



CONTINUITY OF CARE IN FOR MRS. I WITH SECOND-DEGREE PERINEAL RUPTURE AT THE HEALTHY MIDWIFE CLINIC, SIDAMANIK DISTRICT

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ABSTRACT

Continuous care (COC) is an effort to provide continuous care starting from pregnancy, childbirth, postpartum, newborns and family planning, treatment aims to monitor to meet the condition of the mother and baby as an effort to reduce MMR and IMR (Yulinda 2019). This treatment is carried out to carry out midwifery care in the continuity of care for pregnant women, childbirth, postpartum, newborns, and family planning comprehensively from the Pratama Niar Clinic, Medan Sand, Medan City by taking a midwifery care management approach in accordance with midwifery standards. Maternal mortality rate (AKI) is caused by several complications during and after pregnancy and childbirth, 75% of maternal mortality is hemorrhage, high blood pressure infections during pregnancy childbirth complications such as unsafe abortion are also caused by chronic conditions such as heartburn disease and diabetes. The global maternal mortality rate (KRO) is 303/100,000 live births and the infant mortality rate (IMR) is 41/1,000 live births. WHO in the maternal mortality rate (MMR) in the world was 303,000, the maternal mortality rate (MMR) in ASEAN was 235 per 100,000 live births. According to the Indonesian Demographic and Health Survey Data, the Maternal Mortality Rate (AKI) is 305 per 100,000 live births and the Infant Mortality Rate is 24 per 1000 live births. The number of maternal deaths in Indonesia in 2020 was 4,627 deaths and in 2021 the number of maternal deaths increased by 7,389 deaths.

Keywords: Continuity of Care, Second-Degree Perineal, Rupture

Introduction

Health is a condition of a person who can develop physically, mentally, and socially. So that a person can realize his own abilities, can overcome pressure, can work productively and is able to contribute to his society (SKI, 2023). The goal of the SDGs is to improve the degree of public health, in achieving an optimal level of public health, the government makes

efforts and efforts to improve the welfare of mothers and children. In line with the government's efforts, one of the targets in the SDGs is efforts to reduce maternal mortality rate (MMR) and infant mortality rate (IMR) (BUKU SAKU SDGs, 2024).

A birth canal laceration is a tear that occurs in the perineal tissue, which is the



area between the vagina and the anus, which is common during labor, especially in vaginal delivery. These tears can involve a variety of anatomical structures ranging from the skin, muscles, to deeper structures such as the anal sphincter muscles and rectal walls. Some factors that can increase the risk of perineal laceration include: First parity (primigravida): Women who give birth for the first time have a higher risk of tearing because the perineal tissue is still stiff and inelastic(Aisyaroh, 2018).

Large fetal head size (macrocephaly): Fetuses with a high birth weight or large head size cause overstretching of the birth canal, increasing the risk of tearing.

Abnormal fetal position: The posterior position of the back of the head or the presentation of the face can increase the pressure on the perineum (Simbolon et al., 2024).

Too early (partus precipitatus) or too long (long partus): Both of these conditions can cause excessive stress on the perineal tissue and increase the likelihood of tearing(Kementerian Kesehatan Republik Indonesia, 2015).

Use of birth aids: The use of forceps or extraction vacuum can increase the mechanical pressure on the perineum, increasing the risk of tearing. Improper episiotomy: An episiotomy incision performed with an inappropriate technique or too large can cause the tear to extend in an undesirable direction, especially when the perineum is not flexible enough (WHO, 2024) reported that the number of mothers who experienced birth canal lacerations in the delivery route was around 2.7 million (Anna Waris Nainggolan, 2022). In the Asian region, cases of lacerations in the birth canal have become a special problem where around 50% of mothers who give birth experience

it In Indonesia around 75% of mothers who give birth through the vaginal route experience damage or lacerations in the birth canal. Of these, about 28% of the damage occurred deliberately to expand the birth canal, while about 29% occurred suddenly (Sinaga, 2022).

Comprehensive and continuous midwifery care (*continuity of care*) plays a vital role in preventing, managing, and accelerating recovery from perineal lacerations. Midwives are responsible for ensuring proper perineal care, monitoring healing progress, and providing education about hygiene, nutrition, and pelvic floor exercises to prevent infection and promote recovery. Effective midwifery care not only reduces physical complications but also supports the mother's emotional well-being, self-efficacy, and readiness to breastfeed (Varney et al., 2020; Pratiwi & Rahmawati, 2018). Therefore, strengthening the implementation of continuity of care in maternal health services is essential to improving the quality of life of postpartum women and achieving the SDG target of reducing maternal morbidity and mortality

Research Method

This activity will be held in October-December 2024 at the Healthy Midwife Clinic. The initial survey was conducted by analyzing monthly reports from the Healthy Midwife Clinic. It was then discovered that two pregnant women had experienced a tear in the birth canal during delivery. The target group for this activity is pregnant women and those within the Healthy Midwife Clinic's work area. This activity will be held in the Healthy Midwife Clinic's work area in Sidamanik (Muh Jasmin, Risnawati, Rahma Sari Siregar, 2023).



Continuity of care was implemented through a case study approach focusing on Mrs. I as the primary subject. Data were collected using observation, interviews, physical examinations, and documentation review. Each stage of care, antenatal, intrapartum, postpartum, and family planning, was carried out following the *Standar Asuhan Kebidanan* (Midwifery Care Standards). The midwife applied the SOAP method (*Subjective, Objective, Assessment, and Plan*) in assessing and managing the client's condition (Varney et al., 2020). Ethical considerations were maintained throughout the process by obtaining informed consent and ensuring the confidentiality of the patient's identity.

Result

Based on the continuity of care provided to Mrs. I starting from the third trimester of pregnancy, childbirth, newborn, postpartum period and family planning. Comprehensive midwifery care is a midwife as a professional, a leader in planning and providing continuous care to clients starting from pregnancy, childbirth, newborn, postpartum and family planning and can contribute to better quality of care (Pratiwi & R, 2018). In this chapter the author will discuss and compare the theory with midwifery care that has been provided directly to Mrs. I at the Healthy Midwife Clinic. During the process of implementing midwifery care there were problems found in Mrs. I and the presenter will discuss the patient's problems in detail in this chapter. A gestational age of 37 to 42 weeks is considered a term pregnancy, or what is commonly called a full-term pregnancy. At 42 weeks, the fetus is usually viable, meaning it can live outside the mother's womb. A gestational age exceeding 42 weeks is usually called a post-term pregnancy. Based on the theory

gleaned from a midwifery care book, I can conclude that Mrs. I's pregnancy is a full-term pregnancy, or what is commonly known as a term pregnancy. Hypnobirthing is based on the power of maternal suggestion. Positive-minded women are given suggestions and imagery to relax their bodies, automatically guiding their thoughts and controlling their breathing. Mothers can also receive imagery to help them relax using recorded verbal affirmations, which help them enter a calm state of self-hypnosis (Susilawati et al., 2020).

Discussion

During this visit, pregnant women are explained the nutritional needs of their bodies during pregnancy, which can increase their energy levels and regulate the life processes and health of both mother and fetus. Encourage mothers to consume protein during pregnancy, which serves as a building block for fetal growth and provides energy during pregnancy. Folic acid consumption also plays a crucial role in embryonic development, while iron plays a role in fetal and placental growth, increasing maternal red blood cells and maintaining maternal reserves to meet fetal needs. Furthermore, essential nutrients for pregnant women include zinc, calcium, fat-soluble vitamins, water-soluble vitamins, and sodium. Nutritional deficiencies in pregnant women significantly impact fetal growth. After midwifery care, well, with no gaps between theory and practice. During the postpartum visit, involution and fundal descent proceeded normally.

-No complications or serious problems were found in the neonate. Three visits were conducted without any problems. No signs of infection or danger signs were found in the newborn.

-The family planning visit was conducted once. After an explanation of the types of contraception, the patient decided to rely on breastfeeding to prevent ovulation. Mrs. I chose to use a tubal ligation as her current method of contraception (Dea Aprilia, 2017). In addition, the continuity of care approach strengthened the relationship between the midwife and the client, promoting trust and effective communication throughout the reproductive cycle. This is consistent

with research by Pratiwi & Rahmawati (2018), which found that continuity of midwifery care improves maternal satisfaction and supports early detection of complications. By maintaining continuous monitoring and personalized counseling, the midwife was able to provide timely interventions, improve the quality of maternal and neonatal care, and support the achievement of Sustainable Development Goal (SDG) 3.1: reducing the global maternal mortality ratio.

Conclusion and Suggestion

In this chapter, the author can conclude that after carrying out and completing the final assignment report entitled "Continuity of Care for Mrs. I at the Healthy Midwife Clinic, Medan Baru District, Medan City in 2024" by carrying out comprehensive midwifery care and documenting it in the form of SOAP.

-During her pregnancy, the mother had regular checkups in the final months leading up to delivery, and during the third trimester of pregnancy, no serious complications were found. She only complained of frequent urination, which

was caused by the fetus's position being lower in the pelvis and putting pressure on the bladder.

-During Mrs. S's labor, there were no problems in the first to fourth stages, and the delivery was vaginal on December 2-3 at 2:59 a.m. WIB.

-During the postpartum period, there were no infections or bleeding. The mother only complained of a small amount of breast milk during the postpartum period, which is a **normal** physiological occurrence. The problem was resolved

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