

# MCGP

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## Identifikasi Luka Perineum Dengan Intervensi Perawatan Maternity Cool Gel Pad (MCGP)

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### Abstrak

Persalinan ibu postpartum dengan indikasi tindakan episiotomi akan mengalami tingkat nyeri yang lebih tinggi. Trauma jalan lahir ini bersifat akut dan diharapkan dapat segera pulih dalam jangka waktu yang pendek, dapat diukur, dan tanpa komplikasi yang serius. Tujuan penelitian ini adalah untuk mengidentifikasi proses penyembuhan luka perineum ibu postpartum. Intervensi dilakukan pada 31 ibu postpartum dengan pemilihan menggunakan teknik purposive sampling. Maternity cool gel pad (MCGP) yang diaplikasikan pada intervensi perawatan luka perineum pada hari ke-2 dan ke-3 paska melahirkan menunjukkan proses penyembuhan luka yang diobservasi dengan menggunakan alat ukur REEDA dan dianalisis menggunakan uji T one sample. Perbaikan skala gambaran perbaikan luka dari rerata skor REEDA ( $10,81 \pm 2,98$ ) terjadi pada seluruh luka responden penelitian pada post intervensi ( $5,32 \pm 1,73$ ). Intervensi maternity cool gel pad membantu proses penyembuhan luka pada data post intervensi ( $P < 0,005$ ). Hasil kajian tersebut dapat menjadi petunjuk respon inflamasi secara lokalisasi di luka perineum, namun dibutuhkan penelitian lebih lanjut untuk mengobservasi dampak penyembuhan luka perineum dengan kombinasi metode yang dapat membantu mengevaluasi proses perbaikan luka perineum yang dapat dilakukan oleh ibu secara mandiri di rumah.

**Kata Kunci:** cool; gel; perineum; postpartum

### Perineal Wound Identification With Maternity Cool Gel Pad (MCGP) Care Interventions

#### Abstract

Postpartum mothers with an indication of episiotomy will experience a higher level of pain. This birth canal trauma is acute and is expected to recover in a short period of time, can be measured, and without serious complications. The aim of this study was to identify the healing process of postpartum maternal perineal wounds. The intervention was carried out on 31 postpartum mothers with the selection using purposive sampling technique. Maternity cool gel pad (MCGP) which was applied to the perineal wound care intervention on the 2nd and 3rd day after delivery showed the wound healing process was observed using the REEDA measuring instrument and analyzed using the T one sample test. The repair of the wound repair scale from the mean REEDA score ( $10.81 \pm 2.98$ ) occurred in all wounds of the study respondents at post intervention ( $5.32 \pm 1.73$ ). Maternity cool gel pad intervention assisted the wound healing process in post intervention data ( $P < 0.005$ ). The results of this study can be indicative of an inflammatory response locally in perineal wounds, but further research is needed to observe the impact of perineal wound healing with a combination of methods that can help evaluate the perineal wound repair process that can be done by mothers independently at home.

**Keywords:** cool; gel; perineum; postpartum

#### INTRODUCTION

Tears of the perineal tissue at delivery, either spontaneously or with an episiotomy, in 70% of cases require perineal suture treatment. Postpartum mothers with an indication of episiotomy will experience a higher level of pain (1), more than 60% of mothers with pain complaints are experienced with a classification of pain levels ranging from moderate to severe pain within five days of delivery (2). Indications for episiotomy are performed with the aim of widening the birth canal, and minimizing severe perineal tears due to larger expulsion of the baby (3).

Episiotomy is a tear in the perineum which is a trauma that can be considered as serious treatment. Trauma to the birth canal is acute and is expected to recover in a short time, can be measured, and without serious complications. Delayed wound healing process can be caused by various factors that can affect the mother individually, and requires handling care during the postnatal period, especially at home (4,5). The most felt experience of the effects of laceration of the birth canal by the mother is pain (6). The pain felt by postpartum mothers can directly affect the bonding process between mother and baby, so that it has an impact on the breastfeeding process, the limitations of the mother in caring for the baby, mobilization disorders which affect the healing process (7).

A number of non-pharmacological methods that can be carried out in the treatment of perineal wounds in some research results include the use of hot and cold compresses, spray, gel pads, sprays, creams, ice packs, cold sitz baths, warm sitz baths, aromatherapy, electromagnetic energy, therapeutic use. , however, very little research has been done in this regard (8). Assessment of the level of satisfaction and healing of the perineal wound is also an important thing to do. The results of these studies can be indicative of an inflammatory response locally in perineal wounds, but further research is needed to observe the healing effects of perineal wounds (9).

## **MATERIALS AND METHODS**

This research is a randomized interventional study to identify wounds from maternity cool gel pad intervention, using a quasi experimental design, one group pre post test only design. The sampling technique was carried out by purposive sampling, in 31 postnatal mothers with normal delivery with episiotomy, wound grade 1-2. This research was conducted in the community working area of Pantai Cermin District, Serdang Badagai Regency with an average number of episiotomy deliveries of 150 births per month. The intervention procedure was carried out once a day for 2 consecutive days from the 2nd to 3rd postpartum day. Perineal wound care was carried out with a maternal cool gel pad (MCGP) for 10 minutes and was observed categorically using the REEDA scale.

The sampling technique was purposive sampling, namely by the process of selecting a group of people or elements with which the research was conducted. After explaining the research objectives in detail, willingness was accepted by signing the consent form. Study subjects who met the inclusion criteria, postnatal mothers during day 2, and 3, gave birth with an indication of episiotomy. The exclusion criteria for this study were those with diabetes, eclampsia, sexually transmitted diseases, puerperal sepsis, grade 3 and 4 perineal tears, instrumental delivery, lower segment caesarean section, and disabilities.

Administrative approval and permission was obtained from the institution with letter number 01.611 / KEPK / POLTEKKES KEMENKES MEDAN 2020. Written consent from research subjects (informed consent) was obtained after explaining the intervention carried out for the purpose of the study. The principle of confidentiality and anonymity is explained to the research subjects and guaranteed by the researcher. The tool used in the intervention is the maternity cool gel pad. Data analysis was performed using SPSS 16.0 software, referring to the one-sample t test as a statistical test in processing data on differences in the perineal wound repair process in postpartum mothers on the first day and the second day.

## RESULTS AND DISCUSSION

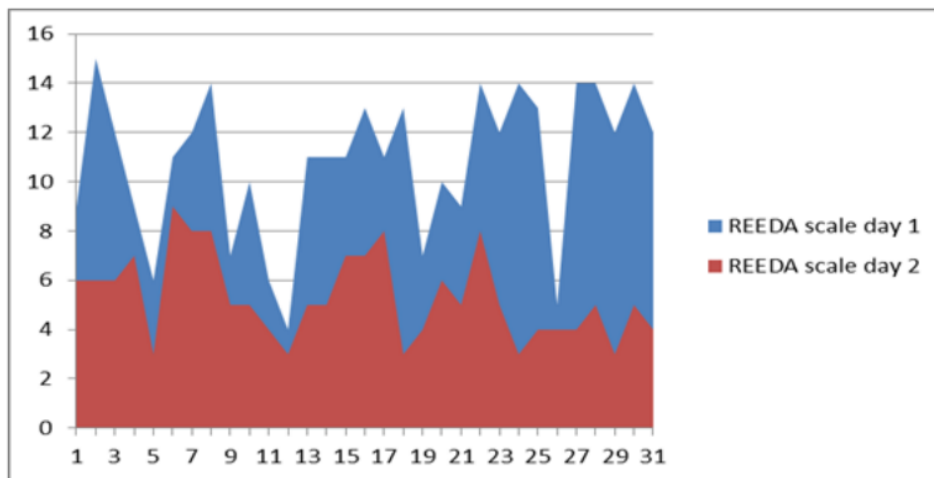
Table 1  
Frequency Distribution, Characteristics of Postpartum Mothers

Characteristics	Frequency	Percentage (%)
Age		
20-25 Years	15	48,4
26-30 Years	6	19,4
31-35 Years	7	22,6
> 35 years	3	9,7
Religion		
Islam	30	96,8
Christian	1	3,2
Hindu	0	0
Buddha	0	0
Confucianism	0	0
Ethnic		
Batak	2	6,5
Minang	0	0
Aceh	0	0

Java	27	87,1
Malay	2	6,5

Based on the characteristic data in table 1, the majority of postpartum mothers are 20-25 years old (48.4%), with the majority of them being Muslim (96.8%), Javanese (87.1%).

After the delivery process, postpartum mothers need perineal care assisted by nurses. Nurses have an important role in evaluating perineal wounds such as signs of infection, edema, hematoma, and the importance of educating mothers on perineal hygiene in order to prevent infection in the postpartum period (10). Another important role is to introduce non-pharmacological interventions to postpartum mothers that can be carried out by mothers as part of postpartum care (10,11).



**Figure 1. Distribution of Perineal Wound Characteristics by REEDA Assessment On Day-1 and Day-2**

In the figure 1, it can be seen that the assessment of wound characteristics with the REEDA scale shows a picture of the difference in scale values on the first and second day of assessment. Improvement of the scale of the description of wound repair occurred in all wounds of the study respondents. The level of healing and satisfaction of postpartum mothers during perineal wound care are very important studies in this study. This review suggests that localized cooling may reduce the inflammatory response but further research is needed assessing its impact on healing. Cooling down may decrease the reported level of perineal pain after delivery but there is insufficient evidence to suggest a more effective cooling method. The preference of women in treating perineal wounds with the cooling method needs to be considered. Research proves that the discomfort of postpartum mothers in doing cold sitz baths is due to the wide surface area of the skin that is exposed to cold

temperatures, and is at risk of experiencing ice burns. Local application of cold therapy to perineal wounds is the method preferred by postpartum mothers (12).

The assessment of the wound area is an important study to estimate the evolution of wound healing and the professionalism of health workers to be able to change the method of treating perineal wounds (13). An accurate holistic assessment of the patient and the wound will provide an understanding of the primary care goals resulting in improved perineal wound repair. Perineal wound care requires planning, and skills in evaluating individual perineal wound care (14).

Table 1

One sample t-test results on the REEDA scale on the first and second post-intervention days

Scale	Day-1		Day – 2	
	Mean ± SD	pValue	Mean ± SD	pValue
Redness	2,22±0,85	0,000	1,26±0,57	0,000
Edema	2,10±0,79	0,000	0,97±0,54	0,000
Echymosis	1,74±0,85	0,000	0,94±0,62	0,000
Discharge	2,87±0,42	0,000	1,52±1,33	0,000
Approximation	1,97±0,98	0,000	0,65±0,79	0,000
REEDA Score	10,81±2,98	0,000	5,32±1,73	0,000

Based on table 1, there are differences in the appearance of wounds on the first day and the second day after the intervention using the maternity cold gel pad. Based on the table, it can be seen that the picture of redness in the perineal wound on the first day there is a change with an average difference of 0.96, the difference in the edema scale is 1.13, the difference in echymosis is 0.8, the difference in discharge is 1.35, and Approximetry with a difference of 1.32. Based on the assessment of the wound healing process with a score range of 0-15 with a category rating of 0-3 scale.

Wound assessment category, higher scoring score (maximum 15) is indicated as a greater degree of tissue trauma and an indication (poor healing) while a score of 0 indicates a better perineal wound healing process (15). In this study, there were 31 postpartum mothers without the use of pain medications and had grade 2 laceration characteristics. Based on the wound healing scores on the second postpartum day, it can also be seen that the difference in the total REEDA scores on the first and second days was 5.49.

The process of healing the perineal wound is an important thing to pay attention to after a normal delivery. The incidence of infection can occur if the management of perineal

wound care is not carried out properly so that it has an impact on the bonding attachment process of mothers and babies who will experience delays, are hampered by breastfeeding, the treatment process is time-consuming, and will cost a lot of money. In the first 24 hours based on research conducted by Pore (2014), warm water therapy management is needed to cause a vasodilating effect that increases circulation to the perineal area (16). In this study, the application of a cold compress was applied using a cool gel pad medium designed in such a way as to provide comfort during perineal compression.

The gel material in the maternity cool gel pad is a tool that is considered more comfortable to use and does not provide excessive cold sensation and can cause hyperalgesia in the wound area (17). The process of wound healing with the REEDA assessment also shows data that supports the perineal wound healing process as evidenced by the difference in the REEDA scale on the first day and the second day. Perineal care management is part of the task of assisting nurses in post-partum mothers, starting from debriefing discharge planning regarding perineal care at midwifery services to assisting mothers in treating perineal wounds while at home. This was done by the researcher by documenting the results of the perineal wound care intervention using the maternity cool gel pad. The hope of the applied management is to prevent infection in the perineal wound caused by wrong knowledge, attitudes and treatment actions (18,19)

Postpartum mothers need to be convinced that perineal wounds require a process in the healing process (20). Boyle (2014) states in his scientific work the importance of managing perineal trauma from an early age by implementing muscle contraction and relaxation strategies that aim to increase the revascularization of damaged muscle fibers so as to support the perineal wound healing process. The process of healing soft tissue wounds to the perineum begins with pelvic floor muscle exercises in the first 24 hours. The formulation of appropriate perineal wound management techniques is still important to be explored and becomes a basic care service that can be applied in obstetrics and social maternity services and will empower postpartum mothers in carrying out perineal wound care with correct management that is easy to do (21).

## **CONCLUSION AND RECOMMENDATION**

According to some researchers, treating perineal wounds using cold therapy can accelerate the wound healing process. Maternity cool gel pad (MCGP) applied to perineal wound care interventions on the 2nd and 3rd day postpartum helped the wound healing process in the post intervention data ( $P < 0.005$ ). Cooling localized to the perineal wound has a significant impact on the perineal wound healing process. Further research is still

needed as a method and operational procedure that can be applied to postpartum mothers in carrying out perineal wound management independently at home.

#### **ACKNOWLEDGEMENTS**

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