NCIJ 2 (2) (2024)
Nursing Case Insight Journal
Journal of Case Study Nursing
https://nci.journalhealth.org/index.php/nci

Pericardium Point 6 Acupressure for Nausea, Vomiting In 1st Trimester of Pregnant Women: Case Study

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Abstract: Nausea and vomiting usually occur in the morning, but some occur at any time and at night occur as a result of changes in the endocrine system that occur during pregnancy, especially increased hormones hCG in pregnancy. Data in Indonesia shows that 50% to 80% of pregnant women experience nausea and vomiting and approximately 5%. Pregnant women require treatment for fluid replacement and electrolyte correction. This case study aims to provide nursing services to pregnant women with nausea and vomiting using acupressure. The author uses a descriptive analytical method in the form of a case study approach in patient care which includes assessment, death diagnosis, death planning, death implementation, death evaluation, and use of EBP (Evidence-Based Practice) interventions. Midwives are expected to be able to apply P6 acupressure intervention to pregnant women as a complementary therapy to reduce nausea and vomiting experienced by pregnant women which can be given to pregnant women reduce complaints of nausea and vomiting in the first trimester of pregnancy.

Keywords: Acupressure, Nausea and Vomiting, Pericardium Point 6, Pregnant Women
Received: 30 July 2024
Revised: 5 August 2024
Accepted: 6 August 2024
Published: 8 August 2024

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Introduction

During pregnancy, many mothers experience physical changes which are normal symptoms or usually occur in the first trimester of pregnancy. Nausea usually occurs in the morning but can occur at any time at night. These symptoms usually appear 6 weeks after the first day of the last menstruation (HPHT) and last approximately 10 weeks (Wiknjosastro, 2010); Puriati & Misbah, 2018).

Nausea and vomiting in pregnancy occur as a result of changes in the endocrine system that occur during pregnancy, especially the increase in the hCG hormone in pregnancy and is a common complaint of almost 50-80% of pregnant women. Psychologically, nausea and vomiting during pregnancy affects more than 80% of pregnant women and has a significant effect on quality of life. Some pregnant women feel that nausea and vomiting are common things during pregnancy. Others feel it as something uncomfortable and disturbing their daily activities (RaFiah, 2012).

WHO, as the UN agency that handles health problems, says that Hyperemesis Gravidarum occurs throughout the world, including countries on the American continent with varying incidence rates. Meanwhile, the incidence of Hyperemesis Gravidarum also occurs frequently in Asia, for example in Pakistan, Turkey and Malaysia. Meanwhile, the incidence of Hyperemesis Gravidarum in Indonesia is from 1% to 3% of all pregnancies.

Data in Indonesia, the ratio of the incidence of nausea and vomiting which leads to pathology or what is called hyperemesis gravidarum is 4: 1000 pregnancies.

How to Cite: Permata, A. D. (2024). Pericardium Point 6 Acupressure For Nausea, Vomiting In 1st Trimester Pregnant Women: Case Study. *Nursing Case Insight Journal*, *2*(2), 37-40. https://nci.journalhealth.org/index.php/nci/article/view/20

It is estimated that 50% to 80% of pregnant women experience nausea and vomiting and approximately 5% of pregnant women require treatment for fluid replacement and electrolyte correction (Kartikasari et al., 2017). Meanwhile, Hyperemesis Gravidarum also often occurs in Asia, for example in Pakistan, Türkiye and Malaysia. Meanwhile, the incidence of hyperemesis gravidarum in Indonesia ranges from 1% to 3% of all pregnancies (Maulana, 2012). According to data in West Java in 2021, the incidence of nausea and vomiting was 13% of pregnant women experiencing nausea and vomiting (West Java Health Office, 2021), while according to data in Garut Regency in 2021, the number of cases of nausea and vomiting in pregnancy was around 14.2% of 29,771 mothers pregnant (Garut Health Office, 2021).

Management of nausea and vomiting in pregnancy consists of pharmacological and non-pharmacological or complementary medicine. Complementary medicine is non-conventional medicine that does not originate from the country concerned. (Zulfa et al., 2018).

One of the non-pharmacological therapies to treat nausea and vomiting, use acupressure at the Pericardium 6 (P6) point (Farhad et al., 2016). One of the recommended treatments is Chinese medicine, Pericardium point 6, hereinafter written as point P6. In "Accupunctur in Clinical Practice" it is stated that stimulation at the P6 point is an important point for acupressure to be given to clients with hyperemesis. The stimulation effect at this point can increase the release of beta-endorphin in the pituitary and adrenocorticotropic (ACTH) along the chemoreceptor trigger zone (CTZ) which can inhibit the vomiting center (Fengge, 2018).

Herrell (2014), research results said that around 80% of women reported that their symptoms lasted throughout the day, while only 1.8% reported symptoms that occurred in the morning. These symptoms occur approximately 6 weeks after the first day of the last menstruation and last for approximately 10 weeks

Research conducted by Rohmah et al. (2018) on the effect of giving acupressure therapy to reduce nausea and vomiting in pregnant women with emesis gravidarum with the average nausea and vomiting before being given acupressure therapy was 3-4 times/day and in the control group they were given drinking water according to their needs. nausea and vomiting 3-4 times/day, after being given acupressure therapy for 3 days the frequency of nausea and vomiting was reduced to 1-2 times/day and in the control group nausea and vomiting was reduced to 2-4 times/day and it can be concluded that there is an effect of acupressure therapy to reduce nausea and vomiting in pregnant women with emesis gravidarum (Ayudia, 2019).

Method

The study utilized a descriptive case study approach and a literature review to learn about midwifery care use of acupressure massage (pericardial point 6) in first trimester pregnant women who experience nausea. The type of case study used by researchers is a qualitative descriptive case study method which aims to create a systematic, fact-based and accurate picture obtained through interviews and observations.

The subject used in this case study was a first trimester pregnant woman (primipara) at 8 weeks' gestation who experienced grade 15 nausea or moderate nausea and vomiting. The focus of the case study used was the use of acupressure massage (pericardial point 6) to reduce nausea and vomiting in first trimester pregnant women who experienced 15 levels of nausea or moderate nausea and vomiting. The physical examination carried out will include the patient's vital signs such as blood pressure, temperature, pulse and breathing. Other physical examinations include a head-to-toe physical examination which is included in the NANDA domain 13 assessment.

The tool for measuring the degree of nausea and vomiting is the Rose Scale. Massage or apply pressure to the pericardial point 6 (Neiguan), which is located 2 cm or 3 fingers from the wrist line. Then wash the area to be massaged with clean water. Make sure there are no scratches. Next, measure the width of 3 fingers from the wrist line and massage/push counterclockwise with your thumb 50 times (sedation). Massage oil or rubbing oil can be used for massage. If massage or exercise causes eye pain or dizziness, reduce the dose. The massage is carried out for 6 days, if the mother feels nauseous.

Result and Discussion

The results of Pericardium 6 Acupressure on the Intensity of Nausea and Vomiting in Pregnant Women in the First Trimester are a decrease in the intensity of nausea and vomiting in pregnant women. The mean ± vomiting in pregnant women in the first trimester before being given acupressure was 3 people with moderate nausea and vomiting, after being given acupressure was 2 people admitted no nausea and vomiting and 1-person experienced mild nausea and vomiting.

Responden	Nauseous vomit	
	Before	After
R1	Currently	normal
R2	Currently	Light
R3	Currently	Light

One way to treat nausea and vomiting is through a non-pharmacological approach, namely acupressure (Arviana, 2017). Acupressure is a treatment method from ancient China that involves stimulating special points on the body using needles for acupuncture and

using fingertips for acupressure because it puts pressure on certain points of the body. Acupressure and acupuncture stimulate the regulatory system and activate endocrine and neurological mechanisms, which are physiological mechanisms for maintaining balance, manual pressure on P6 in the wrist area, namely 3 fingers from the distal area of the wrist or two tendons for 2 minutes. The process using the acupressure technique focuses on the body's nerve points. Acupressure is believed to be able to improve or revive diseased organs, thereby facilitating impaired blood circulation (Gunawan et al., 2011).

Research conducted by Putri et al. (2017) found that the average morning sickness score before acupressure was carried out in the intervention group was higher with an average of 8.48 compared to the control group with an average of 7.96; Meanwhile, after acupressure, the average morning sickness in the intervention group was lower with an average of 1.28 compared to the control group with an average of 7.84. There is an effect of acupressure at the P6 point on morning sickness in first trimester pregnant women at the P6 point.

This research is in line with research by Tara (2020) where the application of acupressure to pregnant women in the first trimester with complaints of nausea and vomiting showed that acupressure was successful in reducing nausea and vomiting ($p<0.0001$). This study aims to find out how much influence acupressure therapy has on nausea and vomiting in pregnant women

According to the author's assumption, giving acupressure can reduce nausea and vomiting in pregnant women, this is because a local reaction occurs which can stimulate nitric oxide which increases intestinal motility, so it can reduce nausea in pregnant women. Vomiting can occur if nausea is not blocked, so that nausea does not progress to vomiting by blocking the stimulation of nausea. To overcome nausea and vomiting in first trimester pregnant women, acupressure therapy can be given, and research results show that acupressure at point P6 is effective in reducing nausea and vomiting at point P6 can stimulate the release of the hormone cortisol which can increase the body's metabolism so that nausea and vomiting can be felt. reduce. first trimester pregnant women.

Conclusion

The benefit of Pericardium 6 Acupressure on the Intensity of Nausea and Vomiting in First Trimester Pregnant Women is a decrease in the intensity of nausea and vomiting in pregnant women. The mean ± vomiting in pregnant women in the first trimester before being given acupressure was 3 people with moderate nausea and vomiting, after being given acupressure 2 people said they had no nausea and vomiting and 1-person experienced mild nausea and vomiting. One way to deal with nausea and vomiting is through a non-pharmacological approach, namely acupressure

Acknowledgments

I would like to thank the patients who have agreed to have their data published, not forgetting also the academic and clinical preceptors who have guided us so that nursing care for patients can be optimal.

Funding

The research was not funded by any party.

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