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Studies of the Effect of Hypnoanesthesia in Reducing Perineal Laceration Suture Pain And Healing of Postpartum Perineal Wounds in Indonesia

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ABSTRACT Pervaginal childbirth until now is still the choice of the method of childbirth that is considered the safest and economical. Although the delivery assistance has been done correctly, most women will experience perineal trauma during the vaginal labor process and require perineal suturing. The problem that is often faced by a mother who has a perineal tear is pain during the suturing process and will last until the suture wound is dry and the duration of the healing process of the perineal suture wound. The purpose of this study was to analyze the effectiveness of the hypnoanaesthesia method in reducing pain in perineal suturing and postpartum perineal wound healing. his type of research is quantitative analytics using a Quasi-Experimental research design with one group post-test design method. Free variables: Hypnoanaesthetic methods and bound variables: perineal suture wound pain and perineal wound healing. Respondents in this study were 66 maternity mothers using purposive sampling techniques. Instruments: Checklists and Observation sheets, data analysis using the Wilcoxon Test. The results showed that after being given the hypnoanaesthesia method, almost all respondents experienced mild pain when suturing perineal lacerations, namely 87.9% and most respondents needed a fast time (2 weeks) in healing perineal wounds, namely 23 respondents (69.7%). This study concludes that the hypnoanaesthesia method is effective in reducing perineal laceration suturing pain and is effective in the healing process of perineal wounds. It is hoped that all healthcare providers for maternity mothers can apply the hypnoanesthesia method as an application of the principle of maternal affection to reduce perineal suturing pain and accelerate the healing process of postpartum perineal wounds.

INDEX TERMS Hypnoanesthesia method, pain, wound healing, perineum.

I. INTRODUCTION

Childbirth is one of the phases of a woman's journey to becoming a mother. Most vaginal deliveries, both normal labor, and childbirth with complications. The labor process can be viewed as a simple thing because it is a natural mechanism in a woman, but it can also be very complex and full of risks. Pervaginal childbirth until now is still the choice method of childbirth that is considered the safest and most economical. Although childbirth assistance has been done correctly, 85% of women will experience perineal trauma during the vaginal delivery process and around 60-80% require perineal suturing [1]. A problem often faced by a

mother who has a perineal tear is pain during the suturing process which will last until the suture wound is dry. The pain felt by the maternity mother during the perineal suturing process can interfere with the perineal healing process and interfere with the mother's comfort during the delivery process [2]. Another problem that often arises due to the presence of sutures in the laceration of the perineum is the duration of the healing process of the perineal suture wound [3].

Research conducted in Europe in 2018 showed that 75-80% of the delivery process experienced tearing and perineal pain that required perineal healing and 25% of them

experienced a long wound healing process. Other researchers published results stating the incidence of rupture and perineal pain in labor reached 70% and 30% had long wound healing[4]. According to the results of research in Indonesia in 2019 around 85% of women who gave birth spontaneously through the vagina experienced perineal trauma in the form of 32-33% due to episiotomy and 52% were spontaneous lacerations. Perineal lacerations are mild to severe. Perineal lacerations are distinguished into degrees of laceration, from 1st-degree lacerations to 4th-degree lacerations. Of course, the deeper and wider the laceration of the perineum, the more it will cause pain and affect the healing process of the perineal wound [5].

The results of studies conducted at varying numbers may occur due to the assessment of different degrees of perineal tears from degree one to degree four, ignorance of the delivery helper and the patient himself, and there is still the assumption that perineal trauma and the problems that accompany it are natural as a consequence of vaginal childbirth [6].

Factors causing wounds and perineal pain in maternity mothers include uncontrolled and unhelpful delivery of the precipitate, the patient's unable to stop straining, labor being completed hastily with excessive fundus push, edema and fragility in the perineum, vulvar vasculosity that weakens perineal tissue, narrow pubic arch with a narrow pelvic lower door so that it presses the baby's head in a posterior direction, and the expansion of the episiotomy. Factors that cause the fetus include a large baby, abnormal head position, buttock birth, difficult forceps extraction, and shoulder dystocia [7]. Perineal lacerations are usually felt very painfully by maternity mothers but it turns out that there are also maternity mothers who do not feel pain even though there is a laceration in the perineum. This happens because the pain threshold in each person is different. Pain is very individual, subjectively influenced by culture, situation, attention, and various psychological variables [8]. Three psychological factors influence the dimensions of pain namely sensory discrimination, motivation, and cognitive evaluation that will interact with each other to produce information, perceptions that will influence complex patterns about the character of pain. The method of examination based on the client's answers directly is the most trusted indicator for the assessment of pain intensity. Perineal wound suturing pain can result in problems and discomfort for the maternity mother. In addition, severe pain can also cause the maternity mother to be afraid of movement which will occur in perineal tension or stiff perineum so it will be difficult to suture the perineum [9].

The usual treatment done by midwives in reducing pain in the perineal suturing process is to give anesthesia in the form of 1% lidocaine before suturing perineal lacerations, but this method turns out to be able to prolong the healing of perineal wounds [10]. With the development of science and technology, especially in the field of complementary obstetrics, the process of anesthesia can be carried out without the use of drugs but with the hypnoanesthesi method

commonly called hypnoanesthesi. Hypnoanesthesi is a method of hypnosis, namely by bringing the mother into the subconscious and giving positive suggestions for reducing pain. this method is a natural method by reducing the use of the drug, preventing side effects in maternity mothers, and accelerating the healing process of perineal wounds[11].

Based on research conducted by Rahmawati (2018) shows that giving LidocainePrilocaine Cream can reduce the pain of the perineal suturing process in the same as a lidocaine-HCL injection [12]. A similar study was also conducted by Giulia Magoga (2019), namely the use of warm compresses on the perineum was proven to reduce the occurrence of tears in the perineum [13]. Another research conducted by Maria (2020) that the administration of cold compresses can reduce the pain of perineal suture wounds [14].

Many ways can be done to reduce pain in the perineal suturing process. Based on research that has been carried out by researchers from various countries stated that reducing pain in the suturing of perineal wounds can be done by giving lidocaine injections, giving Lidocaine Prilocaine Cream, lidocaine-HCL, warm compresses, and cold compresses. These various methods have been proven to reduce the level of pain in the perineal suturing process. In this study, researchers wanted to apply the hypnosis method as an anesthetic in reducing pain in the perineal suturing process commonly called the hypnoanesthesia method. The purpose of this study was to analyze the effectiveness of the hypnoanesthesia method in reducing pain in perineal tear suturing and postpartum perineal wound healing.

II. METHODOLOGY

This type of research is quantitative analytics using a Quasi-Experimental research design with the one group post-test design method with the treatment group and control group, namely by identifying the level of pain during the perineal suturing process after being given the hypnoanesthesi method and identifying the healing of perineal wounds after being given hypnoanesthesi therapy. In the initial stage, the therapist will provide a hypnoanesthesi method before suturing the perineal laceration, then evaluate the pain of suturing the perineal laceration 2 hours postpartum, while the healing process of the perineal wound will be evaluated 1 to 2 weeks postpartum. The population in this study was all maternity mothers who experienced lacerations and perineal suturing at the Midwife Independent Practice in Jombang Regency from January to July 2022, totaling 156 people. The samples in this study were some postpartum mothers totaling 66 people who experienced perineal lacerations of degrees 2 and 3 who were suturing the perineum. The sample was divided into 2 groups, namely 33 people as a control group and 33 people as a treatment group (by being given a hypnoanesthesi method when suturing the perineal laceration in the labor process). Sampling uses purposive sampling techniques. The instruments in this study are the Numerical Rating Scale (NRS) and the Observation sheet. The data collection process uses editing, coding, and tabulating. The data

analysis method used in this study is univariate Analysis using percentages in each variable, bivariate Analysis to find the effectiveness of hypnoanaesthesia methods in reducing perineal suture wound pain and perineal wound healing in postpartum mothers. The data were analyzed using SPSS software with Wilcoxon statistical tests on bivariate analysis.

III. RESULT

The results of the research conducted by the researcher are :

TABLE 1
Frequency distribution characteristics of respondents based on the age

No	Age (control group)	f	%
1	<20	2	6
2	20 – 30	26	78,8
3	>35	5	15,2
Total		33	100
No	Age (treatment group)	f	%
1	<20	3	9
2	20 – 30	26	78,8
3	>35	4	12,2
Total		33	100

TABLE 1 showed that the characteristics of respondents based on the age of maternity mothers were mostly aged 20-30 years, namely a total of 26 respondents (78.8%) both in the control group and in the treatment group.

TABLE 2
Frequency distribution characteristics of respondents based on parity

No	Parity (control group)	f	%
1	Primipara	22	66,7
2	Multipara	8	24,3
3	Grande Multipara	3	9
Total		33	100
No	Parity (treatment group)	f	%
1	Primipara	19	57,6
2	Multipara	11	33,4
3	Grande Multipara	3	9
Total		33	100

TABLE 2 showed that in the control group most of the respondents were primipara, namely 22 respondents (66.7%) and in the treatment group more than half of the respondents were primipara, namely as many as 19 respondents (57.6%).

TABLE 3
Frequency distribution characteristics of respondents based on the degree of laceration of the perineum

No	Degree of laceration (control group)	f	%
1	Degree 2	28	84,8
2	Degree 3	5	15,2
Total		33	100
No	Degree of laceration (treatment group)	f	%
1	Degree 2	26	78,8
2	Degree 3	7	21,2
Total		33	100

TABLE 3 showed that in the control group almost all respondents experienced degree 2 perineal lacerations, namely 28 respondents (84.8%) and in the treatment group

most respondents experienced degree 2 perineal lacerations, namely 26 respondents (78.8%). TABLE 4 showed that in the control group, most respondents carried out perineal suturing using the jelujur method, namely 25 respondents (75.8%) and in the treatment group most respondents carried out perineal suturing using the jelujur method, namely as many as 27 respondents (81.8%).

TABLE 4
Frequency distribution characteristics of respondents based on the method of suturing the perineum

No	Perineal suturing methods (control group)	f	%
1	Matras/each	8	24,2
2	Jelujur	25	75,8
Total		33	100
No	Perineal suturing methods (treatment group)	f	%
1	Matras	6	18,2
2	Jelujur	27	81,8
Total		33	100

TABLE 5
Frequency distribution of respondents based on postpartum maternal food intake

No	Food intake (control group)	f	%
1	Balanced nutrition	28	84,8
2	Lack of nutrition	5	15,2
Total		33	100
No	Food intake (treatment group)	f	%
1	Balanced nutrition	30	90,9
2	Lack of nutrition	3	9,1
Total		33	100

TABLE 5 showed that almost all respondents consumed foods with balanced nutritional content both in the control group (84.8%) and in the treatment group (90.9%).

TABLE 6
Frequency distribution of respondents based on the degree of perineal suturing pain

No	Pain level (control group)	f	%
1	Mild	27	81,2
2	Moderate	6	18,2
3	Severe	0	0
Total		33	100
No	Pain level (treatment group)	f	%
1	Mild	29	87,9
2	Moderate	4	12,1
3	Severe	0	0
Total		33	100

TABLE 7
Frequency distribution of respondents based on perineal wound healing time

No	Perineal wound healing (control group)	f	%
1	Fast (2 weeks)	8	24,3
2	Medium (3-4 weeks)	24	72,7
3	Slow (> 4 weeks)	1	3
Total		33	100
No	Perineal wound healing (treatment group)	f	%
1	Fast (2 weeks)	23	69,7
2	Medium (3-4 weeks)	10	30,3
3	Slow (> 4 weeks)	0	0
Total		33	100

Based on TABLE 8, it shows that the level of pain at the time of suturing the perineal laceration in the control group mostly experienced mild pain of 81.2% and the pain rate in the

treatment group during the suturing of the perineal laceration almost all respondents experienced mild pain of 87.9%. Based on bivariate analysis using the Wilcoxon test, the effectiveness of the hypnoanestesi method in reducing perineal suture wound pain in postpartum mothers in the Midwife Independent Practice in Jombang Regency obtained p-value: 0.000 where less than the p value of ≤ 0.05 with a correlation coefficient value (r) : 0.001 which shows that H0 was rejected which means that the hypnoanestesi method is considered effective in reducing perineal suture wound pain in postpartum mothers.

TABLE 8

Cross-tabulation of the effectiveness of hypnoanestesi methods in reducing pain in perineal suture wounds

in reducing pain in perineal suture wounds									
No	Hipnoanastesi methods	Pain Level						Total	
		Mild		Moderate		Severe			
		f	%	f	%	f	%	f	%
1	Control group	27	81.2	6	18.2	0	0	33	100
2	Treatment group	29	87.9	4	12.1	0	0	33	100
Uji Wilcoxon : <i>p-value</i> : 0.000 <i>r</i> : 0.001									

Uji Wilcoxon : p-value : 0,000 r : 0,001

TABLE 9

Cross-tabulation of the effectiveness of hypnoanestesi methods in the healing of perineal suture wounds

healing of perineal suture wounds									
No	Hipnoanestesi Methods	Perineal Wound Healing						Total	
		Fast		Medium		Slow			
		f	%	f	%	f	%	f	%
1	Control group	8	24,3	2	72,7	1	3	33	100
2	Treatment group	2	69,7	1	30,3	0	0	33	100
Uji Wilcoxon : <i>p-value</i> : 0.000 <i>r</i> : 0.011									

Uji Wilcoxon : p-value : 0,000 r : 0,011

TABLE 9 showed that the duration of perineal healing in postpartum mothers in the control group mostly experienced moderate wound recovery (3-4 weeks) which was 72.7% and the length of wound healing in the treatment group most respondents experienced a rapid wound healing process (2 weeks) of 69.7%.

Based on bivariate analysis using the Wilcoxon test, the effectiveness of the hypnoanestesi method in healing perineal wounds in postpartum wounds in postpartum mothers in midwife independent practice in Jombang Regency obtained a p-value: 0.000 where less than the p-value of ≤ 0.05 with a correlation coefficient value (r): 0.011 which shows that Ho is rejected which means that the hypnoanestesi method is considered effective in accelerating the healing of perineal suture wounds in postpartum suture wounds in postpartum mothers

IV. DISCUSSION

A. THE EFFECTIVENESS OF THE HYPNOANESTESI METHOD IN REDUCING PAIN IN SUTURING PERINEAL LACERATIONS

Based on the results of studies that have been carried out by researchers showing that perineal wound suturing pain during the labor process, almost all respondents experienced

mild pain during the suturing of perineal lacerations both in the control group and in the treatment group. In the treatment group of maternity mothers, hypnoanestesi therapy was given to reduce pain during the suturing of the perineal laceration. Meanwhile, in the control group of maternity mothers, conventional methods were given that is usually applied before perineal suturing is carried out, namely by giving anesthetic drugs in the form of 1% lidocaine injection to reduce pain when suturing the perineal lacerations.

Factors affecting the perineal suture wound are age, parity, degree of tearing, and method of suturing the perineum. The first factor affecting pain in the perineal suture wound in the postpartum mother is age. Based on table 1 the age of maternity mothers was mostly 20-35 years old both in the control group and in the treatment group. According to researchers the age of 20-35 years is the reproductive age and is also called the age of majority. The pain of perineal suture wounds felt by each person is indeed different depending on the threshold of each pain. However, at this age, maternity mothers can already control pain by applying various ways to reduce the pain she experiences [15].

The increase in a person's age will occur changes and in the physical and psychological (mental) aspects. In the psychological or mental aspects, the level of thinking is getting more mature and mature [16]. The older a person is, it can also affect changes in a more mature and more mature mindset which will affect how to manage and overcome the problems he experiences [17]. The second factor affecting perineal laceration suturing pain in maternity mothers is parity or a history of pregnancy and childbirth. Based on TABLE 2 shows that in the control group most of the respondents, namely 66.7% were primipara, 24.3% were multipara and the other 9% were grand multipara. Meanwhile, in the treatment group, more than half of the respondents, 57.6% were primipara, 33.4% were multipara and 9% were grand multipara. According to researchers parity is an important factor that determines the level of pain and pain in maternity mothers. In multipara and grand multipara, namely maternity mothers who have previously had experience in pregnancy and childbirth have experienced labor pains and also pains of suturing perineal lacerations, so this maternity mother has prepared herself for the aches and pains and can already control the pain she experiences herself [18]. Meanwhile, in primipara, maternity mothers have never had experience and have also never felt pain and pain during the delivery process and have also never felt the pain of suturing perineal lacerations so primipara mothers tend to feel more pain and have not been able to control the aches and pains they experience [19].

The third factor affecting perineal laceration suturing pain in maternity mothers is the degree of tearing of the perineum. Based on TABLE 3, shows that in the control group almost all respondents, namely 84.8% had a degree 2 perineal tear and 15.2% had a 3rd-degree perineal tear. Meanwhile, in the treatment group, most of the respondents, namely 78.8% experienced a degree 2 perineal tear and

21.2% experienced a 3rd-degree perineal tear. According to researchers the degree of perineal tearing can affect the level of perineal tear pain. At the 2nd degree, perineal laceration tears occur on the part of the vaginal mucosa, the skin of the perineum, and the perineal muscles. In this section there are nerves that can cause pain due to tearing that occurs during labor and also during suturing of the perineal laceration [20]. Meanwhile, in the 3rd degree perineal laceration, tears occur in the vaginal mucosa, perineal skin, perineal muscles and external sphincter muscles that can cause extraordinary pain, especially tears in the nerves around the sphincter [21].

The fourth factor affecting perineal laceration suturing pain in maternity mothers is the perineal suturing method. Based on TABLE 4 shows that most maternity mothers applied perineal suturing by the jelujur method both in the control group (75.8%) and in the treatment group (81.8%). According to researchers, the jelujur suturing method is very effectively used in perineal laceration suturing because it has several advantages compared to the mat / one-on-one method [22]. The advantages of the jelujur method are shorter sewing time, less thread being used, less pain for the mother, and fewer infection holes. The jelujur method is more often used because it is considered a method that applies the principle of maternal affection [23].

B. THE EFFECTIVENESS OF THE HYPNOANESTHESIA METHOD IN ACCELERATING THE HEALING OF PERINEAL SUTURE WOUNDS.

Based on the results of studies that have been carried out by researchers, it shows that the duration of healing of postpartum perineal wounds in the control group mostly experienced a moderate perineal wound healing time (3-4 weeks) of 72.7%. Meanwhile, in the treatment group, most of them experienced a rapid perineal wound healing time of 2 weeks of 69.7%. One of the factors that affect the healing of perineal wounds is the intake of nutrients consumed by post-saline mothers.

Based on TABLE 5, shows that almost all respondents consumed balanced nutrition both in the control group (84.8%) and in the treatment group (90.9%). According to researchers, balanced nutrition plays an important role in the healing process of perineal wounds in postpartum mothers. Vitamins and substances contained in balanced nutrition can restore damaged tissues and restore tissues damaged by tears during labor [24].

In addition to balanced nutritional factors, the application of the hypnoanesthesia method can also affect the healing process of perineal wounds [25]. Hypnoanesthesia is performed by performing anesthesia using hypnosis methods, thereby reducing the use of chemical drugs that can prolong the healing of perineal wounds [26]. Hypnoanesthesia is considered very effective, and efficient and is also one of the methods that apply the principle of maternal affection [27].

Research that has been done related to perineal wound healing is a study conducted by Gustirini (2019) states that

kegel gymnastics done in the first week of postpartum is effective for accelerating the healing process of perineal wounds [28]. Another study was also conducted by Nahdiah (2019) who stated that giving a decoction of red betel leaves for 2 weeks can accelerate the healing of perineal suture wounds [29].

C. THE EFFECTIVENESS OF THE HYPNOANESTHESIA METHOD IN REDUCING THE PAIN OF THE PERINEAL LACERATION SUTURING WOUND AND POSTPARTUM WOUND HEALING.

Based on TABLE 8, shows that the level of pain at the time of suturing the perineal laceration in the control group mostly experienced mild pain of 81.2%, and the pain rate in the treatment group during the suturing of the perineal laceration was almost all respondents experienced mild pain of 87.9%. Based on bivariate analysis using the Wilcoxon test, the effectiveness of the hypnoanesthesia method in reducing perineal suture wound pain in postpartum suture wounds in postpartum mothers in the Midwife Independent Practice in Jombang Regency obtained a p-value: 0.000 where less than the p-value of ≤ 0.05 with a correlation coefficient value (r): 0.001 which shows that H_0 was rejected which means that the hypnoanesthesia method is considered effective in reducing perineal suture wound pain in postpartum mothers. Hypnoanesthesia method is a way to divert one's attention to the subconscious so that one's attention turns to the positive thing instilled by the therapist into the subconscious [30]. This will cause the pain that should be felt by the maternity mother when the perineal suturing process is carried out will decrease and turn attention to the subconscious [31].

Based on TABLE 9, shows that the duration of perineal healing in postpartum mothers in the control group mostly experienced moderate wound recovery (3-4 weeks) which was 72.7% and the duration of wound healing in the treatment group of most respondents experienced a rapid wound healing process (2 weeks) of 69.7%. Based on bivariate analysis using the Wilcoxon test, the effectiveness of the hypnoanesthesia method in healing perineal wounds in postpartum wounds in postpartum mothers in the Midwife Independent Practice in Jombang Regency obtained a p-value: 0.000 were less than the p-value of ≤ 0.05 with a correlation coefficient value (r): 0.011 which shows that H_0 was rejected which means that the hypnoanesthesia method is considered effective in accelerating the healing of perineal suture wounds in postpartum mothers. According to researchers, the hypnoanesthesia method is very effective to be applied in the perineal suturing process because it is more affectionate for the mother without giving lidocaine injection as an anesthetic in the perineal laceration suturing process, by not giving lidocaine to the maternity mother during perineal laceration suturing can accelerate healing in the perineal suture wound. This is a new complementary midwifery innovation that can continue to be developed [32].

V. CONCLUSION

After conducting research for seven months at the Midwife

Independent Practice in Jombang Regency, it was found that perineal suturing pain during childbirth after being given the hypnoanesthetic method was 87.9% mild pain. Perineal suturing wound healing in postpartum mothers after being given the hypnoanesthetic method is 69.7% rapid wound healing. So it can be concluded that the hypnoanesthetic method is effective for reducing perineal laceration suturing pain and is effective in healing postpartum perineal wounds. It is hoped that all healthcare providers for maternity mothers can apply the hypnoanesthesia method as an application of maternal affection principles to reduce perineal suturing pain and speed up the healing process of postpartum perineal wounds.

Further studies are needed to combine the hypnoanesthesia method with other complementary obstetric methods to reduce perineal suturing pain by using the principle of maternal affection.

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