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Kegel exercises and perineal wound healing among postpartum mothers: A qualitative study

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Abstract

Background: Perineal wounds following childbirth are common, particularly among women who experience vaginal or perineal tears. When healing is delayed, these wounds may lead to serious postpartum complications, including infection, bleeding, and increased maternal morbidity. Kegel exercises are widely recognized as a simple, non-pharmacological intervention that strengthens pelvic floor muscles and may support the healing process of perineal wounds. However, limited attention has been given to postpartum mothers' personal experiences in performing these exercises during the recovery period.

Purpose: To explore postpartum mothers' experiences in practicing Kegel exercises as part of perineal wound healing at the Gadingrejo Community Health Center.

Method: A qualitative study with a phenomenological approach was employed to capture mothers' lived experiences. Participants were selected through purposive sampling, involving eight postpartum mothers who met the inclusion criteria. Data were collected through in-depth interviews and direct observation. Thematic analysis was conducted to identify recurring patterns and meanings related to the implementation of Kegel exercises.

Results: The findings revealed five main themes: (1) timing of Kegel exercise initiation, (2) initial physical complaints after childbirth, (3) perceived benefits of the exercises, (4) vaginal care practices, and (5) dietary patterns during the postpartum period. Observations of wound healing using the REEDA assessment showed a gradual improvement from day one to day seven. Initially, most participants demonstrated poor wound healing characteristics, which progressed to good wound healing by the end of the observation period.

Conclusion: Postpartum mothers who practiced Kegel exercises experienced better perineal wound healing compared to their initial condition. These findings suggest that Kegel exercises may contribute to accelerating the perineal wound healing process. In addition, proper vaginal care and adequate nutritional intake appear to play supportive roles in promoting recovery among postpartum women.

Keywords: Kegel Exercise; Maternal Health; Perineal Wound Healing; Postpartum Women; Vaginal Care.

INTRODUCTION

The postpartum period is a transitional phase in which a woman gradually returns to her pre-pregnancy condition. This period may last up to 42 days and is often accompanied by various physical and psychological changes. During this time, mothers require close monitoring and adequate care, as the postpartum period is considered a critical

phase that significantly contributes to maternal and infant health outcomes. Medically, the postpartum or postnatal period begins immediately after the delivery of the baby and placenta and continues for approximately six weeks, during which the mother undergoes substantial physiological recovery (Sari & Tahun, 2023).

One of the major contributors to maternal mortality during childbirth and the postpartum period is bleeding. Vaginal and perineal tears are commonly experienced by women during labor and can result in bleeding of varying degrees. These tears often require suturing, which, if not managed appropriately, may lead to complications such as infection, prolonged pain, and delayed wound healing. Proper care of perineal wounds and sutures is therefore essential, as inadequate management may give rise to secondary health problems that negatively affect maternal recovery (Qiftiyah & Widiyanti, 2024).

The effectiveness of maternal health programs is commonly assessed using the Maternal Mortality Rate (MMR), which refers to deaths occurring during pregnancy, childbirth, or the postpartum period as a result of pregnancy-related complications, excluding accidental or incidental causes. The MMR is calculated per 100,000 live births and serves as a sensitive indicator of the overall quality of healthcare services, including accessibility and the effectiveness of maternal care interventions. As such, this indicator reflects not only maternal health status but also broader public health conditions (Kementerian Kesehatan Republik Indonesia, 2024). On a global scale, maternal mortality remains a serious concern, with an estimated 260,000 maternal deaths reported in 2023. This figure translates to more than 712 maternal deaths each day, or approximately one maternal death every two minutes (World Health Organization, United Nations Children's Fund, United Nations Population Fund, World Bank Group, & United Nations Department of Economic and Social Affairs, Population Division 2025).

A large proportion of maternal deaths occur during childbirth and the early postpartum period, with bleeding identified as the leading cause. Perineal and vaginal tears are frequently observed among postpartum mothers and may result in complications such as infection of sutured wounds and persistent bleeding caused by blood vessels that fail to close completely. Given that postpartum mothers are still in a physically vulnerable condition, delays in recognizing and managing these complications may increase the risk of severe

outcomes, including maternal death (Yunitasari, Fitri, & Azizah, 2024).

Perineal rupture does not occur randomly but is influenced by multiple interrelated factors. Maternal factors include age, parity, precipitate labor, prolonged or excessive pushing, and conditions such as fragile or edematous perineal tissue. In addition, delivery interventions such as vacuum extraction, forceps delivery, version extraction, and embryotomy may increase the risk of perineal injury. Fetal factors, including large birth weight, malpresentation, breech delivery with delayed head expulsion, shoulder dystocia, and congenital anomalies, also play a role. Furthermore, factors related to birth attendants such as improper guidance during pushing, inadequate communication, limited skills in perineal support, inappropriate recommendations for birthing positions, and episiotomy practices can contribute to perineal rupture (Kurniawan, Jingsung, Anam, & Siagian, 2020).

The consequences of perineal rupture extend beyond immediate bleeding. Perineal damage often results in lacerations or episiotomy wounds that cause pain and discomfort in the birth canal, particularly when sutures are involved. Infections at the suture site may spread to the urinary tract or the birth canal, leading to complications such as urinary tract infections and genital tract infections. Additionally, ongoing bleeding may occur due to incomplete closure of blood vessels. Considering the weakened condition of postpartum mothers, delayed treatment of these complications poses a serious risk and may ultimately contribute to maternal mortality (Aliun, Yunitasari, & Fitri, 2024).

Perineal wound healing can be optimized through appropriate non-pharmacological interventions. These include the application of cold compresses to the sutured area, routine cleansing of the wound with warm water, regular replacement of dressings, increased protein intake, proper hand hygiene, and pelvic muscle exercises. Several non-pharmacological approaches have been reported to support perineal wound healing, such as the use of red betel leaf decoction, herbal remedies, consumption of tamarind and turmeric drinks, and the practice of Kegel exercises.

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Kegel exercises are pelvic floor muscle exercises originally developed by Dr. Arnold Kegel. These exercises focus on strengthening the pubococcygeal muscles, which are attached to the pelvic bones and play an essential role in supporting pelvic organs (Gustirini, 2021). Kegel exercises can be initiated as early as the first postpartum day and continued until at least the tenth day after delivery to promote maternal recovery. When performed consistently, these exercises have been shown to assist in tightening sutures, accelerating wound healing, and reducing hemorrhoidal symptoms among postpartum mothers (Parantean & Ni'amah, 2023).

As part of postnatal exercise programs, Kegel exercises offer multiple benefits, including improved pelvic muscle tone, enhanced circulation in the perineal area, reduced edema, and faster healing of perineal wounds. The alternating contraction and relaxation of pelvic floor muscles during these exercises help alleviate perineal discomfort, improve urinary control, restore sphincter muscle function, and support overall postpartum recovery. Kegel exercises are therefore considered a practical and beneficial component of postpartum care, particularly for mothers experiencing perineal trauma (Ummah, Rahmawati, & Yulianti, 2024).

Previous studies have demonstrated the effectiveness of Kegel exercises in accelerating perineal wound healing. Postpartum mothers who regularly perform Kegel exercises tend to experience faster recovery compared to those who do not engage in such exercises. Evidence from earlier research indicates that consistent practice of Kegel exercises significantly improves wound healing outcomes in postpartum women, highlighting their potential as a simple yet effective intervention in maternal care (Yunifitri, & Aulia, 2022). These findings support the integration of Kegel exercises into postpartum care practices to promote optimal recovery and reduce the risk of complications.

RESEARCH METHOD

This study employed a qualitative research design with a phenomenological approach, aiming to gain an in-depth understanding of postpartum mothers' lived experiences in performing Kegel exercises as part of perineal wound healing. The

phenomenological approach was chosen because it allows researchers to explore individual perceptions, feelings, and meanings related to personal health experiences, particularly during the sensitive postpartum period.

The participants of this study were postpartum mothers who experienced perineal wounds and resided within the working area of the Gadingrejo Community Health Center. Participants were selected using purposive sampling based on the principles of appropriateness and adequacy, ensuring that the informants were able to provide rich and relevant information related to the research focus. A total of eight participants met the inclusion criteria and were involved in this study. The number of participants was considered sufficient, as data saturation was achieved when no new themes emerged from subsequent interviews.

Data collection was conducted using two primary methods: in-depth interviews and direct observation. In-depth interviews were carried out to explore participants' experiences, perceptions, and feelings regarding the implementation of Kegel exercises during the postpartum period. With the participants' consent, interviews were audio-recorded to ensure accuracy in data transcription and analysis. In addition to interviews, observations were conducted to assess the condition of perineal wound healing using the REEDA scale, which includes five indicators: redness, edema, ecchymosis, discharge, and approximation. Observation sheets were used to systematically document changes in wound healing conditions over time.

To ensure the credibility and trustworthiness of the data, this study applied both source triangulation and method triangulation. Source triangulation was conducted by comparing information obtained from different participants to identify consistency and variations in experiences. Method triangulation was achieved by integrating data collected from in-depth interviews and observational findings, allowing the researchers to validate and enrich the interpretation of the results (Yusuf, 2016). This research has passed the ethical review published by the Ethics Committee of STIKes Baitul Hikmah with letter number 01.35/47/LPPM/VII/25.

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RESEARCH RESULTS

Table 1. Demographic Characteristics of Participants

Participant Code	Age (years)	Obstetric History	Education Level	Occupation	Ethnicity
P1	22	P1A0	Senior High School	Housewife	Javanese
P2	26	P2A0	Junior High School	Housewife	Javanese
P3	24	P2A1	Senior High School	Housewife	Javanese
P4	23	P1A0	Vocational High School	Housewife	Lampung
P5	25	P1A0	Senior High School	Housewife	Javanese
P6	27	P2A0	Senior High School	Housewife	Javanese
P7	30	P3A0	Junior High School	Housemaid	Javanese
P8	24	P1A0	Vocational High School	Laborer	Javanese

P indicates the number of births, and A indicates the number of abortions

Table 1 summarizes the demographic characteristics of the eight postpartum mothers who participated in this study. The participants were aged 22-30 years, with parity ranging from P1 to P3. Most participants had completed senior high school and were housewives. The majority were of Javanese ethnicity, with one participant from the Lampung ethnic group. The participants represented a relatively homogeneous group in terms of age, educational background, and obstetric history.

Interview Results with Participants

Analysis of the interview data resulted in five themes that illustrate postpartum mothers' experiences with Kegel exercises and perineal wound care. The themes are presented below, supported by participants' direct quotations.

Timing of Kegel Exercises

From the interview data, it was evident that postpartum mothers did not have a fixed or uniform schedule for performing Kegel exercises. Instead, they adjusted the timing of the exercises to their daily routines, physical condition, and most importantly, their baby's sleep patterns. Morning, afternoon, and

evening were commonly mentioned, but the exercises were often performed whenever participants felt they had enough time and focus.

Many participants emphasized that they preferred doing Kegel exercises when their baby was asleep. This condition allowed them to concentrate better on the movements without interruption. The frequency of practice varied, ranging from four to eight times per day, depending on how busy they were and how their body felt that day. Several mothers mentioned receiving guidance from health workers, which reassured them that Kegel exercises could be done flexibly and were not limited to a specific time of day. This information motivated them to practice more frequently.

"I was told by the nurse that Kegel exercises could be done at any time. I usually practiced them up to six times a day when my baby was asleep." (P1)

Some participants developed more structured routines, such as practicing in the morning and at night, while still taking advantage of free time during the day.

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"I usually did the exercises in the morning and at night. However, if I had free time during the day and my baby was asleep, I would do them as well. I practiced Kegel exercises about eight times a day for one week." (P2)

Others highlighted that ensuring their baby was asleep was essential so they could focus and perform the exercises correctly.

"I practiced Kegel exercises every morning, afternoon, and evening. I usually waited until my baby was asleep so that I could focus on the movements." (P3)

Initial Complaints Before Performing Kegel Exercises

Before practicing Kegel exercises, most participants described experiencing significant physical discomfort following childbirth. These complaints were mainly related to perineal sutures and pain during daily activities. Mothers frequently reported stinging sensations, throbbing pain, and discomfort when walking, sitting, or performing personal hygiene.

Pain during genital care was repeatedly mentioned as one of the most uncomfortable experiences. Although postpartum bleeding was generally described as normal, pain from the stitches greatly affected participants' mobility and slowed their daily activities.

"I had many stitches after delivery, and the pain was very uncomfortable. Cleaning the area was very painful, and it hurt to walk or sit. My activities became very slow, although the bleeding was normal and not excessive." (P1, P6)

Some participants reported more specific complaints, such as itching and persistent stinging sensations, which appeared several days after delivery.

"My main complaint was a stinging and itchy sensation on the fourth day after delivery." (P2)

Others compared their current childbirth experience with previous deliveries, noting that the pain was more intense, especially when the baby was larger.

"The pain was very intense and throbbing. It was more painful than my first delivery because my baby was bigger this time." (P3, P5)

In more severe cases, the pain caused emotional distress and interfered with breastfeeding and daily functioning.

"The pain was very severe because I had many stitches. Standing up and cleaning the area were extremely painful, and it made me feel reluctant to experience normal delivery again." (P4)

"The pain was very intense, and I cried frequently at the beginning. It even affected my concentration when breastfeeding." (P8)

Perceived Benefits of Kegel Exercises

After practicing Kegel exercises regularly, participants began to notice various physical improvements. Most mothers reported reduced pain, increased comfort in the vaginal area, and faster healing of perineal stitches. These changes were usually felt after several days of consistent practice.

Several participants stated that pain gradually decreased and eventually disappeared within one week, which encouraged them to continue the exercises.

"The stitches healed faster, and the change was very noticeable. The intense pain gradually decreased and eventually disappeared after I practiced the exercises consistently for one full week." (P1)

Others described feeling more comfortable after only a few days of practice, which made them more motivated.

"I felt more comfortable, and the pain was reduced. The improvement was very noticeable after the third day, which made me want to continue doing the exercises." (P2)

Some participants experienced additional physical benefits, such as increased muscle tone in the vaginal area, hips, and thighs. Although the exercises were initially uncomfortable, the pain lessened as the stitches became drier.

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"I felt that my vaginal muscles became tighter, and my hips and thighs also felt stronger. At the beginning, the exercises were somewhat painful, but over time the stitches became drier and no longer painful. Even after my medication ran out, I continued the exercises, and the discomfort improved significantly." (P3)

Improvements in urinary control were also reported by some participants.

"After performing Kegel exercises regularly every day, I felt more comfortable in the vaginal area. The pain decreased, and I no longer experienced urine leakage when coughing or laughing." (P4)

Other mothers emphasized that consistent practice helped speed up wound healing even with minimal medication.

"I only took medication for three days and then continued the exercises regularly. The stitches dried faster, and my thighs also felt firmer." (P6)

Participants who learned about Kegel exercises after multiple childbirths described noticeable differences compared to previous experiences.

"This was my third child, and it was the first time I learned about Kegel exercises. The difference was very noticeable. The stitches healed faster, and the muscles felt more comfortable after practicing the exercises for more than one week." (P7)

Vaginal Care Practices During the Postpartum Period

Participants reported various vaginal care practices aimed at maintaining cleanliness and reducing discomfort during the postpartum period. These practices were mostly influenced by personal experience, family advice, and cultural habits rather than formal guidance from health professionals.

Most mothers reported cleaning the vaginal area regularly, especially after urination. Clean water was commonly used, while some participants preferred warm water to relieve pain and discomfort.

"I cleaned the vaginal area every time after urinating using clean water. Sometimes I used warm water because it felt more comfortable and reduced the pain." (P1, P3)

Some participants used antiseptic solutions or feminine hygiene products based on suggestions from family members.

"I used an antiseptic solution to clean the stitches because my family suggested it. I felt that it helped keep the area clean and reduced discomfort." (P2, P6)

Others focused on keeping the area dry after washing and limiting movement to avoid irritation.

"After cleaning, I made sure the area was dry. I tried not to move too much because the stitches would feel sore if I was too active." (P4)

Some mothers deliberately avoided soap due to fear of irritation.

"I did not use soap on the vaginal area because it felt painful and made the stitches sting." (P5)

Although vaginal care practices differed among participants, cleanliness and comfort were consistently prioritized.

Barriers and Challenges in Performing Kegel Exercises

Despite understanding the benefits of Kegel exercises, participants faced several challenges that limited consistent practice. Physical pain from perineal sutures was the most common barrier, especially during the early postpartum period.

"At the beginning, it was still painful because of the stitches, so I could not do the exercises regularly." (P2, P4)

Fatigue was another major obstacle, particularly for mothers adapting to nighttime breastfeeding and newborn care.

"I often felt too tired because I had to wake up at night to breastfeed, so sometimes I forgot or did not have the energy to do the exercises." (P1, P6)

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Time constraints due to household responsibilities and childcare also made it difficult to maintain a routine.

"I wanted to do the exercises regularly, but taking care of the baby and managing household tasks made it hard to find time." (P3, P5)

Some participants expressed uncertainty about performing the exercises correctly, which reduced their confidence.

"Sometimes I was not sure whether I was doing the exercises correctly, so I became less motivated to continue." (P7)

Nevertheless, several mothers continued attempting the exercises as their condition improved or after receiving encouragement.

"After the pain decreased and I received encouragement, I tried to continue the exercises, even if it was not every day." (P8)

Table 2. Perineal Wound Healing Progress Based on REEDA Scores

Day	P1	P2	P3	P4	P5	P6	P7	P8
1	12	10	10	11	12	10	10	12
2	10	7	7	10	10	7	7	10
3	7	5	5	7	7	5	5	7
4	6	3	3	6	6	3	3	6
5	4	2	2	4	4	2	2	4
6	2	1	1	2	2	1	1	2
7	0	0	0	1	0	0	0	1

Note: Wound healing was assessed using the REEDA scale.

Table 2 presents the progression of perineal wound healing among the eight participants over a seven-day observation period using the REEDA scale. The table shows a steady decline in REEDA scores from day 1 to day 7 in all participants, indicating continuous improvement in wound condition. Most participants experienced a similar healing pattern, with REEDA scores decreasing gradually each day. By the end of the observation period, the majority of participants reached a REEDA score of 0, reflecting complete wound healing. Only two participants (P4 and P8) still showed minimal signs of delayed healing, with a final score of 1 on day 7. The data in Table 2 demonstrate that perineal wound healing improved progressively during the postpartum period, with variations in the rate of recovery among participants.

DISCUSSION

This study found that, prior to performing Kegel exercises, most postpartum mothers experienced significant pain and discomfort in the perineal area. These complaints were mainly related to perineal sutures, which interfered with daily activities such as walking, sitting, and breastfeeding. This finding aligns with the interview results, where mothers described intense pain and limited mobility during the early postpartum period. After routinely performing Kegel exercises, most participants reported noticeable improvements, including reduced pain, increased comfort, and a sensation of tighter vaginal muscles. In addition to exercise, postpartum mothers also practiced vaginal care in accordance with

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recommended postpartum guidelines, particularly washing the genital area with clean water from front to back after urination and defecation (Wulandari, Pustikasari, Mustikarani, Mawardika, Andriana, Julimar, Wulandari, Yunitasari, Aniroh, & Komsiyah, 2025).

Perineal wounds in postpartum mothers are commonly caused by perineal rupture, which may occur spontaneously or as a result of episiotomy. Episiotomy is performed based on specific indications, such as delivering a large baby, rigid perineum, abnormal fetal position, or instrumental delivery using forceps or vacuum. In certain conditions, avoiding episiotomy may increase the severity of perineal trauma (Putri & Dahliana, 2022). Such injuries can lead to discomfort, pain, and bleeding, and may increase the risk of infection if not managed properly. Therefore, appropriate perineal care following the principles of Clean and Healthy Living Behaviors (PHBS) is essential to support recovery during the postpartum period.

Maintaining personal hygiene plays an important role in supporting both physical and psychological well-being in postpartum mothers. Proper hygiene practices, such as washing the perineal area from front to back, regularly changing sanitary pads, and changing underwear at least twice daily, can help reduce the risk of infection and promote wound healing (Yunitasari, Fitri, & Marliyana, 2024). In this study, most participants demonstrated adequate hygiene practices, which may have contributed to the progressive improvement observed in their perineal wound healing.

The level of maternal knowledge regarding personal hygiene is an important factor influencing the wound healing process. Poor hygiene practices may increase the risk of postpartum infection, particularly in the presence of perineal wounds, lacerations of the vaginal wall, or cervical injuries, thereby prolonging the healing period (Napitupulu & Desi, 2022). Exposure of the perineal area to lochia and moisture creates a favorable environment for bacterial growth, increasing the likelihood of infection. If left unmanaged, such infections may spread to the urinary tract or birth canal and lead to further complications (Triyani, Wittiarika, & Hardianto, 2021).

The findings of this study are supported by previous research emphasizing the importance of keeping the genital area dry after washing by using a towel or tissue (Aliyah & Insani, 2023). The use of loose, cotton underwear and appropriate vaginal cleansers with a balanced pH is also recommended to maintain perineal health. In addition, social and cultural factors, including family influence and traditional beliefs, play a role in shaping postpartum care behaviors. Pressure to follow customary practices may influence how mothers manage perineal care during the postpartum period (Parantean & Ni'amah, 2023).

Interestingly, the results showed that Kegel exercises did not significantly affect postpartum mothers' self-care abilities. This may be explained by the nature of Kegel exercises, which primarily focus on strengthening pelvic floor muscles rather than influencing overall physical mobility. Based on interview data, most respondents reported pain localized to the perineal area, without experiencing severe physical limitations that interfered with self-care activities. Postpartum self-care appears to be more closely related to maternal knowledge, motivation, cultural background, and self-confidence (Ningrum, Ariandi, Liliana, Wulandari, Ahsaniyah, & Purnamasari, 2025).

Dietary patterns among postpartum mothers in this study were generally adequate, with no strict dietary restrictions observed. Nutritional management reflects maternal efforts to maintain health and support recovery during the postpartum and breastfeeding periods (Rahmawati & Tridiyawati, 2023). Adequate intake of carbohydrates, protein, fat, vitamins, minerals, and fiber is essential to support immune function and accelerate wound healing. Protein intake, in particular, plays a crucial role in tissue regeneration and repair of perineal sutures (Nina, Rizki, & Sari, 2025).

Assessment of perineal wound healing using REEDA scores demonstrated clear improvement following the implementation of Kegel exercises. Initially, all participants met the criteria for poor wound healing; however, by the end of the evaluation period, most had achieved good or fairly good wound healing outcomes. These findings are consistent with previous studies reporting faster

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wound healing among postpartum mothers who performed Kegel exercises compared to those who did not (Purnamasari, Soraya, & Putri, 2023).

Perineal wound healing is influenced by multiple factors, including maternal, fetal, and delivery-related factors. Conditions such as primigravida status, rigid perineum, prolonged or assisted labor, and instrumental delivery may increase the severity of perineal trauma. The inflammatory phase of wound healing typically occurs within the first 5–7 days postpartum, characterized by redness, swelling, increased temperature, and pain. This phase gradually transitions into the proliferative phase as fibroblast activity increases and tissue repair begins (Yusnanda & Pratiwi, 2023).

Each respondent experienced a unique wound healing trajectory, reflecting individual differences in physical condition and care practices. When performed correctly and consistently, Kegel exercises can enhance pelvic floor muscle strength and improve blood circulation in the perineal area. Strengthening the pubococcygeal muscles supports recovery of the urinary tract and surrounding tissues (Hartati, Sarlis, & Arisonaidah, 2023).

The benefits of Kegel exercises for perineal wound healing include improved circulation, reduced pain, and lower risk of infection. Regular practice may accelerate recovery following episiotomy or perineal tears and reduce complications such as hemorrhoids (Syadza & Farlikhatun, 2024). Improved oxygen and nutrient delivery to the perineal tissue supports faster wound repair, making Kegel exercises a practical non-pharmacological intervention for postpartum mothers (Afni & Ristica, 2021).

In the end, wound healing is influenced by both local and systemic factors, including oxygenation, nutrition, age, lifestyle, mobilization, and overall health status (Girsang & Elfira, 2023). Adequate knowledge of postpartum care remains a key determinant of wound healing duration. Poor understanding of perineal care and Kegel exercises may delay recovery, whereas proper education can support optimal healing outcomes (Gustirini, Pratama, & Maya, 2020; Kasim & Hasifah, 2024; Astutik, Santiana, Siwi, & Nursanti, 2024).

CONCLUSION

Postpartum mothers who practiced Kegel exercises demonstrated improved perineal wound healing compared to their initial condition. These findings suggest that Kegel exercises may contribute to accelerating the perineal wound healing process. Proper vaginal care and adequate nutritional intake also appear to support recovery among postpartum women.

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