Aroma Therapy Influence to the Morning Sickness on the First Trimester Pregnant Women in BPM Waru and Menanggal

Yasi Anggasari^{a,1,*}

^a Universitas Nahdlatul Ulama Surabaya yasi@unusa.ac.id * corresponding author

ARTICLE INFO

ABSTRACT

Article history: Received Revised Accepted

Keywords: Pregnant Aroma Therapy Emesis Gravidarum Emesis gravidarum is a common or often symptom of first trimester pregnancy, the symptoms may be caused due to increased levels of the hormone estrogen and Human Chorionic Gonodotropin. Nausea usually occurs in the morning, but there are arising every time and night. These symptoms usually occur six weeks after the first day of the last menstrual period lasting approximately 10 weeks. The purpose of this study The purpose of this research is to know the influence of aroma therapy on decreased emesis gravidarum in first trimester pregnant women in BPM Waru dan Menanggal. Research design using Pre-Experimental with cross sectional approach. The population is all pregnant women in the first trimester who experience emesis gravidarum in BPM Waru dan Menunggal for 30 patients, a large sample of 28 respondents taken with simple random sampling technique. Variable independent is giving aroma therapy and dependent variable is emesis gravidarum in pregnant mother. The research instrument used questionnaire. Data were analyzed with Wilcoxon Signed Rank statistic test with significance level ($\alpha = 0.05$). The results of the study of 28 respondents were almost 21 (85.7%) of respondents before giving aromatherapy with severe gravidarum emesis, and after administration of aroma therapy, most of them had mild degree gravidarum emesis. Wilcoxon Signed Rank test results p = 0.000 < α then H0 rejecte, meaning Aroma Therapy Affects Against Gravidarum Emesis In First Trimester Pregnant Women at BPM Waru dan Menanggal. The results showed that after done Aroma Therapy of 28 respondents, most (75%) respondents said comfortable, it means that the technique of aroma therapy has an effect on the emission of emesis gravidarum.

> Copyright © 2018 STIkes Surya Mitra Husada. All rights reserved.

I. Introduction

Pregnancy is a state of pregnancy of the last menstrual period until delivery, which normally lasts for 40 weeks or 280 days of pregnancy can affect the mother's body as a whole to cause a variety of physiological changes, one of which is nausea and vomiting. Most women are able to match the changes that occurred during the first trimester of pregnancy The pregnant women often overlook and underestimate the complaints of nausea and vomiting due to be considered as normal in early pregnancy, if nausea and vomiting in pregnant women no immediate further action causes pregnant women deficiency nutrients that the fetus is not receiving adequate nutrition and can cause low birth weight or prematurity, so that the complaints of nausea and vomiting were originally going to be pathological and physiological impact on the fetus. It is often found in cases of morning sickness although physiological but if not promptly treated can lead to



ISSN: 2528-066X (Print) ISSN: 2599-2880 (Online)

impaired fetal growth, fetal death in the womb and the fetus can suffer congenital abnormalities, while the result for the mothers who are dehydrated, acid-base balance disorders, and potassium deficiency.

The incidence of morning sickness in the World Health Organization (WHO) estimates that at least 14% of all pregnant women are affected by morning sickness (WHO, 2010). According to (MOH) in 2013 also estimates that 10% of pregnant women are affected by morning sickness. The incidence of morning sickness in Indonesia were obtained from 2,203 pregnancies can be observed in full is 543 mothers exposed to morning sickness. In East Java, in 2011 there were 67.9% of pregnant women experience morning sickness known as sickness morning (morning sickness). The incidence of nausea and vomiting occur in 60-80% and 40-60% primigravidas multigravida. Based on the results of studies in BPM Menanggal Surabaya Data Retrieved 11 November 2016. The first trimester pregnant women 10 people, who experience nausea and vomiting for 6 people while not experiencing nausea and vomiting 4. So we can conclude the incidence of nausea and vomiting in BPM Menanggal as much as 60%

Nausea and vomiting that occurs during pregnancy is caused by changes in the endocrine system occur during pregnancy, mainly caused by fluctuations in the levels of HCG (human chronic gonadotropin), the period of gestational sickness is most common in the first 12-16 weeks, at which time the HCG reached its highest level (Tiran 2009).

Nausea is an uneasy feeling in the throat which will have symptoms of vomiting and there will be a reflex impulse stomach contents, this condition is caused due to increased levels of the hormone estrogen. The symptoms are also experienced by women who use hormonal contraception. After the implantation process occurs simultaneously with the production of the hormone hCG, it causes nausea and vomiting in pregnant women the first trimester because stimulation of the vomiting center located in the area postrema of the medulla oblongata at the base ventricle to four, which vomiting can be stimulated through the nerves everen by stimulation of the vagus and sympathetic activation that causes vomiting chemoreceptor trigger zone (Anggi, 2010).

Troubleshooting nausea and vomiting in the first trimester pregnant women can be done with the aroma therapy fragrance ingredients wherein the working mechanism of therapy occurs through the circulatory system and the olfactory system. Organ of smell is the only sense of taste with a variety of nerve receptors in direct contact with the outside world and a direct channel to the brain. Only some 8 molecules already can trigger electrical impulses in nerve endings. It takes approximately 40 nerve endings to be stimulated before a person consciously smell what was being kissed. The smell is a volatile directly into the atmosphere. If it enters into the nasal cavity through breathing, will be stimulated by the brain as the sense of smell. Some stages receipt of acceptance smell the odor molecules will be stimulated by the nerve olfactory epithelium, The odor transmitted as a message to the olfactory center located on the back of the nose. Vibrating hair contained therein, will serve receptor as will deliver electrochemical messages to the center of emotions and one's memory which in turn will deliver a message back to the entire body via the circulatory system. Messages are delivered to the whole body will be converted into an action with the release of neurochemical substances such as feeling happy, relaxed, calm or inflame In dealing with nausea and vomiting in the first trimester pregnant women can be done with the aroma therapy. Giving aroma therapy in the first trimester pregnant women is very effective because it has a smell of aroma therapy can relax the nerves, but aroma therapy cannot be given to pregnant women with hyperemesis. So researchers wanted to prove how effective administration of aroma therapy in the first trimester pregnant women who experience morning sickness.

II. Method

This type of research is the Pre-Experimental design with One-group pre-post design, In this design, the observation is made as much as 2 times that before the administration of the intervention, and then observed again after administration of the intervention. The population in this study were all first trimester pregnant women who experience morning sickness in BPM and BPM Waru Menanggal of 30 person. In this study, the sample used is mostly first trimester

ISSN: 2528-066X (Print)

pregnant women who experience morning sickness in Menanggal BPM and BPM Waru. The sample size in this study were 28 respondents, using probability sampling, where each subject has an equal chance of being selected or not selected for the sample. The sampling technique using Simple Random Sampling namely by making lottery in accordance with the number of pregnant women visit. Independent variables in this study giving aroma therapy, and the dependent variable was emesis gravidarum. Research instrument used observation sheet contains a measuring tool scale of nausea and vomiting in accordance with the Standard PUQE ie measurement scale nausea and vomiting. Implementation of the technique using the SOP (standard operating procedure). Editing data processing, scoring, coding, cleaning Processing, and tabulating. How to know whether there is the influence of aroma therapy on the morning sickness, the data was analyzed using statistical test of Wilcoxon Signed Rank Test performed with a significance level of = 0.05. with the statement of decision rules if the probability $<0,\alpha$

III. Results and Discussion

Characteristics of respondents by Parity

table 5.1Distribution of respondents by Parity in BPM Waru and Menanggal Year 2017

| No. | parity | Frequency | Percentage (%) |
|-----|---------------|-----------|----------------|
| 1 | primigravidas | 21 | 75.0 |
| 2 | multigravida | 5 | 17.9 |
| 3 | Grandemulti | 2 | 3.6 |
| | total | 28 | 100 |

Source: Primary Data July 2017

5.1 According to the table above shows from 28 respondents, the majority (75%) primigravidae

Characteristics of respondents by job

table 5.2 Distribution of Respondents by Job Pregnant women in BPM Waru and Menanggal Year 2017

| _ | 1 cui 2017 | | | |
|---|------------|---------------|-----------|----------------|
| | No. | Work | Frequency | Percentage (%) |
| | 1 | working | 5 | 17.9 |
| | 2 | Does not work | 23 | 82.1 |
| | | total | 28 | 100 |

Sources: Primary data July 2017

According to the table above shows 5.2 out of 28 respondents, the majority (82%) did not work.

ISSN: 2528-066X (Print) ISSN: 2599-2880 (Online)

Characteristics of respondents by planned pregnancy

Table 5.3. Frequency distribution based on BPM Waru planned pregnancies and Menanggal Year 2017

| No. | planned pregnancy | Frequency | Percentage (%) |
|-----|-------------------|-----------|----------------|
| 1 | planned | 24 | 85.7 |
| 2 | Unplanned | 4 | 14.3 |
| | total | 28 | 100 |

Sources: Primary data July 2017

Based on Table 5.3 above shows from 28 respondents, almost entirely (85.7%) the pregnancy was planned.

Characteristics of respondents by degree emisis gravidarum before administration aroma therapy

Table 5.4. Frequency distributions based degrees emisis gravidarum before administration

aroma therapy Waru BPM and Menanggal Year 2017

| No. | degrees Emisis | Frequency | Percentage (%) |
|-----|----------------|-----------|----------------|
| 1 | Light | 0 | 0 |
| 2 | moderate | 4 | 14.3 |
| 3 | Weight | 24 | 85.7 |
| | total | 28 | 100 |

Sources: Primary data July 2017

According to the table above shows 5.4 of 28 respondents before giving aroma therapy almost entirely (85.7%) of respondents degree of morning sickness severe level.

Characteristics of respondents by degree emisis gravidarum after administration aroma therapy

Table 5.5. Frequency distributions based degrees emisis gravidarum after administration

aroma therapy in BPM Waru and Menanggal Year 2017

| | | 56 | |
|-----|----------------|-----------|----------------|
| No. | degrees Emisis | Frequency | Percentage (%) |
| 1 | Light | 21 | 75.0 |
| 2 | moderate | 5 | 17.9 |
| 3 | Weight | 2 | 7.1 |
| | total | 28 | 100 |

Sources: Primary data July 2017

According to the table above shows 5.5 of 28 respondents post aroma therapy majority (75%) of respondents degree of morning sickness mild level.

ISSN: 2528-066X (Print)

ISSN: 2599-2880 (Online)

Cross-tabulation between the award of aroma therapy against morning sickness

Table 5.6 Cross tabulation Effect of aroma therapy on the morning sickness in pregnant women in the first trimester BPM Waru and Menanggal Year 2017

| | | Emisis degree Gravidarum | | | |
|-----|--------------------|--------------------------|----------|-----------|----------|
| No. | Givingaromatherapy | | | | Total |
| | | Light | moderate | Weight | N (%) |
| | | N (%) | N (%) | N (%) | |
| 1 | Before | 0 (0) | 4 (14.3) | 24 (85.7) | 28 (100) |
| 2 | After | 21 (75) | 5 (17.9) | 2 (7.1) | 28 (100) |

Based on Table 5.6 shows that out of 28 respondents before being given aromatherapy almost entirely (85.7%) experienced severe morning sickness and after given aromatherapy majority (75%) had mild morning sickness.

Based on the statistical test Wilcoxon signed rank test with SPSS for Windows with significance level $\alpha=0.05$ p value = 0.000 (0.0000 <0.05), then Ho is rejected, which means there is the influence of aroma therapy in the mother trimester morning sickness peratama in BPM Waru and Menanggal Year 2017

IV. DISCUSSION

a. Before administering aroma therapy

The problem of nausea in the first trimester pregnant women, nausea due to an increase in estrogen levels or hCG (Human Chorionic Gonadotropin) and changes of the digestive system. So the brain in the medulla which are closely associated with or a part of the center nausea caused by irritating impulses coming from the tractus gatrointestinal and impulses coming from the bottom of the brain associated with morning sickness (Guyton & Hall, 2009)

Morning sickness is a natural phenomenon or often contained in the first trimester of pregnancy. Nausea usually occurs in the morning, but there arise any time and at night. These symptoms usually occur six weeks after the first day of the last menstrual period and lasts approximately 10 weeks

According to the table 5.4 in mind that out of 28 respondents are almost entirely morning sickness severe degree (85.7%) of respondents expressed feeling of nausea and vomiting before administration of aroma therapy. This suggests that high morning sickness before administration of aroma therapy. According to the theory (Satrianegara, 2014), that aroma therapy is a technique that herbal therapy is given to patients who experience morning sickness in the first trimester by inhaling.

This is due largely primigravida pregnant or first pregnancy so it is still very sensitive to food odors can trigger nausea and vomiting.

b. After giving aromatherapy

According to the table 5.5 in mind that out of 28 respondents mostly mild morning sickness (75.0%) of respondents claimed to feel nausea and vomiting refuse and feel comfortable after administration of aroma therapy. This indicates that the already low morning sickness after administration of aroma therapy.

ISSN: 2528-066X (Print) ISSN: 2599-2880 (Online)

Giving aromatherapy cause the mother's condition will be more relaxed and reduce stress aromatherapy can also make a pregnant woman more fresh. According to the Online Support aromatherapy (2009) there are some materials aromatherapy Lemon (Citrus Lemon), from the rind and leaves derived essential oils known as Citroen oil. Orange oil is preferred because it is refreshing and can arouse.

Also useful for treating nausea, refuse stress, overcome flatulence, cure headaches, dilute phlegm and coughing, and generate need eat.

c. Effect of Aroma Therapy Against Emesis Gravidarum In First Trimester Pregnancy

Aroma therapy delivery techniques can be said to be good when there are many patients who feel comfortable or satisfied after a given aromatherapy. In contrast, the effect of aroma therapy is said to be less good when there are many patients who are uncomfortable or unsatisfied after being given aromatherapy. According to (Jilani 2009), defines a way that aroma therapy and body treatments or cure diseases by using essential oil (essential oil) by inhaling.

Based on the results of the statistical test Effect of Therapy Against Emesis Aroma Gravidarum In First Trimester Pregnancy In RB gift Sidoarjo through Wilcoxon Signed Rank test tools to get value of ρ < α = 0.05, namely 0.000. This matter mean H0 rejected it means there Effect of Therapy Against Emesis Aroma Gravidarum In First Trimester Pregnancy In BPM Waru and Menanggal

The results showed that the technique Aroma Therapy significantly affect Gravidarum Emesis In First Trimester Pregnancy In BPM Waru and Menanggal.

This means that if a patient says comfortable and satisfied after doing the therapy aroma technique Award aroma technique can be good therapy. Conversely, if the patient says uncomfortable and dissatisfied after the technique of the therapy aroma Award aroma therapy techniques can be said is not good. Corresponding opinion (Jilani, 2009) that aroma therapy techniques can help improve health and outside as well as inside the body in a way that is easy and convenient. Thus reducing complaints of nausea and vomiting.

Mechanism of action of therapeutic aroma materials is through the body's circulatory system and the olfactory system. For the problem of nausea in pregnant women trimester one, nausea due to an increase in estrogen levels or hCG (Human Chorionic Gonadotropin) and changes of the digestive system. So the brain in the medulla which are closely associated with or a part of the center nausea caused by irritating impulses coming from the Gastrointestinal tract and impulses coming from the bottom of the brain associated with motion sickness (Guyton & Hall, 2009).

Organ of smell is the only sense of taste with a variety of nerve receptors in direct contact with the outside world and a direct channel to the brain. Only some 8 molecules already can trigger electrical impulses in nerve endings. It takes approximately 40 nerve endings to be stimulated before a person consciously smell what was being kissed. The smell is a volatile molecule directly into the air. If it enters into the nasal cavity through breathing, will be interpreted by the brain as the sense of smell.

V. Conclusion

Based on the results of this study concluded BPM Menanggal First Pregnant Waru and aroma therapy prior to administration almost entirely to experience morning sickness severe degree, pregnant women after administration of aroma therapy experienced mostly

ISSN: 2528-066X (Print)

ISSN: 2599-2880 (Online)

mild morning sickness. Aroma Therapy Giving effect to the Decrease degree of morning sickness in pregnant women in Waru and Menanggal BPM.

References

Alimul, A. 2007. Riset Keperawatan Dan Teknik Penulisan Ilmiah. Jakarta: Salemba

A. Aziz Alimul Hidayat, 2008. Metode Penelitian Kebidanan Tekhnik Analisa Data. Jakarta: Salemba Medika

Bobak. 2009. Buku Ajar Keperawatan Maternitas Edisi 4. Jakarta:EGC

Indiarti, Khotimah Wahyudi. 2014. Buku Babon Kehamilan. Yogyakarta: Indoliterasi

Indonesia Departemen Kesehatan. 2010. Buku Saku Pelayanan Kesehatan Neonatal Esesial Pedoman Teknis Kesehatan Dasar. Jakarta: Kementrian Kesehatan

Jaelani. 2009. Aroma Terapi. Jakarta: Pustaka Popular Obor

Kemi Sukarmi, Wahyu P. 2013. Buku Ajar Keperawatan Maternitas. Yogyakarta : Nuha Medika

King, Teko L dan Patricia Aikins Murphy. 2009. Evidence Based Approaches To Managing Nouse And Vomiting In Early Pregnancy. www.medscape.com. Diunduh tanggal 10 November 2016

Manuaba, Ida Gede Bagus et al. 2007. Penngantar Kuliah. Obstetri. Jakarta. EGC.

Morgan, Geri. 2009. Obstetri Dan Ginekologi. Panduan Praktik. Jakarta: EGC

Nugroho, Taufan. 2011. Buku Ajar Obstetri Untuk Mahasiswa Kebidanan. Yogyakarta : Nuha Medika

Nursalam. 2013. Metodologi Penelitian Ilmu Keperawatan. Pendekatan Praktis Edisi 3. Jakarta: Salemba Medika

Sulistiyani, Ari. 2009. Asuhan Kebidanan Pada Masa Kehamilan. Jakarta : Salemba Medika

Tiran, Denise. 2009. Mual Dan Muntah Kehamilan. Jakarta. EGC

Tresnawati, Frisca. 2012. Asuhan Kebidanan Jilid I. Panduan Lengkap Menjadi Bidan Profesional. Jakarta. PT. Prestasi Pustaka Karya