



The Influence of the Perineum and Aromatherapy Steam Seats Against the Pain Due to the Wounds of Perineum at Parturition on Maternal Health Centers Bara-Baraya Town of Makassar

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Abstract : Perineum pain is a result of the perineum wound that occurs spontaneously or episiotomy at childbirth process. This research aims to know the comparison of Seats the Perineum and aromatherapy steam against Pain due to the wounds of Perineum at Parturition on Maternal health centers Bara-Baraya Makassar city. This research uses Quasi Experimental Design approach by using purposive sampling technique of sampling. The sample in this research totalled 30 respondents are divided into 3 kelompok. The Group was the control group (Chair), group II Group Chair is the perineum, and group III is a group chair the perineum and aromatherapy steam. The sample in this study i.e., the mother of the second day of parturition were perineum degree I and II were given intervention for 15 minutes with his mother on the perineum and aromatherapy steam chairs. During the intervention, the respondents observed pain expression using the facial pain scale observation sheet (Wong Baker Facial Gramace Scale). The results of this research are getting the value of $p = 0.000$ $\alpha = 0.05 <$ thus H_0 is rejected, there is a comparison of the perineum wound pain on groups that use steam and aromatherapy Chair compared to the control group (regular seats and chairs the perineum) means There are significant differences between the perineum wound pain control group, the Group's Chair, as well as the perineum perineum Chair group and aromatherapy steam. The conclusions of this study, namely the Chair the perineum and aromatherapy steam can be used as a complementary therapy for the perineum wound pain.

Keywords : Seat Of The Perineum, Aromatherapy Steam, Perineum Pain.

Introduction

Perineum pain is a result of the perineum wound that occurs spontaneously or episiotomy at childbirth

process. Perineum pain also gave discomfort at mother (Beleza *et al.*, 2016; Swain & Dahlen, 2013; Hedayati *et al.*, 2009). The wound because labor is where the entry of germs into the body, giving rise to infection during childbirth (Manuabaddk., 2010). The wounds of the perineum during childbirth is also associated with long-term maternal morbidity, such as postpartum perineum pain and dyspareunia (Browne *et al.*, 2010). The wounds of perineum most associated with the birth of pervaginam which takes place spontaneously and or a result of episiotomy. Reported incidence of 85% of the perineum wound (Leon-Larios *et al.*, 2017; Feigenberg *et al.*, 2014).

The wounds of the perineum are grouped in four stages namely ruptured level I, II, III, and IV in accordance with the affected network. Episiotomy is equivalent to the second degree of the ruptured muscle affects the mucosa and the perineum. The first and second degrees of ruptured usually cause pain and discomfort (Beleza *et al.*, 2016). Perineum pain prevalence of 303 women maternity, which injured as many as 244 female perineum, and from 244 women who conceived with the use of episiotomy sebesar 184 (75.4%) women and the consequent episiotomy pain dibandingkan with 4 x more that do not use of episiotomy (Francisco *et al.*, 2011). In addition, decreased Hemoglobin concentration increased in trauma due to childbirth Episiotomy compared with all degrees of trauma to the perineum due to spontaneous labor (Rubio-Álvarez *et al.*, 2017). Perineum pain have an impact on women's daily activities, such as sleep patterns, urinary and bowel function, delivery of care to her baby, the process of breastfeeding, postpartum depression, as well as sexual dysfunction which gives effect to the development of maternal health (Francisco *et al.*, 2011; Chang *et al.*, 2016; Chang *et al.*, 2015; Pereira *et al.*, 2017).

Perineum pain have negative long term consequences as well as the short term against the health and welfare of women. Women who have experienced trauma to the perineum, 40% reported pain in the first two weeks post!, 20% still experiencing pain to eight weeks, and 7-9% reported pain for up to 3 months (Swain & Dahlen, 2013). Perineum pain affect 45% of women in the first 10 days post!, and last up to 18 months by 10%. In addition, 58% of women suffered superficial dyspareunia 3 months after birth. This complication can potentially affect the mother, relations with the partners and newborns (Andrews *et al.*, 2008).

Strategies to reduce trauma to the perineum and prioritize the repair of damage to the perineum to avoid and reduce the pain, that is with a local anaesthetic such as fakmalogi, analgetik, oral therapeutic ultrasound, and antiseptic, as well as non-pharmacological like hot packs, warm compresses, cold compresses, massage on the perineum (Hedayati *et al.*, 2009; Kargar *et al.*, 2016; Akbarzadeh *et al.*, 2016). A non-pharmacological approach belongs to additional therapies that are safer and less side effects compared to pharmacological approaches (Bikmoradi *et al.*, 2014). But based on empirical experience, perineum pain reduction during this time only using oral analgetik.

Complementary and alternative therapies such as essential oils in aromatherapy have been used in healing trauma to the perineum and to give comfort to the patient. Lavender oil is one of the essential oil aromatherapy have therapeutic and healing such as antibacterial, anticonvulsants, antidepressants, anxiolytic, and soothing. Aromatherapy will stimulate the hypothalamus to secrete chemical mediators that act as painkillers and give rise to a feeling of happy (Marzouk *et al.*, 2014; Widayani, 2016).

Aromatherapy is one of the complementary therapy and alternative medicine that has long been used to improve the health of women (Ali *et al.*, 2015; Kazemzadeh *et al.*, 2016). So, reduction of pain the perineum can use hot steam and aromatherapy, but reduction of pain by using a chair the perineum and aromatherapy steam does not exist.

Medical equipment used in hospitals 95% are still imported and 30% is not working because its use is not complete with instructions, additional tools and lack of training against operators who run those tools. In addition, the production of local health few in number and are still controlled by multinational corporations (Sudiharto, 2009).

Based on the above, this research aims to know the results of the design of the Chair danuap the perineum pain cuts comparison against aromatherapy perineum on postpartum mothers in Clinics Bara-Baraya Town of Makassar.

Research Methods

Type Of Research

The type of research used in this study i.e. experiments, with a Quasi Experimental Design approach. Quasi Experimental Research Design is the design that had a control group, but may not work fully to control the outer variables that affect the execution of experiments (Sugiyono, 2014).

Populations and Samples

The population in this research is the Mother of all Childbirth Clinics in Bara-baraya Makassar in February-April 2018. The sample of this research is part of the population that came of maternity and postpartum care in health centers get Coal-Baraya Makassar in February-April 2018.

Techniques of Data collection and Data analysis

Data collection is done with the now research, observation, and library studies. While data analysis using univariate analysis, analysis of multivariate analysis, and bivariat.

Results

Table 1 shows that the number of the largest group of respondents age chairs the perineum and aromatherapy steam namely age bstet 21-25 year by the number of respondents 4 (40.0%) of the respondents, on the Group seat perineum i.e. age bstet 36-40 year by the number of respondents 4 (40.0%), while respondents in the Group bstetr that is 16-20 with a population of bstet age 4 (40.0%) of the respondents.

Most respondents in the group education chairs the perineum and aromatherapy steam namely high school education with a population of 9 (90.0%) of the respondents, on the Group seat perineum i.e. high school education with a number of 5 (50.0%) of the respondents, whereas in the Group bstetr i.e. the education of SMP with a total of 4 (40.0%).

Most respondents work group Chair on the perineum and aromatherapy steam namely IRT by the number 8 (80.0%) of respondents, on perineum Chair group i.e. with the number of IRT 9 (90.0%) of the respondents, whereas in the control group i.e IRT by the number 9 (90.0 %) respondents.

Most of the respondents on the physical condition of the group chairs the perineum and aromatherapy steam that is balanced between the condition of the tired and fit with each 5 (50.0%) of the respondents, the seat of the perineum that is exhausted by the condition number of 6 (60.0%) respondents, whereas in the control group that is balanced between the condition of the tired and fit with each 5 (50.0%) respondents.

Table 1. Frequency distribution based on the respondent's characteristics research

Variable	Group Seats the Perineum and steam		Group Seats The Perineum		The control group	
	n	%	n	%	n	%
Age						
16-20	2	20,0	0	00,0	4	40,0
21-25	4	40,0	3	30,0	3	30,0
26-30	2	20,0	2	20,0	1	10,0
31-35	1	10,0	1	10,0	1	10,0
36-40	1	10,0	4	40,0	1	10,0
Level of education						
SD	1	10,0	4	40,0	3	30,0
SMP	0	00,0	1	10,0	4	40,0
SMA	9	90,0	5	50,0	3	30,0

Jobs						
IRT	8	80,0	9	90,0	9	90,0
Employees	1	10,0	0	00,0	0	00,0
Private	1	10,0	0	00,0	1	10,0
Daily labors	0	00,0	1	10,0	0	00,0
Physical condition						
Tired	5	50,0	6	60,0	5	50,0
Fit	5	50,0	4	40,0	5	50,0

Source: Data Primer 2018

Table 2 shows that the number of birth (number of children) most respondents on the Group seat the perineum and aromatherapy steam that is the first child with the number 5 (50.0%) of the respondents, the seat of the perineum that is third with a total of 6 (60.0%) respondents , whereas in the control group that is the first child with the number 4 (40.0%) of the respondents.

The perineum wound that plagued most of the respondents on the Group seat the perineum and aromatherapy steam namely degree II with a population of 8 (80.0%) of respondents, on a group of seats that is balanced between the perineum perineum wound degree I and II degrees with each 5 (50.0%) respondents, whereas in the control group i.e degree II with a population of 8 (80.0%) of the respondents.

Most respondents felt the pain in the perineum Chair group and aromatherapy steam namely a little pain with the number 6 (60.0%) respondents, the seat of the perineum that is rather annoying pain with a population of 8 (80.0%) of the respondents, whereas in the control group that is pain that interferes with activities with a number of 5 (40.0%) of the respondents.

Table 2. Frequency distribution based on obstetrics respondents research

Variable	Group Seats the Perineum and steam		Group Seats The Perineum		The control group	
	n	%	n	%	n	%
The number of labor						
The first child	5	50,0	0	00,0	4	40,0
Second child	2	20,0	1	10,0	2	20,0
The third child	2	20,0	6	60,0	3	30,0
Fourth child	0	00,0	2	20,0	1	10,0
The fifth child	1	10,0	1	10,0	0	00,0
The perineum wound						
Degrees I	2	20,0	5	50,0	2	20,0
Degrees II	8	80,0	5	50,0	8	80,0
Pain scale						
No pain	3	30,0	0	00,0	0	00,0
A little bit of pain	6	60,0	1	10,0	0	00,0
Kinda annoying	1	10,0	8	80,0	4	40,0
Disruptive activity	0	00,0	1	10,0	5	50,0
Very annoying	0	00,0	0	00,0	1	10,0

Source : Data Primer 2018

Table 3 shows that the value of $p = 0.000$ $\alpha = 0.05 <$ thus H_0 is rejected, there is a comparison of the perineum wound pain on groups that use steam and aromatherapy Chair compared to the control group (regular seats and chairs the perineum) means that there is significant differences between the perineum wound pain control group, the Group's Chair, as well as the perineum perineum Chair group and aromatherapy steam.

Kruskal-Wallis analysis results showed the existence of significant differences, then followed with a test of post-hoc Mann-Whitney for Gaussian data is not normal, a test of post-hoc T-independent sample data for Gaussian.

Table 3. Comparison of pain among the control group, the Group of the perineum and group chairs the perineum and aromatherapy steam

Variable/groups	Control (rerata ± S.D)	Seat Of The Perineum (rerata ± S.D)	Seat of the Perineum and aromatherapy steam (rerata ± S.D)	ρ
Pain	4,9 ± 1,37	3,50 ± 1,08	1,20 ± 1,03	0,000*

*Uji Kruskal-Wallis

Table 4 shows that there is a difference between a meaningful average control group vs group chair the perineum and aromatherapy steam rooms, as well as having the value of $\rho = 0.000$ $\alpha = 0.05 <$ means there is a significant difference between the control group the pain with a group seat of the perineum and aromatherapy steam.

Table 4. The average difference between the control group, the Group of the perineum and group chairs the perineum and aromatherapy steam

Group	The Difference In Mean	ρ
The control group Vs. group chair the perineum	1,4	0,026 ^a
The control group Vs. group chair the perineum and aromatherapy steam	3,70 ± 0,54	0,000 ^b
Group Chairs group Vs. the perineum perineum Chair and aromatherapy steam	2,3	0,001 ^a

a: Post-hoc test Mann-Whitney

b: Post-hoc test T-Independent Sample

Discussion

This research shows that seat the perineum and aromatherapy steam have better outcomes when compared with the control group and group chairs the perineum. Pain is the result of childbirth the perineum, pain can occur due to injuries such as bruises, perineum ruptured spontaneously, surgical (episiotomy), or with the operative birth (birth of the vacuum or forcep (Chou *et al.*, 2009; Santos *et al.*, 2012).The value of $\rho = 0.000$ $\alpha = 0.05 <$ thus H_0 is rejected, meaning that there is a significant difference in the pain of the wound the perineum between the control group, the Group's Chair, as well as the perineum perineum Chair group and aromatherapy steam.

According to researchers, based on the results of the above research how can mothers with a history of birthing pervaginam Coals of clinics in Makassar Baraya-almost all experience pain, ranging from a little pain to pain that interferes with activities. It is influenced by the pressure of the baby's head when the labor pervaginam that can result in bruises, abrasions, wounds and the perineum (the degree I, II, III, IV), the injuries received by the nosiseptor and delivered by afferent pain fibers to the brain, then pain are perceived by the mother. Pain reduction made during this by using analgetik or pharmacological. The granting of therapeutic pharmacological basis can give impact to mother and baby, this corresponds to the background behind Chou *et al* (2009), in The Cochrane Library meriview about drugs for perineal pain in the early postpartum: generic protocol, adverse effects of medicines such as nausea, vomiting, constipation and diarrhea, and this can affect the baby. Especially analgetik narcotics can affect the mind and often make people sleepy. Potential impact of drugs on the baby through the breast milk would be a special attention to mothers. Therefore, the required reduction in non-pharmacological pain relief with the use of a modified aromatherapy steam in the form of a Chair.

Aromatherapy is one of the complementary therapy and alternative medicine that has long been used to improve the health of women (Ali *et al.*, 2015; Kazemzadeh *et al.*, 2016). While the steam is hot temperature

between 37 ° C-50 ° C, steam was used to bathe. Sauna is a steam bath of hot water which is sprayed into the bathroom, forming air temperature 40 C-45 ° ° C with humidity saturated. Once introduced, various studies examine the effects of bathing and sauna have thoroughly cleanse the skin effect, accelerating the recovery of muscles, relieves headache, as well as encourage a deeper and more relaxed (Iwase *et al.*, 2013a; Iwase *et al.*, 2013b). So, reduction of pain the perineum can use hot steam and aromatherapy, but reduction of pain by using a chair the perineum and aromatherapy steam does not exist.

This research fits with the theory proposed by Melzack and Wall that is the "Gate Control Theory" in Tamsuri (2014), in general it can be explained that within the human body there are two kinds of pain impulses that transmitters function delivers a sensation pain and other sensations such as cold, warm taste, touch, and so on. Small diameter pain impulses (wire, A Delta and C Fibers) serves to transmit pain which is hard and this receptor are usually in the form of free nerve endings that are present across the surface of the skin and on the deeper structure of the body as tendons, fascia and bone and internal organs. While the large diameter of the transmitter (A-Beta Fibers) have a receptor found on the surface of the body structures and functions in addition to the mentranmisikan sensation of pain, also serves to transmit the sensation of vibration sensation, like other touch, hot/cold sensation, as well as subtle pressure. The impulse of A-Beta fibers have properties of the inhibitor (inhibitory) which is transmitted to the C fibers and A-Delta.

When there is a second stimulus, the fibers will bring a stimulus towards kornu dorsalis in the medulla spinalis (medullae spinalis cornuposterius). In the medulla spinalis is this happens large diameter fibers between interaction and small diameter fibers in a special area called the substantia gelatinosa (SG). On the substantia gelatinosa can occur changes, modification, as well as affect whether the sensation of pain which is accepted by the medulla spinalis are routed to the brain or it will be inhibited.

Before the pain impulses are carried to the brain, axons of large and small fibers will interact in the substantia gelatinosa area, and if there is no stimulus/the adekuat impulse of large fibers, then small fibers of pain impulses will be conducted towards to the cells Trigger (T cells) and then carried to the brain, which eventually caused a sensation of pain felt by the body. The circumstances when the pain impulse is transmitted to the brain this is termed "Open Gate".

On the contrary, when there is an impulse transmitted by large diameter fibers due to the stimulation of the skin, touch, vibration, cold and warm, and a touch of subtle, these impulses will inhibit impulses of small diameter fibers in the area SUBSTANTIA gelatinosa so the sensations brought by small fibers will be reduced or not even transmitted to the brain by the substantia gelatinosa, so the body can not feel the sensation of pain. This condition is referred to as the "Closed Gate".

The results of this research are supported by the research of Pore (2014), research findings show that the score scale REEDA (scale parameter wound healing such as redness, edema, festering, long healing) higher before the application of heat and dry heat moist, but once the application of wet heat and dry heat score REEDA scale decreased. This research can help in bringing awareness among health workers who work in the unit of post birth.

The results of this research is also supported by research Amandeep *et al* (2015), research findings revealed that the application of a warm bath is effective in relieving pain and improving the episiotomy wound healing.

The results of such research in accordance with research done on how mothers with episiotomy wound with the result that the lavender aromatherapy can be used as a suitable therapy for episiotomy wound care pascapartum and there is no effect Next on the mother (Vakilian *et al.*, 2011).

The results of this research are also in line with the research of Sheikhan *et al* (2012), these findings reveal that the use of lavender essential oil is effective in reducing pain episiotomy.

Conclusions and Suggestions

Based on the results and discussion then it can be inferred that the seat of the perineum and aromatherapy steam can reduce the pain due to the wounds of perineum. Seat of the perineum and aromatherapy steam have better outcomes when compared with the control group and group chairs the

perineum. Expected for midwives, if the perineum wound patients who experience degrees I and II, so that it may consider granting analgetik and can provide a non-pharmacological therapies such as the use of the perineum and aromatherapy steam chairs.

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