

Effect of Nurses Using for P6 Acupressure on Nausea, Vomiting and Retching in Women with Hyperemesis Gravidarum

By

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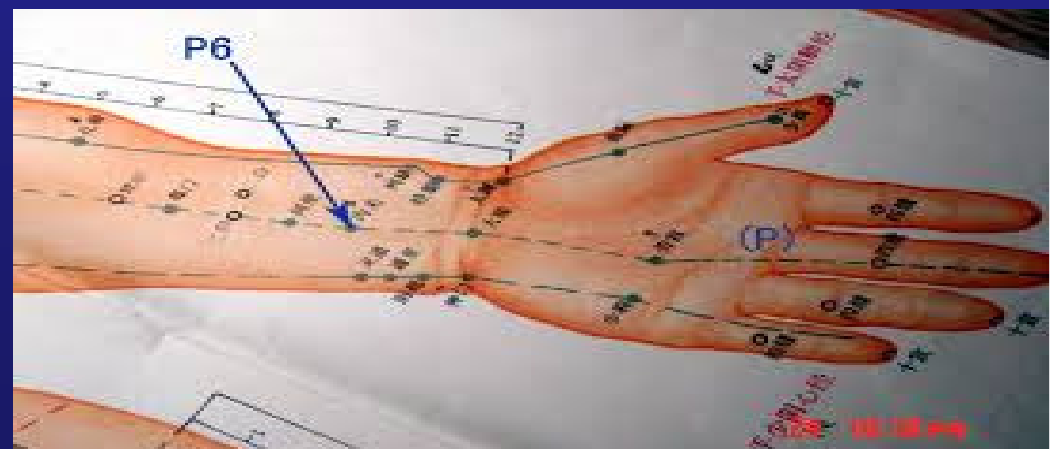


Introduction

➤ **Nausea and vomiting are common troublesome symptoms experienced by some women in the first trimester of pregnancy, and affect 50 to 80 percent of all pregnant women. These symptoms can have a profound impact on women's general sense of well-being and day-to-day lives**

- **Hyperemesis Gravidarum (HG) is a state of excessive nausea and vomiting in early pregnancy which usually resolves spontaneously by 16-20 weeks of gestation.**
- **HG is the most common cause of hospitalization in the first half of pregnancy and is second only to preterm labor for pregnancy overall**

- Acupressure involves pressure with fingers or bands on the body's acu-points and is easy to perform, painless, inexpensive, and an effective approach. The P6 point (Nei-Guan) is located on the anterior surface of the forearm, 3-finger widths up from the first wrist crease and between the tendons of flexor carpi radialis and palmaris longus

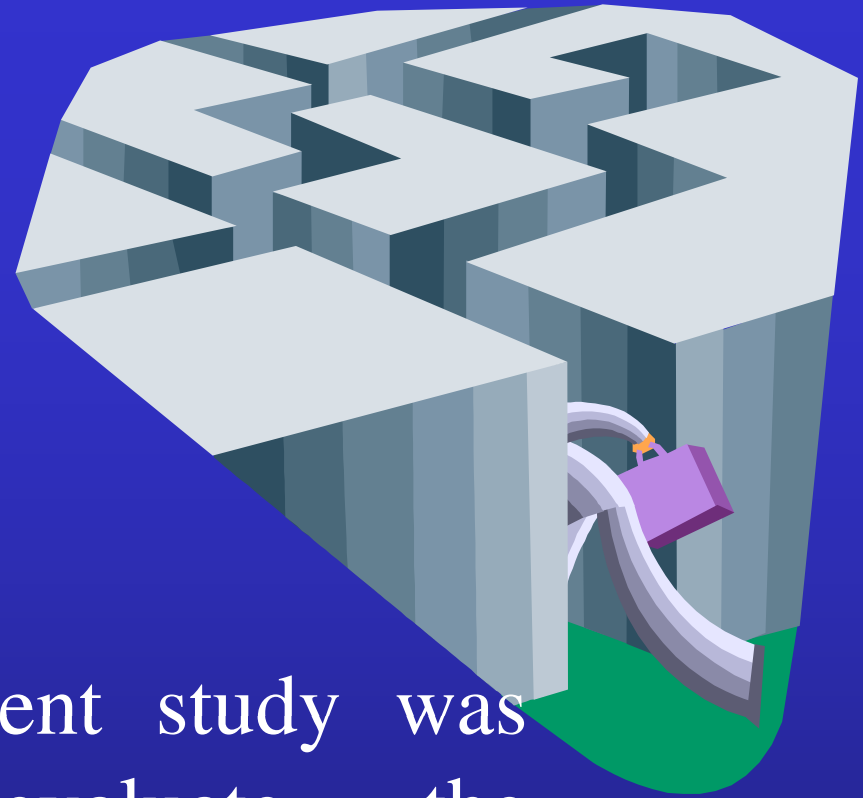


- **Stimulating the Nei–Guan point was shown to be statistically significantly effective for relieving nausea and vomiting by enhancing the blood circulation and inhibiting gastric movements and brain cortex stimulations.**
- **Furthermore, intervention using acupressure is easy to accomplish, cost-effective, self-controlled, safe and noninvasive**

The Significant Of the Study

- Hyperemesis gravidarum can be responsible for increased health care use hospitalization; time lost from work, and reduced quality of life during pregnancy.
- Acupressure is easy to accomplish, cost effective, self controlled, safe and non-invasive procedure.

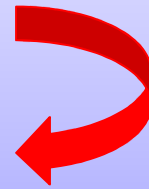
Aim



Therefore the present study was conducted to evaluate the effectiveness of nurses using for P6 acupressure on nausea, vomiting and retching in women with hyperemesis gravidarum.

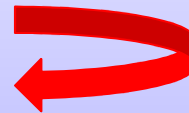
Materials & Method

Research Design



A Randomized Clinical Trial

Setting



Study was conducted in maternity high risk unit at mansoura university hospital, Egypt.

Subjects

115 Women attending maternity high risk care unit at Mansoura University Hospital, and diagnosed with hyperemesis gravidarum for six months they were randomly assigned into two groups (study & control).



➤ **Group 1: The intervention (p6 acupressure group) :**

Acupressure treatment was carried out for 10 minutes every 8 hours, for A total of three times daily

➤ **Group 2: Control Group:**

Women in the control group was received routine hospital treatment .

Tools Of Data Collection

Tool I: A Structured Interviewing Questionnaire Schedule:

It consisted of two parts:

Part 1: Socio-Demographic Characteristics.

Part 2: Obstetrical History

Tool II: Index of Nausea, Vomiting and Retching (INVR) Rhodes et al. (1996)

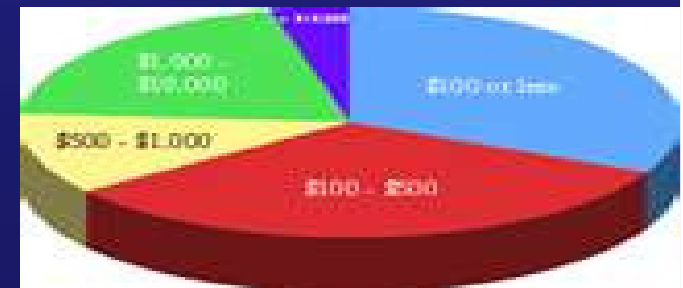
Tool II: Index of Nausea, Vomiting and Retching (INVR) Rhodes et al. (1996)

- The INVR is an eight-item self-report tool each item was assigned a number based on a predefined scoring algorithm. A numeric value to each response. Each item graded into 5 severity levels, the simplest scored one, then scoring was increasing in ascending manner as severity increased

Results

Results shows that there were more than half of women in the intervention & control group between the ages (20 - 30) year, with a mean age 26.67 ± 5.42 and 27.07 ± 5.40 .

Null parous women represented 77.2% and 70.7% in P6 acupressure and control group respectively.



The mean gestational age of women in acupressure and control group represented 12.30 ± 1.27 week and 12.81 ± 1.61 week respectively.

Women with previous history of pregnancy related nausea and vomiting represented 71.4% and 65.5% in P6 acupressure and control group respectively.

No statistically significant difference was found in baseline characteristics of nausea, vomiting and dry retching scores between the study & control group.



- There was statistically significantly difference in mean difference Rhodes index scores between baseline and after intervention across the four assessment days for study and control group with mean levels :
- ➡ (8.77±0.58, 7.74±0.53; respectively) for **nausea**,
- ➡ (8.54±0.79, 7.71±0.51; respectively) for **vomiting**.
- ➡ and (5.70 ± 0.41, 4.77±0.42; respectively) for **retching**

Table (3) Experience of Nausea, Dry Retching and Vomiting by Treatment Group:

Symptoms	Group 1 P6 Acupressure (n.57)	Group 2 Control Group (n.58)	t	P-value
	Mean± SD	Mean± SD		
<u>Nausea</u>				
• Baseline	12.00	12.00		
• Day 1	11.54± 0.73	11.16±.89	2.545	.012
• Day 2	10.98± 1.06	9.64± 1.09	6.711	.000
• Day 3	6.72± 1.19	5.26± 1.37	6.094	.000
• Day 4	2.60±1.51	0.66±0.69	8.841	.000
Total score	8.77±0.58	7.74±0.53	<0.001	
P*	<0.001	<0.001		
<u>Vomiting</u>				
• Baseline	12.00	12.00		
• Day 1	11.53 ±1.05	11.00±.88	2.911	.004
• Day 2	10.77±1.13	9.43±1.2	6.153	.000
• Day 3	6.14±1.42	5.3±.95	3.382	.001
• Day 4	2.26 ±2.29	0.74±0.76	4.769	.000
Total score	8.54±0.79	7.71±0.51	<0.001	
P*	≤0.001	<0.001		
<u>Dry retching</u>				
• Baseline	8.00	8.00		
• Day 1	7.68±.63	7.03±.75	5.028	.000
• Day 2	6.65±.95	5.50± .97	6.377	.000
• Day 3	4.44±.85	2.81± .83	10.44	.000
• Day 4	1.74±1.08	.52± .66	7.317	.000
Total score	5.70 ± 0.41	4.77±0.42	<0.001	
P*	<0.001	<0.001		

P*: statistical significance between baseline and after intervention (day 1-2-3-4)

Conclusion

P6-acupressure is an alternative means in addition to standard, modern antiemetic therapy, as well as P6-acupressure was an effective in reducing nausea, vomiting and retching episodes in women with hyperemesis gravidarum.

Recommendations

- Provision of training programs for nurses toward p6 acupressure technique.
- Using of P6 acupressure as nursing intervention for reducing degree of nausea, vomiting and retching episode.
- An application of more scientific researches on the effect of other non-pharmacological methods in relieving symptoms of hyperemesis gravidarum.



Thank You

