



## CONTINUOUS MIDWIFERY CARE (CONTINUITY OF CARE) FOR MRS. A WITH SECOND-DEGREE LACERATION AT PMB DESY FAHRYANI, MEDAN BELAWAN DISTRICT, MEDAN CITY, NORTH SUMATRA PROVINCE IN 2025

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### ABSTRACT

**Background:** A birth canal laceration is a tear in the midline of the birth canal that can become extensive if the fetus's head is born too soon. Influencing factors include improper childbirth techniques, incorrect straining techniques, and fetal macrosomia (weight >4000g). **Objective:** This study aims to provide and analyze comprehensive midwifery care for Mrs. A, focusing on the prevention and management of perineal lacerations. **Methods:** The method used is a case study, conducted by examining a clinical problem across longitudinal cases. The case is analyzed in depth, examining both the case's specific aspects and responses to exposures. The care follows continuous obstetric care (CoC) from pregnancy, through the first stage of labor (*kala 1*), to birth and family planning, using the Varney midwifery management method and documented via SOAP notes. **Results:** The care provided included laceration wound treatment for Mrs. A, which was monitored closely alongside education sessions from pregnancy to birth control. Through proper perineal massage during pregnancy and controlled delivery techniques during the first stage of labor, the risk of extensive laceration was minimized. **Conclusion:** Continuous midwifery care is effective in identifying risk factors for birth canal lacerations and improving the mother's recovery through integrated monitoring and education.

**Keywords:** *Laceration, laceration care, Education, Prevention, Mild of Anemia*

### Introduction

A birth canal laceration is a tear in the midline of the birth canal that occurs too quickly. This often happens during the first delivery and can cause various forms of bleeding (Sinaga, K, 2024). Depending on the depth and extent of the tear, several factors affect the risk of laceration; mothers aged over 35 years have a higher risk of recurrent lacerations. Fetal body weight of more than 4000 g, pregnancy spacing, childbirth techniques, and straining

techniques are not coordinated or cause too substantial an increase in intrabdominal pressure and direct pressure on the perineum, thus causing tearing, according to (Putri, A. ; Lestari, 2020), Mothers who apply ineffective straining techniques have a higher incidence of perineal laceration than those who strain effectively.

Laceration classification: 1st degree tear in the vaginal mucosa or perineum skin without involving muscle tissue, 2nd degree tear involving the perineum muscle without reaching the anal sphincter, 3rd

degree tear involving the external or internal anal sphincter, 4th degree tear involving the rectal mucosa.

Maternal and child health is one of the goals in public health Development. In this case, the hope to reduce maternal and infant mortality is one of the global priorities, namely the Sustainable. (WHO 2021, 2021). Development Goals (SDGs) target, especially in point 3 emphasizing the importance of quality health services and the need for collaborative efforts in reducing the maternal mortality rate to below 70 per 100,000 live births by 2030 (Sinaga, Fauzianty and Napitupulu, 2025).

Through integrated programs, it is expected. That every pregnant woman will get good care. Midwifery competency standards are regulated under Law No. 17 of 2023, which emphasizes the critical role of midwives in maternal and child health services. Midwives are expected not only to provide prenatal and postnatal care but also to play an active role in educating the public about reproductive health. Midwives' duties include providing accurate information, emotional support, and monitoring maternal and infant health from pregnancy through childbirth and into family planning (President of the Republic of Indonesia [Presiden RI], 2023).

In handling birth canal lacerations, existing health programs must prioritize effective prevention and treatment. Lacerations can occur due to a variety of factors, including childbirth techniques and the mother's condition. Therefore, the role of midwives is to provide education and appropriate interventions to minimize complications. Education about laceration and handling must also be part of the KIA program, so that pregnant women are aware of the risks that they may face. It is hoped that pregnant women can better understand the importance of postpartum care (Kementerian Kesehatan, 2023).

A laceration of the birth canal is a tear in the tissue around the birth canal. This condition can cause bleeding. In response to maternal and infant health problems, the government has also developed various strategic programs, such as the Basic Emergency Obstetric and Neonatal Care (BEN) program and the Childbirth Planning and Complication Prevention (P4K) program. This goal can also improve the early detection of childbirth risks and the ability of health workers to handle complications related to laceration (Ministry of Health of the Republic Indonesia, 2022).

Evidence-based obstetric care, or Evidence-Based Obstetrics, is an approach in obstetric practice that prioritizes the use of the latest scientific evidence and trusted clinical experience to provide optimal care during pregnancy (Manurung, H R, 2022). In the context of preventing birth canal lacerations, evidence-based obstetric care plays a vital role in reducing the risk of lacerations during labor. Some effective interventions include perineal massage, performed regularly during pregnancy to increase tissue elasticity; selection of an appropriate delivery position; and a selective episiotomy policy based on clinical need (Sitanggang *et al.*, 2022).

## Method Of Activity

The research employed a case study, conducted by examining a problem in a community affected by it. The case is analyzed in depth, with attention to the circumstances of the case, the factors that shape the events arising from it, and the parties' actions and reactions in response to specific exposures. Descriptive research is to find out the number of variables between one variable or independent (more) without any comparison or connection with others (Sugiyono, 2020).

The data collection method in this study is the askeb format, which comprises direct interviews, client assessments with a review format, and documentation using the SOAP format. Data was collected by following patient development starting from the third trimester of pregnancy, childbirth, postpartum period, newborn (BBL), to family planning. This research was conducted at PBM Desy Fahryani, located at Jalan Celebes No. 363, Belawan II, Belawan District, Medan Belawan City. The study will be conducted from November 2024 until completion to identify and solve problems in the PBM.

### Results Of Activities And Discussions

The patients who were used as research respondents were: Mrs. A, 23 years old; Malay ethnicity; Muslim; elementary education; housewife; home address: Jl.Pusawara Blok B Link IX, Medan Belawan District, Medan City. At the time of the anamnesis, the mother said that this was the second pregnancy and the mother said that her HPHT was on February 15, 2024, from the results of the calculation using the neagle formula in the mother's gestational age of 38 weeks and the estimated birth on November 22, 2024, the mother said that during her pregnancy she examined the posyandu.

On November 3, Mrs. A said that her complaint in the first trimester was nausea, vomiting, and weakness; in the second trimester, there were no complaints. In the third trimester, the mother had difficulty sleeping, was easily tired, often urinated at night, and had low back pain. At the time of the mother's TFU examination, the Tbbj was 2,015 grams. Mrs. A said she felt the movement of her fetus at 16 weeks of gestation, and the fetus's movements were very active. During pregnancy, mothers consume iron, Folate, and Vitamins. Ny A

has a rest pattern of 7 hours at night and 2 hours during the day and does not have sexual intercourse during this pregnancy. Mrs. A reported no history of systemic disease in her family or of infectious disease.

The author has carried out obstetric care during pregnancy from the third trimester to Mrs. A starting from the practicum period of November 3, 2024 to December 21, 2024 and continues which can be concluded as follows: Midwifery care in Mrs. A has been carried out in accordance with theory and has been documented in the form of Helen Varney 1 time and 2 times in the form of SOAP where for these three visits the complaints experienced by the mother are physiological. This continuous midwifery care will continue until the mother chooses a contraceptive device.

**Figure 1.** COC Documentation

From the obstetric care carried out on Mrs. A at the age of 23 years which started during the third trimester of pregnancy, childbirth, postpartum period, newborn and family planning can be concluded, Mrs. A's complaints when visiting ANC with physiological complaints, namely, Mrs. A often urinating at night, waist ripe, these complaints have been resolved well and no complications were found in Mrs. A. And this is physiological, during pregnancy, the author did not find a gap between theory and practice.

**Figure 2.** Childbirth in Mrs. A

Childbirth has been managed in accordance with the 58 steps of the APN, but can be achieved with complications of tearing the birth canal to the perineum muscle. And has been given wound care on

the perineum. Babies born with standard punctuation 04.10 WIB, get BB 2800 g, PB 45cm, female genitalia. The author concluded that the delivery process in Mrs. A was normal and ran smoothly because it was monitored and no complaints occurred.

During the postpartum period, the author made four visits; no complications or concerning signs were identified. Mrs. A's breastfeeding process, uterine involusio went well, and the standard treatment of perineal wounds was good. The mother was fully supported by her family and husband in caring for her baby, which made her feel well (Azizah, 2025).

The author made three visits, but did not find any complications in Mrs. A's baby. The care provided to the newborn was carried out in accordance with established theory and procedures and documented in the SOAP format. Mrs. A's baby is healthy; there are no gaps, and implementation is in accordance with newborn care standards.

Family planning care (KB) was carried out on December 8. Mrs. A chose to use natural birth control tools because her husband and family did not allow her, and her mother chose the MAL family planning. Mrs. A has received an explanation of MAL Family Planning, and the author visited on December 21, 2024, to ensure that Natural Family Planning MAL is effective. Scheduled for a repeat visit to monitor conditions and success in the use of natural birth control.

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