The Effect of Primigravida Mother's Perineal Massage on Perineal Rupture in Tutun Sehati Pratama Clinic, Tanjung Morawa District Deli Serdang Year 2021

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ABSTRACT

The incidence of perineal tears needs to be prevented, one of which is by doing perineal massage. Perineal massage is one way to increase blood flow, elasticity, and relaxation of the pelvic floor muscles (Mogan, 2013). According to the World Health Organization (WHO), the maternal mortality rate in the world in 2015 was 2016 per hundred live births or it is estimated that the number of maternal deaths was 303,000 deaths with the highest number being in developing countries, which was 302,000 deaths. The type of research conducted is qualitative research with quasi-experimental research design with post-test only with group design. The results of the study The majority in the intervention group did not rupture, namely 18 respondents (45%), the control group 3 respondents (7.5), the intervention group ruptured 2 (5%), the rupture control group 17 (42.5%), chi-test square the effect of perineal massage on rupture in the intervention group and the control group, it was found that the p(sig) value was 0.000 < 0.05. this can be interpreted that there is an effect of perineal massage for primigravida mothers on perineal rupture at the Tutun Sehati Primary Clinic, Tanjung Morawa District. There is an effect of perineal massage for primigravida mothers on perineal rupture at the Tutun Sehati Primary Clinic, Tanjung Morawa District, Deli Serdang Regency in 2021.

INTRODUCTION

A perineal tear is the second cause of bleeding after uterine atony, this often occurs in primigravida, the perineum is still intact, the fetal head has not passed, so it is easy to tear the perineum. Tear in the birth canal is usually mild, but extensive injuries can also occur and cause bleeding so that it endangers the life of the mother (Ministry of Health of the Republic of Indonesia, 2014).

The incidence of perineal tears needs to be prevented, one of which is by doing perineal massage. Perineal massage is one way to increase blood flow, elasticity, and relaxation of the pelvic floor muscles (Mogan, 2013). According to the World Health Organization (WHO), the maternal mortality rate in the world in 2015 was 2016 per hundred live births or it is estimated that the number
of maternal deaths was 303,000 deaths with the highest number being in developing countries growing by 302,000 deaths. The maternal mortality rate in developing countries is 20 times higher than the maternal mortality rate in developed countries, namely 239 per 100,000 live births, while in developed countries it is only 12 per 100,000 live births in 2015 (WHO, 2015).

Showed that perineal massage at 34 weeks of gestation, can reduce the likelihood of perineal trauma requiring sutures. Generally women complain of perineal pain in the three months after birth. Mothers who diligently do perineal massage since 3 months before the D-Day of delivery, it is proven that almost no one has a perineal tear, even if there is a natural perineal tear, the wound will recover quickly. Women who do perineal massage also experience a reduced risk of severe trauma from an episiotomy (Farrer, H. 2013).

The results of the 2015 Wewet Savitri study proved that there was an effect of perineal massage in primigravida on the incidence of perineal rupture (p<0.05). The results of the survey at the Tutun Sehati Primary Clinic, in July - December 2021 there were 95 mothers giving birth, 43 of them were primigravida and all of them were primigravida mothers experienced degree II perineal rupture. Therefore, the researcher chose Tutun Sehati Pratama Clinic as the research site because research on the effect of perineal massage on perineal rupture had never been done before. Based on the above background, the researcher is interested in conducting a study entitled “The Effect of Primigravida Mother's Perineal Massage on Perineal Rupture at the Tutun Sehati Primary Clinic, Tanjung Morawa District, Deli Serdang Regency in 2021.”

**RESEARCH METHOD**

The type of research carried out is qualitative research with quasi-experimental research with a post-test only with group design, that is, the method used in this design is that there are two groups chosen at random, then one group is given treatment, while the other is not given treatment and then directly observed or measured (Notoadmodjo soekidjo 2014). In this design, respondents were given an intervention with perineal massage and then assessed to determine whether there is a relationship between perineal massage and perineal rupture (Lestari, 2014).

**RESULTS AND DISCUSSIONS**

**Univariate Analysis**

| Characteristics | Amount/F | %  |
|-----------------|----------|----|
| Age             |          |    |
| < 20 Year       | 2        | 5  |
| 20-30 Year      | 23       | 57.5|
| >30 Year        | 15       | 37.5|
| Total           | 40       | 100|
| Gestational Age |          |    |
| 36 Week         | 22       | 55 |
| 37 Week         | 17       | 42.5|
| 38 Week         | 1        | 2.5|
| Total           | 40       | 100|
| Baby Weight     |          |    |
| 2500-3000       | 28       | 70 |
| 3100-3500       | 9        | 22.5|
| >3500           | 3        | 7.5|
| Total           | 40       | 100|

Based on Table 4.1 above, it can be seen that of the 40 respondents, the majority aged 20-25 years as many as 23 respondents (57.5%) and the minority aged <20 years as many as 2 respondents (5%), based on the gestational age of the majority 36 weeks of pregnancy as many as 22 respondents.
(55%), and a minority of 38 weeks of pregnancy as many as 1 respondent (2.5%), based on the baby's weight the majority of the baby's weight was 2500-3000 grams as many as 28 respondents (70%), and the minority baby weight > 3500 grams as many as 3 people. (7.5%)

**Bivariate Analysis**

**Table 2. Frequency Distribution Of Intervention Group And Control Group**

| Group    | Laceration | Total | P. Value |
|-----------|------------|-------|----------|
|           | No rupture | F     |          |
| Intervention | 18        | 20%   | 2        |
| Control   | 5          | 7.5%  | 17       |
| Total     | 21         | 52.5% | 19       |

Based on table 4.2, it can be seen that the majority in the intervention group did not rupture, namely 18 respondents (45%), control group 3 respondents (7.5), in the intervention group rupture 2 (5%), rupture control group 17 (42.5%). The results of the chi-square test that P is 0.000 <0.05, it can be concluded that there is an effect of perineal massage on perineal rupture in primigravida mothers at the Tutun Sehati Primary Clinic, Tanjung Morawa District in 2021.

**Discussion**

The results of the study on the effect of perineal massage for primigravida mothers on perineal rupture at the Tutun Sehati Primary Clinic, Tanjung Morawa District in 2021 with a total response of 40 pregnant women. This study shows that in accordance with the theory by doing perineal massage can minimize perineal tears, can also increase blood flow, soften the tissue around the mother's perineum and make all muscles related to the delivery process elastic, including the vaginal skin. When all the muscles become elastic, the mother does not need to push too hard, just slowly, even if the process is smooth, tears in the perineum do not occur and the vagina does not need to be sutured.

This study is in accordance with the study of Budiarti Temu (2014) with the results in the massaged group: 20% who experienced lacerations and in the non-massaged group: 70% experienced perineal lacerations, with a p value of 0.000 which concluded that there was an effect of perineal massage in primigravida on perineal tears. RR: 2.66 and OR 9.33 which means that perineal massage has 9.33 times the chance to prevent perineal laceration. The incidence of perineal lacerations was more common in the group that was not massaged, and perineal massage was proven to prevent perineal tears.

This proves the benefits of perineal massage which can help soften the perineal tissue so that the tissue will open without resistance during delivery to facilitate the passage of the baby. This perineal massage allows the perineum to remain intact. Perineal massage is a technique of massaging the perineum during pregnancy before giving birth in order to increase blood flow to this area and increase the elasticity of the perineum to prevent the occurrence of perineal tears and episiotomy.

The results of a study conducted by Wewet Savitri (2015) showed that the incidence of perineal rupture in the intervention group after perineal massage was only 21.4% while in the control group 71.4%, this study proved that there was an effect of perineal massage in primigravida on the incidence of perineal rupture (p< 0.05). This study concluded that perineal massage in primigravida affects the incidence of perineal rupture at the time of delivery.

The results of research conducted by Ida Farida (2018) the incidence of perineal lacerations in the control group was 93.5% and the intervention group was 41.9%. Perineal massage in primigravida was associated with the incidence of perineal lacerations (p=0.00). Perineal massage in primigravida.
CONCLUSION

The results of the chi-square test of the effect of perineal massage on rupture in the intervention group and control group found that the p(sig) value was 0.000 < 0.05. this can be interpreted that there is an effect of perineal massage for primigravida mothers on perineal rupture at the Tutun Sehati Primary Clinic, Tanjung Morawa District. It is hoped that this research can make care for pregnant women before giving birth and health workers teach patients and families to be able to do perineal massage.

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