



OVERVIEW OF CINNAMON BOILED WATER ADMINISTRATION TO SUPPORT PERINEAL WOUND HEALING IN MRS. S G2P2A0 POSTPARTUM DAY 4 IN JETIS VILLAGE

Nanda Cindi Dwi Karisma¹, Priyatin Sulistyowati², Dwi Astuti³

¹Diploma III Nursing Study Program, Politeknik Yakpermas Banyumas, Email: nandacindi57@gmail.com

²Teacher Diploma III Nursing Study Program, Politeknik Yakpermas Banyumas, Email: sulistyowati5yakpermas@gmail.com

³Teacher Diploma III Nursing Study Program, Politeknik Yakpermas Banyumas, Email : dwiast745@gmail.com

*email Koresponden: nandacindi57@gmail.com

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Abstract

Background:Perineal rupture is a condition in which the perineal tissue tears during the childbirth process. This condition can cause pain, discomfort, and interfere with the mother's activities after delivery. One non-pharmacological intervention that can support perineal wound healing is the administration of cinnamon boiled water. Cinnamon contains active compounds such as polyphenols, coumarin, and flavonoids, which possess antioxidant and anti-inflammatory properties, thus potentially accelerating the wound healing process. **Objective:**This study aims to describe the administration of cinnamon boiled water in supporting the healing of perineal wounds among postpartum mothers in Jetis Village. **Method:**This scientific paper uses a descriptive research method with a case study approach. **Results:**The results showed a decrease in the degree of perineal wound after the administration of cinnamon boiled water. **Conclusion:** Based on the case study conducted over seven days, the administration of cinnamon boiled water to postpartum mothers can help accelerate the healing of perineal wounds.

Keywords: Cinnamon Boiled Water, Perineal Wound, Postpartum Mother

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supporting the healing of perineal wounds among postpartum mothers in Jetis Village. Method: This scientific paper uses a descriptive research method with a case study approach. Results: The results showed a decrease in the degree of perineal wound after the administration of cinnamon boiled water. Conclusion: Based on the case study conducted over seven days, the administration of cinnamon boiled water to postpartum mothers can help accelerate the healing of perineal wounds.

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1. INTRODUCTION

The postpartum period is a vulnerable time for a mother, where she must navigate the recovery phase while meeting the needs of her newborn baby. According to the 2017 Indonesia Health Profile, approximately 75% of mothers who give birth normally experience perineal trauma. Prawirohardjo (2016) explains that perineal trauma can be caused by natural tears or episiotomy during the delivery process. Data from the World Health Organization (WHO) in 2009 reported approximately 2.7 million cases of perineal tears related to childbirth, and it is predicted that this number will increase to 6.3 million cases by 2050. Additionally, in 2013, the Indonesian Ministry of Health recorded that 57% of mothers who gave birth received stitches in the perineal area, with 28% due to episiotomy and 29% due to natural tears (Rohmin, 2017).

Perineal rupture occurs when the perineal tissue tears during childbirth. Perineal rupture is a condition where the female genital area tears, usually occurring during childbirth. This tear can occur suddenly or as a result of medical interventions, such as episiotomy or instrumental delivery. The severity of perineal tears varies, and in some cases.

Tears only occur inside the vagina. Interestingly, nearly 90% of mothers experience perineal rupture, especially those who give birth for the first time. This figure records around 80.55% in young women and 85.05% in primiparas. Tears in the perineal area are often large enough to require stitches to restore them to their original state. Therefore, it is essential to know how to care for perineal stitches after giving birth normally to prevent them from reopening. If not properly cared for, perineal wounds can lead to infection, which is one of the serious risks after childbirth. Thus, proper care for perineal wounds after normal delivery is highly recommended to prevent infection.

According to East et al. (2012) cited by Wulandari (2017), there are various methods that can accelerate wound healing. One approach that is often used is the administration of non-steroidal anti-inflammatory drugs (NSAIDs), known to be effective in relieving pain and promoting recovery. However, it should be noted that the use of some types of these medications can have side effects, such as stomach ulcers.

In addition, several studies have also explored the potential use of herbs to treat wounds, such as lavender, turmeric, olive oil, and cinnamon (Hayati, F. 2020). Cinnamon stew is recommended for mothers who have given birth and experienced grade I and II perineal tears. Every day, for seven days, the mother consumes a stew made from 1.5 grams of cinnamon.

I couldn't find the specific English translation for the given text. However, I can help you translate it: According to Gusriati et al. (2023), in their study "The Effect of Cinnamon Administration on Perineal Wound Healing in Postpartum Mothers at Puskesmas Lembang, Garut Regency, 2023", cinnamon stew was proven effective in promoting perineal wound healing in postpartum women. You can try searching online for more information on this topic. "The Description of Cinnamon Water Administration in Promoting Perineal Wound Healing in a Postpartum Woman (Case Study: Mrs. S G2P2A0 Postpartum Day 4 in Jetis Village)"



2. RESEARCH METHOD

The research method applied in this study is descriptive with a case study approach. In this research, the case study is conducted by analyzing in-depth a problem that focuses on a single unit. It aims to present an in-depth description of the background, characteristics, and properties that exist in a case (Apriliansi et al., 2024)

3. RESULTS AND DISCUSSION

A. RESULTS

The following results are data obtained through observation of the perineal wound healing process in Mrs. S, who met the inclusion criteria as a postpartum mother on the 4th day with a grade 1 perineal wound characterized by moderate redness and no apparent wound closure, after administering cinnamon water as an effort to promote perineal wound healing.

Based on Table 4.1, it is evident that there is a decrease from the first day to the seventh day of administering cinnamon water, from a score of 4 to 0. The observation results of the REEDA scale score before and after administering cinnamon water showed a score decrease from 4 to 0, indicating that the administration of cinnamon water for seven consecutive days resulted in changes and a decrease in perineal wound severity. Based on the results obtained, the administration of cinnamon water to postpartum mothers showed a positive effect on the healing process of grade I perineal wounds.

Other studies that discuss postpartum mothers with episiotomy also state that cinnamon is rich in antioxidant and anti-inflammatory compounds, such as polyphenols, coumarin, and flavonoids, which can accelerate the perineal wound healing process (Hartini 2020).

B. Discussion

In this case study, the respondent was Mrs. S, a 21-year-old woman who was on her 4th day postpartum with a grade I perineal wound, characterized by a tear in the vaginal mucosa without involving the perineal skin. Perineal wounds are injuries that occur during childbirth, either naturally or through medical interventions or instruments (Amru, 2022). According to the inclusion criteria set in this study, Mrs. S met the requirements, having a grade I perineal wound and providing consent to participate as a respondent, which is in line with Nareza's theory (2024). Patients with grade 1 tears may not require stitches, but if necessary, a doctor can perform the stitches in the delivery room. Grade 1 perineal tears typically heal within 1-2 weeks.

According to Gusriati et al. (2023), cinnamon water has been proven effective in promoting the healing of grade I perineal wounds in postpartum women. Hartini (2020) also states that cinnamon is rich in antioxidant and anti-inflammatory compounds, such as polyphenols, coumarin, and flavonoids, which can accelerate the healing process of grade I perineal wounds.

In addition to the intervention of administering cinnamon water, Mrs. S also received additional care focused on perineal hygiene through vulvar care procedures. Vulvar care involves cleaning the external genital area to keep the vagina and surrounding area clean and



comfortable, as well as preventing conditions that can lead to infection in episiotomy wounds (Timbawa et al., 2015).

This case study was conducted for 7 days on Mrs. S, with the administration of 200 ml of cinnamon water once a day at 10:00 AM, and vulvar hygiene was performed at each visit before observing and assessing the progress of perineal wound healing using the REEDA scale. The REEDA scale is a measurement tool that assesses five important factors in wound healing, namely Redness, Edema, Echymosis, Discharge, and Approximation (Wicaksana and Rachman, 2021).

On Monday, June 30, 2025, on the 4th day postpartum, the author conducted an observation visit before taking any action with Mrs. S to establish a trusting relationship and conduct a direct interview and observation of the perineal wound condition. The observation results showed moderate redness around the wound (R=2), no edema (E=0), no bruising or echymosis (E=0), no discharge (D=0), but the wound had not yet healed, with a moderate level of approximation (A=2). The total REEDA score obtained was 4, indicating that the wound was still in the early stages of healing and required optimal monitoring and care to prevent the risk of infection or delayed healing.

The first visit was on July 1, 2025, on the 5th day postpartum. Mrs. S reported still feeling discomfort in the sutured area and experiencing slight pain during urination. The researcher first performed vulvar hygiene on Mrs. S to assess the condition of the perineal wound using the REEDA scale, then administered 200ml of cinnamon water at 10:00 AM. The observation results showed moderate redness around the wound (R=2), no edema (E=0), no bruising or echymosis (E=0), no discharge (D=0), but the wound had not yet healed, with a moderate level of approximation (A=2). The total REEDA score obtained was 4, indicating poor wound healing.

The second visit was on July 2, 2025, on the 6th day postpartum. The researcher asked about Mrs. S's complaints, and she reported feeling more comfortable than the previous day and no longer experiencing pain during urination. The researcher then performed vulvar hygiene to evaluate the condition of the perineal wound using the REEDA scale and administered cinnamon water. The assessment results showed moderate redness around the wound (R=2), no edema (E=0), no bruising or echymosis (E=0), no discharge (D=0), but the wound had not yet healed, with a moderate level of approximation (A=2). The total REEDA score obtained was 4.

The third visit was on July 3, 2025, on the 7th day postpartum. Mrs. S underwent vulvar hygiene first, followed by the administration of cinnamon water. The REEDA scale results showed mild redness around the wound area starting to subside (R=2), no edema (E=0), no bruising or echymosis (E=0), no discharge (D=0), and the wound edges appeared to be fairly closed but not fully united, with a mild level of approximation (A=2). The total REEDA score obtained was 4.

According to Sari (2019), 6 out of 10 postpartum mothers with perineal wounds due to episiotomy did not perform proper vaginal care, such as changing pads only when full, and most mothers in rural areas still used traditional remedies given by their families to clean their stitches. This indicates that mothers' knowledge about genital hygiene is still low. However, Mrs. S was different; she reported regularly caring for her wound by frequently changing pads and cleaning the accessible areas. Since Mrs. S had experienced this before in her previous



delivery, she was knowledgeable about maintaining genital hygiene by regularly changing pads and cleaning the accessible areas.

The fourth visit was on July 4, 2025, on the 8th day postpartum. Mrs. S underwent vulvar hygiene first, followed by the administration of cinnamon water. The REEDA scale results showed mild redness around the wound area starting to subside (R=1), no edema (E=0) no bruising or echymosis (E=0), no discharge (D=0), and the wound edges appeared to be fairly closed but not fully united, with a mild level of approximation (A=2). The total REEDA score obtained was 3, indicating poor wound healing.

The fifth visit was on July 5, 2025, on the 9th day postpartum. Mrs. S underwent vulvar hygiene first, followed by the administration of cinnamon water. The REEDA scale results showed mild redness around the wound area (R=1), no edema (E=0), no bruising or echymosis (E=0), no discharge (D=0), and the wound edges appeared to be fairly closed but not fully united, with a mild level of approximation (A=1). The total REEDA score obtained was 2.

The sixth visit was on July 6, 2025, on the 10th day postpartum. Mrs. S underwent vulvar hygiene first, followed by the administration of cinnamon water. The REEDA scale results showed no noticeable redness (R=0), no edema (E=0), no bruising or echymosis (E=0), no discharge (D=0), and the wound edges appeared to be fairly closed but not fully united, with a mild level of approximation (A=1). The total REEDA score obtained was 1.

The seventh visit was on July 7, 2025, on the 11th day postpartum. Mrs. S underwent vulvar hygiene first, followed by the administration of cinnamon water. The REEDA scale results showed no noticeable redness (R=0), no edema (E=0), no bruising or echymosis (E=0), no discharge (D=0), and the wound edges were well approximated (A=0). The total REEDA score obtained was 0, indicating that the wound had healed. This is consistent with the study by Gusriati et al. (2023), which stated that the administration of cinnamon water was proven effective in promoting the healing of perineal wounds in postpartum women.

4. CONCLUSION

Based on the case study conducted over 7 days of administering cinnamon water to postpartum mothers in Jetis Village, it can be concluded that:

1. The results showed that administering 200ml of cinnamon water for 7 consecutive days had an effect on the healing of grade I perineal wounds.
2. The REEDA scale measurements before the intervention showed that the respondent had a grade I perineal wound with a score of 4, while after the intervention with cinnamon water administration, the score was 0, indicating that the wound had healed.
3. Documentation showed that the administration of cinnamon water was done consistently every morning for 7 days.

Thus, this case study achieved its general objective, which was to describe the effect of cinnamon water administration on promoting perineal wound healing in Mrs. S, a postpartum mother. The specific objectives were also achieved, including identifying the condition of the wound before and after administering cinnamon water, and analyzing the impact of cinnamon water administration on reducing wound severity in postpartum mothers.



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