



## Midwifery Care In The Pollution Period With Level II Perineal Rupture Pain At The Palangga Health Center

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### ABSTRACT

A perineal wound is a condition where tissue continuity is broken which occurs in almost all first deliveries and not infrequently also occurs in subsequent deliveries. If this situation is not handled properly, bleeding infection can occur which can result in high maternal morbidity and mortality. The aim of the research is to carry out Midwifery Care for the Postpartum Period with Level II Perineal Rupture using a midwifery management approach in accordance with the midwife's authority. The research method used is the case study writing method, namely carrying out case studies using a midwifery management approach. Results of a study on the implementation and implementation of midwifery care for clients with Grade II Perineal Rupture Pain at the Palangga Community Health Center, Gowa Regency. In the theoretical application of midwifery care, starting from data analysis, formulating actual and potential future diagnoses. Immediate action or collaboration, planning, management and evaluation of midwifery care that occurs.

**Keywords:** Midwifery Care, Period of Contamination, Grade II Perineal Rupture Pain

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### 1. Introduction





The perineum is located between the vulva and the anus, the average length is 4 cm. The tissues that support the perineum are mainly the pelvic diaphragm and urogenital diaphragm. During childbirth, lacerations are common. (Sarwono prawihardjo, 2014 p. 117).

Rupture is an injury to the perineum that is caused by natural tissue damage due to pressure on the fetal head or shoulders during the birth process. The shape of the rupture is usually irregular so that the torn tissue is difficult to suture. (Http://creasortf.Wordpreest.Com, accessed on 29 July 2014).

Perineal tears occur in almost all first deliveries and are not uncommon in subsequent deliveries. However, this can be avoided or reduced by taking care not to let the fetal head pass through the pelvic floor quickly. (Sumarah, 2014 p. 169)

1. Causes of perineal rupture. (Sumarah, 2014 p. 169)

What can cause perineal rupture are :

- a. Partus precipitatus
- b. The fetal head is large and the fetus is large
- c. On the percentage of deflection (forehead, face)
- d. In primigra vida
- e. Position the breech
- f. Wrong birth control

2. Purpose of Tailoring (Ai Nurasiah et al 2014, p. 186)

The purpose of sewing is

1. Reunite injured tissue
2. Prevent blood loss

Remember, every time a needle enters body tissue, the tissue will be injured and become a potential place for infection to arise. Therefore, when suturing a laceration or episiotomy, use a long enough thread and use as few stitches as possible to achieve the goal of approximation and home tasis.

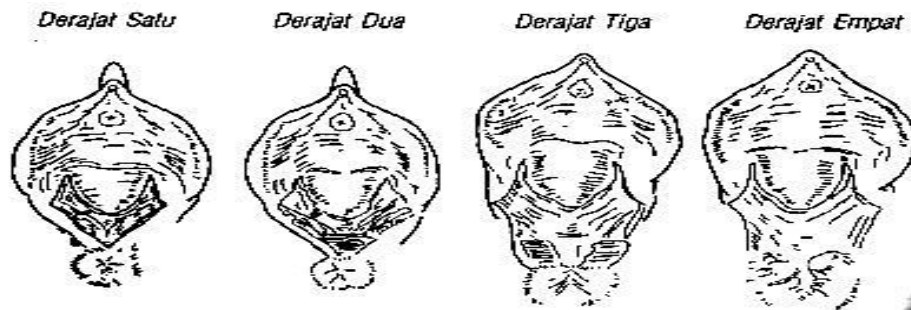
Advantages of the basting sewing technique. Easy to learn, no pain, few stitches.





### 3. Perineal Rupture Rate (Obstetrics 2014 p. 43)

Figure 2.1 Perineal Rupture



Source : <http://www.kebidanan.net/ruptur/perineum>  
 Accessed 1 8 July 201 8

Perineal tears are divided into 4 levels of the perineum:

- a. Level I : Vaginal mucosa , fourchette, and perineal skin just below underneath.
  - b. Level II : Vaginal mucosa, fourchette, perineal skin, and perineal muscles.
  - c. Level III : Vaginal mucosa, posterior fourchette, perineal skin, perineal muscles, external anal spinter muscles.
  - d. Level IV : Vaginal mucosa, posterior fourchette, perineal skin, external anal sphincter muscle, anterior rectal wall.
4. Prevention of Perineal Rupture (Sarwono prawihardjo 2014, p. 526)
- In general, tearing occurs during birth with trauma. More manipulative and traumatic birth assistance will facilitate tearing of the birth canal and therefore avoid leading to labor when the cervix is not fully dilated.
5. Handling perineal rupture (Wiknjosastro GH, 2015 p. 180)
- Suture of lacerations on the perineum:
- a) Wash hands thoroughly and use high-level disinfection or sterile gloves.
  - b) Make sure that the equipment and materials used are sterile.
  - c) After administering local anesthesia, close the edges of the laceration to determine how to stitch them together easily.





- d) Make the first stitch approximately 1 cm above the tip of the laceration inside the vagina. After making the first stitch, tie it and cut the thread shorter than the tie.
  - e) Close the vaginal mucosa with running stitches, stitching down towards the hymenal ring.
  - f) Continue downwards but still on the wound, using running stitches until you reach the laceration.
  - g) Once you reach the end of the laceration, point the needle upwards and continue suturing to cover the subcuticular layer.
  - h) Insert the needle from the perineal tear into the vagina.
  - i) Tie the thread by making a knot inside the vagina, cut the end of the thread and leave about 1.5 cm.
  - j) Repeat the vaginal examination gently to ensure that it is not there is gauze or equipment left inside.
  - k) Gently insert your smallest finger into the anus, feeling for stitches in the rectum.
  - l) Wash the genital area gently with high-level disinfection water, then dry it. Help the mother find a more comfortable position.
6. Perineal Rupture Treatment
- a) Perineal care techniques
    1. Vulva hygiene is carried out every day by cleaning the outside of the vagina and its surroundings using a Sublimate cotton swab then compressing the perineum with bethadin.
    2. Mother cleaned the wound with attention
      - a.) Clean genitalia tools and dirt when finished BAK and CHAPTER.
      - b.) Change the pad every time
    3. Balanced nutrition to replace damaged cells.
    4. Eat blood increasing tablets .
  - b) Perineal wound care





1. Betadin compress on the perineum.
2. Giving antibiotics such as Amoxyllin 500 mg and novabion. In the treatment of rupture the perineum is checked twice a day under good lighting. The midwife makes observations to find erythema, edema, bruising, secretions or pulling on the suture marks in the perineal area. The mother must be asked whether she feels comfortable and does not feel pain in the perineal area because the perineum becomes loose after giving birth. (<Http://creasortf>. Wordpreest. Com, accessed on June 4 2017)

Pain is a condition in the form of an unpleasant feeling that is very subjective because the feeling of pain is different for each person in terms of scale or level, and only that person can explain or evaluate the pain they experience. (Hidayat AA, 2014 p. 214).

According to *International Association for the Study of Pain* (IASP), pain is an unpleasant subjective sensory and emotional experience associated with actual or potential tissue damage, or describes the conditions in which the damage occurs. (<http://qittun.blogspot.com>. accessed on June 4 2017).

Postpartum perineal pain is common among all women, but perineal pain is more frequent and severe for women with increased perineal trauma. (<Http://www.Ncbi.Nim.Nih.gov/pubmed>).

The causes of pain can be classified into two groups, namely causes related to physical and related to psychological. Physically, for example, the cause of pain is trauma. Psychologically, the cause of pain can occur due to psychological trauma. (Asmadi, 2015 p. 145-146).

- a. Pain Classification (Asmadi, 2015 p. 146-147).

Pain can be classified into several groups based on the location, nature, severity and duration of the attack:

- b. Pain based on location:

1. Peripheral pain, namely pain that is felt on the surface of the body, for example on the skin, mucosa.





2. Deep pain, namely pain that is felt on the deeper surface of the body or in visceral body organs.
  3. Referred pain, namely internal pain caused by disease of organs/structures in the body which is transmitted to parts of the body in different areas, not the area where the pain originates.
  4. Central pain, namely pain that occurs due to stimulation of the central nervous system, spinal cord, brain stem, thalamus, etc.
- c. Pain based on nature:
1. Incidental pain, namely pain that appears at any time and then disappears.
  2. Steady pain, namely pain that arises and persists and is felt for a long time.
  3. Paroxymal pain, namely pain that is felt to be high intensity and very strong. The pain usually persists for  $\pm$  10-15 minutes, then disappears, then appears again.
- d. Pain based on severity:
1. Mild pain, namely pain with low intensity.
  2. Moderate pain, namely pain that causes a reaction.
  3. Severe pain, namely pain with high intensity.
- e. Pain based on the duration of the attack
1. Acute pain, namely pain that is felt for a short time and lasts less than six months.
  2. Chronic pain, namely pain that is felt for more than six months.
7. Behavioral response to pain
- Behavioral responses to pain may include:
- a. Verbal statements (crying, shortness of breath and snoring)
  - b. Facial expressions (grimacing, teeth grinding, lip biting)
  - c. Body movements (restlessness, immobilization, muscle tension, increased movement of fingers and hands)





- d. Contact with others/social interactions (Avoiding conversations, Avoiding social contact, Decreased attention span, focus on pain relief activities). (<http://qittun.Blogspot.com> accessed on June 4 2017)
8. Methods and techniques for dealing with pain (Asmadi, 2014 p. 149)  
Methods and techniques that can be used to overcome pain include:
  - a. Distraction (distracts the client's attention from the pain)
  - b. Relaxation techniques
  - c. Hypnotic
  - d. Analgesic medication.

Midwifery care provided by a midwifery service provider greatly influences the quality of care provided in midwifery procedures such as antenatal, intranatal, postnatal and newborn care services. As a professional midwife, midwives need to develop knowledge and tips for midwifery care, one of which is being able to integrate conceptual models, especially in providing midwifery care for mothers during the postpartum period with perineal rupture. (Sitti Saleha, 2013 p. 2).

WHO states that 500,000 women die every year from complications of pregnancy and childbirth, and most deaths occur during or immediately after giving birth. Every year, three million babies die within the next 3 weeks. The most common causes of death are postnatal bleeding and infection, premature birth, asphyxia, and severe infections which contribute to two-thirds of all neonatal deaths. Labor, birth, and the postpartum period are most important for the survival of the baby and mother. (Sri Astuti, et al, 2015 p. 2).

According to the 2014 WHO report, the Maternal Mortality Rate (MMR) was 289,000 people. The United States is 9300 people, North Africa 179,000 people, and Southeast Asia 16,000. The maternal mortality rate in Southeast Asian countries is Indonesia 214 per 100,000 live births, the Philippines 170 per 100,000 live births, Vietnam 160 per 100,000 live births, Brunei 60 per 100,000 live births, Thailand 44 per 100,000 live births and Malaysia 39 per 100,000 live births. (WHO 2014 <http://chapter.pdf>)





The maternal mortality rate (MMR) is an important indicator of determining the level of public health. AKI describes the number of women who die from a cause. Deaths related to pregnancy disorders or handling (excluding accidents or incidents) during pregnancy, childbirth and the postpartum period (42 days after delivery) without taking into account the length of pregnancy per 100,000 live births.

The maternal mortality rate (MMR) is from various surveys carried out specifically, such as surveys in hospitals and several surveys in the community with limited area coverage. With the implementation of the Household Health Survey (SKRT) and the Indonesian Demographic and Health Survey (SDKI), the MMR area coverage has become wider compared to previous surveys.

To see the trend of MMR in Indonesia consistently, SKRT results data according to SKRT were used, MMR was 307 per 100,000 live births obtained from the IDHS results, then it became 248 per 100,000 live births. (SDKI 2007). This shows that MMR tends to continue to decline. However, with the target that is desired to be achieved nationally in 2010, namely 125 per 100,000 live births and the 2015 target of 102 per 100,000 births, then if the decline continues as in previous years, it is estimated that this target will be difficult in the future. achieved.

Based on the profile of the South Sulawesi Provincial Health Service, the number of maternal deaths in South Sulawesi reported in 2013 was 108/100,000 live births, in 2014 it was 138/100,000 live births, in 2015 it was 149 / 100,000. The average cause of maternal death in South Sulawesi was because families are late in recognizing danger signs and making decisions, birth attendant health workers are late in referring and birthing mothers, causing delays in adequate treatment supported by limited facilities and infrastructure in health facilities and human resources who are competent in their fields. Apart from that, there is delay in early detection of risk factors and low quality of ANC. Distribution of causes of maternal death in South Sulawesi province based on 2014 due to bleeding, 44 cases (31.88%), due to hypertension in pregnancy, 55 cases (39.85%), due to infection, 3 cases (2.17%), due to disorders of the circulatory system (heart disease, stroke, etc.). These other causes include heart disease, kidney disease, urinary retention,





trauma, respiratory problems and other congenital diseases in pregnant women (South Sulawesi Health Service Profile 2014).

In Gowa AKI Regency in 2013 there were 10 live births or 80 /100,00 live births, in 2014 there were 3 people or 24 / 100,000 live births, and in 2015 there were 14 people or 111 /100,000 live births. (Gowa District Health Service).

Efforts made to anticipate the problem of maternal mortality are through GERMAS (Healthy Living Community Movement) through physical improvement, increasing clean and healthy behavior, and accelerating improved nutrition, increasing prevention of early detection of disease, improving quality of life, and increasing education on healthy living. In 2016 and 2017, gernas activities focused on 3 things, namely doing physical activity for 30 minutes every day, consuming vegetables and fruit, and checking health regularly at least once every 6 months as an effort to detect early disease (Bernas. id 2017) .

## 2. Research Methods

The research method used is the writing method

### a. Case study

Namely carrying out case studies with a midwifery management approach which includes: collecting basic data, analyzing and identifying actual and potential diagnoses/problems, planning immediate and collaborative action, developing actions and evaluating and documenting midwifery care.

The data collection techniques used are:

#### 1. Anamnese

The author conducted questions and answers with clients, husbands and families who were directly involved in order to obtain the data needed to provide midwifery care to these clients.

#### 2. Physical examination

Carrying out systematic physical examinations on clients to ensure complete data is obtained from head to toe through inspection, palpation, auscultation and percussion.





- a) Inspection, is an observation process using the eyes, infection is carried out to detect physical signs related to physical status.
- b) Palpation is done using touch or touch. This method is used to detect the characteristics of tissues or organs.
- c) Auscultation is an assessment method that uses a stethoscope to clearly hear the heartbeat, lungs, bowel sounds and to measure blood pressure, while Leanec is used to hear the fetal heartbeat (DJJ).
- d) Percussion is an inspection method by tapping

### 3. Results and Discussion

#### Data analysis and interpretation

- 1) After birth, the height of the uterine fundus has dropped from the center, the height of the fundus will be 1-2 fingers below the center and located slightly to the right until it finally disappears on the 10th day of labor. (Sumarah et al, 2014 p. 168)
- 2) Lochia rubr a (Cruenta) contains fresh blood and remnants of amniotic membranes, decidual cells, vernix caseosa, lanugo, and meconium, for 2 days after delivery. (Suherni et al, 2016 p. 78)
- 3) The presence of a suture wound in the perineum causes the body to release a chemical (bradykin) which stimulates pain receptors to respond to the spinal cord, then to the hypothalamus and finally to the cerebral cortex which then perceives the pain felt with a grimacing facial expression. (Wiknjosastro, Hanifa, 2014. Pg 665)
- 4) During pregnancy, the hormone prolactin from the placenta increases but breast milk usually does not come out because it is still inhibited by high estrogen levels. On the second or third day after delivery, estrogen and progesterone levels drop drastically, so that the influence of prolactin is more dominant and it is at this time that breast milk secretion begins to occur. (Ambarwati RE, et al, 2015. Page 10)

#### Data analysis and interpretation

1. The presence of stitched wounds on the perineum is a good medium for microorganisms to breed which can cause infection if stitched wounds are not treated properly and regularly. (Sumarah et al, 2014 p. 171)





2. Lochea has an alkaline/alkaline reaction which can make the organism grow faster than the acidic conditions in a normal vagina which is susceptible to infection if not treated properly and regularly. (Ambarwati ER et al, 2015. Page 78).
3. Assess pain level  
Rationale: By assessing the level of pain felt by the mother, it will make it easier to take further action.
4. Observe for signs of infection in the perineal wound  
Rationale: Signs of infection are indicators to determine the mother's condition and can determine further action.
5. Perform vulva hygiene every day and care for suture wounds  
Rational : With good care it can speed up the healing process and prevent infection.
6. Mother changes the sanitary napkin every time it gets wet or damp  
Rational : By changing the towel every time it gets wet, you can prevent infection and the growth of microorganisms.
7. Teach mothers the correct breastfeeding technique  
Rational : Proper and correct breastfeeding technique makes breastfeeding more effective, sucking well so that breast milk production/excretion runs smoothly.
8. Mothers breastfeed their babies as often as possible  
Rational : The baby's suckling will help facilitate the release of breast milk and help the involution process.
9. Teach how to care for breasts  
Rationale: Breast care actually helps the milk flow smoothly.
10. Management of antibiotics and analgesics in accordance with recipe  
Rationale: Antibiotics function to prevent infection and analgesics to reduce pain.

Results of a study on the implementation and implementation of midwifery care for clients with Grade II Perineal Rupture Pain at the Palangga Community Health Center, Gowa Regency. In the theoretical application of midwifery care, starting from data analysis, formulating actual and potential future diagnoses. Immediate action or collaboration, planning, management and evaluation of midwifery care that occurs.





#### 4. Conclusion

Based on the results of the research that has been carried out, the following conclusions can be drawn:

- a) From the results of the assessment, it was possible to diagnose the actual problem, namely: a client with level II perineal rupture pain, because of the presence of perineal rupture pain so that the mother did not grimace and worry.
- b) From the results of the study at the Palangga Community Health Center, Gowa Regency, a diagnosis of a potential problem was obtained, namely: the potential possibility of perineal infection during the postpartum period.
- c) From the results of the study at the Palangga Community Health Center, Gowa Regency, collaboration was carried out with doctors to administer medication, personal hygiene and provide counseling about balanced nutrition and contraception.
- d) From the results of the assessment at the Palangga Gowa Community Health Center, the problem was resolved after the client took the medication given and mobilized and the mother's face looked cheerful.

#### 5. Compliance with ethical standards

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##### Disclosure of conflict of interest

This research collaboration is a positive thing for all researchers so that conflicts, problems and others are absolutely no problem for all writers.

##### Statement of informed consent

Every action we take as authors is a mutual agreement or consent.

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