



The Effect of Perineal Massage on the Incidence of Perineal Rupture at Delivery at the Midwife Practical Mandiri Ramadina Rosa

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Abstract - Labor occurs when a combination of maternal and fetal factors increases the response to uterine stimulation, precipitating smooth muscle contractions. A perineal tear is a tear that occurs in the perineum during labor and occurs in nearly all first deliveries and not infrequently with subsequent deliveries. Perineal tears are caused by maternal factors (parity, birth spacing and infant weight), incorrect delivery leadership, history of labor, vacuum extraction, device trauma and episiotomy. Perineal rupture needs attention because it can cause dysfunction of the female reproductive organs, as a source of bleeding and a source of entry of infection which can then lead to death due to bleeding or sepsis. The research was conducted in the control and intervention groups and was carried out at the Ramadina Rosa Independent Midwife Practice. The design in this study was a quasi-experimental study with a post-test method with a control group (posttest only control group design). The population in this study were all Primigravida mothers with a gestational age of 36 weeks. The sampling technique was simple random sampling with a sample size of 18 respondents. Data were analyzed univariate and bivariate using the Chi-Square test. The results showed that a P value of 0.023 <0.05, there was an effect of perineal massage on primigravidas on the incidence of perineal rupture at delivery. suggestion The population in this study were all Primigravida mothers with a gestational age of 36 weeks. The sampling technique was simple random sampling with a sample size of 18 respondents. Data were analyzed univariate and bivariate using the Chi-Square test. The results showed that a P value of 0.023 <0.05, there was an effect of perineal massage on primigravidas on the incidence of perineal rupture at delivery. suggestion The population in this study were all Primigravida mothers with a gestational age of 36 weeks. The sampling technique was simple random sampling with a sample size of 18 respondents. Data were analyzed univariate and bivariate using the Chi-Square test. The results showed that a P value of 0.023 <0.05, there was an effect of perineal massage on primigravidas on the incidence of perineal rupture at delivery. suggestion It is hoped that the results of this study can increase knowledge, sources of information and input for further research, especially on the effect of perineal massage on primigravidas on the incidence of perineal rupture during labor.

Keywords : Perineal Rupture, Primigravida Perineal Massage

1. Introduction

Maternal mortality rate (MMR) is an indicator to see the health status of women. According to WHO, the number of maternal deaths worldwide has fallen from more than 543,000 to 287,000 (WHO, 2018).

However, at this time, Indonesia is still facing the problem of high MMR. MMR has not decreased as expected. A recent report from the organization Save the Children on the condition of mothers around the world put Indonesia in the 106th place out of 130 developing countries. Based on the 2007 Indonesian Health Demographic Survey (IDHS), MMR in Indonesia was 228 per 100,000 live births, even according to the 2012 IDHS the average MMR in Indonesia has increased from 228 / 100,000 live births in 2007 to 359 / 100,000 live births in 2012 (Risksdas, 2010; Indonesian Ministry of Health, 2011; IDHS, 2015).

The main factor causing the high AKI was vaginal bleeding (28%) (Ministry of Health, 2010; Ministry of Health, 2012). It is estimated that 60% of maternal deaths due to pregnancy occur after delivery and 50% of maternal deaths during childbirth occur within the first 24 hours, mostly due to post partum hemorrhage (Saifuddin, 2009). According to Mochtar (2002), postpartum hemorrhage is bleeding that is more than 500cc-600cc in the first 24 hours after birth due to uterine atony (50% -60%), retained placenta (16% -17%), remaining placenta (23% -24%), laceration / tearing of the birth canal (4 % -5%) and blood disorders (0.5% -



0.8%). The percentage of birth canal tears is low but this problem can become a serious problem in maternal mortality. Tears of the birth canal can affect the vagina, cervix, uterus and perineum.

Labor occurs when a combination of maternal and fetal factors increases the response to uterine stimulation, which triggers smooth muscle contractions. The contractions increase in frequency and intensity, which causes the cervix to soften and open to allow the birth of a baby (Corwin, 2009).

Normal deliveries occur in about 40-85% of those with perineal tears during labor and about 2/3 of women require sutures. Genital trauma can be caused by episiotomy. In addition, labor is also influenced by several essential factors, including passenger (fetus and placenta), passageway (birth canal), powers (strength), maternal position and psychologic response (psychological) (Elsevier, 2006; Bobak, 2004).

Perineal tear is a tear that occurs in the perineum during labor and occurs in almost all first deliveries and not infrequently also in subsequent deliveries. Perineal tears are caused by maternal factors (parity, birth spacing and infant weight), incorrect delivery lead, labor history, vacuum extraction, device trauma and episiotomy (Wiknjastro, 2005).

Perineal rupture is experienced by 85% of women who give birth vaginally. Perineal rupture needs attention because it can cause dysfunction of the female reproductive organs, as a source of bleeding and a source of entry of infection which can then lead to death due to bleeding or sepsis (Manuaba, 2008; Savitri, 2015).

Perineal massage is a way to improve health, blood flow, elasticity, and relaxation of the pelvic floor muscles. This technique, if practiced in the late stages of pregnancy (starting at week 34) before delivery, will also help identify and familiarize oneself with the tissue that will be relaxed by the part that the baby will go through (Mongan, 2007; Savitri, 2015).

Research at the Benin Teaching Hospital, Benin City, Nigeria, revealed that the prevalence of perineal rupture is approximately 46.6%, and 90% of primigravida mothers experienced perineal rupture. Research The Cochrane Review recommends that perineal massage should always be explained to pregnant women so that they know the benefits of this perineal massage. This perineal massage is very safe and harmless (Beckmann et al, 2009).

Perineal trauma causes two important problems, namely the short term and the long term after helping with childbirth, the high rate of episiotomy and spontaneous lacerations are health problems among women giving birth in Turkey. The aim of this study was to investigate whether perineal massage during labor reduces perineal trauma and problems associated with trauma. The study included 396 pregnant women in primigravida, between March 2007 and February 2009, in Turkey. Thus it can be concluded that perineal massage reduces the number of perineal ruptures and measures for episiotomy (Karacam, 2012).

Based on the results of a preliminary study at the Ramadina Independent Practice Midwife, it was found that the number of deliveries in primigravida was 10 people, 6 people had perineal rupture (60%), while 4 people did not experience perineal tears (40%). Based on the above data, the researcher is interested in conducting research on the effect of perineal massage on perineal rupture.

2. Table

This research was conducted in July - November 2020 at the Ramadina Rosa Independent Practice Midwife, Pekanbaru City. The population in this study were primigravida pregnant women with gestational age starting from 36 weeks at the Ramadina Rosa Independent Practical Midwife who visited in July-November 2020. Sampling in this study used non-random sampling techniques by simple random sampling.

The results of the analysis were carried out by univariate and bivariate methods. This univariate analysis describes the frequency distribution of respondent characteristics including age, education, occupation, ethnicity and perineal rupture.

2.1 Univariate Analysis Results

Table 1.

Frequency Distribution of Respondents in the Control and Intervention Groups for Perineal Rupture

Characteristics Respondents	Intervention Group		Control Group	
	f	%	f	%
Age				
20-25 years	13	72.2	9	50
26-30 years	4	22.2	8	44.4
31-35 years	1	5,6	1	5,6
Education				



Characteristics Respondents	Intervention Group		Control Group	
	f	%	f	%
Low	5	27.8	15	83.3
High	13	72.2	3	16.7
Profession				
Does not work	10	55.6	15	83.3
Work	8	44.4	3	3
Tribe				
Malay	12	66.7	10	55.6
Java	6	33.3	8	44.4
Perineal Rupture				
Not Rupture	14	77.8	8	44.4
Rupture	4	22.2	10	55.6

Based on table 1 above, the frequency distribution in the Intervention group based on the majority age 20-25 years is 72.2%, based on education, the majority are highly educated as much as 72.2%, based on the majority of work, 55.6% are unemployed 66.7 and based on perineal rupture the majority did not rupture as much as 77.8%. In the control group, the majority were 20-25 years old as much as 50.0%, based on education the majority had low education as much as 83.3%, based on work the majority were not working as much as 83.3%, based on the majority of Malay ethnic groups as much as 55.6 and based on rupture perineum majority of the rupture was 55.6%.

2.2 Bivariate Analysis Results

Table 2.
 Effect of Primigravida Perineal Massage on Perineal Rupture

	Perineal Rupture				amount		p value
	Not Rupture		Rupture		f	%	
	F	%	f	%			
Perineal Massage							
Intervention	14	77.8	4	22.2	18	100	0.023
Control	8	44.4	10	55.6	18	100	

In table 2 it can be seen that the results of the study obtained a p value of 0.023 < 0.05, which means there is effect of perineal massage in primigravida on the incidence of perineal rupture at delivery

3. Analysis

The results showed that the incidence of perineal rupture was more in the control group of 10 people (55.6%) than in the intervention group who experienced perineal rupture of 4 people (22.2%). The result of the chi-square test showed that the p value was 0.023 < 0.05, so statistically it showed that there was an effect of perineal massage on primigravidas on the incidence of perineal rupture at delivery.

This is in line with research conducted by Rochmayanti, et al. 2018, which examined the effect of perineal massage during pregnancy on the incidence of spontaneous perineal rupture with a p value of 0.02, meaning that there was an effect of perineal massage on the incidence of perineal rupture. This is because the perineal area has elastic connective tissue and collagen, so when stimulated by doing perineal massage, there will be stretch and contraction in the perineal area so that blood flow becomes smooth and the perineum becomes elastic. The stretching of the perineum during labor can cause positive changes if the perineum is elastic, flexible and flexible, the incidence of perineal rupture can be minimized or there is no perineal rupture at all (intact perineum) and negative changes if the perineum is not elastic, flexible and flexible, the stretch in the perineum will result in perineal rupture. So one way to avoid perineal rupture is by doing perineal massage.

The theory is that doing perineal massage at an antenatal period starting from 35 mg of pregnancy will reduce the chance of perineal trauma requiring stitches. Perineal massage is also useful for relieving perineal pain after childbirth (Beckmann and Garrett, 2009).

Aprilia argues that the minimum perineal tear can occur because when the mother is massaged the perineal tissue relaxes the perineum so that it can cause an increase in the elasticity of the birth canal which can facilitate the delivery process and reduce the incidence of perineal tearing (Aprilia, 2015).

Based on this research, it can be analyzed that there is an effect of perineal massage in primigravida on the incidence of perineal rupture during labor between the intervention group and the control group, because the perineal area has elastic connective tissue and collagen, so when stimulated by performing perineal massage there will be stretch and contraction in the perineal area. perineum area so that blood flow becomes smooth and perineum becomes elastic. Stretching in the perineum during delivery can result in positive changes if the perineum is elastic, flexible and flexible, then the incidence of perineal rupture can be minimized or there is no perineal rupture at all (intact perineum) and negative changes if the perineum is not elastic. flexible and flexible, the strain in the perineum will result in perineal rupture. So one way to avoid the occurrence of perineal rupture is by doing perineal massage (Andarmoyo, 2013).

This proves the benefits of perineal massage, which can help soften the perineal tissue so that it opens without resistance at delivery, to facilitate passage of the baby. This perineal massage makes it possible to deliver the baby with the perineum intact. Perineal massage is a technique of massaging the perineum during pregnancy or a few weeks before childbirth to increase blood flow to this area and increase the elasticity of the perineum. Increased elasticity of the perineum will prevent the incidence of perineal tears and episiotomy (Fraser M, 2009).

4. Conclusion

Based on the results of research on 18 respondents in the control and intervention group with the title "The Influence of Primigravida Perineal Massage on the Incidence of Perineal Rupture at Delivery" It can be concluded that: The Effect of Primigravida Perineal Massage on the Incidence of Perineal Rupture at Delivery the results obtained are P value = 0.023 < 0.05, there is an effect of perineal massage on primigravidas on the incidence of perineal rupture in during delivery.

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