**Name Journal**
**Volume, DOI 10.58471/JIS.v13i01**
**ESSN, (Online)**
**Link**

# The Relationship Between Health Workers' Knowledge and the Implementation of Episiotomy Wound Care in Postpartum Mothers at the Postpartum Room of RSIA Siti Khadijah, Gorontalo City

**Harismayanti[1], Ani Retni [2], Faniya Ismail [3]**
Program Studi Ilmu Keperawatan, Fakultas Keperawatan, Universitas Muhammadiyah Gorontalo, Jl. Prof. Dr. H. Mansoer Pateda, Desa Pentadio Timur, Telaga Biru, Kabupaten Gorontalo, Gorontalo , Indonesia[1,2,3]

**Article Info**

**Keywords:**
Episiotomy Wound
Postpartum Mothers
Knowledge
Health Workers

**ABSTRACT**

Episiotomy is performed to prevent more severe damage to soft tissue due to excessive stretching forces beyond the tissue's elasticity. The episiotomy wound can become very painful, tender, swollen, and red. Patients may feel warmth in the perineal area, or may not. Sometimes, fluid may drain from the incision site. The ability to care for the wound can vary between health workers, which significantly affects the healing of the episiotomy wound in postpartum mothers. The aim of the study is to examine the relationship between health workers' knowledge and the implementation of episiotomy wound care in postpartum mothers. This research uses a quantitative method with a cross-sectional approach, with a population of 36 individuals and a sample size of 36 individuals (total sampling). The results show that health workers' knowledge is good, with proper implementation of episiotomy wound care at 94.4%, with a p-value of 0.002 < 0.05. The conclusion is that there is a relationship between health workers' knowledge and the implementation of episiotomy wound care in postpartum mothers in the postpartum room at RSIA Siti Khadijah, Gorontalo City. It is recommended for health workers to follow standard operating procedures (SOPs) in wound care to prevent infection. Patients should maintain cleanliness of the wound by changing their underwear after urination and using clean water when urinating.

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**Corresponding Author:**
Faniya Ismail
Universitas Muhammadiyah Gorontalo
Jl. Prof. Dr. H. Mansoer Pateda, Desa Pentadio Timur, Telaga Biru, Kabupaten Gorontalo
faniyaismail8@gmail.com

## INTRODUCTION

Episiotomy is one of the actions performed to prevent uncontrolled tearing during childbirth. Episiotomy can be defined as an incision made on the vagina and perineum. There are three types of episiotomy: medial, mediolateral, and lateral, each performed to prevent uncontrolled perineal tears, thereby widening the birth canal and shortening the length of the birth process. Various complications can occur during childbirth, necessitating actions to prevent them. According to data from the World Health Organization (WHO) in 2022, almost 90% of normal deliveries experience perineal tears. Perineal tears are also a significant issue in Asia, with 50% of perineal tear cases globally occurring in this region. WHO further notes that the leading cause of postpartum hemorrhage is uterine atony, while birth canal tears, especially perineal tears, are the second leading cause. Additionally, infections caused by perineal tears and episiotomy contribute to 50% of maternal deaths occurring within 2-3 days after childbirth (WHO, 2023).

Meanwhile, the prevalence of women experiencing perineal tears during childbirth in Indonesia (2023) shows that 63% of women aged 20-30 years have perineal tears, while 37% of women aged 31-39 years experience the same issue. This is influenced by the ability and skills of birth attendants. The type of assistance provided can be adjusted to the condition and location of childbirth, ensuring specific needs are met (Shabaan et al., 2018). In Gorontalo Province, the delivery rate in 2022 was 2.30%, which increased to 2.70% in 2023. According to the head of BPS Gorontalo Province, this means that each

woman in Gorontalo is having two to three children (Badan Pusat Statistik, 2023). At RSIA Siti Khadijah in Gorontalo City, the number of deliveries from January to March 2024 recorded 81 normal deliveries (Rumah Sakit Ibu dan Anak Siti Khadijah Kota Gorontalo, 2024).

Episiotomy wounds can become very painful, tender, swollen, red, and experience inflammation. The patient may feel heat in the perineal area, or not, and sometimes fluid may flow from the incision site. On the fourth or fifth day, the edges of the wound may separate. Incomplete stitches can lead to the formation of a fistula, which causes a passage between the anus and the vagina. As a result, during bowel movements, feces may not only pass through the anus but also from the vagina. This can lead to infections in the vagina, and the infection can also block blood vessels, causing the wound to bleed continuously and potentially causing the vagina to tear during contractions (Suwardi & Mouliza, 2019). Episiotomy is performed to prevent more severe damage to the birth canal tissues due to excessive stretching forces beyond the tissue's capacity to adapt or its elasticity. Nurses or midwives must actively participate in episiotomy care and involve the family in the healing process, which helps prevent infection and accelerates recovery and tissue repair (Wahid, 2017).

The ability to care for wounds varies among healthcare providers, and this significantly affects the healing of episiotomy wounds in postpartum women. Inadequate wound care can lead to infections in the birth canal area. This is due to the proximity of the birth canal to the anus, which makes it easier for contamination to occur, making careful wound care essential. One important factor influencing wound care by healthcare providers is their knowledge of episiotomy wounds and how to care for them (Marianna & Nurangga, 2017). According to (Notoatmodjo, 2018) knowledge is the result of the process that enables a person to develop cognitive, affective, and psychomotor abilities. Knowledge, in terms of cognitive abilities, includes the ability to understand, comprehend, apply, analyze, synthesize, and evaluate a subject. Most human knowledge is acquired through education, personal experience, or experiences shared by others, making knowledge essential to shaping a person's behavior. A study by (Wahid, 2017) found that healthcare workers generally had good knowledge of episiotomy wound care and demonstrated positive attitudes towards its implementation. Childbirth is a normal event for every woman, beginning from conception, pregnancy, and culminating in labor. Every woman who goes through this phase often experiences fear during childbirth. Childbirth is a natural process designed by Allah SWT, as depicted in Surah Maryam, verse 23: *"Then the pain of childbirth drove her to the trunk of a palm tree. She said, 'Oh, I wish I had died before this and had been a forgotten, forgotten thing* (Nu Online, 2024).

A study conducted at RSIA Siti Khadijah in Gorontalo city found that there were 81 normal deliveries recorded between January and March 2024, with 36 healthcare workers present in the labor and postpartum rooms. Additionally, interviews were conducted with six nurses, three of whom worked in the labor room. They stated that, on average, women who gave birth normally often experienced perineal tears, either due to deliberate episiotomy or natural tearing. Episiotomy is generally performed in women giving birth for the first time, those with large babies, or those who experience premature rupture of membranes before the complete dilation of the cervix. For episiotomy wound care, sutures are applied to the wound area after delivery, and they are done carefully to match the wound's condition. Three nurses working in the postpartum room mentioned that the healthcare providers only provided education about wound care. This includes recommendations such as using warm water for personal hygiene after urinating, changing into clean underwear immediately if it feels damp or uncomfortable, and ensuring that patients continue to follow proper hygiene practices after returning home. If itching or an unpleasant odor occurs, it is advised to report it to healthcare staff, either at the hospital or at the nearest healthcare center (Puskesmas).

Based on the background description and the initial data collection results, this study aims to enhance the knowledge of healthcare workers regarding the implementation of episiotomy wound care for postpartum mothers in the postpartum room at RSIA Siti Khadijah Kota Gorontalo.

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## METHODS

This study is a quantitative research utilizing an analytical survey approach with a cross-sectional research design. The design aims to reveal the relationship between independent and dependent variables. The research focuses on the knowledge of healthcare workers regarding episiotomy wound care for postpartum mothers in the postpartum room at RSIA Siti Khadijah, Gorontalo. The study was conducted between July and August 2024 at RSIA Siti Khadijah. The population of this study consists of 36 healthcare workers in the delivery and postpartum rooms of the hospital. The sampling technique used was total sampling, which is a non-random sampling method where the sample size is equal to the population because the population number is small, with all of the healthcare workers being included as participants.

The inclusion criteria for the study were: mothers with vaginal delivery, mothers who underwent episiotomy, and mothers still in the postpartum phase during the study. Exclusion criteria included mothers who experienced complications during delivery, mothers who had undergone a Caesarean section, and healthcare workers who were unwilling to participate in the study. The data collection instruments used in this research were questionnaires to measure healthcare workers' knowledge and Standard Operating Procedures (SOPs) for episiotomy wound care. The questionnaire was developed based on relevant research and theoretical frameworks, while the SOP for wound care was also used to collect data on the practices performed.

Data collection was done through primary data, which was directly obtained from respondents via observation, interviews, and documentation. Secondary data was gathered from RSIA Siti Khadijah, Gorontalo, where the research was conducted. Data processing involved manual and electronic methods, including computerization using SPSS (Statistical Product and Service Solutions). Data was analyzed through univariate analysis to describe the variables and bivariate analysis to test hypotheses using the chi-square test.

The study's hypothesis was tested using a significance level of 5% ($p < 0.05$). If the p-value is less than 0.05, the alternative hypothesis (Ha) is accepted, indicating a significant relationship between the knowledge of healthcare workers and the implementation of episiotomy wound care. If the p-value is greater than 0.05, the null hypothesis (H0) is accepted, meaning there is no significant relationship.

## RESULTS AND DISCUSSION

### Health Worker Characteristics

**Table 1.** Distribution Frequency of Health Worker Characteristics

| No | Characteristic | Frequency (n) | Percentage (%) |
|---|---|---|---|
| 1. | Age | | |
| | 25-30 Years | 24 | 66.7 |
| | 31-35 Years | 11 | 30.5 |
| | 36-40 Years | 1 | 2.8 |
| 2. | Last Education | | |
| | D-IV Midwife | 19 | 52.8 |
| | D-III Midwife | 14 | 38.9 |
| | Nurses | 3 | 8.3 |
| 3. | Length of Service | | |
| | <5 Years | 20 | 55.6 |
| | 5 Years or more | 16 | 44.4 |
| | Total | 36 | 100 |

**Source:** Primary Data 2024

Based on the table above, it can be concluded that the characteristics of health workers at RSIA Sitti Khadijah based on age show that the highest age group is 25-30 years with 24 people (66.7%), and the lowest age group is 36-40 years with 1 person (2.8%). Meanwhile, the highest level of education among health workers is D-IV Midwife with 19 people (52.8%), and the lowest is Nurses with 3 people

(8.3%). Regarding work experience, the highest group is those with <5 years of service, with 20 people (55.6%), and the lowest group is those with 5 years or more, with 16 people (44.4%).

**Description of Health Workers' Knowledge**

**Table 2.** Distribution Frequency of Health Workers' Knowledge

| Health Workers' Knowledge | Frequency (n) | Percentage (%) |
|---|---|---|
| Good | 34 | 94.4 |
| Fair | 2 | 5.6 |
| Poor | 0 | 0 |
| Total | 36 | 100 |

**Source:** Primary Data 2024

Based on the table above, it can be concluded that the health workers' knowledge at RSIA Sitti Khadijah shows that the highest level of knowledge is "Good," with 34 people (94.4%), and the lowest is "Fair," with 2 people (5.6%). There were no health workers with "Poor" knowledge.

**Description of Episiotomy Wound Care Implementation**

**Table 3.** Distribution Frequency of Episiotomy Wound Care Implementation

| Episiotomy Wound Care Implementation | Frequency (n) | Percentage (%) |
|---|---|---|
| Good Wound Care | 34 | 94.4 |
| Fair Wound Care | 2 | 5.6 |
| Total | 36 | 100 |

**Source:** Primary Data 2024

Based on the table above, it can be concluded that the implementation of episiotomy wound care at RSIA Sitti Khadijah shows that the highest level of care was "Good" with 34 people (94.4%), and the lowest was "Fair" with 2 people (5.6%).

**The Relationship Between Health Workers' Knowledge and the Implementation of Episiotomy Wound Care in Postpartum Mothers in the Postpartum Room at RSIA Siti Khadijah Gorontalo City**

**Table 4.** Relationship Between Health Workers' Knowledge and the Implementation of Episiotomy Wound Care in Postpartum Mothers

| Health Workers' Knowledge | Episiotomy Wound Care Implementation | | | | P-Value |
|---|---|---|---|---|---|
| | Good Wound Care | | Poor Wound Care | Total | |
| | n | % | n | % | n |
| Good | 34 | 94.4 | 0 | 0 | 34 |
| Fair | 0 | 0 | 2 | 5.6 | 2 |
| Poor | 0 | 0 | 0 | 0 | 0 |
| Total | 34 | 94.4 | 2 | 5.6 | 36 |

**Source:** Primary Data 2024

Based on the table above, it can be concluded that health workers with good knowledge provided good wound care, with 34 people (94.4%). In contrast, health workers with fair knowledge provided

poor wound care, with 2 people (5.6%). The statistical result shows a p-value of 0.002, which is less than 0.05. Therefore, the null hypothesis ($H_0$) is rejected, and it can be concluded that there is a significant relationship between health workers' knowledge and the implementation of episiotomy wound care in postpartum mothers in the postpartum room at RSIA Siti Khadijah Gorontalo City.

**Health Workers' Knowledge in the Postpartum Room at RSIA Siti Khadijah Gorontalo City**

The health workers' knowledge assessed at RSIA Siti Khadijah was predominantly good, with 34 individuals demonstrating good knowledge, and only 2 individuals showing fair knowledge. As healthcare providers, it is essential to possess strong knowledge to provide optimal care for patients. Caring for sick patients is not an easy task, and healthcare workers must understand various aspects of medical knowledge. The study revealed that the majority of health workers at RSIA Siti Khadijah have good knowledge. Looking at the age characteristic, most health workers are between 25-30 years old, which is considered a productive age. In terms of education, the majority have a D-III (Diploma III) or D-IV (Diploma IV) level of education. It is known that education is one of the factors that contribute to a person's knowledge. Regarding work experience, many of the health workers have been employed for 5 years or more, while others have less than 5 years of experience. The length of service can influence knowledge, as experience gained from the workplace contributes to a better understanding of the field. Additionally, based on observations, most health workers exhibited positive attitudes when providing services.

According to the research findings, 34 health workers demonstrated good knowledge, with questionnaire results showing that the majority scored between 81-100. Meanwhile, 2 health workers had fair knowledge, scoring 72. These workers had 2 years of work experience, which may explain their lower knowledge level, as their work experience was still limited. This research aligns with the findings of (Wahid, 2017) whose study on the knowledge and attitudes of health workers regarding the implementation of episiotomy wound care in the Pangkajene and Kepulauan Hospital found that out of 41 respondents, 23 had fair knowledge and 18 had poor knowledge. According to (Notoatmodjo, 2018) knowledge is the result of one's cognitive, affective, and psychomotor abilities. Knowledge, in the cognitive domain, involves understanding, applying, analyzing, synthesizing, and evaluating certain information. Knowledge is often gained through education and personal experience, which significantly influences human behavior. Furthermore, (Darsini et al., 2020) defines knowledge as the result of human activity to understand something through specific methods and tools. Knowledge is shaped by an individual’s experiences and becomes more profound as a person encounters more situations. Knowledge plays a crucial role in guiding actions and behaviors.

Based on the research findings and theories above, the researcher concludes that most of the health workers at RSIA Siti Khadijah possess good knowledge. Health workers with good knowledge can provide high-quality healthcare services to patients. Knowledge can be obtained from prior experiences, information from others, and education. If health workers lack knowledge, it could negatively impact their performance in providing care.

**Description of Episiotomy Wound Care Implementation in the Postpartum Room at RSIA Siti Khadijah, Gorontalo City**

The implementation of episiotomy wound care at RSIA Siti Khadijah was observed, with the majority of cases being good, accounting for 34 people, and the least good, accounting for 2 people. An episiotomy wound typically improves around 6 to 10 days after delivery, and to promote healing, proper wound care and maintaining cleanliness are essential. As with any recent wound, the episiotomy area or incision usually takes 7 to 10 days to heal. Infection can occur, but the likelihood is very small if the wound is properly cared for. The study found that the majority of health workers at RSIA Siti Khadijah provided good care for episiotomy wounds, with 34 people delivering proper care. Most of the health workers in this study were midwives, and episiotomy care was mostly handled by birth attendants. Postpartum episiotomy wound care is crucial to prevent infection and facilitate healing. Improper wound care can lead to conditions like local inflammation and moisture, which can encourage bacterial growth and result in infection. Therefore, the role of health workers, especially midwives and nurses,

is crucial in preventing infections. Most health workers demonstrated a positive attitude towards episiotomy wound care, which helped in the healing process, as they not only provided care but also educated mothers on how to care for the episiotomy wound independently.

Additionally, the study found that two health workers had less effective episiotomy care. When analyzed by educational background, those with midwifery education were more likely to provide better care. Age also played a role, as those aged 27 to 29, considered a productive age range, showed better knowledge and care. The study also found that health workers with fewer than 5 years of experience tended to have less knowledge, as more experience correlates with greater knowledge and better care for episiotomy wounds. Research conducted by (Susanti, 2019) regarding the knowledge and attitudes of mothers towards postpartum episiotomy care in RSIA found that 15 out of 22 respondents had good knowledge, while 7 respondents were observed to improperly care for the episiotomy wound. Episiotomy is a surgical incision made between the vagina and the perineum to widen the birth canal. Typically, doctors use local anesthesia to prevent pain. In emergency situations, episiotomies may be performed without anesthesia. The procedure is used to speed up delivery or to prevent tearing. Episiotomy involves making an intentional incision to expedite childbirth or reduce the risk of tearing. It is a common procedure in modern obstetrics (Abdul-Kadir et al., 2014). Episiotomy wounds are often painful, swollen, red, and inflamed. The patient may feel pain in the perineal area or no pain at all. Sometimes, fluids may leak from the wound. On the fourth or fifth day, the edges of the wound may separate, and incomplete suturing can lead to complications such as a fistula, where a passage forms between the anus and vagina. This can cause fecal matter to exit the vagina during bowel movements, which can lead to infection and continuous bleeding, causing the vaginal area to tear during contractions (Herlina et al., 2023).

Based on the research findings and the theories above, the researcher concludes that the average implementation of episiotomy wound care at RSIA Siti Khadijah is good. However, episiotomy wounds are susceptible to infection, so proper care must be consistently provided. Proper and timely wound care is crucial for effective healing, and if the wound heals quickly, it will likely improve the overall care process.

**The Relationship Between Healthcare Workers' Knowledge and the Implementation of Episiotomy Wound Care for Postpartum Mothers in the Maternity Room at RSIA Siti Khadijah, Gorontalo City**

Healthcare workers with good knowledge provided proper wound care for 34 mothers, while those with inadequate knowledge performed suboptimal care for 2 mothers. Statistical testing revealed a p-value of $0.002 < 0.05$, thus the alternative hypothesis (Ha) is accepted. This means there is a significant relationship between healthcare workers' knowledge and the implementation of episiotomy wound care for postpartum mothers in the maternity room at RSIA Siti Khadijah, Gorontalo City. The study results showed that healthcare workers with good knowledge performed proper wound care, including steps such as cleaning the hands with 0.5% chlorine, positioning the mother in the lithotomy position during suturing, and preparing surgical instruments (needle holder, suturing needles, forceps, scissors, artery clamps, absorbable sutures like chromic and plain 2.0 / 3.0). A proper procedure for suturing was followed, starting 1 cm above the tear to ensure a secure knot. On the other hand, those with inadequate knowledge often provided incorrect advice, such as advising mothers to limit movement post-delivery and cleaning the perineum with water after defecation, instead of providing proper wound care procedures. Additionally, the healthcare workers with better wound care practices had less than 5 years of experience, suggesting that experience can significantly impact the quality of care provided. In line with previous studies, Wahid (2018) found a significant relationship between knowledge and attitudes of healthcare workers regarding episiotomy wound care, with p-values of 0.017 for knowledge and 0.003 for attitudes. This study concluded that healthcare workers with adequate knowledge were more likely to provide optimal wound care. (Siallagan & Manurung, 2021) also showed that there is a significant correlation between the knowledge of mothers and wound care post-episiotomy, with a p-value of $0.009 < 0.05$, indicating that greater knowledge leads to better care.

Episiotomy wounds can be prone to infection and other complications such as bleeding or fistula formation. Therefore, proper care and attention from healthcare workers is crucial in preventing such issues. A study by (Marianna & Nurangga, 2017) emphasized that knowledge of the latest wound care techniques is vital for healthcare workers, as it can improve the quality of patient care and prevent complications such as infections. Furthermore, according to (Notoatmodjo, 2018) knowledge is a product of cognitive, affective, and psychomotor skills, which influence behavior and decision-making. The better a healthcare worker's knowledge, the better the care they can provide, thereby contributing to the patients' recovery. In conclusion, the findings indicate that healthcare workers' knowledge significantly impacts the quality of episiotomy wound care, and increased knowledge can improve patient outcomes and facilitate self-care after discharge.

## CONCLUSION

The conclusions of this study are as follows: First, the knowledge of healthcare workers at RSIA Siti Khadijah showed varying results, with 34 individuals demonstrating good knowledge, while 2 individuals had adequate knowledge. Second, the implementation of episiotomy wound care at RSIA Siti Khadijah also showed similar results, with 34 individuals providing good care, while 2 individuals provided less satisfactory care. Third, there is a significant relationship between the healthcare workers' knowledge and the implementation of episiotomy wound care for postpartum mothers in the maternity ward at RSIA Siti Khadijah Gorontalo City, as evidenced by a p-value of 0.002, which is less than 0.05, indicating that the alternative hypothesis is accepted.

## ACKNOWLEDGEMENT

I would like to express my sincere gratitude to everyone who has contributed to the success of this research. My deepest appreciation goes to the healthcare workers at RSIA Siti Khadijah for their cooperation and valuable insights. I would also like to thank my academic advisors, colleagues, and all those who have supported and guided me throughout this study. Your assistance and encouragement have been invaluable. I am truly grateful for your time, effort, and support in making this research possible.

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