

**RELATIONSHIP OF KEGEL EXERCISES IN PRIMIGRAVID PREGNANT  
WOMEN WITH THE EVEN OF THE RUPTUR PERINEUM IN PMB  
WORKING AREA OF PUSKESMAS TELAGA DEWA**

**Sari Widayaningsih<sup>1</sup>, Erli Zainal<sup>2</sup>, Rismayani<sup>3</sup>**

STIKes Sapta Bakti<sup>1,2,3</sup>

Jl. Mahakam Raya No. 16 West Circle Bengkulu, Indonesia

email: [sariwidya0303@gmail.com](mailto:sariwidya0303@gmail.com)<sup>1</sup>, [er5nis@gmail.com](mailto:er5nis@gmail.com)<sup>2</sup>, [rismayani@gmail.com](mailto:rismayani@gmail.com)<sup>3</sup>

**ABSTRACT**

*The purpose of this study was to determine whether there is a relationship between Kegel exercises and the incidence of perineal rupture in primigravida mothers in PMB Bengkulu City. This study is an analytical correlation with a cross sectional approach. The sample consisted of 20 respondents, the first group was the group that did Kegel exercises while the second group was the control group. Data were analyzed by Chi-Square. The results showed that the third trimester primigravida pregnant women who did Kegel exercises did not experience perineal rupture of 9 people (90%), while those who did not experienced perineal rupture of 7 people (70%). The results of the p value test ( $0.003 < \alpha (0.05)$ ) indicate a significant relationship between Kegel exercises and the occurrence of perineal rupture. Suggestions to health workers, especially midwives who work at the research site, provide counseling and motivation for pregnant women to do Kegel exercises regularly during pregnancy in order to prevent bleeding due to perineal rupture.*

**Keywords:** *Primigravida, Perineal Rupture, Kegel exercises*

**INTRODUCTION**

Pregnancy and childbirth are a process that is very susceptible to complications that can endanger the mother and baby and is one of the causes of maternal death (Simkin, P., 2015). In the postpartum period, various complications can occur, such as bleeding due to uterine atony, retention of the placenta. and perineal rupture. Perineal rupture is a birth canal injury that occurs at the time of birth of a baby either using a device or not using a tool. Perineal rupture occurs in almost all first deliveries and not infrequently also in subsequent deliveries (Horneman, A. and K.,2016). Perineal tear can be caused by maternal parity, estimated fetal weight and so on, because the perineal area is elastic, but can also be found in a rigid perineum, especially in nulliparas who just had their first pregnancy (primigravida) (Suririnah, 2008). Primipara. considered to be most at risk of spontaneous perineal tear Incidence rate per hemorrhage due to perineal tear cases was greater than 5.5% - 7.2% in primiparous and 4.0% in multiparous. Perineal rupture is classified based on its degree, namely degrees I, II, II, and IV (Simkin, P.,2015).

The dangers and complications of perineal tear include bleeding, infection and dysparenia (pain during sexual intercourse). Bleeding in the perineal tear can be severe especially in second and third degree tears or if the perineal tear extends to the side or

rises to the vulva regarding the clitoris. Perineal lacerations can easily become contaminated with feces because they are close to the anus. Infection occurs when the sores don't stick together quickly, causing scar tissue to appear. Scar tissue that forms after perineal laceration can cause pain during intercourse (Prawirohardjo, S., 2014) .

There are several ways that can be used to prevent the occurrence of perineal tears due to normal delivery, including teaching mothers to do Kegel exercises frequently. Kegel exercises are exercises to strengthen the pelvic floor muscles before childbirth, the goal is to strengthen the pelvic floor muscles, help prevent urinary incontinence problems, and can flex the perineal tissue as a baby's birth canal. So that all mothers should be motivated to move the pelvic floor muscles little by little and as often as possible, slowly and quickly as labor approaches. The Kegel exercise procedure can be remembered and carried out in conjunction with activities related to the mother's daily activities, such as when the mother sits in the bathroom after urinating and this is a relaxed position to contract these muscles, as well as when the mother wants to sleep and in any condition . Doing Kegel exercises regularly can help flex the perineal tissue of the mother for delivery (Proverawati, A, et al., 2018) .

## **RESEARCH DESIGN AND METHODOLOGY**

This study used a correlational research design using a cross sectional approach. The population was primigravida pregnant women in PBM working area of Telaga Dewa Health Center. Total sample of 20 respondents. The first group was the group that did Kegel exercises while the second group was the control group. Analysis using the Chi-Square test.

## **FINDINGS AND DISCUSSION**

Results The study showed that pregnant women primigravidae third trimester who do Kegel exercises do not ruptured perineum 9 people (90 %), while those not doing suffered a ruptured perineum 7 people (70 %). Perineal rupture is the forcible tearing or tearing of tissue. Whereas the perineum is the pelvic floor and associated structures that occupy the pelvic gates; this section is bounded anteriorly by the symphysis pubis, laterally by the ischial tuber, and posteriorly by the os. Coccygeus. The place where most labor is injured is the perineum. Perineal rupture is a tear that occurs when a baby is born either spontaneously or using tools or actions. Tears occur in almost all primiparous (Prawirohardjo, S.,2014) . Basically, perineal tears can be reduced by keeping the fetal head not passing through the pelvic floor too quickly (Wiknjastro, H., 2010).

Factors that influence perineal rupture include nulliparous, stage II labor, persistence of the occiput posterior position, Asian race and the use of local anesthesia (Cunningham, FG., Et al, 2013). The following factors affect: 1) Parity, perineal tear almost all of the first (primiparous) deliveries and not uncommon in subsequent (multiparous) deliveries. 2) The birth weight of the baby, the greater the weight of the baby born increases the risk of perineal rupture because the perineum is not strong enough to withstand the strain of the head of a baby with a large infant weight (Simkin, P.,2015). 3) How to push, the leader of the It is very important indeed, the two forces responsible for the birth of the baby are uterine contractions and pushing force . 4) Perineal elasticity, a stiff and inelastic perineum will inhibit second stage labor and can increase the risk to the fetus. Also causes extensive perineal tears up to level 3. This is often found in primigravidas over 35 years of age (Mochtar, Rustam., 2011).

In 1940 Dr. Arnold Kegel found that vaginal constricting and holding exercises, known as Kegel exercises, were specifically designed to increase the strength of the pelvic floor muscles. Kegel exercise can reduce lacerations that occur due to vaginal delivery, increase vaginal muscle tone, decrease perineal edema and increase circulation in the perineal area (El Hamid, AA et al., 2012). By doing Kegel exercises regularly, the muscles in the area around the genitals and pelvis will be better trained to make it easier for pregnant women in the process of normal childbirth. The benefits of Kegel exercises for pregnant women are the *pelvic floor* muscles which consist of a layer of muscle between the pubic bones (in front) to the end of the spine. experiencing pressure during labor, by having muscles that are trained thanks to Kegel exercises, it is easier for women to control the pelvic floor muscles during the contraction process. Training the pelvic muscles can also prevent tearing of the perineum. This will also make it easier for the baby to pass without the mother experiencing excessive pain (Denmoz, 2015)

The way to do Kegel exercises is to try to stop the release of urine when urinating, to get maximum results this body movement should be done every day. It does not require special time and space to do it, Kegel exercises can even be done while sitting typing or traveling. After your pelvic muscles have tightened, do Kegel exercises while standing or walking. However, like all sports activities, the benefits of Kegel exercises cannot be felt immediately. If you routinely do Kegel exercises three times a day, generally the benefits can be felt around 4-6 weeks later (Proverawati, A, et al., 2018) .

Test results p value = 0.03 use values of p <0.05 indicates a significant association between the Kegel exercises with rupture of the perineum in PMB working area Puskesmas

Telaga Dewa. The effect of the exercise movement trains the pelvic floor muscles to be more elastic, thus helping the delivery process and reducing the incidence of perineal rupture.

Research is in line with the research study was conducted by Wirantika (2015), which follows the birth mothers spontaneous pregnancy exercise almost entirely (84.6%) had no laceration perineum and a small proportion (15.4%) who suffered lacerations of the perineum. Meanwhile, most of the spontaneous birth mothers who did not participate in pregnancy exercise (62.5%) had perineal lacerations and almost half (37.5%) did not experience perineal lacerations.

According to the opinion of the researcher, from the results of the study, it is known that the benefits of Kegel exercises that are carried out by mothers are useful for preventing perineal rupture, so Kegel exercises should be a routine action carried out by pregnant women, so that the role of midwives is needed in increasing this activity. Midwives can teach Kegel exercises while the mother is doing pregnancy check-ups.

## CONCLUSION

Based on the results of research and discussion, it can be concluded that Kegel exercises can prevent rupture of the perineum at pregnant women primigravidae.

## REFERENCES

- Simkin, P. (2015) *Buku Saku Persalinan*. Jakarta: EGC
- Horneman, A. and K. (2016). Advanced Age a risk factor for Higher Grade Perineal Lacerations during delivery in Nulliparous Women. *Arch Gynecology Obstetry*, 281, 59-64
- Suririnah. (2008). *Buku Pintar Kehamilan & Persalinan*. Jakarta: Gramedia
- Prawirohardjo, S. (2014) *Ilmu Kebidanan*. Jakarta: Yayasan Bina Pustaka
- Proverawati, A, et al. (2018). *Senam Kesehatan Aplikasi Senam Untuk Kesehatan*. Yogyakarta : Nuha Medika
- Wiknjastro, H. (2010). *Ilmu Bedah Kebidanan*. Jakarta: Yayasan Bina Pustaka
- Cunningham, FG., et al (2013). *Obstetri William*. Jakarta: EGC
- Oxorn H, Wiliam R, Forte. 2010. *Ilmu kebidanan, Patologi & Fisiologi. Persalinan*. Yogyakarta: Yayasan Essentia Medika (YEM)

Mochtar, Rustam. 2011. *Sinopsis Obstetri Jilid 1*. Jakarta : EGC

El Hamid, A.A. et al. (2012). *Effect of a Structured Antenatal Kegel Exercises Protocol on Labor Progress among Women Attending Antenatal Clinics*. *Egyptian Nursing Journal*, 3, 2090-2106

Denmoz. (2015) *Effects of Perineal Massage and Kegel Exercises on the Integrity of Postnatal Perine*. 7, 495-505

Wiranta. 2015. *Hubungan Senam Hamil dengan terjadinya Laserasi perenium Spontan di Desa Duri Wetan kecamatan Madura Kabupaten Lamongan*.