



CONTINUITY OF MIDWIFERY CARE (CONTINUITY OF CARE) FOR MRS. W AGE 35 WITH RUPTURE PERINEUM DEGREE I AT THE INDEPENDENT PRACTICE OF MIDWIFE RONNI SIREGAR SUNGGAL DISTRICT DELI SERDANG REGENCY NORTH SUMATRA YEAR 2025

Silvina Irawan Tarigan¹, Siti Nurmawan Sinaga², Lidya Natalia Sinuhaji³, Lidya Triangga Bawamenewa⁴, Uci Ramadhani⁵, Ratni Nst⁶, Maisya Fitri Anungrah⁷
^{1,2,3,4,5,6,7} STIKes Mitra Husada Medan

2219401034@mitrahusada.ac.id, sitinurmawan@mitrahusada.ac.id,
lydianatalia@mitrahusada.ac.id, 2319401010@mitrahusada.ac.id,
2419401028@mitrahusada.ac.id, 2419201458@mitrahusada.ac.id,
maisyahfitri@mitrahusada.ac.id

ABSTRACT

Midwifery care is a series of activities or interventions provided by midwives to clients who have specific needs or health problems, particularly in maternal and child health (MCH) services and family planning. Midwifery care refers to the implementation of the roles, functions, and responsibilities of midwives in delivering services to clients with obstetric needs or conditions, including pregnancy, childbirth, the postpartum period, newborn care, family planning, as well as women's reproductive health and public health services. The purpose of this study is to describe the implementation of continuity of care midwifery services for a client throughout pregnancy, childbirth, postpartum period, newborn care, and family planning in Mrs. W at PMB Ronni Siregar, through the application of midwifery care management in accordance with midwives' competencies. The population in this midwifery care activity consists of a pregnant woman, Mrs. W, aged 35 years, pregnant 3 para 2 abortus 0 (G3P2A0), starting from 37 weeks and 1 day of gestation.

Keywords: *Midwifery Care, Continuity Of Care, Gestation*

Introduction

According to the World Health Organization (WHO), there are approximately 2.7 million cases of perineal tears in women giving birth. This number is expected to increase to 6.3 million cases in 2020, largely due to a lack of midwives' knowledge of proper midwifery care. The incidence of perineal tears is also quite high in Asia, with 50% of global perineal rupture cases occurring in this region. In Indonesia, the prevalence of perineal tears in women aged 25–30 years reaches 24%, while the figure is even higher in women aged 32–39 years, at around 62% (Sinuhaji et al., 2024)

Globally, according to the World Health Organization (WHO), the maternal mortality rate in developing countries reached 830 (99%) which occurred during pregnancy and childbirth. The global maternal mortality rate was recorded at 303 per 100,000 live births, while the global infant mortality rate reached 41 per 1,000 live births (Lusiana, 2023). In the ASEAN region, the maternal mortality rate reached 235 per 100,000 live births, with a total of 7,389 maternal death cases reported in the same year. This figure represents a significant increase compared to the previous year, which recorded 4,627 maternal deaths. Meanwhile, the infant



mortality rate in 2021 was 7.87 per 1,000 live births, showing a slight increase compared to 7.79 per 1,000 live births in the previous year. According to the Indonesian Maternal Mortality Survey (SDKI), the Maternal Mortality Rate (MMR) in Indonesia was 359/100,000 live births based on the Health Service Profile Report, the number of infant deaths was 955 cases. Meanwhile, in North Sumatra Province in 2020, there were 187 maternal deaths, including 62 cases during pregnancy, 64 cases during childbirth, and 61 cases during postpartum. The highest number of maternal deaths was reported in Asahan Regency with 15 cases, followed by Serdang Bedagai Regency with 14 cases. Meanwhile, Deli Serdang Regency and Medan City each recorded 12 maternal death cases (Suparji et al., 2024) (Arantika, 2022) (Sinaga et al., 2022)

The North Sumatra Provincial Health Office stated that although no specific survey has been conducted on the main causes of maternal mortality in the province, national data indicates that most maternal deaths are caused by complications during childbirth. These include placental complications (45%), retained placenta (20%), and perineal rupture (16%). Tears in the birth canal generally occur due to a baby weighing more than 2,500 to 4,000 grams, accounting for approximately 91.6% of all cases. Meanwhile, babies weighing between 1,000 and 2,500 grams contributed 8.3% to these incidents. (Suparji et al., 2024)

Based on the data presented, the author is interested in developing a final project report entitled "Continuity of Care for Mrs. W, 35 Years Aged with First-Degree Perineal Rupture at the Ronni Siregar Prenatal Care Center, Sunggal District, Deli Serdang Regency, 2025." This title reflects the author's focus on midwifery care provided to mothers in labor, especially

those experiencing birth canal lacerations at the Ronni Siregar Independent Midwife Practice (PMB) in 2025. This topic is very relevant because it raises important issues related to birth canal lacerations and postpartum maternal care, which is part of essential postpartum midwifery care.

Research Method

In the data collection process using the descriptive case study data collection method. Descriptive case study is a study that describes a case and requires researchers to start the research clearly. Where the data collection technique is the collection of data -data data with regard to patients which will be studied more deeply. This data collection can be done by conducting interviews from the patient himself (auto-anamnesa) and data obtained from the family (allow anamnesa).

This continuous midwifery development uses Helen Varney's 7-step method and data collection using the SOAP approach (Subjective, Objective, Assessment, Planning), through interviews, observations, physical examinations, and document studies.

Result and Discussion

1. Pregnancy

On November 8, 2024 at 11:00 a.m. WIB, Mrs. W, 37 weeks and 1 day of pregnancy, came for an ANC examination. Anamnesis results: the mother complained of fatigue easily. Examination results: weight 70 kg, height 155 cm, The client's vital signs were within normal limits, with a blood pressure of 120/70 mmHg, body temperature of 36.5°C, pulse rate of 85 beats per minute, and respiratory rate of 23 breaths per minute, Lila 28 cm, inspection of the mother's abdomen showed line nigra, leopold examination 1 found a uterine fundus height of 30 cm, leopold 2 felt the back on the right and the left felt a small and empty part,

leapold 3 was the lowest presentation of the head, and leapold 4 had entered the pelvic inlet (PAP), fetal heart rate 140x/i. (Umiyah , 2022)

2. Labor

On November 28, 2024 at 11.30 AM Mrs. W came to the PMB Ronni Siregar Accompanied by her husband, the mother reported the presence of blood-tinged mucus discharge from the vagina and pain radiating from the abdomen to the lower back since 10:30 WIB. The examination results showed blood pressure of 120/80 mmHg, heart rate of 88 beats per minute, respiratory rate of 20 breaths per minute, body temperature of 36.9°C, fetal heart rate of 146 beats per minute, fundal height of 33 cm, and an estimated fetal weight of 3,410 grams. Uterine contractions were observed 4 times within 10 minutes, lasting 40 seconds each, with the bladder empty. Vaginal examination revealed cervical dilatation of 10 cm, fetal head descent at 2/5 at Hodge I, intact membranes, and no prolapsed umbilical cord. The mother stated that she was anxious about facing her labor. The care given was to encourage the mother to mobilize so as to help accelerate the opening. Support from husband or family. Mother said the pain was getting stronger and regular and there was a feeling of wanting to defecate. The results of the examination of vital signs showed blood pressure of 120/80 mmHg, heart rate of 88 beats per minute, respiratory rate of 20 breaths per minute, and body temperature of 36.5°C. The fetal heart rate was 146 beats per minute, with uterine contractions occurring 4 times within 10 minutes, each lasting 45

4. Newborn

On November 28, 2024, at 11:00 AM, Mrs. W's baby was delivered. A

seconds, and the bladder was empty. Cervical dilatation was complete, and the amniotic membranes ruptured spontaneously with clear amniotic fluid and a characteristic odor. On November 28, 2024, at 11:00 WIB, the baby was delivered spontaneously per vaginam. The labor process progressed normally without complications; however, a first-degree birth canal laceration was observed in the posterior regioncommissure - vaginal mucosa - to the perineal skin but the healing has been done using the mattress technique (dotted). (Rina Dwi Astuti and Wahyu Lestari, 2021)

3. Post Partum

November 28, 2024, at 05.00 PM, The mother expressed concern due to a limited amount of milk and felt nauseous. Abdomen: The mother's health and well-being are good, composer consciousness. Vital signs are within normal limits. Blood pressure: 110/70 mmHg, pulse: 80 beats/minute, temperature: 37°C, breaths: 20 breaths/minute. Physical examination revealed colostrum discharge and contractions. The uterus was firm and round, with a TFU of 2 finger widths below the umbilicus. Lochia rubra discharge was visible, and the suture wound was still wet. Care provided included explaining the examination results to the mother, explaining the pain, progress, practicing relaxation techniques if the suture wound still hurts, balanced nutrition, vulvar hygiene, rest, early mobilization, reminding the mother to breastfeed on demand, and teaching the mother proper breastfeeding techniques. (Sabar, 2016)

general examination was performed, which revealed that the newborn was in good general condition, exhibited active



movements, and had a reddish skin color. Vital signs: S: 36.5 C, P: 38x/I, Weight: 3400 grams, Body length: 51 cm, physical examination was normal and the umbilical cord still looked wet so there was a potential for umbilical cord infection, One hour after birth, the newborn was administered a vitamin K injection as a preventive measure against umbilical cord bleeding. of the newborn, 2 hours after that HBO was given. The care provided encouraged the mother to breastfeed on demand, provided information about baby hygiene, baby warmth, umbilical cord care, danger signs of newborns. (Syairaji et al., 2024)

5. Family Planning

Mrs. W's statement is that she is using MAL contraception until she gets her period. The mother had not yet resumed menstruation and expressed her intention to provide exclusive breastfeeding for six months so the care provided in family planning counseling is to explain to the mother about MAL contraception (Naohiro Yonemoto, 2023)

Conclusion and Suggestion

Conclusion

After the implementation of continuous midwifery care management (Continuity of Care) for Mrs. W, aged 35 years, who was in a physiological condition, the evaluation showed no discrepancies between theoretical concepts and field practice. (Amelia et al., 2024)

1. During pregnancy, the mother had regular checkups in the three months before delivery, and no serious complications were found during the third trimester. However, Mrs. W experienced discomfort in the third trimester. She experienced lower back pain and frequent urination. The care

provided to Mrs. W focused on the discomfort and how to manage it.

2. During delivery, Mrs. W underwent a vaginal delivery on November 28, 2024. There were complications in the fourth stage of labor, including lacerations to the birth canal after the vaginal delivery. A thorough dialysis and midwifery care regarding perineal wound care were performed.
3. During the postpartum period, there were no infections or bleeding. The mother only complained of a small amount of breast milk on the first day, which is a normal physiological phenomenon. The problem was resolved successfully without any gaps between theory and practice. During the postpartum visit, involution and fundal descent were normal, and the perineal area was kept clean.
4. No complications or serious problems were found in the newborn. Three visits were conducted without any problems. There were no signs of infection or danger signs in the newborn. One visit was for family planning.
5. After explaining the types of contraception, the patient decided to rely on breastfeeding to prevent ovulation. Mrs. W chose to use natural lactation as her current method of contraception.

Recommendation

1. For Healthcare Institutions

The author expects that the findings of this case study may serve as valuable input for institutions in delivering comprehensive midwifery care during pregnancy, childbirth, postpartum, newborns, and family planning.

2. For Health Workers

This study contributes to both theoretical and practical aspects and may serve as valuable input for



independent midwives in enhancing the quality of continuous midwifery care. Furthermore, it can also serve as a consideration for health workers in providing midwifery care covering pregnancy, childbirth, postpartum, newborn care, and family planning programs.

3. For Clinical Midwives

It is hoped that this study will provide input to maintain and improve the quality of comprehensive midwifery services, especially for pregnant women, childbirth, postpartum, and newborns.

4. For Respondents

It is hoped that mothers and their families, after receiving continuous care, will have a better understanding of the processes of pregnancy, childbirth, the postpartum period, and newborn care based on the latest information.

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