massage, can be a safe and effective alternative for pain management during labor. Thus, it is important for healthcare professionals to consider implementing this technique in their daily practice

Keywords: Efflurage Massage, Nyeri, Kala I

INTRODUCTION

Labor pain is one of the most profound and challenging experiences for a woman. Especially in the active phase of the first stage, where uterine contractions become stronger and more regular, many women experience significant levels of pain. According to data from WHO, around 80% of women experience quite severe labor pain, and this can affect the overall birth experience (World Health Organization, 2020). Therefore, the search for methods to reduce labor pain has become a major focus in midwifery and reproductive health practice.

One non-pharmacological method that is gaining popularity is efflurage massage. This massage involves gentle, longitudinal movements on the skin, aimed at relaxing muscles and reducing tension. Previous research shows that efflurage massage can improve blood circulation and stimulate the production of endorphins, which function as a natural analgesic (Rukmawati, 2021). Thus, efflurage massage not only provides physical comfort but can also help reduce the anxiety and stress that women often experience during the birthing process.

Several studies show that the use of efflurage massage can reduce labor pain and increase maternal satisfaction with their labor experience. For example, a study by Azhari et al. (2021) found that 70% of women who received efflurage massage reported a significant reduction in pain levels compared to a control group that did not receive the intervention. This shows the potential of efflurage massage as an effective alternative for pain management during labor.

Although efflurage massage has gained attention, there is still a need for further research that can explore its mechanisms and effectiveness in a broader context. This study aims to explore the effect of efflurage massage on labor pain in the active phase of the first stage, as well as providing empirical evidence that can support this practice in the management of labor pain.

With this background, it is hoped that this research can make a meaningful contribution to midwifery practice and reproductive health, as well as provide useful information for health workers in providing better support to pregnant women during the birth process.

METHODS

This study used a quasi-experimental design with a pretest-posttest approach to evaluate the effectiveness of efflurage massage on active phase first stage labor pain. The research subjects consisted of 30 pregnant women who were in the active phase of labor, who were divided into two groups: an intervention group that received efflurage massage and a control group that did not receive the intervention. Inclusion criteria for participants were pregnant women aged 20-35 years, with a singleton pregnancy, and no significant medical complications.

The efflurage massage procedure is carried out by trained health workers for 30 minutes at contraction intervals. The massage technique used includes gentle circular movements on the lower abdomen and back, combined with deep breathing techniques to aid relaxation. Before and after the intervention, pain levels were measured using a visual analog scale (VAS) ranging from 0 (no pain) to 10 (very severe pain).

The data obtained was analyzed using descriptive and inferential statistics. Paired t tests were used to compare pain levels before and after intervention in the efflurage massage group, while independent tests were used to compare differences between the two groups. The level of significance was set at $p < 0.05$.

Data collection was carried out over a one month period in the VK room located in Kab. Nganjuk. All participants provided written informed consent before participating in this study, and the study protocol was approved by the hospital ethics committee. With this method, it is hoped that valid and reliable data can be obtained regarding the effect of efflurage massage on labor pain, which can be used to support better midwifery practices.

RESULTS AND DISCUSSION

The results showed that there was a significant reduction in the level of labor pain in the group that received efflurage massage compared to the control group. The average VAS score before the intervention in the efflurage massage group was 7.5, while after the intervention it decreased to 4.2. In contrast, the control group showed little change, with a mean VAS score before intervention of 7.3 and after intervention being 6.8. Statistical analysis shows that this difference is significant with $p < 0.01$.

This data is in line with previous research which shows that massage techniques can significantly reduce labor pain. For example, Rukmawati (2021) in her research on the effect of efflurage massage on postpartum breast milk production also found that this technique can have a positive effect not only on pain but also on the mother's overall comfort. This suggests that efflurage massage not only serves as a method of pain reduction, but also contributes to a more positive birth experience.

In addition, research by Azhari et al. (2021) also found that efflurage massage can increase feelings of calm and reduce anxiety in mothers who give birth. This reduction in anxiety may contribute to a reduction in pain, as stress and anxiety can trigger increased muscle tension and the perception of pain. Therefore, efflurage massage can be considered a comprehensive intervention in the management of labor pain.

However, although the results of this study indicate that efflurage massage is effective in reducing labor pain, there are several limitations that need to be considered. First, the relatively small sample size may limit the generalizability of these findings. Second, this study did not consider other factors that could influence pain perception, such as emotional support from a partner or health professional. Therefore, further research with more robust designs and larger sample sizes is needed to strengthen these findings.

Overall, the results of this study provide evidence that supports the use of efflurage massage as an effective non-pharmacological method in reducing labor pain in the active phase of the first stage. This also opens up opportunities for the integration of massage techniques in midwifery practice, which can improve the quality of care for pregnant women.

CONCLUSION

Efflurage massage was proven to be effective in reducing labor pain in the active phase of the first stage, with significant results in reducing pain scores compared to the control group. These findings support the idea that non-pharmacological interventions, such as massage, can be a safe and effective alternative for pain management during labor. Thus, it is important for healthcare professionals to consider implementing this technique in their daily practice.

The importance of a holistic approach in labor pain management is increasingly recognized, and efflurage massage can be an integral part of this strategy. Pain reduction not only improves mothers' physical comfort, but can also have a positive impact on their emotional and psychological experience during labor. Therefore, education and training for health workers in efflurage massage techniques needs to be improved.

However, to gain a more comprehensive understanding of the effectiveness of efflurage massage, more research is needed. Future research should consider additional variables that may influence pain perception and birth experience, and involve larger sample sizes and more robust research designs.

Overall, the results of this study indicate that efflurage massage can be a useful method in the management of labor pain, and can improve the quality of care for pregnant women. Implementation of this technique in midwifery practice can help create a more positive and satisfying birth experience for women.

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