

ORIGINAL ARTICLE

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The effect of effleurage and abdominal lifting massage in the labor pain**Sri Wulan^{1,2}, Ariawan Soejoenoes³, Sri Wahyuni M⁴, Syarif Thaufik Hidayat⁵,
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Abstract

This study was aimed to evaluate the effects of effleurage and abdominal lifting massage against a decrease in pain in pregnant women. A total of 36 pregnant women would be divided into two groups, i.e. control group (untreated group) and effleurage and abdominal lifting group (group who would undertake effleurage and abdominal lifting massage exercise). The pain assessment was carried out by using a numerical rating scale. In the intervention group, a combination of effleurage massage and abdominal massage was applied simultaneously lifting any contraction in the active phase (2-3 minutes) for 60 minutes. The reduction in the value of pain was found to be significantly greater in the group of pregnant women who undertook effleurage and abdominal lifting massage workout ($p < 0.05$). In conclusion, the results of this study showed that effleurage and abdominal lifting massage is an effective, healthy, and feasible method in reducing pain in the third trimester of pregnancy. Thus, this method is one of the workout alternatives to suppress the pain in the third trimester of pregnancy.

Keywords: Workout, pregnancy, pain, musculoskeletal dysfunction**Introduction**

A woman's body will change throughout pregnancy. These changes include weight gain, changes in posture, weakness of joints and ligaments and musculotendinous stretch [1]. The incidence of back pain in pregnant women is very high, about 30-70% [2-5]. It is also found that 31.7% of pregnant women have pubic symphysis pain. In addition to back and pubis pains, some complaints developed include upper back pain, sacroiliac joint pain, muscle cramps, lower extremity joint pain, limb discomfort, pedal edema, carpal tunnel syndrome, imbalance and collapse [6,7]. The pregnancy-related musculoskeletal dysfunction is influenced by the degree of physical activity, cultural influence, environment, and hormonal changes. Hormone relaxin serves to relax the ligaments in the pelvis for the birthing process [8], this hormone also relaxes the ligaments supporting the spine thus triggering pregnancy pain. This condition is also aggravated by the separation of muscles due to the stretching of the uterus as well as emotional stress [9].

Non-pharmacological approach is an action without the administration of drugs that are simple, safe, and relatively inexpensive in order to reduce labor pain. Until now, many non-pharmacological was performed to reduce labor pain. Effleurage and abdominal lifting massage is an alternative method that's easier to implement because it does not require a very strong force, just use chuck-chuck mild or gentle touch. Mechanical effleurage can blockade the pain caused no skin stimulus. Abdominal lifting techniques can reduce back pain, giving the advantage of gravity, which can be done at any stage of labor so that labor becomes faster [10-11]. To date, the application of effleurage and abdominal lifting massage methods to reduce pregnancy pain has never been carried out. Therefore, this study aims to evaluate the effects of effleurage and abdominal lifting massage against a decrease in pain in pregnant women.

Material and Methods**Subject**

It is an experimental study. A total of 36 pregnant women would be randomly divided into two groups, i.e. Control group (untreated group) and intervention group (a group who would undertake effleurage and abdominal lifting massage exercise). The inclusion criteria of this study include inpartu first stage, maternal age 20-35

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years, primigravida, normal presentation of birth, and had no daily activities relatively heavy. The exclusion criteria of this study include mother having complications such as kidney disease (low back pain due to kidney disorder), pre-eclampsia, bone disorder disease, placenta previa, bleeding, premature rupture of membrane.

Assessment of pain

The pain assessment was carried out by using a numerical rating scale. If the respondent has entered the active phase of the first stage (opening 4-8 cm), the measurement of the first pain scale was performed in the intervention group or the control group. In the intervention group, a combination of effleurage massage and abdominal massage was applied simultaneously lifting any contraction in the active phase (2-3 minutes) for 60 minutes. Whereas, for the control group intervention only pain measurement scale with a span of 60 minutes between pretest and posttest.

Effleurage massage and abdominal lifting method

Massage is done when deep breathing to enhance relaxation. Rub both palm and ends of fingers with light pressure from the uterine fundus toward the symphysis, then back toward the uterine fundus. Next, wipe the palm and tip of the fingers toward the waist toward the rear waist mother without pressing on the abdomen. This practice was repeated on every contraction (every 2-3 minutes) within 60 minutes.

Ethics

This study has passed an ethical review from the local Ethics Commission of Health Polytechnic, Semarang, East Java, Indonesia.

Statistical analysis

The age, pain score, education level is shown in mean $\pm$ standard deviation. Differences between treatment groups will be analyzed using t-student test and bivariate test with the SPSS 17.0 statistical package. P value < 0.05 was set as statistically significant difference values.

Results

Table 1 presents subject age, educational level, pain scores, duration of labor, and body mass index in both treatment groups. There are no significant differences in mean age, educational level, pain scores, duration of labor, and body mass index between the two treatment groups ($p > 0.05$).

Table 1. The demographic characteristics of the groups

	Control	Treatment	P value
Age	24.50 $\pm$ 5.54	24.88 $\pm$ 5.34	$p > 0.05$
Educational degree			$p > 0.05$
Elementary school	3 (16.66 %)	3 (16.66 %)	
Junior high school	8 (44.44 %)	6 (33.33 %)	
Senior high school	4 (22.22 %)	7 (38.88 %)	
Postgraduate	3 (16.66 %)	2 (11.11 %)	
Pain score	6.11 $\pm$ 2.19	6.44 $\pm$ 1.68	$p > 0.05$
Body mass index	24.90 $\pm$ 3.2	25.40 $\pm$ 2.98	$p > 0.05$
Duration of labour	13.60 $\pm$ 2.19	13.44 $\pm$ 2.38	$p > 0.05$

Figure 1 shows pain intensity before workout, pain intensity after workout, and differences between the two treatment groups. Values of pain in both groups before undertaking workout are comparable ($p < 0.05$). After undertaking workout, there is a reduction in the values of pain in effleurage and abdominal lifting massage groups. The reduction in the value of pain are found to be significantly greater in the group of pregnant women undertaking effleurage and abdominal lifting massage workout compared with the control group ($p < 0.05$).

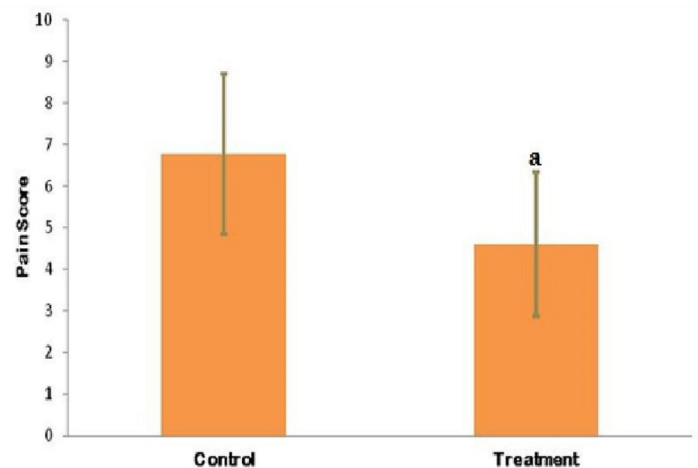


Figure 1. The pain score in control and experimental group. The pain score was significantly lower in pregnant women undertaking effleurage and abdominal lifting massage workout than in the control group.

Discussion

In this study, subjects were asked to do slow, deep breath aims to control stress [12,13]. In addition, there were no significant differences in age, educational level, pain scores, duration of labor, and body mass index between the two study groups thus could be compared. This study is the first one to assess the effects of effleurage and abdominal lifting exercise against a decrease in pain in pregnant women. In this study, after undertaking workout, there was a reduction in the value of pain in both groups. The reduction in the value of pain was found to be significantly greater in the group of pregnant women who undertook effleurage and abdominal lifting massage ($p < 0.05$). This shows that the effleurage and abdominal lifting massage is better than common workout in the reduction of pain in pregnant women in the third trimester. Various factors can influence the effectiveness of massage, including a number of weeks, the duration of each massage session, and pressure when massaging [14-16]. Researchers suspected that the reduction of pain in pregnant women who undertook effleurage and abdominal lifting massage workout is caused by a decrease in hormone relaxin, which needs to be proven in future studies. Massage aimed at influencing the motor, nervous and cardiovascular systems, triggering rest and relaxation throughout the body and breath. In addition, massage also aims to restore venous and lymph flow, stimulates the sensory receptors in the skin and sub skin to reduce the feeling of pain [17-19]. Besides, the relaxin hormone serves to relax ligaments in the pelvis for birthing process [8], this hormone also relaxes the ligaments supporting the spine thus triggering pregnancy pain. This condition is also aggravated by the separation of muscles due to the stretching of uterus as well as emotional stress [9].

Conclusion

In conclusion, the results of this study showed that effleurage and abdominal lifting massage is an effective, healthy, and feasible method in reducing pain in the third trimester of pregnancy. Thus, this method is one of the workout alternatives to suppress the pain in the third trimester of pregnancy.

Declaration of interest

The author(s) declare(s) that there is no conflict of interests regarding the publication of this article.

References

1. Foti T, Davids JR, Bagley A. A biomechanical analysis of gait during pregnancy. *J Bone Joint Surg Am*. 2002;82(5):625-30.
2. Kristiansson P, Svardsudd K, Von Schoultz B. Back pain during pregnancy: a prospective study. *Spine*. 1996;21(6):702-9.
3. Ayanniyi O, Sanya AO, Ogunlade SO, Oni-Orisan MO. Prevalence and pattern of back pain among pregnant women attending ante-natal clinics in selected health care facilities. *Afr J Biomed Res*. 2009;9(3):149-56.
4. Endresen EH. Pelvic pain and low back pain in pregnant women-an epidemiological study. *Scand J Rheumatol*. 1995;24(3):135-41.
5. Ostgaard HC. Assessment and treatment of low back pain in working pregnantwomen. *Semin Perinatol*. 1996;20(1):61-9.
6. MacLennan AH. The role of the hormone relaxin in human reproduction and pelvic girdle relaxation *Scand J Rheumatol*. 1991;20(88):7-15.
7. Pierce H, Homer CSE, Dahlen HG, King J. Pregnancy-related lumbopelvic pain: listening to Australian women. *Nurs Res Pract*. 2012;2012:387428.
8. Ayas S, Leblebici B, Sozay S, Bayramoglu M, Niron EA. The effect of abdominal massage on bowel function in patients with spinal cord injury. *Am J Phys Med Rehabil*. 2006;85(12):951-5.
9. Harrington KL, Haskvitz EM. 2006. Managing a patient's constipation with physical therapy. *Physical Therapy* 2006;86(11):1511-9.
10. Liu Z, Sakakibara R, Odaka T, Uchiyama T, Yamamoto, T, Ito T, Hattori T. Mechanism of abdominal massage for difficult defecation in a patient with myelopathy (HAM/TSP). *J Neurol*. 2005;252(10):1280-2.
11. MacLennan AH, Nicolson R, Green RC, Bath M. Serum relaxin and pelvic pain of pregnancy. *Lancet*. 1986;2(8501):243-5.
12. Bonn J, Readhead CA, Timmons B. Enhanced adaptive behavioural response in agoraphobic patients pretreated with breathing retraining. *Lancet*. 1984;324(8404):665-9.
13. Brown RP, Gerbarg PL, Muench F. Breathing practices for treatment of psychiatric and stress-related medical conditions. *Psychiatric Clin N Am*. 2013;36(1):121-40.
14. Cardwell MS. Stress: pregnancy considerations. *Obstet Gynecol Surv*. 2013;68(2):119-29.
15. Karami K, Safarzadeh A, Fathizadeh N. Effect of massage therapy on the severity of pain and outcomeof labor in primipara. *J Nursing Midwifery Res Winter*. 2007;12(1):823-6.
16. Wulandari P, Nur HD. Pengaruh massage effleurage terhadap pengurangan tingkat nyeri persalinan kala i fase aktif pada primigravida di ruang bougenville RSUD Tugurejo Semarang. *J Maternity Nursing*. 2015;3(1):59-67.
17. Kimber L, McNabb M, Mc Court C, Haines A, Brocklehurst P. Massage or music for pain relief in labour: a pilot randomised placebo controlled trial. *Eur J Pain*. 2008;12(8):961-9.
18. Henderson JM. Peripheral nerve stimulation for chronic pain. *Curr. Pain Headache Rep*. 2008;12(1):28-31.
19. Latifi S, Rabiee OL, Seyfi S. The effect of foot and hand massage on postcesarean section pain. *Anesthesiol Pain*. 2012;2(7).