



# SUSTAINABLE MIDWIFERY CARE (Continuity Of Care) IN NY. I WITH II DEGREE PERENNIUM RUPTURE AT THE ROSLENA CLINIC, MEDAN CITY YEAR 2024

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#### **ABSTRACT**

Midwifery care management is a problem solving process starting from improvement, formulation, midwifery diagnosis, implementation planning, evaluation, recording, midwifery care or includes 6 steps in Continuity Of Care (COC) midwifery management where integrated services are provided to mothers and children namely starting from pregnancy, childbirth, postpartum, BBL and family planning. Care is carried out to monitor the development of the condition of the mother and baby. This care is usually called continuous care, because it is carried out in stages, and this care is provided by the community through outpatient care, hospitals, clinics, health centers and other health facilities.

Vaginal tears during childbirth are also called lacerations or perenium tears, which occur when the baby's head enters through the vaginal opening at a size that is too large so that the vagina cannot stretch and can also occur when the baby's head is of normal size but the vagina does not stretch easily. Tears can range from just affecting the skin around the vagina to affecting the anal sphincter (Emi Kusumawardani, et al 2024).

Keywords: anal sphincter, laceration, continuity, perenium

### INTRODUCTION

Childbirth is a process of expelling the products of conception such as the fetus, placenta and amniotic membranes during pregnancy (>37 weeks) through the birth canal without assistance or with assistance (Munte Juliana 2022) and normal delivery is said to be when there are no problems with the mother or fetus (Widyastuti , 2021).

According to data from the World Health Organization (WHO), the Maternal Mortality Rate (MMR) in the Association of Southeast Asian Nations (ASEAN) is as high as 235 per 100,000 live births (ASEAN, Secretariat 2020). Data from the

Indonesian Demographic and Health Survey (SDKI) shows that the infant mortality rate is 24 per 1,000 live births and the maternal mortality rate is 305 per 100,000 live births. In Indonesia, there were 4,627 maternal deaths in 2020, and there will be another 7,389 maternal deaths in 2021.

According to information available in North Sumatra, there were 299 cases of infant deaths and 119 cases of maternal deaths (RI Ministry of Health, 2022).





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#### **METHOD**

The method used for comprehensive orphanages in NY.I is descriptive observation used in research with planned stages that include and analyze many levels of activities related to cases that occur in the field. having a description of the object to be studied is one of the aims of using the descriptive method, therefore the author wants to describe in detail to the client, namely midwifery care in NY.I using Helen Varney's seven steps data development and soap as (Notoatmodjo, 2020). The data collection method at NY.I was carried out using an assessment format.

This case study was conducted at Roslena Clinic jl. Karya Tani, Pangkalan Masyhur, Medan Johor in 2024. This research begins with submitting a title, writing literature, consultation with supervisors, data collection, research management, and research results, this research will take place from October 20 2023.

#### RESULT AND DISCUSSION

In the overall picture, the respondents were taken from a pregnant woman, Mrs. I, 27 years old, have been a

Christian since I married my husband because in the past my mother adhered to Islam, but currently I have not made any changes to the data on the mother's identity, Javanese ethnicity, and the mother said her last education was high school, the mother works as a housewife (IRT), located lives on Jalan Karya Tani Medan. Mrs. From the results of the obstetric diagnosis obtained, this is the third pregnancy, where the first child is 10 years old and the second child is 7 years old and the mother's current gestational age is 32 weeks and 2 days.

The fourth stage includes monitoring for two hours after birth of the baby and placenta. This needs to be paid attention to from the time the contractions occur until the uterus returns to its original shape. On December 12, 2023 at 15.44 WIB. After the baby is born and the placenta has been completely delivered, TTV, TFU, bladder, contractions, and tears in the birth canal are observed four times during the first hour, and twice during the second hour. In accordance with the theory from the Journal of Health Communication Vol. VIII NO.1 of 2017 in stage IV monitoring which was carried out one to two hours after the baby and placenta were born, the results showed that Mrs. I's mother's condition was within normal limits. Apart from that, the bladder, TFU, TTV, and performing fundus massage to maintain contraction stimulation are things that must be considered. It was found from monitoring Mrs. I that she was in good health and there were no signs of complications that would occur to Mrs.I

## **CONCLUSION**

After carrying out continuous midwifery care (continuity of care) for Mrs. I aged 27 years, which was followed during the third trimester of pregnancy, childbirth, postpartum, newborn and family planning, conclusions were obtained, including:





The care provided to Mrs. I aged 27 years during pregnancy was 4 times and did not meet the minimum standard of pregnancy visits, namely 6 times. The standard of care given to Mrs. there is a problem with the mother's condition, everything is normal.

The care received by Mrs. I aged 27 years during the first to fourth stages was in accordance with the 58 steps of Normal Childbirth Care (APN) that had been carried out. The delivery went well and normally where in the first stage the mother came in the active phase, namely opening from 8 to opening 10 lasts for 1 hour, stage II lasts about 15 minutes, stage III lasts for 13 minutes, and stage IV lasts for about 2 hours. The monitoring period is where monitoring 1 is carried out 4 times every 15 minutes and monitoring 2 is carried out 2 times Once every 30 minutes. The baby was born spontaneously at 15.15 WIB, cried strongly, and had reddish skin. After birth, IMD was carried out successfully for 1 full hour and there were no complications or other complications.

The postpartum care was carried out during the postpartum period for Mrs. I, aged 27 years, 4 times, where the first visit was 6 hours after giving birth, the mother's condition was normal and the baby wanted to breastfeed, and the second visit was carried out at home, namely 5 days after giving birth with the result that the mother's condition was normal and there were no signs of other signs of complications and the baby looked fast in breastfeeding. The third visit was carried out on the 26th day after giving birth and the aim was still the same as the second visit. The results were that the mother and baby were in normal

condition, there were no signs of complications in the mother. The fourth visit was carried out on Mrs. As a result, I walked normally and stood up for my mother to use contraception.

Care for BBL was carried out 3 times, where the first monitoring was 2 hours after birth, the second monitoring was 5 days after birth and the third monitoring on day 26 showed that there were no complications

in the newborn, the baby was healthy and in a normal condition and the baby still received breast milk. from Mrs. I.

Family planning care is carried out by counseling Mrs. I about the various types of contraceptives as well as the advantages, disadvantages and side effects that can result from these contraceptives. After counseling Mrs. I chose to use natural contraception (MAL), the lactational amenorrhea method with the reason the mother wants to space her pregnancies and not affect the mother's breast milk.

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