Introduction: Labor is a crucial process that causes women to experience pain due to contractions. As many as 91.9% of women experience pain during labour, especially during the first stage of the active phase. Pain can be reduced by pharmacological and non-pharmacological methods. Non-pharmacological methods include acupressure on point L14. Acupressure is one of the non-pharmacological methods that can be used during the delivery process. Acupressure points associated with labour pain include Hegu (L14), Zhiyin (BL 67), Kunlun (BL 60), Neiguan (PC 60), Sanyinjio (SP 6), Tianjin (GB 21), Dansu (BL19) points.

Aim: This literature review uses the PRISMA method (Preferred Reporting Items for Systematic Reviews and Meta-analyses).

Results: L14 point can stimulate the production of oxytocin from the pituitary gland so that it stimulates uterine contractions to increase the labour process. Thus, in addition to reducing acupressure pain at the L14 point, it can also accelerate the first stage of the labour process.

Conclusion: Acupressure at the L14 point is proven to be effective in reducing pain and speeding up the labor process.

Keywords: acupressure, L14, labour
Pain during labour is the hardest thing for a woman. As many as 91.9% of women experience pain during labour, especially during the first stage of the active phase (Legiati Titi dan Widiawati Ida, 2013). According to research conducted by Melia Dhita Roslianti in 2017 with the title description of maternal factors in labour pain during the Active Phase I at Sekarwangi Hospital 2017, it was found that 37% of primipara mothers experienced very severe pain and 17% of multiparous mothers experienced very severe pain. The results of other studies are also consistent, showing that primiparas experience a higher level of pain than multiparas, which is 2.63 times (Fania Nurul Khorunisa dkk, 2017). This is because primiparas themselves do not have experience during the birth process so when contractions occur it is difficult to control the pain.

Other factors such as parity, maternal age, perception, lifestyle and level of anxiety affect the level of pain during the first stage of labour. According to the results of research with statistical tests, most of the primipara and multiparous maternity mothers fall into the severe pain category with 55% (11 people) and 30% (6 people) and 15% (3 people) experiencing very severe pain. The T-count of pain in the latent phase is 4.382 and pain in the active phase is 3.795 (Nurdiantini, I., Prastiwi, S., & Nurmaningsari, 2017)

Methods of managing labour pain can be done pharmacologically and non-pharmacologically. Pharmacological methods are more effective than non-pharmacological methods but pharmacological methods are more expensive and have the potential to have adverse effects on the mother and fetus. While non-pharmacological has no side effects and is simpler to do (Sugianti & Joeliatin, 2019).

Acupressure is one of the non-pharmacological methods that can be used during the delivery process. Acupressure points associated with labour pain include Hegu (L14), Zhiyin (BL 67), Kunlun (BL 60), Neiguan (PC 60), Sanyinjio (SP 6), Tianjin (GB 21), Dansu (BL19) points (Torkzahrani et al, 2017).

Based on this description, this article was compiled to determine the effectiveness of acupressure at the L14 point to reduce pain in the first stage of labour from various national article reference sources.

Method

The preparation of this literature review uses the method PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-analyses), collect and analyze articles and journals related to acupressure at point L14 to reduce pain during contractions in labour.

The inclusion criteria for this literature article are national journals within the last 5 years that are accessed by internet searches through databases. These articles were obtained from Google Scholar 5 articles and 1 from other sources. These articles were obtained by keyword (Acupressure, L14, Labor).

The following is a literature strategy contained in the schematic below:
Results and Discussion

<table>
<thead>
<tr>
<th>Author</th>
<th>Title</th>
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<tbody>
<tr>
<td>Uliy Iftah</td>
<td>Effect of L14 and SP6 acupressure techniques on endorphin levels and progress of labour in the first stage of the active phase.</td>
<td>Quantitative Method with Quasi-Experimental Design.</td>
<td>To determine the effect of the acupressure method on endorphin levels and the progress of the first stage of labour.</td>
<td>From the results of the study, it was found that results of a 0.048 increase in endorphin levels after acupressure were carried out, thus acupressure became a method of stimulating endorphin levels that provided a sense of comfort and safety during childbirth.</td>
</tr>
<tr>
<td>Hidayatul Mustafida Mukhoirotin</td>
<td>Giving acupressure a combination of points BL32 and L14 points BL32 and SP6 to reduce pain intensity.</td>
<td>Quasi-experiment</td>
<td>Know the difference in acupressure on the combination of points BL32 (cilia) and point L14 (haiku) with point BL32 (cilia) and point SP6 (sanyinjiao).</td>
<td>From the results of the study, there was no difference in the effect of acupressure combination BL32 (cilia) and point L14 (haiku) with point BL32 (cilia) and point SP6 (sangunio). Acupressure at these points is equally effective in reducing the intensity of labour pain.</td>
</tr>
<tr>
<td>Debi Dahliyani Siti Mutoharoh</td>
<td>Application of L14 point acupressure to prevent long first stage in primiparas.</td>
<td>Analytical descriptive.</td>
<td></td>
<td>Acupressure innovation care at point L14 for first stage primiparas at TPMB E has been proven to be effective in increasing contractions from 3 times to 4-5 times and preventing prolonged labour by proving cervical dilatation,</td>
</tr>
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</table>
The L14 point is located between the first and second metacarpal bones in the distal fold of the hands. This large intestine meridian runs along the outer edge of the arm up to the shoulder, until the shoulder branches off to the nape of the neck to reach the cervical vertebrae 7 (cervical 7) and vertebral column 1 and back to the shoulder. At the shoulder, this meridian branched out. A branch descends down across the lungs to reach the large intestine (Budiarti, 2011).

Based on the articles that have been analyzed, it is known that there is an effective effect of acupressure on reducing pain in the first stage by stimulating the levels of not more than 1 cm/hour even faster than that. There was an increase in the average contraction that started before the L14 massage was performed at 3.3810 (3 times in 10 minutes) and increased after being massaged at the L14 point of 4.5952 (4 times in 10 minutes). Statistical test results obtained value = 0.000 <0.05, it can be concluded that there is a significant effect between increasing contractions before L14 massage and after L14 massage in active phase I antepartum mothers.

Based on the results of the study, there was an effect of acupressure at point L04 (heKuk) and thai cong on the level of pain in the first stage of labour in women giving birth.
endorphins. So that the levels of endorphins can provide a sense of comfort and security. In addition, acupressure performed at the L14 point can stimulate the production of oxytocin from the pituitary gland so that it stimulates uterine contractions to increase the labour process. Thus, in addition to reducing acupressure pain at the L14 point, it can also accelerate the first stage of the labour process.

**Conclusion**

Acupressure at the L14 point is proven to be effective in reducing pain during the first stage of contractions by triggering endorphins. In addition, acupressure at the L14 point accelerates the labour process by stimulating contractions.

**References**