

The Relationship of Episiotomy to Perineal Tears in Labor Women

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ABSTRACT

Episiotomy is a rupture made in the perinea between the vaginal open and the anus to release the baby. Episiotomy is not recommended because it may lead to an increase in the amount of blood lost. The number of events in the field of obstetrics around the world in 2009 accrued 2.7 million cases of perineal rupture wounds in mothers. The purpose of this research was to determine the relationship of episiotomy in labor to the incidence of perineal rupture in the maternal mother at the Ermita maternity clinic. This research is quantitative research with analytical design. The population in this research is all maternal mothers at Ermita maternity hospital as many as 95 people. The sampling technique used in this research is the total population that is sampling from all mother maternity data. The results showed that of 54 people (57%) who performed the episiotomy action in the majority of labor perineal rupture that is as many as 35 people (37%). Chi-square test results there is a relationship between episiotomy in labor to the incidence of perineal rupture in the maternal maternal mother where the p value is $0.040 < 0.05$. It is desirable for midwives to reduce the action of episiotomy by doing proper labor delivery.

Keywords: Episiotomy, Rips, Perineum

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1. INTRODUCTION

Background Behind

Labor is an expected physiology for the mother and family during nine months. Labor is considered normal if the process happens during pregnancy for enough months (after 37–42 weeks) without accompanying complications. Labor started since the uterus contracted, which caused changes in the cervix, and ended with the birth of the placenta in a complete manner [13].

Labor frequently necessitates a road birth; wounds are usually minor, but they can become large and dangerous. After labor, there must always be an examination of the vulva and perineum, and the wrong reason for injury is facilitating the delivery process [24]-[25]. Episiotomy is an action incision on the perineum that causes it to cut off membrane mucus vaginal yes,, ring slap blood, tissue on the rectovaginal septum, muscles, perineal fascia, and skin adjacent to the perineum [17]-[18].

Episiotomy wound I was performed to expand the road and avoid rips that do not occur regularly. No mother maternity action is normally taken. Lots also the mother with the perineum capable of adapting and ready to accept birth of a baby without experience torn. However, action episiotomies increasingly occur [16].

According to WHO (*World Health Organization*) figures in field obstetrics, around the world in 2009, there were 2.7 million cases of perineal tears on mothers during maternity, and 26 percent of them experienced slow wound healing, more than 7 days after labor. Number This estimated number will reach 6.3 million in 2050 [28].

Based on research conducted on labor with episiotomies since 1970, it shows that episiotomies performed in a routine manner without clear indication raise the exact same risk otherwise. Episiotomy routines without indication will have no effect for a short or long period, like laceration degrees III and IV, bleeding more often, tailoring more difficult, and declining strength of the perineal muscles (skin and muscles) between the vagina and anus. Although episiotomy i routine already started to reduce in 20 years ago, still lots of power health (doctors and midwives) did episiotomy i with indications of a large baby (oover 4000 grams) and a stiff perineum, whereas indeed second matter, no indication is absolute for episiotomy (Lenovo, 2009).

Action episiotomy I was performed especially on primigravida, action This is done to prevent trauma to the fetus's head, damage to the sphincter ani, and to make it easier to sew. However, the results of the study show that there is no supporting evidence to benefit episiotomy. On actual action episiotomy can cause an increase in the amount of blood lost by the mother, an increase in the posterior perineal wound, increased damage to the sphincter ani, and an increase in pain on the first postpartum days [18].

Perineum tears are rips that occur in the line middle, and normal become wide when the head fetus is born too fast. Mother is wrong bleeding only one caused by laceration road born 4 - 5% of the time. Perineal tears occur in almost all labor first and rarely also in labor next. Rips: This can be avoided or reduced with method guard, so don't wait until the base of the pelvis passes by the head fetus with fast.

The target death Death Mother (AKI) in Indonesia in 2015 was 102 deaths per 100,000 births. Temporary: based on Survey Demogravi and Indonesian Health (IDHS) 2012, Figures Death Related Mother (AKI) with pregnancy, childbirth, and childbirth: 359 per 100,000 births live. This number is still far from the desired target achieved in 2015 [7].

Number Death Mother (AKI) too has become wrong. One indicator important from degrees people in Riau on in 2013 amounted to 118 per 100,000 births live, while in Pekanbaru City's own number is the lowest, i.e., 44 per 100,000 births live. The high MMR in Riau Province is not only because of health but also because of the damn economy and community (Riau Ministry of Health, 2014). The researcher is interested in conducting a study titled "Association of Episiotomy Procedure to Perineal Tear in the Mother Giving Birth at the Clinic of Maternity Ernita."

2. METHOD

The type of research used in this study is quantitative with design study analytic, that is, to know the connection between internal labor and incident peritoneal tear in maternity mothers at BPM. Ernita, using a plan *cross-sectional*, i.e., what is happening at the time now. Population from the study This is the whole data set for maternity mothers in a sample study. This was taken by the saturated sample technique, i.e., the entire population of mothers maternity as a sample. Researcher data collection uses primary data, which is the data obtained directly from the subjek study with the use of a tool measurement subjek, as source information that can be obtained in BPM. Ernita.

3. RESULTS AND DISCUSSION

Result

Table 1. Distribution Frequency Episiotomy in Delivery for mothers giving birth at BPM Ernita

No	Episiotomy	Frequency	percentage (%)
1	Yes	54	57
2	No	41	43
	Amount	95	100

Based on Table 1, it can be seen that of 95 mothers giving birth at Midwife Practice Independent Ernita Pekanbaru, as many as 54 mothers had episiotomies (57%) and some had no episiotomies, which is as many as 41 mothers had episiotomies (43%).

Table 2. Distribution Frequency Incident Rips Perineum in Maternity at BPM Ernita

No.	Perineal tear	Frequency	Percentage (%)
1.	Yes	52	55
2.	No	43	45
	Amount	95	100

Based on table 2 can seen that of 95 mothers giving birth at Midwife Practice Independent Ernita Pekanbaru , available incident 52 perineal tears people (55%), a small proportion do not happen perineal tear ie as many as 43 mothers maternity (45%) .

Table 3. Connection Episiotomy in Labor to Incident Perineal tear In Maternity Mothers At BPM Ernita

Rips Perineum Episiotomy	Rips			P Value	α
	Yes (%)	No (%)	Total (%)		
Yes	35 (37)	19 (20)	54 (57)	0.040	0.05
No	17 (18)	24 (25)	41 (43)		
Amount	52 (55)	43 (45)	95 (100)		

Based on table 3, of 54 mothers, 35 (37%) had an episiotomy happen, and 19 (20%) did not happen. And from 41 mothers, 17 women (18%) who did not have an episiotomy experienced a perineal tear, and 24 people (25%) did not experience a perineal tear. In statistical tests, the connection between episiotomy in labor and incident perineal tear can be concluded that Ho is rejected, where the p value is 0.040 0.05. So it can be seen that there is a meaningful relationship between episiotomy and incident perineal tear.

Discussion

From the results of the research that has been done in Midwifery Mandir Practice Ernita Pekanbaru about Connection Episiotomy in Labor to Incident Perineum Tear in Maternity in

Midwives Practice Independent Ernita, it is clear that of 95 mothers maternity, in part, big mothers maternity have done episiotomies for as many as 54 people (57%).

An episiotomy is a tear made in the perineum between the vaginal and anal openings to make it easy to discharge the baby. If this is done too soon before crotch thinning, muscles, skin, and blood vessels will be broken, causing more bleeding. Episiotomy: This leaves the wound bruised, swollen, and slowing recovery, too, causing pain and making it comfortable after the episiotomy. Possibility put it together base hips too disturbed if fibers perineal muscles sutured too tight (Winkjosastro, 2009).

Indications: episiotomy can be done to speed up birth when found, such as childbirth vaginal with cover, presentation buttocks, shoulder dystocia, extraction forceps, extraction vacuum, network scar on the perineum or on the vagina, perineum stiff and short, causing the second stage to be delayed, incised rupture of the perineum, premature labor to reduce pressure on the head fetus, and yes, network scarring of the perineum or vagina that slows down the progression of labor.

Action researchers episiotomy can help with childbirth because it can enlarge and expand the road born. It can help birth a baby with good health without causing obstacles in the road born, though action episiotomy does not include care during normal delivery. So from that, intertwine cooperation with the recommendation of Mother to hit in a manner slowly and controlled so that you can help adapt encouragement to the baby from the inside with readiness for road birth to open more broad.

From the results of research that has been done in Midwifery Practice Independent Ernita Pekanbaru about the connection between episiotomy procedures in labor and perineal tears in maternity in Midwives Practice Independent Ernita, it is clear that of 95 mothers maternity, perineal tears happen in 52 people (55%).

Perineal tears happened in almost all labor first, and they were also rare in childbirth next. A perineal tear is bleeding in these circumstances. Where the placenta has been born complete and contracted well in the womb, it can be confirmed that bleeding originates from an injury road born. Perineum tears can happen at the time a baby is born, either spontaneously or with a tool or action. Perineum tears in general occur in the midline and can become wide if the head fetus is born too fast; rips happen in almost all primiparas (Winkjosastro, 2009).

According to a researcher, perineal tears are caused by many factors, like heavy birth weight and perineal elasticity. This perineal tear can be avoided with a guard. Don't wait until the base of the pelvis passes by the head fetus with fast so that you can avoid complications that occur as a consequence of perineal tears that do not order the Intertwine cooperation with the mother and use proper manual parasat can arrange a speedy birth for the baby and prevent laceration. Cooperation will be very beneficial the moment you head the baby, open the vulva, guide Mother for press, and rest or breathe with fast on time.

The result of the chi square can be seen as a meaningful relationship between episiotomy and incident perineal tear. Study This is in line with research conducted by Vinishia Putri. The year 2007 is showing that there is a meaningful relationship between episiotomy and incident perineal tear.

It is also aligned with theory that has been explained in the book "References and Guidelines for Upbringing Normal Labor and Initiation Early Breastfeeding 2008" that episiotomy routines are not recommended. Because it can cause increasing amounts of blood loss and risk of hematoma, incidence of laceration degrees, three or four more lots of episiotomies routinely compared to without episiotomies, increased pain post labor in the perineal area, and increased infection risk,

Angioli (2005) in Obstetrician William said a number of studies, observations, and trials in a manner of randomness show that episiotomy routine causes enhancement of the incident torn anal sphincter and rectum. This is in line with existing theory in the "Practice Textbook Midwifery (2004)" that time implementation episiotomy is a very important thing. The lowest

fetus must really be in the perineum for push levator ani (deep muscle), so incisions are only performed on the skin, posterior vaginal wall, and muscle base superficial pelvis. Birth of the head fetus usually happens quickly after episiotomy; therefore, the midwife must quickly lift the scissors of the vulva, control the birth head, and support the perineum so that the wound from episiotomy does not widen. All this must be done at the same time.

According to the researcher, episiotomy and perineal tears constitute compatible things because if done properly, the episiotomy part will cause an increase in perineal tears. Increased perineal tears can cause complications such as bleeding and infection. However, this can be avoided with speed and proper technique by the helper in the help expenditure head.

4. CONCLUSION

From the description above it can be concluded that the respondents in Midwife Practice Independent Ernita Pekanbaru part big done action episiotomy and some big experience i perineal tear as well exists meaningful relationship between action episiotomy to perineal tear.

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