

## EFFECT OF PERINEUM MASSAGE ON PERINEUM RUPTURE INCIDENCE IN PREGNANCY

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### ABSTRAK

Latar Belakang: Ruptur perineum merupakan laserasi yang terjadi pada saat persalinan. Salah satu upaya untuk mencegah laserasi pada perineum adalah dengan melakukan perineum message. Pra-survey yang dilakukan pada 10 Februari 2020 di PMB Wilayah Kerja Puskesmas Wates menghasilkan sepuluh ibu bersalin. Delapan dari sepuluh wanita (80%) mengalami ruptur perineum.

Tujuan : Untuk mengetahui pengaruh pesan perineum terhadap kejadian ruptur perineum pada ibu bersalin di Wilayah Kerja Puskesmas Wates Kabupaten Lampung Tengah Tahun 2020.

Metode: Penelitian ini merupakan penelitian kuantitatif dengan desain pre-experiment dan static group comparison. Populasi terdiri dari seluruh ibu hamil dengan usia kehamilan 34 sd 36 bulan periode April sd Juni 2020 yang terdaftar di Wilayah Kerja Puskesmas Wates. Ada 30 responden setelah dilakukan purposive sampling. Analisis dilakukan melalui Uji-T univariat dan bivariat.

Hasil: Hasil penelitian menunjukkan bahwa rata-rata skor ruptur perineum pada wanita yang mendapat pesan perineum adalah 0,67 dengan deviasi 0,617. Rata-rata skor wanita tanpa pesan perineum adalah 1,20 dengan 0,676 perineum.

Kesimpulan: Ada pengaruh ruptur perineum setelah dilakukan perineum message pada ibu bersalin di Wilayah Kerja Puskesmas Wates Kabupaten Lampung Tengah Tahun 2020 (p value 0,032).

Saran: Sebaiknya ibu hamil mengikuti kelas ibu hamil secara rutin dan melakukan pesan perineum untuk mengantisipasi pecahnya perineum dalam persalinan.

Kata kunci : Ruptur Perineum, Pijat Perineum

### ABSTRACT

Background: Perineum rupture is a laceration that happens during delivery. One of attempts to prevent the laceration on the perineum is doing perineum message. A pre-survey conducted on February 10, 2020 at PMB of Wates health Center Working Area resulted ten partum women. Eight out of the ten women (80%) suffered perineum rupture.

Purpose: To know the effect of perineum message on perineum rupture incidence on parturient women at Wates Health Center Working Area of Lampung Tengah Regency in 2020.

Methods: This was a quantitative study with pre-experiment design and static group comparison. The population consisted of the whole pregnant women with 34 to 36 months of pregnancy in the period of April to June 2020 registered at Wates Health Center Working Area. There were 30 respondents after doing purposive sampling. The analysis was through univariate and bivariate *T-Test*.

Result: The result of this study showed that the average score of perineum rupture on women got perineum message was 0.67 with 0.617 deviation. The average score of women without perineum message was 1.20 with 0.676 perineum.

Conclusion: There was an effect on perineum rupture after doing perineum message on parturient women at Wates Health Center Working Area of Lampung Tengah Regency in 2020 (p value 0.032).

Suggestion: The pregnant women should take pregnant women class routinely and do perineum message in order to anticipate perineum rupture in the delivery.

Keywords : Perineum Rupture, Perineum Massage

## INTRODUCTION

*Postpartum* hemorrhage is a cause of maternal death, the primary cause of *postpartum* hemorrhage (PPH) in recent years has been abbreviated to the four Ts, namely: tone / tone - uterine atony, atony can occur after vaginal delivery, operative delivery or abdominal delivery, birth canal trauma such as episiotomy laceration, hematoma, uterine rupture, expansion of the incision during cesarean section and uterine inversion are some of the traumas that cause profuse bleeding. One of the causes of bleeding is a tear in the birth canal (*perineal rupture*) (Saifudin, 2014).

*Perineal rupture* is an injury to the birth canal that occurs at the time of the baby's birth either using a tool or not using a tool. *Perineal rupture* is caused by parity, birth spacing, baby weight, improper delivery leadership, *cunam extraction*, *vacuum extraction*, instrument trauma and *episiotomy* (Winkjosastro, 2016).

In Asia, *perineal rupture* is also a problem that is quite a lot in society, 50% of the incidence of *perineal rupture* in the world occurs in Asia. The prevalence of maternity mothers who experience *perineal rupture* in Indonesia in the 25 -30 year age group is 24%, while the 32-39 year old maternal age group is 62%. *Perineal rupture* is the cause of *postpartum* maternal bleeding (Lailatri, 2014).

*Perineal rupture* is the cause of *postpartum* maternal bleeding. *Postpartum* hemorrhage is the main cause of 40% of maternal deaths in Indonesia. The decline in MMR in Indonesia occurred from 1991 to 2007, from 390 to 228. In 2015 the MMR in Indonesia was 305 maternal deaths per 100,000. The five biggest causes of maternal death are bleeding, hypertension in pregnancy (HDK), infection, prolonged/obstructed labor, and abortion. Maternal mortality in Indonesia is still dominated by three main causes of death, namely bleeding 30.3%, hypertension in pregnancy (HDK) 27.1%, and infection 7.3% (Kemenkes, 2016).

Based on death data from Lampung Province in 2017, the maternal mortality rate during vaginal delivery was 118 mothers and the highest mortality was in Lampung Province, then East Lampung Regency with 14 mothers, and Central Lampung Regency with 12 deaths. In 2018 numbers Maternal mortality in vaginal delivery with a total of 102 mothers, with the highest maternal mortality being in Lampung Province, namely 14 mothers, Tanggamus Regency 12 mothers and Central Lampung Regency with 10 maternal deaths (Health Profile Lampung Province, 2019).

The highest maternal mortality rate in Lampung Province in 2017 was in Lampung Province

with a total of 16 maternal mortality rates which were divided into bleeding 6 mothers, hypertension in pregnancy 5 mothers, circulatory system disorders 3, others 2. In 2018 Lampung Province was still in a state of the highest mortality rate with complications of bleeding 1 mother, hypertension 3, infection in 1 mother, metabolic disorders 2 and others 7. In 2019 the maternal mortality rate was still at 14 women with bleeding complications in 1 mother, hypertension in 2 mothers, etc. another 11 mothers (Health Profile of Lampung Province, 2019).

*Perineal rupture* can occur because of a spontaneous tear or an *episiotomy*. *Perineal rupture* performed with an *episiotomy* itself must be performed on indications such as: large baby, rigid *perineum*, delivery with abnormal position, delivery using either *forceps* or *vacuum*. Because if the *episiotomy* is not performed on indications in circumstances that do not need to be done with the above indications, it will cause an increase in the incidence and severity of damage to the *perineal* area which is more severe. While the *perineal* wound itself will have its own impact on the mother, namely discomfort and discomfort bleeding, while spontaneous *perineal rupture* occurs due to tension in the vaginal area during childbirth, it can also occur due to the psychological burden of facing the labor process and more importantly, *perineal rupture* occurs due to a mismatch between the birth canal and the fetus, because the effects of *perineal rupture* are very severe. complex (Triyanti et al, 2017).

The results of a study from the Research and Development Center (Puslitbang) Bandung, which conducted research from 2009-2010 in several provinces in Indonesia, it was found that one in five maternity mothers who experienced *perineal rupture* would die with a percent (21.74%) (Wulandari, 2015).

*Perineal laceration* is the second cause of bleeding after uterine atony, this often occurs in primigravida because in primigravida the perineum is still intact, the fetal head has not passed so it will easily tear the perineum. The *perineal* tissue in primigravida is denser and more resistant than in multiparas. Laceration wounds are usually mild but extensive wounds can also occur which can cause bleeding so that it endangers the life of the mother (Dartiwen, 2016).

One of the efforts that can be done to prevent tearing of the perineum during childbirth is with or massage the perineum. *Perineal* massage is one of the oldest and surest ways to improve health, blood flow, elasticity, and relaxation of the pelvic floor muscles. If a *perineal* rupture occurs, *perineal* massage can accelerate the *perineal* healing process (Beckmann and Andrea J, 2006).

Perineal massage is one way to improve health, blood flow, elasticity, and relaxation of the pelvic floor muscles. This technique, if practiced in the late stages of pregnancy (starting the 34th week) before delivery, will also help identify and familiarize oneself with the tissues to be relaxed and the parts the baby will pass through (Mutmainah, 2019).

The results of a presurvey conducted on February 10, 2020 at PMB Wates Health Center working area for 10 mothers giving birth, obtained as many as 8 mothers (80%) experienced perineal rupture. The results of interviews conducted in an unstructured manner showed that 3 mothers with ruptured perineum due to large babies weighing around 3500 - 4000 grams, 5 mothers with ruptured perineum said that the mother could not control herself during childbirth and just gave birth at this time.

The novelty of this study from previous research is related to the research design. Previous research conducted by Damayanti, Dewi Suri et al used a cross sectional design, while this study used a *static group comparison design*.

On the above background, researchers are interested in conducting research with the title Effect of massage perineum to the incidence of perineal rupture in pregnant women in the UPTD Work Area of the Wates Inpatient Health Center, Central Lampung in 2020.

## METHODOLOGY

The type of research used in this research is quantitative research is a research method that can be interpreted as a method based on the philosophy of positivism used to examine certain populations or samples, data collection using research instruments quantitative data analysis with the aim of testing hypotheses that have been determined (Sugiyono, 2017).

The study was conducted on pregnant women at the Wates Health Center, Central Lampung, the respondents in this study were pregnant women with gestational age 36 weeks and met the inclusion and exclusion criteria of 30 respondents obtained using *purposive sampling technique*. The variable in this study was perineal massage for pregnant women. The intervention was carried out on respondents who were pregnant with gestational age 36 weeks by doing perineal massage 4 times with a frequency of 2x a week, each massage for 5 minutes for 15 respondents and 15 other respondents as controls. Observations were carried out using an observation sheet and were carried out directly at the time of postpartum, where the baby was born spontaneously. Data analysis was carried out with the help of a computer program (SPSS). Univariate data analysis was carried out to determine the frequency distribution, bivariate analysis was carried out by *t-test*.

## RESULT

Table 1.  
Frequency Distribution

Variable	Categori	Amount	Percentage
Age	<20 years	3	10,0
	20-35 years	27	80,0
	>35 years	0	0
Parity	Primipara (G1)	14	46.7
	Multipara (G2)	16	53.3
	Grandepara (G3)	0	0

Based on the table, it is known that the most age group is 26-30 years old, which is 13 people

(43.3%), the most pregnancies were first pregnancies (G1) with 14 people (46.7%).

## Univariate Analisis

Table 2.  
Average Perineal Rupture in Mothers Who Received Perineal Massage

Variable	Mean	SD	Min	Max	N
Rupture Degree Perineum	0,67	0,617	0	2	15

Based on table 2, the average perineal

rupture of mothers who were given perineal massage

was 0.67 with a standard deviation of 0.617.

**Table 3.**  
**Average Perineal Rupture in Mothers Who Didn't Get Perineal Massage**

Variabel	Mean	SD	Min	Max	N
Rupture Degree Perineum	1,20	0,676	0	2	15

Based on table 3, the average perineal rupture of mothers who were not given perineal massage was 1.20 with a standard deviation of 0.676.

### Bivariate Analisis

**Table 4.**  
**Effect of Perineal Massage to Perineal Rupture**

Hasil	Mean	SD	t-test	p-value	N
Perineal massage	0,67	0,617	2,256	0,032	15
No Perineal massage	1,20	0,676			15

Based on the results of the bivariate test analysis in table 4.5 above, the statistical test results obtained  $p\text{-value} = 0.032$  ( $p\text{ value} < = 0.05$ ) which means that there is an effect of perineal massage on the prevention of perineal rupture in women giving birth in the working area of the UPTD Puskesmas Inpatient Wates Central Lampung 2020.

### DISCUSSION

#### The average perineal rupture of mothers who were given perineal massage

Based on the results of the study, the average perineal rupture of mothers who were given perineal massage was 0.67 with a standard deviation of 0.617.

In line with the theory expressed by Aprilia (2010) the perineum consists of skin and muscles between the vagina and anus. When the fetal head protrudes into the vagina, the perineum itself stretches to make way for the fetus to escape.

Perineal massage carried out in the last months of pregnancy increases hormonal changes that soften the connective tissue, so that the perineal tissue is more elastic and stretches more easily, this at the same time trains mothers-to-be to actively relax the perineum when they feel pressure when the baby's head appears, this can also reduce pain stretching pain.

Increased elasticity of the perineum will prevent the occurrence of perineal tears and episiotomy. Perineal massage/perineal massage is also very important for successful hypo-birthing. One of the efforts that can be done to prevent tearing of the perineum during childbirth is with or massage the perineum. Perineal massage is one of the oldest

and surest ways to improve health, blood flow, elasticity, and relaxation of the pelvic floor muscles. If a perineal rupture occurs, perineal massage can accelerate the perineal healing process (Angraini, 2015).

In line with the research conducted by Savitri (2014) the effect of perineal massage in primigravida on the incidence of perineal rupture during delivery at Independent Practice Midwives in Bengkulu City in 2014. The incidence of perineal rupture in the intervention group after perineal massage was only 21.4%. Anggraini's research (2015) with the title of the relationship between perineal massage and birth canal tears in primiparous mothers at BPM South Metro District, Metro City in 2015. The results showed that from 70 mothers with no tears who did perineal massage as many as 59 people. Dartiwen's research (2015) The Effect of Perineal Massage in Primigravida on the Incidence of Perineal Lacerations During Delivery at Independent Practice Midwives (BPM) Working Area of Margadadi Public Health Center, Indramayu Regency in 2015, the results of research conducted on 45 primigravida, namely the incidence of perineal lacerations in the Experimental group after perineal massage only 13.3%.

In the opinion of researchers, the minimum perineal tear can occur because when the mother is massaged the perineal muscles around the mother's perineum will be more relaxed, causing an increase in the elasticity of the birth canal which can facilitate the birth process and reduce the incidence of perineal tears. For mothers who are about to give birth, fear and anxiety during childbirth will decrease because during pregnancy the muscles around the

perineum have been massaged so that the tissue around the perineum becomes elastic. Some of the benefits for the mother if the mother does perineal massage can help the perineal and vaginal muscles become elastic so as to minimize the risk of tearing and episiotomy. Streamlining blood flow in the perineal and vaginal areas, as well as the flow of hormones that help relax the pelvic floor muscles so that the birth process becomes easier. Accelerates the recovery of tissues and muscles around the birth canal after delivery. Helping mothers control themselves when pushing, because the "way out" for the baby is well prepared.

The average perineal rupture of mothers who were not given perineal massage Based on the results of the study, the average perineal rupture of mothers who were not given perineal massage was 1.20 with a standard deviation of 0.676. Perineal rupture is a tear that occurs when the baby is born either spontaneously or by using a tool or action. Perineal tears generally occur in the midline and can become extensive if the fetal head is too fast. Perineal tears occur in almost all primiparas (Winkjosastro, 2007).

The perineum or perineum is the area between the vagina and anus. This area is a network that is "rich" in nerve endings so it is very sensitive to touch, and tends to tear during the natural birth process. When experiencing that tearing, whether natural or intentional episiotomy, allegedly can cause pelvic floor muscle dysfunction, thereby reducing the quality of life of the mother after giving birth. The occurrence of perineal rupture is caused by maternal factors (parity number, birth spacing, baby weight), improper delivery leadership, history of delivery, cunam extraction, instrument trauma extraction and episiotomy. The vacuum, advantage, of the perineal massage technique is not only to help prepare the perineal tissue, but also to help you learn the sensations of labour (especially when the fetal head is crowning). Thus it will help you to be more relaxed in the face of the labor process later (Aprilia, 2010)

In line with the research conducted by Savitri (2014) the effect of perineal massage in primigravida on the incidence of perineal rupture during delivery at the Independent Practice Midwife in Bengkulu City in 2014. The incidence of perineal rupture in the intervention group after perineal massage in the control group was 71.4%.

Angraini's research (2015) with the title of the relationship between perineal massage and birth canal tears in primiparous mothers at BPM South Metro District, Metro City in 2015. The results showed that of 70 mothers with tears who did not do perineal massage as many as 46 people. Dartiwen's

Research (2015) The Effect of Perineal Massage on Primigravida on Incidence of Perineal Laceration in Independent Practice Midwives (BPM) Working Area of Margadadi Public Health Center, Indramayu Regency In 2015, the results of research conducted on 45 primigravida were the incidence of perineal laceration in the control group was 63.3%.

In the opinion of the researcher, the perineal tear that occurred in the control group was because the respondent did not receive a perineal *massage* intervention so that it could not minimize the perineal tear. Perineal tears that occur in each respondent can be caused by factors that influence the occurrence of perineal tears. Rigid perineal conditions, where the condition of the perineum contributes to the incidence of perineal rupture, where the rigid perineum inhibits the second stage of labor which increases the risk of infant death and causes extensive damage to the birth canal.

### Effect of Perineal Massage

Based on the results of the study, it was found that  $p\text{-value} = 0.032$  ( $p\text{-value} \leq 0.05$ ) which means that there is an effect of perineal massage on the prevention of perineal rupture in women giving birth in the working area of the UPTD Health Center Inpatient Wates Central Lampung in 2020.

A perineal tear can actually be prevented by a very simple method that everyone can do, namely by doing massage on the perineal area or vaginal perineum. Research shows that massage in the perineal area reduces tearing and the possibility of an episiotomy, improves the ability of the perineum to stretch at the opening of the first stage of labor, improves blood flow, maintains the tissue around the perineum, and reduces the use of other birthing aids. Many mothers feel a change in the stretchability of their perineal area after one to two weeks of massage (Aprilia, 2010).

Perineal massage will be very useful and effective when applied to primigravida (first time pregnant), and less than optimal results when performed on multigravida who have had an episiotomy before, because the scars from the episiotomy (have been pregnant several times) become weaker than normal tissue, so the perineum will be more likely to tear in the next delivery. Perineal massage can be done by the mother alone with the help of a mirror, or it can also be assisted by the husband. Perineal massage can even be done by health workers when the client performs (Ante Natal Care) ANC/treatment during pregnancy. Choose a special time, and before massaging this sensitive area, hands should be washed and nails cut short (Aprilia, 2010). Perineal massage is a technique of

massaging the perineum during pregnancy or a few weeks before delivery to increase blood flow to this area and increase the elasticity of the perineum. The theory states that by doing regular perineal massage after 34 weeks of gestation, it can help the perineal and vaginal muscles become elastic, thereby reducing the risk of tears and episiotomy. This may also be supported because the mother pushes correctly and gets the right way to support the perineum during childbirth (Herdiana in Anggraini, 2015).

In line with research conducted by Savitri (2014) the effect of perineal massage in primigravida on the incidence of perineal rupture during delivery at Independent Practice Midwives in Bengkulu City in 2014. The incidence of perineal rupture in the intervention group after perineal massage was only 21.4% while in the control group 71.4%. The results of the study prove that there is an effect of perineal massage on primigravida to the incidence of perineal rupture ( $p < 0.05$ ). This study concluded that perineal massage in primigravida affects the incidence of perineal rupture at the time of delivery. Research published in the *American Journal of Obstetrician and Gynecology* concluded that perineal massage during pregnancy can protect perineal function for at least 3 months postpartum. *The Cochrane Review* recommends that this perineal massage should always be explained to pregnant women so that they know the benefits of this perineal massage. This perineal massage is very safe and harmless.

Based on the results of the study, where when going to do treatment in the form of perineal massage, the researchers recommended that the mother cut the nails short with the aim of preventing injuries to the skin or discomfort in the body when doing perineal massage. Before the massage, mothers are required to wash their hands first thoroughly with soap and water. Do not let germs into the birth canal. So, make sure to wash your hands properly before starting. The researcher taught the mother to adjust the position in the perineal massage because if the mother did the massage herself, the position was standing with one foot on the floor and one foot lifted and placed on the chair. Use your thumb to massage. If a partner is massaged, the mother's position should be half lying down, supporting her back, neck, head, and both legs with a pillow. Stretch your legs, then place a pillow under each leg. Use your partner's middle and index fingers or the second forefinger to massage. In doing massage, to facilitate the implementation of perineal massage, the mother can use a mirror to find out the perineal area, and when the mother is used to doing perineal massage, the mirror is not required to

always be used.

The next step at the time of the study, the researchers taught mothers to use gloves during massage to keep the perineum clean and hygienic. After the gloves are used, the mother can apply or pour olive oil on the palms and perineum, the researcher teaches the mother to do massage before bathing in the morning and evening by inserting her thumb into the vagina about 3-4 cm (maximum 7 cm) with a bent position, and the other finger outside the perineum. Press down and then sideways at the same time. Slowly try to stretch the area until the mother feels a hot sensation (*slight burning*). Gently massage under the vagina. Massage in the shape of a "U" by moving the thumb up and down repeatedly, the mother is recommended to relax the muscles during this massage, the movement is carried out for two to three minutes. Researchers suggested to mothers to repeat the massage until about 6 minutes of massaging to completion. After the massage was completed, the researcher taught the mother to apply a warm compress to the perineal tissue for approximately 10 minutes carefully because the benefits of the warm compress will increase muscle relaxation and have been shown to protect the perineum.

The results showed that the perineal massage intervention was carried out by the researcher 10 respondents and 5 respondents did the perineal massage themselves with the direction of the researcher, the perineal massage was carried out according to the SOP that had been made, from the results of the perineal massage that was carried out, 1 respondent got the result that there was a tear. perineum degree 2, 8 respondents with perineum degree 1 and 6 respondents did not have perineal tear. Meanwhile, in the control group, 2 mothers did not experience perineal rupture, 8 mothers experienced 1st degree rupture and 5 women experienced 2nd degree of rupture. From the results, it can be seen that the experimental group experienced 2nd degree of rupture less than the control group.

Perineal rupture is caused by many factors, such as maternal factors, namely maternal age, primipara/ multi, precipitous parturition, pushing too hard, edema and fragility of the perineum, flexibility of the birth canal, delivery with action while the helping factor itself. Based on the factors causing perineal rupture, the authors took sub-factors from the fetus and the mother, namely the weight of the newborn with and parity.

The results showed that age affects the perineal tear, seen in the results of the study in the experimental group, it was found that at the age of

<20 years, there was a grade 2 perineal rupture, at the age of 20-30 years,

a grade 1 tear was obtained. In the control group, the age was 20-30 there were 5 respondents experienced perineal rupture. In this study, mothers who gave birth were aged 20 to 35 years but experienced perineal rupture. Although it is safe for pregnancy, perineal rupture can occur due to high-risk delivery and referral from BPM, with various pathological diagnoses such as childbirth with PEB +KEK PEB + Oligohydramnios + Hypoglycemia, KPP, PEB, KEK and so on.

Medical obstetrics and gynecology which contains a study from the Royal College of Obstetricians and Gynecologists, states that "the safe age for pregnancy is at the age of 20 to 35 years". Some facts stated by medical experts are as follows: women tend to experience more many complications like preeclampsia, miscarriage, stillbirth, ectopic pregnancy etc if they are pregnant over the age of 35 years. Egg fertility also begins to decline after the age of 30, making it more difficult for women to conceive. The ideal program is to have the first child in their early or mid-20s and the next child in their late twenties or early thirties (Ramli, 2015).

In the opinion of the researcher, the results of the study indicate that there are still mothers who do perineal massage but experience a grade 2 perineal rupture where the mother is 19 years old and the current pregnancy is the first pregnancy, in the opinion of the researcher, the tear that occurs is something that can happen in connection with the mother's age. who are still young and are included in the risky age category because they are less than 20 years old. At the age of < 20 years, the reproductive organs have not functioned perfectly, so that when pregnancy and childbirth occur, complications will occur more easily. In addition, the strength of the muscles of the perineum and abdominal muscles have not worked optimally, so that prolonged or obstructed labor often occurs which requires action. At that age, the perineum is usually still very stiff and thick, so it is very likely that if you don't do exercises for eating elasticity, you will experience a tear and based on observations, it is also seen that mothers sometimes forget to do the advice from the researcher, where the researcher recommends doing perineal massage every day. carried out in the morning and evening but the results of the observations showed that the mother did not carry out the recommendations that had been conveyed by the researcher. If you do perineal massage regularly, you can feel the benefits. For best results, perineal massage needs to be done constantly every day. The results will not be obtained within a day. In

addition, the occurrence of perineal tears is also influenced by several factors, including maternal, fetal and rescue factors. Maternal factors include fragile perineum, primigravida, narrow pelvic inlet, flexibility of the birth canal, pushing too hard, labor prespitatus, and delivery with procedures such as vacuum extraction, forceps. Fetal factors include a large fetus, abnormal positioning, and shoulder dystocia. Helper skills, including how to lead pushing when the opening is complete and contractions perineum during expulsion of the fetal head, and in the supine position.

The results of the study obtained the effect of perineal rupture including maternal parity, in the experimental group based on the results obtained from 6 mothers with primiparas, it was found that 3 respondents had perineal rupture, from 9 respondents with multipara there were 5 respondents with rupture. While in the group control obtained 7 primipara respondents and overall rupture of the perineum. In 8 multiparas, 6 respondents had perineal rupture. This shows that the perineal massage group found that the incidence of perineal rupture was less than the control group.

Parity is the number of children ever born to the mother, both live and stillborn to a married couple. In pregnancies that are too frequent, it will cause the reproductive organs to have not recovered and are not ready to undergo the labor process again, causing the perineal area to rupture easily. Parity 2-3 is the safest parity in terms of mortality. Primiparas have a higher risk of rupture, because they have never had experience in childbirth compared to multiparas or grand multiparas (Wiknjastro, 2016).

In the opinion of researchers that primiparas have a greater risk of experiencing perineal tears than mothers with more than one parity. This is because the birth canal has been traversed by the baby's head so that the perineal muscles have not stretched. The causes of rupture of the perineum in primiparas are due to the flexibility of the birth canal / elasticity of the perineum, hasty straining, irregular. Meanwhile, multiparas can occur due to large baby weight, perineal fragility, poor maternal care so that labor is not controlled, such as tired mothers, slow labor.

In the opinion of researchers, perineal massage has various advantages, all of which are aimed at reducing the incidence of trauma during childbirth. The advantages include stimulating blood flow to the perineum which will help speed up the healing process after giving birth, helping the mother relax more during a vaginal examination (*Vaginal Touche*), helping the mother mentally prepare for the

pressure and strain of the perineum when the baby's head is about to come out and avoiding the occurrence of an episiotomy or an episiotomy. tearing of the perineum during childbirth by increasing the elasticity of the perineum. So one way to avoid lacerations is by doing perineal massage. Perineal massage is active, which means it is carried out by pregnant women, although it is possible that the partner in this case is the husband, although this may not be in accordance with our culture or habits in our relationship with husband and wife. Perineal massage is generally useful for flexing or relaxing the muscles around the perineum so that it is expected to reduce the occurrence of tears in the perineum either by itself or intentionally to facilitate the delivery process.

Researchers believe that the sooner it starts, the better the results. Within a few weeks after doing perineal massage, the mother will feel the perineal area becomes more elastic. Perineal massage can be given or done when pregnant women attend maternal classes. The purpose of the antenatal class is to increase knowledge, attitudes and practices (behavior) of pregnant women regarding pregnancy check-ups, breast care, pregnancy exercise, perineal massage, delivery care which includes signs of labor and the delivery process. So by taking a mother's class, it is hoped that pregnant women can re-practice what has been taught and start preparing for childbirth as early as possible.

## CONCLUSION

The average perineal rupture of mothers who were given perineal massage was 0.67 with a standard deviation of 0.617. The average perineal rupture of mothers who were not given perineal massage was 1.20 with a standard deviation of 0.676. There is an effect of perineal massage on the prevention of rupture of the perineum  $p$  value 0.032.

## SUGGESTION

Pregnant women are expected to attend classes for pregnant women regularly at least 3 times during pregnancy or in accordance with the agreement between the mother and the facilitator and perform perineal massage in anticipation of perineal rupture during delivery.

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