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Frangipani Aromatherapy Oil in the Massage of Labor First Stage Reduced Events Perineum Ruptur Spontan at the Labor

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ABSTRACT

Background: Labor is a physiological event, but midwifery care is required to avoid complications in the mother and fetus. Midwifery care is given during labor to reduce the incidence of perineum rupture. Primiparous are considered most at risk of spontaneous perineum rupture. Perineum rupture may result in bleeding.

The aim of this research is to know the influence of frangipani aromatherapy oil in the first stage of labor massage on maternal perineum condition.

Research type Quasi-Experimental Design with posttest control group design. The sample size was 80 people, divided into 2 treatment groups and 40 respondents respectively. Sampling technique used Consecutive sampling. Data is recorded on the observation sheet. Univariate and bivariate data analysis "Mann-Whitney". The results showed perineum conditions in the treatment group mostly did not experience laceration perineum, while the control group most respondents suffered perineum injury level one. Mann-Whitney test result obtained 399.000 with value $p = 0.000$, indicating there is the influence of aromatherapy frangipani in the first stage of labor massage to perineum condition at level of significance $p < 0.05$. The conclusion of research that there is the influence of aroma of frangipani therapy in the first stage of labor massage to perineum condition

Keywords: massage, aromatherapy, frangipani, first stage, labor

INTRODUCTION

Childbirth is a physiological event, but care should be given to the midwifery well to prevent maternal and fetal complications. Midwifery care is given during labor to reduce the incidence of perineum rupture. Perineum rupture occurs in almost all of the first labor, and not infrequently in subsequent labor¹ primiparous are considered most at risk for spontaneous perineum rupture². The new paradigm with Normal Birth Care, primiparous is no longer an indication of episiotomy³. Perineum rupture may result in bleeding according to the degree of laceration that occurs. In perineum rupture of degree 1 and 2 rarely occurs bleeding, but at degree 3 and

4 it often leads to bleeding and infection complications⁴.

Approximately 90% of the causes of maternal deaths in Indonesia occur at the time of delivery. Post partum bleeding accounts for 40% as the main cause. Post partum bleeding, among others, occurs because of a tear in the birth canal including the perineum is the second cause of postpartum hemorrhage, after uterine atony. Episiotomies are not routinely performed because of the increased risk of bleeding and infection. Efforts to prevent perineum rupture can be done by regulating the expulsion of the head, shoulders and the entire body of the baby using birth help with the technique of Normal Birth Care, supported by policy ministry of health number 786 /SK/VII/1999 about Normal Birth Care⁵.

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Results of research in Birth Clinic Panjawi Sukoharjo Surakarta in 2015 found 60% of primiparous maternal respondents normally suffered perineum