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## ***The Impact Of Efflurage Massage On Postpartum Women In The Mother's Care Unit At SMC Hospital's Afterpains Pain***

Eka Frenty Hadiningsih<sup>1a\*</sup>, Khusnul Khotimah<sup>2</sup>

<sup>1</sup> Department of Midwifery ITKes Wiyata Husada Samarinda, Indonesia

<sup>a</sup> [ekafrenty@itkeswhs.ac.id](mailto:ekafrenty@itkeswhs.ac.id)

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### ABSTRACT / ABSTRAK

*Background: Physiological and psychological changes in postpartum mothers are common. One such change is the body's response to uterine contractions known as afterpains, which last for two to four days after delivery and cause pain that can occasionally interfere with activities. Effleurage massage is one type of non-pharmacological therapy that may be used to treat pain since it is a painful sensory and emotional experience that needs both treatment and medication. The goal is to find out in 2020 how effleurage massage affects postpartum moms' after-pain in the nursing room at SMC Samarinda Hospital. Research Methods: This study employed a quantitative pre-experimental pretest-posttest design with a single set of participants. With a total of 35 respondents, the sampling method employed purposive sampling. The research instrument used a questionnaire sheet for the Numeric Rating Scale (NRS) pain scale. Results: the study using the Wilcoxon statistical test obtained  $p.value = 0,000 < \alpha = 0.05$ . Conclusion: there is an effect of effleurage massage on afterpains in postpartum mothers. To overcome afterpains pain, it is hoped that midwives can provide loving care for mothers in pain management, one of which is effleurage massage*

#### **\*Corresponding Author:**

**Eka Frenty Hadiningsih**  
Program Studi Kebidanan, ITKes Wiyata Husada Samarinda  
Jln. Kadrie Oening 77, Samarinda, Indonesia.  
Email: [ekafrenty@itkeswhs.ac.id](mailto:ekafrenty@itkeswhs.ac.id)

## 1. INTRODUCTION

The postpartum phase is a time of recuperation that lasts from the end of labor till the return of pre-pregnancy tool content. The postpartum period, often known as the puerperium, starts one hour after the placenta is delivered and lasts for six weeks (or 42 days) (Prawirohardjo, 2014). Postpartum mothers frequently undergo transformation. Good in a physiological or psychological sense, for example, is what is referred to as uterine alterations involution. A method called uterine involution or uterine contraction allows the uterus to recover to its pre-pregnancy weight of just 60 grams. Body responds to involution by producing discomfort as a result of uterine contractions. after delivering, uterine contractions become more painful but also more pleasant for Mother No. pain disorders that might occur during pregnancy Many people have had trouble-free, routine deliveries. It makes mom feel uneasy, especially in the area of the stomach effect known as uterine contractions afterpains (Nugroho, 2014).

The process through which the uterus returns to its pre-pregnancy state is known as uterine involution or uterine contraction. The process of bringing the uterus back to its pre-pregnancy condition or circumstances is known as uterine involution. There are several contributing variables, including age, mobility after childbirth, the number of children born (parity), breastfeeding exclusivity, and starting breast-feeding early (Maryunani, 2012). This involution process is crucial because it can stop postpartum hemorrhage from occurring and because it lessens postpartum comfort in the form of after discomfort. Afterpains because the uterus constantly alternates between contraction and relaxation. When a mother is in puerperium, uterine contractions can cause discomfort or other physiological reactions. Afterpains (meruyan / mules - mules) are uterine contraction-related aches that typically linger 2-4 days after childbirth and are subjective in nature (Asih, 2016).

Mother and baby are transitioning into a new stage of life, making them prone to puerperal problems, thus it is important for midwives to provide thorough care. Where is one unbiased care? Childbirth is designed to allow the woman to relax, recover her strength, go through labor, and be prepared to breastfeed the baby. In order to ensure that the mother can comfortably and affordably breastfeed her child during the puerperium, adaptation to discomfort is crucial (Marliandiani, 2015).

Acceleration Several factors, including massage effleurage, massage oxytocin, and postpartum activity, have an impact on uterine involution. Abdominal massage, or massage effleurage, is a type of skin stimulation that is utilized both before labor and after a potential birthing to promote relaxation (Moondragon, 2004). Experienced relaxation causes the mother's brain to be stimulated, lowering the hormone adrenaline and increasing the creation of oxytocin, which is a factor in the appearance of sufficient uterine contractions (Chapman, 2006). Efflurage massage is a well-known basic treatment that has been shown to improve obstetric and newborn outcomes as well as lessen painful labor (Jones et al., 2012; El-Wahab & Robinson, 2011 in Abd-Ella, 2018).

According to prior studies (Murtiningsih & Shintya, 2018; Neetu et al., 2015 in Abd-Ella, 2018), gift massage is effective in improving blood circulation, supporting venous blood and lymph, providing warmth in the muscles of the abdomen, and providing relaxation on a physical and emotional level.

Additionally, massage treatment helps lessen the severity of a mother's birthing pain. According to research by Parulian (2014), who studied 20 mothers on their first day after giving birth between 0 and 2 hours later at home in Sariningsih Bandung, the level of pain associated with childbirth is caused by uterine contractions and affects 60% of women between the ages of 26 and 35. Results from the pretest indicate that scale pain is the most severe feeling a person may experience by the time they are mature starting, or on average, a scale pain of 7. The group multiparity parity reported having the most unpleasant experience according to observation data. Where 20 new moms had postpartum effleurage massages conducted, posttest findings showed a painful decreasing scale. Less than half (45%) of new moms feel uncomfortable uterine contractions after giving birth, with an

average pain score of 3. Mother postpartum massage using the effleurage method is rated as uncomfortable on a scale of 1 to 5.

In a way that is scientifically backed by theory, effleurage massage can provide a comforting effect, elicit relaxation, as well as activate expenditure hormone endorphins that can provide pain relief. Gate Control theory of Melzack and Wall (1965). When massage effleurage was finished, painful uterine contractions were obstructed because the A Delta fiber's gate would have closed at that moment, preventing the cortex and brain from receiving pain signals after they had already been inhibited by massage counterstimulation. This is done so that the experience of pain can be altered (Parulian, 2014). Based on the so-called "Efficacy Efflurage Massage Against Intensity of Afterpains Pain in Postpartum Mothers in the Maternity Care Room at SMC Hospital" study, it was determined that this research was necessary.

## 2. MATERIALS AND METHOD

Study Finding cause-and-effect correlations between variables is the type study's pre-experimental goal (Sim & Wright, 2000). Characteristic research of the kind This is sample collection using a randomized technique. Researchers employ a one-group pre-post test design in which data collection and measurement (observation) are done after treatment is administered to group samples (group treatment and control). Population in study This is whole Mother postpartum treated in the Maternal Care Room of Samarinda Hospital Medika Citra in May- June 2021 with amount respondent are 35 mothers childbirth 6-24 hours postpartum . Big sample obtained through calculation formula big sample with number N of the average population amount normal delivery is 38.

In the group treatment, the researcher will provide an intervention in the form of a gift massage efflurage therapy to moms who meet the necessary requirements, but the control group will not get any treatment. After administering the therapy for 24 hours, the researcher will use the NRS (Numeric Rating Scale) to gauge the mother's post-childbirth pain severity.

The data obtained is collected and analyzed using the SPSS 20.0 program. The resulting analysis form distribution frequency mean, median, Standard deviation For determine univariate data analysis . Then the data will be tested for normality and continue with a statistical test for know how much big the effect of the independent variable on the dependent variable with using the Paired T- Test where is this test done against 2 paired samples before and after are normally distributed , however if at the moment no data normality test was performed normally distributed , the alternative test is used is the Wilcoxon test

## 3. RESULTS AND DISCUSSION

Characteristics age on research This consists from characteristics age and parity Mother breath that can see in table 4.1 distribution as following :

**Table 1**  
**Distribution frequency characteristics respondent based on age and parity**

| No           | Characteristics | Group                               | N         | Percentage (%) |
|--------------|-----------------|-------------------------------------|-----------|----------------|
| 1            | Age             | Reproductive (19-35 years )         | 30        | 85.7           |
|              |                 | <i>High Risk</i> (< 19; >35 years ) | 5         | 14,3           |
| 2            | Parietas        | Primipara (1 time parturition )     | 16        | 45.7%          |
|              |                 | Multipara (2-4 times parturition )  | 17        | 48.6%          |
|              |                 | Grandemultipara (>4 labors )        | 2         | 5.7%           |
| <b>Total</b> |                 |                                     | <b>35</b> | <b>100</b>     |

Source : Research Primary Data (2021)

Based on Table 4.1 above the data is known that characteristics age in mother childbirth part big is age reproductive that is ages 19-35 years as many as 30 people (85.7%), and only part small in the group \_ age High Risk (<19 years and >35 years ) is 14.3%. Whereas based on characteristics parity in mother childbirth part big is Multiparous group with total 17 people (48.6%) and only part small namely 2 people (5.7%) included in group Grandemultpara .

**1) Distribution Frequency *Afterpains* Pain Intensity in Postpartum Mothers Before and After Intervention *Effluragae Massage***

Distribution frequency *afterpains* before given intervention can see in Table 2 below this :

**Table 2**  
**Distribution frequency characteristics respondent based on scale painful before given intervention *effluent massage***

| No           | Pain Intensity | N         | Percentage (%) |
|--------------|----------------|-----------|----------------|
| <b>1</b>     | <b>Before</b>  |           |                |
|              | Pain scale 4   | 19        | 54,3           |
|              | Pain scale 5   | 8         | 22,8           |
|              | Pain scale 6   | 6         | 17,1           |
|              | Pain scale 7   | 1         | 2,9            |
|              | Pain scale 8   | 1         | 2,9            |
| <b>Total</b> |                | <b>35</b> | <b>100</b>     |
| <b>2</b>     | <b>After</b>   |           |                |
|              | Pain scale 0   | 4         | 11,4           |
|              | Pain scale 1   | 7         | 20             |
|              | Pain scale 3   | 13        | 37,1           |
|              | Pain scale 4   | 8         | 22,9           |
|              | Pain scale 5   | 3         | 8,6            |
| <b>Total</b> |                | <b>35</b> | <b>100</b>     |

Source : Research Primary Data (2021)

Based on table 4.2 above can is known that of 35 respondents , scale pain that is felt Mother before done intervention with scale pain 4 of 54.3%, scale pain 5 by 22.8%, scale pain 6 of 17.1%, scale pain 7 and 8 each by 2.9%.

Age and numerical parity are two elements that might influence someone's discomfort, say Potter and Perry (2016). This is especially true for pain experienced by children and adults. According to studies, adults, especially those between the ages of 19 and 35, are the most pained replies. In addition to age, there are Pain is also impacted by parity; the effects include after-pain towards the mother. According to Mansyur's (2014) theory, the mother experiences painful afterbirth (*afterpains*) due to the repeated uterine contractions and relaxations that take place in a certain way. Never stop moving forward. Women who have high parity tend to experience this discomfort more frequently. *Afterpains* 48.6% were identified in multiparous moms, due to parity tall occurs reduced uterine muscular tone, along with emerging contractions, according to study that gathered the number of experienced respondents. In addition to the fact that the mother is now pregnant, the size of the womb will increase in line with the growing fetus. Therefore, at the time of delivery, the uterus will hard shrink and constrict for irritated back.

Based on table 4.2 above can is known that of 35 respondents after done intervention obtained results respondent with scale pain 0 a number of 11.4%, scale pain 1 by 20%, scale pain 3 of 37.1% scale pain 4 by 22.9% and scale pain 5 by 8.6%.

Mother was given an effleurage massage during labor, but there was no overall pain reduction. This is solely done to minimize and repress any discomfort that could arise. Afterbirth aches often last two to three days. According to research, this gift effluent massage was only administered once, at the time the mother experienced contractions and was directly evaluated as painful after receiving the massage. However, at the time the massage was administered, the mother was being instructed on the proper technique, length, and preparation tools and materials. Mother can perhaps provide an efflurage massage at this time because the aftereffects are so severe.

According to research by Parulian, et al. (2014) on the effect of effleurage massage technique against change pain in 20 postpartum mothers at home Sick Sariningsih Bandung, more than half (65%) of parity respondent are multiparas, which have the average of the scale pain 6 i.e. painful medium. in a study This symmetry is crucial to raising the threshold for mother's pain and suffering (p This is because the womb's suppleness begins to decline as more women get pregnant and give birth. As a result, the uterus' involution process takes longer than it would for a primiparous mother, making uterine contractions more painful since the uterus is exerting more energy. Return to the original situation (involution process).

**2) Efflurage Massage to Reduce Pain Intensity from Afterpain**

Bivariate test analysis in research This was done in order to determine whether there was any interaction between a variable independent (effleurage massage) and a variable dependent (afterpains) on the mother's breath in a hospital environment. SMC Samarinda using statistical evaluations T-Test in pairs using the SPSS software for Windows 20. Prior to conducting a bivariate test, in particular, a data normality test using Shapiro-Wilk revealed that the distribution of data for the severity of the aftereffects' pain before and after the intervention was abnormal, with a p-value of 0.000 for the former and 0.013 for the latter. Based on the outcomes, Wilcoxon is a substitute statistical test that is applied. The findings of the Wilcoxon test and the average severity of uncomfortable aftereffects before and after gift-giving massage are shown in table 4.4 below this:

**Table 3**  
**Distribution frequency respondent scale painful pretest and posttest based on statistical tests wilcoxon on the mother childbirth**

| <i>Afterpains Pain Intensity</i>    | <i>N</i> | <i>Mean ± SD</i> | <i>Minimum</i> | <i>Maximum</i> |
|-------------------------------------|----------|------------------|----------------|----------------|
| <i>Pretest</i>                      | 35       | 4.66 ± 0.873     | 4              | 7              |
| <i>Posttest</i>                     | 35       | 1.97 ± 1.124     | 0              | 4              |
| <b><i>p-value Wilcoxon test</i></b> |          | <b>0.000</b>     |                |                |

Source : Research Primary Data (2021)

It is known from table 4.4 above that the average (mean) level of discomfort during the pretest was greater (4.66) than it was throughout the test (1.97). Maximum value is at a score of 7 before intervention, and at a score of 4 following intervention. It can be concluded that there is an effective effleurage massage to lessen the severity of postpartum pain after statistical testing using the Wilcoxon test was completed. value = 0.000 0.05 indicates that there is a difference between the meaning before and after the treatment was administered. Using a bivariate analysis of the results and Wilcoxon statistical tests At SMC Samarinda Hospital, effleurage massages given as gifts have been shown to have an impact on mothers' postpartum afterpains according to measurements of pain afterpains before and after the massages.

According to Sitorus, S.'s (2020) study on the effect of effleurage massage on postpartum pain in mothers who have had multiple pregnancies at BPM Wanti and BPM Sartika in the city of Medan, the level of postpartum pain before effleurage massage technique use and after use obtained a p value of 0.000 where  $p < 0.05$ . Effleurage massage can have a relaxing and soothing impact.

This result demonstrates that Effleurage Massage is a simple technique that is effective. It not only lessens painful childbirth, but also has a positive impact on maternal satisfaction, obstetric and neonatal outcomes, and postpartum pain management (Jones et al., 2012; El-Wahab & Robinson, 2011 in Abd-Ella, 2018). According to prior studies (Murtiningsih & Shintya, 2018; Neetu et al., 2015 in Abd-Ella, 2018), gift massage is effective in improving blood circulation, supporting venous blood and lymph, providing warmth in the muscles of the abdomen, and providing relaxation on a physical and emotional level.

#### 4. CONCLUSION AND RECOMMENDATION

Research Findings This indicates that there is a difference in the mother's average score for the severity of her postpartum pains between before and after she receives a gift of effleurage massage, with a p-value of 0.000 to 0.05. This indicates that the Maternal Care Room at Samarinda Hospital Medika Citra 2021 will experience a decline in the mother's intensity of her postpartum pains. To overcome afterpains pain, it is hoped that midwives can provide loving care for mothers in pain management, one of which is effleurage massage

#### REFERENCE

1. Abd-Ella Nadia Y. (2018). Effect of Effleurage Massage on Labor Pain Intensity in Parturient Women. *Egyptian Journal of Health Care, 2018 EJHC Vol.9 No.2*.
2. Alfisah, F. (2016). *Teknik Efflurage Sebagai Salah Satu Intervensi Keperawatan Untuk Mengatasi Masalah Gangguan Rasa Nyaman. Skripsi*.
3. American Pain Society (APS) (1996), Assessment of pain. Section II. National Pharmaceutical Council. Retrieved Juli 23, 2020, from [http://www.americanpainsociety.org/uploads/pdfs/npc/section\\_2.pdf](http://www.americanpainsociety.org/uploads/pdfs/npc/section_2.pdf)
4. Andarmoyo, Sulisty. (2013) *Konsep dan Proses Keperawatan Nyeri*. Yogyakarta: Ar-Ruzz Media.
5. Asih, Y., Risneni. (2016). *Buku Ajar Asuhan Kebidanan Nifas Dan Menyusui*. Jakarta: CV Trans Info Media
6. Bobak. (2004) *Buku ajar keperawatan maternitas (terjemahan)*. Jakarta:EGC
7. Chapman,V. (2006) *The Midwife'sLabour and Birth Handbook*. Blackwell Publishing, Oxford . (2006) *Asuhan Kebidanan: Persalinan dan Kelahiran*. Alih bahasa, H.Y.Kuncara. EGC, Jakarta
8. Ekowati R., Wahjuni, E.S.,& Alifa, A.2012. Efek teknik masase effleurage pada abdomen terhadap penurunan intensitas nyeri pada disminore primer mahasiswa PSIK FKUB Malang. Diakses 21 Juli 2016
9. Fitri, Alfisah. (2016) *teknik effleurage massage sebagai salah satu intervensi keperawatan untuk mengatasi rasa nyaman nyeri disminorhoe*. Depok: Universitas Indonesia. Diakses 20 juli 2020
10. Kasiati, Rosmalasari Ni Wayan. (2019). *Model Massage Effleurage, Pijat Oksitosin, Senam Nifas Mempercepat Involusi Uterus pada Ibu Post Partum*. Poltekkes Kemenkes Malang. *Jurnal Pendidikan Kesehatan* Volume 8, No. 1 April 2019: 58-68.
11. Kemenkes RI. (2018) *Hasil riset kesehatan dasar* . Jakarta: badan penelitian dan pengembangan kesehatan
12. Kemenkes RI. (2018) *asuhan kebidanan nifas dan menyusui*. Jakarta: badan penelitian dan pengembangan kesehatan

13. Mansyur, N. (2014) *Buku Ajar Asuhan Kebidanan Masa Nifas*. Malang : Selaksa.
14. Moondragon. (2004) *Effleurage & Massage*. Diakses tanggal 10 Februari 2015.
15. Neetu, Sheoran P, Panchal R, (2015). "A Study to Assess the Effectiveness of Abdominal Effleurage on Labor Pain Intensity and Labour Outcomes Among Nullipara Mothers During 1st Stage of Labor In Selected Hospitals of District Ambala, Haryana", *International Journal of Science and Research (IJSR)*, 1. 4(1)1585 – 1590.
16. Nugroho, T., Nurrezki., Warnaliza, D. dan Wilis, (2014) *Buku Ajar Asuhan Kebidanan 3 Nifas* Yogyakarta : Nuha Medika
17. Pillitteri,Adele. (2009) *Maternal & child health nursing: care of the childbearing & childrearing family*.Lippincott Williams & Wilkins, USA
18. Potter dan Perry. (2016). *Fundamental Keperawatan*. Salemba : Jakarta
19. Prawiharjo. (2014) *Ilmu Kebidanan*, FKUI: Jakarta
20. Sitorus S,. (2020) *pengaruh teknik efflurage massage terhadap nyeri afterpains pada ibu nifas multipara di PM Wanti dan BPM Sartika di kota Medan 2020* Diakses pada tanggal 2 februari 2021.
21. Suherni, S.dkk 2008. *Perawatan Masa Nifas*. Yogyakarta: Fitramaya
22. Tina S. Parulian.,dkk (2014) *Pengaruh teknik eflurage massage terhadap perubahan nyeri pada ibu post partum di RS Sariningsih Bandung*. Diakses pada tanggal 20 juni 2020.
23. Uliyah, M. dan A. Aziz. A.H. (2015) *Keterampilan dasar praktik klinik untuk kebidanan (Edisi:3)*, Jakarta: Salemba Medik
24. Wahyuni S, Wahyuningsih E (2015). Pengaruh Massage Effleurage Terhadap Tingkat Nyeri Persalinan Kala I Fase Aktif Pada Ibu Bersalin di RS PKU Muhammadiyah Delanggu Klaten. *Jurnal Involusi Kebidanan*. 5(10).
25. Walyani, Elisabeth Siwi dan Purwoastuti, Endang. (2017). *Asuhan Kebidanan Masa Nifas Dan Menyusui*. Yogyakarta : PT. Pustaka Baru Press
26. Wahyuni S, Wahyuningsih E (2015). Pengaruh Massage Effleurage Terhadap Tingkat Nyeri Persalinan Kala I Fase Aktif Pada Ibu Bersalin di RS PKU Muhammadiyah Delanggu Klaten. *Jurnal Involusi Kebidanan*. 5(10).