



CONTINUITY OF CARE IN NIAS C WITH A SECOND-DEGREE PERINEAL RUPTURE AT THE VINA PRATAMA CLINIC, MEDAN CITY

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ABSTRACT

The improvement of maternal and child health remains a primary indicator of a nation's health development success, particularly in alignment with the Sustainable Development Goals (SDGs) to reduce the Maternal Mortality Rate (MMR). Perineal rupture, a common tear during childbirth, can lead to severe complications such as hemorrhage, infection, and hematoma if left untreated. This study aims to provide comprehensive midwifery care through a Continuity of Care (COC) approach for Mrs. C at the Vina Pratama Clinic, Medan City, in 2025. The research method utilized primary data collection through direct interviews and clinical assessments, tracking the patient from the third trimester of pregnancy through delivery, the postpartum period, and family planning. During the second stage of labor, the patient delivered a male baby spontaneously weighing 3800 grams with an Apgar score of 10. This resulted in a second-degree perineal rupture affecting the vaginal mucosa, posterior commissure, perineal skin, and muscles. Clinical management included hemostatic compression to expedite wound healing and the provision of education on antiseptic protocols and the Lactational Amenorrhea Method (LAM) for family planning. The study concludes that the COC model ensures a stable relationship between the midwife and patient, which is vital for monitoring recovery, preventing infection, and reducing the risk of maternal morbidity.

Keywords : Prevention Of Second Degree, Perineal Rupture Education Grade II, Continuity Of Care

Introduction

The improvement of maternal and child health remains a primary indicator of a nation's health development success. In alignment with the Sustainable Development Goals (SDGs), the global community is committed to reducing the Maternal Mortality Rate (MMR) to 70 per 100,000 live births by the year 2030 (Kementerian Kesehatan RI, 2021). While many efforts focus on the prevention of major complications like hemorrhage and preeclampsia, the quality of recovery during the postpartum period is equally vital to ensuring long-term maternal well-being.

A perineal rupture is a tear that occurs during childbirth. It can be caused by various factors, such as the mother's position during labor, pushing techniques, labor management, the baby's birth weight, and the elasticity of the perineal tissue (Asli, 2025). If left untreated, a perineal rupture can lead to a number of complications, such as bleeding, fistula formation, hematoma, and infection. (Kasmiati, 2023) Perineal rupture occurs in almost all deliveries, with variations occurring in the first delivery, and not in subsequent deliveries. Perineal wounds resulting from episiotomy, rupture, or laceration are areas that are difficult to



protect from infection during perineal care. The cause of perineal rupture is postpartum maternal bleeding (Angraini *et al.*, 2022). Perineal rupture can cause postpartum hemorrhage. This bleeding has two main, dangerous consequences. First, significant blood loss can lead to anemia, weakening the mother, lowering her immune system, and increasing her susceptibility to postpartum infections. Second, if the bleeding is not promptly treated, it can lead to maternal death. In Indonesia, postpartum hemorrhage is the leading cause of approximately 40% of maternal deaths (Zuhana and Prafitri, 2022).

According to WHO data, the global maternal mortality rate (MMR) reaches 303,000. In the ASEAN region, the MMR is recorded at 235 per 100,000 live births. Based on data from the Indonesian Demographic and Health Survey (SDKI), the maternal mortality rate in Indonesia is 305 per 100,000 live births. (Novriyanti and Desmiati, 2021)

According to the WHO, the Infant Mortality Rate (MMR) has decreased by 44% since 2000. However, in 2022, almost half (47%) of all deaths of children under 5 years of age occurred during infancy, namely in the first 28 days of life. This period is one of the most vulnerable phases in a child's life, so it requires more intensive and high-quality intrapartum and neonatal care. In 2022, approximately 2.3 million babies died in the first 28 days of life globally. Every day, approximately 6,500 newborns die, which accounts for 47% of all deaths of children under 5 years of age. (Rahayu, Fitriyatnur and Vidyawan, 2023) Continuity of Care (COC) midwifery care refers to services established through a continuous relationship between a woman and a midwife. This continuity of care relates to the quality of care provided on an ongoing basis, requiring stable interaction between the patient and medical

professionals. Midwifery services should be provided from the preconception stage, early pregnancy, throughout the first trimester, delivery, and the first six weeks postpartum.

Furthermore, the prevention of postpartum infection (Sepsis) is a critical component of this study. A second-degree rupture creates a direct portal of entry for bacteria if hygiene and wound care are not strictly monitored. In the urban setting of Medan City, factors such as water quality, environmental humidity, and traditional postpartum practices can influence the healing process. By providing consistent education and direct observation across multiple visits at the Vina Pratama Clinic, midwives can ensure that the mother adheres to modern antiseptic protocols, thereby reducing the risk of morbidity associated with poor wound healing.

Research Methods

Meanwhile, in 2020, approximately 83% of mothers who delivered vaginally experienced perineal tears. Of the 3,791 women who delivered spontaneously, approximately 63% underwent perineal suturing due to episiotomy (42%) and spontaneous tears (38%) (Ministry of Health of the Republic of Indonesia, 2021).

Results And Discussion

Based on the management of continuous midwifery care that has been given to Mrs. C with a second-degree perineal rupture at the Pratama Vina Medan Baru Clinic, Medan City in 2025 starting from the third trimester of pregnancy, childbirth, postpartum, newborns, to family planning which aims to improve the quality of midwifery services in Indonesia by using an approach that is continuity of care. This care will also indirectly influence the suppression of



MMR in Indonesia so that it can be appropriate (Azizah *et al.*, 2025).

In the case of Ny. C, G1P0A0, the pregnancy lasted 38 weeks, with her LMP on May 17, 2024, and her TTP on February 11, 2025. During her pregnancy, Mrs. C received six ANC visits: two in the first trimester, one in the second trimester, and three in the third trimester. ANC visits meet the service standard, which is a minimum of six visits: two in the first trimester, one in the second trimester, and three in the third trimester. (A. Fauziah 2023). At this point, the midwife's job is to conduct an evaluation by gathering all the patient information necessary to grant consent. The patient's complaints, medical history, a head-to-toe physical examination, and a comparison of current and past medical records are some of the information that needs to be gathered. Based on the data collection, the patient expressed her desire for an examination, and during the midwife's examination, the mother's overall health was found to be good, and the patient's vital signs were within normal limits. (Suci *et al.*, 2021)

Determining the diagnosis of the problem is the midwife's second responsibility. The midwife then interprets the data she has collected to formulate a specific diagnosis. Within the scope of her practice as a midwife, the midwife establishes the diagnosis. (Sianipar *et al.*, 2025)

After interpreting the baseline data, a diagnosis and potential problems are applied to the client. This step aims to prevent or initiate immediate action. Based on this case, no problems or complications were identified in the case that could be used to determine the potential problems (Hasanah *et al.*, 2023).

In this step, after establishing a diagnosis and identifying potential problems, the midwife identifies whether

the patient requires immediate treatment. At this stage, the midwife may collaborate, consult, or make a referral. Based on the data collection, no potential problems were identified, so no immediate action was taken. (Mutmainah *et al.*, 2019)

Once the patient's needs are identified, thorough preparation regarding the problem and diagnosis is necessary for the next step, the intervention phase. Based on the examination results, the intervention will involve explaining her complaint to the mother. (Al-m *et al.*, 2025)

This stage includes implementing the plan that has been made, either alone or in coordination with other medical teams according to the case obtained. The implementation carried out by the Client's midwife is to inform the mother of the results of the examination carried out, carry out the actions that have been explained to the mother. This step involves conducting an evaluation and managing the care provided to determine whether it was successful. With this evaluation, the midwife can plan subsequent care. Based on the data collection, the management was acceptable, and the mother understood what LAM (Mal) KB was and its advantages and disadvantages.

The data collection method here is primary using the askeb format where the author collects data through direct interviews by conducting assessments with clients by following patients from the third trimester of pregnancy, postpartum delivery, newborns, family planning.

Conclusion

On this chapter, the author can conclude that after carrying out and completing the final assignment report entitled "Continuity of Care for Mrs. C at the Vina Primary Clinic, Medan Baru District, Medan City in 2025" by carrying



out comprehensive midwifery care and documenting it in the form of SOAP.

During labor, the author assessed and provided delivery assistance to Ny. C at the Vina Primary Clinic. The patient experienced no complications during the first to third stages of labor. In the second stage, the baby was born spontaneously with an Apgar score of 10, weight 3800 grams, height 49 cm, and gender: male. In

The third stage, the second fetus was not palpable, and the midwife immediately administered the first dose of oxytocin, 10 units, into the patient's outer thigh. The placenta was delivered completely within 10-15 minutes of birth. The placenta was completely intact at birth. During the fourth stage, the monitoring period, there was a second-degree tear in the mother's perineum, affecting the vaginal mucosa, posterior commissure, perineal skin, and perineal muscles. Hemostatic compression was performed to expedite wound healing.

Based on these results, several suggestions are put forward to further improve maternal health services. It is recommended that midwives at Klinik Pratama Vina increase the frequency of prenatal counseling specifically regarding perineal massage and nutritional fulfillment to improve tissue elasticity before labor. For the clinic management, it is suggested to maintain the implementation of the COC model as it fosters a trust-based relationship that empowers mothers to follow hygiene protocols and lactation management more strictly. Finally, future researchers are encouraged to explore the impact of specific dietary interventions on the speed of perineal wound healing to provide even more robust evidence-based recommendations for postpartum care.

References

Al-m, S. *et al.* (2025) 'Faktor-Faktor Yang Berhubungan Dengan Kejadian Robekan Perineum Pada Persalinan Normal di PMB Roslina Kabupaten Ogan Komering Ulu Tahun 2023', 4(September).

Angraini, C. *et al.* (2022) 'Hubungan Berat Badan Bayi Baru Lahir dengan Kejadian Ruptur Perineum Persalinan Normal', 1(2), pp. 618–625.

Asli, K. (2025) 'Model Continuity of Care dalam Asuhan Kehamilan dan Persalinan terhadap Pencegahan Stunting', 3(November), pp. 77–84.

Azizah, N. *et al.* (2025) 'Hubungan Berat Badan Lahir dengan Ruptur Perineum Persalinan Normal di Praktek Bidan Mandiri Lusi Marbun Kab. Simalungun Tahun 2022 STIKes Mitra Husada Medan, Indonesia', 3(April).

Hasanah, N.Z. *et al.* (2023) 'Management Of Postpartum Midwifery Care On Mrs. J With Engorgement Of The Breast'.

Kasmiati (2023) *Asuhan Kehamilan*.

Mutmainah, H. *et al.* (2019) 'Pencegahan Rupture Perineum Pada Ibu Bersalin Dengan', 5(2), Pp. 137–143.

Novriyanti, H. and Desmiati, H. (2021) 'Analisis Deskripsi Kematian Maternal Berdasarkan Komplikasi', 4, pp. 2017–2021.

Rahayu, P.P., Fitriyatinur, Q. and Vidyawan, Y. (2023) 'Memahami Perilaku Konsumen dan Pelatihan Cara Pengambilan Foto Serta Video Produk UMKM Di Kelurahan Bugangan Kota Semarang', 1(5), pp. 401–406.

Sianipar, Y.G. *et al.* (2025) 'Faktor-Faktor Yang Berhubungan dengan Penyembuhan Luka Post Sectio Caesarea di RS Efarina Kota Berastagi'.



Suci, S. *et al.* (2021) 'Perawatan teknik akupunktur untuk percepatan penyembuhan luka post partum post sectio cesarea', 4, pp. 436–439.

Zuhana, N. and Prafitri, L.D. (2022) 'Edukasi Perawatan Luka Perineum Sebagai Upaya Deteksi Dini Infeksi Luka perineum', 5(4), pp. 811–817.

