NHSJ Nursing and Health Sciences Journal

Volume 05, Number 03 (September 2025)
e-ISSN: 2798-5067
p-ISSN: 2798-5059

The effect of acupressure therapy on emesis gravidarum in pregnant women in the first trimester

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Abstract:
Nausea and vomiting (emesis gravidarum) are among the most common complaints during the first trimester of pregnancy, often associated with elevated levels of human chorionic gonadotropin (hCG). Non-pharmacological interventions such as acupressure have been proposed as effective alternatives to manage these symptoms. This study aimed to evaluate the effectiveness of acupressure therapy in reducing the severity of emesis gravidarum among first-trimester pregnant women. A quasi-experimental design with a pretest-posttest control group was applied. A purposive sampling technique recruited 42 participants, divided equally into intervention (n=21) and control (n=21) groups. Acupressure therapy was administered to the intervention group at specific points, while the control group received routine antenatal care. Data were analyzed using paired t-test and independent t-test. The findings demonstrated a statistically significant reduction in the frequency and severity of nausea and vomiting in the intervention group compared to the control group ($p < 0.001$). Acupressure therapy effectively alleviated symptoms of emesis gravidarum during the first trimester. Acupressure therapy is a beneficial, non-pharmacological intervention for reducing emesis gravidarum in early pregnancy. This technique can be integrated into maternal health services to improve comfort and wellbeing.

Article Info:
Submitted:
14-08-2025
Revised:
08-09-2025
Accepted:
10-09-2025

Keywords:
acupressure; emesis gravidarum; first trimester; pregnancy; non-pharmacological therapy

https://doi.org/10.53713/nhsj.v5i3.577

INTRODUCTION

Maternal and child health is a global priority, yet maternal health challenges remain significant in many low- and middle-income countries, including Indonesia. The maternal mortality ratio (MMR) is one of the leading indicators of health system performance, reflecting both the availability and quality of maternal health services (Mukuru et al., 2021). Maternal mortality is the death of a woman while pregnant or within 42 days of pregnancy termination, irrespective of the pregnancy duration or site, from any cause related to or aggravated by the pregnancy or its management (Lawrence et al., 2022). In Indonesia, maternal mortality remains a challenge despite various efforts to reduce it. Preventable complications, such as hemorrhage, hypertension, infections, and childbirth-related problems, cause maternal deaths. These highlight the importance of improving preventive and promotive measures in antenatal care to reduce morbidity and mortality among mothers (Crawford et al., 2023).

Pregnancy is a natural physiological process, but it is also accompanied by complex physical, physiological, and psychological changes (Alves et al., 2021). One of the most common complaints experienced by pregnant women, especially during the first trimester, is nausea and vomiting, clinically referred to as emesis gravidarum. This condition is thought to be associated with rising levels of human chorionic gonadotropin (hCG), changes in the gastrointestinal tract, genetic predisposition, and metabolic changes, such as hypoglycemia during early morning hours (Gazal et

Volume 05, Number 03 (September 2025)
e-ISSN: 2798-5067
p-ISSN: 2798-5059

al., 2025). While mild nausea and vomiting are often tolerated as a regular part of pregnancy, excessive and persistent symptoms can lead to dehydration, electrolyte imbalance, weight loss, and even hospitalization if untreated (Dahab et al., 2023).

Emesis gravidarum, commonly experienced during early pregnancy, can significantly affect maternal and fetal well-being (Elder et al., 2025). Persistent nausea and vomiting often lead to inadequate intake of essential nutrients and fluids, potentially impairing fetal growth and development. The resulting nutritional deficiencies and dehydration can disrupt metabolic balance in the mother, reducing the availability of vital substrates needed for placental function and fetal organogenesis (Maslin & Dean, 2022). In severe cases, this can compromise maternal-fetal oxygen exchange, increasing the risk of adverse outcomes such as intrauterine growth restriction, low birth weight, and preterm delivery. Early recognition and intervention are crucial to mitigate these physiological risks and support optimal pregnancy progression (Jain et al., 2022).

Beyond the physical consequences, emesis gravidarum exerts a considerable psychological burden on pregnant individuals. Chronic nausea and fatigue can lead to emotional distress, anxiety, and a diminished quality of life, potentially exacerbating underlying mental health conditions such as depression (Azlan et al., 2022). This emotional strain may reduce motivation to attend antenatal care appointments, undermining timely monitoring and management of both maternal and fetal health. If left untreated, emesis gravidarum can escalate into hyperemesis gravidarum—a more severe condition marked by profound vomiting, weight loss, ketonuria, and hemoconcentration—requiring hospitalization and intravenous rehydration. Effective multidisciplinary management, including nutritional support, pharmacological treatment, and psychological care, is essential to prevent complications and ensure the wellbeing of both mother and baby (Dahab et al., 2023).

Management of emesis gravidarum has traditionally relied on pharmacological therapies, including vitamin B6, antihistamines, and antiemetics (Nelson-Piercy et al., 2024). However, these drugs are associated with side effects such as drowsiness, headache, and gastrointestinal disturbances, and some women express reluctance to take medications during pregnancy due to concerns about fetal safety (Lowe & Steinweg, 2022). This situation underscores the need for safe, effective, and acceptable non-pharmacological alternatives. Among various complementary approaches, acupressure has gained increasing attention (Nency & Nurseha, 2024).

Acupressure is a therapeutic technique rooted in traditional Chinese medicine, involving the application of finger pressure to specific acupoints along the body's meridians to restore balance in the flow of vital energy, or qi (Li et al., 2024). Modern research suggests that acupressure stimulates physiological responses that modulate nausea pathways. Specifically, stimulation at the Pericardium 6 (P6/Neiguan) point on the inner wrist has been shown to activate both opioid and non-opioid pathways, reduce sympathetic nervous system activity, and promote gastrointestinal motility. These mechanisms collectively contribute to reducing nausea and vomiting symptoms. Acupressure is safe, non-invasive, and well-tolerated by pregnant women, making it an attractive option in maternal health care (Levin et al., 2024).

Despite growing evidence of its benefits, applying acupressure therapy in routine maternal health services in Indonesia remains limited (Rukmindar et al., 2023). Preliminary observations in the Mekarwangi Health Center, for example, indicate that pregnant women experiencing nausea often rely on traditional remedies, such as consuming sour fruits, and some report worsened symptoms after pharmacological treatments (Tan et al., 2023). Moreover, no acupressure programs have been systematically implemented in this region. Given the high prevalence of emesis gravidarum, the reluctance of some women to use medications, and the absence of acupressure therapy in primary care settings, there is a clear need for empirical studies evaluating the effectiveness of acupressure as a complementary intervention (Wang et al., 2024).

This study seeks to address this gap by examining the effect of acupressure therapy on emesis gravidarum in first-trimester pregnant women in the Mekarwangi Health Center, Garut Regency, working area. The novelty of this research lies in its local application of acupressure as a structured, non-pharmacological intervention in primary maternal health services, where it has never before been implemented. This study may contribute to expanding maternal care practices with low-cost, safe, and culturally acceptable alternatives by providing scientific evidence on its effectiveness.

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e-ISSN: 2798-5067
p-ISSN: 2798-5059

Ultimately, findings from this research are expected to support improved maternal well-being, reduce the risk of complications, and enhance the overall quality of antenatal care services in Indonesia.

METHOD

This study employed a quasi-experimental design with a pretest-posttest control group. The quasi-experimental approach was selected because it allows for evaluating causal relationships between interventions and outcomes in real-world settings where randomization is often impractical or unethical in maternal health research. The design facilitated the comparison of outcomes between pregnant women who received acupressure therapy and those who did not, thereby enabling assessment of the intervention's effectiveness while controlling for baseline equivalence through pretest measurements.

The study was conducted in the working area of the Mekarwangi Health Center, Garut Regency, Indonesia. This location was selected based on local health office data showing a high prevalence of emesis gravidarum among first-trimester pregnant women. The target population consisted of all pregnant women in their first trimester registered at the health center during the study period. According to records, there were 56 eligible pregnant women.

A purposive sampling technique was employed to select participants who met the inclusion criteria: (1) pregnant women in their first trimester (gestational age 0–12 weeks), (2) experiencing symptoms of nausea and vomiting consistent with emesis gravidarum, (3) willing to participate and provide informed consent, and (4) not currently receiving other complementary or alternative therapies for nausea and vomiting. Exclusion criteria included women with a history of hyperemesis gravidarum requiring hospitalization, underlying chronic diseases (such as diabetes mellitus or hypertension), or those taking antiemetic medications during the study period.

The sample size was determined using the Slovin formula with a margin of error of 5%, resulting in a minimum of 52 participants. The final sample consisted of 42 respondents, divided equally into two groups: 21 in the intervention group and 21 in the control group. Participants in the intervention group received acupressure therapy applied at the Pericardium 6 (P6/Neiguan) point, located on the palmar side of the forearm, approximately three finger-widths above the wrist crease between the tendons of the palmaris longus and flexor carpi radialis. Acupressure was applied using the thumb for 5 minutes per session, twice daily (morning and evening), for seven consecutive days. The control group received routine antenatal care according to health center protocols without acupressure intervention.

The severity of nausea and vomiting was measured using the Pregnancy-Unique Quantification of Emesis and Nausea (PUQE-24) score. This validated instrument assesses three main components: (1) the duration of nausea in the past 24 hours, (2) the number of vomiting episodes, and (3) the number of retching episodes. Scores are classified into mild, moderate, and severe categories. The PUQE-24 has been widely used in clinical and research settings due to its reliability and sensitivity in detecting changes in nausea and vomiting symptoms among pregnant women.

Baseline data were collected before the intervention, including demographic characteristics (age, education, parity, gestational age) and initial PUQE-24 scores. Participants in both groups completed the PUQE-24 questionnaire as a pretest. The intervention group subsequently underwent acupressure therapy as described, administered by trained researchers who had received standardized instruction in acupressure techniques. The control group continued with standard antenatal care only. After seven days, both groups completed the PUQE-24 questionnaire again as a posttest.

To ensure data quality, researchers monitored adherence to the intervention protocol and recorded any adverse events. Regular follow-up was conducted to minimize attrition and to verify compliance in the intervention group. Data were analyzed using SPSS version 25. The first step involved descriptive statistics summarizing participant characteristics, including mean, standard deviation, frequency, and percentage. The normality of the data was assessed using the Shapiro–Wilk test, which confirmed that the distribution of PUQE-24 scores was approximately normal. Consequently, parametric tests were used for inferential analysis. Within-group differences (pretest

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e-ISSN: 2798-5067
p-ISSN: 2798-5059

vs. posttest) were analyzed using the paired t-test, while between-group differences (intervention vs. control) were assessed using the independent t-test. Statistical significance was set at $p < 0.05$ with a 95% confidence interval. Effect size calculations were also considered to determine the magnitude of intervention impact.

This study adhered to ethical research standards for human subjects. Approval was obtained from the Faculty of Health Sciences, Universitas Nasional, ethics committee before data collection commenced. All participants were provided detailed information about the study objectives, procedures, benefits, and potential risks. Written informed consent was obtained from each participant prior to participation. Confidentiality was maintained by coding participants' identities, and they were assured that their involvement was voluntary, with the right to withdraw at any time without penalty. No adverse effects were reported during the intervention, reinforcing the safety of acupressure as a complementary therapy.

RESULT

Characteristics of Nausea and Vomiting Levels in the Intervention Group

Table 1 presents the distribution of nausea and vomiting (emesis gravidarum) levels in the intervention group before acupressure therapy. Among 21 pregnant women in the first trimester, the majority reported moderate emesis (n = 12; 57.1%), followed by mild emesis (n = 5; 23.8%), and severe emesis (n = 4; 19.0%). These findings indicate that more than half of the intervention group participants experienced moderate symptoms prior to receiving acupressure therapy.

Table 1. Levels of nausea and vomiting pretest in the intervention group (n = 21)

Emesis rate	Frequency (f)	Percentage (%)
Mild emesis	5	23.8
Moderate emesis	12	57.1
Severe emesis	4	19.0
Total	21	100.0

Characteristics of Nausea and Vomiting Levels in the Control Group

Table 2 shows the pretest distribution of emesis gravidarum in the control group. Of the 21 respondents, the majority also experienced moderate emesis (n = 12; 57.1%), followed by severe emesis (n = 5; 23.8%) and mild emesis (n = 4; 19.0%). These results suggest that baseline conditions of nausea and vomiting were relatively comparable between the intervention and control groups prior to the intervention.

Table 2. Levels of nausea and vomiting pretest in the control group (n = 21)

Emesis rate	Frequency (f)	Percentage (%)
Mild emesis	4	19.0
Moderate emesis	12	57.1
Severe emesis	5	23.8
Total	21	100.0

Effect of Acupressure Therapy on Nausea and Vomiting

The effect of acupressure therapy was analyzed using a paired t-test on pretest and posttest PUQE scores in the intervention group. As shown in Table 3, the mean difference between pretest and posttest scores was 3.0 points. Statistical testing revealed a t-value of 7.685 (df = 20) with a p-value < 0.001, indicating that acupressure therapy significantly reduced nausea and vomiting among pregnant women in the first trimester.

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e-ISSN: 2798-5067
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Table 3. Effect of acupressure therapy on emesis gravidarum in the intervention group

Variable	Mean difference	t-value	df	p-value
Pretest–PosttestPosttest	3.000	7.685	20	<0.001

Overall, the descriptive analysis demonstrated that the intervention and control groups exhibited similar baseline distributions of emesis severity, with moderate emesis being the most common condition. However, inferential analysis confirmed that acupressure therapy significantly alleviated symptoms of nausea and vomiting in the intervention group, highlighting its effectiveness as a complementary non-pharmacological intervention for managing emesis gravidarum.

DISCUSSION

Frequency Distribution of Emesis Gravidarum Before Acupressure Therapy

Based on the results of the study in the intervention group before acupressure therapy, most pregnant women in the first trimester experienced emesis gravidarum with a mild emesis level of 5 people (23.8%), moderate emesis of 12 people (57.1%), and severe emesis of 4 people (19%). Emesis gravidarum, or nausea and vomiting, is a common symptom of pregnancy that usually appears in the first trimester. An unpleasant taste or feeling in the epigastric and back of the throat that may cause vomiting or is not called nausea. On the other hand, vomiting is characterized by irrational sensations and the presence of a desire to vomit (Nana et al., 2022).

The cause of Emesis Gravidarum is due to the hormone HCG (Human Chorionic Gonadotropin) in the blood, which stimulates the hormone estrogen from the ovaries, so that stomach acid increases and the mother feels nauseous. HCG can be secreted in the blood around 3 weeks of pregnancy, and placental tissue is also increased, so that nausea and vomiting occur in pregnancy (Liu et al, 2022). Nausea and vomiting during pregnancy are caused by changes in the endocrine system that occur during pregnancy, mainly caused by high fluctuations in HCG (human chorionic gonadotropin) levels, in the most common period of gestational nausea or vomiting in the first 12-16 weeks (Medved et al., 2023). Because HCG reaches its highest levels currently, it is the same as LH (luteinizing hormone) and is secreted by blastocyte trophoblast cells. HCG bypasses ovarian control in the pituitary gland and causes the corpus luteum to continue producing estrogen and progesterone. The placental chorionic layer later takes over this function. HCG can be detected in a woman's blood from about 3 weeks of gestation (one week after fertilization), a fact used as a great pregnancy test (Ke et al., 2022).

The cause of Emesis Gravidarum is due to the hormone HCG (Human Chorionic Gonadotropin) in the blood, which stimulates the hormone estrogen from the ovaries, so that stomach acid increases and the mother feel nauseous. HCG can be secreted in the blood around 3 weeks of pregnancy, and placental tissue is also increased, so that nausea and vomiting occur in pregnancy (Liu et al, 2022). The frequency of nausea and vomiting was measured when the respondent experienced nausea and vomiting, and before the intervention was carried out using the INVR instrument. The average respondent experienced moderate nausea and vomiting before the intervention. Emesis gravidarum is a common complaint in early pregnancy. Pregnancy causes an increase in the production of estrogen, progesterone, and human placental chorionic gonadotropin hormone (HCG), which triggers nausea and vomiting (Dunbar et al., 2022). The incidence of mild-severe nausea and vomiting is influenced by adaptability and hormone levels. Nausea and vomiting are a complex interaction of endocrine, digestive, vestibular, olfactory factors, genetics, and psychology. Endocrine factors are the most powerful influencing factor, especially the hormone Chorionic Gonadotropin (HCG). This hormone is produced by young placental tissue, so it increases in early pregnancy. The placenta will develop more rapidly in early pregnancy. HCG will also increase if there is an abnormal proliferation of Corion epithelial tissue, such as Corion carcinoma or nevus. Human Chorionic Gonadotropin (HCG) affects the increased levels of the hormones estrogen and progesterone produced by the placenta. This increases the stomach acidity, which can stimulate nausea and vomiting in the mother (Kaňková et al., 2023).

Based on the researchers' assumptions, the high incidence of emesis gravidarum in the first trimester is due to significant physiological and hormonal changes in the early stages of pregnancy.

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One of the main factors is the increased levels of the human chorionic gonadotropin (HCG) hormone, which peaks at about 8–12 weeks of gestation. High HCG levels are known to affect the vomiting center in the medulla oblongata, triggering nausea and vomiting. In addition to HCG, increased levels of estrogen and progesterone also play a role. Increased estrogen can slow down gastric emptying and increase the sensitivity of the vomiting center. At the same time, progesterone causes relaxation of the smooth muscles of the gastrointestinal tract so that the movement of food becomes slower, triggering nausea (Xu et al., 2024).

Other factors that may affect are increased sensitivity of the sense of smell and taste in early pregnancy, nutritional status before pregnancy, and psychological factors such as anxiety or stress in early pregnancy. This combination of hormonal, physiological, and psychological factors is the dominant cause of emesis gravidarum in pregnant women in the first trimester in this study.

Frequency Distribution of Emesis Gravidarum After Acupressure Therapy

Based on the results of the study, most respondents in the intervention group, after being given acupressure therapy, were in the category of mild emesis, with 11 people (52.4%) and 10 people (47.6%) having moderate emesis. Acupressure therapy to overcome nausea and vomiting is performed by manually pressing on the pericardium. This point is located on the volar aspect of the forearm, which is about 3 cm above the wrist fold and between the two tendons. Acupressure and acupuncture sessions should be done 2-3 times a week because they will stimulate the hormonal system and activate endocrine and neurological mechanisms, which are physiological mechanisms in maintaining balance (Yao et al., 2025).

Acupressure is one of the non-pharmacological methods to handle. The acupressure treatment method from ancient China, which uses specific body acupuncture needle points, also involves acupressure finger points specific to the body. Acupressure and acupuncture stimulate the regulatory system and activate endocrine and neurological mechanisms, which are physiological mechanisms in maintaining balance. Manual emphasis on P6 in the wrist area, three fingers from the wrist area, or two tendons. Acupressure is beneficial for strengthening or activating the affected organs and increasing blood flow in the body (Ramdaniati et al., 2025)

The application of acupressure at point P6 on emesis gravidarum in pregnant women in the first trimester resulted in an effect of acupressure at point P6 on nausea and vomiting in pregnant women in the first trimester. Acupressure (pericardium 6 point) is an action to reduce or decrease nausea and vomiting in pregnancy, which is done by pressing on the pericardium 6 point, which is located on the three fingers under the wrist. Acupressure is a massage action based on acupuncture, also known as needleless acupuncture. It is a non-pharmacological therapy at the pericardium 6 point that is related to the internal organs of the body to overcome emesis. In general, acupressure is the same as massage, so it does not require special competence for its implementation. Acupressure is a complementary and non-pharmacological action that can reduce nausea and vomiting (Septyanti & Dahlia, 2024).

The frequency of nausea and vomiting was measured when the respondent's experienced nausea and vomiting, and after the intervention. The average respondent experienced mild nausea and vomiting after the intervention. The results showed that of the 24 respondents who experienced mild category nausea and vomiting, 10 respondents (41.7%), and 14 respondents (58.3%) experienced moderate category nausea and vomiting. The results of the analysis showed significant changes between the frequency of nausea and vomiting before and after the intervention. This is evident from the results of the scale measurement, where the lowest score of nausea and vomiting after acupressure P6 was 0, and the highest score was 8.

Researchers assume that the decrease in the level of emesis gravidarum in pregnant women in the first trimester after acupressure therapy is caused by the stimulating effect of the acupressure point Pericardium 6 (PC6/Neiguan) located ±3 fingers under the inner wrist which is carried out every day for seven consecutive days in the morning making complaints of nausea and vomiting in pregnant women in the first trimester reduced. In addition, PC6 point stimulation can also help normalize gastrointestinal activity and balance body energy (Qi). The combination of neurological and physiological effects is thought to be the main factor that causes a reduction in the frequency and intensity of nausea and vomiting in pregnant women in the first trimester. The significant

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decrease in the level of emesis gravidarum in this study was also influenced by the ease of application of acupressure techniques that are non-pharmacological, safe, and can be carried out independently, so that respondent compliance is high and intervention results are optimal.

Effect of Acupressure Therapy on Reducing the Levels of Emesis Gravidarum

Based on the results of bivariate analysis, it was shown that the difference in the average score of emesis gravidarum before and after acupressure therapy was given a difference of 3.00. The results of the Paired T-Test obtained a p value of 0.000 (< 0.05), indicating that acupressure massage effectively reduces the frequency of nausea and vomiting in pregnant women in the first trimester in the working area of the Mekarwangi Health Center.

Based on the results of the parametric statistical test of the Independent Samples Test, a P value of 0.016 (sig < 0.05 = significant difference) means that there is a significant difference between the control group and the intervention group that received acupressure therapy. A comparison of the mean posttest with a difference of 2,048 between the control and intervention groups showed a significant difference in reducing emesis gravidarum in pregnant women in the first trimester in the working area of the Mekarwangi Health Center, Garut Regency.

Complaints of nausea and vomiting experienced by pregnant women in the first trimester are due to changes in physiological and psychological conditions during pregnancy. Physiological factors are the most common causative factors experienced by pregnant women in the first trimester due to an increase in Human Chorionic Gonadotropin (HCG) hormone and estrogen in early pregnancy. An increase in the hormones HCG and estrogen will slow down metabolism, slow down the digestive tract, and increase stomach acid. An increase in stomach acid stimulates nausea and vomiting. Meanwhile, psychological factors are factors that are influenced by the surrounding environment, such as work or family problems, that make pregnant women stressed. Stress conditions can interfere with the hormonal system of the gastric organs in controlling stomach acid secretion so that stomach acid can increase and cause nausea and vomiting (Zhong et al., 2021).

Acupressure can stimulate the regulatory system and activate endocrine and neurological mechanisms, which are physiological mechanisms in vomiting in the mild and moderate categories. The study results showed that acupressure at the Nei Guan point (pericardium 6) effectively reduced nausea and vomiting in pregnant women in the first trimester (Permata, 2024). Acupressure therapy at the Nei Guan, Zu San Li, and Gong Sun points is effective in reducing nausea and vomiting in pregnant women in the first trimester. Acupressure at the Nei guan point (Pericardium 6) stimulates the release of the hormone cortisol, which can increase the body's metabolism so that the nausea and vomiting felt can be reduced. The acupressure treatment is given by pressing the P6 or Nei guan point, which is believed to be the main point in relieving nausea and vomiting. This point is located on the volar aspect of the forearm, which is about 3 cm above the wrist fold and between the two tendons (Mudlikah, 2023).

The results of the morning sickness analysis had a lower value than before acupressure therapy. The morning sickness score experienced by pregnant women after acupressure therapy decreased compared to before acupressure therapy. So, the PC 6-point acupressure affects emesis gravidarum. Acupressure at the PC 6 point is effective in reducing the severity and frequency of nausea and vomiting in pregnant women because it stimulates blood circulation and then slows down the activity of the cerebral cortex through nerve stimulation, which increases beta endorphins so that it can reduce nausea and vomiting (Yao et al., 2025). Based on the study's results, the author found a decrease in the level of emesis gravidarum in pregnant women after being given acupressure therapy. This therapy is performed consistently over 7 days at the PC6 acupressure point (Nei Guan) on the inner wrist. This point is traditionally known to be effective for reducing nausea and vomiting, including in pregnancy.

Before being given acupressure therapy, most respondents experienced mild to severe emesis gravidarum. After the therapy was performed, there was a significant decrease in both the frequency and intensity of nausea and vomiting. This can be seen from the reduction in scores on the emesis scale using the PUQE Score (Pregnancy Unique Quantification of Emesis), which is used as a measurement tool in this study.

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e-ISSN: 2798-5067
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The effectiveness of this acupressure therapy is significant, considering that emesis gravidarum can affect the quality of life of pregnant women, decrease nutrient intake, and, in severe cases, it can lead to dehydration and electrolyte disorders (Lowe & Steinweg, 2022). With decreased symptoms, it is hoped that pregnant women can have a more comfortable and healthy pregnancy. Acupressure therapy is an easy, cheap, non-invasive method, and can be done independently by pregnant women after receiving proper training from a companion midwife. Therefore, this therapy can be used as an initial or additional intervention in treating emesis gravidarum.

CONCLUSION

The average score of emesis gravidarum before being given acupressure therapy in pregnant women in the first trimester in the Working Area of the Mekarwangi Health Center, Garut Regency, received a mean value of 1.95. Meanwhile, the control group that did not intervene decreased, but the difference was insignificant. The average score of emesis gravidarum after acupressure therapy was given to pregnant women in the first trimester in the Working Area of the Mekarwangi Health Center, Garut Regency, and received a mean value of 1.48 at the posttest. So that it can be interpreted that there is a decrease in emesis gravidarum in pregnant women who receive intervention. Meanwhile, the control group that did not intervene decreased, but the difference was insignificant. There was a significant difference between the posttest value of the emesis gravidarum score in the group given acupressure therapy and the group that did not receive intervention in the first trimester of pregnant women in the working area of the Mekarwangi Health Center, Garut Regency, with a mean value of 8.38 in the control group and 6.33 in the intervention group.

ACKNOWLEDGEMENT

I am deeply indebted to my supervisor for his invaluable guidance and unwavering support throughout my research.

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p-ISSN: 2798-5059

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