

The Effect Of Hypnobirthing on Perineal Tear in Spontaneous Birth Mothers at Clinics in Depok and Bogor City

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ABSTRACT

Labor is the process of releasing the fetus at a sufficient gestational age (37 to 42 weeks). Perineal and vaginal tearing can occur during the delivery process. This occurs due to the sudden and rapid discharge of the baby, the large size of the baby, and tissue in the mother's vagina that is easily torn. The most common complication of perineal laceration is bleeding, in addition to the formation of a hematoma, which can cause massive blood loss and result in death. This study used the quasi-experiment method with a posttest-only control design, which aims to determine the effect of Hypnobirthing on peritoneal tears in mothers who give birth spontaneously. The samples taken in this study were from 32 mothers who gave birth spontaneously using purposive sampling. The study was conducted as the control group at the Novayanti Bogor Midwife Clinic, Bogor City and the Kita Clinic, Depok City. The characteristics of mothers who give birth spontaneously are mostly in the age range of 20–35 years, with the highest parity, namely multiparas, and most of the baby's weight at birth being 2500–4000 grams. Statistical test results using the Chi-Square Test obtained a P-Value of 0.05 with an OR of 21, so there is an effect of Hypnobirthing on perineal tearing in women who give birth spontaneously, and judging from the OR results, Hypnobirthing has a 21 times greater chance of not experiencing a torn perineum compared to mothers giving birth without Hypnobirthing.

Keywords: Hypnobirthing, Perineal Tear, Childbirth.

INTRODUCTION

Based on WHO (2019) from 2000 to 2017, global maternal mortality decreased by 38%. Two regions have the highest maternal mortality rates: sub-Saharan Africa and South Asia. Meanwhile, according to data from the Indonesia Ministry Of Health (2022), the maternal mortality rate in 2021 Indonesia is 7,389 deaths, as well as the region in Indonesia with the highest maternal mortality, namely West Java province as many as 745/100,000 live births, different in 2020 this number has increased due to COVID-19 reached 2,982 cases of maternal death, in addition to that there were 1,330 cases of maternal death due to bleeding, and as many as 1,077 cases of maternal death due to hypertension in pregnancy. Meanwhile, based on data from Bogor City Health Service (2021) the maternal mortality rate in 2020 was 14 cases or 74.70/100,000 live births, similar to 2019. Around 75% of deaths were due to complications from postpartum hemorrhage, infection, preeclampsia, complications of childbirth, abortion, and other causes related to diseases such as malaria and AIDS during pregnancy.

Postpartum hemorrhage is bleeding exceeding 500 ml after the baby is born. Postpartum bleeding is an important cause of maternal death, this is due to adequate uterine contractions, tearing of the birth canal, and bleeding due to retained placental tissue. Postpartum bleeding with good contractions is usually caused by tears in the cervix or perineum (Anam, 2022). Bleeding due to perineal tears rarely occurs in degrees I and II tears, however, in degrees III and IV, postpartum hemorrhage is common. Perineal and vaginal tears during labor can occur, this occurs due to the rapid and sudden expulsion of the baby's head, the large size of the baby, and the tissue in the mother's vagina that is easily torn (Reeder et al., 2012).

Research conducted by Istiana (2020) that perineal tears occur in 50% of mothers who give birth, namely experiencing degree 2 tears, this occurs because the perineum is not flexible because they have never done perineal

massage so that rupture easily occurs, besides that the mother may not do the following: proper straining such as pushing too hard or lifting the buttocks so that it can cause tearing of the perineum. Prevention of perineal rupture is the role and responsibility of health workers during childbirth, one of the roles of health workers is to use non-pharmacological methods. These non-pharmacological methods include cold compresses, massage, breathing techniques, hypnobirthing, and aromatherapy relaxation (Judha, 2012).

Hypnobirthing is a non-pharmacological method that can help mothers relax their muscles so that mothers can cope better with childbirth (Hernawati & Ardelia, 2018). Based on the results of research conducted by Widiawati (2019) that hypnobirthing can be used as a method to expedite the birth process and increase comfort by making the mother achieve a relaxed state with basic Hypnobirthing techniques such as relaxation, breathing, visualization, and deepening so that the mother can carry out the delivery process smoothly, fast, and convenient. In addition, pregnant women who have studied Hypnobirthing during pregnancy have many benefits during pregnancy and childbirth, such as making it easier for pregnant women to control their emotions, strengthening the emotional and emotional bond between the fetus and mother, making them feel calm, safe, comfortable, controlling pain and happy because the delivery went smoothly without any complications (Martalisa & Budisetyani, 2013). Based on the results of the survey and research, the researcher is interested in conducting research on the effect of Hypnobirthing on Perineal Tearing in Spontaneous Birth Mothers.

METHODS

Study design

The research design used in this study was Quasi-Experimental with a Posttest only control design, where there were two groups with the Experiment group as the intervention group and the control group as the comparison group. The results obtained on the dependent variable were seen from the differences in posttest results between the experimental group and the control group.

Sample

Based on the sample calculation, the sample used was 32 mothers who gave birth spontaneously, with 16 people in the experimental group who were given Hypnobirthing and 16 people in the control group who were not given Hypnobirthing. Inclusion criteria were mothers who gave birth spontaneously, general awareness was good, and was willing to be respondents, while exclusion criteria were mothers with labor complications, general awareness was not good, not willing to be respondents. The sampling technique used purposive sampling. This technique has criteria that have been set by the researcher.

Instrument

Intervention

Participants in the experimental group who meet the inclusion criteria and are willing to become respondents, they will be given Hypnobirthing during childbirth which is carried out by trained and certified health workers, and an observation assessment will be carried out in the fourth stage of labor (after delivery of the placenta) to see the perineal tear by the researcher.

Participants in the control group who were not given hypnobirthing during the delivery process, the respondents would only do an observation assessment in the IV Stage (after the birth of the placenta) of labor to measure the state of the perineal tear.

Data analysis

This study used two data, secondary and primary data. Primary data will be obtained by themselves from the results of measurements and observations by direct researchers obtained from respondents through observation using the Observation Assessment Sheet instrument which contains the results of observations of perineal tears with measuring results that are not torn and torn, babies birth weight, age, and Parity. The univariate analysis included Hypnobirthing, Mother's Age, Parity, Birth Weight, and Perineal Tear, as well as bivariate analysis including Hypnobirthing variables and Perineal Tear Variables using Chi-Square and processed using SPSS to analyze the outcome.

Ethical consideration

Poltekkes Kemenkes Tanjung Karang approved this research with ethnical number: 198/KEPK-TJK/III/2023, dated March 16th, 2023.

RESULTS

Table 1 Distribution frequency characteristics of participants

| Variable | Intervensi group | | Control group | |
|---------------------|------------------|-------|---------------|-------|
| | N | % | N | % |
| age | | | | |
| <20 year | 0 | 0.0% | 0 | 0.0% |
| 20-35 year | 12 | 37.5% | 16 | 16.0% |
| >35 year | 4 | 12.5% | 0 | 0.0% |
| Total | 16 | 50% | 16 | 50% |
| Parity | | | | |
| Primipara | 7 | 21.9% | 4 | 12.5% |
| Multipara | 9 | 28.1% | 12 | 37.5% |
| Total | 16 | 50% | 16 | 50% |
| Babies birth weight | | | | |
| <2500 gram | 0 | 0.0% | 1 | 3.1% |
| 2500-4000 gram | 16 | 50% | 15 | 46.1% |
| >4000 gram | 0 | 0.0% | 0 | 0.0% |
| Total | 16 | 50% | 16 | 50% |

Table 1 present that 32 mothers gave birth spontaneously with 16 people in the intervention group and 16 people in the control group. From these results, it can be seen that 12 (37.5%) of the 16 mothers who gave birth in the intervention group were aged in the 20-35 year range, while the mothers in the control group were all aged in the 20-35 year range. Mother parity in the intervention group, namely Multipara, was 9 people (28.1%), while in the control group, mother parity with Multipara was 12 people (37.5%). All babies born to mothers in the intervention group weighed 2500-4000 grams with a total of 16 people (50.0%), while mothers who gave birth in the control group most of their babies' weight at birth weighed 2500-4000 grams with a total of 15 people (46.9%).

Table 2 Distribution frequency of perineal tears that occur in women who give birth spontaneously

| No. | Keadaan Perineum | Hypnobirthing | | | | Total | % |
|-----|------------------|---------------|------|-----------------|------|-------|------|
| | | Dilakukan | % | Tidak dilakukan | % | | |
| 1. | Tidak Robek | 12 | 37,5 | 2 | 6,3 | 14 | 43.8 |
| 2. | Robek | 4 | 12,5 | 14 | 43,7 | 18 | 56.2 |
| | Jumlah | 16 | 50% | 16 | 50% | 32 | 100% |

Table 2 describes the incidence of perineal tears in 32 respondents, the results showed that most of the mothers who gave birth did not experience tears. Mothers who underwent Hypnobirthing during childbirth did not experience tears in their perineum with a total of 12 people (37.5%), in contrast to mothers who did not have Hypnobirthing during childbirth generally experienced tears in their perineum as many as 14 people (43.7%). should reveal and explains the results of research that has been done in the form of tables or pictures obtained.

Table 3 The Effect of Hypnobirthing on Perineal Tear in Spontaneous Birth Mothers

| Group | Keadaan Perineum | P | OR | 95% CI |
|-------|------------------|---|----|--------|
|-------|------------------|---|----|--------|

| | Tidak Robek | | Robek | | | | | Lower | Upper |
|------------------|-------------|------|-------|------|-------|--------|-------|---------|-------|
| | n | % | n | % | | | | | |
| Intervensi group | 12 | 37,5 | 4 | 12,5 | 0.000 | 21.000 | 3.255 | 135.479 | |
| Control group | 2 | 6,3 | 14 | 43,7 | | | | | |

Table 3 The results of the Chi-Square test show that there is a difference in the average perineal tear in the intervention group and the control group, so the effect of giving Hypnobirthing on Perineal Tearing in women who give birth spontaneously gets a P value ≤ 0.05 with an OR of 21, so H_0 is rejected and H_a accepted. The data concluded that there was a significant relationship between Hypnobirthing and perineal tearing in women who gave birth spontaneously, and mothers who gave birth to Hypnobirthing had a 21 times greater chance of not experiencing a torn perineum than mothers who did not receive Hypnobirthing.

Discussion

Based on Table 3, there is an influence between the effect of the Hypnobirthing method on Perineal Tearing in Mothers who give birth spontaneously. Hypnobirthing can be used during labor to increase comfort and shorten labor time. Hypnobirthing also aims to relieve pain without using anesthesia so that mothers can give birth comfortably, the process is fast and smooth without any obstacles. This method emphasizes childbirth in a positive, gentle, safe, and easy way (Kuswandi, 2014).

Hypnobirthing does not have a detrimental effect on the mother or fetus, this is proven in Fitrianiingsih (2014) that babies born to mothers who use hypnobirthing during labor have higher APGAR scores in the 1st and 5th minutes. Hypnobirthing relaxation is carried out by the mother, namely by how to focus all attention on the fetus. In another study conducted by Darma & Abdillah (2020) on 24 mothers who gave birth, 8 mothers were given the birth ball treatment, 8 mothers were given the hypnobirthing technique and 8 mothers were given the combined treatment with the Birth ball technique and also Hypnobirthing, that is, there was an effect on the mothers who were given treat a combination of Birth ball techniques and also Hypnobirthing. Birth ball and Hypnobirthing are active methods of delivery that can be used, the advantages of using the final delivery method include fast and comfortable labor progress, reduced pain due to uterine contractions, increased energy for the next stage, smaller risk of perineal tears and course can reduce medical actions that can cause side effects on the mother and baby.

Based on research conducted by Kusbandiyah (2014) as many as 65% of respondents did not experience perineal tears. This shows that Gentlebirth and Hypnobirthing techniques play an important role in this regard, and are a way to prepare pregnant women for labor later. In addition, a semi-sitting position keeps the perineum from being overstretched and allows the rescuer to support the perineum to minimize tearing. Hypnobirthing and Gentlebirth do not view birthing mothers only from a physiological perspective but view birthing mothers holistically as bio-psycho-social and cultural beings. The key to Hypnobirthing and Gentlebirth is to minimize medical procedures with gentle and natural births. The communication skills of health workers are needed, the design of the place of practice which is made like giving birth at home is the main attraction of the client, and art is needed here. This is by the theory (Kuswandi, 2014) Hypnobirthing is a method based on the belief that every woman has the potential to make labor painless, natural, calm, and comfortable. Hypnobirthing can neutralize and reprogram negative recordings of a woman's subconscious mind with positive recordings, so that good recordings will be embedded in the subconscious mind so that they can convince the mother that childbirth will be easy, smooth, and painless. The author concludes that giving Hypnobirthing during childbirth can have a pretty good effect on the mother's body, this is because Hypnobirthing increases comfort and shortens delivery time so that mothers can give birth comfortably, the process is fast and smooth without any obstacles.

CONCLUSION

Based on the results of this study it can be concluded that in general, mothers who were given Hypnobirthing during childbirth did not experience tears in their perineum, while mothers who were not given Hypnobirthing during childbirth generally experienced tears in the perineum at degrees 1 and degrees 2. The statistical test results used the

Chi-Square test that there was an effect of Hypnobirthing on perineal tears in women giving birth spontaneously. It is hoped that the results of this study can be used as a reference source for further research, increase the number of samples, and can be focused on age at risk, low baby weight or more, and also on mothers with primiparous parity, measure how long it takes Hypnobirthing to achieve its goal, add data when respondents do Hypnobirthing during pregnancy or only during childbirth, add data related mothers who take part in pregnancy exercises and also antenatal care.

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