

## SCONTINUITY OF CARE WITH A RUPTURE OF THE PERINEUM OF THE SECOND DEGREE IN MRS. F AT THE FRISKA NOVITA PRIMARY CLINIC, MEDAN DISTRICT LABUHAN DELI SERDANG REGENCY YEAR 2025

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### ABSTRACT

**Background:** Perineal rupture is a prevalent obstetric complication, affecting nearly half of global births according to WHO and UNICEF data. It poses significant risks for postpartum hemorrhage and infection, contributing to maternal morbidity rates in Indonesia. Proper management of perineal wounds is crucial to prevent long-term disability and ensure maternal safety. **Objective:** This study aims to provide and evaluate comprehensive midwifery care for a postpartum patient experiencing a second-degree perineal rupture, utilizing the Continuity of Care (CoC) model and Varney's seven-step management method. **Methods:** A descriptive qualitative case study was conducted at Pratama Friska Novita Clinic, Medan, from October 2024 to February 2025. The subject was Mrs. F, a 30-year-old primipara (G1P0A0). Data were collected via observation, physical examination, and interviews. The study followed the patient longitudinally from the third trimester of pregnancy through labor and the puerperium (postpartum period). **Results:** Mrs. F experienced a second-degree perineal rupture attributed to straining prior to complete cervical dilation during labor. Management involved immediate suturing followed by comprehensive postpartum care. Interventions focused on infection prevention through perineal hygiene education, pain management, and nutritional counseling emphasizing high protein and fiber intake to support tissue repair. The evaluation indicated that the wound healed effectively within the standard 6–7 day timeframe without signs of infection, and the mother reported reduced pain and improved comfort. **Conclusion:** Comprehensive midwifery care proved effective in managing second-degree perineal ruptures. The study found no discrepancy between theoretical standards and the clinical management provided. It is concluded that proper education on pushing techniques during labor and meticulous postpartum wound care are critical for optimal recovery.

**Keywords:** *Perineal Rupture, Midwifery Care, Postpartum, Continuity of Care, Case Study*

### Introduction

According to UNICEF and WHO data in 2021, about 45% of the world's 30 million births have perineal lacerations that can cause bleeding during childbirth, and this figure is

expected to increase to 50% by 2050. In the United States, 40% of the 6 million mothers will give birth by 2050. In the United States, 40% of the 6 million mothers who give birth that year have a perineal tear. Asia accounts for half of all global perineal tear cases. In

Indonesia, 24% of women aged 25-30 years and 62% of women aged 32-39 years experience a perineal tear during childbirth (Supiani & Yusuf, 2023).

A standard normal delivery includes 60 steps of care and must be performed in a healthcare facility by a minimum of two medical personnel, such as a doctor and midwife, two midwives, or a midwife and nurse. This delivery process consists of four stages, namely stage 1 (opening of the cervix from zero to 10 cm), stage 2 (fetal ejection), stage 3 (placental release), and stage 4 (monitoring after childbirth) according to the Ministry of Health (2020).

Health services for postpartum mothers aim to detect postpartum complications through a minimum of three visits as recommended by health services. (Student et al., 2022) The first visit (KF1) was carried out in the range of 6 hours to the third day after childbirth, the second visit (KF2) was carried out on the fourth day to the 28th day, and the third visit (KF3) was carried out between the 29th day to the 42nd day after giving birth (Ministry of Health, 2021).

The high maternal mortality rate is often influenced by infections during the postpartum period. One of the main factors causing this infection is a wound in the perineum. The wound is at risk of infection if not treated properly, which can trigger the growth of infection-causing bacteria. If the infection is not treated immediately, it can cause complications that endanger the mother's health (Syalfina et al. 2021).

A perineal wound is a tear in the area between the vagina and anus that can occur spontaneously or through an episiotomy during childbirth, especially in the first delivery. About 90% of mothers experience this tear, and the healing process usually takes place within 6–7 days after giving birth. However, the speed of healing can vary depending on factors such as the mother's condition, nutritional status, the severity of the wound, and the care provided (kasmianti, S.ST., 2023).

Perineal rupture is affected by various factors, including maternal factors such as the mother's age, number and distance of pregnancies, improper straining methods, and perineal and pelvic conditions. Fetal factors include the weight and size of the baby, abnormal head position, breech birth, as well as complications such as shoulder dystocia. Meanwhile, helpful factors include techniques to lead the straining process, communication with the mother, and skills in holding the perineum when the baby's head comes out (Sari et al., 2023).

In 2024, based on a field survey at the Friska Novita Primary Clinic, Medan Labuhan, Deli Serdang Regency, there were 70 pregnant women, 40 maternity mothers, 40 postpartum mothers, 40 newborns, and 875 family planning visits. Of the 70 pregnant women who visited in 2024, the researcher took one of the pregnant women who visited in November 2024 with a TM III pregnancy and then the researcher conducted a study by applying the of Care model to Mrs. F, a 30-year-old pregnant woman with her first pregnancy of G1P0A0 at 28 weeks and 3 days of gestation. The researcher accompanied the mother from the third trimester to delivery.

## Research Method

### 3.1 Research Design

The method used for comprehensive care for Mrs. F, aged 30 at the Pratama Friska Novita clinic, Medan Labuhan District, Deli Serdang Regency, is a descriptive research method that is carried out systematically, with the aim of describing a phenomenon as it is, according to the conditions that occur in the field. In this case, it is clear that the research used is a case study, which focuses on the observation of events or events related to the life of Mrs. F

Descriptive analysis is a type of analysis used to describe or explain a phenomenon or event without taking into account the relationship between independent variables and related variables. In this approach, the main

focus is to describe the characteristics of a phenomenon based on existing data, without attempting to analyze or test the causal hubs between different variables (Coleman & Fuoss 2020).

### 3.2 Place and Time of Research

This research was conducted at the Pratama Friska Novita clinic on the road of the river environment V, Sei Mati village, Medan Labuhan district, North Sumatra from October 23, 2024 to February 13, 2025 with an implementation of approximately four months. This research is supported by the selection of strategic locations that have been determined by the author as a place that is easily accessible to the public, has a clean and friendly environment. The location of the research was carried out at the Pratama Friska Novita clinic, which is located on the road of the river neighborhood V, Sei Mati village, Medan Labuhan district, North Sumatra.

### 3.3 Population and sample

A population is a collection of individuals, objects, or phenomena that can potentially be measured and made part of a study. In this study, the population in question includes all pregnant women with third trimester gestational age who visit the Friskah Novita Primary Clinic in Medan Labuhan District, Medan City, North Sumatra Province in 2024. The selection of this population was made because it is relevant to the focus of research related to childbirth conditions. A sample is a portion of a population that is selected through a specific method for further research. In this study, the sample was one maternity mother, Mrs. F, who experienced a second degree perineal rupture.

### Discussion

Data collection is obtained by collecting complete and accurate data from various sources related to the overall condition of the client. In order for the assessment to be carried out effectively, midwives need to use a standardized assessment format so that the questions

asked become more focused and appropriate. The data collected in the study is divided into two types, namely subjective data and objective data (Putri et al., 2024).

Perineal rupture is affected by various factors, including maternal factors such as the mother's age, number and distance of pregnancies, improper straining methods, and perineal and pelvic conditions. Fetal factors include the weight

### Result

Mrs. F age 30 years G1POA0 with a gestation age of 28 weeks 3 days Islamic religion, Javanese with high school educators, mother works as a housewife, with husband Mr. P age 32 years old works as a self-employed person, Islamic religion subjective data in can be obtained that the mother's pregnancy is the first pregnancy and has never had an abortion and the history of menstruation is the first time at the age of 13 years, Mother's menstrual cycle is 28 days, regular, the mother said that usually during menstruation the mother changes the sanitary napkin 3 times a day, the mother al(Rinayanti, 2021)so said that the mother felt pain on the first day of menstruation, but did not interfere with the activity, every month the mother's last menstrual period is on April 4, 2024, from the results of the TTP calculation on January 11, 2025.

Position, breech birth, as well as complications such as shoulder dystocia. Meanwhile, helpful factors include techniques to lead the straining process, communication with the mother, and skills in holding the perineum when the baby's head comes out (Sari et al., 2023)

Mrs. F, age 30 years P1A0 with perineal rupture degree II, the author obtained objective data on composmentis consciousness and vital signs within normal limits of TD: 120/80 Mmhg, HR: 82x/i, RR: 21x/i, Temp: 36.6° C, the expression of the mother's face seemed anxious with her perineal suture wound, from the data that

had been collected, the assessment of subjective and objective data on Mrs. F with perineal rupture degree II showed that the condition of the case was in accordance with the theory without any differences or inconsistencies found. The problem found in this case is that the mother experiences pain in the area of the perineal suture wound and the need to be given to the mother regarding an explanation related to the pain felt in the perineal area (Rinayanti Manurung et al., 2024). The planning for the treatment of perineal rupture wounds at this stage has been thoroughly prepared by the author. The care plan designed has been tailored to the problems and diagnoses that have been identified, and has received approval from the patient and his family (Manurung, 2022). The care plans set include:

- a. Provide an explanation about the mother's current condition.
- b. Encourage mothers to meet their nutritional needs
- c. Explain to the mother how to treat perineal suture wounds so that the healing process runs optimally
- d. Provide education about pain in perineal wounds. Document all actions that have been performed

The implementation of care is a follow-up to the previously prepared planning, and at this stage the author carries out the handling through the following steps:

- a. Giving an explanation to the mother that her current condition is in good condition based on the results of the examination that has been carried out.
- b. Encourage mothers to always meet their nutritional needs by consuming nutritious foods, such as carbohydrates for energy sources (e.g. rice, corn, bread, or potatoes), animal and vegetable proteins (such as eggs, tofu, tempeh, fish), and iron-rich green vegetables (spinach, papaya leaves, kale). Mothers are also advised to eat fruits that contain vitamins and fiber (oranges, papayas, mangoes) and drink at least eight glasses per day to support

the breastfeeding process

- c. Provide education on the treatment of perineal suture wounds to speed healing, by:
  - Avoid excessive movement
  - Increases fiber and fluid consumption
  - Keeping the vaginal area dry
  - Eating high-protein foods
- d. Explain to the mother about the pain she feels and how to manage it.
- e. Record and document every action that has been taken

The results of the evaluation of Mrs. F, who suffered a second-degree perineal rupture, showed that there was no difference between the theory and the condition of the case experienced.

### Conclusions And Suggestions

After the author carried out obstetric care for the postpartum mother, Mrs. F, who experienced a second-degree perineal rupture at Friska Pratama Novita Clinic, the author felt the need to further examine the problems that may arise during the process of treating the perineal wound. This study was carried out by comparing the theories that have been studied with the real conditions found in the field, in order to identify possible gaps. The discussion will focus on using the midwifery care management approach which refers to Helen Varney's seven steps (Sinaga, 2022). This approach starts from the basic data collection stage, then followed by data interpretation to identify diagnosis and potential problems, determination of the need for immediate action, care planning, implementation of care plans, to the evaluation stage of the actions that have been given.

1. A comprehensive assessment has been carried out on Mrs. F's health condition which covers all important stages in the reproductive cycle, starting from pregnancy, childbirth process, postpartum period, to family planning. Data collection is carried out systematically, including subjective and objective data. The information collected included the history of previous



- pregnancies, the process and results of childbirth, as well as the current postpartum conditions, including the second-degree perineal lesion experienced by Mrs. F. This assessment is an important basis for designing appropriate interventions that meet the patient's needs.
2. Identification of Diagnosis of Problems and Needs: Based on the results of the study, the main diagnosis that was successfully identified was the presence of a risk of perineal rupture caused by a straining push that occurred before the cervical opening reached the complete stage. From these findings, it was revealed that Mrs. F needed support in managing the straining impulse during childbirth so as not to aggravate the condition of the perineum, and needed adequate pain management. These two aspects are essential to prevent further trauma and speed up the recovery process.
  3. Anticipation of Potential Problems: Next, the possibility of potential postpartum problems is identified, which includes the risk of complications such as bleeding, infection in the wound area, and psychological disorders as a result of physical and emotional trauma during childbirth. By anticipating these problems early, preventive interventions can be implemented immediately to prevent more severe conditions in the future.
  4. Immediate Action: As a form of initial response to Mrs. F's condition, immediate action is taken which includes appropriate handling and treatment of perineal wounds, therapy to reduce pain, and regular monitoring of vital signs. This action aims to ensure the stability of the patient's physical condition, reduce discomfort, and maintain safety during the postpartum recovery period.
  5. Interventions: Various interventions have been implemented in a planned manner to support Mrs. F's healing and adaptation process. These interventions include the treatment of perineal wounds with standard techniques, comprehensive education on how to take care of oneself during the postpartum period, and counseling on the choice and importance of family planning programs. All of these actions are arranged based on Mrs. F's specific needs so that they are individual and holistic.
  6. Implementation: The obstetric care plan is implemented with the active participation of Mrs. F. She is given an adequate understanding of each step of the treatment carried out. Wound care is carried out routinely by paying attention to the cleanliness and comfort of the patient, and is given direct health education so that Mrs. F is able to take care of herself independently during the recovery period.
  7. Evaluation: The evaluation stage is carried out to assess the effectiveness of all interventions that have been given. The results of the evaluation showed a significant improvement in Mrs. F's physical condition, especially in the perineal wound which showed a good healing process. In addition, Mrs. F's psychological condition has also improved, and she has begun to understand and accept the importance of family planning as part of her reproductive health going forward.
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