



Effect Of Sitz Bath On Perineal Rupture Pain In Postpartum Mothers

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ABSTRACT

Perineal wounds are usually felt very painful by postpartum mothers, but there are also postpartum mothers who do not feel pain even though there is a laceration in the perineum, this happens because the pain threshold for each person is different. Perineal rupture is perineal tear when the fetus is born. This tear is traumatic because the perineum is not strong enough to withstand the stretch when the fetus passes. Efforts to reduce pain and uncomfortable conditions in mothers after postpartum and experience pain due to perineal injuries, one of which is a non-pharmacological method, namely sitz bath therapy. The aim of this study was to determine whether there was an effect of sitz bath therapy on reducing perineal wound pain in postpartum mothers. This research method is pre-experimental with the one group pretest-posttest method. The sampling technique was a purposive sample of 26 people with defined inclusion criteria, the interventions given were in accordance with the SOP and the pain scale was measured by the NRS (Numeric Rating Scale). Data analysis consisted of bivariate with *paired sample t-test*. And the results of the study obtained a value of $p = 0.000$ so that H_0 was rejected, it was concluded that there was an effect of giving therapy with techniques *sitz bath* on perineal wound pain in postpartum women ($p < 0.000$). So it is recommended that *sitz bath* therapy is one of the therapies that reduces discomfort during recovery during the puerperium

Keywords: Perineum Pain, Postpartum Mother, Sitz Bath

INTRODUCTION

Vaginal delivery is often accompanied by rupture. In some cases these ruptures become more severe, the vagina is lacerated and the perineum is often torn, especially in primigravidas, ruptures can occur spontaneously during vaginal delivery and perineal ruptures are experienced by 85% of women who give birth vaginally. Perineal rupture is an injury to the perineum that is caused by natural tissue damage due to pressure on the baby's head or shoulders during the birth process. The shape of the rupture is usually irregular so that the torn tissue is difficult to suture (Octaviani, 2017).

Perineal rupture needs attention because it can cause dysfunction of the female reproductive organs, as a source of bleeding, and as a source or outlet for infection which can then cause death due to bleeding or sepsis. (Laska, 2020). Perineal wounds are usually felt very painful by postpartum mothers, but there are also postpartum mothers who do not feel pain even though there is a laceration in the perineum, this happens because the pain threshold for each person is different. Perineal rupture is perineal tear when the fetus is born. This tear is traumatic because the perineum is not strong enough to withstand the stretch when the fetus passes (Istiana et al., 2020). Worldwide in 2009 there were 2.7 million cases of

perineal tear (rupture) in women giving birth. This figure is estimated to reach 6.3 million in 2020, as midwives do not know about good midwifery care and mothers lack knowledge about mother's self-care at home. Caring for perineal wounds is an effort to prevent trauma (injury) to the skin, mucous membranes or other tissues caused by trauma, fractures, surgical wounds that can damage the skin surface (Efrida, 2021). Apart from that, the most common impact is perineal wound pain in postpartum mothers which will affect the mother's movement, eating habits, the mother has difficulty resting, affects mood, interferes with urination and defecation, interferes with daily activities. including baby care, hindering activities in the household, reducing interaction with the community environment, as well as hampering mothers' career activities. Perineal pain also causes laceration trauma which can cause discomfort and dyspareunia (Azzah et al., 2022). Pain management can be done in two ways, namely pharmacological and non-pharmacological, and for pharmacological management often uses drugs such as mefenamic acid and ibuprofen which are at risk of having side effects if consumed continuously (Herawati & Ikrar Faderiani Septi, 2023). Meanwhile non-pharmacological treatments are safer to

apply because they have smaller risks, do not cause side effects and use physiological processes, there are several non-pharmacological therapies given to reduce pain, including distraction, biofeedback, self-hypnosis, cutaneous stimulation and massage (Dwienda Ristica & Afni, 2021) apart from that, there are boiled papaya leaves, red ginger, cinnamon extract, chamomile & lavender aromatherapy, ice gel compresses, postpartum acuyoga and sitz baths which have been proven to be effective in reducing postpartum pain which have been applied by health workers (Khusniyati & Purwati, 2023). Efforts to reduce pain and discomfort in mothers after postpartum and experience pain due to perineal injuries, one of which is method of treatment that uses the properties of water known as water therapy or hydrotherapy. The nature of water which has hydrostatic pressure and causes turbulent flow, can change form at hot or cold temperatures, so it is often used as a non-pharmacological therapy, namely sitz bath hydrotherapy which has proven to be useful for recovery therapy. This therapy uses the principle of sitting position (sitz bath). The principle application of this hydrotherapy is to stimulate circulation in the pelvic area. Warm water can reduce edema so that it can reduce pain in

perineal wounds. This intervention is also economical and can be carried out by mothers independently at home (Girsang et al., 2019). So this study aims to determine whether there is an effect of sitz bath therapy on reducing perineal wound pain in postpartum mothers. And this research can be used as input material in improving midwifery care for postpartum mothers to reduce perineal wound pain. As well as this research can be used as basic data and references to conduct further research related to the effect of sitz bath therapy and used as a basis for broader development of complementary midwifery services

METHOD

This research is a quantitative research design *pre-experiment* by method *one group pretest-posttest* namely comparing the intensity of perineal wound pain before and after being given a sitz bath therapeutic intervention. The research procedure was carried out by selecting samples, informed consent and explanations to respondents as well as preparing the necessary tools and materials. The implementation of sitz bath therapy was in accordance with the SOP and the researchers ensured the same treatment for all respondents. After urinating and cleaning the female area, the

respondent was given therapy with warm water sitz baths which were carried out 2 times in 2 days with a duration of 10-15 minutes. To maintain privacy, respondents wore skirts and jarik cloth (a cloth that has a batik motif with various patterns. Before and after implementation, an assessment of the pain scale was carried out using the NRS scale (*Numeric rating Scale*) and using bivariate data analysis *paired sample t-test*. The research subjects selected were all populations that met the inclusion criteria, namely postpartum mothers with vaginal delivery, having grade 2 perineal wounds, both spontaneously and as a result of an episotomy totaling 26 people with the technique *purposive sampling*. The

research location is at BPM Sondang Deliserdang in January -March 2023.

RESULTS AND DISCUSSIONS

Result

Table. 1. Characteristics of Respondents

No	Variable	Intervensi (n)	%
1.	Age		
	< 20 years	0	0
	21-35 years	25	96,2
	> 35 years	1	3,8
	Total	26	100
2.	Parity		
	Primigravida	23	88
	Skundigravida	3	11
	Multigravida	3	11
	Total	26	100
3.	Jobs		
	Housewife	11	42,3
	Self employed	8	30,8
	Private employees	5	19,2
	Civil Servant	2	7,7
	Total	26	100

Table 2. Frequency Distribution of Respondents Based on Perineal Wound Pain Levels Before and After The Sitz Bath Intervention

Pain Range	Pretest		Posttest	
	Frekuensi (N)	Presentase (%)	Frekuensi (N)	Presentase (%)
No Pain				
Mild Pain	3	11,5	6	23,1
Moderate Pain	10	38,5	18	69,2
Severe Pain	13	50	2	7,7
Total	26	100	26	100

Table.3. Bivariate Analysis of Perineal Wound Pain in Postpartum Mothers

	Mean	Max	N	Std. Deviation	P-value
Pretest	6,19	9	26	1,939	0.000
Posttest	4,69	7	26	1,573	

Discussion

Based on the Table. 1 it can be seen that the average age of the majority respondents at the age of 21-35 years is 25 people (96.2%) and the minority at the age > 36 years is 1 person (3.8%). In parity,

the majority of primigravida mothers were 23 people (88%) and the minority of skundigravida and multigravida mothers were 3 people (11%). In the work of the majority of respondents as housewives as many as 11 people (42.3%) and the

minority as civil servants as many as 2 people (7.7%). Perineal pain arises due to tearing or laceration of the perineum during the birth process due to the tissue being severed, which stimulates the hypothalamus to produce a pain response in the perineal area. One of the factors that can influence pain is age (Malawat & Laisouw, 2022).

This is in line with research (Kusumastuti et al., 2015) which states that many factors influence pain response in each individual, one of which is the age factor which has an important role in perceiving and expressing pain. Adult patients have a different response to pain than the elderly. Pain is considered a natural condition of the aging process. Likewise with parity and work which is in line with research (Primadona & Susilowati, 2015) which states parity also affects postpartum women in perineal care, because experience is the best teacher, because experience is a source of knowledge or a way to obtain truth. If someone has given birth to a second child and so on, they generally take good care of the perineum because they have gained experience and information about their previous birth. Work in this case can also affect postpartum mothers in carrying out perineal care, where working mothers will

easily get information compared to mothers who do not work.

Based on Table 2, it was found that the majority of respondents had perineal wound pain levels before being given sitz bath therapy, namely severe pain as many as 13 people (50%) and a minority of mild pain as many as 3 people (11.5%). And the level of perineal wound pain after the sitz bath therapy was given to the majority of moderate pain as many as 18 people (69.2%) and a minority of severe pain as many as 2 people (7.7%). Rupture is the forcible tearing or tearing of the network. Perineal rupture is a tear that occurs when a baby is born, either spontaneously or with an episiotomy device or action. Perineal rupture often causes discomfort in postpartum mothers. The discomfort is caused by the rupture. Most mothers feel afraid to touch and even clean the wound on the perineum because of the pain they feel. (Dwienda Ristica & Afni, 2021). According to the researcher's assumption, there are many things that can affect perineal wound pain, which from the results of the study can be seen from differences in age, parity and mother's occupation. So that the mother's pain response in feeling different pain is supported again by the psychology of mothers who are worried about the injuries

they are experiencing, let alone the respondents' injuries in this study reached grade 2 which involve the skin, perineal muscles and can extend deep into the vagina, requiring stitches and healing within a few weeks.

Based on table 3 *paired samples t-test*, it was found that the average perineal wound pain intensity in postpartum women in the first measurement was 6.19 (moderate pain), while the average pain intensity in the second measurement was 4.69 (moderate pain). = 0.000 so that H_0 is rejected, it is concluded that there is an effect of giving therapy with techniques *sitz bathon* perineal wound pain in postpartum women ($p < 0.000$). In fact, perineal wounds often make postpartum mothers very uncomfortable and even feel afraid to carry out early mobilization because of the pain felt by the mother, where this pain will clearly cause and affect women's well-being physically, psychologically and socially in the postnatal period both directly and in the long term. (Mulati Triwik, 2018).

A warm sitz bath is a warm water immersion performed on the perineal area to relax the local muscles in a sitting position. The heat effect that is felt in the genital area causes the sensation of nerve endings on the surface of the skin. This warm therapy inhibits the pain received by

the nerve endings. This provides an analgesic effect on the genital area so that pain in the perineal wound is reduced. Physiologically the effect of heat given can cause vasodilation or dilation of blood vessels resulting in increased circulation or blood circulation so that the muscles relax because there are endorphins in the body that block the transmission of pain stimuli and cause the synaptic gates to close pain impulses (Masyita & Astuti, 2023). In addition, the effect of heat reduces viscosity or reduces blood viscosity, relaxes muscles by reducing muscle tension, increases metabolic reactions in tissues and increases capillary permeability. The water temperature used in this study was 40°C. This is in accordance with research (Ms Ruchi Kushawaha, Prof Dr Sudharani Banappagourdar, 2022) using water with a temperature of 110 degrees Fahrenheit (43°C) and soaking for 15 to 20 minutes. By using warm water, perineal soaking can increase oxygenation and nutrition in tissues, reduce edema and speed healing, increase muscle relaxation and reduce pain caused by spasm or stiffness, increase blood flow, provide a local feeling of warmth and increase the movement of waste substances and nutrients. (Indrayani & Prihayati, 2024).

And the results of this study are in line with research (Rantika & Susanti, 2020) which gave warm sitz bath therapy to 17 respondents at PMB Dince Safrina Pekanbaru with the results of the Wilcoxon statistical test (p-value = 0.000) which can be concluded that sitz bath therapy can reduce wound pain perineum. This is also in line with research conducted by (Salwa et al., 2022) at dr. Soekardjo City of Tasikmalaya. This is because sitz baths can reduce perineal pain in postpartum, one of which is caused by spontaneous tears and episiotomies can accelerate wound healing. In addition, postpartum mothers who have difficulty urinating can do sitz baths to stimulate the bladder relaxation process so that the urinary elimination function can be spontaneous. So great are the benefits of warm sitz bath therapy which is a part of non-pharmacological therapy that can reduce discomfort and improve the wound healing process by cleaning the perineum and anus so that it will help increase circulation and reduce inflammation (Khusniyati & Purwati, 2023). This is the same as the research conducted by (Ms. Ruchi Kushawaha, Prof. Dr. Sudharani Banappagourdar, 2022) who conducted a study in 2 groups which were both given medication but one of them was given sitz bath therapy and was measured by an

assessment of the numerical pain scale and pain scale. REEDA to evaluate wound healing found that episiotomy wound discomfort was reduced and episiotomy wound healing was faster in the group given sitz bath therapy. The sitz bath method can also reduce itching, muscle spasms, edema, inflammation, improve circulation and muscle relaxation, and help reduce discomfort in postpartum mothers with pelvic pain, perineal rupture or episiotomy. (Choudhari et al., 2022). Likewise with research (Herman, et al 2023) wounds resulting from perineal rupture or episiotomy are a health problem for postpartum mothers that require appropriate treatment. The use of non-pharmacological sitz bath therapy can help reduce pain and speed up the healing process in postpartum mothers due to perineal rupture or episiotomy.

CONCLUSION

Giving Sitz bath therapy can reduce perineal wound pain in postpartum mothers. So that it can help mothers reduce discomfort during postpartum recovery and this therapy is quite safe, effective and inexpensive and can be done independently at home

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