UNIVERSITI TEKNOLOGI MARA

INTERVENTION TO OVERCOME NAUSEA AND VOMITING DURING EARLY PREGNANCY WITH DUAL METHOD P6 ACUPRESSURE : A MIX METHOD STUDY

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ABSTRACT

Introduction: Nausea and vomiting during pregnancy (NVP) were not only considered to be a sign of discomfort both culturally and clinically but also seen as potential safety risk for mothers and their unborn child. One of the non-pharmacological complementary therapies is the use of acupressure. The main objective of the study was to assess the effectiveness, safety, and satisfaction of the dual methods P6 acupressure therapy for nausea and vomiting during early pregnancy, among patients attending the maternity clinic, in Samarinda, Indonesia, and to explore perception of using the dual method P6 acupressure as the intervention of choice in the treatment of NVP. ***Materials & Method***: A mixed-methods sequential explanatory quasi experimental study was conducted which consisted of two phases: quantitative followed by qualitative. Using a convenience sampling method, the first phase involved recruitment of 120 pregnant women with moderate to severe NVP symptoms from 6 to 16 weeks of gestation selected from 4 private maternity clinics in Samarinda, Indonesia. The participants in the intervention group were guided on performing dual P6 acupressure and were observed using the Pregnancy Unique Quantification of Emesis (PUQE) questionnaire at baseline and at 16 weeks gestation while the control group were offered the non-pharmacological standard antenatal care. In phase 2, using purposive sampling six participants in the intervention group underwent in-depth interviews. ***Results***: The mean age of the participants were > 25 years old (28.52 ± 5.17) and the majority were multigravida (68.33 percent). The relationship among the variables showed there is no significant difference between the baseline of the two groups. The PUQE scores of participants in the intervention group were lower compared to that of the control group after the intervention period ($P< 0.01$). The PUQE score was also found to be reduced for the intervention group from experiencing severe symptoms to having only mild symptoms. There were no adverse effects reported after the intervention. For the satisfaction variable, it was shown that dual methods P6 acupressure did elicit a statistically significant change in satisfaction in pregnant women with NVP ($Z = 1830$, $P< 0.01$). Meanwhile, six themes emerged from the qualitative phases which were: (1) Patients are expected to be offered P6 acupressure for the management of nausea and vomiting at the first antenatal follow-up, (2) Patients receive appropriate care, by being given knowledge and skills of P6 acupressure in the management of nausea and vomiting in early pregnancy. (3) Patient understands the pregnancy process with marked sensitivity to smell and nausea and vomiting, (4) Supporting resources are obtained from internal and external factors, (5) negative response to nausea and vomiting in pregnancy, patients experience weight loss, stress due to feeling uncomfortable, (6) The patient's management of nausea and vomiting includes rest, drinking warm water, and using P6 acupressure. ***Conclusion***: Dual method of P6 acupressure therapy was effective, safe, and satisfactory in relieving nausea and vomiting during pregnancy. According to the respondent's perception through the qualitative section, the dual P6 acupressure was effective in reducing nausea and vomiting in early pregnancy. Therefore, maternity care providers may consider using this method as a therapeutic alternative for the management of nausea and vomiting during pregnancy.

Keywords: Dual P6 acupressure, Nausea, Vomiting, Early Pregnancy, Effectiveness.

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INTRODUCTION

1.1 Introduction

Several studies have been conducted on P6 acupressure interventions for the treatment of nausea and vomiting in early pregnancy which have a significant impact on the health of the mother and her foetus. Nausea and Vomiting in Pregnancy (NVP) are common disorders associated with physiological and psychological harm (M. Bustos, Venkataramanan, & Caritis, 2017). Physiologically, these events are influenced by changes in pregnancy hormones. This chapter provides an overview of the research, including context, problem description, research objectives, research questions, and research significance, hypotheses, and operational definition.

1.2 Research Background

Pregnancy is a physiological and natural process. Pregnancy starts from the first day of the last menstruation, the length of pregnancy from the beginning of fertilisation to delivery is 40 weeks or 280 days. Pregnancy has three parts: the first trimester, from conception to three months, the second trimester, from four months to six months, and the third trimester, from seven months to nine months. The first trimester is the period that determines whether a woman is considered pregnant or not. Most women will feel confused about their pregnancy, this confusion usually ends when the pregnant woman accepts that she is pregnant. Around 80 percent of pregnant women in the first trimester will reflect on themselves, some pregnant women will feel disappointed, rejected, anxious, stressed, and depressed. This is because several unpleasant factors appear in the first trimester, namely nausea and vomiting, fatigue, changes in taste and emotional state (Beyazit & Sahin, 2018).

Pregnancy brings many physical, psychological and changes hormones in the mother's body. This causes various complaints, including nausea and vomiting which often occur in early pregnancy. Nausea and Vomiting in Pregnancy (NVP) is a common disorder associated with adverse physiological and psychological effects (M. Bustos et al., 2017). Physiologically, this event is influenced by changes in pregnancy hormones. In contrast,