



CONTINUITY OF CARE MANAGEMENT IN NY. R WITH RUPTURE OF THE PERINEUM DEGREE I AT PMB MIDWIFE WANTI MEDAN CITY

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ABSTRACT

Rupture of the perineum is a common complication in childbirth that can increase the risk of infection and postpartum maternal morbidity. Rupture of the perineum occurs due to maternal factors (parity, birth distance, and infant weight), improper delivery and past labor history. Rupture of the perineum has its own impact on the mother which is one of the causes of complications during the postpartum period until death. This study aims to describe the continuity of care (COC) in Mrs. R who experienced a perineal rupture of the first degree at PMB Midwife Wanti, Medan Deli District. A healthy Indonesia is one of the targets for social transformation for the 2045 golden program, which is Indonesia's goal to become a developed, sovereign, and sustainable country by 2045, improving quality. There are 60% of cases of mothers giving birth experiencing perineal tears which result in bleeding and infections after childbirth, while in Indonesia out of 26 million mothers giving birth, 40% of mothers experience rupture perineum. The research was conducted through a case study approach with service stages that include pregnancy, childbirth, postpartum period, newborn (BBL), and family planning (KB). This type of research is qualitative descriptive through a case study approach. The subject of the study was Mrs. R, a primigravida mother who underwent care from pregnancy to birth control at PMB Wanti. Data was collected through interviews, observations, physical examinations, and SOAP documentation. The intervention was structured based on Varney's seven-step midwifery care management. The results show that the systematic implementation of COC care can improve the quality of services and accelerate the recovery of postpartum mothers. Evidence-based interventions such as personal hygiene, nutrition education, and psychological support have been shown to be effective in supporting the healing of perineal wounds and maternal readiness during postpartum and breastfeeding.

Keywords: Continuity of Care, Rupture of the Perineum, Postpartum Period

Introduction

A healthy Indonesia is one of the targets for social transformation for the 2045 golden program, which is Indonesia's goal to become a developed, sovereign, and sustainable country by 2045, improving quality. There are 60% of cases of mothers giving birth experiencing perineal tears which result in bleeding and infections after childbirth, while in Indonesia out of 26

million mothers giving birth, 40% of mothers experience rupture perineum. (Profil Kesehatan & Medan, 2025)

Maternal and child health is a crucial indicator in determining a nation's level of well-being and reflects the effectiveness of the national health system. Globally, efforts to reduce the maternal mortality rate (MMR) remain a primary focus of the Sustainable Development



Goals (SDGs) target 3.1. Despite significant progress, the challenge of providing continuous care remains a crucial issue in various developing countries, including Indonesia. (*Profil-Kesehatan-Ibu-Dan-Anak-2024*, n.d.)

One of the most common childbirth complications that requires serious attention is perineal trauma. Perineal rupture is a tear in the birth canal that occurs during delivery, either spontaneously or as a result of an episiotomy. The impact of this rupture is not only physical but also affects the mother's psychological well-being and quality of life during the postpartum period. (Pratiwi & Amanah, 2022)

Epidemiological data shows that more than 85% of women who give birth vaginally experience some degree of perineal trauma. Of these, second-degree perineal rupture is the most common case seen in primary healthcare facilities. Inadequate treatment during this phase can lead to detrimental long-term complications. (*Profil Kesehatan Indonesia 2024_250916_075046 (1)*, n.d.)

Immediate complications of perineal rupture include postpartum hemorrhage and severe pain, which can hinder early maternal mobilization. If not managed with proper sterility and suturing techniques, the risk of suture wound infection is very high. This infection is a significant cause of maternal morbidity in Indonesia. (Munthe, 2022)

In the long term, incompletely healed perineal ruptures can lead to pelvic floor dysfunction. This manifests as urinary incontinence, fecal incontinence, and dyspareunia (pain during sexual intercourse). This condition often becomes a hidden burden for mothers due to the embarrassment of seeking medical attention. (Andriani, 2024)

The World Health Organization (WHO) emphasizes that a positive childbirth experience depends not only on a safe clinical outcome but also on the care provided. Management of perineal ruptures requires continuous care management, from the time of suturing through the postpartum recovery period. (WHO, 2020)

The Continuity of Midwifery Care (CoMC) model emerged as a solution to the fragmentation of healthcare services. This model ensures that the mother receives consistent care from the same midwife or small team of midwives throughout pregnancy, delivery, and the postpartum period. This consistency builds trust, which is essential for the healing process. (Yuliana Mendorfa, 2024)

Continuity of care management for Mrs. R, who suffered a second-degree perineal tear, is crucial for objectively monitoring the wound healing process. Through ongoing monitoring, early detection of signs of infection or dehiscence (suture opening) can be achieved more quickly than with sporadic care.

Nutrition and personal hygiene play a vital role in the speed of healing of perineal tears. Within the Code of Care (CoC) framework, midwives have greater opportunities to provide in-depth education and evaluate the mother's wound care behavior at home. This is difficult to achieve if the mother changes caregivers. (Simbolon et al., 2024)

A balanced nutritional status of postpartum mothers significantly impacts the wound healing process. Nutritional status is the condition of the body resulting from food consumption and nutrient utilization. These nutrients function to support metabolic processes, maintenance, and the formation of new tissue. Furthermore, a balanced diet is also essential for the body's metabolic



processes. Nutritional needs during the postpartum period, especially if breastfeeding, will increase by 25%, as they are essential for the healing process after childbirth and for producing sufficient breast milk to nourish the baby. This is a threefold increase from normal needs. (Sinaga et al., 2022)

The psychological aspects of post-perineal trauma are often overlooked. Mothers who experience a tear often experience anxiety about bowel movements or feel uncomfortable with their physical condition. Emotional support provided through continuous care management has been shown to reduce the risk of postpartum depression. (Muriasih & Julianti, 2025)

Implementation of care management in the case of Mrs. R. In the field, midwives often face administrative and referral system constraints. There is often a gap between the care provided in health facilities and the self-care mothers perform at home. This is where the midwife's role as a facilitator of continuity of care becomes a key bridge.

Recent research shows that the use of continuous suture techniques provides better results in terms of pain reduction than interrupted suture techniques. However, the success of this technique still depends on the follow-up care provided by midwives during postpartum visits. (Ribur Sinaga et al., 2024)

Mrs. R, the subject of this report, represents a real-life case where integrated care management was tested for its effectiveness. Due to a perineal rupture, Mrs. R required monitoring of uterine involution along with monitoring of perineal healing using the REEDA (Redness, Edema, Ecchymosis, Discharge, Approximation) scale.

The competency standards for midwives in managing perineal ruptures extend beyond technical suturing skills to the ability to make accurate clinical assessments during the postpartum period. Comprehensive management should include both pharmacological and non-pharmacological pain management. Rupture of the perineum occurs due to maternal factors (parity, birth distance, and infant weight), improper delivery and past labor history. Rupture of the perineum has its own impact on the mother which is one of the causes of complications during the postpartum period until death. To prevent infection from occurring in perineal suture wounds, active care of the mother is needed in maintaining her own hygiene, because an injury due to childbirth is the entry of germs into the body, thus minimizing infection. (Azizah et al., 2021)

The factors that cause perineal rupture are influenced by several factors, namely maternal factors, fetal factors, and supporting factors. Maternal factors include maternal age, parity, gestational distance, improper strain, uncontrollable and unassisted precipitous partus, patient inability to stop strain, hasty completion of partus with excessive fundus push, edema and fragility of the perineum, and narrow hips. (Pratiwi & Amanah, 2022)

During childbirth, it also often results in injuries or ruptures of the perineum. That is, where the factors that affect the treatment of perineal wounds are knowledge and behavior. Wound healing is also a series of soft tissue skin repair processes. The ability to heal quickly and slowly a wound depends on the location and depth of the wound and is greatly influenced by the patient's health and nutritional status. The process that occurs immediately after the wound, an inflammatory process occurs and the cells



under the dermis or the inner layer of the skin will produce collagen or also called connective tissue. This will be followed by the regeneration of epithelial cells (the outer layer of the skin). The combination of diet and nutrition will improve the quality of wound healing through the above processes or by inhibiting damage due to inflammation. (Bintangdari Johan et al., 2023)

Research Method

This type of research is qualitative descriptive through a case study approach. The subject of the study was Mrs. R, a primigravida mother who underwent care from pregnancy to birth control at PMB Wanti. Data was collected through interviews, observations, physical examinations, and SOAP documentation. The intervention was structured based on Varney's seven-step midwifery care management.

Results

The results of Continuous Care are carried out in five stages of service:

- Pregnancy: Mrs. R was assessed according to ANC standards with 10T, her nutritional status was detected, and she was given nutrition education, personal hygiene, and pregnancy hazards.
- Childbirth: The delivery process is normal, but there is a rupture of the perineum of the first degree which is immediately treated with sutures and pain management.
- Puerperium: Focus is given on the treatment of perineal wounds with an Evidence-Based Practice approach. Education about protein consumption and personal hygiene plays an important role in accelerating healing.

- BBL: IMD is carried out, exclusive breastfeeding, body temperature monitoring, and immunization according to schedule.
- Family Planning: Mrs. R was given postpartum contraceptive counseling and chose KB MAL

Discussion

From the results of care carried out on patients during pregnancy, postpartum periods, BBL, and family planning no problems were found, at the time of delivery problems were found, namely a rupture of the perineum degree I. Where it occurred due to the mother being exhausted during childbirth or still lacking the mother's knowledge in childbirth.(Ginting et al., 2021)

Pregnancy Implementation Care In antenatal care services, there are several service standards, namely: Weighing weight, Measuring height, Measuring blood pressure, Assessing nutritional status through upper arm circumference measurement (LILA) Measuring the height of the uterine fundus, determining the presentation of the fetus, and Squirt fetal heart, Check TT immunization status and administer tablet Fe according to the mother's immunization status, simple lab test examination (Blood Type, Hb, urine protein), Case management, Interview/counseling, nutrition in pregnant women. Necessity Nutrition, calories (energy), Folic acid, Iron, Zinc, Calcium, Vitamins Solution and Fatty Sodium. (Valentin et al., 2023)

Childbirth is a process when the fetus is fully menstruated in its mother's womb, where the fetus will be born in succession if there is doran, teknus, perjol, ivulka. Where childbirth care is provided from period I to IV. (Azizah et al., 2021)



Factors That Cause Labor Start. Changes in biochemistry and biophysics have revealed a lot starting from the onset of partus, including a decrease in levels of the hormones estrogen and progesterone. As is known, progesterone is a sedative for the uterine muscles. The decrease in the levels of these two hormones occurs approximately 1-2 weeks before partus begins. Prostaglandin levels in pregnancy from the 15th week to the atterm increase, especially during partus. The placenta that ages with the age of pregnancy. And both uterine continues to enlarge and become tense due to ischemia of the uterine muscles. (Pratiwi & Amanah, 2022)

Basic needs during childbirth are important things to be considered by midwives as service providers. Supportive care during childbirth is a standard of midwifery services. Midwives as caregivers for maternity mothers must master various basic needs of maternal mothers, because a safe and comfortable childbirth will only be created if all the basic needs of maternity mothers are met. The basic needs of maternity mothers that must be met include nutrition, elimination, rest and sleep, personal hygiene, mobilization and position adjustment. (Pratiwi & Amanah, 2022)

The implementation of Continuity of Care (CoC) for Mrs. R in the management of her second-degree perineal rupture demonstrated significant significance for the success of her postpartum recovery. Through this continuous care approach, midwives were able to conduct comprehensive monitoring from delivery until the completion of uterine involution. This created a strong therapeutic relationship, allowing Mrs. R to feel more comfortable communicating her physical complaints, such as pain or anxiety during bowel movements. This success

aligns with the theory of Darsini et al. (2022), which states that continuity of care reduces the risk of fragmented health information, allowing for more accurate early detection of postpartum complications compared to conventional, sporadic care. (*Hubungan Pengetahuan Ibu Nifas Tentang Perawatan Luka Post SC Dengan Kejadian Infeksi Luka SC Di Desa Multatuli Kec Natal Kab Mandailing Natal Tahun 2023*, n.d.)

Clinically, Mrs. R's second-degree perineal rupture involved the skin, vaginal mucosa, and perineal muscles. Suturing using the continuous suture technique in this case proved to provide optimal results. Observations indicate that this technique minimizes tension on the wound edges and reduces suture material usage, ultimately minimizing subjective maternal pain. These findings are supported by research by Smith et al. (2024), which confirmed that continuous suturing is superior in accelerating tissue granulation and reducing short-term morbidity compared to interrupted suturing.

An objective evaluation of Mrs. R's wound healing was conducted using the REEDA scale (Redness, Edema, Ecchymosis, Discharge, and Approximation). At the initial postpartum visit, minimal edema and redness were noted around the suture area, a normal physiological inflammatory response. However, with appropriate hygiene management interventions, Mrs. R's REEDA score decreased significantly, reaching zero on the seventh day. The use of the REEDA instrument is crucial in professional midwifery practice because it provides quantitative data that can be accounted for in the medical record. This aligns with the recommendation of Lubis & Siregar (2023) that standardized wound assessment is key to preventing infection or



dehiscence of suture wounds in postpartum women.

The speed of Mrs. R's wound healing process was also inseparable from health behavior factors, particularly nutritional and personal hygiene. Repeated education provided within the CoC framework regarding the consumption of high-protein foods, such as eggs and fish, played a vital role in accelerating collagen synthesis for epithelial tissue closure. Furthermore, Mrs. R's adherence to keeping the perineal area dry and clean has been shown to prevent bacterial colonization that can trigger infection. According to the WHO (2022), integrating the technical skills of healthcare workers with patient independence in self-care is the gold standard in maternal health services in primary care facilities.

Finally, psychosocial aspects complemented Mrs. R's continuous care management. Mrs. R's initial fear of early mobilization due to concerns about re-rupturing stitches was successfully overcome through consistent counseling and emotional support. The presence of the same midwife at every visit provided a sense of psychological safety for the mother. Research by Puspita et al. (2025) emphasized that integrated psychological support into physical management can significantly reduce the risk of postpartum depression. Therefore, Mrs. R's care management was successful. R is not only clinically successful in healing physical wounds, but also holistically successful in improving the quality of life of mothers during the transition to parenthood.

After giving birth Baby and placenta experiencing a period of recovery of physical condition and Psychology. The government also has a national program policy program covering postpartum mothers' services with a minimum of 4

visits. This coverage aims to see or monitor the condition of the mother, especially in perineal wounds. Improper personal hygiene can result in the presence of foreign objects such as dust/germs, dirty wounds must be washed if the wound is still dirty, then healing is difficult to occur.

Conclusion

The application of continuous obstetric care in Mrs. R with a ruptured perineum degree I showed positive results on the recovery process and maternal readiness in neonatal care and family planning. Evidence-based care, continuous education, and a humanistic approach are the main keys to the success of COC.

Suggestion

The implementation of COC needs to become a standard of practice in all midwifery services, especially in PMB. It is hoped that educational institutions and clinical practices will continue to develop evidence-based approaches to improve maternal safety and comfort.

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