



Family Support in Perineal Wound Care for Postpartum Mothers in Lampung

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ABSTRACT

Cases of perineal wounds in postpartum mothers are still frequently encountered in Indonesia. One of the factors that can influence the healing of perineal wounds is the role of the family in the care of perineal wounds. This study aims to determine the role of the family in perineal wound care for postpartum mothers. The type of this research is qualitative with a phenomenological approach. Data were obtained through in-depth interviews with 5 informants who are family members (husbands) of postpartum mothers with perineal wounds in the working area of Puskesmas Rama Indra, Lampung. The data were triangulated with a midwife from Puskesmas Rama Indra, Lampung. The results of this study found that the types of family support for postpartum mothers with perineal wounds included instrumental, emotional, informational, and esteem support. Work schedules and local customs become obstacles in assisting the postpartum mother's care. It was found that there is a phenomenon of insufficient family involvement in the early mobilization of postpartum mothers and local customs that hinder perineal wound care. Conclusion, the role of the family still needs to be improved in terms of assisting early mobilization of postpartum mothers with perineal wounds.

Keywords: Mother's health, Perineal wounds, Postpartum, Family role

ABSTRAK

Kasus luka *perineum* pada ibu bersalin masih sering dijumpai di Indonesia. Salah satu faktor yang dapat mempengaruhi kesembuhan luka *perineum* yaitu adanya peran keluarga pada perawatan luka *perineum*. Penelitian ini bertujuan untuk mengetahui peran keluarga dalam perawatan luka *perineum* pada ibu nifas. Jenis penelitian ini adalah kualitatif dengan pendekatan fenomenologi. Data didapatkan melalui wawancara mendalam terhadap 5 orang informan yang merupakan suami ibu nifas dengan luka *perineum* di wilayah kerja Puskesmas Rama Indra, Lampung. Data di-triangulasi dengan seorang bidan dari Puskesmas Rama Indra, Lampung. Hasil penelitian ini didapatkan jenis dukungan keluarga kepada ibu nifas dengan luka *perineum* berupa dukungan instrumental, emosional, informasi, dan penghargaan. Jadwal bekerja dan adat kebiasaan setempat menjadi kendala dalam membantu perawatan ibu nifas. Ditemukan fenomena kurangnya peran keluarga dalam mobilisasi dini ibu nifas dan adat kebiasaan setempat yang menjadi hambatan dalam perawatan luka *perineum*. Kesimpulan, peran keluarga masih perlu ditingkatkan dalam hal membantu mobilisasi dini ibu nifas dengan luka *perineum*.

Keyword: Kesehatan ibu, Luka perineum, Pasca partus, Peran Keluarga



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1. Introduction

Post-partum is a condition in women after passing through childbirth and the birth of the placenta, or the return of the reproductive organs after the pregnancy and childbirth period. Most mothers experience perineal tears during childbirth due to spontaneous perineal rupture or episiotomy (Sari, Listiarini, & Ayuanda, 2022). The incidence rate of perineal rupture at Banabungi Health Center, Buton Regency, Southeast Sulawesi, from 2018 to 2022 was 20.2-24.4% of all deliveries (Fitrahningsih, Ibrahim, & Luthfa, 2023). The incidence rate of perineal rupture among mothers giving birth at the Sobang District Health Center in Lebak Regency in 2022 was 45 out of 108 people (41.7%). As many as 42.6% of mothers received inadequate support from their husbands. The lack of support from the husband is one of the factors influencing the occurrence of perineal rupture (Nurhayati, Lail, & Aulya, 2023).

Factors influencing wounds include age, parity, mobilization, body mass index, knowledge, personal hygiene, cultural aspects, nutrition, and family support (Desti & Yanuarti, 2023; Instiyaswati, 2020; Sukamti & Noviani, 2024). The role of the family during the perineal wound care process can prevent the patient from experiencing postpartum blues, severe depression, postpartum psychosis, and frustration. During the postpartum period, mothers greatly need support from those around them, such as family, to motivate and uplift them so that they can take good care of their wounds and achieve healing from perineal wounds (Ningsih & Harahap, 2022). Mothers in the postpartum period with perineal wounds who receive support from those around them, such as family, will be encouraged to perform perineal wound healing. As explained in a previous study in Muara Enim, Indonesia, as many as 21 out of 54 mothers who gave birth received family support. Of the 21 mothers, 13 (61.9%) were known to have good perineal wound healing (Lestari, Ismed, & Afrika, 2022). In a previous study in Kolaka Regency in 2017, out of 63 postpartum mothers, 44 postpartum mothers (74%) who received family support experienced good perineal wound healing (Herlina, Ekowati, Astuti, Ambariani, & Yulia, 2020). However, another study proved that family support did not affect perineal wound healing (Fauziah, Widowati, & Novelia, 2022).

Based on the background above, it is known that family members play a role in influencing the healing of perineal wounds. Therefore, the researcher is interested in understanding the various forms of family support postpartum mothers receive during perineal wound care.

2. Method

The research method used is qualitative with a phenomenological approach. The researcher conducted the data collection technique through in-depth interviews with family members accompanying postpartum mothers with third or fourth-degree perineal tears at the primary healthcare facility Puskesmas Rama Indra, Lampung, Indonesia. The postpartum mothers had been experiencing perineal tears for a minimum of 7 days and a maximum of 30 days. Family members with a background in health sciences are omitted. The information to be gathered in this study were instrumental, informational, and emotional support. The information obtained from the informants is collected until saturation is reached.

Data triangulation was conducted with the Rama Indra Community Health Center regarding instrumental and appreciation support. The information results from the informants were simplified, classified and arranged systematically in narrative text. After that, the conclusion can be drawn.

This study has been ethically approved by the Commission of Bioethics, Humaniora, and Islamic Medicine of the Faculty of Medicine Universitas Muhammadiyah Palembang No. 146/EC/KBHKKI/FK-UMP/XI/2023.

3. Results and Discussions

The results of this study were obtained from 5 informants who are the husbands of postpartum mothers, aged 24 to 43 years, with an education level ranging from junior high school to high school. The occupations of the informants vary, including private employees, farmers, entrepreneurs, and daily laborers. One informant is a midwife at the Rama Indra Community Health Centre. The characteristics of the informants can be seen in Table 1 below.

Table 1. Informants Characteristics

Informant Code	Sex	Age	Relationship with Postpartum Mothers	Education Level	Occupation
K.W1	Male	38	Husband	High School	Entrepreneur
K.W2	Male	43	Husband	High School	Farmer
K.W3	Male	31	Husband	High School	Labourer
K.W4	Male	31	Husband	Middle School	Labourer
K.W5	Male	24	Husband	High School	Employee
B.D	Female	46	Healthcare worker	Diploma	Midwife

3.1 Instrumental Support

In this study, the researcher examines instrumental support. Based on the interviews, instrumental support includes helping with household chores and accompanying postpartum mothers for perineal wound examinations. As illustrated by the interview excerpts with the family members of postpartum mothers with perineal wounds as follows:

"...We help our wives by washing the baby's clothes, the wife's clothes..." (K.W1)

"...After giving birth, we help wash, cook, tidy up the house, and bathe the younger sibling. Drying clothes is also helpful, and household chores are shared with the wife and children. Yeah, preparing the children's clothes when they take a bath, preparing their clothes..." (K.W3)

"...If it is just cleaning the house, sweeping, mopping. For other things, helping with washing clothes, hanging them out to dry, washing dishes." (K.W5). "If she needs to walk, she is helped, for example, from sitting to standing because she has difficulty due to pain..." (K.W5)

"Usually taken (her) to the midwife for check-ups..." (K.W2)

"...Always taken (her) to the midwife for check-ups..." (K.W4).

3.2 Information Support

Based on information from the informants, the information support provided by the family includes information about nutritious food for postpartum mothers and traditional medicine for perineal wounds. As the interview excerpt states:

"...Consume nutritious and regular meals." For example, eating the recommended foods after giving birth, such as various types of fish, like snakehead fish, for healing wounds. Fruits, you must eat fruits... (K.W1)

"...Eggs are included every day as a side dish, for example, vegetables with eggs, both the egg whites and yolks are given. "...So that the wound heals quickly..." (K.W5)

"...There are special foods for the mother, like vegetables, fish, tempeh, tofu." The fish is usually snakehead; it is quick for healing, and the stitches dry quickly. Specifically, if it is fish, every day there is snakehead fish, sometimes bought, sometimes caught; from the beginning of giving birth until now, it is always fish, so the wounds heal quickly; this one has been dry for ten days. Herbal medicine like rice and ginger is usually bought every day, and it helps wounds heal quickly." (K.W3)

"...Usually, the herbal medicine like rice and ginger or tamarind is routinely consumed. It has a quick effect on wounds like tamarind is good for wounds..." (K.W2)

3.3 Emotional Support

Attention to preparing bathing needs, medications, and the condition of postpartum mothers constitutes emotional support and appreciation. As the interview excerpt states:

"...If taking a bath, warm water is provided; that is mandatory." "...If it is to remind to take medicine regularly, after eating take the medicine, we prepare the medicines, especially every three days or once a day." (K.W1)

"...preparing the water for bathing..." (K.W2)

"...helping to prepare warm water if they want to bathe..." (K.W3)

"...If they want to bathe, we prepare the warm water first before bathing. The routine medicine is usually prepared and reminded to speed up recovery..." (K.W4)

"The medicine is prepared when it is time to take it. If they want to bathe, we help prepare the sanitary pads, bathing tools..." (K.W5)

Based on the interview results, there are two types of obstacles experienced by the informants, namely schedule conflicts and local customs, which pose challenges for the informants in perineal wound care for postpartum mothers. As per the interview excerpt as follows:

"...If there are prohibitions like not being allowed to eat egg yolks or whatever, yes, those do exist. If salted fish is also not allowed, we comply with that. Nevertheless, we can still eat the whites, not the yolks, for eggs. Because according to the elders, it prevents the wound from itching..." (K.W1)

"...The challenge in helping is sometimes when work clashes, that is the challenge. "The food that is usually avoided is chicken..." (K.W2)

"There are many taboos from the grandmothers, like not being allowed to bathe on Fridays, but I do not know why." Fish is prohibited; they say the stitches will not dry, and the breast milk will smell bad." (K.W4)

"...Well, it is difficult to help the mother because of the clash with work." Every day at work, just be bright about managing your time... (K.W3)

3.4 Triangulation with Midwife

"There is a recommendation for mobilization that we direct to the family and the postpartum mother. Mobilization is also included in the complete maternal observation book, but some people still need to read the book if postpartum visits are four times, 6 to 28 hours, 3 to 7 days, 7 to 28 days, and 29 to 42 days. If it is a local person, then four times; if it is someone from afar, then not. Those who are diligent can do it more than four times..." (B.D)

3.5 Discussions

Instrumental Support

This study found that the instrumental backing provided by informants included helping with household chores, early mobilization of postpartum mothers, and accompanying postpartum mothers for perineal wound examinations. This follows the theory that the role of the husband or family can alleviate the physical and psychological burdens of the postpartum mother, as well as provide the postpartum mother with the opportunity to rest adequately and help expedite the recovery period (Nandia, Anggorowati, & Asmara, 2021). There is a phenomenon of insufficient knowledge among informants in this study about early mobilization in postpartum mothers with perineal wounds. Instrumental support helps revive the energy, stamina, and spirit of someone experiencing a decline in those aspects. Families can provide instrumental support as practical and tangible assistance to those needing material, labor, or resources (Melinda, Yusuf, & Hamzah, 2017).

Information Support

The findings of this study showed that families provided information about nutritious foods for postpartum mothers and traditional medicines for perineal wounds. Meeting the nutritional needs of postpartum mothers is one way to accelerate the healing of perineal wounds. Meeting nutritional needs by consuming high-calorie and protein-rich foods such as fish, eggs, milk, meat, legumes, and grains. Tissue regeneration during the healing process of perineal wounds requires protein as a building block for damaged cells, the inflammatory

process, immunity, and the development of granulation tissue from the wound (Hidayah, Sulistiyah, & Widiatrilupi, 2023). Turmeric tamarind drink can address perineal wound issues as an anti-inflammatory and antioxidant. The curcumin content in turmeric can enhance the wound-healing process (Astuti & Handajani, 2018).

Informational support can include advice, suggestions, recommendations, instructions, and information-based support (Melinda et al., 2017). The issues within the family regarding the informational support from the postpartum mother's family members include conflicts with work schedules and local customs when assisting with the care of the postpartum mother. This is consistent with previous research that indicates the husband's work is one of the obstacles to participating in the care of the postpartum mother's perineal wound (Firouzan, Noroozi, Farajzadegan, & Mirghafourvand, 2019). In the postpartum period, local customs and culture will support or hinder the smoothness of the postpartum phase. There is a culture that prohibits postpartum mothers from consuming high-protein foods such as fishy foods or eggs (Ermiati, Widiasih, & Setyawati, 2019; Rambe, Yustina, Nurmaini, Rochadi, & Zuska, 2023). The phenomenon indicates a lack of knowledge among family members regarding the nutrition of postpartum mothers. Informants with lower education levels, low socio-economic status, and some occupations tend to follow traditional food taboos (Ade, Pratheeka, & Guthi, 2023).

Emotional Support

All informants of this study mentioned that they paid attention to postpartum mothers to prepare for bathing needs, medications, and the condition of the postpartum mother. This is consistent with previous research in Pekanbaru that the presence, attention, and involvement of the husband or family during the postpartum period can prevent the mother from experiencing postpartum blues, severe depression, postpartum psychosis, and frustration (Ningsih & Harahap, 2022). Emotional support can take the form of affection, trust, attention, and listening, as well as being listened to (Melinda et al., 2017). Appreciative support can take the form of support, appreciation, or attention.

Triangulation with Midwife

No informants of this study mentioned about postpartum early mobilization, as mentioned by the midwife. Previous study found that 52 out of 77 postpartum mothers had low level of knowledge about the benefit of early mobilization after postpartum (Samrida, 2023). Early mobilization after postpartum can reduce the pain level of perineal wound (Kusumastuti, Ramadianti, & Winarni, 2024).

4. Conclusions

Family behavior towards perineal wound care for postpartum mothers includes assisting with the mother's activities, providing nutrition for the mother, helping with the mother's therapy, and escorting the mother for perineal wound examinations to healthcare facilities. There is a phenomenon of the lack of family involvement in the mobilization of postpartum mothers, which can lead to negative impacts. Family behavior in the care of perineal wounds in postpartum mothers includes informational, instrumental, emotional, and esteem support. The behavior of the postpartum mother's family also fulfills three family functions, namely affective, economic, and healthcare functions. The demands of work and local customs, such as prohibitions against high-protein foods and bathing for postpartum mothers, become obstacles faced by families in the process of caring for perineal wounds in postpartum mothers.

Future researchers are expected to investigate the knowledge of husbands or families in early mobilization with the healing of perineal wounds, the local customs in perineal wound care, and their relationship with the healing of perineal wounds in postpartum mothers.

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6. Conflict of Interest

The authors declare no conflict of interest.

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