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CONTINUITY OF MIDWIFERY CARE FOR A PREGNANT WOMAN WITH FIRST-DEGREE PERINEAL LACERATION AT RIMENDA TARIGAN CLINIC, MEDAN DENAI SUB-DISTRICT, MEDAN CITY, NORTH SUMATRA PROVINCE, YEAR 2025

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ABSTRACT

Maternal health is a key priority in improving overall public health. Indonesia has a high maternal mortality rate (MMR) of 305 deaths per 100,000 live births, largely due to postpartum hemorrhage. One contributing factor is perineal rupture, which affects 75% of vaginal births. WHO reports 2.7 million global cases, with projections reaching 6.3 million by 2050. To reduce the MMR to 70 by 2030, in line with the SDGs, the Indonesian government is working to improve women and children's health services. First-degree perineal lacerations, often caused by spontaneous tears or episiotomy, are manageable by midwives under existing health regulations. Midwifery care must be systematic, starting from data collection to problem identification, followed by planning, action, and evaluation using methods like SOAP and the Helen Varney model. The Continuity of Care (CoC) model supports integrated care across healthcare facilities—from pregnancy to postpartum—helping reduce maternal mortality and improve outcomes for both mothers and babies.

Keywords: Continuity of midwifery care, Perineal laceration, Postpartum care, Maternal health,

Introduction

Health development aimed at improving the quality of public health in a sustainable manner primarily relates to maternal health(Ward *et al.*, 2023). The maternal mortality rate (MMR) is a major issue that must be addressed comprehensively, based on information from the World Health Organization(Ariyo, Ozodiegwu and Doctor, 2017). One of the main causes of maternal death in Indonesia is postpartum hemorrhage. The maternal mortality rate in Indonesia is quite high, at 305 maternal deaths per 100,000 live births, placing Indonesia second in ASEAN.

The global maternal mortality rate (MMR) in 2020 was 189 per 7,157 live births. For every 1,000 live births in 2020, there were 7.2 infant deaths. The main problem is that women are not adequately monitored before, during, and after childbirth. The incidence of perineal rupture in childbirth in the world in 2015 there were 2.7 million cases, where this figure is estimated to reach 6.3 million in 2050(Sinaga *et al.*, 2022).

The implementation of perineal massage during the third trimester—specifically from 34 weeks onwards—serves as an effective preventive measure against birth-related injuries requiring stitches. Research indicates that mothers who maintain a regular massage routine for three months prior to delivery rarely experience significant perineal trauma. Even if a natural rupture happens during labor, the tissues appear to regenerate and recover more efficiently compared to those who did not utilize the massage method(Sinaga, 2022).

Surgical wounds resulting from episiotomies or perineal ruptures typically require a recovery period of approximately six to seven days. It is crucial to maintain proper perineal hygiene during this time, as inadequate postpartum care can significantly elevate the risk of secondary infections(Herawati Herawati and Basaria Manurung, 2025).

According to data from the World Health Organization (WHO), nearly 90% of normal deliveries involve perineal tears, either spontaneous or through an episiotomy. Globally, perineal tears occur in nearly 2.7 million women. This number is expected to rise to 6.3 million by 2024 if not addressed and managed effectively. In Asian countries, the incidence of perineal tears is a significant public health problem (Ghassani *et al*, 2020).

Complications such as perineal rupture can occur during the labor period and are among the factors that cause bleeding in postpartum women(Fodstad, Laine and Räisänen, 2024). According to WHO, there are 2.7 million cases of perineal rupture among delivering mothers. This number is estimated to reach 6.3 million by 2050. In Indonesia, perineal rupture is associated with 5% of cases involving wound infections, 7% involving bleeding, and 8% resulting in maternal death(Megadhana *et al.*, 2022). Perineal lacerations occur in 75% of women giving birth vaginally, caused by episiotomy or spontaneous tears Care for perineal wounds must be paid close attention because the 60% maternal mortality rate occurs during the puerperium(Głoćko *et al.*, 2025).

The government has set a target to reduce the MMR to 70 per 100,000 live births by 2030, in line with the Sustainable Development Goals (SDGs)(Liu *et al.*, 2020). The SDGs aim to ensure healthy lives and promote well-being for all at all ages. The main goal of the SDGs is to improve overall health to achieve the highest possible standard. The government has made various efforts, including improving the welfare of women and children and ensuring maternal and child health in order to build a better healthcare system where everyone can live a healthy life(Sharma *et al.*, 2017).

Perineal rupture or birth canal laceration is an injury to the birth canal that occurs during the delivery process, with or without the use of instruments(Wen *et al.*, 2018). Several factors influence perineal rupture, including fetal factors and maternal factors such as maternal age, parity, pregnancy spacing, and improper pushing techniques(Peppe *et al.*, 2018). One method used by midwives to manage this issue is through systematic midwifery care management.

This method begins with data collection, identifying problems or diagnoses and needs, and anticipating potential complications. The next stage involves taking quick action, carrying out interventions or planning, and implementing the plan with evaluation using the Helen Varney seven-step method, as well as the SOAP method (Subjective,

Objective, Assessment, and Plan) to monitor the patient's condition.

Midwifery care based on the Continuity of Care (CoC) model is a service method that involves all healthcare units such as independent midwife practices, community health centers, or hospitals and provides continuous care during pregnancy, childbirth, and postpartum. This method is suitable for both low-risk and high-risk women, with the main goal of reducing maternal mortality (As One of the Requirements to Complete the Final Project at the Diploma Program of STIKes Mitra Husada Medan.

The Ministry of Health regulation states that midwives are authorized to perform certain procedures, including the treatment of mild lacerations (usually first and second degree), as long as it is done according to professional standards and competencies(Yeager and Nypaver, 2025). According to Minister of Health Regulation No. 21 of 2021, the minimum standard of health services includes care before pregnancy, during childbirth and postpartum, newborn care, contraceptive services, and sexual health services.

The health efforts undertaken by Indonesia prioritize reducing MMR (Maternal Mortality Rate) and IMR (Infant Mortality Rate). For this reason, midwives need to have a care philosophy that is centered on the needs of women (Woman Centered Care). One of the efforts to improve the status of midwives is the integration of a continuous midwifery care model (Continuity of Care/COC) into clinical cycle instructions.

The Continuity of Midwifery Care (CoMC) model empowers practitioners to deliver comprehensive, holistic support specifically tailored to managing perineal trauma. By utilizing this approach, midwives can integrate physical and psychological preparation during the antenatal phase, while offering continuous emotional presence to mitigate birth canal injuries during labor. Furthermore, CoMC facilitates rigorous postnatal surveillance of the healing process and infection control. This seamless transition of care ensures that maternal progress is monitored by a consistent provider, thereby fostering the mother's confidence and self-efficacy as she navigates her transition into parenthood

Despite being categorized as a physiological byproduct of labor, first-degree perineal lacerations significantly influence maternal postpartum outcomes. These tears, involving the mucosal and dermal layers, require systematic monitoring to mitigate risks of sepsis and chronic pain, both of which can disrupt early mobilization and lactation. Considering the high statistical incidence among first-time mothers, comprehensive continuity of care—ranging from prenatal pelvic floor exercises to anatomical protection during delivery—is vital for reducing the severity of such trauma.

Research Method

This study utilizes a qualitative descriptive methodology to provide a systematic and factual account of the comprehensive midwifery care administered to Mrs. L. The chosen research design is a longitudinal case study, which allows for an in-depth exploration of health-related phenomena within their real-life clinical setting. By employing this approach, the researcher can capture a detailed overview of the patient's progress and the complexities of her care that might otherwise remain obscure. This method is particularly instrumental in analyzing the continuity of care for perineal laceration management, where a focused and contextualized observation is necessary to

understand the nuances of the clinical outcomes.

Result

The longitudinal case study of Mrs. demonstrates the successful application of the Continuity of Care (CoC) model. Midwifery management followed the systematic Helen Varney seven-step method and SOAP documentation, covering the period from the third trimester through the postpartum phase and the initiation of family planning.

The clinical findings are summarized as follows:Diagnosis: The patient was identified as having a term pregnancy complicated by a first-degree perineal laceration involving the mucosal and dermal layers.

Management: Midwifery interventions included the administration of micronutrient supplementation (Vitamins A, C, D, and E) and rigorous hygiene education. Outcome: The patient experienced an uncomplicated recovery with no discrepancies found between standardized clinical theory and field application at the Rimenda Tarigan Clinic. Implementation: The continuity model fostered the mother's confidence and ensured rigorous postnatal surveillance for infection control and tissue healing

Discussion

The management of Mrs. L's case highlights the critical role of midwives in addressing the high Maternal Mortality Rate (MMR) in Indonesia, which stands at 305 deaths per 100,000 live births. Since postpartum hemorrhage—often caused by perineal rupture—is a leading cause of death, the systematic monitoring of even first-degree tears is essential.+4

Factors Influencing Perineal Trauma The study identifies that perineal rupture is influenced by a complex interplay of factors:+1 Maternal Factors: Parity, age, birth spacing, and improper pushing techniques.+1 Fetal Factors: High birth weight and fetal presentation. Provider Factors: Inappropriate delivery leadership and the use of instrumental trauma (forceps or vacuum).

The Efficacy of Continuity of Midwifery Care (CoMC) In this case, the CoMC model allowed for Woman-Centered Care, integrating physical and psychological preparation during the antenatal phase. By providing a consistent provider, the clinic mitigated the risks of sepsis and chronic pain, which are common complications of birth canal injuries. This aligns with Indonesian health regulations (Minister of Health Regulation No. 21 of 2021), which authorize midwives to treat first and second-degree lacerations according to professional standards. +4

Clinical Implications The success of the intervention—specifically the combination of nutritional support and hygiene education—validates the need for prenatal pelvic floor education and postnatal counseling to accelerate healing. Such evidence-based practices are vital to reaching the Sustainable Development Goal (SDG) target of reducing the MMR to 70 per 100,000 live births by 2030

Conclusion and Suggestion

The comprehensive midwifery management provided to Mrs. L demonstrates the efficacy of a longitudinal care model, spanning from the late third trimester through the initiation of family planning services. Utilizing the Helen Varney pedagogical framework and SOAP documentation, the assessment accurately identified a term pregnancy complicated by a first-degree perineal laceration. The intervention strategy, which integrated

micronutrient supplementation (Vitamins A,T C, D, and E) with rigorous hygiene education, proved successful in facilitating an uncomplicated recovery. Ultimately, the absence of discrepancies between clinical theory and field application at Rimenda Tarigan Clinic confirms that standardized midwifery protocols, when applied consistently, ensure optimal maternal and neonatal health outcomes without significant complications.

Factors contributing to perineal rupture include maternal factors, including parity, birth spacing, improper pushing technique, and maternal age. Fetal factors, including high birth weight and presentation. Other contributing factors include vaginal delivery, including forceps extraction, vacuum extraction, instrument trauma, and episiotomy. Furthermore, factors associated with assisting with delivery, including inappropriate leadership, are also factors contributing to the occurrence of perineal rupture.

Based on the successful outcomes of this case, it is highly recommended that Rimenda Tarigan Clinic continues to strengthen the implementation of Continuity of Midwifery Care (CoMC) for all expectant mothers to ensure early detection of birth canal injuries. For healthcare practitioners, emphasizing prenatal pelvic floor education and postnatal nutritional counseling is vital to accelerate tissue healing in cases of lacerations. Furthermore, future midwifery students and researchers are encouraged to utilize this case as a benchmark for bridging the gap between theoretical guidelines and clinical realities, ensuring that the humanistic and evidence-based aspects of midwifery remain at the forefront of maternal care.

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