5th Husada Partners International Health Conference (MiHHICo) 2025
Volume 5 (2025). ISSN: 2988-3768

CONTINUITY *OF CARE* IN MRS. R WITH 1ST DEGREE BIRTH DUCT LACERATION AT PMB SUMIATI, KUALA HULU DISTRICT CITY OF AEK CANOPAN PROVINCE NORTH SUMATRA IN 2025

Rati Aksari[1], Nur Azizah[2], Sumiati[3], Kristin Katarina Simamora[4], Dewi Chyntia Pasaribu[4], Nova Eliza[5], Deviria[7]

[1-7]Sekolah Tinggi Ilmu Kesehatan Mitra Husada Medan

Email: 2219401029@mitrahusada.ac.id, nurazizah@mitrahusada.ac.id, 2419001663@mitrahusada.ac.id, 2319401031@mitrahusada.ac.id, 2419401014@mitrahusada.ac.id, 2419201074@mitrahusada.ac.id, deviria@mitrahusada.ac.id

ABSTRACT

Maternal health remains a crucial public health concern, particularly in reducing maternal and neonatal mortality as targeted by the Sustainable Development Goals (SDGs). Birth canal lacerations frequently occur during vaginal delivery and may affect maternal recovery if not managed appropriately.(Arnold, Sadler and Lacerations, 2021) This study aimed to describe the implementation of Continuity of Care in a mother experiencing a first-degree birth canal laceration at PMB Sumiati, Kuala Hulu District, Aek Canopan City, North Sumatra Province. This case study was conducted from September 2024 to March 2025 using direct midwifery care and documentation review. The subject was Mrs. R (G2P1A0) at 39 weeks of gestation who underwent spontaneous vaginal delivery following the 58-step Normal Childbirth Care (APN) standard. The newborn was delivered safely, and the third stage of labor was completed within normal limits.(Sinaga,A 2022) During the fourth stage of labor monitoring, the mother's vital signs were stable; however, a first-degree birth canal laceration was identified. Continuous and comprehensive midwifery care, including appropriate laceration management, monitoring, and postpartum education, was provided. The results showed that the mother experienced optimal recovery without complications such as infection or excessive bleeding. In conclusion, the Continuity of Care approach is effective in ensuring safe childbirth and supporting maternal recovery in cases of minor obstetric complications, thereby contributing to improved quality of maternal health services.

Keywords: *Continuity of Care, Midwifery Care, Normal Labor, First-Degree Birth Canal Laceration*

Introduction

Health is a state of Well-being that can be developed physically, mentally, and socially. So that a person can realize his own abilities, overcome pressure, work productively, and contribute to his society (Ministry of Health of the Republic of Indonesia 2019). The goal of the SDGs is to improve public health. To achieve optimal public health, the government works to improve the welfare of mothers and children. In line with the government's efforts, one of the targets in the SDGs is efforts to reduce the maternal mortality rate (MMR) and infant mortality rate (IMR) (Kemenkes, 2023)

A birth canal laceration is a tear that occurs in the perineal tissue, which is the area between the vagina and the anus, and is common during labor, especially in vaginal delivery (Sinaga et al., 2022). These tears can involve a variety of anatomical structures, ranging from the skin and muscles to deeper structures such as the anal sphincter muscles and the rectal walls.

Some factors that can increase the risk of perineal laceration include: First parity (primigravida): Women who give birth for the first time have a higher risk of tearing because the perineal tissue is still stiff and inelastic .(Marlina et al., no date)

Large fetal head size (macrocephaly): Fetuses with a high birth weight or large head size cause overstretching of the birth canal, increasing the risk of tearing .(Argaheni and Wulandari, 2025)

Abnormal fetal position: The posterior position of the back of the head or the face presentation can increase pressure on the perineum. Too early (partus precipitatus) or too long (long partus): Both of these conditions can cause excessive stress on the perineal tissue and increase the likelihood of tearing.(Lira Dian Nofita, dr Rahman Noor and Miftahul Jannah, 2024)

Use of birth aids: The use of forceps or an extraction vacuum can increase the mechanical pressure on the perineum, increasing the risk of tearing. Improper episiotomy: An episiotomy incision performed with an inappropriate technique or too large can cause the tear to extend in an undesirable direction, especially when the perineum is not flexible enough. WHO reported that the number of mothers who experienced birth canal lacerations in the delivery route was around 2.7 million.(Mariyam Yusefa, 2023) In the Asian region, cases of lacerations in the birth canal have become a special problem, where around 50% of mothers who give birth experience it. In Indonesia, around 75% of mothers who give birth through the vaginal route experience damage or lacerations in the birth canal. Of these, about 28% of the damage occurred deliberately to expand the birth canal, while about 29% occurred suddenly. (Nithyashree and Deveswaran, 2020)

Research Methods

The activity will be held from September to March 2025 at PMB Sumiati. The initial survey was carried out by analyzing monthly report data from Pmb Sumiati. Then it was found that three pregnant women experienced birth canal lacerations during childbirth. The target of this activity is pregnant women and those in the PMB Sumiati work area. The activity was carried out in PMB Sumiati's work area.

Result

Mrs. R G2P1A0, 39 weeks pregnant, came to Pmb Sumiati at 17.00 WIB (February 04, 2024) with complaints that her stomach hurt at 05.40 WIB, and mucus mixed with blood came out from the birth canal. TTV examination within normal

limits. At 23.30, an internal examination/vaginal touch (VT) was carried out with the results of the vulva opening. No edema, soft portio, opening 2 cm, eff 20%, presentation of the head intact, amniotic, H I. Then examined again at 23.30: complete opening; the amniotic membrane had ruptured. At 00.00 WIB (February 4, 2025), the baby is born spontaneously, the head is in the back position, and early breastfeeding (IMD) is initiated. The delivery process is carried out according to the 58-step regular childbirth care (APN).(Ilham Pratama, 2020)

Mrs. R's third delivery lasted for 15 minutes from the time the baby was born until the placenta was born, which began with signs of placental release, namely an elongated umbilical cord, a round belly, and a sudden burst of blood, the height of the uterine fundus as high as the fundus of the uterus in the middle. With controlled cord stretching (PTT), the placenta is born spontaneously at 00.15 WIB; good uterine contractions are absent, Bleeding. (Tommasi *et al.*, 2024)

Period IV childbirth or monitoring period, which monitors the general condition of the mother, contractions, amount of bleeding, bladder, and vital signs. After examination, the results obtained were general conditions: Good, health: composmentis, TTV: Td: 120/70 mmHg, Hr: 82x/i, RR: 20x/i, T: 37°, contractions: good, Tfu: 2 fingers below the center, bladder: empty, and there is a level I birth canal laceration.

The stages of labor are divided into four scales, namely: Stage I labor, based on the Development of the opening, therefore the delivery of stage I is divided into several phases, namely: Latent phase of 0-3 cm opening which usually takes up to 8 hours, Active phase is the phase in which opening is faster, which in this phase is further divided into several parts, namely: 1. Accelerated opening phase starting from 3-4 cm which is achieved in 2 hours, 2. The maximum dilation phase is the opening phase, occurring between 4 and 9 cm. This phase lasts for 2 hours, 3. The opening deceleration phase starts at 9-10 cm and is achieved in 2 hours.(Triana *et al.*, 2025)

Discussion

The midwifery care provided to Mrs. R at PMB Sumiati focused on ensuring a safe delivery while managing the occurrence of a first-degree birth canal laceration. Health is defined as a state in which a person can develop physically, mentally, and socially to cope with pressure and work productively. In alignment with the SDGs, the primary goal of this care was to contribute to reducing maternal and infant mortality rates (MMR and IMR).

Analysis of the Labor Process

Mrs. R's labor progressed through the standard stages of delivery. Stage I labor involves the Development of the cervical opening, divided into the latent phase (0-3 cm) and the active phase (4-10 cm). In Mrs. R's case, the internal examination at 23:30 WIB showed a complete opening, followed by a spontaneous birth at 00:00 WIB. The delivery was managed using the 58-step Normal Childbirth Care (APN) protocol, which is the standard procedure to ensure patient safety and quality of care. This highlights the importance of consistent ANC visits, as reported by Situmorang et al. (2024), for continuous monitoring of fetal and maternal conditions throughout pregnancy. (Wulandari, dkk 2025)This aligns with the findings of Sari et al. (2020), which suggest that maternal characteristics significantly influence delivery outcomes and the risk of postpartum complications. While Mrs. R's vital signs remained stable

and no major hemorrhage occurred, identifying these characteristic risks is essential for preventing further trauma to the birth canal. (Nurmawan S, Medan, 2022)

Birth Canal Laceration and Risk Factors

Despite following the APN standards, Mrs. R experienced a first-degree birth canal laceration. A birth canal laceration is a tear in the perineal tissue between the vagina and the anus, common in vaginal deliveries. In Indonesia, approximately 75% of mothers delivering via the vaginal route experience such lacerations.

1. Several factors contribute to the risk of perineal tearing, including:
2. Parity: Primigravida women have a higher risk due to stiff perineal tissue.
3. Fetal Factors: Large fetal head size (macrocephaly) or abnormal fetal positions can increase pressure on the perineum.
4. Labor Dynamics: Precipitate labor (too fast) or prolonged labor can cause excessive stress on the tissues.
5. Medical Interventions: The use of birth aids like forceps or vacuums, or improper episiotomy techniques, can also increase mechanical pressure.

However, maternal health status during pregnancy also plays a vital role in tissue resilience. This is supported by the research of Sinivitri et al., which emphasizes that a family-centered, empowerment-based digital pocketbook can significantly improve self-efficacy and iron supplement adherence among pregnant women . (Miring *et al.*, 2020) Optimizing iron intake helps prevent anemia, which is essential for maintaining tissue integrity and supporting the healing process of birth canal lacerations like the one experienced by Mrs. R."

Postpartum Monitoring (Stage IV)

During the monitoring period (Stage IV), Mrs. R's general condition was found to be good and "compos mentis". Her vital signs were stable with a blood pressure of 120/70 mmHg, a pulse of 82x/i, and a temperature of 37°C. The uterine contractions were good, and the bladder was empty, which are critical indicators in preventing postpartum hemorrhage. This successful outcome demonstrates that, despite a laceration, the immediate handling and "Continuity of Care" approach ensured that no further complications developed.

Conclusion

The provision of Continuity of Care for Mrs. R, who experienced a first-degree birth canal laceration at PMB Sumiati, Kuala Hulu District, Aek Canopan City, North Sumatra Province in 2025, was conducted in a systematic and continuous manner from labor through the postpartum period. The care delivered adhered to established midwifery standards, encompassing comprehensive assessment, appropriate management of the laceration, ongoing monitoring, and health education. The continuous care approach resulted in satisfactory healing of the birth canal laceration, with no signs of infection, abnormal bleeding, or other postpartum complications. Mrs. R was able to undergo the postpartum period comfortably, supported by adequate guidance on perineal care, hygiene practices, nutritional intake, rest, and early ambulation. Consistent emotional support and clear communication also enhanced the mother's understanding and adherence to postpartum care recommendations.

Overall, the application of Continuity of Care proved to be effective in supporting maternal recovery and promoting positive health outcomes in cases of first-degree birth canal lacerations. Continuous, comprehensive, and mother-centered midwifery care is essential to prevent complications, facilitate optimal healing, and improve the quality of maternal and postpartum health services.

Suggestion

1. For Midwives at PMB Sumiati: Midwives should continue to implement the 58 steps of Normal Childbirth Care (APN) consistently, as this protocol has been proven to ensure that the delivery process, including the management of the third and fourth stages of labor, remains within normal limits.
2. For Pregnant Women: Mothers are encouraged to maintain their physical, mental, and social health to realize their own abilities to overcome the pressures of labor.
3. Prevention of Lacerations: It is suggested that pregnant women, especially those in their first pregnancy (primigravida), perform perineal massage or pelvic floor exercises to improve the elasticity of the perineal tissue and reduce the risk of birth canal tears.
4. Postpartum Care: Patients who experience a level 1 birth canal laceration should be educated on how to maintain the cleanliness of the perineal area to prevent infection and ensure optimal healing.
5. Continuity of Care: Health facilities should maintain a "Continuity of Care" approach from pregnancy through delivery to monitor risk factors such as fetal head size and position, which can contribute to the severity of perineal tearing

References

Argaheni, N.B. And Wulandari, N.F. (2025) "Pengabdian Masyarakat: Seminar Perencanaan Persalinan Dan Pencegahan Komplikasi Pada Ibu Hamil, Ibu Bersalin Dan Ibu Nifas Wilayah Puskesmas Gilingan," Jurnal Kreativitas Pengabdian Kepada Masyarakat (Pkm), 8(7), Pp. 3401–3411. Available At: Https://Doi.Org/10.33024/Jkpm.V8i7.20359.

Arnold, M.J., Sadler, K. And Lacerations, O. (2021) Obstetric Lacerations: Prevention And Repair. Available At: Www.Aafp.Org/Afpamericanfamilyphysician745.

Ilham Pratama (2020) "Pengaruh Efektivitas Tehnik Relaksasi Guidet Imagery Terhadap Tingkat Kecemasan Pasien Pre Operasi."

Kemenkes (2023) "Profil Kesehatan Indonsia."

Lira Dian Nofita, Mk., Dr Rahman Noor, Mk. And Miftahul Jannah, S. (2024) Asuhan Kebidanan Pasca Persalinan Dan Menyusui Penerbit Cv.Eureka Media Aksara.

Mariyam Yusefa (2023) "Jurnal Ilmu Medis Indonesia."

Miring, E.P. Et Al. (2020) "Efektifitas Posisi Miring Dan Posisi Setengah Duduk Pada Persalinan Kala Ii Untuk Mengurangi Trauma Dalam Persalinan Normal Di Rsu. Rhidos," Dinamika Kesehatan Jurnal Kebidanan Dan Keperawatan, 11(2), Pp. 2549–4058. Available At: Https://Doi.Org/10.33859/Dksm.V11i2.

Miring, E.P. Et Al. (2020) "Efektifitas Posisi Miring Dan Posisi Setengah

Duduk Pada Persalinan Kala Ii Untuk Mengurangi Trauma Dalam Persalinan Normal Di Rsu. Rhidos," Dinamika Kesehatan Jurnal Kebidanan Dan Keperawatan, 11(2), Pp. 2549–4058. Available At: Https://Doi.Org/10.33859/Dksm.V11i2.

Nithyashree, R.S. And Deveswaran, R. (2020) "A Comprehensive Review On Rheumatoid Arthritis," Journal Of Pharmaceutical Research International, Pp. 18–32. Available At: Https://Doi.Org/10.9734/Jpri/2020/V32i1230556.

Nurmawan, S., Stikes, S. And Medan, M.H. (2022) Science Midwifery Factors Influencing Knowledge Of Postpartum Mothers About Baby Blues In Desmawati Clinic Pancur Batu District, District Deli Serdang Year 2020, Science Midwifery. Online. Available At: Www.Midwifery.Iocspublisher.Orgjournalhomepage:Www.Midwifery.Iocspublisher.Org.

Sinaga, R. Et Al. (2022) "Hubungan Status Gizi Ibu Nifas dengan Penyembuhan Luka Perineum," Indonesian Health Issue, 1(1), Pp. 69-75.

Sinaga, A. (2022) Science Midwifery The Effect Of Primigravida Mother's Perineal Massage On Perineal Rupture In Tutun Sehati Pratama Clinic, Tanjung Morawa District Deli Serdang Year 2021, Science Midwifery. Online. Available At: Www.Midwifery.Iocspublisher.Orgjournalhomepage:Www.Midwifery.Iocspublisher.Org.

Tommasi, F. Et Al. (2024) "Preventing Trauma And Grief In Emergency And Critical Care Units: A Mixed Methods Study On A Psycho-Educational Defusing Intervention," Healthcare (Switzerland), 12(17). Available At: Https://Doi.Org/10.3390/Healthcare12171800.

Triana, A.D. Et Al. (2025) "Management Of Chronic Obstructive Pulmonary Disease (Copd) Nursing Care Based On Sdgs And Who In Mr. H At Rsup H. Adam Malik Medan In 2025," Mihhico), 2025.

Wulandari, Rr.C.L., Jannah, M. And Ludin, P.F. (2025) "The Effectiveness Of Using The Modern Reminder My Therapy Application On Fe Tablet Consumption Adherence," Jurnal Kebidanan, 14(2). Available At: Https://Doi.Org/10.31983/Jkb.V14i2.1108