

Perineal Massage During Pregnancy to Prevent Severe Perineum Laceration in Labor for Mrs. N

Nisriinaa Faadhilah¹, Diah Atmarina Y²

^{1,2}Department of Health, Universitas Muhammadiyah Purwokerto, Indonesia

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ABSTRACT

As a woman, labor experience could be a best memory, but it was also became a trauma for them especially perineum laceration. Perineum laceration occurred during labor process naturally or instrumentally (episiotomy, extraction). Perineum laceration caused a discomfort and pain especially for heacting process. The trauma caused fearness and affected mother psychology. To minimize the perineum laceration, perineal massage could prevent the perineum laceration and perineum laceration grade II incidence. To determined the application of perineal massage, We did a case study report using descriptive method for Mrs. N 28th years old, second gravide, in Sudagaran Village, Banyumas Regency. Perineal massage was applied for 3 times during the pregnancy visit starting at 29 weeks of gestation and also 2-3 times a week by herself. The labor outcome showed there was nothing perineum laceration occurred during labor. Therefore, perineal massage should be routinely apply to minimize severe perineum laceration incidence.

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Corresponding Author:

Nisriinaa Faadhilah

Department of Health, Universitas Muhammadiyah Purwokerto,
Soepardjo Rustam Street KM. 7, Banyumas, Indonesia

Email: nisriinaaf25@gmail.com

1. INTRODUCTION

One of complications during labor is perineum laceration. Perineum laceration is a condition when perineum is torn because of spontaneous labor delivery or instrumental labor (episiotomy). The incidence of perineum laceration in primipara is 90.4% and in multipara is 68.8%. In, Indonesia, the prevalence for perineum laceration between 25-30 years is 24% less than between 32-39 years which is 62%. [1]

Perineum laceration caused by inadequate elasticity of the perineum.(Choirunissa et al., 2019) Perineum laceration caused a discomfort and pain especially for heacting process. The trauma caused fearness and affected mother psychology (Purnami & Noviyanti, 2019). Perineum laceration can cause an infection, bleeding and mortality. The prevalence of perineum laceration with complication is 5% and 7% with bleeding. [1]

Several factors that cause perineum laceration are birth weight, birth attendant, parity, delivery position, prolonged second stage of labor, and forceps intervention [2], [3] We can apply a perineal massage, kegel exercise, warm and cold therapy, and perineal care techniques as perineum laceration preventif [1]

Perineum massage has an easy technique to apply and it doesn't need maximum muscle strength so, the mother doesn't get tired easily. Purnami & Noviyanti (2019) said woman who did perineal massage since 3 months before due date has a lower risk to having episiotomy intervention, even if perineum laceration undenied, the wound will heal faster. To prevent perineum laceration incidence for Mrs N, we practice a perineum massage as midwifery care to Mrs N.[4]

2. RESEARCH METHOD

This paper used a case study report with descriptive method, The subject for the study is Mrs. N, 28th years old, third trimester of second pregnancy, located at Sudagaran Village, Banyumas District, Banyumas Regency. The intervention is 10 minutes perineal massage for three times started in 29 weeks pregnancy for first visit application, continued in 32 weeks and 37 weeks for second and third application. The time was March 19th, April 5th and May 12th 2022. Also we recommend the patient to continue the intervention by herself until due date. The evaluation for the intervention was in May 31th, 2022 during her labor. Primary data collected by interviews method, the documentation and literature studies were implemented to find the secondary data.

3. RESULT AND DISCUSSIONS

3.1 Result

A primary data collection was carried out during first visit on March 19th, 2022. For subjective data, Mrs N said her last period was on August 23th, 2022, due date : May 30th, 2022. Her obstetric history : On 2014 she delivered a baby girl with 7.05 pounds/3.2 kilograms wight. She used IUD contracepcy method until 2019. She didn't have any disease hstory. She had no complaint for her pregnancy condition physically, during third trimesters she was afraid and remember about her last labor experience for having Grade II perineum laceration and made her struggle during post partum especially for post injury care. For Objective data found that Mrs N has good general condition, composmentis, blood pressure : 120/80 mmHg, body weight : 55 Kg, temperature : 36,8 C, hearth rate : 89x/minute, respiration : 20x/minute. There were no abnormal condition for general head-to-toe examination, for focus examination : no anemis and jaundice symptom, no edema and varicose veins. Fundal height : 26 cm, Leopold abdomen palpation : head presentation, fetal supine is equal to left abdomen maternal, konvergen. Auscultation : 138x/minute, regular. Fetal movement : active. Genital inspection : no abnormal appearance, no cigarrik, no vagina toucher examination. Examination result : No emergency result for Mrs N's pregnancy during her 29 weeks pregnancy. Midwifery care was given such as informed the examination result, encourage her to keep a healthy pregnancy with good activity, enough nutrition and relaxation, also imformed about the benefit and applied the perineal massage as I showed her how to do it. In addition, I recommend her to do perineal massage by herself 2-3 times a week. The evaluation that she wanted to try perineal massage routinely and keep her pregnanacy safe and healthy.

For second and third visit, we re-applied the perineal massage for 10 minutes. Mrs N looked more comfortable when massage processed. Mrs N said that she always do perineal massage routinely. We encouraged her to keep a healthy pregnancy, encouraged her to visit obstetric and gynecology specialist to ultrasonography, and well prepared for delivery process. Also, We encouraged her to keep continue perineal massage until due date.

We evaluated the result during her labor in May 31th 2022 in Banyumas Health Center, it showed that there is no perineum and vagina laceration even Grade I after giving birth 7.05 pounds/3.2 kilograms baby girl, the perineum was very elastic and no trauma.

3.2 Discussion

The result showed that during Mrs. N's labor, she did not have any perineum laceration, the result is supported by Angraini & Martini (2015) that a mother who haven't given perineal massage has a risk 10,280 times to experience perineal laceration. [5] Also, based on Choirunissa et al (2019) finding, it said that 11 participants (73.33%) from the intervention group (have perineal massage) didn't experience perineal laceration, more than the control group, which was 8 participants (33.33%) [6]

Ramadhani & Amran (2022) found that the incidence of perineal laceration in primipara for control group, there were 17 participants (85.0%) with second degree laceration, 3 participants (15%) with first degree laceration, compared to the intervention group, there were 5 participants (26.7%) who didn't experience perineal laceration, 10 participants (50.0%) with first degree laceration and 5 participants (25.0%) with second degree laceration. [7]

The elasticity of perineuml is one of the factors that affect the incidence of perineum laceration, a stiff and inelastic perineum will hinder the second stage of labor and have a higher risk of extensive laceration like third degree of perineum laceration [8] Perineal massage is the alternative way to minimize the perineum laceration incidence.

Perineal massage is a massage technique for perineum during pregnancy or a few weeks before due date (≥ 34 weeks pregnancy or 6 weeks before due date) to improve blood flow, increase perineal elasticity and give a relaxation of the pelvic muscles. The massage can prevent perineum from laceration or intervention like episiotomy, in addition, it also reduces the degree of perineum laceration and helps the lacerationn wound heal faster. [4], [5]

4. CONCLUSION

There is positive effect due to perineal massage application for Mrs. N to prevent perineum laceration. So, routine perineal massage start in third trimester or 6 weeks or 3 months before due date is recommended to lower the risk of the extension of perineum laceration degree, even to prevent perineum laceration or episiotomy.

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