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CONTINUOUS OBSTETRIC CARE (CONTINUITY OF CARE) ON MRS. L WITH THE BREAST MILK DAM AT PMB BD. WANTI MEDAN DELI DISTRICT NORTH SUMATRA PROVINCE YEAR 2025

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ABSTRACT

Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) are critical health indicators. Perineal rupture is a significant cause of morbidity during childbirth, requiring proper management to prevent hemorrhage and infection. These risks can be mitigated through Continuity of Care (COC). To provide comprehensive midwifery care to Mrs. L, aged 26, covering the third trimester of pregnancy, delivery, newborn care, postpartum, and family planning, utilizing Varney's management and SOAP documentation. This descriptive study with a case study approach was conducted at PMB Bd. Wanti S.Keb, Medan, in 2024. The subject was a third-trimester pregnant woman monitored through the postpartum period. During pregnancy, Mrs. L experienced physiological back pain, resolved through counseling and exercise. Spontaneous delivery occurred at 41 weeks. A second-degree perineal rupture involving the vaginal mucosa and muscles occurred during the second stage. Management involved continuous suturing and strict monitoring. The female baby was born vigorous with normal vital signs. Postpartum visits confirmed good uterine involution and successful lactation. Continuity of Care was successfully implemented. The management of the second-degree perineal rupture adhered to Normal Childbirth Care standards, effectively preventing complications like hemorrhage or infection.

Keywords: Continuity of Care; Pregnancy; Delivery; Second-Degree Perineal Rupture.

Introduction

Breast engorgement is characterized by the obstruction of venous and lymphatic drainage, resulting in the accumulation of milk within the mammary tissues. This condition leads to increased intra-alveolar pressure and subsequent compression of the milk ducts. The primary etiology is the incomplete or infrequent removal of milk, which causes stasis and localized congestion, potentially progressing to painful inflammation if left untreated (Manurung & Sigalingging, 2020). Clinical manifestations of breast engorgement typically include bilateral mammary swelling, localized erythema, and induration (hardness upon palpation). Patients frequently report a burning sensation in the affected tissues, accompanied by low-grade pyrexia, with maternal body temperatures reaching up to 38°C. These symptoms signify an inflammatory response to milk stasis and increased interstitial pressure within the breast tissue (Mertasari & Juliani, 2022).

According to data from the Health Research and Development Agency of the Republic of Indonesia (2023), the incidence of breast engorgement in Indonesia is disproportionately high among working mothers, accounting for 16% of all breastfeeding cases in this demographic. Furthermore, a substantial majority of postpartum women, approximately 79.74%, reported experiencing breast milk stasis or engorgement in 2022. These statistics underscore the critical need for improved workplace lactation support and comprehensive postpartum education to mitigate breastfeeding complications (Mardhiyah, 2024).

Breast engorgement is a prevalent complication during the early postpartum period that induces significant maternal discomfort and serves as a major barrier to the success of exclusive breastfeeding. This condition primarily results from delayed initiation of breastfeeding, infrequent nursing sessions, or ineffective mammary emptying, which leads to pathological milk stasis and localized tissue congestion (Nurhayati et al., 2024)

According to WHO (2020), the global Maternal Mortality Ratio (MMR) stands at 223 per 100,000 live births, exhibiting a profound disparity between developing regions (430 per 100,000) and developed nations (12 per 100,000). Similarly, the Infant Mortality Rate (IMR) in developing countries reaches 27 per 1,000 live births, representing a ten-fold higher risk of neonatal death compared to developed countries. In 2021 alone, approximately 2.3 million infants died within the first month of life. In Indonesia, maternal and neonatal mortality remains a critical public health challenge; the country's mortality rates currently rank eighth highest globally, underscoring the urgency for improved maternal-neonatal healthcare services (World Health Organization, 2023)

In Medan City, the incidence of breast engorgement remains significantly high. Data from the Medan City Health Office (2023) indicates that approximately 84.7% of postpartum mothers experienced breast milk stasis, with a notable prevalence in local health service areas. Specifically, at PMB [Name], 15 cases were documented over the last three years, with two additional incidents reported in April 2024. These figures highlight a persistent clinical challenge in postpartum care, necessitating more effective preventive interventions (Dinas Kesehatan Kota Medan, 2023)

Research Method

Obstetric care for Mrs. L, who is 26 years old, is carried out continuously with the aim of identifying complications as soon as possible, so as to improve the overall well-being of the mother and her baby over a long period of time and to have an effect on the reduction of cases of complications and maternal mortality in pregnancy, childbirth, newborn, postpartum and family planning (Damanik, 2018)

In this Continuity of Care (CoC) program, the author employs a qualitative descriptive method through a clinical case study approach. This descriptive research is designed to provide a comprehensive analysis of specific independent variables and clinical outcomes in a real-world setting, focusing on in-depth understanding without necessitating comparative groups or inter-variable correlations (Murni et al., 2024).

The research subjects in this study were pregnant women. The research was carried out by looking for problems that existed in pregnant women Mrs. L aged 26 with the Breast Dam at PMB Bd. Wanti S.

Keb, JL. Market fishing 4 LK 5, downstream, Medan Deli Kec. Researchers began analyzing pregnant women at the time of the patient's gestational age starting at 35 weeks

Result

Comprehensive Continuity of Care (CoC) was provided to Mrs. L, spanning from the third trimester of pregnancy through labor, neonatal care, the postpartum period, and family planning services. As emphasized by Aprianti et al. (2023), the Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR) serve as pivotal indicators for evaluating public health awareness and the effectiveness of healthcare delivery systems, particularly within the context of developing nations (Sinaga, 2022).

Comprehensive midwifery care, namely midwives as professionals, leaders and planners and caregivers to clients on an ongoing basis starting from pregnancy, childbirth, newborns, postpartum and family planning and can contribute to a better quality of care. In this chapter, the author will examine and compare the theory with the midwifery care that has been given directly to Mrs. L at PMB Bd. Wanti S. Keb. During the process of implementing midwifery care, there are problems found in Mrs. L and the presenter will discuss the patient's problems in detail in this chapter (Aprianti et al., 2023)

In this Continuity Of Care midwifery care. Mrs. L is the subject of the study. Mrs. L G1P0A0 with a gestational age of 35 weeks. According to the book from the care of obstetrics and gynecology with the author Hatijar, SST, M Kes, pregnancy from the age of 0 to 8 weeks usually the interpretation of the weight of the fetus is around 1000 grams, if the delivery process occurs at this gestational age, it can be called the term miscarriage or abortion, pregnancy with a gestational age of 29 to 36 weeks if the delivery process occurs is usually called prematurity (pregnancy of less than a month), And at the gestational age of 37 to 42 weeks, it is an aterm pregnancy or commonly called a full-term pregnancy. At 42 weeks of pregnancy, usually the fetus is already viable or can live outside the mother's womb. And if the gestation age exceeds 42 weeks, it is commonly called a serotinus pregnancy or a late pregnancy. From the theory that has been obtained from one of the pregnancy obstetric care books, I can conclude that Mrs. L's pregnancy is a full-term pregnancy or commonly known as a term pregnancy.Then the researcher conducted KIE to the client, in order to reduce pain and heat in the mother's back (Yuliana et al., 2024).

Then urinate on the mother at night so as not to disturb the mother's rest. Then encourage mothers to reduce their water consumption at night. Then the researcher informs the patient about how to correct and good personal hygiene. At this visit, explain to pregnant women about the nutritional needs during pregnancy that are needed by the mother's body and can increase the mother's energy and can regulate the life process and health of the mother and fetus. Encourage mothers to consume protein during pregnancy which functions as a building substance for fetal growth and as a generator during pregnancy (El-Nahas et al., 2018)

Folic acid consumption also plays an important role in embryonic development, iron that functions for fetal growth and placenta for the increase of maternal red blood cells as well as to maintain the mother's reserves in meeting fetal needs. After conducting midwifery care and having signed an informed consent letter, the researcher made the patient a case study in the final project report "Midwifery Care Continuity Of Care (Kasus, 2023)

Conclusion and Suggestion

The implementation of the Continuity of Care (CoC) model for Mrs. L, spanning from the third trimester of pregnancy to the family planning period, has led to the following conclusions: Antenatal Care: The pregnancy progressed physiologically, with common complaints such as back pain effectively managed through tailored health education, physical exercises, and nutritional optimization. Intranatal Care: Delivery occurred spontaneously at 41 weeks of gestation (Sinaga et al., 2022). A second-degree perineal rupture involving the vaginal mucosa and perineal muscles was identified and managed using standard aseptic suturing techniques, which successfully prevented postpartum hemorrhage and infection. Neonatal Care: The newborn was a vigorous female infant with normal vital signs and anthropometric measurements, showing no signs of congenital abnormalities or birth trauma. Postpartum and Lactation Care: Although the patient was at high risk for breast engorgement (bendungan ASI), comprehensive lactation management, including breast care education and effective emptying techniques, ensured a successful breastfeeding process.

Suggestion For Patients and Families: Patients are advised to consistently apply the health information provided, particularly concerning self-care for breast engorgement prevention and the importance of routine postpartum and family planning consultations

References

Aprianti, S. P., Arpa, M., & Nur, F. W. (2023). *Asuhan Kebidanan Berkelanjutan / Continuity Of Care*. *5*(4), 11990-[Halaman Akhir].

Damanik, L. P. U. (2018). The Effectiveness of Neck Massage in Increasing Puerperal Mothers' Breast Milk Quantity from Day One to Day Three in Bantul. *Health Science Journal*, *12*(6), 1000599.

Dinas Kesehatan Kota Medan. (2023). *Profil Kesehatan Kota Medan Tahun 2022*. Dinas Kesehatan Kota Medan.

El-Nahas, M., El-Shazly, S., El-Gamel, F., Motawea, M., Kyrillos, F., & Idrees, H. (2018). Relationship between skin temperature monitoring with Smart Socks and plantar pressure distribution: a pilot study. *Journal of Wound Care*, *27*(8), 536–541. https://doi.org/10.12968/jowc.2018.27.8.536

Kasus, S. (2023). Asuhan Kebidanan Antenatal pada Ny. F dengan Emesis Gravidarum. *Journal of Muslim Community Health (JMCH)*, *4*(1), 69–76.

Manurung, H. R., & Sigalingging, T. (2020). Pengaruh Pijat Oksitosin Terhadap Kelancaran ASI Pada Ibu Nifas Di Puskesmas Sitinjo Kabupaten Dairi Tahun 2019. *Excellent Midwifery Journal*, *3*(1), 69–78.

Mardhiyah, A. (2024). *Profil Kesehatan Provinsi Sumatera Utara Tahun 2023*. Dinas Kesehatan Provinsi Sumatera Utara.

Mertasari, L., & Juliani, M. (2022). Contribution of Early Breastfeeding Initiation to Onset of Lactation in Postpartum Mothers and Breastfeeding in Midwives Independent Practice. *Jurnal Kebidanan Dan Kesehatan Tradisional [Atau Nama Jurnal Terkait]*, *6*(1), 47–54.

Nurhayati, F., Firmanto, K., Dewi, K., & Khairunnisa, S. Z. (2024). PENDERITA DOWN SYNDROME: The Understanding of Life Quality Improvement of People with Down Syndrome. *[Nama Jurnal Mohon Dilengkapi]*, *15*(01), 77–85.

Sinaga, S. N. (2022). Factors influencing knowledge of postpartum mothers about baby blues in Desmawati Clinic Pancur Batu District, District Deli Serdang year 2020. *Science Midwifery*, *10*(5), 3958–3963.

World Health Organization. (2023). *Trends in maternal mortality 2000 to 2020: estimates Population Division*. World Health Organization. https://www.who.int/publications/i/item/9789240068759

Murni, D., Ndraha, Y., Sinaga, S. N., & Simanullang, E. (2024). *THE EFFECT OF OXYTOCIN MASSAGE ON FLUENCY BREASTFEEDING IN MULTIPAROUS POSTPARTUM MOTHERS IN THE WORKING AREA PUSKESMAS MEDAN JOHOR YEAR 2022*. *1*(4), 350–356.

Sinaga, R., Sinaga, K., Simanjuntak, P., & Damanik, N. S. (2022). Hubungan Status Gizi Ibu Nifas Dengan Penyembuhan Luka Perineum. *Indonesian Health Issue*, *1*(1), 69–75. https://doi.org/10.47134/inhis.v1i1.13

Yuliana, Y., Sinaga, K., Surbakti, I. S., Sinaga, A., & Aulia, A. (2024). Faktor Faktor yang Berhubungan dengan Kejadian Stunting pada Balita di Desa Jurusen Kecamatan Pegasing Kabupaten Aceh Tengah Provinsi Aceh Tahun 2022. *Inovasi Kesehatan Global*, *1*(1), 13–28.