

IDENTIFICATION OF PERINEAL WOUND HEALING TIME

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ABSTRAK : IDENTIFIKASI LAMA PENYEMBUHAN LUKA PERINEUM

Latar belakang: Luka perineum dapat menjadi tempat awalnya infeksi pada ibu pasca persalinan. Hal ini disebabkan adanya jaringan terbuka sehingga kuman dan bakteri mudah masuk. Proses penyembuhan luka perineum biasanya bervariasi, ada yang cepat dan lambat, hal ini dapat dipengaruhi beberapa faktor diantaranya yaitu kondisi fisik ibu bersalin, status gizi, kondisi luka dan perawatannya. Pemeriksaan perineum yang sering digunakan adalah skala REEDA sebagai evaluasi pasca melahirkan dalam 7-10 hari. REEDA merupakan singkatan dari kata *Redness, Edema, Ecchymosis, Discharge, Approximation*.

Tujuan: Tujuan penelitian ini yaitu mengidentifikasi lama penyembuhan luka perineum.

Metode: Penelitian ini menggunakan metode deskriptif kuantitatif. Pengambilan sampel dilakukan dengan quota sampling. Jumlah sampel yang penulis tentukan adalah 63 ibu nifas. Alat pengumpulan data yang digunakan dalam penelitian ini yaitu dengan skala REEDA dari kata *Redness, Edema, Ecchymosis, Discharge, Approximation*.

Hasil: Hasil penelitian didapatkan usia 20-35 tahun sebanyak 49 orang (70,8%). Pendidikan sebagian besar SMP yaitu sebanyak 29 orang (46%). Pekerjaan sebagian besar ibu tidak bekerja yaitu sebanyak 46 orang (73,1%). Paritas sebagian responden Primipara yaitu sebanyak 44 orang (69,9%). Hasil penelitian dari 63 responden didapatkan kondisi luka perineum yang dinilai menggunakan skala REEDA pada hari ke 7 yaitu 39 responden memiliki penyembuhan luka baik, 21 responden penyembuhan luka kurang, dan 3 responden penyembuhan luka buruk.

Simpulan: Hasil penelitian ini didapatkan bahwa sebagian besar responden memiliki penyembuhan luka kurang, dimana hasil penilaian skala REEDA yaitu 1-5.

Saran: Peneliti selanjutnya disarankan dapat melakukan penelitian tentang faktor-faktor yang mempengaruhi lama penyembuhan luka perineum.

Kata Kunci: Luka Perineum, Nifas, REEDA

ABSTRACT

Background: Perineal wounds can be the initial site of infection in postpartum mothers. This is due to the presence of open tissue so that germs and bacteria can easily enter. The healing process of perineal wounds usually varies, some are fast and some are slow, this can be influenced by several factors including the physical condition of the mother giving birth, nutritional status, wound condition and its care. The perineal examination that is often used is the REEDA scale as a postpartum evaluation within 7-10 days. REEDA is an abbreviation of the words *Redness, Edema, Ecchymosis, Discharge, Approximation*.

Objective: The objective of this study was to identify the duration of perineal wound healing.

Method: This study used a quantitative descriptive method. Sampling was done by quota sampling. The number of samples determined by the author was 63 postpartum mothers. The data collection tool used in this study was the REEDA scale from the words *Redness, Edema, Ecchymosis, Discharge, Approximation*.

Results: The results of the study obtained an age of 20-35 years as many as 49 people (70.8%). Most of the education was junior high school, namely 29 people (46%). Most of the mothers' occupations were unemployed, namely 46 people (73.1%). The parity of some Primipara respondents was 44 people (69.9%). The results of the study from 63 respondents obtained the condition of the perineal wound assessed using the REEDA scale on the 7th day, namely 39 respondents had good wound healing, 21 respondents had poor wound healing, and 3 respondents had poor wound healing.

Conclusion: The results of this study found that most respondents had poor wound healing, where the results of the REEDA scale assessment were 1-5.

Suggestion : Further researchers are advised to conduct research on factors that affect the duration of perineal wound healing.

Keywords: *Perineal wound, Postpartum, REEDA*

INTRODUCTION

Maternal Mortality Rate (MMR) is an indicator used to see the success of maternal health efforts. According to the World Health Organization (WHO) in 2017 the number of maternal deaths worldwide was 295,000 decreasing to 287,000 in 2020 (World Health Organization, 2017). However, this decline is still considered slow and requires further efforts to achieve the Sustainable Development Goals (SDGs) target of less than 70 per 100,000 live births in 2030. Maternal deaths are caused by bleeding 27.1%, hypertensive disorders in pregnancy 14.0%, and sepsis (infection) 10.7% (World Health Organization, 2023).

According to the Indonesian Demographic and Health Survey (SDKI) Data, MMR in Indonesia increased from 228 per 100,000 live births in 2002-2007 to 359 per 100,000 live births in 2007-2012. MMR decreased in 2012-2015 to 305 per 100,000 live births and the number of maternal deaths in Indonesia in 2019 was 4,221 cases (SDKI, 2017).

The most common causes of maternal death in Indonesia in 2019 were bleeding, hypertension in pregnancy, infection, metabolic disorders, and others (Ministry of Health of the Republic of Indonesia, 2019). Around 25-50% of maternal deaths are caused by problems related to pregnancy, childbirth, and postpartum (WHO (World Health Organization), 2018). Meanwhile, according to the Perinatal Death Notification (MPDN), the causes of MMR are Eclampsia (37.1%), Bleeding (27.3%), Infection (10.4%). Maternal deaths often occur during the postpartum period because they are susceptible to infection problems in postpartum wounds (Mulati, 2022).

The number of maternal deaths in NTB Province in 2023 was 91 cases. If we look at the maternal mortality ratio per 100,000 live births in West Lombok Regency, Central Lombok and Bima City, they have a high ratio in NTB Province. West Lombok Regency has 128/100,000 live births, Central Lombok Regency reaches 127/100,000 live births, and in Bima Regency it reaches the highest figure, namely 177/100,000 live births. The causes of AKI are bleeding (28.57%), bleeding disorders (16.48%), infection (5.49%), eclampsia (5.49%) and the rest are caused by other causes (43.96%) (BPS NTB, 2023)

Postpartum infection is one of the causes of high maternal mortality. Perineal wounds most often occur in vaginal deliveries at 76.8%, and 1.9% experience infection due to improper care. Perineal wounds can be the initial site of infection in postpartum mothers. This is due to the presence of open tissue so that germs and bacteria can easily enter. The incidence of infection ranges from 0.1% - 23.6% in postpartum mothers (Jones, 2019). Perineal wound infection is characterized by perineal pain, ruptured perineal wounds, and purulent vaginal discharge. Infection is included in the direct causes of maternal injury and death. The healing process of perineal wounds usually varies, some are fast and some are slow, this can be influenced by several factors including the physical condition of the mother giving birth, nutritional status, wound condition and its care. Improper perineal care can result in the condition of the perineum affected by lochia which will greatly support the development of bacteria that can cause infection (Damayanti, F. N., Mulyanti, L., & Anggraini, 2022). According to research conducted by Yasmalzar (2013), nutritious food intake and appropriate portions can affect the acceleration of perineal wound healing against the wound healing process in the perineum and tissue replacement that requires a lot of protein (Yasmalzar, 2013). The perineal examination that is often used is the REEDA scale as a postpartum evaluation within 7-10 days. REEDA is an abbreviation of the words Redness, Edema, Ecchymosis, Discharge, Approximation. According to Nurhasanah, fast wound healing is when the perineal wound heals in <7 days and the wound closure condition is good, granulation tissue is not visible, scar tissue formation is minimal, while slow wound healing is when the perineal wound heals in >7 days and the wound condition does not close together, the repair process is lacking, sometimes accompanied by pus and slower healing time (Nurhasanah, 2020).

One of the government's efforts to prevent postpartum complications is 4 postpartum visits. In addition, efforts that can be made to accelerate the healing of perineal wounds and prevent infection include routine health education for postpartum mothers that the body needs such as maintaining vulva cleanliness, exercise, early activity, etc., a balanced diet, sufficient calories, protein, fluids and

vitamins to prevent infection (Hardianty, D., Sari, D. K., & Mualimah, 2021; White C, 2022). Therefore, the author is interested in conducting research on "Identification of the duration of perineal wound healing" as an effort to prevent postpartum infections.

RESEARCH METHODS

This study uses a quantitative descriptive method, which is a method that aims to provide an overview or description of the occurrence of identifying the duration of perineal wound healing. This study uses a cross-sectional approach. Sampling in this study was carried out by quota sampling. This study was conducted at the Health Center in the Mataram City and West Lombok Regency Working Areas on March 3 - May 31, 2025. The number of samples in this study was 63 postpartum mothers. Respondents in this study have inclusion and exclusion criteria. The inclusion criteria in this study were normal postpartum mothers on day 7, perineal wounds grade 1 & 2, postpartum mothers who did not provide any intervention on perineal wounds, mothers who were willing to be respondents. The exclusion criteria in this study were mothers who had a history of complications during pregnancy and childbirth. The data collection tool used in this study used the REEDA Scale, namely Redness, Edema, Ecchymosis, Discharge, Approximation. Each of these categories has a value of 0-3, so the total will produce the lowest value of 0 which means the best healing and the highest total value of 15 meaning poor wound healing. The assessment criteria are divided into 3, namely, 0 (good wound healing), 1-5 (poor wound healing), > 5 (poor wound healing). Wound assessment was performed on the first and seventh day postpartum using the REEDA scale. The data obtained will be analyzed univariately using the SPSS program and presented in the form of frequency distribution and percentage.

RESEARCH RESULTS

Table 1
Distribution of characteristics of postpartum mothers respondents

Characteristics	Frequency (N=63)	Presentage (%)
Age		
<20 years	5	7,9
20-35 years	49	70,8
>35 years	9	14,3
Education		
SD	7	11,1

SMP	29	46
SMA	25	39,7
Perguruan Tinggi	2	3,2
Job		
Working	17	26,9
Not Working	46	73,1
Paritas		
Primipara	44	69,9
Multipara	19	30,1

Based on the results of the study in Table 1, it was found that most postpartum mothers had an age range of 20-35 years, as many as 49 people (70.8%). Most of the education was junior high school, as many as 29 people (46%). Most of the mothers' occupations were unemployed, as many as 46 people (73.1%). The parity of some respondents was Primipara, as many as 44 people (69.9%).

Table 2
Healing time for perineal wounds

Criteria	Frequency (N=63)	Presentage (%)
Wound healing is good	39	61,9
Insufficient wound healing	21	33,3
Poor wound healing	3	4,8

Based on the research results in Table 2, it was obtained from 63 respondents, 39 respondents had good wound healing, 21 respondents had poor wound healing, and 3 respondents had poor wound healing.

DISCUSSION

Age

Based on the research results obtained from 63 respondents, the majority of respondents' ages were 20-35 years, as many as 49 people (70.8%). This can be seen that based on age in the healthy reproductive category. Age is the length of a person's life in years calculated from birth to the present (Hartanto, 2016). The safe reproductive age for pregnancy and childbirth is 20-30 years because pregnancy at the age of <20 years and > 35 years often has complications for both the mother and the fetus. The reproductive age for pregnancy and childbirth is 20-30 years, maternal mortality in pregnant women and giving birth at the age of under 20 years is 2-5 times higher than maternal mortality that occurs at the age of 20-29 years. Maternal mortality increases again after the age of 30-35 years (Saifuddin, A.B., Rachimhadhi, T., & Wiknjastro, 2018). Age is one of the factors that

can affect wound healing. Wound healing occurs faster at a young age than in older people. This study is supported by Sampe, who stated that there is a relationship between age and the healing process of episiotomy wounds (Sampe, 2018). Another study by Susilawati, regarding the relationship between age and the duration of perineal wound healing, found that mothers who are not at risk have a tendency 5 times better with the duration of perineal wound healing (Susilawati, S., Patimah, M., & Imaniar, 2020). Age is one factor that can affect wound healing faster at a young age than in older people. This is because the unification of tissue on the skin of postpartum mothers who are no longer of productive age has decreased due to age factors (Aminuddin, M., Sukmana, M., Nopriyanto, D., 2020). Based on this theory, the researcher assumes that the majority of respondents' ages, namely 20-35 years, are the age at which someone is in the healthy reproductive category, where a woman has a healthy reproductive function and will continue to reproduce and can affect the health of the mother. Age 20-35 years is also the age where a person is considered mature both physiologically, psychologically and cognitively. Age factor is one of the factors that can affect wound healing. Wound healing occurs faster in young people than in old people. Because the function of tissue unification in the skin of postpartum mothers who are no longer of reproductive age has decreased due to age factors.

Education

The results of the study showed that out of 63 respondents, most of them had a junior high school education level, namely 29 people (46%). Education is an activity or learning process that occurs anywhere, anytime and by anyone. A person can be said to be learning if there is a change in him/her from not knowing to knowing, from not doing to being able to do something. Education can affect a person's knowledge, the higher a person's education level, the easier it is to receive information, so the better their knowledge, but someone with a low education does not necessarily have low knowledge (Wawan and Dewi, 2011).

Education for a mother is very important, especially in maintaining the health of herself and her family. Emotionally, mothers who are ready to give birth and have children are expected to be able to maintain the health of themselves and their children, especially in carrying out postpartum care. The mother's education will have an impact on the health of the mother and her family.

The limitations of the mother's education will cause limitations in handling the health of herself and her family, the higher the level of formal education obtained, the higher the knowledge about health, especially knowledge about postpartum care, one of which is proper perineal wound care (Sulistyawati, 2015). In a study conducted by Utami (2017), it was found that working mothers experience faster healing of perineal wounds, where working mothers will find it easier to get information than mothers who do not work (Utami, N. H., & Rokhanawati, 2017). Mothers who do not work will have a more regular rest pattern, and a calmer mind so that the vascularization process is smoother which causes the episiotomy wound healing process to be faster than working mothers (Mandasari, N., Afrina, R., & Purnama, 2020). According to this theory, researchers assume that education is very important for a mother and greatly influences the mother's knowledge, especially in terms of postpartum maternal health. Mothers with higher education will have better knowledge in terms of health, especially maternal health. The higher a person's education, the easier it is to receive information, so the more knowledge they have and vice versa if education is lacking it will hinder the development of a person's attitude towards the new values that are introduced. A high level of education will make it easier for someone to receive information, so the more knowledge they have.

Working

The results of the study showed that out of 63 respondents, most of the mothers did not work, namely 46 people (73.1%). Work is anything that is done to earn a living with the aim of meeting the needs of life. This shows that work is closely related to income. In this study, most of the respondents were mothers who did not work or housewives. A housewife or mother who does not work does more activities in the house so it is expected to have more time to do care, especially perineal wound care carried out by postpartum mothers to accelerate the healing of their wounds. Based on the theory above, the researcher assumes that working mothers can also do perineal wound care because after giving birth the mother is given time to rest to restore her health. Working is not a reason for mothers not to have time to do perineal wound care. Mothers who do perineal care properly will heal faster.

Paritas

The results of the study showed that out of 63 respondents, most of the mothers did not work,

namely 44 people (69.9%). The study showed that multiparous mothers tended to be 6 times better with the duration of perineal wound healing (Susilawati, S., Patimah, M., & Imaniar, 2020). This is supported by research conducted by Utami (2017), that postpartum mothers with good perineal care, the majority of whom were multiparous mothers, would better understand how to care for the perineum properly (Utami, N. H., & Rokhanawati, 2017).

Healing time for perineal wounds

Based on the research results obtained from 63 respondents, the condition of perineal wounds assessed using the REEDA scale on the 7th day, 39 respondents had good wound healing, 21 respondents had poor wound healing, and 3 respondents had poor wound healing. The perineal examination that is often used is the REEDA scale as a postpartum evaluation within 7-10 days. REEDA is an abbreviation of the words Redness, Edema, Ecchymosis, Discharge, Approximation. According to Nurhasanah, fast wound healing is if the perineal wound heals in <7 days and the wound closure condition is good, granulation tissue is not visible, scar tissue formation is minimal, while slow wound healing is if the perineal wound heals in >7 days and the wound condition is not close together, the repair process is lacking, sometimes accompanied by pus and the healing time is slower (Nurhasanah, 2020). Healing is a process, method, act of healing, recovery. A wound is damage to the unity/component of tissue, where specifically there is damaged or lost tissue substance. Perineal wounds are injuries that occur due to childbirth in the perineum where the fetus is born (Purnama, H., Sriwidodo, & Ratnawulan, 2017).

Rupture tears occur through 4 stages, namely the inflammatory stage, against the destructive stage, this stage involves cleaning of dead tissue by polymorphonuclear leukocytes and macrophages. The proliferative stage in this phase becomes the growth of new tissue through the process: granulation, wound contraction, epithelialization, asim, the maturation stage, namely after epithelialization is complete, the new tissue undergoes a maturation process if it undergoes "Remodeling" to increase the lack of tissue tension, mature tissue is vascular and does not contain sweat glands or weak glands or hair. This stage involves re-epithelialization of wound contraction and the collection of connective tissue. Normally, wounds can heal within 6-7 days if a mother can provide good care, conversely, if the wound is not properly cared for, the wound healing process will

take longer and can cause infection (Purnama, H., Sriwidodo, & Ratnawulan, 2017).

CONCLUSION

The results of the study showed that most postpartum mothers were aged 20-35 years, as many as 49 people (70.8%). Most of them were junior high school graduates, as many as 29 people (46%). Most of the mothers were unemployed, as many as 46 people (73.1%). The parity of some respondents was Primipara, as many as 44 people (69.9%). The results of the study from 63 respondents, the condition of perineal wounds assessed using the REEDA scale on the 7th day showed that most of them experienced poor wound healing.

SUGGESTIONS

Further researchers are advised to conduct research on factors that influence the duration of perineal wound healing.

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