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The Relationship of Birth Weight of Babies with Perineal Rupture in Normal Childbirth in RoomVK Rsia Sitti Khadidjah, Gorontalo City

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ABSTRACT

woman who gives birth to a baby weighing ≥4000 grams has a higher risk of experiencing perineal rupture. This condition occurs due to pressure from the fetal head or shoulders during the delivery process. The purpose of this study was to determine the relationship between birth weight and perineal rupture during normal delivery in the VK Room of Sitti Khadidjah Hospital, Gorontalo City. This research used a quantitative method with a descriptive analytical design through a cross-sectional approach. The population consisted of all mothers experiencing perineal rupture, with a sample of 33 respondents selected using the total sampling technique. Data were collected using observation sheets and analyzed using the Chi-Square test. The results showed a significant relationship between birth weight and perineal rupture during normal delivery, with a p-value of 0.000 (<0.05). In conclusion, there is a relationship between birth weight and perineal rupture during normal delivery in the VK Room of RSIA Sitti Khadidjah, Gorontalo City. It is recommended that health workers improve their knowledge and competence in managing normal childbirth to prevent complications, including perineal rupture.

INTRODUCTION

Childbirth and childbirth are normal physiological events, where the birth of a baby is a social event that mothers and families wait for for 9 months (Mintaningtyas et al., 2019). When labor begins, the mother's role is to monitor labor and detect complications during labor early. Postpartum can occur various kinds of complications, one of which is perineal rupture. The impact caused by perineal rupture is such as heavy bleeding that can spread to the lower segment of the uterus and heavy bleeding that causes the mother to be helpless, weak, blood pressure drops, anemia and weight loss. Perineal rupture can occur due to a spontaneous rupture that can cause bleeding, therefore perineal sutures are performed (Yuliana, 2022). In addition, the impact of perineal rupture or birth canal tear in the mother is the occurrence of infection in the suture wound where it can spread to the bladder tract or to the birth canal which can result in the emergence of complications of bladder infection and infection in the birth canal (Siantar and Dewi, 2022).

According to data from the World Health Organization (WHO), in 2022, almost 90% of normal childbirth patients have tears in the perineum. Perineal tear in Asia is also a fairly common problem in society, 50% of the incidence of perineal rupture in the world occurs in Asia. WHO also added that the main cause of postpartum bleeding is uterine atonia, while tearing of the birth canal, especially perineal rupture, is the second cause. Meanwhile, the incidence of infection in the birth canal caused by rupture and episiotomy, as much as 50% of postpartum deaths occurred within 2-3 days after childbirth (WHO, 2023).

Meanwhile, the prevalence of maternity mothers who experience perineal lesions in Indonesia (2023) in the age group of 20-30 years is 63%, while in maternity mothers aged 31-39 years it is 37%. This is influenced by the ability and skills of the delivery assistant. The type of care to be provided can be adjusted to the conditions and

place of delivery as long as it can meet specific needs (Unicef, 2023). In Gorontalo Province itself, the trend of the birth rate that occurred in 2022 was 2.30%, which increased to 2.70% in 2023. According to the explanation of the head of BPS Gorontalo Province which states that it means that a woman in Gorontalo Province gives birth to two to three children (BPS, 2023). In addition, according to the Gorontalo Provincial Health Office, data was obtained on the number of normal maternity mothers in Gorontalo province of 21,188 normal maternity mothers with normal baby weights of 5,228 babies in 2021. In 2022, 19,526 normal maternity mothers with a baby weight of 18,376 babies were obtained, in 2023 data was obtained as many as 18,689 normal maternal mothers with normal baby weights of 17,439 babies and in 2024 from January to March the number of normal maternity mothers was obtained as many as 4,033 and babies with normal weight as many as 2,918 babies (Gorontalo Provincial Health Office, 2024).

The incidence of perineal rupture from fetal factors, including because the baby's weight at birth also affects the second childbirth process. The greater the weight of the baby born can increase the risk of perineal rupture. The weight of the baby is one of the factors that cause perineal rupture, namely the baby's weight is above 3500 grams due to the risk of partus trauma through the vagina such as shoulder dystosia and soft tissue damage in the baby. The larger the baby that is aborted, the greater the risk of perineal rupture (Suhartini et al., 2022). A big baby is a baby that once born weighs more than 4000 grams. A perineal tear occurs in births with a large body weight. This happens because the perineum is not strong enough to withstand the head strain of babies with large baby weights, so the birth process of babies with large birth weight often occurs perineal rupture. (Afrida and Aryani 2022).)

This research is in line with research conducted by Nurrahmaton, Elvi Era Liesmayani and Burna Safira in 2023, with the title The relationship between birth weight and perineal rupture in normal childbirth at the Idi Tunong health center. From the study, the results obtained that babies with normal weight also have the potential to cause perineal rupture, with the number of results presented that the birth weight of the majority of babies had a normal birth weight, namely 42 babies (85.7%) babies, and in normal delivery the majority experienced perineal rupture as many as 29 (59.2%). After comparing data at the research site at RSIA Sitti Khadidjah Gorontalo City and Prof. Dr. Aloei Saboe Hospital, it was found that the highest incidence of rupture occurred at RSIA Sitti Khadidjah as many as 33 mothers with the incidence of perineal rupture occurring at degrees 2 and 3 while the incidence of perineal rupture at Prof. Dr. Aloei Saboe Hospital was 29 mothers with the incidence of perineal rupture occurring at degrees 1 and 2.

Referring to the results of initial data collection carried out by researchers in April at Sitti Khadidjah Hospital, Gorontalo City, obtained from a medical record book and an interview with one of the health workers in the postpartum room, it is known that the number of mothers with normal childbirth is 646 and as many as 246 SC in 2022, while in 2023 the number of mothers with normal childbirth is 693 and SC is 677, and in 2024 from January to March it is known that the number of normal births is 81, with the number of mothers who have experienced perineal rupture as many as 33 people and some have undergone episiotomy. On average, mothers who experience perineal rupture occur in childbirth period 2 and 3 with a body weight of 2,000-4,000 grams. In addition, the researcher conducted an interview with one of the nurses in the delivery and postpartum room who said that the average normal maternity mother was identified as having an episiotomy and some had perineal ruptures. Perineal rupture and episiotomy usually occur in primigravida delivery mothers or mothers who have large babies as well as in mothers who have ruptured amniotic membranes before complete opening.

RESEARCH METHODS

Research Design

The research method used in this study is a quantitative method with an analytical descriptive design through the Cross Sectional Study approach. The sample in this study was 33 women who gave birth normally with the incidence of perineal rupture. The sampling technique used in this study is purposive sampling based on inclusion and exclusion criteria. Data collection in this study was through secondary data using observation sheets of birth weight and degree of perineal rupture. The data was analyzed by conducting a Chi-Square test using spss to see the relationship between the baby's birth weight and perineal rupture in the VK room of RSIA Sitti Khadidjah, Gorontalo City.

Place and Time of Research

This research has been carried out in the VK room of RSIA Sitti Khadidjah, Gorontalo City, which has been carried out from August to September 2024.

Population and Sample

The population in this study is the total number of normal maternity mothers with the incidence of perineal rupture at RSIA Siti Khadijah, Gorontalo City from January to March 2024, recorded as many as 33 people. In this study, the researcher used a sampling technique with total sampling. Total sampling is a sampling technique where the number of samples is equal to the population because the population is less than 100 so that the entire population is used as a sample, the number of samples in this study is 33 respondents.

Data Analysis Techniques

Univariate Analysis

Univariate analysis is carried out to get an overview by decrypting each variable in the study, namely by looking at the frequency distribution using a formula.

Remarks:
P : Presentation
F : Number of applications according to the procedure (value 1)
N : Number of observation items
100% : A constant number.

Bivariate Analysis

This bivariate analysis was carried out to prove the hypothesis through the chi square test, assisted by the SPSS program, to determine the magnitude of the relationship or influence of the two independent and dependent variables. The analysis of this cross-table uses a degree of α significance of 5% ($p < 0.05$). If the p<value is 0.05, then the null hypothesis is rejected so that the two variables analyzed have a meaningful relationship, on the other hand, if the p>0.05 value then the null hypothesis is accepted so that the two variables analyzed do not have a meaningful relationship.

RESULTS

Respondent Characteristics

Table 1 Distribution of respondent characteristics

Yes	Characteristics	Frequency (n)	Presentation (%)
1.	**Age**		
	21-39 Years	30	90.9
	15-20 Years	3	9.1
2.	**Parity**		
	Primigravida	11	33.3
	Multipara	21	63.6
	Grand Multipara	1	3.1
3 .	**Baby Sex**		
	Male	18	54.5
	Women	15	45.5
4.	**Pregnancy Distance**		
	Normal	14	42.4
	Risky	19	57.6
	Total	**33**	**100**

Source: 2024 primary data

Based on table 1, the characteristics of the respondents are divided into four characteristics, including characteristics based on age, characteristics based on parity, characteristics based on the sex of the baby and characteristics based on pregnancy distance. Referring to the table above, it can be concluded that the age characteristics of pregnant women studied at RSIA Sitti Khadijah are based on the highest age, namely 30 people (90.9%) and the lowest age, namely 3 people (9.1%) at risk of 15-20 years. Then the number of maternal deliveries (parity) is divided into three from the highest, namely in multipara as many as 21 people (63.6%), then primigravida as many as 11 people (33.3%), and the lowest is grand multipara as many as 1 person (3.1%). Furthermore, there are the characteristics of respondents based on the most maternal pregnancy distance, namely in mothers with the lowest risk pregnancy distance as many as 19 mothers (57.6%) and mothers with the lowest normal pregnancy distance as many as 14 mothers (42.4%) and finally there are respondent characteristics based on the sex of the baby from the highest in the male sex as many as 18 people (54.5%) and the lowest in the female sex as many as 15 people (45.5%).

Univariate Analysis

Overview of the weight of the baby at birth

Birth weight of the baby	Frequency (n)	Presentation (%)
Normal baby weight	30	90.9
Baby weighs more	3	9.1
Total	**33**	**100**

Based on the table above, it shows that the weight of newborn babies studied at RSIA Sitti Khadijah is the highest, namely at the normal weight of 25 babies (90.9%) and the lowest is the weight of 3 babies born (9.1%).

Description of perineal rupture

Table 3 Frequency distribution of perineal rupture

Implementation of Episiotomy Wound Care	Frequency (n)	Presentation (%)
Rupture of the first degree	15	45,5
Rupture of the second degree	14	42.4
Rupture of the third degree	4	12.1
Rupture of the IV degree	0	0
Total	**33**	**100**

Source: 2024 primary data

Based on the table above, it shows that the perineal rupture studied at RSIA Sitti Khadidjah was the highest in degree I as many as 15 people (45.5%), then the second in degree II as many as 14 people (42.4%), then the third in degree I as many as 4 people (12.1%) and the lowest in degree IV as many as 0 people (0%).

Bivariate Analysis

The relationship between birth weight and perineal rupture in normal delivery in the VK room of RSIA Sitti Khadidjah, Gorontalo City

Table 4. The relationship between birth weight and perineal rupture in normal labor

Birth weight of the baby	Perineum								
	Rupture		Rupture		Rupture Degree III		Total		P=Va
	n	%	n	%	n	%	n	%	
Baby weight Normal	1	45.5	14	42.4	1	3.0%	3	90.9	0,00
Baby weighs more	0	0	0	0	3	9.1%	3	9.1	
Total	**1**	**45.5**	**14**	**42.4**	**4**	**12.1%**	**3**	**100**	

Source: 2024 primary data

Based on the table above, it shows that mothers who have babies with the highest normal birth weight, namely in the first degree rupture as many as 15 people (45.5%), then in the second degree rupture as many as 14 people (42.4%) and the lowest normal birth weight in the third degree rupture as many as 1 person (3.0%), while mothers who have babies with more baby weight are more than 3 people in degree III (9.1%). It is known that the statistical value or pValue = 0.000<0.05, then Ha is accepted, so the hypothesis that the relationship between the birth weight and the rupture of the perineum in normal childbirth in the VK room of RSIA Sitti Khadidjah Gorontalo City is proven to be true.

DISCUSSION

Univariate Analysis

Birth Weight

The birth weight of babies studied at RSIA Sitti Khadijah was the highest, which was 30 babies with normal birth weight, and the lowest was the weight of babies born with more than 3 babies. To find out the baby's weight at birth, weight weighing and measurement of the baby's length must be carried out, using a baby scale or Baby Scale and measuring the baby's length using an infantometer. Weighing the baby's weight and length is carried out to anticipate problems related to low birth weight as well as to monitor the baby's growth and development, so that the procedure of weighing and measuring the baby's weight and length needs to be carried out.

From the results of the above research, it was found that the weight of babies born at RSIA Sitti Khadijah Gorontalo City mostly had babies with normal weight, when reviewed from the age characteristics of most pregnant women aged 21-39 years or normal, while when reviewed from the number of deliveries most pregnant women underwent more than one delivery. As is known, the number of births is one of the factors that is closely related to the weight of the baby born, because mothers with multipara or 2-4 births and primipara or first childbirth have their own impact on the occurrence of health problems for both the mother and the baby who is born.

Furthermore, the characteristics of the respondents based on the mother's pregnancy distance after the previous pregnancy which shows that the average mother who has a normal baby weight with a normal pregnancy distance is 12 mothers, then mothers with normal baby weight at risk pregnancy distance as many as 2 mothers,

then mothers who have babies with normal weight with a risk pregnancy distance as many as 18 mothers, Then mothers who have babies with overweight with a pregnancy gap are at risk of 1 mother. Furthermore, it is reviewed from the sex of the babies that most of the babies are with the male sex.

Based on the results of the study, it is known that most babies have a normal weight of 30 babies with an average baby weight of 2500 to 4000 grams, which is obtained from the results of observation sheets, while as many as 3 babies have more weight with an average weight of 4010 to 4060 grams. It is known that overweight babies mostly occur in mothers with the first number of deliveries, this can complicate the birth process, especially in mothers with first pregnancies. This research is in line with the theory of Sari (2022) which states that fetuses that weigh more than 4000 grams have difficulties caused in childbirth due to the size of the shoulders. The hardest and largest part of the fetus is the head, so the size of the fetus' head affects the weight of the fetus.

The research was conducted by Nurrahmaton, Elvi Era Liesmayani and Burna Safira in 2023, with the title The relationship between birth weight and perineal rupture in normal childbirth at the Idi Tungong health center. In this study, the results of babies with normal weight also have the potential to cause perineal rupture, with the number of results presented that the majority of babies have normal birth weight, namely as many as 42 babies (85.7%) babies.

According to Wijayanti (2023), a normal newborn is a baby born after going through the vagina without a tool, up to 37 to 42 weeks of gestation, with a newborn weight of 2500 to 4000 grams, an apgar score of > 7 and no birth defects. A newborn is a baby who has just gone into labor and is transitioning from intrauterine to extrauterine life.

Based on the results of the research and theory above, the researcher assumes that most babies with birth weight at RSIA Sitti Khadijah have a normal weight, babies who have a normal weight can reduce the risk of difficulties in the birth process. Births that experience difficulties in the delivery process can be dangerous for both mother and baby, including unresolved pain experienced by mothers and even causes uterine infections for mothers if the delivery is too long and lack of oxygen for the baby.

Perineum rupture

The highest perineal rupture studied at RSIA Sitti Khadijah was 15 people in the first degree of rupture, then 14 people in the second degree of rupture, and the lowest was 4 in the third degree of rupture. The perineum is an important part during the labor process which is very sensitive to touch and tends to tear during the normal labor process due to natural tissue damage due to the pressure process of the fetal head or shoulders during labor.

Based on the results researched by RSIA Sitti Khadijah in table 4.3, it is known that mothers with degrees of rupture I and II most occur in mothers with multipara, then primipara and one mother with grand multipara, while mothers with degree III rupture are 4 people. 3 of them occur in mothers with the first pregnancy and the rest occur in mothers with second births. From the results of the study, it was found that perineal rupture was caused by several factors including maternal parity and birth weight.

The results of the study showed that the majority of mothers were multipara, namely 21 people (63.6%) with a majority body weight of 2500 – 4000 grams. This is in accordance with the statement from Sudianti (2023) that the occurrence of perinneal rupture can also be caused by the maternal parity factor, namely perineal tears occur in almost all first deliveries and are not uncommon in subsequent deliveries, while according to Nurrahmaton (2023) large birth weight, the likelihood of perineal rupture is greater because of damage caused by stretching the uterine wall by a very large child, uterine inertia and possible postpartum bleeding due to uterine atonia and birth canal tears may occur. And vice versa, if the baby's weight is born low, it is less likely to have perineal rupture. Babies with more than normal weight can cause damage during labor because a large head or a harder head cannot enter the upper door of the pelvis, or because the shoulders are difficult to pass through the pelvic cavity, there is a possibility of perineal rupture.

The incidence of perineal rupture when reviewed based on the age of the mother, the average mother of normal age experiences an incidence of perineal rupture as many as 30 then based on the age at risk of the mother with the incidence of perineal rupture as many as 3 when viewed from maternal parity, the average mother with primigravida who experiences perineal rupture as many as 11 multipara as many as 21 multipara and grand multipara as many as 1 further when reviewed based on the distance of the mother's pregnancy, The average mother with a normal pregnancy distance with the incidence of perineal rupture is 14 then mothers with a risk pregnancy distance who experience perineal rupture as many as 19 and finally when reviewed based on the sex of the baby, the average baby who experiences the most perineal rupture occurs in babies with the male sex as many as 18 babies and the lowest occurs in babies with the female sex as many as 15 babies.

The incidence of perineal rupture when reviewed based on the distance of the mother's pregnancy, it was found that mothers with a risk pregnancy distance, namely pregnancies of more than 24 months (2 years), experienced more perineal ruptures as many as 19 mothers. Based on this data, it can be concluded that mothers with a pregnancy gap of more than 2 years after the previous pregnancy can increase the risk of perineal rupture, this happens because pregnancies that are too long or too far from the previous pregnancy can cause perineal rupture because the perineal muscles become stiff and no longer elastic.

Based on the results of the research and theory above, the researcher assumes that the average incidence of perineal rupture at RSIA Sitti Khadijah is still quite large, perineal rupture occurs in births with a large birth weight. This happens because the larger the baby born will increase the risk of perineal rupture because a large birth weight is related to the size of the fetus which can result in the perineum not being strong enough to withstand the strain of the head of a baby with a large birth weight so that the birth process of babies with a large birth weight often occurs perineal rupture.

Bivariate Analysis

The relationship between birth weight and perineal rupture in normal delivery in the vk room of RSIA Sitti Khadidjah, Gorontalo City

The weight of babies born normal with perineal rupture was 30 people while the weight of babies born with perineal rupture was 3 people. It is known that the statistical value or pValue = 0.000<0.05, then Ha is accepted, so it can be concluded that there is a relationship between the birth weight and perineal rupture in normal childbirth in the VK room of RSIA Sitti Khaddidjah, Gorontalo City.

The results of the study in table 4.4 show that the weight of a normal baby with a rupture of the perineum of the first degree is 15 people, the weight of a normal baby with a rupture of the perineum of the second degree is 14 people with a baby weight ranging from 2500 to 4000 grams, and the weight of a baby born normally with a rupture of the perineum of the third degree is 1 person with a baby weight of 4000 grams which occurs in mothers with the first birth. Meanwhile, babies with more than 3 birth weight with perineal rupture degree III with an average body weight ranging from 4010 to 4060 grams. From the results of observation sheets as well as interviews, it is known that most normal mothers who experience perineal rupture, which occurs during the birth of the first and second children.

Based on the results of the study in table 4.4, it was found that 1 baby with normal weight experienced a degree III perineal rupture with a baby weight of 4000 grams in mothers with the first birth, this shows that perineal rupture is not only caused by the baby's excess weight but can also be caused by maternal factors based on parity. This is in line with the theory according to Oxorn, which states that most perineal ruptures occur in primipara, but not uncommon in multipara. In addition, this theory is also in line with research conducted by Tahir et al., (2022), which states that parity affects the incidence of perineal rupture. Mothers with parity of one or primipara mothers have a greater risk of perineal rupture than mothers with parity of more than one.

Based on the results of the study, it is known that mothers who have babies with a higher average weight increase before and after pregnancy, where the increase in maternal weight during pregnancy also greatly affects the baby's weight. The greater the weight gain during pregnancy, the greater the birth weight and the increase in the health status of the baby born. With an increase in the baby's weight of more than 4000 grams, it also increases the risk of rupture, especially in mothers with the first birth.

Based on the results of research through the observation process, it was found that several mothers experienced problems in the delivery process, especially in the pushing technique. Some of them were one of the respondents who was 34 years old, the number of parity grand multipara with a previous pregnancy distance of 5 years and a baby weight of 2500 grams. At the time of delivery, the patient seemed to have difficulty in giving birth due to a lack of power in her and strain. Where the tissue plays a very important role in the contraction of the uterine smooth muscles, the tissue has a symmetrical, coordinated, relaxation and fundus that is predominant. Meanwhile, straining is the process of pushing the baby out towards the birth canal that occurs after the cervix is dilated up to 10 cm.

In addition to pushing techniques that cause patients to experience difficulties in the delivery process, the pregnancy distance also affects the patient's delivery process and is at risk of perineal rupture. It is known that patients have a pregnancy gap of 4 years after the previous birth, where the gap of 5 years of pregnancy after the previous pregnancy greatly increases the risk of perineal rupture. This happens because the perineum is already stiff and the muscles are not as elastic as in the third and fourth pregnancies in the previous pregnancy.

In addition, perineal rupture in patients is not only caused by the distance of previous pregnancy but also because of the length of the delivery process experienced, this is caused by the perineum that is not strong enough to withstand the strain of the baby's head. In addition, childbirth that lasts longer is also said to be childbirth which is usually related to the size of the fetus and the unbalanced capacity of the mother's birth canal.

The growth and development of the fetus during pregnancy can be influenced by the nutritional status of pregnant women during pregnancy. In addition, the nutritional status of pregnant women also determines the weight of the baby born, so monitoring the nutrition of pregnant women is urgently needed. The nutritional status of pregnant women can be found out by conducting a pregnancy examination. Pregnancy examinations aim to recognize and identify problems that arise during pregnancy, so that the health of pregnant women can be maintained and most importantly that the mother and the baby in the womb will be good and healthy until the time of delivery, Misrina and Silvia (2022).

Based on the results of a previous study in 2023 conducted by olen Ivansri Marsaulina Panjaitan on the relationship between infant birth weight and perineal rupture in normal childbirth at the Pratama Hamidah Tanjung Morawa Clinic, Deli Serdang, using a chi-square statistical test, it shows that there is a significant relationship

between birth weight and perineal rupture in normal childbirth with a result of p=0.000 where the p value is <0.05.

This study is in line with research conducted by Amelia (2023), the weight of ≥ 2500 newborns who experienced perineal rupture was 44 respondents (84.6%) while the proportion of respondents who did not experience perineal rupture was 8 respondents (15.4%), and the proportion of baby weight born ≤ 2500 grams who experienced perineal rupture was 3 respondents (7.5%), while the proportion of respondents who did not experience perineal rupture was 37 respondents (92.5%). With the results of the Chi-Square statistical test with a p-value of 0.000 < significance level (0.05), it can be concluded that there is a significant relationship between the weight of the baby at birth and the incidence of perineal rupture.

These results also support the research conducted by Nurrahmaton Elvi Era Liesmayani and Burna Safira in (2023) with the title The relationship between birth weight and perineal rupture in normal childbirth at the Idi Tunong Health Center, which obtained the results of the test on the relationship between birth weight and perineal rupture at the Idi Tunong Health Center with the results of a statistical test obtained a value of p (sig) = 0.040<0.05 In addition, the researcher also explained that babies with normal weight also potentially causing perineal rupture.

Vaginal tear during childbirth, or perineal rupture, is a tear that occurs during the normal delivery process that occurs when the baby's head enters through the vaginal opening and is too large so that the vagina cannot stretch or is normal in size but the vagina does not stretch easily (Emi Kusumawardani 2024). According to Rahmi (2024), an abnormal baby weight or >4000 grams can be caused by an increase in maternal weight during pregnancy that exceeds the normal limit, it can also be caused by mothers consuming a lot of foods that contain a lot of sugar, causing an increase in the baby's weight in the womb to be greater which increases the risk of perineal rupture. The results of this study are in accordance with the theory according to Suhartini (2022) which explains that the larger the baby born, the greater the risk of perineal rupture.

Based on the results of the research and the theory above, researchers assume that the weight of the baby born has a relationship with perineal rupture, This happens because the greater the weight of the baby born, it will increase the risk of perineal rupture because the perineum is not strong enough to withstand the strain of the baby's head with a baby weight of more than 4000 grams, so that in the birth process of a baby with a large birth weight, perineal rupture often occurs.

CONCLUSION

The distribution of frequency characteristics of respondents based on age, parity and gender at RSIA Sitti Khadidjah, Gorontalo City was 33 respondents. The weight of newborn babies studied at RSIA Sitti Khadijah was the highest which was a normal weight of 30 people and the lowest was a body weight of more than 3 people. The highest perineal rupture studied at RSIA Sitti Khadijah was 15 people in the first degree rupture, then the second degree rupture was 14 people and the lowest was the third degree rupture as many as 4 people. There was a relationship between the birth weight and perineal rupture in normal delivery in the VK room of RSIA Siti Khadijah Gorontalo City with a value of Pvalue=0.000<0.05.

ADVICE

The results of this study can later provide useful information and input for health workers, especially nurses and midwives, about the weight of the baby at birth and perineal rupture in normal childbirth.

The results of this research can later contribute to educational institutions, especially for nursing students regarding the birth weight of babies and perineal rupture in normal delivery.

The results of this study can later be used as input in the process of teaching and learning activities and can be used as reference material for future research related to the birth weight of babies with the incidence of perineal rupture in normal delivery.

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