

## Community Service for Postpartum Mothers with Perineal Wounds in the Pardamean Community Health Center Work Area

Sri Rahma Friani<sup>1</sup>, Lidya Sartika Situngkir<sup>2</sup>, Rumondang Silitonga<sup>3</sup>

<sup>1, 2, 3</sup> D-III Midwifery Study Program, Faculty of Health, Efarina University, Indonesia

### ABSTRACT

This research is entitled Community Service for Postpartum Mothers with Perineal Wounds in the Pardamean Community Health Center Work Area. The Maternal Mortality Rate (MMR) in Indonesia is still quite high when compared to other ASEAN countries. Data from the Data and Information Center of the Indonesian Ministry of Health in 2007 the maternal mortality rate was 228/100,000 live births, but data in 2012 the MMR in Indonesia increased again to 359/100,000 live births. The main cause of death in maternal cases is a direct cause due to complications of pregnancy, childbirth and postpartum. One of the direct causes during the postpartum period is infection, amounting to 11% to 30% of cases (Fibriana, 2007). The causes of infection during the postpartum period include: midwifery services that are still far from perfect, insufficient maternal immunity, poor postpartum care, malnutrition, anemia, poor hygiene, and fatigue. Prevention related to the risk of infection during the postpartum period due to wounds on the perineum includes: perineal wound care, providing good nutrition, personal hygiene and early mobilization. The partner understands and agrees to perineal care, and is able and willing to perform it effectively. The partner understands, agrees to, and is able to breastfeed effectively. The partner has a good understanding of how to maintain family resilience. The partner has a good understanding of how to meet the family's nutritional needs.

**Keywords:** Community Service, Postpartum Mothers, Perineal Wounds

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### INTRODUCTION

Postpartum is the period or time from the birth of the baby and the placenta from the uterus i takes six weeks, accompanied by the recovery of organs related to the uterus, which experience changes such as injuries related to the birth process (Mayasari & Jayanti, 2019). Perineal wounds are I njuries related to the birth process.

<sup>1</sup>Sri Rahma Friani: D-III Midwifery Study Program, Faculty of Health, Efarina University, Indonesia; Email: [yenitrisnap@gmail.com](mailto:yenitrisnap@gmail.com)

A perineal tear is a tear in the perineum during childbirth, caused by an episiotomy or a spontaneous tear. Perineal tears almost always occur during first-time births or primigravidas (Maina et al., 2022)

The maternal mortality rate (MMR) in Indonesia remains high compared with that in other ASEAN countries. Data from the Data and Information Center of the Indonesian Ministry of Health in 2007 revealed a maternal mortality rate of 228 per 100,000 live births. However, in 2012, the MMR in Indonesia increased to 359 per 100,000 live births.

The main causes of maternal death are the direct causes resulting from complications of pregnancy, childbirth, and the postpartum period. One direct cause of death during the postpartum period is infection, accounting for 11% to 30% of cases (Withers, Kharazmi, & Lim, 2018).

Causes of postpartum infections include inadequate obstetric care, weakened maternal immune system, poor postpartum care, malnutrition, anemia, poor hygiene, and fatigue. Prevention measures related to the risk of postpartum infection due to perineal wounds include: perineal wound care, good nutrition, personal hygiene, and early mobilization (Altuntuğ, Anık, & Ege, 2021).

Postpartum mothers with low socioeconomic status are at risk of experiencing problems that not only affect their health but also affect their role within the family. A mother's role within the family, including her role in education (asah, kasih, and asuh) for her children and other family members, certainly adds to the burden of postpartum mothers (Damayanti, Ariani, & Agustin, 2020). Given the importance of resolving this issue, this community service project is themed "a community partnership program for postpartum mothers with perineal wounds in the Pardamean Community Health Center area.

## METHOD

### Partner Issues

Based on the analysis of the situation contained in the problems faced by the KIA program coordinator, including (Demirel, Egri, Yesildag, & Doganer, 2021):

1. Low educational background and socio-economic status of postpartum mothers.
2. High risk of infection of the perineal wound.
3. Problems with family resilience include the health of postpartum mothers and families (vulnerable to disease) due to a lack of nutritional supply and health information (Güney & Uçar, 2021).
4. Problems with food security for postpartum mothers and their families affect the nutritional adequacy of their families.
5. Problems with poor parenting patterns towards children, especially toddlers, include toilet training, sibling training, educational games and early childhood education (Cordero-Vinueza, Niekerk, & van Dijk, 2023).
6. The problem of errors in exclusive breastfeeding and additional feeding.

Based on the above issues, the UNEFA PKM team together with the KIA program coordinator in the Pardamean Community Health Center work area agreed to improve the quality of postpartum maternal health through health education, assistance for

postpartum maternal independence in health and socio-economic matters, and providing counseling to postpartum mothers (Rahayu, Feriani, & Wijayanti, 2020). Through this community service activity, it is hoped that it will benefit the Pardamean Community Health Center to improve the health of postpartum mothers and their families. Therefore, the following priority issues were agreed upon (Ramulondi, de Wet, & Ntuli, 2021):

1. High risk of infection of the perineal wound.
2. The problem of errors in exclusive breastfeeding and additional feeding
3. Problems with the health resilience of postpartum mothers and their families (vulnerable to disease) due to a lack of nutritional supply and health information.
4. Problems with food security for postpartum mothers and their families impact on the nutritional adequacy of the family (Manggala, Kenwa, Kenwa, Sakti, & Sawitri, 2018).
5. Problems with poor parenting patterns towards children, especially toddlers, include toilet training, sibling training, educational games and early childhood education.
6. Low educational background and socio-economic status of postpartum mothers.

#### **Problem Solution**

Below we will present the priority problems that have been created jointly by the UNEFA PKM Team and the KIA program coordinator for the Pardamean Community Health Center work area along with the solutions that will be implemented (Ding, Tian, Yu, & Vinturache, 2021).

1. Problem 1: High risk of perineal wound infection. Solution:

- 1) Health education on perineal wound care management.
- 2) Teaches how to perform perineal wound care.
- 3) Teaching and motivating early mobilization of postpartum mothers, including teaching postpartum exercises.

Output: Health education module on perineal wound care management.

2. Problem 2: Problems in providing exclusive breastfeeding and additional food (Bhutta et al., 2020).

Solution :

- 1) Counseling on exclusive breastfeeding.
- 2) Counseling on complementary feeding
- 3) Demonstration of how to make MP-ASI

Output: Health education module on exclusive breastfeeding and complementary feeding (Faas, Smith, & Darmody, 2018)

3. Problem 3: Problems with the health resilience of postpartum mothers and their families (vulnerable to disease) due to lack of nutritional supply and health information (McS, 2022).

Solution :

- 1) Providing health education about the importance of healthy nutritional needs for families.
- 2) Providing health education about infectious diseases, degenerative diseases and non-infectious diseases.

Output: Health education module towards a happy, healthy and prosperous family.

4. Problem 4: Problems with food security for postpartum mothers and their families impact on the nutritional adequacy of the family.

Solution :

- 1) Counseling about foods that contain nutrients that the body needs.
- 2) Teaches how to create a healthy daily menu (Ahmed, Mohamed, Elbegemy, Abdelghafar, & Teaima, 2022).
- 3) Teach how to cook and consume food so that its nutritional content is not reduced.

Output: healthy family nutrition health education module.

5. Problem 5: Problems with poor parenting patterns towards children, especially toddlers, include toilet training, sibling training, educational games and early childhood education.

Solution :

- 1) Counseling for families about the toilet training process.
- 2) Counseling for families about sibling relationships.
- 3) Counseling for families about educational games for children. Output: Health education module on parenting patterns for toddlers.

6. Problem 6: Low educational background and socio-economic status of postpartum mothers (Setiowati, Endah, & Nurhayati, 2022).

Solution :

- 1) Training mothers to become entrepreneurs in starting their own businesses.

Consultation and assistance in developing the business areas to be pursued. Output: Increased turnover for partners operating in the economic sector (Salem, Abdullah, Mohamed, Gad, & Gadalla, 2019).

## RESULTS AND DISCUSSION

### Activity Results

#### 1. General Data Results for Postpartum Mothers

- 1) Data on the age of postpartum mothers

**Table 1. Distribution of age of postpartum mothers (partners) of Community Service in the Pardamean Community Health Center area in 2021**

Age	Frequency	Percentage
< 20 years	0	0
20-35 years	5	71.43
Over 35 years	2	28.57
Total	7	100

Most mothers are of productive age and are safe for pregnancy and childbirth, namely 20-35 years old, amounting to 5 people or 71.43% and a small portion are of high risk age for pregnancy and childbirth, namely 2 people or 28.57% (Ernawati, Nurjanah, Adriana, Pratiwi, & Apriani, 2022).

## 2) Postpartum mother's education data

**Table 2. Distribution of age of postpartum mothers (partners) of Community Service in the Pardamean Community Health Center area in 2021**

Education	Frequency	Percentage
Elementary School	1	14.29
JUNIOR HIGH SCHOOL	0	0

In the data in table 2, it was found that the majority of postpartum mothers had a high school education, namely four people 57.14% and only a small number had a bachelor's degree, namely two people 28.57% and one person 14.29% had an elementary school education.

## 3) Postpartum mother's occupation data

**Table 3. Distribution of postpartum mothers' (partners) Community Service Work in the Pardamean Community Health Center Area in 2021**

Type of work	Frequency	Percentage
housewife	6	85.71
Farmer	1	14.29
Self-employed	0	0
Private	0	0
civil servant	0	0
Total	7	100

In the data in table 3, it is explained that the majority of postpartum mothers work as housewives, namely six people (85.71%) and only one person (14.29%) worked as a farmer.

## 4) Data on parity of postpartum mothers

**Table 4. Distribution of parity of postpartum mothers (partners) for Community Service in the Pardamean Community Health Center Area in 2021**

Parity	Frequency	Percentage
Parity 1	2	28.57
Parity 2	3	42.56
Parity 3	2	28.57
Total	7	100

The data in table 4 show that the majority of mothers have a parity of more than 1 or are multiparous, three people (42.56%) have parity 2 two people (28.57%) have parity 3 and only a small proportion have parity 1 or are primiparous, two people or 28.57% (Listiyarningsih & Nirmasari, 2022).

## 2. Special Data Results for Postpartum Mothers

1) Data on knowledge, attitudes and behavior of postpartum mothers regarding perineal care

a. Postpartum mothers' knowledge about perineal care

**Table 5. Postpartum mothers' knowledge about perineal care**

Knowledge	Before		After	
Good	1	14.29	7	100
Enough	1	14.29	0	0
Not enough	5	71.42	0	0
	7	100	7	100

The data in Table 5 show that after receiving counseling, all partners had good knowledge of perineal care. All partners stated that they understood how to care for the perineum (Wulan, 2024).

All partners stated that they would implement the correct perineal care method starting from maintaining cleanliness, good nutrition not practicing abstinence, good mobilization by doing light activities and postpartum exercises.

b. Postpartum mothers' attitudes towards perineal care

**Table 6. Postpartum mothers' attitudes regarding perineal care**

Attitude	Before		After	
Positive	2	28.57	7	100
Negative	5	71.43	0	0
Total	7	100	7	100

The data in Table 6 show that after receiving counseling, all partners had a positive attitude toward perineal care. All partners agreed to perform perineal care, including maintaining cleanliness, good nutrition, abstaining from abstinence, and good mobility through light activity and postpartum exercise.

c. Postpartum mothers' behavior regarding perineal care

**Table 7. Postpartum mothers' behavior regarding perineal care**

Behavior	Before		After	
Positive	2	28.57	7	100
Negative	5	71.43	0	0
Total	7	100	7	100

The data in Table 7 show that after receiving counseling, all partners had positive attitudes toward perineal care. All partners stated that they had practiced perineal care, including maintaining cleanliness, good nutrition, abstaining from abstinence, and good mobility through light activity and postpartum exercise.

2) Data on knowledge, attitudes and behavior of postpartum mothers regarding the breastfeeding process (Buek, O'Neil, & Mandell, 2022).

a. Postpartum mothers' knowledge about the breastfeeding process

**Table 8. Distribution of postpartum mothers' knowledge about the breastfeeding process**

Knowledge	Before		After	
Good	2	28.57	7	100
Enough	2	28.57	0	0
Not enough	3	42.85	0	0

The data in Table 8 show that after receiving counseling, all partners had good knowledge of the breastfeeding process. All the partners stated that they understood the process. All partners practiced breastfeeding and were able to do All partners also know how to burp their babies and perform breast care (Ambarwati, 2020).

b. Postpartum mothers' attitudes towards the breastfeeding process

**Table 9. Distribution of postpartum mothers' attitudes about the breastfeeding process**

Attitude	Before		After	
Positive	3	42.85	7	100
Negative	4	57.15	0	0
Total	7	100	7	100

The data in Table 9 show that after receiving counseling, all partners had a positive attitude toward breastfeeding. All partners agreed to exclusively breastfeed and didnot introduce additional foods before 7 months of age. All partners also agreed to maintain a steady milk supply with adequate nutrition and breast care (Sitti Mukarramah, Indriani, & Zulaeha A. Amdadi, 2021).

c. Postpartum mothers' behavior regarding the breastfeeding process

**Table 10. Distribution of postpartum mothers' behavior regarding the breastfeeding process**

Behavior	Before		After	
Positive	4	57.15	7	100
Negative	3	42.85	0	0
Total	7	100	7	100

The data in Table 10 show that after receiving counseling, all partners had positive attitudes toward breastfeeding. All partners were able and willing to breastfeed exclusively and did not introduce additional food before 7 months of age. All partners were able and willing to maintain a steady milk supply with adequate nutrition and breast care.

3) Data on partner knowledge about family health resilience to disease.

**Table 11. Distribution of partners' knowledge about family health resilience to disease.**

Knowledge	Before		After	
Good	1	14.28	7	100
Enough	2	28.57	0	0
Not enough	4	57.15	0	0
Chips	7	100	7	100

aintaining family health start with maintaining personal and environmental cleanliness, balanced nutrition, activity (exercise) and sleeping (Quesada, Méndez, & Martín-Gil, 2020).

4) Knowledge data regarding nutritional adequacy of postpartum mothers and their families

**Table 12. Distribution of partners' knowledge about nutritional adequacy for postpartum mothers and their families.**

Knowledge	Before		After	
Good	2	28.57	7	100
Enough	3	42.85	0	0
Not enough	2	28.57	0	0
Chips	7	100	7	100

Table 12 shows that after health education was conducted on nutritional adequacy for postpartum mothers and their families, all partners had good knowledge, meaning that everyone understood about nutritional adequacy for each family member according to their developmental stage.

## Discussion

Perineal wound care is crucial. Poor perineal care can lead to incomplete wound healing, leading to perineal infections. Perineal wounds resulting from episiotomy, rupture, or lacerations during childbirth are difficult to clean and dry because of their proximity to the rectum and urethra, which serve as outlets for blood and urine (Tsai, Huang, & Lee, 2023).

The results of data collection before counseling showed that 71.42% of partners had insufficient knowledge of perineal wound care, 71.43% had negative attitudes toward perineal wound care and 71.43% had negative behavior in perineal wound care. After the counseling on perineal wound care, all (100%) partners had good knowledge and positive attitudes and behavior in perineal wound care (Lestari, Fatimah, Ayuningrum, Herawati, & Afifaturohmah, 2022).

The results of further data collection on the breastfeeding process showed that 42.85% of partners' knowledge before the counseling session was lacking, 57.15% of partners' attitudes were negative, and 42.85% of partners' behavior was negative.

After the counseling session on the breastfeeding process, all (100%) partners had good knowledge and positive attitudes and behaviors during the breastfeeding process.

The results of research by Sumiyati, Puji Hastuti, and Anita Widiastuti 2018 showed that health education with guidance and counseling methods through flipcharts and leaflets significantly increased the knowledge of mothers of toddlers about pulmonary TB in children ( $<0.0001$ ) and also significantly increased the attitudes of mothers of toddlers about pulmonary TB in children ( $p < 0.0001$ ).

Knowledge is the result of "knowing" after sensing a particular object. Sensing occurs through the following five human senses: sight, hearing, smell, taste, and touch. Health knowledge encompasses what a person knows about ways to maintain health. Good knowledge can motivate positive changes in the attitudes, perceptions, and healthy behaviors of individuals and communities (Ali, 2021).

Health counseling is the addition of a person's abilities and knowledge through practical learning techniques or instructions with the aim of changing or influencing human behavior individually, in groups or in society to be more independent in achieving life goals (Monalisa, Afrika, & Rahmawati, 2022).

According to the WHO, one strategy for achieving behavioral change is to provide information to increase knowledge so as to raise awareness which can be achieved by providing health education (Sutarto, 2022).

Well-conducted health education can influence a person's level of knowledge of the topic being taught. This knowledge can lead to positive changes in attitudes toward the topic. As both a preventative and health promotion effort, health workers are expected to conduct education effectively, sustainably, and in a structured manner to achieve the appropriate goals and objectives (Pratiwi, Huzaimah, & Indriyani, 2022).

Good knowledge can positively affect the behavior of mothers in perineal wound care. One way to improve knowledge is to provide health education or counseling on perineal wound care.

## CONCLUSION

- 1) The partner understands and agrees with perineal care and is able and willing to properly perform perineal care.
- 2) Partners already understand, agree with, and can carry out the breastfeeding process well.
- 3) Partners already have good knowledge about how to carry out family resilience.
- 4) Partners already have good knowledge of how to meet family nutritional needs.

### Suggestion

- 1) To Partners

It is hoped that all partners can implement all the results of health education provided to improve the health status of partners and their families.

- 2) To the institution where the community service is held

It is hoped that institutions where community services are carried out will provide health education to postpartum mothers (partners) to improve the health status of the community.

### 3) To Educational Institutions

It is hoped that educational institutions will provide more opportunities for lecturers and students to provide community services.

### 4) To the Lecturer

It is expected that every lecturer will carry out community services so that the community will feel more benefits from the presence of the lecturer's Tri Dharma of Higher Education.

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<sup>2</sup>Sri Rahma Friani: D-III Midwifery Study Program, Faculty of Health, Efarina University, Indonesia; Email: [yenitrisnap@gmail.com](mailto:yenitrisnap@gmail.com)