



Literature Review: Effect of Acupressure on Point L14 During Labour

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ABSTRACT

Introduction: Labor is crucial time 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. Non pharmacological one of which is 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), Sanyinjiao (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

Introduction

Labour is a process of expulsion of a full-term baby or almost full term, followed by the removal of the placenta and fetal membranes from the mother's body (Shofa, 2015). Childbirth is the most crucial process for women. Because in this process women will experience a painful process in their lives.

Labour begins with the first stage where this phase is a phase that requires a relaxed state. Because the first stage is the phase of contraction. The longer the contractions, the stronger they will be. (Suriani et al, 2019). These contractions cause pain because the uterus contracts to push the fetus in the womb down the stage and into the birth canal.

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), Sanyinjiao (SP 6), Tianjin (GB 21), Dansu (BL19) points (Torkzahrani et al, 2017).

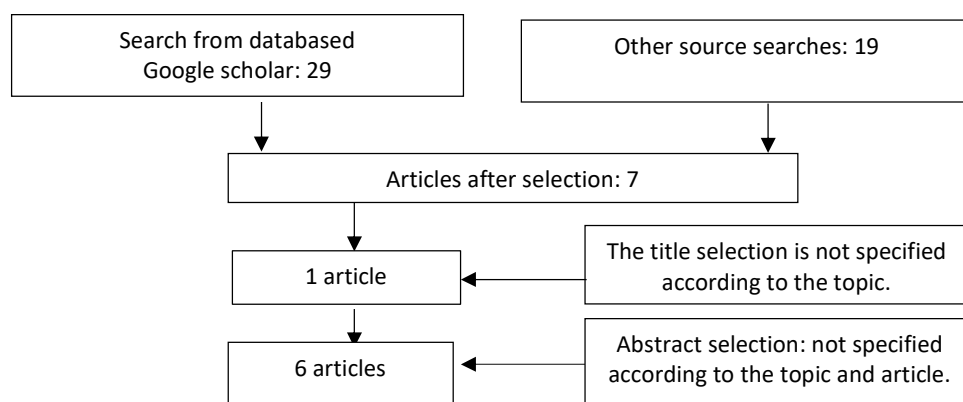
Based on this description, this article was compiled to determine the effectiveness of acupressure at the L14 point to reduce pain in the first stage of labour from various national article reference sources.

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 1. Analysis of literature review results

Author	Title	Method	Purpose	Results
1 Uliy Iftah	Effect of L14 and SP6 acupressure techniques on endorphin levels and progress of labour in the first stage of the active phase.	Quantitative Method with Quasi-Experimental Design.	To determine the effect of the acupressure method on endorphin levels and the progress of the first stage of labour.	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.
2 Hidayatul Mustafida Mukhoirotin	Giving acupressure a combination of points BL32 and L14 points BL32 and SP6 to reduce pain intensity.	Quasi-experiment	Know the difference in acupressure on the combination of points BL32 (cilia) and point L14 (haiku) and point BL32 (cilia) and point SP6 (sanyinjiao).	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 (sanguinio). Acupressure at these points is equally effective in reducing the intensity of labour pain.
3 Debi Dahliyani Siti Mutoharoh	Application of L14 point acupressure to prevent long first stage in primiparas.	Analytical descriptive.		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,

4	Neneng Siti Lathilah Ledy Octaviani Iqmy	The Effect of L14 on Increased Contractions in the First Stage of Labour.	Quasi-experiment	To find out the effect of L14 on the increase in contractions in the first stage of labour at TPMB Lia Maria Bandar Lampung in 2018.	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.
5	Anita	The effect of acupressure L04 (Hekuk) and thai cong on the rate of first stage labour in women giving birth.	One group pre-post test	The purpose of this study was to determine the effect of acupressure on the level of pain in the first stage of labour in women giving birth.	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.
6	Santiasari	Acupressure therapy intervention (point L14) in active labour pain in the first stage.	Case study	Carrying out nursing care for labour pain in the active phase of the 1st stage in the V room at Bangil Hospital, Pasuruan Regency.	The results of the study after acupressure therapy were carried out at the L14 point with acute pain problems in the active phase of the first stage of labour. From the first sample, there was a decrease in the pain scale from a scale of 9 to a scale of 6 and from the second sample, there was a decrease from a scale of 8 to a scale of 5.

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

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.

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