

ANALYSIS OF NEWBORN
WEIGHT OF EVENTS PERINEUM
RUPTURE OF LABOR IN
PHYSIOLOGICAL HOSPITAL
MARIA WALANDA MARAMIS
AIRMADIDI SUB-DISTRICT
NORTH MINAHASA REGENCY

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**ANALYSIS OF NEWBORN WEIGHT OF EVENTS PERINEUM RUPTURE
OF LABOR IN PHYSIOLOGICAL HOSPITAL MARIA WALANDA
MARAMIS AIRMADIDI SUB-DISTRICT
NORTH MINAHASA REGENCY**

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ABSTRACT

Introduction: Globally 80% of maternal deaths classified indirect maternal deaths. Pattern direct cause everywhere the same, namely bleeding (25% usually vaginal bleeding after childbirth), of contraception (15%), hypertension in pregnancy (12%), obstructed (8%), complications of unsafe abortion (13%), and other causes (8%).

Purpose Analyze the relationship of weight newborns with perineal rupture at physiological childbirth in hospitals maria walanda maramis.

Research methods: This type of research that is used is Analytical research using a retrospective approach or secondary data collection. The sampling technique sampling total, there are 319 people who are eligible in the month of January 2016 to December 2017. The independent variable weight of newborns and the dependent variable rupture perineum. Data analysis using statistical test Chi-square significance level ($\alpha < 0.05$).

Research result: The results showed that no significant relationship between weight newborns with rupture of the perineum in labor is physiological ($p = 0.000$) using the chi-square statistical test at the significance level ($\alpha < 0.05$). Perineal tears at the birth of a large baby will increase the risk of rupture of the perineum because the perineum is not strong enough to withstand the strain the baby's head with a birth weight which is great.

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Conclusion: The greater the birth weight babies are at increased risk of rupture of the perineum. It is hoped that health professionals, especially midwives can further improve the skill and vigilance in making aid delivery so as to avoid rupture of the perineum.

INTRODUCTION

Globally 80% of maternal deaths classified indirect maternal deaths. Pattern direct cause everywhere the same, namely bleeding (25% usually vaginal bleeding after childbirth), of contraception (15%), hypertension in pregnancy (12%), obstructed (8%), complications of unsafe abortion (13%), and other causes (8%). (15)

Maternal Mortality Rate (MMR) according to the World Health Organization (WHO) is the death of a woman while pregnant or within 42 days after the end of the pregnancy by any cause, regardless of her pregnancy and the actions taken to end a pregnancy. (15)

Reducing the maternal mortality rate in Indonesia occurred from 1991 to 2007, from 390 to 228. Based Indonesia Demographic and Health Survey (IDHS) in 2012 showed a significant increase in the maternal mortality rate is be 359 maternal deaths per 100,000 live births. AKI back showed a decline to 305 maternal deaths per 100,000 live births based on the Inter- Census Population Survey (SUPAS) 2015 (12)

Results Inter- Census Population Survey (SUPAS) in 2015 showed IMR 22.23 per 1,000 live births, which means it has already reached the MDG 2015 amounted to 23 per 1,000 live births. Similarly, the Infant Mortality Rate (Akaba) SUPAS result in 2015 amounted to 26.29 per 1,000 live births, also already meet the MDG's target of 2015 amounted to 32 per 1,000 live births. (12)

Maternal Mortality Rate (MMR) in North Sulawesi in 2016 decreased compared to 2015, whereas in 2016 there were 54 cases decreased compared to 2015 as many as 71 deaths. When viewed from the cause of death, maternal deaths are mostly caused by bleeding 22 cases, 13 cases of hypertension in pregnancy, 5 cases of infection, and other 31 cases. (4)

According to the Demographic and Health Survey 2007 Infant mortality rate (IMR), North Sulawesi (35) is higher than the infant mortality rate (IMR) National (34) so that the efforts for the achievement of the MDG's 2015 amounted to 23. The infant mortality rate in 2013 by IDHS 2012 is 33 or down 2 points from the figure IDHS 2007. (4)

Preliminary data were performed in hospitals maria walanda maramis Airmadidi sub-District of North Minahasa regency of normal childbirth January to December 2016 amounted to 157 people and ruptured perineum in primiparous and multiparous many as 91 people (57.96%), primiparity as many as 42 people (26.75%), multipara 48 people (30.57%), episiotomy by 1 person (0.63%), which did not rupture perineum and episiotomy many as 66 people (42.03%).

Normal deliveries from January to December 2017 amounted to 290 people, who ruptured perineum in primiparous and multiparous a total of 191 people (29.31%), primiparous 85 persons (29.31%), multipara were 106 people (36.55%), which does not rupture the perineum and episiotomy many as 99 people (34.13%).

METHODS

This type of research that is used is Analytical research using a retrospective approach or secondary data collection. This research was conducted from January to June 2018, in hospitals maria walanda maramis. The independent variable is the weight of newborns and the dependent variable rupture of the perineum. The sampling technique is total sampling. The research sample 319 people who meet the criteria from January 2016 to December 2017. (17)

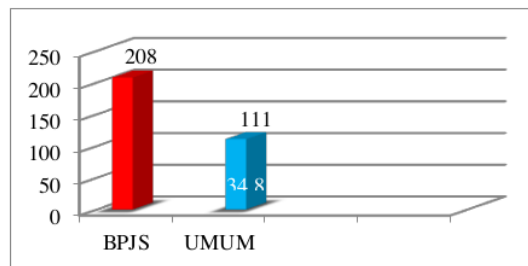
Inclusion criteria:

- a. Patients who give birth in hospitals maria walanda maramis Airmadidi sub-District of North Minahasa Regency.
- b. Patients who experience ruptured or unruptured perineum and have a complete medical record.

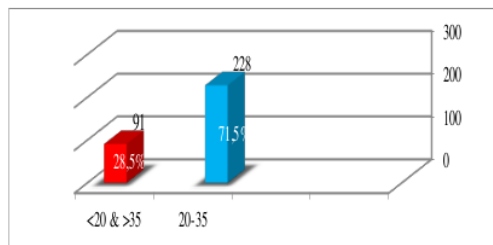
RESULT

a. Univariate analysis

Table 1. Frequency Distribution Based Health Insurance in hospitals maria walanda maramis.



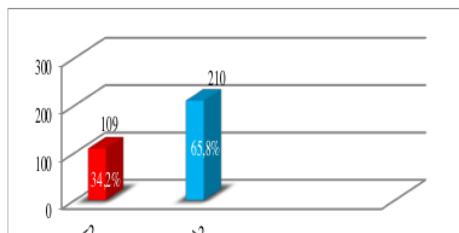
¹ Based on Table 2 shows that most mothers use health insurance that is BPJS 208 (65.2%), and the Umum as 111 people (34.8%).



¹ **Table 2.** Frequency Distribution Based on Age in hospitals maria walanda maramis.

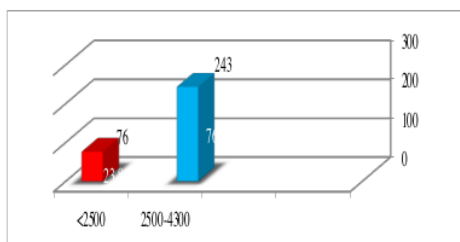
¹ Based on Table 2 shows that the majority of mothers younger age <20 and> 35 years found in the smallest number as many as 91 people (28.5%) and the age of 20-35 years as many as 228 people (71.5%).

¹ **Table 3.** Frequency Distribution Based on Parity in hospitals maria walanda maramis.



¹ Based on Table 3 shows that most women with gestational number <2 as many as 109 people (34.2%) and > 2 210 people (65.8%).

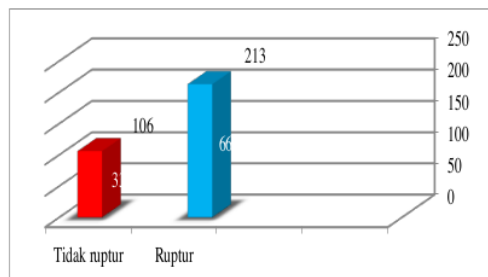
Table 4. Frequency Distribution Based on Weight Newborn in Hospital maria walanda maramis.



Based on Table 4 shows the weight newborns <2,500 g as much as 76 people (23.8%), and newborn weight 2500-4300 grams as many as 243 people (76.2%).

Table 5. Frequency Distribution Based on Rips Road Born in hospitals maria walanda maramis.

¹ Based on Table 5 shows that most mothers ruptured perineum during childbirth as many as 213 people (66.8%), and women who do not ruptured



perineum were 106 people (33.2%).

b. Bivariate analysis

Table 6. Relationship Weight Newborns with Genesis rupture perineum in labor Physiological Di maria walanda maramis Hospital.

	rupture of the perineum		Total	% p		
	not ruptur e	%			ruptur e	%
500 grams	58	76.3	18	23.7	76	100
2500-4300 grams	48	19.	195	80.2	243	100 0.00
Total			33.2			

Source: secondary data

¹ Based on Table 7 shows that mothers of babies with birth weight <2,500 g were 58 (76.3%) of mothers who did not rupture perineum and a total of 18 (23.7%) were ruptured perineum. Perineum rupture Mothers have babies with birth weight 2500 - 4300 g were 48 (19.8%) of mothers who did not rupture perineum and as many as 195 (80.2%) were ruptured perineum.

DISCUSSION

1. Weight newborns

According to the research done on 319 mothers in childbirth physiological eligible showed that almost all mothers give birth to babies with newborn weight 2500-4300 grams in 216 people (67.7%), and weight newborns < 2500 grams for 103 people (32.3%).

Birth weight is the weight of the baby who weighed 24 hours after birth. Birth weight is one of the risk factors that increase the incidence of perineal injury

during birth. The more babies born increases the risk of rupture of the perineum, on large infants ≥ 3500 grams, normal baby weight about 2500-3500 grams, and a little baby weight ≤ 2400 g. (7)

Perineal tears also occurs in a large birth. Weight babies born will increase the risk of rupture of the perineum because the perineum is not strong enough to withstand the strain the baby's head with a birth weight which is great. (8)

The results are consistent with previous research done by Fajrin (2015) shows that there is a significant relationship between weight newborns with rupture of the perineum got value $C = 0.024$ ($\alpha < 0.05$) and Fitri (2015) shows that there is a significant association between weight newborns with indigo obtained rupture perineum $p = 0.000$ ($\alpha < 0.05$).

2. rupture of the perineum

According to the research done that mothers who experience ruptured perineum as many as 197 people (61.8%) and mothers who do not ruptured perineum as much as 122 people (38.2%). Rupture of the perineum is a tear that occurs in the perineum during childbirth caused by natural tissue damage due to the insistence of the fetal head or shoulder at the time of delivery.

The results are consistent with previous research done by Arsyad (2014) entitled The Relationship Between Parity And Weight Born With Genesis rupture perineum On vaginal delivery that shows there is a significant association between birth weight with rupture of the perineum in a normal delivery with value p -value = 0.000 ($\alpha < 0.05$). (2)

3. Relationships Weight Infants with rupture perineum

Based on the results showed that no significant relationship between weight newborns with perineal rupture at physiological childbirth in hospitals maria walanda maramis.

Results of statistical test Chi-Square at the rate of 95% (significance level $\alpha = 0.05$) p -value = 0.000 ($\alpha < 0.05$), which means that there is a significant association between birth weight with rupture of the perineum.

The greater the birth weight babies are at increased risk of rupture of the perineum because the perineum is not strong enough to withstand the strain the baby's head with large birth weight so that in the process of having a child with birth weight are often large rupture of the perineum. (6)

The risk factors that occur in the birth canal laceration normal labor on large infants are > 3500 g due

to the greater birth weight greater the possibility of the birth canal laceration. (14)

The results of this study also consistent with previous research done by Enggar, (2010) shows that there is a significant relationship between weight newborns with rupture perineum p -value = 0.007 ($\alpha < 0.05$) and Pasiowan (2015) shows that there is a significant relationship between weight newborns with rupture perineum p -value = 0.000 ($\alpha < 0.05$) that there is no relationship of weight newborns with rupture of the perineum.

CONCLUSION

1. Most baby's weight at BBL 2500-4300 as many as 243 grams (76.2%)
2. At physiological childbirth ruptured perineum of 213 (66.8%) and were not ruptured perineum were 106 (33.2%).
3. The greater the birth weight babies are at increased risk of rupture of the perineum because the perineum is not strong enough to withstand the strain the baby's head with large birth weight, There is a significant association between weight newborns with Genesis perineum rupture at physiological childbirth.

SUGGESTION

1. For educational institutes
As information and add insight to the reader on the relationship of weight newborns with perineal rupture at physiological childbirth.
2. For health workers
It is expected that health professionals, especially midwives can further improve the skill and vigilance in making aid delivery so as to avoid rupture of the perineum.
3. For the research site
The results of this study can be beneficial and as a reference for maria walanda maramis Hospital.
4. for mothers
Add insight especially birth mothers expected to comply with the recommended midwife during pregnancy so the baby weight was great and so can anticipate the rupture of the perineum.

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