

CONTINUOUS MIDWIFERY CARE FOR Mrs.F WITH GRADE IIBIRTH CANAL LACERATION AT PERA INDEPENDENT PRACTICE MIDWIFE MEDAN CITY IN 2024

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ABSTRACT

Birth canal tears that occur in mothers during childbirth are a condition where the cervix is lateralized in more than half of vaginal deliveries. Most tears are less than 0.5 cm in size. Meanwhile, deep tears may extend into the upper third of the vagina. If the birth canal laceration is not treated immediately, it can cause bleeding. The purpose of this study was to apply continuous midwifery care to Mrs. F with Grade II Birth Canal Laceration at Pera independent practice midwife, Kec.Medan tuntungan, Kota medan Tahun 2024. The research method used is descriptive research. The subject of the study was Mrs. F with a second degree Perenium Tear at the Medan tuntungan independent practice midwife in 2024. The results of this study are that continuous midwifery care has been carried out on Mrs. F with Grade II birth canal laceration by providing perineal care to the mother.

Keywords: *birth canal, lacerations, midwifery care,*

INTRODUCTION

According to the World Health Organization (WHO) the maternal mortality rate (MMR) is still very high, about 810 women die from complications related to pregnancy or childbirth worldwide every day and about 295,000 women die during and after pregnancy and childbirth. An estimated 94% die in poor countries.(WHO, 2020).

The maternal mortality rate (MMR) from the results of recording the family health program at the ministry of health is increasing every year. In 2020 it showed 4,627 deaths in Indonesia, this number

shows that in 2021 the number of maternal deaths increased by 7,389 deaths in Indonesia.(Ministry of Health, 2022).

A perineal tear is an injury to the perineum caused by the destruction of the natural tissue naturally due to the process of pushing the fetal head or shoulder during labor. The incidence of perineal tears is fresh bleeding immediately after the baby is born and if on examination the uterus is contracted and palpated hard the placenta has been delivered. contracted and palpated hard, the placenta has been delivered completely, postpartum hemorrhage with good uterine contractions is generally.

From the survey that has been carried out by the midwife of Pera's independent practice, it is found that 1 out of 2 birth mothers have several problems experienced by birth mothers, namely the incidence of birth canal laceration, therefore the researcher is interested in taking a case study of Midwifery Care for Birth Mothers Mrs. F with grade II birth canal laceration. caused by birth canal tears (perineal tears of the vaginal wall and cervical tears) (Juliana, 2019).

METHOD

The method used in this research is a descriptive research method used for case studies by examining a problem related to the case itself, the factors that influence it, special events that arise in connection with the case and the actions and reactions of the case to a behavior. (kharmayana. A 2023).

Case study describes the continuous midwifery care of Mrs.F with grade II birth canal laceration located at the independent practice midwife pera in 2024.

The type of data used in this research case study is by taking primary data and secondary data. Data collection techniques used by the author are interviews, observations, measurement or examination.

RESULT AND DISCUSSION

LABOR STAGE IV (MONITORING STAGE)

I. assessment (basic data)

Based on subjective data and objective data obtained by the author in the case of Mrs. F maternal data was obtained. The mother complained of postpartum suture wound pain, the mother felt anxious with her current condition. From the examination results obtained, TFU 1 finger below the center, uterine contractions are good. There is a second degree birth canal laceration Total bleeding \pm 300 cc, consistency of fresh liquid blood. In this step there is no gap between theory and practice in the field.

II. Identification Of Problem And Needs Diagnosis

1. Obstetric Diagnosis

Mrs. F 27 years old P2AO with grade II birth canal laceration.

2. Subjective Data

Mother said she felt nausea and pain in the pubic area.

3. Objective Data

examination results obtained :

TFU 1 finger below the center, uterine contractions are good, There is a second degree birth canal laceration, Total bleeding \pm 300 cc, consistency of fresh liquid blood.

Issue: Laceration wound pain

Needs:

1. Observation of the mother's condition: general condition, bleeding, uterine involution, and vital signs.

2. Heating the perineum with the jelujur method
3. Relaxation techniques to reduce pain.

III. Anticipate Potential Problems

Bleeding

IV. Immediate Action

Perform Stitching

V. Intervention

1. Tell the mother the result of the examination

Rationale: so that the mother knows her condition

2. Perform suturing

Rationale: to stop the bleeding.

3. Check the mother every 15 minutes at 1 hour postpartum and every 30 minutes at the second hour.

Rationale: to detect any danger signs in the mother.

4. Teach mother and family about post partum danger signs

Rationale: so that the mother and family can detect early signs of danger in the mother.

5. Teach mothers and families how to fulfill their physical and psychological needs.

Rationale: so that the mother's physical and psychological needs are met.

6. Counsel the mother on how to care for the newborn.

Rationale: so that the mother can know how to care for the baby.

VI. Implementation

1. Inform the mother of the examination results
2. Perform Perineal Suturing with the following steps.

- Position the mother in the lithotomy position.
 - Use sterile gauze to clean the wound area from blood or blood clots.
 - Apply anesthesia to the wound area, then wait 1-2 minutes.
 - Perform suturing starting from 1 cm above the laceration wound inside the vagina, tie the first suture with a dead knot. Cut the end of the thread and leave 1 cm..
 - Suture the vaginal mucosa using longitudinal stitches until the bottom of the laceration wound. Then knot the end of the thread again and cut the end of the thread by leaving 1 cm.
 - Clean the tool
3. Examine the mother every 15 minutes at 1 hour postpartum and every 30 minutes at the second hour.
 4. Teach mother and family about the danger signs of post partum
 5. Teach mother and family how to fulfill physical and psychological needs 5.
 6. Counseling the mother on how to care for the newborn, namely by keeping the baby warm and changing the baby's clothes if they are wet.

VII. Evaluation

1. Mother is aware of her current situation
2. Perineal suturing has been done with the jelujur technique.
3. Post partum monitoring of the mother has been done

4. Mother understands post partum danger signs.
5. Mother and family understand about nutritional fulfillment.
6. Mother understands about infant care.

CONCLUSION

Midwifery care at the time of Mrs. F's delivery which has been adjusted to the theory and procedures in the field, Mrs. F has undergone the process of childbirth with the problem of laceration of the second degree birth canal so that management has been carried out according to 58 APN steps. In the actions that have been taken, there are no gaps with theory and practice, all in accordance with the procedures that have been applied by health workers in providing quality services so that mothers and babies are healthy.

It is hoped that health workers can carry out health education on perineum rupture according to SOP and patient needs. It is hoped that Mrs. F will carry out vulva hygiene, mobilization and encourage mother to consume high protein foods such as: fish, meat, chicken, tofu and tempeh. In order to accelerate the perineal suture wound to improve.

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