

CONTINUITY OF CARE OF MRS. M WITH PERINEAL RUPTURE TITLE II AT PRATAMA NIAR CLINIC, MEDAN AMPLAS DISTRICT, MEDAN CITY IN 2025

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ABSTRACT

Perineal rupture is one of the common complications of childbirth that may cause bleeding and infection if not properly managed. Continuity of care in midwifery is essential to ensure maternal and neonatal safety from pregnancy through family planning services. This article aims to describe the implementation of continuity of midwifery care for Mrs. M with a second-degree perineal rupture at Niar Primary Clinic, Medan City. This study employed a descriptive case study design using a continuity of care approach. The subject was Mrs. M, a 24-year-old woman (G3P2A0), who received comprehensive midwifery care starting from the third trimester of pregnancy, labor, postpartum period, newborn care, to family planning services. Data were collected through interviews, observations, physical examinations, and documentation. The results showed that maternal and fetal conditions during pregnancy were within normal limits. Labor occurred spontaneously through vaginal delivery with a second-degree perineal rupture, which was managed according to standard midwifery procedures. The postpartum period and newborn care proceeded without complications. The mother chose an appropriate postpartum family planning method. In conclusion, continuity of midwifery care was successfully implemented and contributed to optimal outcomes for both mother and baby.

Keywords: Continuity of Care, Perineal, Rupture

Introduction

Maternal and child health development is a major priority in healthcare systems aimed at reducing maternal and neonatal mortality rates (Tijani *et al.*, 2025). Various efforts have been implemented to improve the quality of maternal health services, particularly during pregnancy, childbirth, and the postpartum period (Risløkken *et al.*, 2024).

Childbirth is a critical phase in the reproductive process, during which mothers are vulnerable to various complications that may affect their health and well-being (Langlois *et al.*, 2024).

One of the complications frequently encountered during childbirth is perineal rupture. Perineal rupture, especially second-degree perineal rupture, involves injury to the perineal muscles and can result in bleeding, pain, and an

increased risk of infection if not managed appropriately (Sheikh *et al.*, 2024). Improper management of perineal trauma may lead to prolonged healing, discomfort during the postpartum period, and potential interference with maternal daily activities and breastfeeding (Jeong, Kim and Bang, 2025). Therefore, appropriate and timely management of perineal rupture is essential to prevent further complications and promote optimal recovery.

Continuity of care in midwifery is a service model that emphasizes comprehensive, continuous, and integrated care provided to women throughout pregnancy, childbirth, the postpartum period, newborn care, and family planning services (Munthe, 2022). This approach allows midwives to monitor maternal and neonatal conditions continuously, identify potential problems early, and provide prompt interventions based on standardized midwifery care. Continuity of care also strengthens the relationship between midwives and mothers, which can increase maternal trust, adherence to health advice, and overall satisfaction with the care received.

Research Method

This study employed a descriptive case study design using a continuity of care approach in midwifery. The continuity of care model was applied to provide comprehensive and continuous midwifery services to the client starting from pregnancy, childbirth, postpartum period, newborn care, until family planning services. This design was selected to describe in detail the implementation of midwifery care and to evaluate the consistency of care provided in accordance with midwifery standards.

The study was conducted at Niar Primary Clinic, Medan Amplas District,

Medan City, during the period of 2024–2025. The subject of the study was Mrs. M, a 24-year-old woman with an obstetric history of G3P2A0 at 39 weeks of gestation. Mrs. M received midwifery care beginning in the third trimester of pregnancy and continued through labor, the postpartum period, newborn care, and family planning. The selection of the subject was based on the presence of second-degree perineal rupture during childbirth, which became the focus of this case study. Data collection was carried out using several methods, including interviews to obtain subjective data, direct observation and physical examinations to collect objective data, and documentation review to support the findings. The collected data were analyzed descriptively using a narrative approach by comparing the midwifery care provided to Mrs. M with established theories, clinical guidelines, and standard midwifery practices. This analysis aimed to assess the appropriateness and effectiveness of continuity of midwifery care in managing second-degree perineal rupture and supporting maternal and neonatal health outcomes.

Result

The results of the study showed that during the third trimester of pregnancy, Mrs. M underwent routine antenatal care and her general condition was within normal limits. Vital signs were stable, fetal heart rate was within the normal range, and fetal growth and position were appropriate for gestational age. No complications were identified during the antenatal period, and the mother did not report any significant complaints that required additional medical intervention.

The labor process occurred spontaneously through vaginal delivery at

39 weeks of gestation. The stages of labor progressed normally, and the baby was born in good condition. During the second stage of labor, the mother experienced a second-degree perineal rupture involving the perineal muscles. Immediate management was performed through perineal suturing in accordance with standard midwifery procedures to prevent excessive bleeding and reduce the risk of infection (Sembiring, Mediana, Pangaribuan, Ingka, 2025).

Postpartum monitoring indicated that the mother's recovery progressed well. Uterine involution occurred normally, lochia was within physiological limits, and there were no signs of infection or postpartum complications (Yamada *et al.*,

2024). The mother received education on perineal wound care, personal hygiene, early mobilization, and exclusive breastfeeding to support optimal postpartum recovery.

The newborn had a birth weight of 3100 grams and a body length of 50 cm. The baby received standard neonatal care, including early initiation of breastfeeding, thermal care, and routine newborn assessments. The newborn's condition remained stable throughout the observation period. In addition, the mother received family planning counseling during the postpartum period and selected an appropriate postpartum contraceptive method based on her condition and preferences.

Discussion

The implementation of continuity of midwifery care for Mrs. M demonstrated consistency between theoretical concepts and clinical practice. The midwifery care provided followed the standard guidelines for maternal and neonatal services, ensuring that care was delivered comprehensively and continuously from pregnancy through the postpartum period and family planning. This approach allowed the midwife to monitor the client's condition holistically and provide timely interventions when necessary (Fauzianty, A. *et al.* 2025).

During the antenatal period, continuity of care played an important role in monitoring maternal and fetal health (Nainggolan, Anna, Simanjuntak, Parningotan, 2022) Regular antenatal visits enabled early identification of potential risk factors and ensured that both maternal vital signs and fetal growth remained within normal limits. This finding is consistent with midwifery theories stating that continuous antenatal monitoring contributes to improved pregnancy

outcomes and maternal preparedness for childbirth (Sinaga *et al.*, 2022).

In the intrapartum period, the application of continuity of care supported a smooth and well-managed labor process. The spontaneous vaginal delivery experienced by Mrs. M reflected adequate preparation and monitoring throughout pregnancy. When the second-degree perineal rupture occurred, immediate and appropriate management was provided according to standard midwifery procedures, which is essential to prevent excessive bleeding and reduce the risk of infection (Sari, 2024).

Proper management of second-degree perineal rupture is a crucial component of safe childbirth care. In this case, timely suturing and post-procedural monitoring contributed to favorable maternal outcomes. The absence of complications such as postpartum hemorrhage or infection indicates that the management of perineal trauma was effective and aligned with recommended midwifery practices (Sinaga, R. *et al.* 2024).

During the postpartum period, continuity of care facilitated close monitoring of maternal recovery. Normal uterine involution, physiological lochia, and the absence of infection demonstrated successful postpartum care. In addition, health education provided to the mother regarding perineal wound care, personal hygiene, and breastfeeding supported optimal recovery and maternal well-being.

Continuity of midwifery care also played a significant role in ensuring the health of the newborn. Standard neonatal care, including early initiation of breastfeeding and routine assessments, contributed to the stable condition of the newborn. Continuous monitoring allowed early detection of any potential neonatal problems, although none were identified during the observation period.

Overall, the findings of this case study support previous studies indicating that continuity of care improves the quality of midwifery services and maternal and neonatal outcomes. The comprehensive and continuous approach enabled effective management of childbirth-related conditions, including second-degree perineal rupture, and enhanced the safety and well-being of both mother and baby. Therefore, continuity of midwifery care is recommended as an effective model for improving maternal and neonatal health services.

Conclusion and Suggestion

The implementation of continuity of midwifery care for Mrs. M with a second-degree perineal rupture was carried out in accordance with established midwifery service standards. Comprehensive and continuous care provided from pregnancy, childbirth, postpartum period, newborn care, to family planning contributed to optimal maternal and neonatal outcomes. The

management of second-degree perineal rupture was performed appropriately, resulting in normal postpartum recovery without complications.

The continuity of care approach enabled effective monitoring of maternal and neonatal conditions and supported early detection and management of potential problems. This model of care facilitated a holistic understanding of the mother's needs and promoted safe childbirth practices. The positive outcomes observed in this case demonstrate that continuity of midwifery care plays an important role in improving the quality of maternal and child health services.

Based on the findings of this case study, it is recommended that continuity of care be consistently applied in midwifery practice, particularly in managing childbirth and postpartum care. Midwives are encouraged to maintain continuous and comprehensive services to enhance maternal satisfaction, reduce the risk of complications, and improve overall maternal and neonatal health outcomes.

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