HOT COMPRES AND COLD COMPRESS TO REDUCE FEEL OF PERINELACERATION IN POSTPARTUM MOTHERS

Nurul Isnaini[1], Dianty Maternity[2*] Yeni Kristiani[3] Muhammad Hatta[4]

[1,2,3]Program Studi DIV Kebidanan Fakultas Kedokteran Universitas Malahayati
[4]Program Studi Kedokteran Fakultas Kedokteran Universitas Malahayati
*Correspondence email denti.mf@gmail.com

ABSTRAK KOMPRES HANGAT DAN KOMPRES DINGIN UNTUK MENGURANGI RASA NYERI LASERASI PERINEUM PADA IBU POSTPARTUM

Latar Belakang: Laserasi perineum dapat menyebabkan perdarahan sesuai dengan tingkat atau derajat terjadinya laserasi perineum. Insiden laserasi perineum pada ibu nifas di seluruh dunia pada tahun 2009 adalah 2,7 juta, yang diperkirakan akan meningkat menjadi sekitar 6,3 juta pada tahun 2050. Di Indonesia, 75% ibu nifas mengalami laserasi perineum dari total kelahiran normal. Ada beberapa cara untuk mengurangi rangsangan nyeri yaitu dengan menggunakan kompres hangat dan kompres dingin. Tujuan penelitian ini adalah untuk mengetahui efektifitas kompres hangat dan kompres dingin dalam menurunkan nyeri robekan perineum pada ibu nifas.

Tujuan: Tujuan dari penelitian ini adalah untuk mengetahui efektifitas kompres hangat dan kompres dingin dalam menurunkan nyeri robekan perineum pada ibu nifas.

Metode: Jenis penelitian ini adalah kuantitatif, dengan desain penelitian Quasy eksperimental dengan pendekatan pretest – posttest two group design. Populasi dan sampel dalam penelitian ini adalah seluruh ibu yang bersalin sebanyak 30 responden yang terbagi menjadi 2 kelompok yaitu kompres hangat dan dingin, teknik pengambilan sampel menggunakan purposive sampling. Variabel bebas : pemberian kompres hangat dan kompres dingin, variabel terikat : nyeri laserasi perineum. Analisis data yang digunakan adalah analisis univariat dan bivariat menggunakan Independent Sample T-Ttest.

Hasil: Rata-rata nyeri laserasi pada kompres hangat dengan rerata 7,67 setelah kompresi 1 rata-rata turun 6,247, kompresi 2 Rerata 4,73 dan kompres 3 berubah rerata menjadi 3,00. Kompres dingin dengan rerata 7,93 setelah dilakukan kompresi pertama, rerata menurun 5,73. Kompresi kedua, rata-rata 3,53. Dan pada kompresi ke-3, mean berubah menjadi 1,87. Pada pengukuran nyeri ketiga terjadi perubahan rata-rata nyeri yaitu 3,00 pada kelompok kompres hangat. Dan 1,87 untuk kompres dingin, p-value 0,000 < 0,05 yang berarti ada perbedaan yang signifikan antara pemberian kompres hangat dan dingin untuk mengurangi nyeri laserasi perineum.

Kesimpulan: Pengukuran nyeri ketiga menunjukkan perubahan rata-rata nyeri yaitu 3,00 pada kelompok kompres hangat dan 1,87 pada kelompok kompres dingin, p-value 0,000 < 0,05 yang berarti terdapat perbedaan yang signifikan antara pemberian kompres hangat dan dingin terhadap penurunan perineum. nyeri laserasi.

Saran Bagi Instansi Pelayanan Kesehatan, Memberikan terapi nyeri persalinan non farmakologi yaitu kompres dingin untuk meningkatkan intervensi mandiri perawat atau bidan

Kata kunci: Kompres Dingin, Kompres Hangat Nyeri Perineum

ABSTRACT

Backround : Perineal lacerations can cause bleeding according to the degree or degree of perineal laceration. The incidence of cases of perineal lacerations in postpartum mothers worldwide in 2009 was 2.7 million, which is estimated to increase by around 6.3 million in 2050. In Indonesia, 75% of postpartum mothers experience perineal lacerations of the total normal births. There are several ways to reduce pain stimulation, namely by using warm compresses and cold compresses. The aim of this study was to determine the effectiveness of warm compresses and cold compresses to reduce pain from perineal lacerations in postpartum mothers.

Purpose : The aim of this research was to determine the effectiveness of warm compresses and cold compresses to reduce pain from perineal lacerations in postpartum mothers.

Methods : This type of quantitative research, research design Quasy experimental method with a pretest - posttest two group design approach. The population and sample in this study were all women who gave birth as many as 30 respondents who were divided into 2 groups warm and cold compresses, the sampling technique used purposive sampling. Independent variable: giving warm compresses and cold compresses, dependent variable: pain of perineal laceration. The data analysis used was univariate and bivariate analysis using the Independent Sample T-Ttest.

 DOI 10.33024, http://ejurnalmalahayati.ac.id/index.php/kebidanan

Result : The mean pain of laceration on warm compresses with a mean of 7.67 after doing the 1st compress, a mean decrease of 6.247 to the 2nd compress, Mean 4.73 and the 3rd compression experienced a change in the mean to 3.00. Cold compress with a mean of 7.93 after the 1st compress has decreased the mean 5.73 to the 2nd compress, the mean is 3.53 and the 3rd compress has a mean change to 1.87. The third pain measurement there was a change between the average pain, namely 3.00 in the warm compress group and 1.87 in the cold compress, the p-value of 0.000 <0.05, which means that there is a significant difference between giving warm and cold compresses to the decreased pain of perineal laceration.

Conclusion : The third pain measurement there was a change between the average pain, namely 3.00 in the warm compress group and 1.87 in the cold compress, the p-value of 0.000 <0.05, which means that there is a significant difference between giving warm and cold compresses to the decreased pain of perineal laceration.

Suggestion Health Service Institutions, Providing non-pharmacological labor pain therapy, namely cold compresses to increase the independent intervention of nurses or midwives

Keywords : Cold Compress, Perineal Pain, Warm Compress.

INTRODUCTION

Labor is the process of expelling the products of conception that can live from the uterus through the vagina to the outside world. (Prawirohardjo, 2016) Labor is a process in which the baby, placenta and amniotic membranes leave the mother's uterus. Labor is called normal if the process occurs at term (after 37 weeks) without any complications or without assistance (own strength). (Ningrum, 2012)

Perineal wound is a perineal wound due to a tear in the birth canal either due to rupture or due to an episiotomy during delivery of the fetus. Perineal rupture is a tear that occurs in the perineum during childbirth. A birth canal tear is an irregular wound or tear of tissue. (Walyani, 2015) Therefore, the form of perineal laceration is divided into 2, namely the form of ruptured perineal laceration and episiotomy.

Approximately 85% of women who give birth spontaneously vaginally experience perineal trauma. Of the 85%, 32-33% were due to episiotomy and 52% were spontaneous lacerations. (Henderson, 2010) Perineal lacerations can be mild to severe. Perineal lacerations are divided into degrees of laceration, from grade 1 lacerations to grade 4 lacerations. Of course, the deeper and wider the perineal laceration, the more painful it will be. (Walyani, 2015)

The incidence of perineal lacerations in postpartum mothers worldwide in 2009 was 2.7 million, which is expected to increase to about 6.3 million by 2050. In the United States there are as many as 26 million postpartum mothers who experience perineal lacerations and 40% of them suffered a perineal laceration due to the negligence of the midwife. This negligence of the midwife increased the costs including costs of about 10 million dollars/year. In Australia there are as many as 20,000 cases of postpartum mothers who experience perineal lacerations. Perineal lacerations are also a major problem experienced by postpartum mothers in Asia, accounting for 50% of the total cases in the world.

In Indonesia, there are as many as 75% of postpartum mothers who experience perineal lacerations from the total normal births. In 2013, there were 1,951 spontaneous births and 57% of these postpartum mothers received perineal heating (28% due to an episiotomy, and 29% due to spontaneous perineal tears, namely the perineum is rigid and inelastic so that it can inhibit the second stage of labor, increasing the risk of childbirth). in the fetus and also causes extensive perineal tears to degree III. This is often found in primigravida aged over 35 years.

As a result of perineal rupture in postpartum mothers, there are as many as 10% of postpartum mothers feel pain which ends after 3-18 months of delivery, 20% of postpartum mothers experience pain during coitus for about 3 months, 3-10% of postpartum mothers experience intestinal incontinence, 20% of women experience bowel incontinence. Postpartum urinary incontinence, and occult anal sphincter damage occurred in 36% of postpartum women despite repair of third- and fourth-degree tears. (Bek, KM. & Laurberg, S., 2012; Resmawati, 2015) Tetanus infection is one of the causes of maternal and infant mortality. Death due to tetanus infection is the result of an unsafe/sterile delivery process or from wounds obtained by pregnant women before giving birth. (Ministry of Health RI, 2019)

Perineal laceration during delivery is something that is considered serious by the community because postpartum mothers who experience perineal rupture are mostly afraid of perineal heating, according to them, perineal heating is more painful than the delivery process itself, although no one has explicitly rejected the perineal heating action carried out by the community. Midwife.

To anticipate this problem, people choose to routinely carry out pregnancy checks and follow the advice of the midwife, for example doing perineal massage in the third trimester. (Resmawati, 2015)

Perineal lacerations can cause bleeding according to the level or degree of occurrence of perineal lacerations. Grade me and grade II lacerations rarely cause postpartum hemorrhage, but grade III and grade IV perineal lacerations often cause postpartum hemorrhage. Perineal laceration is the second leading cause of postpartum hemorrhage. The problem most experienced by postpartum mothers due to perineal lacerations is pain or tenderness. (Purwaningsih, 2015)

In fact, wound pain in heating perineal lacerations often makes postpartum mothers very uncomfortable and even makes postpartum mothers feel afraid to do early mobilization. Whereas early mobilization is very important to expedite the discharge of lochia, reduce infection in the wound, accelerate the involution of the uterine apparatus, improve blood circulation, prevent thrombophlebitis and will accelerate wound healing. In addition, the pain of heating the perineal laceration will interfere with the mother's interaction with her baby, making the mother more susceptible to infection and possibly causing bleeding if the perineal laceration is not monitored properly. Pain in the heating perineum will clearly cause and affect the well-being of women physically, psychologically and socially in the postnatal period both directly and in the long term. Therefore, it would be better if the postpartum mother could give birth without experiencing pain due to perineal laceration. (Saifudin, 2010; Resmawati, 2015).

In reducing pain in perineal lacerations, non-pharmacological therapies include cutaneous stimulation (warm compresses, cold compresses, TENS and massage), acupressure, distraction (visual, auditory, respiratory, and intellectual), relaxation (guided imagination and progressive). Muscle Relaxation), reframing, hypnosis, placebo. (Zakiyah, 2015).

There are several ways to reduce painful stimulation, namely by using warm compresses and cold compresses. This action is not only to improve blood circulation but also to relieve pain, stimulate intestinal peristalsis, smooth inflammatory sap, and provide calm and comfort to the client. While a cold compress is to give a cold feeling to the local area by using a cloth dipped in plain water or ice water (cold) so that it gives a cooling effect on the area. The goal is to relieve pain due to edema or trauma, prevent head congestion, slow the heart rate, narrow blood vessels and reduce local blood flow. (Zakiyah, 2015)

Midwives as one of the health workers in charge of assisting childbirth are expected to be able to minimize or even prevent women giving birth from experiencing perineal lacerations so that during the postpartum period the mother does not need to feel the pain of perineal lacerations.

Wound healing using these two methods also has a different speed of healing, the drugs used to reduce pain only last up to 3-4 hours, while the use of cold compresses is effective for stimulating the transfer of maternal pain, in line with a study conducted by Purwaningsih (2015). Warm compresses and cold compresses to reduce perineal pain lacerations in primiparas in Candimulyo Magelang 2015. Statistical tests showed that the pain intensity was different before and after warm compresses and cold compresses, with $p = 0.002$ ($p < 0.05$), it means Ho is rejected and Ha is accepted. These results indicate that there is a significant difference between before and after warm compresses or cold compresses to reduce primiparous perineal laceration pain. Of these two compression techniques, cold compresses were more effective in reducing the pain of perineal intensity lacerations in postpartum primiparous mothers with an average of 0.44 greater than an average of 0.34 warm compresses.

Based on the above phenomenon, researchers are interested in conducting research with the title "the effectiveness of warm compresses and cold compresses to reduce perineal laceration pain in postpartum mothers in the working area of the UPTD Inpatient Health Center PONED Mulya Asri, Tulang Bawang Barat Regency in 2020".

RESEARCH METHODOLOGY

In this study, the research design used the Quasy experimental method with a pretest – posttest two group design approach. The population in this study were postpartum mothers with an average of 30 postpartum mothers per month in the working area of the UPTD Puskesmas Mulya Asri PONED Mulya Asri District of Tulang Bawang Barat. The sample in this study was a 1:1 group of 30 respondents who were divided into 2 groups. The treatment groups are 15 warm compress intervention groups, and 15 cold compress intervention groups and in 1 treatment group using a minimum sample of 15-25 respondents with the sampling technique in this study is side purposive. (Notoatmodjo, 2018); Dempsey, 2002). Univriat and bivariate analysis with t-test

RESEARCH RESULT

Characteristics of Respondents

 DOI 10.33024, http://ejurnalmalahayati.ac.id/index.php/kebidanan

Table 1.
Frequency Distribution of Postpartum Mother Characteristics in the Working Area of UPTD Puskesmas Rawat Able to stay at PONED Mulya Asri, Tulang Bawang Barat Regency

Variable	Warm Compress		Cold compress	
Age	F	P (%)	F	P (%)
< 20-30 year	13	86,7	9	60,0
>30 year	2	13,3	6	40,0
Parity				
Primipara	6	40,0	4	26,7
Multipara	7	46,7	11	73,3
Grandemultipara	2	13,3	-	-
Profession				
Trade	2	13,3	1	6,7
Housewife	10	66,7	12	80,0
Teacher	2	13,3	-	-
Self-employed	1	6,7	2	13,3
Education				
Primary school	2	13,3	1	6,7
Junior high school	3	20,0	6	40,0
Senior high school	7	46,7	5	33,3
College	3	20,0	3	20,0
Total	15	100	Total	15

Based on table 2 on the characteristics of respondents based on age in the warm compress group, the most age < 20-30 years were 13 respondents (86.6%), the most parity was multipara 7 respondents (46.7%), the most occupations were housewives 10 respondents (66.7%) and the highest education is SMA 7 respondents (46.7%).

Characteristics of respondents based on age in the cold compress group mostly aged < 20-30 years as many as 9 respondents (60.0%), the most parity was multipara 11 respondents (73.3%), the most occupations were housewives 12 respondents (80.0%) and the highest education is SMP 6 respondents (46.7%).

Based on table 2 above, it is known that the characteristics of the respondents in the warm compress group in the age category are mostly <20-30 years old as many as 13 respondents (86.7%) with a mean pretest value of 7.85 and after compressing, the mean value decreased to 3, 08, the most parity characteristics were multipara 7 respondents (46.7%) with a mean pretest value of 7.14 and after compressing it decreased with a mean value of 3.00. Most of the job characteristics were housewives with 10 respondents (66.7%) with a mean pretest value of 7.40 and after compressing it decreased with a mean value of 2.60. Characteristics of respondents based on education the most are SMA as many as 7 respondents (46.3%) with a mean pretest value of 7.43 and after compressing it decreased with a mean value of 2.71.

The characteristics of the respondents in the cold compress group in the age category were the most aged < 20-30 years as many as 9 respondents (60.0%) with a mean pretest value of 7.66 and after compressing it decreased with a mean value of 2.28, on parity characteristics. the most were multiparas, 11 respondents (73.3%) with a mean pretest value of 7.89 and after compressing it decreased with a mean value of 2.96. Most of the job characteristics were housewives as many as 12 respondents (80.0%) with a mean pretest value of 7.55 and after compressing it decreased with a mean value of 2.37. Characteristics of respondents based on education the most is junior high school as many as 6 respondents (40.0%) with a mean pretest value of 6.52 and after compressing it decreased with a mean value of 2.06.

Table 2
Distribution of the Average Frequency of Warm Compresses and Cold Compresses for Postpartum Mothers in the Working Area of the UPTD Inpatient Health Center Capable of PONED Mulya Asri, Tulang Bawang Barat Regency

Variabel	Warm Compress	Mean	*P-value*	Cold compress	Mean	*P-value*

	F	P (%)	Pretes	Postes 3		F	P (%)	Pretes	Postes 3	
Variable	13	86,7	7,85	3,08	0,000	9	60,0	7,79	3,67	0,000
	2	13,3	7,00	2,00		6	40,0	8,17	3,33	
Age										
< 20-30 year	6	40,0	8,17	2,83		4	26,7	8,25	4,25	
>30 year	7	46,7	7,14	3,00	0,000	11	73,3	7,82	3,27	0,000
	2	13,3	8,00	3,50		-	-	-	-	
Parity										
Primipara	2	13,3	8,00	4,00		1	6,7	8,00	2,00	
Multipara	10	66,7	7,40	2,60	0,000	12	80,0	7,83	1,75	0,000
Grandemultipara	1	6,7	-	-		2	13,3	8,50	2,50	
	2	13,3	8,50	3,50		-	-	-	3,23	
Profession										
Trade	2	13,3	8,00	2,50		1	6,7	7,00	2,00	
Housewife	3	20,0	7,33	3,33	0,000	6	40,0	8,17	1,00	0,000
Teacher	7	46,7	7,43	2,71		5	8,00	8,00	2,20	
Self-employed	3	20,0	8,33	3,67		3	20,0	7,67	2,00	
Total	15	100	-	-	-	15	100	-	-	-

From the results of this study indicate that each variable in the characteristics of the study the average pain in postpartum perineal lacerations after giving warm and cold compresses decreased.

The table above shows that the effectiveness of warm compresses and cold compresses to reduce the pain of perineal lacerations in postpartum mothers in the UPTD Working Area of the Capable Inpatient Health Center PONED Mulya Asri, Tulang Bawang Barat Regency in 2020 shows the age of the mother after being given warm compresses with the age of the mother before being given warm compresses. there are significant results, namely with a p value of 0.000 or <0.05. According to the opinion of the researcher, based on the results of giving warm compresses to the mother's age variable in all categories, namely maternal age <20 years, 20-35 years and >35 years, the average value is The average rate of giving different warm compresses to postpartum mothers after being given warm compresses is smaller than that of postpartum mothers before being given warm compresses. This means that there is an effect of giving warm compresses to the mother's age. In the parity variable, the p value is 0.000 or <0.05. Based on the results of giving warm compresses to parity variables in all categories, namely primipara, multipara and grandemultipara, the average value of giving warm compresses is different for postpartum mothers after being given warm compresses, which is smaller than postpartum mothers before being given warm compresses. The effect of giving warm compresses on parity. In the work variable, the results obtained p value 0.000 or <0.05. Based on the results of giving warm compresses to work variables in all categories, namely trade, IRT, Entrepreneurial Teachers have different average values for giving warm compresses to postpartum mothers after being given warm compresses, which is smaller than postpartum mothers before being given warm compresses. The effect of giving warm compresses to work. In the education variable, the results obtained p-value 0.000 <0.05. Based on the results of giving warm compresses to educational variables in all categories, namely SD, SMP, SMA and Universities, the average value of giving warm compresses is different for postpartum mothers after being given warm compresses, which is smaller than postpartum mothers before being given warm compresses. This means that it shows the effect of giving warm compresses to education.

Meanwhile, postpartum mothers who were given cold compresses based on the mother's age variable after being given cold compresses with the mother's age before being given cold compresses there were significant results, namely with a p value of 0.000 or <0.05. all categories, namely maternal age <20 years, 20-35 years and >35 years have different average values for giving cold compresses to postpartum mothers after being given cold compresses, which is smaller than postpartum mothers before being given cold compresses. the effect of giving cold compresses on maternal age. In the parity variable, the p value is 0.000 or <0.05. Based on the results of giving cold compresses to parity variables in all categories, namely primipara, multipara and grandemultipara, the average value of giving cold compresses was different for postpartum mothers after being given cold compresses, which was smaller than postpartum mothers before being given cold compresses. the effect of giving cold compresses to parity. In the work variable, the results obtained p value 0.000 or <0.05. Based on the results of giving cold compresses to work variables in all categories, namely trade, IRT, Entrepreneurial Teachers have different average values for giving cold compresses to postpartum mothers after being given cold compresses, which is smaller than

 DOI 10.33024, http://ejurnalmalahayati.ac.id/index.php/kebidanan

postpartum mothers before being given cold compresses. This means shows the effect of giving cold compresses to work. In the education variable, the results obtained p-value 0.000 <0.05. Based on the results of giving cold compresses to educational variables in all categories, namely SD, SMP, SMA and Universities, the average value of giving cold compresses is different for postpartum mothers after being given cold compresses, which is smaller than postpartum mothers before being given cold compresses. shows the effect of giving cold compresses to education.

However, there are significant results based on the table above, namely giving cold compresses showing the average p value for each variable is smaller than the average p value for each variable giving warm compresses, which means that there is a greater influence on giving cold compresses than giving compresses. warm to reduce the pain of perineal lacerations in postpartum mothers.

Univariate Analysis

Table 3.
Average Perineal Laceration Pain for Postpartum Mothers Given Compresses in the Working Area of the UPTD Inpatient Health Center PONED Mulya Asri, Tulang Bawang Barat Regency

Painful		N	Mean	SD	SE	CI 95%
Painful 1	Before	15	7,67	0,976	0,252	7,13-8,21
	After		6,27	1,033	0,267	5,69-6,82
Painful 2	Before	15	6,27	1,033	0,267	5,69-6,82
	After		4,73	1,033	0,267	4,16-5,31
Painful 3	Before	15	4,73	1,033	0,267	4,16-5,31
	After		3,00	0,845	0,218	2,53-3,47

From table 3 above, it can be seen that the average postpartum mother's perineal laceration pain before and after being given a warm compress in the UPTD Working Area of the Capable Inpatient Health Center PONED Mulya Asri, Tulang Bawang Barat Regency in 2020, the first warm compress measurement obtained an average pain value of 7 ,67 decreased to an average of 6.27 in the second warm compress measurement the average pain was 6.27 decreased to 4.73 and on the third warm compress measurement the average pain value was 4.73 decreased to 3 ,00.

Table 4.
Average Perineal Laceration Pain for Postpartum Mothers Given Cold Compresses in the Working Area of the UPTD Inpatient Health Center PONED Mulya Asri, Tulang Bawang Barat Regency

Nyeri		N	Mean	SD	SE	CI 95%
Painful 1	Before	15	7,93	1,163	0,300	7,29-8,58
	After		5,73	1,100	0,284	5,12-6,34
Painful 2	Before	15	5,73	1,100	0,284	5,12-6,34
	After		3,53	1,187	0,307	2,88-4,19
Painful 3	Before	15	3,53	1,187	0,307	2,88-4,19
	After		1,87	0,640	0,165	1,51-2,22

From table 4 above, it can be seen that the average postpartum mother's perineal laceration pain before being given a cold compress in the UPTD Working Area of the Capable Inpatient Health Center PONED Mulya Asri, Tulang Bawang Barat Regency in 2020, the first cold compress measurement obtained an average pain value of 7.93 decreased to an average of 5.73 in the second cold compress measurement the average pain was 5.73 decreased to 3.53 and in the third cold compress measurement the average pain value was 3.53 decreased to 1.87

In the t-test based on table 4.6, it is known that in the UPTD Working Area of the Capable Inpatient Health Center PONED Mulya Asri, Tulang Bawang Regency in 2020, the measurement of warm compresses for postpartum mothers with perineal laceration pain in the third stage obtained a mean value of 3.00, Standard Deviation 0.845 and with a p-value of 0.000 <0.05, while giving cold compresses to postpartum mothers with perineal laceration pain in the third stage, the mean value is 1.87, the Standard Deviation is 0.640 and the p-value is 0.000 <0.05, which means there are differences in the

effectiveness of warm compresses and cold compresses in reducing perineal laceration pain.

Based on the mean value of warm compresses and cold compresses in the third stage, it can be concluded that giving cold compresses is more effective with a mean value of 1.87 which is smaller than the mean value of giving warm compresses, which is 3.00 and a 95% CI value of 0.573-1.694.

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Kompres Hangat-Dingin		N	Mean	SD	*P-Value*	CI 95%
Cool	3rd post	15	3,00	0,845	0,000	0,573-1,694
Worm	3rd post	15	1,87	0,640		

DISCUSSION

The Effectiveness of Warm Compresses and Cold Compresses To Reduce Perineal Laceration Pain In Postpartum Mothers.

In the t-test of measuring warm compresses and cold compresses at stage 3, the p-value of 0.000 <0.05 was obtained, which means that there is a difference in the effectiveness of warm compresses and cold compresses in reducing perineal pain. While the decrease in postpartum maternal perineal laceration pain in the posttest warm compress group with a mean of 3.00 and in the cold compress group with a mean of 1.87 it can be concluded that giving cold compresses is more effective than giving warm compresses because the mean value of cold compresses is smaller than the value of cold compresses. mean warm compress.

In line with the theory put forward by (Zakiyah, 2015) The therapy of providing a cold sensation is usually more effective in reducing pain. Ice massage involves using large pieces of ice or small cups filled with water and freezing. The midwife or client can apply ice by applying firm pressure to the skin, followed by a slow, continuous massage around the painful area. Each client will respond differently to the given area of therapy. Therapy that is given close to the painful area tends to work better

These results indicate that there is a decrease in the average value of perineal wound pain intensity in post partum mothers after being given cold compresses. The use of cold compresses has been proven to relieve pain. Its physiological impact is vasoconstriction of blood vessels, reducing pain, and decreasing the activity of nerve endings in muscles. Cold therapy produces an analgesic effect by slowing the speed of nerve conduction so that fewer pain impulses reach the brain

This is in accordance with the theory of Potter & Perry which states that cold compresses can relieve pain. This theory states that cold compresses work by releasing endorphins, thereby blocking the transmission of larger and faster A-beta sensory nerve fibers. This process reduces pain transmission through small diameter C and delta-A fibers, so that the synaptic gate closes the transmission of pain impulses.

This study is in line with the research conducted by Purwaningsih (2015) Effectiveness of Warm Compress and Cold Compress to reduce Laceration Perineum at Candimulyo Magelang 2015. Statistical tests showed that pain intensity was different before and after warm compresses and cold compresses, with p = 0.002 (p < 0.05), it means Ho is rejected and Ha is accepted. These results indicate that there is a significant difference between before and after warm compresses or cold compresses to reduce primiparous perineal laceration pain.

According to researchers, perineal care by giving cold therapy is effective in reducing the intensity of perineal pain and edema. This is because cold compresses have similarities with cold therapy therapy, namely preventing edema and hematoma formation which will increase the pain felt by post-laceration mothers. This is also reinforced by Bobak who stated that ice packs can minimize the occurrence of edema by reducing capillary permeability which reduces post-laceration maternal pain. Pain can be relieved because cold compresses reduce prostaglandins which strengthen pain receptors, inhibits the inflammatory process, stimulates the release of endorphins thereby reducing pain transmission through the diameter. C fibers that shrink and activate faster and larger A-beta sensory nerve fibers transmits (Andarmoyo, 2013).

A person's experience of pain experienced previously will determine the pain threshold he is experiencing now. If someone has experienced the same pain, then that person's pain threshold tends to be lower than the pain threshold that was felt the first time. In post partum mothers, the experience can be related to the mother's experience in the process of pregnancy, childbirth and post partum. Postpartum multiparous mothers will certainly have a lower pain threshold than primiparous postpartum mothers, because multiparous mothers have more experience in adapting to pain than primiparous mothers.

Cold therapy causes an analgesic effect by slowing the speed of nerve conduction so that fewer

 DOI 10.33024, http://ejurnalmalahayati.ac.id/index.php/kebidanan

pain impulses reach the brain, in contrast to warm compresses, warm compresses can provide a warm feeling which aims to provide a sense of comfort, relieve pain, reduce or prevent muscle spasms and provide warmth to the body. certain area. (Simkin., Penny. 2008; Susilawati, 2019).

In warm compresses with compression measurements in the third stage with a mean value of 3.00 and in the cold compress group with a mean value of 1.87, it can be concluded that giving cold compresses is more effective than giving warm compresses because the mean value of cold compresses is smaller than the mean value. warm compress. In line with the theory put forward by Bonewit-West (2015) Cold compresses are one of the non-pharmacological methods that are considered very effective in reducing pain.

According to researchers Cold compress is an ice therapy that can cause vasoconstriction in the painful area, and the body tries to remove heat. Cold compresses can reduce blood flow to an area and reduce edema bleeding which is thought to have an analgesic effect by slowing the speed of nerve conduction so that fewer pain impulses reach the brain.

According to researchers, warm compresses are the provision of warm therapy to someone who experiences pain accompanied by fever in the body, or the body is above normal temperature. The hot temperature on the body undergoes evaporation, the water as a result lowers the temperature due to the warm compress which creates a cooling sensation on the hot surface of the skin. The excellent heat transferability is made possible by the unique structure of the gel which disperses heat freely and maintains a constant and stable cooling effect.

According to Mahdiyah (2015), body heat that comes out of the body lost through the skin is influenced by the difference between body temperature and the environment, the amount of body surface exposed to air, the type of clothing worn, and the provision of compresses. The mechanism of loss of body temperature through the conduction process in giving compresses which works as an effective insulator against excessive heat loss.

CONCLUSION

In a study conducted by researchers with the title "the effectiveness of warm compresses and cold compresses to reduce the pain of perineal lacerations in postpartum mothers in the UPTD Work Area of the Capable Inpatient Health Center PONED Mulya Asri, Tulang Bawang Barat Regency in 2020" the conclusions were: The average laceration pain in warm compresses with a mean of 7.67 after the first compression experienced a decrease in the mean of 6.247, the second compression was 4.73 and the third compression experienced a change in the mean to 3.00. The average perineal laceration pain on cold compresses with a mean of 7.93 after the 1st compression has a mean decrease of 5.73, the 2nd compression means 3.53 and the 3rd compression has a change in the mean to 1.87. In the t-test of the warm cold compress measurement in the 3rd stage, the p-value is 0.000 < 0 0.05, which means that there is a significant difference in the effectiveness of warm and cold compresses in reducing perineal laceration pain, with an average value of pain at k in the warm group 3.00 and in the cold group 1.87.

SUGGESTION

Health Service Institutions, Provide non-pharmacological labor pain therapy, namely cold compresses to increase the independent intervention of nurses or midwives. For the Development of Midwifery Science Support nurses and midwives in providing cold compress therapy by completing the required facilities such as bladders, temperature thermometers, spring thermometers, cold water. Teaching cold compress therapy techniques as alternative therapy for midwifery and maternity nursing students as non-pharmacological pain management. For further researchers, this research needs to be done by comparing the pain of perineal lacerations in labor so that the effectiveness of cold compresses and warm compresses can be seen between the two respondents.

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