

CONTINUITY OF CARE ON Mrs.A WITH RUPTURE PERINEUM DEGREE II AT PRATAMA NIAR CLINIC SUBDISDRICT MEDAN AMPLAS REGENCY DELI SERDANG YEAR 2024

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ABSTRACT

Background: Globally, the World Health Organization (WHO) maternal mortality rate in developing countries reaches 830 (99%), which occurs during pregnancy and childbirth. The maternal mortality rate in the world has reached 303/100,000 KH and the Infant Mortality Rate in the world has reached 41/1000 KH (Lusiana, 2023). Continuity of Care (COC) is an effort to help monitor and identify possible complications that accompany mothers and babies from pregnancy to the mother's use of contraceptives. **Objective:** Providing midwifery care services in a Continuity of Care (COC) manner starting from pregnancy, childbirth, postpartum, newborn and family planning. **Method:** The method used for comprehensive care for Mrs. A with descriptive research, which systematically describes a phenomenon based on the type used, namely case studies. **Results:** Checking the completeness of the placenta and the presence of grade II birth canal lacerations from (vaginal mucosa posterior commissure perineal skin to perineal muscles) and the placenta was born complete with a cord length of 50 cm, number of cotyledons 19, diameter 20 cm. **Conclusion:** Helps to help understand the process of pregnancy to family planning. In Mrs.A when the third trimester of pregnancy began on December 10, 2023 to March 19, 2024, the author conducted COC guidance with the aim of successful care of the countinity of care.

Keywords: *Contuinity Of Care, Perineal Rupture*

INTRODUCTION

Improving the quality of life is one of the requirements of human resource development so that maternal mortality rate (MMR) becomes one of the indicators of the success of a country's development. Maternal Mortality Rate (MMR) is currently still far from the target. The Sustainable Development Goals (SDGs) target 70/100,000 live births by 2030 (Arifin, 2023).

Globally, the World Health Organization (WHO) on maternal mortality

rates in developing countries reached 830 (99%) which occurred during pregnancy and childbirth. The maternal mortality rate in the world reached 303/100,000 KH and the infant mortality rate in the world reached 41/1000 KH (Lusiana, 2023). ASEAN's maternal mortality rate reached 235/100,000 KH with a maternal mortality rate in the same year of 7,389 cases and in contrast to the previous year which only recorded 4,627 maternal deaths. Meanwhile, the infant mortality rate in

2021 reached 7.87 deaths compared to the previous year's 7.79/1000 KH (Santika, 2024).

According to (SDKI) the maternal mortality rate in Indonesia is 359/100,000 KH based on the Health service profile report the number of infant deaths is 955 cases (Bakoil, 2023). Meanwhile, in North Sumatra Province in 2020 there were 187 maternal deaths, including 62 pregnant women, 64 maternity women and 61 postpartum women. The highest maternal mortality rate was in Asahan Regency with 15 cases, followed by Serdang Bedagai Regency with 14 cases, and Deli Serdang Regency and Medan City with 12 cases (Ernamari, 2023).

Worldwide cases of perineal rupture in laboring mothers amounted to 2.7 million in 2020. So that this figure is expected to reach 6.3 million in 2050 in mothers who experience perineal rupture occurs in 50% of birth mothers on the Asian continent (Lestari et al., 2023). In Indonesia there are 85% of the 20 million birth mothers who experience birth canal openings, birth mothers who experience perineal ruptures of 35%, experience cervical tears of 25%, mothers who experience vaginal openings of 22% and 3% who experience uterine rupture (Lestari et al., 2023).

Based on the results of a survey conducted at the Niar Primary Clinic Kec. Medan Amplas North Sumatra After the author conducted a survey, it was found that the number of visits to the Niar Pratama

clinic in 2023 was 329 pregnant women, pregnant women who experienced TFU mismatches with gestational age as many as 5 people, anemia 3 people, morning sickness 10 people, maternity mothers in 2023 there were 166 people, There are 85 birth mothers who experience perineal rupture, 29 premature rupture of membranes (KPD), 10 malpresentations, 2 hemorrhages, the number of postpartum in 2023 is 171 people, postpartum women who experience bleeding 2 people, infection in the suture wound 4 people, breast milk dam 4 people and baby blues there are 2 people. The number of newborns in 2023 amounted to 166 people, newborns who experienced low birth weight (BBLR) there were 8 people, asphyxia 3 people, labiopalatoschizis 3 people, capput succedaneum 4 people, the number of couples of childbearing age (PUS) who used contraceptives injections 1 month as many as 24 people and 3 months injections as many as 33 people. So that one of the clients becomes a continuous patient in the Final Project Report. then the author provides midwifery care to the delivery mother Mrs.A with a grade II perineal rupture at the Pratama Niar clinic.

Continuity Of Care (COC) is midwifery care provided from the beginning of the third trimester of pregnancy, followed by care during labor, postpartum, newborn and family planning. Continuity Of Care (COC) is an effort to help monitor and identify possible complications that accompany mothers and babies from pregnancy to the use of maternal contraceptives, mothers with special needs require more care and

attention from the government and health professionals because they can cause more complications, especially health. Health services for pregnancy, childbirth, postpartum, newborns and family planning are provided with an approach that is carried out comprehensively in accordance with existing service standards and continues to be applied in midwifery services (Wijayanti et al., 2024).

According to the Ministry of Health regulations, antenatal care services are the number of pregnant women who have received pregnancy services (K4). According to the applicable standards, pregnant women who get antenatal care services at least 6 (six) times during pregnancy with the provisions, 1 visit in trimester 1, 2 visits in trimester 2, and 3 visits in trimester 3. In accordance with the quality standards of antenatal care services through 10T, namely, weighing weight, measuring TB, measuring BP, assessing a nutritional status by measuring lila, measuring tfu, fetal percentage, djj, giving TT immunization, giving iron tablets (90 tablets during pregnancy), examining laboratory tests (blood type, haemoglobin, urine protein, urine glucose), case management, active and effective conversation / counseling (KMK RI, 2023).

According to Permenkes Article 16, childbirth is carried out in health care facilities where childbirth is carried out by a team of at least one medical personnel and two health workers who have the authority referred to in paragraph two consisting of a doctor, 2 (two) midwives and nurses. In the event that there are limitations on childbirth

in health care facilities in paragraphs 1 and 2, childbirth without complications can be carried out by a team of at least 2 (two) health workers and where there is limited access to difficulties in reaching health care facilities due to distance or geographical conditions and the absence of medical personnel (Permenkes, 2021).

The minimum standard of care for postpartum women is for families to understand the danger signs during the postpartum period. If there are risks/danger signs, then consult a health worker. The first postpartum visit is conducted at the health center, while the second, third and fourth postpartum visits can be conducted by home visits by health workers or monitoring. The postpartum visit period for the first postpartum visit is 6-2 days postpartum, the second postpartum visit is 3-7 days postpartum, the third postpartum visit is 8 days-28 days postpartum and the fourth postpartum visit is 29-42 days postpartum. However, family planning services are still carried out according to schedule by making agreements with health workers (Ministry of Health, 2020).

The second and third neonatal visits can be carried out using the home visit method by health workers. The neonatal visit period is in the age period 0-28 days who get services according to the standard at least three times according to the distribution of time 1 time in the period (KN1) 6-48 hours after birth, 1 time in the period (KN2) days 3-7 after birth, and 1 time in the period (KN3) days 8-28 after birth to the mother given IEC on newborn care including exclusive breastfeeding and

danger signs in newborns. If danger signs are found in newborns, immediately take them to health care facilities. Especially for low-weight babies (BBLR), if there are danger signs or problems (Ministry of Health, 2020).

Family planning is a measure that helps married couples to delay unwanted pregnancies. Getting a birth that is really desirable, regulating the interval between pregnancies, and controlling the time of birth in relation to the age of the husband and wife and determining the number of children in the family. Family planning in law number 52 of 2009 concerning population development and family development is an effort to regulate the birth of children, the distance and ideal age of giving birth to regulate pregnancy, and realize a quality family (kemenkes, 2021).

METHOD

The method used for comprehensive care in Mrs. A is descriptive research, which systematically describes a phenomenon with what it is, the type used is a case study or Case Study is a study that is observational and obtains a description of health phenomena or current cases related to life, especially at the limit of context and unclear phenomena. In this case, the author wants to describe midwifery care on Mrs. A.

This study was conducted at Niar Primary Clinic, Kec. Medan Amplas Kab. Deli Serdang in 2024. This study began in December 2023.

The data collection method here uses the askeb format by conducting direct interview data collection and conducting assessments with clients ranging from TM III pregnancy, childbirth, postpartum, newborns and family planning.

Data collection is used Primary data is a data source that directly provides data to data collectors. Data is collected by researchers

Directly from the first source or where the object of research is carried out. Collecting data by direct interview using the Assessment Format, observation (Physical Examination), as well as conducting documentation (pictures and notes).

RESULT AND DISCUSSION

Result

Pregnancy Period

During pregnancy, 3 visits were made so that when collecting data, it was obtained accurately and completely from all sources related to the client's condition. On December 10, 2023 Mrs.A came to the Niar Pratama Clinic to make a re-visit for her pregnancy check-up. Starting from the results of subjective data assessment, Mrs.A's data was obtained, age 29 years, religion Islam, Javanese ethnicity, education S1 and mother worked as an elementary school teacher. And resides on Jalan Pertahanan, Gg Abadi Ujung Medan Amplas Medan City. The mother said her current complaints were low back pain and frequent urination. For the history of the mother's visit, it was the 5th visit at Pratama Niar clinic.

At the time of Mrs. A's visit, the mother was given health care about her current complaints of low back pain and frequent urination which are still normal in TM III pregnancy by advising the mother to maintain personal hygiene and not do too heavy work and recommending taking calcium and maintaining maternal nutrition by eating nutritionally balanced foods,

diligently consuming water during the day and reducing drinks containing caffeine.

Maternity

On February 05, 2024 Mrs.A came to the Pratama Niar Clinic to make a visit with childbirth care on Mrs.A 39 weeks 1 day gestation of the first child with complaints of mucus mixed with blood, abdominal pain radiating to the waist and the mother and midwife conducted an examination obtained TTV TD: 110/80 mmhg, Pulse: 82x/I, Temp: 36.6°C, Pols: 22x/i, Djj: 139x/i, PD: 6 cm, palpable 3/5 dihodge II part of the fetal head, his 3'/10'/36'. At 18.00 pm an internal examination was performed with an opening of 6 cm.

At 00.00 wib, an internal examination was carried out again, namely a complete opening of 10 cm with a head derivative of 0/5 Hodge IV, Djj 142 x/i, His 4x'/10'/45' and blood pressure within normal limits and then provide support to the mother and also provide motivation to the mother. In the third stage of labor assistance, the mother when checking the birth canal there is a second degree tear from the vaginal mucosa posterior commissure to the perineal skin. Then in Stage IV supervision is carried out at 15 minutes during the first hour and 30 minutes in the second hour.

Postpartum

Visits during the postpartum period were carried out 4 times and the mother was treated at the time of postpartum with grade II perineal rupture. Examination was carried out on the puerperal mother with the results of TTV within normal limits BP: 110/80 mmhg, N85x/minute, P20x/minute, TFU 2 fingers below the center, good

contractions, empty bladder from the results of other examinations appearing the mother's face is not pale without odema, white sclera, pink conjunctiva, breasts appear symmetrical with prominent nipples and breast milk is not yet smooth, good contractions, TFU 2 fingers below the center, rubra lochea and a little pain in the perineum.

Newborn

Naonatus was visited 3 times with monitoring. Baby Mrs.A was born normally with the female sex crying strongly with active movements on February 06, 2024 at 06.00 wib after 6 hours the baby was born to be the first visit of Mrs.A's baby who was born normally at the Pratama Niar clinic. from the results of the examination obtained the general condition of the baby within normal limits with the baby born alive and healthy at 00.23 wib RR 40 x/i, Pols: 136 x/i, BW 3400 grams, PB 50 cm, lila 11 cm head circumference 34 cm Apgar score 10. During the first hour of birth the baby was given an injection of vit.k and gave eye ointment to the baby and was given HBO after 2 hours and there was no cord bleeding.

Family Planning

At the time of visiting family planning on March 19, 2024 at: 14.00 wib Mrs. A aged 29 years from the mother's complaint said she wanted to use 3-month injectable birth control, the mother said she was still breastfeeding. During the examination the mother's general condition was good with BP: 120/80 mmhg, Pols: 85 mmhg. RR 22x/I, Temp: 36,8c. So that the injection of 3-month birth control has been carried out and successful

Discusion

During pregnancy, complaints of low back pain and frequent urination are still normal in TM III pregnancy to encourage mothers to maintain personal hygiene and not do too heavy work and recommend taking calcium and still maintain maternal nutrition by eating balanced nutritional foods, diligently consuming water during the day and reducing drinks containing caffeine. So the care provided is in accordance with the theory of (Amalia et al., 2022) there is no gap between theory and practice during the field.

The management of care given to the laboring mother is to encourage the mother to tilt to the left so that blood circulation and oxygen to the fetus are smooth. Then the mother said she wanted to defecate and an examination was obtained, namely the urge to defecate, pressure on the anus, the perineum protruded and the vulva opened. The care given is in accordance with the theory (sestu iriami, 2023) So there is no gap between theory and practice in the field and the care given to the mother is to help the mother to determine a comfortable position. and found a second-degree birth canal laceration to be treated with mattress technique and the amount of bleeding \pm 150.

The process of uterine involution went well, there were no signs of infection in the suture wound and the suture wound was dry. The management of care provided during the postpartum period is to teach the mother wound care techniques and encourage the mother to give her baby breast milk for 6 months without any additional food and drink, provide IEC on nutrition, personal hygiene, rest patterns,

danger signs of the postpartum period, correct breastfeeding techniques, breast care techniques and expressed breast milk techniques.

Here it can be concluded that during the postpartum period the mother can be carried out 4 visits and the results of Mrs. A's postpartum period are normal and no complications are found.

During the 3 visits to the newborn, there were no danger signs found in the baby. Based on the results of monitoring carried out since the baby was born until the age of 28 days, it can be concluded that the neonatal period of Mrs. A's baby runs normally.

Family planning care March 19, 2024 at 2:00 p.m. when the examination was carried out, the results of the mother's vital signs were obtained TD: 120/80 mmhg, Pols: 85 mmhg. RR 22x/I, Temp: 36.8c, empty bladder, no active bleeding, no sign of infection. The mother chose injectable birth control on the grounds that she wanted to space her pregnancies and because she was breastfeeding her baby. The results of the care that has been given to Mrs.A can be concluded that the mother chose to use injectable birth control.

CONCLUSION

Midwifery care (Continuity Of Care) on that is continuous care as one of the final assignment reports that is very helpful to help understand the process of pregnancy to family planning. In Mrs.A during the third trimester of pregnancy starting on December 10, 2023 to March 19, 2024, the author conducted COC guidance with the aim of successful care countinity of care.

The assessment that has been carried out on Mrs.A from pregnancy to family planning is carried out by the author so that the care plan runs smoothly. In the assessment that has been done, there is no gap between theory and practice or the real things that I found in the field, starting from the pregnancy process to the family planning process, all care has been carried out.

REFERENCES

- Amalia, R., Ulfa, S. M., Hikmah, N., & Azizah, N. (2022). Pendidikan Kesehatan Tentang Ketidaknyamanan Kehamilan Pada Trimester 3 Dan Cara Mengatasinya. *Jurnal Perak Malahayati*, 4(2), 109–117. <https://doi.org/10.33024/jpm.v4i2.847>
- Ariesti, E. (2022). *Keperawatan Ibu Hamil Pada Masa Pandemi Covid-19*.
- Arifin. (2023). 2023, Implementasi Pelayanan Kesehatan dalam Penurunan Angka Kematian Ibu Zainul Arifin, *Jurnal Penelitian Kesehatan Suara Forikes. Journal of Health Research" Forikes Voice*, 14(4), 6–10.
- Bakoil, M. B., Saleh, U. K. S., Nursusilowaty, N., Kristin, D. M., & Tuhana, V. E. (2023). Pemberdayaan Masyarakat melalui Implementasi Aplikasi Elektronik Suami Siaga Support bagi Ibu (S3I'THA). *Jurnal Kreativitas Pengabdian Kepada Masyarakat (PKM)*, 6(11), 4635–4643. <https://doi.org/10.33024/jkpm.v6i11.12361>
- Erma, R. (2021). *Kehamilan dan Asuhan Kebidanan pada Ibu Hamil (Erma Retnaningtyas, S.ST., Bd., S.KM., M.Kes.) (z-lib.org) (1).pdf* (pp. 1–207).
- Ernamari, Situmorang, T. S., Sari, E. P., Sianturi, I. S. S. R., & Agussamad, I. (2023). Pelaksanaan Asuhan Kebidanan Berkelanjutan Pada Bayi Dan Ibu Nifas. *Excellent Comunity Service Journal*, 1(1), 1–8.
- Hardiyanti, R., Islamy, N., & Sayuti, M. (2022). Ruptur Perineum Grade 3A Post Trauma: Laporan Kasus. *Jurnal Ilmu Medis Indonesia*, 2(1), 11–24. <https://doi.org/10.35912/jimi.v2i1.74>
- Ika Herlina, Arini Kusmintarti, Kasyafiya Jayanti, S. P. (2022). *Jurnal Bidan Srikandi*.
- kemenkes. (2020). Pedoman Bagi Ibu Hamil, Bersalin, Nifas, Dan Bayi Baru Lahir. *Direktorat Jenderal Kesehatan Masyarakat KEMENTERIAN KESEHATAN RI 2020*, 36.
- KMK RI. (2023). Petunjuk Teknis Integrasi Pelayanan Kesehatan Primer. *Pedoman Nasional Pelayanan Kedokteran Tata Laksana Osteosarkoma*, 1–19. http://www.scopus.com/inward/record.url?eid=2-s2.0-84865607390&partnerID=tZOtx3y1%0Ahttp://books.google.com/books?hl=en&lr=&id=2LIMMD9FVXkC&oi=fnd&pg=PR5&dq=Principles+of+Digital+Image+Processing+fundamental+techniques&ots=HjrHeuS_
- Lestari, D., Darmawati, D., & Ashari, M. A. (2023). Gambaran Faktor-Faktor Penyebab Terjadinya Ruptur Perineum Pada Persalinan Normal. *Jurnal Ilmu Kebidanan*, 9(2), 84–88. <https://doi.org/10.48092/jik.v9i2.200>
- Lusiana, Romdiyah, Setiani, F. T., & Handayani, W. (2023). Asuhan Kebidanan Komprehensif Pada Ny. M Umur 22 Tahun Di Puskesmas Garung

- Kabupaten Wonosobo. *Jurnal Ilmiah Kesehatan*, 13(2), 37–46.
- Nurhayati, D., Lail, N. H., & Aulya, Y. (2023). Analisis Faktor Faktor Kejadian Ruptur Perineum pada Ibu Bersalin di Wilayah Kerja Puskesmas Kecamatan Sobang Kabupaten Lebak Provinsi Bant. *Malahayati Nursing Journal*, 5(6), 1876–1892. <https://doi.org/10.33024/mnj.v5i6.965>
- Permenkes, 2021. (2021). PMK No. 21 Tahun 2021. *Peraturan Menteri Kesehatan Republik Indonesia*, 879, 2004–2006.
- Santika, Y., Hafisah, H., Mupliha, ; Mupliha, Diii, K., Kebidanan, A., Putra, K. H., Bidan, P. M., & Bantarkawung, P. (2024). Asuhan Kebidanan Komprehensif Pada Ny. M Umur 35 Tahun Dengan Kekurangan Energi Kronis Di Wilayah Kerja Puskesmas Bantarkawung Kabupaten Brebes Tahun 2023. *Jurnal Medika Nusantara*, 2(1), 154–161.
- sestu iriami Mintaningtyas, Y. subhi isnaini, & Lestari, D. puji. (2023). *Buku Ajar Asuhan Persalinan dan Bayi Baru Lahir*. https://www.google.co.id/books/editon/Buku_Ajar_Asuhan_Persalinan_dan_Bayi_Bar/J8fVEAAAQBAJ?hl=id&gbpv=1&dq=inauthor:+Sestu+Iriami+Mintaningtyas&pg=PA291&printsec=frontcover
- Surtinah, N. S. dan N. (2019). Buku Ajar Dokumentasi Kebidanan. *Prodi Kebidanan Magetan*, 50–61.
- Th. Endang Purwoastuti, E. S. W. (2022). *Konsep Kebidanan*.
- Undang-Undang RI. (2019). Undang-undang RI No. 4 Tahun 2019. *Tentang Kebidanan*, 10, 2–4.
- Wati, E., Sari, S. A., & Fitri, N. L. (2023). Penerapan Pendidikan Kesehatan tentang Tanda Bahaya Kehamilan untuk Meningkatkan Pengetahuan Ibu Hamil Primigravida Di Wilayah Kerja UPTD Puskesmas Purwosari Kec. Metro Utara. *Jurnal Cendikia Muda*, 3(2), 226–234.
- Wijayanti, D., Dewi, E., Sandhi, S. I., & Nani, S. A. (2024). 2024 Madani : *Jurnal Ilmiah Multidisiplin Analisis Implementasi Continuity of Care (COC) oleh Mahasiswa Kebidanan 2024 Madani : Jurnal Ilmiah Multidisiplin*. 2(1), 553–559.