

**CONTINUOUS MIDWIFERY CARE FOR PREGNANT WOMEN NY D WITH GRADE I
BIRTH CANAL LACERATION AT RONI MIDWIFE INDEPENDENT PRACTICE
BARUS SUB-DISTRICT PERCUT SEI TUAN REGENCY DELI SERDANG
YEAR 2024**

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ABSTRACT

The process of pregnancy, postpartum labor, newborn, and contraceptive services is a natural or physiological process. In this process, there are also several conditions that can endanger or threaten life and can result in death. Therefore, health workers or midwives play an important role in this matter, both in health services to the safety of mothers and their babies. The purpose of this study was to perform continuous midwifery care on Mrs. D with grade I birth canal laceration at the Independent Practice of Midwife Roni Barus Kec. Percut Sei Tuan Kab. Deli Serdang using descriptive research methods. The results of the study starting from pregnancy (ANC) were carried out 4 times starting from the gestational age of 30 weeks to the gestational age of 39 weeks 2 days, in this process no pathological problems were found, in the process of labor from stage I to stage III all went smoothly, until at the stage of labor precisely in stage IV there was a grade I birth canal laceration, where the perineal tear started from the vaginal mucosa to the perineal skin. So that it is emphasized on continuous midwifery care for Mrs. D with grade I birth canal laceration to perform suturing performed with mattress technique, treatment of perineal wounds. By using the Helen Varney seven-step approach method. It is expected that health workers can conduct health education and also appropriate care in cases of birth canal laceration according to SOPs and patient needs.

KEYWORDS: CONTINUETY OF CARE, PREGNANCY, GRADE I BIRTH CANAL LACERATION.

INTRODUCTION

Sustainable Development Goals which has a sustainable development agenda that can drive change with universal, integrated and inclusive principles. One of the SDGS goals is to ensure a healthy life, improving the welfare

of the population. Efforts made in reducing MMR and IMR in 2030 are set to be part of the Sustainable Development Goals (SDGS).

According to the World Health Organization (WHO), in 2020 the maternal mortality rate (MMR) was recorded at 295,000, while in ASEAN it was as high as

235 per 100,000 live births (ASEAN, Secretariat 2020). Data from the Indonesian Demographic and Health Survey (IDHS) shows that the infant mortality rate (IMR) is 24 per 1,000 live births. In Indonesia there were 4,627 pregnancies in 2020, there were 7,379 more maternal pregnancies in 2020. In 2021, 2,982 cases of covid19, 1,077 cases of hypertension in pregnancy, and 1,330 cases of bleeding as the main cause of maternal death. There were 187 maternal deaths in North Sumatra Province in 2020, consisting of 62 deaths of pregnant women, 64 deaths of pregnant women, and 61 deaths of postpartum women. The highest maternal mortality in North Sumatra was in Asahan district with 15 cases, then in Serdang Bedagai district with 14 cases and in Deli Serdang district and Medan city with 12 cases (North Sumatra Provincial Health Office, 2020).

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There are several factors that affect MMR and IMR, where the average maternal death is caused by inadequate treatment of obstetric problems or complications including severe bleeding.

Post partum infection, hypertension during pregnancy, complications of childbirth, while in MMR the main causes are complications of low birth weight babies (LBW), neonatal infections, babies born prematurely, asphyxia, inadequate breastfeeding, and hypothermia.

Birth canal laceration is a condition where there is a tear in the perineum which is composed of muscle, skin, and tissue around the birth canal area including the rectum. Birth canal lacerations usually occur in women in the process of labor or delivery. From the incidence of birth canal laceration, the high maternal mortality rate can also be caused by infections during the puerperium, where postpartum infections are mostly caused by suture wounds on the erineum due to tears or infected episiotomy scars, and if care is not taken properly and correctly, it can trigger the proliferation of bacteria that can cause infection.

From the results of field surveys that have been conducted at the Independent Practice of Midwives Roni Barus Kec. Percut Sei Tuan Kab. Deli Serdang in 2023, recorded the results of ANC visits reaching 155 mothers who made visits, recorded 40 data on maternity visits, postpartum, and newborns with normal delivery in 2023, and in 2023 the results of family planning visits data reached 338 use of contraceptives in the Independent Practice of Midwives Roni Barus District. Percut Sei Tuan Regency. Deli Serdang.

In carrying out continuous midwifery care (continuity of care) the researcher uses a sample of a third trimester pregnant woman in the Independent Practice of Midwife Roni Barus by following the mother in several visits, providing care according to the mother's complaints, until at the time of delivery the mother was found to have a first degree birth canal tear, according to (Rostika, Choirunissa and Rifiana, 2020).

where these actions aim to reduce the discomfort felt by mothers due to perineal wounds, prevent infection, and accelerate the wound healing process.

METHOD

The data collection method used by researchers is descriptive research, where descriptive research is a research method that shows the characteristics of the population or phenomenon being studied. (Adiputra et al, 2021).

The case study describes the continuous midwifery care for pregnant women, childbirth, postpartum, newborns, and family planning on Mrs. D with a first degree birth canal tear at the Independent Practice of Midwife Roni Barus District. Percut Sei Tuan Regency. Deli Serdang Medan North Sumatra.

The location of this research was conducted at the Independent Practice of Midwife Roni Barus which is located at Jl.swadaya No.10 market VII Tembung Percut Sei Tuan District Deli Serdang Regency Medan North Sumatra, starting from November 27, 2023 to February 2024.

Data collection was carried out using primary data collection and secondary data. Data collection techniques used are interviews, observations, measurements and examinations, by performing continuous midwifery care and documenting using the seven steps of helen varney.

RESULT AND DISCUSSION

Pregnancy, In the results of research conducted on Mrs. D during pregnancy which was carried out 3 times ANC visits, Mrs. D said she often urinated especially at night.

Midwives conduct IEC about the importance of adequate rest and provide health education regarding complaints felt by the mother, namely Nocturia or complaints of frequent urination at night, in some pregnant women is that this is indeed a common symptom during pregnancy. Factors such as pressure on the bladder due to fetal development hormonal changes fluid buildup pressure on the kidneys and sleeping position can cause nocturia increased frequency of urination at night. There are several factors that may cause increased frequency of urination at night in third trimester pregnancy, so this can be considered a normal physiological response to body changes during pregnancy, how to deal with it is to reduce fluid intake 2 hours before bedtime at night and replace it during the day. (Hatijar, S.ST. et al, 2020).

1. Childbirth, Monitoring labor midwives provide care, namely informing about mobilization in laboring women in stage I which can accelerate the process in stage I such as left tilt, squatting, and walking around, providing care, namely adequate nutritional intake is very important as an effort so that his laboring mother can react effectively and there is no inhibition in the process of progressing labor Providing maternal affection care during the birth procedure along with including the husband or family, a comfortable position, even support during labor, monitoring and checking in 4 hours and monitoring TTV in 1 hour, informing the mother to perform relaxation techniques during labor, performing maternal abdominal massage, leading the mother through labor, assisting the process of expulsion of the fetus in thesecond stage, performing controlled umbilical cord stretching.

checking the placenta using gauze, performing massage on the mother's abdomen clockwise after the placenta is born, checking the birth canal laceration, suturing the first degree birth canal laceration with the interrupted suture method, caring for the perineal wound, providing education about maintaining personal hygiene, especially in the perineal wound area where these actions aim to reduce the discomfort felt by the mother due to perineal wounds, prevent infection, and accelerate the wound healing process. using Helen Varney's seven-step approach method. It is expected that health workers can conduct health education and also appropriate care in cases of birth canal laceration according to SOPs and patient needs. According to this, there is no gap between theory and practice; instead there are 60 steps of APN Normal Childbirth Care with management techniques that have been applied to Mrs. D. patient at the Independent Practice of Midwife Roni Barus. (Elisabeth, endang, 2022).

Postpartum care, explain the discomfort felt by breastfeeding mothers due to changes in the uterus that will return to normal before childbirth. In terms of aspects, when breast milk production is not smooth, it is a physiological thing in postpartum women on the first day. Inform mothers about early breastfeeding techniques for infants Provide information and perform breast care techniques that can optimize milk production during breastfeeding, and perform oxytocin massage that can stimulate milk production.

Provide IEC about perineal wound care and changes in the lokea during the pots partum period, in the care that has been given there is no gap between theory and practice.

Newborn monitoring is a very meaningful and meaningful step. Midwives have a major role in monitoring and providing information and teaching parents about early breastfeeding techniques. Informing mothers to keep their babies warm. Hypothermia, or a drop in physical temperature below normal, can affect the baby's health. Administer vitamin K immunization, and after one hour, give HB-0 injection and eye ointment. Mothers It is recommended to keep the umbilical cord of the baby clean, do not let it damp or wet, if it is damp, replace the umbilical cord wrapping gauze with a new sterile and clean gauze. Advise the mother to breastfeed every 2 hours for 15 minutes at each breast and inform the mother to eat foods that can facilitate the release of esclucent breast milk from the results of the care provided that there are no discrepancies or gaps between practice and theory. (Dr. Lynn, 2019).

2. During the post partum examination period of the 4th visit, the midwife conducted contraceptive counseling care, namely the selection of the contraceptive method desired by Mrs. D, where the client said she temporarily wanted to use natural contraception that did not interfere with the lactation process. From the data that has been collected during post partum, the mother is eligible for the MAL natural contraceptive method.

Lactational Amenorrhea Method is one of the natural contraceptives that can be applied by the mother. Mrs. D, by providing exclusive breastfeeding to the baby, there are also several things that can be considered in applying this method, namely the mother has not had her period or monthly menstruation, the mother breastfeeds externally. monthly menstruation, the mother breastfeeds exclusively, and the baby's age is not more than six months. (Nina & Mega, 2020). The early postpartum period until the postpartum visit ended, no pathological problems were found, all maternal complaints were physiological in the postpartum period.

CONCLUSION

1. The goal of maternity care is to ensure the health and well-being of pregnant women throughout their lives. It is provided to them as a health insurance program. The following are some general steps taken in providing pregnancy midwifery care to Mrs. D in the Independent Practice of Midwife. Roni Barus is to arrange visits as three times during the third trimester the author collects subjective data (data from the patient), objective data (examination data), determines the assessment and makes planning or planning. At the first visit Mrs. D said she often urinated especially at night. Midwives conduct IEC about the importance of adequate rest and provide health education regarding complaints felt by the mother, namely Nocturia or complaints of frequent urination at night, in some pregnant women is that this is indeed a common symptom during pregnancy.

2. Factors such as pressure on the bladder due to fetal development hormonal changes fluid buildup pressure on the kidneys and sleeping position can cause increased frequency of urination at night. There are several factors that may cause an increase in the frequency of nighttime urination in third trimester pregnancy, so this can be considered a normal physiological response to body changes during pregnancy, how to deal with it is to reduce fluid intake 2 hours before bedtime at night and replace it during the day. (Hatijar, S.ST. et al, 2020).
3. The author conducted an assessment and delivery assistance on Mrs. D from the results of the assessment carried out that Mrs. D during the process of childbirth at time I to time III had no problems, at time IV or the time of supervision it was found that there was a perineal tear of degree I in Mrs. D and suturing had been done using the method of suturing wounds with mattress or interrupted techniques, and at time IV supervision was carried out for 2 hours by monitoring the general condition of the mother, TTV, uterine contractions, bladder, and bleeding, in accordance with the care that had been done. It was found that there was no gap between theory and practice.
4. In the first hour of postpartum, Mrs. D felt worried about her condition because her stomach felt nauseous.

infections, at the third visit on 11 February 2024 by providing information about the results of the examination that had been carried out. information about the results of the examination that has been carried out, providing information about signs of puerperal infections such as fever, abnormal bleeding, and informing Mrs. D about good and correct breastfeeding on demand or every 2 hours. At the fourth visit on February 19, 2024, inform the mother about family planning and tell the mother to visit again if there is a problem. On January 28, 2024, provide information about the second visit during pregnancy or after delivery. In this context, the visit is likely to be a postpartum visit or a post-pregnancy visit. This visit aims to monitor the health of the mother and baby, provide support, and provide information on good infant care, thesecond visit on 04 February 2024, the mother said the milk output was not yet smooth and the baby seemed fussy then provide care to the mother to give breast milk on demand for 15 minutes at each feeding period. In addition, teach the mother about the nutrients needed to continue breast milk production and remind the mother to check her breast milk to keep the milk flowing, this also aims to avoid breast swelling or breast milk dams. At the third visit, on February 11, 2024, the mother said that there were no problems or complaints felt, at this visit the researcher again reminded the mother in providing nutrition to her baby.

The author made the first visit on February 19, 2024 by providing information about the results of the examination that had been carried out then the author provided outgoing planning care by explaining about the types of contraceptives and side effects on usage. The mother said she currently wanted to use natural contraception, which relies on exclusive breastfeeding to suppress ovulation, this method is usually referred to as the natural contraceptive method MAL. also known as the MAL natural contraceptive method. By breastfeeding the baby exclusively without the addition of formula and others until the baby is less than 6 months old. Comprehensive care or holistic midwifery care involves the various stages in a woman's life cycle, from pregnancy to family planning. It reflects a comprehensive approach in providing care and support to clients during reproductive health events. It can improve the experience and health outcomes for clients during a period that involves significant change for them. Evaluating the implementation of this comprehensive midwifery care performance on Mrs. D under normal circumstances, without complications, family-oriented midwifery services can support a positive and safe birth experience.

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