



CONTINUITY OF CARE FOR MRS. A WITH PERINEAL RUPTURE DEGREE II AT PMB RIMENDA TARIGAN, MEDAN DENAI DISTRICT, NORTH SUMATRA PROVINCE, MEDAN CITY IN 2025

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ABSTRACT

According to WHO (World Health Organization) data, AKI is still very high with an average number of 295,000 women dying during pregnancy and childbirth, in 2018 the ASIAN country with the most AKI is Laos with the highest number of AKI 197 per 100,000 and AKI which is 20 per 1000 live births while when compared to Indonesia in 2021 it reached 2,982 people with an AKI of 305 per 100,000 live births and in North Sumatra in 2021 the AKI reached 119 cases and AKB 299 cases. Continuity of Care (COC) is an effort to help monitor and identify possible complications that accompany the mother and baby from pregnancy to the use of contraceptives by the mother. Purpose: Providing obstetric care services on a Continuity of Care (COC) basis starting from pregnancy, childbirth, postpartum period, newborn care, and family planning. Method: The method used for comprehensive treatment for Mrs. A is descriptive research, which systematically describes the phenomenon based on the type used, i.e. case studies. Result: Checking the completeness of the placenta and the presence of a rupture of the second degree birth canal (from the vaginal mucosa, posterior commissura of the perineal skin to the perineal muscle) and the placenta was born complete with a length of the umbilical cord of 50 cm, the number of cotyledons 19, and a diameter of 20 cm. Conclusion: Helps understand the pregnancy process to family planning. In Mrs. A, when the third trimester of pregnancy begins in November 2024 to March 2025, the author conducts COC guidance with the aim of successful Continuity of Care treatment (WHO, 2023) (Yoki Foranci, 2023) (Lapau, 2021) (Naohiro Yonemoto, 2023)

Keywords: continuity of care, perineal rupture, Midwifery Care

Introduction

Sustainable Development Goals (SDGs) are a world development agenda that aims for human welfare globally. The agenda is a sustainable development program and one of the SDGs agenda is to reduce maternal and infant mortality. of the 10 ASEAN countries, only half have exceeded the target of the Sustainable Development Goals (SDGs) by 2030, less

than 70 per 100,000 births with an average decrease of about 3% per year and to achieve this target Indonesia must work hard. (Eka Mardiana Afrilia, 2023)

Health improvement is carried out to reduce AKI and family AKB supported by the environment and families who have education supported by the environment and a healthy mindset. Comprehensive obstetric care is an examination that is

carried out in detail starting from pregnancy to childbirth, postpartum and BBL is highly expected to be able to reduce maternal mortality which is one of the biggest problems in the world at this time. Sustainable health development (SDGs) is one of the goals by ensuring people's lives achieve access to achieve them by 2030.(Ani Astiani Sidiq, 2022)

Indonesia's maternal mortality rate (MMR) increased in 2019-2020. In 2020 there were 4,627 cases of deaths of pregnant women compared to 4,221 deaths in 2019. Bleeding will be the main factor causing the most maternal deaths in Indonesia.(Kristianti et al., 2024)

According to WHO (World Health Organization) data, AKI is still very high with an average number of 295,000 women dying during pregnancy and childbirth, in 2018 the ASIAN country with the most AKI is Laos with the highest number of AKI 197 per 100,000 and AKI which is 20 per 1000 live births while when compared to Indonesia in 2021 it reached 2,982 people with an AKI of 305 per 100,000 live births and in North Sumatra in 2021 the AKI reached 119 cases and AKB 299 cases. (Health et al., 2022)

The number of maternal mortality cases in North Sumatra Province in 2020 was 187 cases out of 299,198 live birth targets, so that it can be converted, the maternal mortality rate (MMR) in North Sumatra province in 2020 was 62.50 per 100,000 live births. This figure shows a decrease in AKI when compared to 2019, which was 66.76 per 100,000 live births (202 cases out of 302,555 live births). However, this achievement cannot be derived from the achievement in 2018 which was 60.8 per 100,000 live births (186 cases out of 305,935 live births target).(Dwi et al., 2022)

Based on data from Dr. piringadi Hospital in Medan in 2013 as reported by

Asrolbyrin, there were 270 birthway tears from 385 deliveries. A perineal tear is the second cause of postpartum bleeding. Tearing can occur along with uterine atonia. Postpartum bleeding with uterine contractions which are generally caused by a rupture of the birth canal (rupture of the perineum of the vaginal wall and rupture of the cervix) this can be identified by conducting a careful examination of the birth canal, the cause is often the wrong leader of labor and not pushing strongly on the uterine fundus.(Nursing et al., 2025)

Perineal rupture is a birth canal injury that occurs at birth caused by tissue damage due to the pressure of the baby's head and shoulders during labor. Rupture of the perineum occurs in almost all first labors and can occur in subsequent labors. Injuries to the perineum during labor can lead to postpartum hemorrhage, leading to indirect maternal deaths worldwide. Postpartum bleeding that occurs in the first 24 hours after the birth of a baby can cause 45% of maternal deaths due to perineal rupture, uterine atonia, and residual placenta.(Ulya et al., 2024)

The factors that cause perineal rupture are maternal parity, maternal age, childbirth distance, flexibility of the birth canal, baby's weight at birth, and the delivery process with surgical intervention (By Luh Putu Rahmawatia, 2023)

Obstetric care Continuation of Care (COC) is continuous midwifery care given to mothers and babies starting at the time of pregnancy, childbirth, newborns, postpartum and family planning, with COC midwifery care, the development of the mother's condition at all times will be well maintained, besides that the continuous care carried out by midwives can make mothers more trusting and open because they already know the caregiver. Obstetric care by COC is one of the efforts to reduce



maternal mortality (AKI) and infant mortality rate (AKB)(Cendra et al., 2025)

According to Law No. 17 of 2023 , public health development requires health efforts, health resources, and health management to improve the highest degree of public health based on the principles of welfare, equity, non-discriminatory, participatory, and sustainable in the context of developing quality and productive human resources, reducing disparities, strengthening quality health services, improving health security, ensuring a healthy life, and advancing the welfare of all citizens and the nation's competitiveness for the achievement of national development goals.(Stuart et al., 2024)

Based on the initial survey I conducted at PMB Rimenda Tarigan from November 2024 to March 2025. In February 2025, there will be 7 maternity mothers and of the 7 maternity mothers, there will be one case of maternity with grade II perineal rupture. From this problem, the author took a final project report with the title "Continuity of care for Mrs. A with perineal rupture degree II at PMB Rimenda Tarigan, Medan Denai District, Medan City in 2025

Research Method

Research design

The method used for comprehensive care for Mrs. A is descriptive research, which systematically describes a phenomenon as it is. The type used is a case study or Case Study, which is an observational study to obtain an overview of health phenomena or current cases related to life, especially at the limits of unclear contexts and phenomena. In this regard, the author would like to describe the midwifery care for Mrs. A

Population and Sample

Population is the entire object of research (Arikunta, 2006). The population in this study is TM III pregnant women who visit the clinic. The sample is Mrs. A, age

22 years G1P0A0 with a second degree perineal rupture at PMB Rimenda Tarigan, Medan Denai District, Medan City.

Data Collection

The data collection technique is the author's effort to collect his research data. This method is by interview, observation or observation and documentation.

A. Primary Data

Primary data is direct data through surveys in clinics.(Atmaja et al., 2023)

1. Interview (Data Review)

Interviews are an effort to obtain information through a direct question and answer session between the interviewer and the respondent, interviews are usually used to gather if you want to conduct a preliminary survey to see if there are problems and find out more

The results of the interview by conducting a data study at PMB Rimenda Tarigan, Medan Denai District used all subjective and objective data from Mrs. A.

2. Midwifery Care Management

Seven varney stages of midwifery care management and documentation of midwifery care actions have been carried out for each visit in SOAP.(Evy Kasanova et al., 2025)

B. Secondary Data

Secondary data is data obtained through the results of documentation, in the form of registration books, KIA books, data on maternity mothers and so on, which is used are direct data from respondents and the results of documentation at PMB Rimenda Tarigan, Medan Denai District.

Research location

This research was carried out at PMB Rimenda Tarigan, Medan Denai District with Continuous Midwifery Care (Contunuity of Care) for mothers who are undergoing normal childbirth at PMB Rimenda Tarigan, Medan Denai District in 2025.

Data Analysis

a. Data Reduction

In the study, the researcher focused on primary data obtained from mothers and babies.

b. Data Display

After conducting research and determining the problem, the client is handled. Conducting data analysis with Helen Varnney's theory, determining the diagnosis of problems and needs, potential problems for immediate action, planning implementation, evaluation, and monitoring the client's condition with documentation of developmental data in the form of SOAP to determine the client's condition.

Research Schedule

The implementation of the research begins with the submission of titles, literature research, consultation with supervisors, data collection, research implementation, and research results carried out in November – February 2025.

RESULTS

1. Pregnancy Period

During pregnancy, 3 visits are carried out so that when collecting data, accurate and complete information is obtained from all sources related to the client's condition. On November 24, 2024, Mrs. A came to the PMB Rimenda Tarigan Clinic for a revisit for a pregnancy checkup. Based on the results of the subjective data assessment, data were obtained on Mrs. A, age 22, Islam, Javanese ethnicity, high school education, and mothers working as IRTs. The mother complained of low back pain and increased frequency of urination. For the history of visits, this is the 5th visit at the Pratama Niar clinic. At the time of Mrs. A's visit, the mother was given health care related to complaints of low back pain and the frequency of urination that was still normal in the third trimester of pregnancy by advising the mother to maintain personal hygiene, not to do too heavy work, and

recommending to consume calcium and maintain the mother's nutrition by eating a balanced nutritious diet, diligently drinking water throughout the day, and reduce caffeinated beverages.(Hj. Saminem, 2021)

2. Labor

On February 3, 2025, Mrs. A came to BPM Rimenda Tarigan to visit Mrs. A, who was 39 weeks and 1 day pregnant, for the first child with complaints of mucus mixed with blood, abdominal pain that radiated to the waist. The mother and midwife performed an examination and obtained TTV: Vital signs showed blood pressure of 110/80 mmHg, pulse rate of 80 x/min, temperature of 36.5°C, and respiratory frequency of 20 x/min. Anthropometric data show a height of 152 cm and a weight of 60 kg, PD: 4 cm, palpable 2/5 in Hodge II of the head of the fetus, His 4'/10'/40'.(Mander, 2024)

At 18.00, an internal examination was carried out with an opening of 10 cm, with the fetal head at Hodge IV, Djj 140 x/min, His 5x'/10'/45' and blood pressure within normal limits, then provided support to the mother and provided motivation to the mother and baby born at 19.65 WIB. In the third stage of labor, when examining the birth canal, a second degree tear was found from the vaginal mucosa of the posterior commissura to the skin of the perineum. Then in stage IV, supervision was carried out every 15 minutes for the first hour and 30 minutes for the second hour.(Anna Waris Nainggolan, 2022)

3. Postpartum

Visits during the postpartum period were carried out 4 times and the mother was treated at the postpartum period with a second degree perineal tear. Examination was performed on puerperal mothers with TTV results within normal limits: BP 110/80 mmHg, Pulse 85x/min, P 20x/min, TFU 2 fingers below the center, good contractions, empty bladder. From the

results of other examinations, it appeared that the mother's face was not pale, without edema, white sclera, pink conjunctiva, breasts looked symmetrical with protruding nipples and breast milk was not smooth, good contractions, 2-finger TFU below the center, lochea rubra, and slight pain in the perineum.(Nur Aisyah, 2022)

4. Newborn

Mother A's baby was visited 4 times with monitoring. Baby Ibu A was born normally with a male gender, cried loudly and moved actively on February 3, 2025 at 02.00 WIB. After 6 hours of the baby being born, the first visit of Mrs. A's baby who was born normal was carried out at bpm Rimenda Tarigan. From the results of the examination, the general condition of the baby was obtained within normal limits with the baby born alive and healthy at 19.56 WIB, RR 40 x/minute, Pulse: 130 x/min, Weight 3200 grams, Body Length 50 cm, upper arm circumference 11 cm, head circumference 34 cm, and Apgar score 10. For the first hour after birth, the baby is given an injection of vitamin K and eye ointment, and is given HB0 after 2 hours and there is no umbilical cord bleeding.(Sulistyawati, 2022)

DISCUSSION

From the *continuity of care* care that has been given to Mrs. A which began in the third trimester of pregnancy, childbirth, postpartum care, BBL, and family planning, one of the intentions is to strive to improve the quality of midwifery service provision in Indonesia through the use of *continuity of care*. This form of parenting will also indirectly have a great influence on the emphasis of AKI in Indonesia so that it can be in harmony with the desired expectations. In this chapter, the author presents a discussion by comparing the theory with the management of midwifery care during pregnancy, competition, postpartum and newborn care, and family

planning applied to Mrs. A at the Independent Practice of Midwives Rimenda Tarigan, Medan Denai District in 2025.

1. Data collection

When the mother came on February 3, 2025 at 14.00 WIB, she complained of pain in the waist that radiated to the abdomen, as well as contractions that were increasingly frequent and regular. An internal examination showed a 4 cm opening, amniotic fluid still intact, mucus discharge mixed with blood, and presentation of the head. These symptoms and signs are in accordance with Helen Varney's theory, which states that signs of in partum include regular contractions, cervical opening, and the discharge of mucus mixed with blood. WHO also mentioned that the active phase of phase I begins when the opening has reached 4 cm with regular contractions. So, at this stage there is no gap between theory and practice.

2. Identify diagnoses of problems and needs

The main problem found was that the mother began to push before the complete opening. This causes a rupture of the perineum of the second degree. According to Helen Varney's theory, the mother should only push when the opening is complete (10 cm). If pressed too early, it can cause a rupture of the birth canal or perineal trauma. The WHO also emphasizes that midwives should guide mothers not to push prematurely, to avoid injury. Needs that must be given immediately to mothers include: Education on the correct way and time of exertion, Support from midwives so that mothers feel calm, Strict monitoring of the progress of childbirth. According to Helen Varney, emotional and educational support to the mother should be provided during childbirth. WHO also mentioned that good communication is very important to accompany mothers. In this case, the midwife has provided education on how to

push correctly and encouraged the mother to walk and play gym ball, but the mother still pushes too early and has a breakdown, so it can be concluded that there is no gap between theory and practice

3. Potential problems

Rupture of the perineal of the second degree due to the mother's pressing too early before the complete opening, complications of trauma to the cervix if the pressure is done at the time of the incomplete opening, psychological and emotional disorders (anxiety and stress of the mother). Helen Varney suggests appropriate push control techniques, including education and support for mothers, to reduce the risk of trauma to the perineal tissue. WHO emphasizes the importance of psychological support to reduce maternal stress during childbirth.

1. Immediate action

The immediate actions that have been taken on Mrs. A are to conduct a direct evaluation of the perineum, control bleeding with sterile gauze compression and compresses, prepare tools and sew the perineal wound with the mat technique (puncture). This is in accordance with Helen Varney and WHO guidelines that perineal rupture should be sutured immediately to prevent bleeding and infection and speed healing.

2. Intervention

The plan given to Mrs. A is to encourage the mother to be active mobilization during period I (walking and playing gym ball), provide education on breathing and relaxation techniques, monitor the partograph periodically, provide verbal support and instructions when exercising. After delivery, treat perineal rupture with sutures according to standards. However, even though education has been provided, mothers still push too early, which indicates a gap in understanding or receiving education.

3. Implementation

After the birth of the baby, the midwife performs an examination to assess the degree of rupture of the perineum. In this case, a perineal rupture is detected as a degree II, which involves a tear in the skin of the perineum and the perineal muscles. A second degree rupture requires stitching to repair the tear. The stitching is done with the correct technique using resorbable sewing threads to avoid infection and speed up healing. The perineal area is cleaned with an antiseptic and the mother is given instructions to keep the area clean after delivery to prevent infection. Helen Varney in her book states that pushing too early can cause trauma to the perineal tissue, including perineal rupture. Therefore, proper assistance and education to mothers about the right time to push is very important. In this case, the treatment of second-degree perineal rupture is in line with Varney's theory of the importance of early intervention and good wound management after the complications have occurred. Varney also emphasized that ongoing evaluation of the mother's condition and providing physical and emotional assistance can prevent or reduce complications, such as perineal rupture. Although perineal rupture occurs in Mrs. A, proper treatment can minimize further complications. This shows that the knowledge and skills of midwives in handling complications have a great influence on the final outcome of childbirth.

4. Evaluation

Mrs. A's delivery process went smoothly, despite a rupture of the perineal of the second degree due to pushing too early. The baby was born healthy at 19.00 WIB, with a body weight of 3,200 grams and a length of 45 cm. The placenta is born normally at 19.15 WIB, in accordance with the WHO standard which states that the placenta must be born within 30 minutes



after the birth of the baby. This evaluation is important to assess whether the intervention is successful in reducing complications. Helen Varney reminds that childbirth evaluations focus not only on the final outcome, but also on the process that the mother goes through during childbirth. In this case, even if a perineal rupture occurs, proper handling and emotional support provided during the labor process can help the mother feel more comfortable and reduce anxiety. From this evaluation, it can be concluded that despite the complications, the measures taken by midwives, including wound management and postpartum education, are essential to ensure a good recovery for the mother. In addition, this experience also provided valuable lessons about the importance of communication and education to pregnant women about the correct delivery process and pushing techniques, to prevent similar complications from occurring in the future.

CONCLUSION

Continuity of Care is a continuous care and is one of the final project reports that is very helpful to understand the process from pregnancy to family planning. In Mrs. A, during the third trimester of pregnancy starting from November 2024 to March 2025, the author conducts COC guidance with the aim of achieving success in continuity of care care.

The assessment that has been carried out on Mrs. A from pregnancy to family planning is carried out by the author so that the treatment plan runs smoothly. In the assessment that has been carried out, there is no gap between theory and practice or real things found in the field, starting from the pregnancy process to the family planning process, all care has been carried out.

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