

EFFECTIVENESS OF PERICARDIUM POINT 6 ACUPRESSURE ON EMESIS GRAVIDARUM IN PREGNANT WOMEN IN THE FIRST TRIMESTER

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ABSTRAK: EFEKTIVITAS AKUPRESUR PERICARDIUM POINT 6 TERHADAP EMESIS GRAVIDARUM PADA IBU HAMIL TRIMESTER PERTAMA

Latar Belakang : Akupresure titik P6 merupakan sebuah tindakan untuk mengurangi atau menurunkan rasa mual dan muntah pada kehamilan yang dilakukan dengan cara penekanan pada titik tubuh tertentu (titik pericardium 6 atau tiga jari dibawah pergelangan tangan). Dalam 6 bulan terakhir ada sekitar 50 ibu hamil yang mengalami *emesis gravidarum* di PMB As-Shofa Kabupaten Hulu Sungai Tengah.

Tujuan : Untuk Mengetahui Efektivitas Akupresur Titik Perikardium 6 Terhadap Emesis Gravidarum Pada Ibu Hamil Trimester I di PMB As-Shofa Kabupaten Hulu Sungai Tengah.

Metode : Jenis penelitian *pre-experimental* design dengan rancangan *One-Group Pretest-Posttest* Design. Populasi penelitian 25 orang. Teknik sampel menggunakan *Purposive sampling*. Sampel berjumlah 20 responden.

Hasil : Frekuensi mual muntah pada ibu hamil trimester I di Wilayah Kerja PMB As-Shofa Kabupaten Hulu Sungai Tengah sebelum diberikan perlakuan derajat ringan 15 (75%) derajat sedang 5 (25%) dan frekuensi mual dan muntah sesudah diberikan perlakuan derajat ringan 19 (95%) derajat sedang 1(5%). Hasil uji *wilcoxon signed ranks test* didapat nilai sebesar $p.value\ 0,000 < 0,05$.

Simpulan: Ada pengaruh dari akupresur titik perikardium 6 sebagai terapi non farmakologi dalam upaya mengurangi frekuensi mual muntah pada ibu hamil trimester I di wilayah kerja PMB As-Shofa kabupaten Hulu Sungai Tengah.

Saran : Diharapkan bagi peneliti selanjutnya untuk lebih memperhatikan kelengkapan data yang ada di buku register seperti nomor telepon, dan juga diharapkan bagi peneliti selanjutnya untuk dapat mengontrol langsung prosedur pijat akupresur setiap hari selama penelitian berlangsung.

Kata Kunci : Ibu Hamil Trimester I, Mual Muntah, Titik Perikardium 6.

ABSTRACT

Background: P6 point acupressure is an action to reduce or reduce nausea and vomiting in pregnancy which is carried out by pressing certain body points (pericardium point 6 or three fingers below the wrist). In the last 6 months there have been around 50 pregnant women who experienced emission gravidarum at PMB As-Shofa, Hulu Sungai Tengah Regency.

Objective: To determine the effectiveness of pericardium point 6 acupressure on emesis gravidarum in first trimester pregnant women at PMB As-Shofa, Hulu Sungai Tengah Regency.

Method: This type of research is pre-experimental design with a One-Group Pretest-Posttest Design. The research population was 25 people. The sample technique uses purposive sampling. The sample consisted of 20 respondents.

Results: The frequency of nausea and vomiting in pregnant women in the first trimester in the PMB As-Shofa Working Area, Hulu Sungai Tengah Regency before being given mild treatment was 15 (75%) the moderate degree was 5 (25%) and the frequency of nausea and vomiting after being given mild treatment was 19 (95%) moderate degree 1(5%). The results of the Wilcoxon signed ranks test obtained a p value of $0.000 < 0.05$.

Conclusion: There is an effect of acupressure at pericardium point 6 as a non-pharmacological therapy in an effort to reduce the frequency of nausea and vomiting in first trimester pregnant women in the PMB As-Shofa work area, Hulu Sungai Tengah district.

Suggestion: It is hoped that future researchers will pay more attention to the completeness of the data in the register such as telephone numbers, and it is also hoped that future researchers will be able to directly control the acupressure massage procedure every day during the research.

Keywords: First Trimester Pregnant Women, Nausea, Vomiting, Pericardium Point 6.

INTRODUCTION

Pregnancy is a series of events that only occur when an egg (ovum) is fertilized by a sperm cell and eventually develops into a mature fetus (at term). The pregnancy period begins from conception, namely the meeting of the egg and sperm until the birth of the fetus (Hasibuan., 2021)

The normal pregnancy process occurs for 40 weeks or 9 months 7 days calculated from the first menstruation, where pregnancy is usually divided into 3 phases or what is usually known as trimesters. Nausea and vomiting are the most common disorders encountered in the first trimester of pregnancy, where at a gestational age of 1 to 12 weeks during pregnancy nausea and vomiting usually occur in the morning, but some occur at any time and usually also occur at night (Nausea and vomiting are a series of various hormonal, digestive system, nervous, hereditary, and psychological factors. The sensation of nausea and vomiting along with increased progesterone and estrogen hormones, resulting in the production of the Human Chorionic Gonadotropin (HCG) hormone. HCG is a chemoreceptor that stimulates nausea and vomiting (Andika, et al., 2022). Another statement states that the causes of emesis gravidarum in pregnant women include fatigue, fetus, nausea and vomiting in previous pregnancies, use of contraceptive pills during preconception, premenstrual nausea, stress, anxiety, and fear (Harahap. et al., 2022.).

According to the World Health Organization (WHO) in 2021 the number of cases of emesis gravidarum reached 12.5% of the total number of pregnancies in the world. Emesis gravidarum occurs worldwide with varying incidence rates ranging from 0.5-2% in the United States, 0.3% of all pregnancies in Sweden, 0.5% in California, 0.8% in Canada, 10.8% in China, 0.9% in Norway, 2.2% in Pakistan and 1.9% in Turkey, in Indonesia the prevalence of emesis gravidarum is 1-3%. The incidence of emesis gravidarum in pregnant women in Indonesia is around 50%-90% of all pregnancies accompanied by nausea and vomiting. According to a study of more than 360 pregnant women, only 2% experience morning sickness while 80% of complaints persist throughout the day. It peaks at around 9 weeks of pregnancy. At 20 weeks of gestation, emesis symptoms usually stop. However, up to 20% of

cases, nausea and vomiting can continue until delivery, while emesis gravidarum reaches 10-15% of the number of pregnant women in South Kalimantan Province, which is 182,815 people in the first trimester of pregnancy. South Kalimantan Province itself has an emesis gravidarum figure of 50-90% of pregnancies, while from this emesis figure, it develops into emesis of around 10.6%/1000 pregnancies (Muntianah, 2023). Hulu Sungai Tengah Regency itself has data on the number of pregnant women reaching 3,780 people. Emesis gravidarum is a symptom of morning sickness in the first trimester that occurs in around 70-80% of pregnant women and often occurs between the 5th and 12th weeks of pregnancy. Pregnant women who experience nausea and vomiting are around 50-90%. Nausea and vomiting during pregnancy are usually mild and can be treated depending on the condition of the pregnant woman. However, the effects can cause nutritional disorders, dehydration, weakness, weight loss and electrolyte imbalance (Mulyani, et al., 2022).

Nausea and vomiting in pregnancy can be treated with pharmacological and non-pharmacological (Triatmini, 2023).

treatments. Pharmacological treatment can be done by administering antihistamines, antimycotics, and corticosteroids. Non-pharmacological treatment can be done by regulating diet, emotional support, and can also use acupressure and ginger therapy. One non-pharmacological treatment that is easy to apply in dealing with nausea and vomiting is acupressure therapy which is a complementary treatment technique related to acupuncture by pressing certain points on the body.

Acupressure point P6 is an action to reduce or reduce nausea and vomiting in pregnancy which is done by pressing on certain body points (pericardium point 6 or three fingers below the wrist), in principle acupressure therapy is the same as massaging so it does not require special skills, unlike acupuncture which requires training. Acupressure therapy for nausea and vomiting is done by manually pressing on the pericardium (Hasibuan., 2021).

In the study, why did the researcher take the research at PMB As-Shofa because PMB As-Shofa is a PMB with the most patients from several PMBs

in Hulu Sungai Tengah Regency and PMB As-Shofa is a PMB registered in the SISDMK of the Hulu Sungai Tengah Regency Health Office and PMB As-Shofa is also a PMB that uses the pericardium 6 acupressure technique to overcome nausea and vomiting in pregnant women in the first trimester.

Based on a preliminary study in May 2024 at PMB As-shofa Hulu Sungai Tengah, data was obtained that the total number of pregnant women in the last month was 40 people and 25 people were included in the Trimester I category. The results of interviews with 25 pregnant women in the first trimester showed that 20 people (80%) said that they experienced nausea and vomiting, and 5 people (20%) did not experience nausea and vomiting.

Based on the background description, the researcher is interested in conducting a study entitled "Effectiveness of Pericardium Point 6 Acupressure on Emesis Gravidarum in Pregnant Women in the First Trimester at PMB As-Shofa, Hulu Sungai Tengah Regency".

RESEARCH METHODS

This study uses a quantitative research type with a Pre-Experimental research design with a One-Group Pretest-Posttest Design. This study was conducted at PMB As-Shofa Hulu Sungai Tengah Regency. The population in this study were all pregnant women in the first trimester, namely 25 pregnant women in the first trimester at PMB As-Shofa Hulu Sungai Tengah Regency from July 2024. Based on the inclusion criteria, out of 20 respondents, there was 1 pregnant woman who did not meet the inclusion criteria so that the sample used for the study became 19 people.

Pregnant women in the first trimester who experience emesis gravidarum., sampling using the Purposive Sampling Technique with Inclusion and Exclusion criteria determined by the researcher. The data collection instrument used in this study was a pretest and posttest sheet containing an assessment to assess the effect of PC 6 acupressure on emesis gravidarum using the Pregnancy Unique Quantification of Emesis and Nausea PUQE instrument, and the pretest and posttest sheets also contained age, education, occupation and parity of pregnant women in the first trimester who experienced emesis gravidarum.

The PUQE assessment is carried out before carrying out the PC 6 action and after carrying out the PC 6 action. Do this for 7 consecutive days, in the morning or if you are experiencing nausea.

RESEARCH RESULTS

Respondent characteristics of 19 respondents who underwent ANC examination at PMB As-Shofa.

Table 1
Frequency Distribution Based on Age

Age	(f)	(%)
< 20 and ≥ 35 (At Risk)	3	15,0
20 to 35 Years (Not at Risk)	16	85,0

Based on table 1 above, the frequency distribution of age (not at risk) is that the majority of respondents are aged 20-34 years, namely 16 people (85%).

Table 2
Frequency Distribution Based on Education

Education	(f)	%
Junior High School	6	30,0
Senior High School/ Vocational High School	8	45,0
College	5	25,0

Based on Table 2, the frequency distribution based on junior high school education is 6 people (30%), those with high school/vocational school education are 8 people (45%) and those with college education are 5 people (25%).

Table 3
Frequency Distribution Based on Occupation

Work	(f)	%
Housewife	14	75,0
Private	3	15,0
PNS	2	10,0

Based on Table 3 above, Frequency Distribution Based on Occupation, respondents who are unemployed (housewives) are 14 people (75%), those who work in the private sector are 3 people (15%) and those who work as civil servants are 2 people (10%).

From the data listed in Table 4 it can be observed that the Distribution of Primigravida Parity Characteristics is 8 respondents (45%), while multigravida is 11 people (55%).

Table 4
Frequency Distribution Based on Parity

Parity	Frekuensi (f)	%
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Primigravida	8	45,0
Multigravida	11	55,0

Respondents who experienced moderate gravidarum emissions were 5 people (25%).

Table 5
Distribution of Gravidarum Emissions in Pregnant Women in the First Trimester Before Being Given PC Point Acupressure Therapy Treatment 6

Emesis Gravidarum	(f)	%
Light (< 6)	14	75,0
Medium (7-12)	5	25,0
Weight(13)	0	0

Based on table 5 above, it can be seen that most respondents in this study experienced mild gravidarum emissions before being given PC 6 acupressure treatment, namely 14 people (75%).

Table 6
Distribution of Gravidarum Emissions in Pregnant Women in the First Trimester After Being Given PC 6 Acupressure Therapy Treatment

Emesis Gravidarum	(f)	%
Light (< 6)	19	100,0
Medium (7-12)	0	0
Weight(13)	0	0

Based on table 6 above, it can be seen that the respondents in this study experienced mild gravidarum emissions after being given acupressure treatment at point PC 6, namely 19 people (100%).

Table 7
Effect of Acupressure Point Pc 6 on Emesis Gravidarum in Pregnant Women in the First Trimester at PMB As-Shofa Hulu Sungai Tengah Regency

Akupresur	Mean	N	Sig. (2-tailed)
Trapi Akupresur Titik PC 6 sebelum	2,16	19	0,000
Trapi Akupresur Titik PC 6 sesudah			

Based on table 7, it shows the administration of acupressure before and after being given using the Wilcoxon signed ranks test, a value of p.value $0.000 < 0.05$ was obtained, so it can be concluded that there is an effect of Acupressure Point Pc 6 on Emesis Gravidarum in Pregnant Women in the First Trimester at PMB As-Shofa, Hulu Sungai Tengah Regency.

DISCUSSIONS

Based on Age

Based on research, it shows that the frequency distribution of age (not at risk) the majority of respondents are aged 20-34 years as many as 16 people (85%).

Why do pregnant women who experience emesis gravidarum mostly occur at that age? This is in accordance with the journal (Nikmatul, 2022) which states that this occurs due to the lack of mental readiness of pregnant women at a young age; emotional and mental maturity is lacking, and the physiological function of the reproductive organs is not yet mature so that it triggers more disturbances in the balance of hormone production which affects the occurrence of complications in early pregnancy such as dizziness, nausea and vomiting in the morning.

Based on Education

Based on junior high and high school education, there were 14 people (75%) and those with college education were 5 people (25%).

Based on the theory taken from the journal (Agusctin, 2022) it states that lack of insight, limited social interaction, limited health information makes individuals less able to accept facts based on scientific analysis/based on science, but more easily accept myths rather than reasoning. The strength of the myth of nausea and vomiting that is common in young pregnant women can trigger the emergence of emesis gravidarum.

Based on Occupation

Based on Occupation, respondents who do not work (housewives) are 14 people (75%), those who work in the private sector are 3 people (15%) and those who work as civil servants are 2 people (10%).

Based on the journal (Machmudah, 2022) it says that most mothers who have jobs tend not to have much time to think about their pregnancy. The amount of time spent working can divert concentration to think about their pregnancy so that

anxiety in pregnant women tends to be more controlled.

Based on Parity

Based on Parity, the Distribution of Primigravida Parity Characteristics is 8 respondents (45%), while multigravida is 11 people (55%).

Based on the theory by (Miftahul, 2019) states that Pregnancy spacing is the time interval between previous pregnancies and subsequent pregnancies. The normal pregnancy spacing between pregnancies is at least 2 years and the ideal spacing is 4 years. The close distance between the current and previous pregnancies can affect pregnancy, one of which can cause emesis gravidarum.

Before Being Given PC 6 Acupressure Therapy

Based on the results of the study, it showed that most respondents in this study experienced mild gravidarum emesis before being given PC 6 acupressure therapy, namely 14 people (75%). Respondents who experienced moderate gravidarum emesis were 5 people (25%).

Based on the results of this study, researchers assume that many pregnant women experience emesis gravidarum due to physiological changes that occur in their bodies. Basically, emesis gravidarum interferes with the daily activities of pregnant women, this can be seen from the many complaints about emesis gravidarum, but most pregnant women consider the emesis gravidarum they experience to be a common problem in early pregnancy, so that the response in dealing with emesis gravidarum is not so good and the lack of knowledge of pregnant women about non-pharmacological handling of emesis gravidarum makes them use pharmacological treatment more often and also many of them do not work or are housewives, causing them to spend more time worrying about their pregnancy, another cause is also the lack of mental readiness of mothers at a young age. The results of the study also found that 70% of respondents had high school and college education, which means that most respondents are more receptive to outside information about handling emesis gravidarum. Therefore, health workers, especially midwives, can provide counseling on non-pharmacological handling of emesis gravidarum.

After being given PC 6 Acupressure Therapy

Based on the results of the study, it shows that respondents in this study experienced mild gravidarum emissions after being given PC 6 acupressure therapy, namely 19 people (100%).

According to the researcher's analysis, with the average score decreasing from before the intervention to after the intervention, this proves that acupressure has an effective way of working to help reduce nausea and vomiting and rebuild weakened cells in the body and is able to create a defense system and regenerate cells so that the body's immune system is strong to reduce abnormal cells. In acupressure treatment, there is no need to take medication.

The Effect of Acupressure Therapy Treatment of Pc 6 Point Before and After on Emesis Gravidarum in Pregnant Women in the First Trimester

Based on the results of the study showing that the administration of acupressure before and after being given using the Wilcoxon signed ranks test obtained a value of $p\text{-value } 0.000 < 0.05$, it can be concluded that there is an effect of Acupressure Point Pc 6 on Emesis Gravidarum in Pregnant Women in the First Trimester at PMB As-Shofa, Hulu Sungai Tengah Regency.

CONCLUSION

There is an effect of acupressure at pericardium point 6 as a non-pharmacological therapy in an effort to reduce the frequency of nausea and vomiting in first trimester pregnant women in the PMB As-Shofa work area, Hulu Sungai Tengah district.

SUGGESTION

It is hoped that future researchers will pay more attention to the completeness of the data in the register book, such as telephone numbers, and it is also hoped that future researchers will be able to directly control the acupressure massage procedures every day during the research.

REFERENCES

- Ifira. (2020). Efek Akupresur Pada Titik P6 Dan St36 Untuk Mencegah Post Operative Nausea And Vomiting Pada Pasien Laparatomi Dengan Spinal Anastesi. *PENELITIAN*. 16(1), 30–33.
- Anang.S & Rina. N. (2018). Riset Keperawatan. Perum Panorama: Cirebon. Tersedia dalam netLibrary
<<https://books.google.co.id/books?id>
- Ana Mariza. 2019. Efektifitas Akupresur Pericardium Dalam Terhadap Penurunan Mual dan Muntah Di Bandung : Prima A: Jurnal ilmiah ilmu kesehatan.
- Andika,dkk.. (2022). Jurnal Pengabdian Masyarakat (Kesehatan), Vol. 4 No. 1 April 2022

- Universitas Ubudiyah Indonesia. 4(1), 39–44.
- Agusctin, 2022. Acupressure Titik P6 (NEI GUAN) Mampu Menurunkan Frekuensi Mual Muntah Pada Ibu Hamil Trimester I, 11(03), 2598-4217
- Harahap.dkk. (2022.). Jurnal Mitra Keperawatan dan Kebidanan Prima Vol. 3 No. 1. 3(1).
- Hasibuan,dkk. (2021). HUBUNGAN PENATALAKSANAAN AKUPRESUR TITIK P6. 1(1), 10–16.
- Joice.M.L, dkk. (2024). Bunga Rampai Kebidanan Komplementer. Anggota IKAPI: Jawa Tengah. Tersedia dalam netLibrary <<https://books.google.co.id/books?id>>
- Machmudah, 2022. Acupressure Titik P6 (NEI GUAN) Mampu Menurunkan Frekuensi Mual Muntah Pada Ibu Hamil Trimester I, 11(03), 2598-4217
- Miftahul, 2019 Acupressure Titik P6 (NEI GUAN) Mampu Menurunkan Frekuensi Mual Muntah Pada Ibu Hamil Trimester I, 11(03), 2598-4217
- Mulyani,dkk. (2022). Penerapan Pemberian Akupresur Pc 6 Dan Minuman Jahe Dalam Mengurangi Emesis Gravidarum Di Wilayah Kerja Puskesmas Cisolak.Vol 12 No 1 Bulan Juli | Page 216-223. 12(1), 216–223.
- Muntianah, S. (2023). Peppermint Terhadap Mual Muntah Pada Ibu Hamil Trimester I Di Wilayah Kerja Puskesmas Salam Babaris. 3(3).
- Nikmatul Khayati, dkk (2022). Acupressure Titik P6 (NEI GUAN) Mampu Menurunkan Frekuensi Mual Muntah Pada Ibu Hamil Trimester I, 11(03), 2598-4217
- Nugraha,dkk. (2022). Kombinasi Akupressure Titik Perikardium 6 (P6) Dan Minuman Jahe Hangat Terhadap Emesis Gravidarum.D3 Kebidanan , Fakultas Ilmu Kesehatan , Universitas Merdeka Surabaya Kesehatan Kemenkes Pontianak 6 S1 Keperawatan , Fakultas Ilmu Kesehatan , Universitas Merdeka Surabaya. 6.
- Pande.P.N.E, dkk (2021). Pelayanan Kebidanan komplementer. Syiah Kuala University Press: Aceh. Tersedia dalam netLibrary <<https://books.google.co.id/books?id>>
- Parapat,dkk. (2023). Pengaruh Terapi Komplementer Akupresur Pada Titik P-. 4, 968–978.
- Rahmayati,dkk. (2019.). Pengaruh Terapi Komplementer Akupresur terhadap Mual Muntah. 382–388.
- Rahmanindar, N., Zulfiana, E., Harnawati, R. A., Harapan, P., & Tegal, B. (2021). Akupresur Dalam Mengurangi Hiperemesis Kehamilan Acupressure In Reducing Pregnancy Hyperemesis umum dilaporkan pada ibu hamil yang Titik Akupresur untuk mengurangi hiperemesis pada kehamilan dimana 3 jari di atas pertengahan dengan sendiri dalam kehamilan ketika hiperemesis harus hiperemesis parah dan menetap , muka. 8(1), 1–9.
- Rasida. N. A. (2020). Kupas Tuntas Hiperemesis Gravidarum Mual Muntah Berlebihan dalam Kehamilan. One Peach Media: DKI Jakarta. Tersedia dalam netLibrary <<https://books.google.co.id/books?id>>
- Rasdiyanah. (2022). Mengenal Hipertensi Pada Kelompok Dewasa dengan Pendekatan Asuhan Keperawatan. PT Nasya Expanding Management: Jawa Tengah. Tersedia dalam netLibrary <<https://books.google.co.id/books?id>>
- Retnowati,Y. (2019). Gravidarum Pada Kehamilan Trimester I 1 Fakultas Ilmu Kesehatan Universitas Borneo Tarakan Pendahuluan Kehamilan merupakan suatu proses hasil pertemuan antara sperma dan sel telur dimana pada wanita karena terdapat peningkatan. 2(1), 40–56.
- Triatmini, A. (2023). Pengaruh Akupresure Titik PC6 Dalam Mengurangi Emesis Gravidarum.
- Sukarsih, M. R. I., Mudlikah, S., & Rachmawati, A. (2022). Faktor Tingkat Pendidikan , Usia , Paritas , Status Pekerjaan dan Riwayat Emesis Gravidarum Mempengaruhi Terjadinya Emesis Gravidarum Pada Ibu Hamil Trimester I. 2(1), 45–53.
- Tanjung, W. W., Nasution, E. Y., Kebidanan, A., & Padangsidimpuan, D. (2021). Akupresur Titik Perikardium 6 pada Ibu Hamil Trimester I. Jurnal Pengabdian Masyarakat Aufa (JPMA), 3(1), 100–103.
- Triatmini, A. (2023). Pengaruh Akupresure Titik PC6 Dalam Mengurangi Emesis Gravidarum.