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CONTINUOUS OBSTETRIC CARE (CONTINUITY *OF CARE*) IN NY A WITH GRADE 1 BIRTH ROAD LACERATION AT THE PRATAMA NIRMALA CLINIC, MEDAN PERJUANGAN DISTRICT YEAR 2025

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ABSTRACT

Background: Maternal and Child Health (MCH) is a priority health issue in Indonesia, with the Sustainable Development Goals (SDGs) aiming to reduce maternal mortality to 70 per 100,000 live births by 2030. A common complication contributing to maternal morbidity is perineal laceration, which affects a significant number of women during childbirth due to factors such as fetal weight and incorrect pushing techniques. Objective: This study aims to provide comprehensive Continuity of Care (CoC) for Mrs. A, a 34-year-old G3P2A1, managing a first-degree birth canal laceration at the Pratama Nirmala Clinic in 2025. Methods: This research utilizes a descriptive case study Design using Helen Varney's seven-step approach and SOAP documentation. Results: Mrs. A gave birth to a baby weighing 3,410 grams and experienced a first-degree laceration involving the vaginal mucosa and perineal skin. Continuity of care was provided through pregnancy, labor, and four postpartum visits, during which the mother opted for the Lactational Amenorrhea Method (MAL) for contraception. Conclusion: The application of Continuity of Care ensures holistic monitoring of the mother's recovery and the newborn's health, effectively managing complications such as first-degree lacerations to prevent further infection and promote optimal healing.

Keywords: Continuity of Care; Maternal Mortality Rate (MMR); First-Degree Perineal Laceration.

Introduction

Maternal and Child Health (MCH) remains a top priority in Indonesia's health development agenda, aimed at reducing maternal and infant morbidity and mortality. The Sustainable Development Goals (SDGs) target for 2030 aims to reduce the Maternal Mortality Ratio (MMR) to 70 per 100,000 live births and the Infant Mortality Rate (IMR) to 12 per 1,000 live births. However, current data indicate significant challenges; Indonesia's MMR stands at 183 per 100,000 live births. (BPS, 2024), the second-highest in Southeast Asia. In North Sumatra, maternal and infant deaths remain high, with 119 and 299 cases reported, respectively, in 2021.

A major contributor to maternal morbidity during childbirth is perineal laceration (birth canal tearing) (Aprianti et al., 2023). Globally, 50% of cases of perineal rupture occur in Asia. In Indonesia, the prevalence of perineal rupture among mothers aged 32–39 reaches 62%. These injuries are often caused by fetal macrosomia (birth weight over 3,400 grams), incorrect pushing techniques, and maternal anxiety. While first-degree lacerations only involve the vaginal mucosa and perineal skin, they require proper

management to prevent infection and ensure optimal healing. (Dwan et al., 2024).

To address these issues, the Indonesian Ministry of Health Regulation No. 21 of 2021 mandates comprehensive health services throughout pregnancy, childbirth, and the postpartum period (Kementrian Kesehatan RI, 2021). A key strategy in midwifery is Continuity of Care (CoC). This philosophy emphasizes a continuous relationship between the midwife and the mother, ensuring holistic care that improves the welfare of both mother and baby from the first trimester through to contraceptive planning (Turienzo et al., 2024).

A preliminary survey at the Nirmala Primary Clinic in Medan revealed that 4 out of 5 delivering mothers experienced birth canal lacerations. The primary causes identified were psychological anxiety and a lack of knowledge regarding correct pushing techniques. Based on these findings, the researcher is interested in conducting a comprehensive study titled: "Continuity of Midwifery Care for Mrs. A (34 Years Old) with a First-Degree Perineal Laceration at Nirmala Primary Clinic, Medan, 2025."

Research Method

In this case study, a descriptive method is used in combination with a case study Design, and a report is produced with a focus on the problem of a single-entity case. Obstetric surgery for Mrs. A, with a birth canal laceration at the Pratama Nirmala Clinic, Medan Perjuangan District, Medan City, North Sumatra, in 2025, using seven steps of the Helen Varney method and data development using SOAP.

Result

The respondent in this study is Mrs. A, a 34-year-old G3P2A1, and the wife of Mr. I, 37 years old. Mrs. A works as a housewife, and her husband is an entrepreneur. Mrs. A's family is Muslim and has an address at JL. HM said gg student no 28-b.

Pratama Nirmala Clinic is a healthcare facility located at Pasar 3 Tegal Rejo, Medan Perjuangan District, Medan City, North Sumatra. It is open from 08:00-22:00 WIB for medical patients and 24 hours for maternity patients. This Pratama Nirmala clinic provides pregnancy checks, childbirth, postpartum care for mothers and newborns, immunizations, contraceptive services, and reproductive health services, in addition to BPJS treatment. The Nirmala Primary Clinic's location off the main road and its maintained cleanliness provide comfort to patients who receive care there. Midwife Nirmala is also active in midwifery development, participating in IBI seminars and continuing her professional education at Stikes Mitra Husada Medan. The services provided by Nirmala midwives adhere to midwifery standards and consistently provide comfort to patients.

Discussion

In this study, the respondent was Mrs. A, 25 years old, G3P2A1 with a third-trimester pregnancy. Mrs. A has conducted antenatal care examinations at PMB Azri Yani 3 times in the third trimester. Mrs. A, 25 years old, gave birth on January 6, 2024, and came to the clinic with signs of labor, such as stomach heartburn spreading to the waist, and mucus mixed with blood from the birth canal. The mother received the mother's loving care for the first time, including mobilization, relaxation techniques, selection of childbirth companions, nutritional support, and preparation for parturition.

Then, at 18.00 WIB, period II care was carried out, which was marked by a complete opening, with symptoms of an

urge to urinate, pressure of the anus, protruding perineum, and opening of the vulva. Mrs. A's first postpartum visit was on January 7, 2024, 15 hours postpartum. Mother made four postpartum visits. There are no problems for the mother during the postpartum period. During childbirth, there was a 1st degree laceration tear, and a renal suture was performed. Mrs. A's baby was visited three times by a neonatal visit. At the first visit, the baby experienced mild asthenia with an APGAR SCORE of 10/10. Babies are taken to health facilities immediately if these signs occur. IMD at the time of successful delivery. Mrs. A had been given a health worker about contraceptives at the fourth postpartum visit, but she chose to discuss it with her husband first. Then the mother and husband agreed to use natural contraception, namely MAL. The reason why mothers choose contraceptives is that they want their milk not to be disturbed because of contraceptives, and the mother's husband is also still working outside the city.

Based on what was carried out by the researcher with the title "Continuous midwifery care (*continuity of care) in Mrs. A at the age of 34 years with 1st degree birth road laceration at the Pratama Nirmala Clinic, Medan Perjuangan District, Medan City, with a baby weighing* 3410 grams. It shows that there is a relationship between the weight of the newborn and the pressure technique with the incidence of birth canal lacerations in mothers.

Based on an initial survey at the Pratama Nirmala Clinic, Medan Perjuangan District, Medan City, North Sumatra, five people who had given birth, four women experienced lacerations of the birth canal. Two people experienced birth canal lacerations because they were not ready to face the first delivery, and the mother's psychology was anxious. However, two people who experience birth canal lacerations due to not knowing how to push correctly, this is due to the lack of information that mothers get about how to correct the delivery process.

Birth canal laceration is a laceration that occurs in the genital area (perineum), which arises directly or using tools. (Suhartini et al., 2022). Lacerations are common in the midsection between the genitals and anus and can expand if the baby's head comes out very quickly. (Cai et al., 2025). Childbirth is the process of the removal of the baby, placenta, and amniotic membrane from the uterus. Normal childbirth occurs at full gestation, which is after 37 weeks, and the process is without any complications. (Begley CM, et al, 2019). Childbirth is also said to be normal if it is born spontaneously with a presentation at the back of the head, without complications for both the mother and the fetus. (Voisin et al., 2024) . The spontaneous delivery process occurs with the mother's labor. The method of artificial childbirth with the help of the recommended delivery process, namely, childbirth that happens not by itself but with the assistance of a childbirth professional. (Mirawati, Sri Nuriaty Masdiputri, 2022)

Most women of childbearing age cannot avoid the normal childbirth process because women are inherently pregnant and give birth. However, it is undeniable that many women feel afraid and anxious about facing the childbirth process because of the stigma that childbirth will be painful and will even hurt the perineum. In fact, many mothers have lacerations on their perineum. The laceration occurs due to medical measures, namely specific indications, commonly called an episiotomy. An episiotomy is an intentional incision made in the perineum to enlarge

the vaginal opening when the perineum and vagina stretch before the baby's head comes out, usually due to the presence of a large baby. In addition, perineal laceration can also occur due to perineal rupture, which is due to a natural tear of the perineum whose wound is irregular, caused by the pressure of the fetal head or shoulders, too quickly in the delivery process. Therefore, the form of perineal laceration is divided into 2, namely the form of ruptured perineal laceration and episiotomy (Istiana et al., 2020).

A 1st-degree perineal laceration involves the vaginal mucosa and the skin of the perineum just below. Generally, level 1 tears can heal on their own; sutures are not necessary unless there is bleeding, and wounds can fuse well. Laser asiperineum degree 2 includes the vaginal mucosa, perineal skin, and perineal muscles. Wound repair is done after local anesthesia, then the muscles of the urogenital diaphragm are connected at the midline with sutures, and then the wound on the vagina and perineal skin is covered, including the underlying tissues. A 3rd-degree perineal laceration includes the vaginal mucosa, perineal skin, perineal muscles, and external sphincter muscles. In partial laceration, the third torn pulse is just a spigot. Perineal laceration of the 4th degree is a laceration in which the total sphincter recti is cut off, and the laceration extends so that the anterior wall of the rectum is at a varied distance.

The time from the beginning of 1 labor until the birth of the baby, the length of labor can affect the occurrence of perineal rupture, which is due to the length of labor that is too fast or too long. (Yuliana Mendrofa, dkk, 2024). The duration of delivery in phase 1 for primigravidas is a maximum of 12 hours, and for multigravidas, it is a maximum of 8 hours; in period II, delivery in primigravidas occurs for a maximum of 2 hours. In multigravidas, it appears to be up to 1 hour. In theory and research, Childbirth in standard time 1 lasts 6-8 hours; childbirth that lasts less than 6 hours or more than 8 hours will cause complications that can harm the mother and baby. It shows that some mothers with a normal period of 6-8 hours experience perineal rupture by 61.9%.

Conclusion And Suggestion

The author can conclude that midwifery care and the discussion of 'continuity of care' in New York. A 34-year-old with a birth canal laceration at the Nirmala Primary Clinic, Medan Perjuangan District, North Sumatra Province, Medan City in 2025. Using the seven steps of Varney.

References

Aprianti, S. P., Arpa, M., & Nur, F. W. (2023). Asuhan Kebidanan Berkelanjutan / Continuity Of Care. *Journal Of Education*, *05*(04), 11990–11996.

Begley Cm, Gyte Gml, Devane D, McGuire W, Weeks A, B. L. (2019). Active Versus Expectant Management For Women In The Third Stage Of Labour (Review). *Cochrane Library*. Https://Doi.Org/10.1002/14651858.Cd007412.Pub5.Www.Cochranelibrary.Com

Bps. (2024). *Indikator Tujuan Pembangunan Berkelanjutan Indonesia*.

Cai, C., Shan, S., Chen, X., Yao, X., Liu, Y., & Jiang, H. (2025). Analysis Of Risk Factors And Prediction Model Construction For Poor Healing Of Perineal Wounds After Vaginal Delivery: A Retrospective Case-Control Study. *International Journal Of Nursing Studies Advances*, *8*, 100326.

Https://Doi.Org/Https://Doi.Org/10.1016/J.Ijnsa.2025.100326

Dwan, K., Fox, T., Lutje, V., Lavender, T., Ta, M., Dwan, K., Fox, T., Lutje, V., Lavender, T., & Ta, M. (2024). Perineal Techniques During The Second Stage Of Labour For Reducing Perineal Trauma And Postpartum Complications (Review). *Cochrane Library*. Https://Doi.Org/10.1002/14651858.Cd016148.Www.Cochranelibrary.Com

Istiana, S., Rahmawati, A., & Kusumawati, E. (2020). *Pengaruh Derajat Laserasi Perineum Terhadap Skala Nyeri Perineum Pada Ibu Post Partum*. *9*(1), 53–60. Https://Doi.Org/10.26714/Jk.9.1.2020.53-60

Kementrian Kesehatan Ri. (2021). *Penyelenggaraan Pelayanan Kesehatan Masa Sebelum Hamil, Masa Hamil, Persalinan, Dan Masa Sesudah Melahirkan, Pelayanan Kontrasepsi, Dan Pelayanan Kesehatan Seksual* (Issue 853). Kementerian Kesehatan Republik Indonesia.

Mirawati, Sri Nuriaty Masdiputri, M. D. P. (2022). Analisis Determinan Kejadian Laserasi Jalan Lahir Pada Ibu Bersalin Di RS Islam Banjarmasin. *Photon Jurnal Sains Dan Kesehatan*, *12*(2), 118–123.

Suhartini, L., Kusumaningrum, H., Sulasmi, N. N., & Rianto, T. R. (2022). Relationship Between The Baby's Birth Weight And The Incidence Of Perineal Tearing. *The Southeast Asian Journal Of Midwifery Vol . 8*, *8*(1), 10–14.

Turienzo, F., Lv, J., & Ah, S. (2024). Midwife Continuity Of Care Models Versus Other Models Of Care For Childbearing Women (Review). *Cochrane Library*. Https://Doi.Org/10.1002/14651858.Cd004667.Pub6.Www.Cochranelibrary.Com

Voisin, C., Pacelli, J., Fels, A., Eboue, F., & Azria, E. (2024). Evaluation Of Labor Management Practices During Spontaneous Labor. *Journal Of Gynecology, Obstetrics, And Human Reproduction*, *53*(2), 102719. Https://Doi.Org/Https://Doi.Org/10.1016/J.Jogoh.2023.102719

Yuliana Mendrofa, Kamelia Sinaga, Friza Novita Sari Situmorang, Cristoboy Bakara, Srilina Br Pinem, M. E. G. (2024). Continuity Of Midwifery Care (Continuity Of Care) To Maternity Mrs. E With Rupture Perineum Degree I At Pratama Clinic Niar Medan City, North Sumatra 2024. *Mitra Husada Health International Conference (Mihhico)*, *4*.