

The Impact of Pressing Posture on the Occurrence of Perineal Rupture in Women Who are Parturning

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ABSTRACT

Issues that frequently arise for laboring mothers include pushing too hard on the uterine fundus, the baby's heavy weight, the perineum, or the passage; using the incorrect pushing technique; and improper delivery management, such as incomplete opening or the use of birth control. Perineal tears are caused by a rigid or tense birth. This literature evaluation was written in order to ascertain how menstruation position affects the frequency of perineal rupture in laboring moms. A literature review is the research methodology employed. The PICOS framework is employed in the article search technique. Google Scholar and the Wiley online library, which was released between 2015 and 2020, are the databases that were used.

Keywords: maternity mother, menstrual position, perineal rupture

BACKGROUND

When a mother uses the incorrect delivery technique, the perineum may rupture during the delivery, which is a common complication. Some common issues include not pushing in response to the mother's natural urges during contractions, not pushing while holding her breath, not experiencing strong resistance on the perineum when the head exits the door, or possibly the mother pushing in the incorrect position. Additionally, it can happen during births using devices like vacuums, improper birth control methods such not opening the uterine fundus completely, heavy baby weights, or a rigid or tense perineum or delivery canal, which can cause perineal tears (Prawirohardjo, 2019).

According to the World Health Organization (WHO) (2021), maternal death rates in underdeveloped and impoverished nations range from 750 to 1000 per 100,000 live births. In contrast, maternal death rates in wealthy nations range from 5 to 10 per 100,000 live births (WHO, 2021). According to data from the 2019 Indonesian Demographic and Health Survey (SDKI), the country's MMR was 228 per 100,000 live births. In the meantime, there are 228 maternal deaths for every 100,000 live births in Indonesia. In 2020, Indonesia's Maternal Mortality Rate (MMR) was 359 per 100,000 live births. This indicates a rise in the Maternal Mortality Rate (MMR) (SDKI, 2021).

According to the 2020 East Java Province Health Profile, there were 53 incidents of maternal fatalities (pregnancy, maternity, and postpartum) in the province in 2019.

Large fetal head, deflected presentation (forehead, face), primiparous, breech position, improper delivery, weight loss, age, parity, birth weight, and menstrual position are factors that affect the likelihood of perineal tears. Women who give birth to children younger than 20 or older than 35 are at risk for postpartum hemorrhage, which can be fatal. This is due to the fact that a woman's reproductive function is still developing at age 20 and has declined in comparison to normal at age 35. As a result, there is a higher chance of postpartum complications, particularly bleeding. The effect of childbirth, particularly in primiparas, typically results in superficial sores on the vulva surrounding the vaginal introitus.

Because it will make the birthing process more comfortable, the menstruation position is crucial throughout labor and delivery. The labor procedure will also be accelerated by a number of roles. Many of these positions can be performed with or without assistance from a nurse, doula, husband, or partner. This posture will become more familiar and pleasant during labor if you learn and practice it before giving birth. While there is no ideal position for labor, shifting positions frequently might help you stay relaxed and manage your pain. Birthing moms can be in a variety of positions, including standing, half-sitting, lying down, crawling, crouching, and sleeping on the left side (Manuaba, 2016). The effects of ruptured perineum. Health professionals, particularly midwives, can help pregnant women who still have negative attitudes about choosing menstrual positions by helping them understand how important it is to know about menstrual positions. This will help to overcome the aforementioned issue. Information and counseling regarding menstrual positions should be given as early as possible, specifically at the start of the third trimester before the mother faces the birth process, so that mothers can prepare themselves, especially mentally and health-wise, in selecting a menstrual position that is cool, comfortable, and able to speed up the birthing process later. This understanding is given specifically to primigravida pregnant women. Naturally, prior to selecting a meneran position.

The researcher would want to investigate "The Effect of Prone Position on the Incident of Perineal Rupture in Maternity Mothers" in light of the problem's background.

METHODS

The PICOS framework is employed in the article search technique. Science Direct, Pubmed Central, and Google Scholar are the databases that are used. (Meneran Position) AND are the keywords that are used. Meanwhile, exclusion criteria include articles that are not available in full text, discuss irrelevant populations or use research methods that do not fit the PICOS framework.

RESULTS

Position of Meneran

The majority of respondents employed a half-sitting position, according to the findings of the evaluated articles. Because the perineum is not overextended in the half-sitting position, there is a lower chance of perineal rupture. Mother (Incidence of Perineal Rupture) NO (Maternity Mother), patient, and trained assistant. Ten journals were reviewed. Mothers giving birth met the inclusion criteria for this study of the literature. The exclusion criteria for this study were: the literature was a review of theories, opinions, articles, and literature reviews; the sample was not parturient women; the title of the articles was inappropriate; the year (less than five years ago); the articles were just abstracts or not complete texts; the year was not accessible without payment; and the articles were in English.

Based on the results of literature reviews using the Google Scholar database, the terms "Posisi Meneran" and "Kejadian Ruptur Perineum" Using the phrase "Pushing Position," TIDAK (Ibu Bersalin) found a related article that was identified in around 1.550 journals and Pubmed Central (PMC). AND (Event of Perineum Rupture) There were 584 articles on NOT (Maternity Mother) that were identified from 65 journals, and there were 584 articles about it from the Science Direct database. A total of 2.199 articles of literature were identified through Pubmed Central, Science Direct, and Google Scholar. Discerning literature is done through the title of about 1.876 articles, and literature is organized into about 876 journals that are not in accordance with the title, have a penerbitan date of less than 10 years ago, cannot be accessed without a bayar, and are only abstracts or not full texts. After reading the article in its entirety, 1.010 articles and works of literature were reviewed.

Labor posture is a crucial aspect of the delivery process. The goal of this position is to

encourage the mother to attempt comfortable positions while giving birth. Birthing moms can be in a variety of positions, including standing, crawling, crouching, half-sitting, and sleeping on their left side. Because it is more comfortable and efficient for carrying, the half-sitting position is frequently utilized during the first stage of labor. Because the perineum is not overly stretched when in the half-sitting position, there is a lower chance of perineal rupture. By allowing gravity to assist the mother in giving birth, this posture has the advantage of shortening the duration of the second stage.

The majority of respondents, specifically 22 (51%) respondents, fell into the semi-sitting position category, according to study by Dyah (2015) published in his research publication, which supports the findings of this literature review. According to Sri (2016), half of the respondents 16, or 50% were in the semi-sitting position category, according to her study journal. In his study publication, Fakhriyah (2017) demonstrates that 15 (50%) of the respondents fell into the group of semi-sitting positions. Twelve (36%) of the respondents fell into the sitting/half-sitting category, according to Wahyuni (2016) in his research journal. In his study publication, Endang (2018) demonstrated that the majority of respondents 15, or 68% of the total used a half-sitting position.

A decent pushing position is one that suits your comfort level and preferences. However, there are a number of good positions that can be used, including: first, sitting or half-sitting, which is frequently the most comfortable position and also makes it easier for birth attendants to lead the birth when the baby's head emerges; second, lying down or on all fours is a good position to observe the perineum. if it feels like the head of the baby is lodged in your back. The third position is standing or squatting, which lowers the head if labor is slow or you are unable to push; the fourth is lying on the left side of the body; this posture is especially helpful for kids who have trouble rotating.

Incident of Perineal Rupture

The majority of responders in the category did not have perineal rupture, according to the findings of the examined journals. Because the woman favors the half-sitting posture, which has a lower risk of perineal rupture because the perineum is not overly stretched, this indicates that many moms who give birth do not experience perineal rupture. Aside from that, the mother's behavior in adopting the posture she desires throughout labor and delivery has numerous advantages, such as reduced pain and discomfort, a shorter duration of the second stage, a lower rate of perineal rupture, increased assistance during labor, and improved Apgar scores.

The proper menstruation position can help prevent perineal rupture. The mother may find comfort in a sitting or semi-sitting posture study by Dyah (2015), published in his study journal, supports this, demonstrating that the majority of respondents 26, or 60% were in the no rupture category. As many as 27 (33%) respondents fell into the category that no rupture happened, according to Hikmah (2017) in his research publication. According to Ketut's (2020) research publication, up to 12 (30%) of the respondents fell into the group of no rupture. In his study publication, Wahyuni (2016) revealed that 11 (33%) of the respondents fell into the category that no rupture had taken place. As many as 12 (33%) respondents fell into the category that no rupture happened, according to Candra (2017) in his research publication. In his study article, Sri (2016) demonstrates that as a perineal rupture is a tear that happens during childbirth and can be brought on by a number of things, such as the newborn's weight, the location of the birth, the delivery technique, and the direction of the delivery. A tear in the perineum, known as a perineal rupture, is typically brought on by birth trauma. The premature birth of the fetal head, improper delivery technique, excessive scar tissue on the perineum, and shoulder dystocia during delivery are all potential causes of perineal rupture. Due to severe stretching of the perineum during breech delivery, vaginal

delivery, vacuum extraction, and large infants, ruptures are more common in primiparas and occasionally in multiparas.

In a typical delivery, parturition precipitatus and perineal flexibility are two of the many reasons why perineal tears occur. Serious maternal difficulties are rarely associated with precipitatus labor if the cervix effaces and dilates quickly, the vagina has been stretched earlier, and the perineum is relaxed. However, uterine rupture or severe cuts to the cervix, vagina, vulva, or perineum can result from intense uterine contractions coupled with a lengthy, rigid cervix and an unstretched vagina, vulva, or perineum. The amount of scar tissue in the perineum, which makes it stiff, can be used to determine how elastic the perineum is. Although the perineum is elastic, nulliparas who have recently had their first experience may also have a rigid perineum.

DISCUSSION

Meneran Position's Effect on Perineal Rupture Incidents in Maternity Women
The incidence of perineal rupture in women giving birth is known to be influenced by menstruation position, according to the findings of data analysis from the reviewed publications. This is corroborated by research by Candra (2017), who found an association between meneran position and perineal rupture in multigravidas giving delivery normally in BPS Putren Village, Sukomoro District, Nganjuk Regency, using the phi correlation test analysis. According to Endang's (2018) research, the incidence of perineal rupture during a typical delivery at the Siska Muara Bungo Clinic is known to be correlated with the mother's menstrual position using chi square analysis.

Large fetal head, deflected presentation (forehead, face), primiparous, breech position, improper delivery, weight loss, age, parity, birth weight, and menstrual position are factors that affect the likelihood of perineal tears. Women who give birth to children younger than 20 or older than 35 are at risk for postpartum hemorrhage, which can be fatal. This is due to the fact that a woman's reproductive function is still developing at age 20 and has declined in comparison to normal at age 35. As a result, there is a higher chance of postpartum complications, particularly bleeding. The effect of childbirth, particularly in primiparas, typically results in superficial sores on the vulva surrounding the vaginal introitus, but occasionally.

Because it will make the birthing process more comfortable, the menstruation position is crucial throughout labor and delivery. The labor procedure will also be accelerated by a number of roles. Many of these positions can be performed with or without assistance from a nurse, doula, husband, or partner. This posture will become more familiar and pleasant during labor if you learn and practice it before giving birth. While there is no ideal position for labor, shifting positions frequently might help you stay relaxed and manage your pain. Birthing moms can be in a variety of positions, including standing, half-sitting, lying down, crawling, crouching, and sleeping on the left side. The effects of the mother's perineal rupture.

Health professionals, particularly midwives, can help pregnant women who still have negative attitudes about choosing menstrual positions by helping them understand how important it is to know about menstrual positions. This will help to overcome the aforementioned issue. Information and counseling regarding menstrual positions should be given as early as possible, specifically at the start of the third trimester before the mother faces the birth process, so that mothers can prepare themselves, especially mentally and health-wise, in selecting a menstrual position that is cool, comfortable, and able to speed up the birthing process later. This understanding is given specifically to primigravida pregnant women. Naturally, prior to selecting a meneran position.

Encouragement to press in accordance with natural urges during contractions is one of several strategies that can be used to help a birthing mother carry out her menstruation in

order to prevent perineal rupture. Another strategy is to discourage the mother from holding her breath during her menstruation, as this may make pushing easier for her. During labor and delivery, the positioning process is crucial. The position in question encourages the mother to try comfortable positions like sitting or half-sitting, supine, squatting, or standing, lying on her left side, crawling, sitting with one leg up, or leaning on a chair. Because of this, midwives can offer a number of options for the ideal birthing position.

CONCLUSION

According to the findings of the reviewed journals, the majority of mothers employ the half-sitting position during their periods in order to reduce the risk of perineal rupture during labor. The incidence of perineal rupture in women giving birth is known to be influenced by menstruation position, according to the findings of data analysis from the reviewed publications.

REFERENCES

- A.Aziz, Alimul Hidayat. (2017). Metode Penelitian Keperawatan Dan Teknik Analisis Data. Jakarta : Penerbit. Salemba Medika.
- Ardana, K. Mujiati, N. Ayu Sriati, A.A. (2020). Sikap Dan Perilaku Keorganisasian. Yogyakarta : Graha Ilmu.
- Azwar, S. (2019). Sikap dan Perilaku Dalam: Sikap Manusia Teori dan Pengukurannya. Yogyakarta: PustakaPelajar.
- Budiman, (2020). Pengetahuan Dan Sikap Dalam Penelitian Kesehatan. Jakarta: Salemba Medika.
- Candra, Wahyuni. (2017). Hubungan Posisi Meneran Dengan Ruptur Perineum Persalinan Normal Pada Multigravida Di BPS Desa Putren Kecamatan Sukomoro Kabupaten Nganjuk. Jurnal Wiyata, Vol. 4 No. 1 Tahun 2017.
- Carl Rogers. (2019).Teori Perubahan Sikap Dan Perilaku. Psikologi. Amerika Serikat.
- Darwis, S. D. (2019). Metode Penelitian. Jakarta: EGC.
- DepKes RI. (2020). Profil Kesehatan Indonesia 2020 : Menuju Indonesia Sehat 2020. Jakarta : Departemen Kesehatan RI.
- Desi Ernita Amru, (2022). Efektifitas Teknik Meneran Terhadap Kejadian Rupture Perineum Pada Ibu Bersalin. JURNAL KLINIK Vol 1 No. 1 (Januari 2022) – E- ISSN : 2809-2090 P-ISSN : 2809-235X.
- Djaali, (2019). Skala Likert. Jakarta: Pustaka Utama.
- Dyah Puji Astuti, Handoyo, Dewi Ayu Pangestika, (2015). Pengaruh Posisi Meneran Miring Kiri Dengan Kejadian Rupture Perineum Di BPS Sugiyati Petanahan. Jurnal Ilmiah Kesehatan Keperawatan, Volume 11, No. 3 Oktober 2015.
- Endang, Setyowati, (2018). Hubungan Posisi Meneran Ibu Dengan Kejadian Ruptur Perineum Pada Persalinan Normal Di Klinik Siska Muara Bungo Tahun 2018. Scientia Journal Vol. 7 No. 2 Desember 2018.
- Erlinawati, Joria Parmin, (2021). Perbedaan Derajat Ruptur Perineum Pada Ibu Bersalin Antara Posisi Meneran Miring Dan Posisi Meneran Setengah Duduk. Jurnal Doppler, Vol 5 No 2 Tahun 2021 (Oktober) ISSN 2580-3123.
- Evi Yunita Nugrahini, Susilorini, Amalia Puspita Sari, (2016). Hubungan Teknik Meneran Dengan Kejadian Ruptur Perineum Pada Primigravida Di Polindes Sayang Ibu (Kecamatan DawarBlandong Mojokerto). Jurnal PenelitianKesehatan.
- Gayatri, Dewi. (2019). Instrumen Penelitian Sikap. Fakultas Ilmu Keperawatan Universitas Indonesia. Artikel, 2018.
- Handayani, S. Yuli Triwahyuni, (2016). Hubungan Posisi Meneran Dengan Ruptur Perineum Pada Ibu Bersalin. Jurnal Kebidanan, Vol. VIII, No. 02, Desember 2016.

- Hikmah, Titin Martini, Ade Tyas Mayasari, (2017). Analisis Perbedaan Posisi Meneran Terlentang Dan Kombinasi Terhadap Lama Kala II Dan Kejadian Ruptur Perineum Pada Ibu Bersalin. *IMJ: INDONESIAN MIDWIFERY JOURNAL*, 2017.
- Mandriawati, (2019). *Penuntun Belajar Asuhan Kebidanan Ibu Hamil*. Jakarta: EGC.
- Manuaba, (2019). *Ilmu kebidanan*. Jakarta: EGC. Mar'at, 2019. *Sikap Manusia Perubahan serta Pengukurannya* (Jakarta: Ghalia Indonesia, 2019) p. 10.
- Notoatmodjo, Soekidjo. (2019). *Metodologi Penelitian Kesehatan*. Jakarta : Rineka Cipta.
- Notoatmodjo, Soekidjo. (2019). *Konsep Pengetahuan, Pendidikan, Sikap, Perilaku Kesehatan*. Jakarta, EGC.
- Nursalam, (2019). *Konsep dan Penerapan Metodologi Penelitian Ilmu Keperawatan*. Jakarta : Salemba Medika. Pantiawati, Ika. dan Saryono. 2019. *Asuhan Kebidanan 1 Kehamilan*. Nuha Medika. Yogyakarta.
- Prawiroharjo, Sarwono. (2019). *Ilmu kebidanan. (Edisi IV)*. Jakarta: yayasan bina pustaka sarwono prawirohardjo.
- Saifuddin dkk, Abdul Bari. (2020). *Buku Panduan Praktis Pelayanan Kesehatan Maternal Neonatal*. Jakarta: Yayasan Bina Pustaka Sarwono Prawirohardjo.
- Salmah, Rusmiati. Maryanah. dan Susanti. (2020). *Asuhan Kebidanan Antenatal*. EGC. Jakarta.
- Sri Wahyuni, (2016). Hubungan Posisi Meneran Dengan Ruptur Perineum Di RB Kartini Putra Medika Klaten. *Jurnal Involusi Kebidanan*, Vol. 6, No. 11, Januari 2016.
- Sugiyono, (2019). *Metode Penelitian Kuantitatif Kualitatif Dan R&D (Edisi Revisi)*. Bandung : CV. Alfabeta.
- Sulistiyawati, Ari. (2020). *Asuhan Kebidanan Pada Masa Kehamilan*. Salemba Medika. Jakarta.
- Tanti Hermawati, Edi Sucipto, Istiqomah Dwi Andari, (2019). Hubungan Tingkat Pengetahuan Cara Meneran Yang Benar Dengan Terjadinya Ruptur Perinium Pada Ibu Bersalin Di Bpm Ny. M Slerok Kota Tegal. *Siklus: Journal*, 2016 - ejournal.poltektegal.ac.id.
- Wawan, A, Dewi, M. (2020). *Teori Dan Pengukuran Pengetahuan, Sikap Dan Perilaku Manusia*. Yogyakarta : Nuha Medika.
- Widyatun, (2020). *Ilmu Sikap Dan Perilaku Manusia*. Jakarta: CV Agung Seto.
- Winkjosastro, (2020). *Ilmu Bedah Kebidanan*. Jakarta: Yayasan Bina Pustaka Sarwono Prawirohardjo.
- Yessi Ardiani, (2015). Hubungan Teknik Meneran Dengan Kejadian Rupture Perineum. 'AFIYAH, 2015 -ejournal.stikesyarsi.ac.id.
- Yulaikhah, Lily. (2020). *Seri Asuhan Kebidanan*. Jakarta: EGC.
- Yulifah dkk, Rita. (2020). *Kebidanan Komunitas*. Jakarta: Salemba Medika