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## CONTINUITY OF CARE FOR NY. F WITH GRADE II BIRTH CANAL LACERATION AT THE PRATAMA CLINIC. VINA KEC. NEW TERRAIN, MEDAN CITY IN 2024

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### ABSTRACT

Perineal rupture is a tear that occurs when the baby is born either spontaneously or with the use of instruments. This tear generally occurs in the midline and can be extensive if the fetal head comes out too quickly, the angle of the pubic arch is smaller than usual, the fetal head passes through the lower pelvic door with a size greater than the circumferential suboccipito bregmatica. Perineal tears occur in almost all first deliveries and not infrequently in subsequent deliveries. The effects of a torn birth canal can cause infection of the birth canal and trigger other infections such as bladder infection, bleeding due to continuous bleeding. The treatment carried out is by performing personal hygiene in the birth canal and heacting in the area where the tear occurs, while the purpose of the research is to carry out obstetric care for labor on Mrs.f with Grade II Perineal Rupture at Vina Pratama Clinic. The research method used was descriptive using 7 steps of helen varney conducted on November 26, 2023. Researchers get the results that have been done, namely Maternity Care on Mrs.F with Grade II Perineal Rupture by taking care of the birth canal tear and vulva hygiene and monitoring the wound after heacting does not cause infection.

**Keywords:** *Obstetric care, labor, laceration of the birth canal*

### INTRODUCTION

One of the indicators of sustainable development in 2030, commonly referred to as the Sustainable Development Goals (SDGs), is the implementation of good health. The purpose of this indicator is to ensure a healthy life and promote well-being for all people at all ages. (Bappenas, 2022) According to the World Health Organization (WHO) Maternal mortality rate (MMR) is still very high, about 810 women die from complications related to pregnancy or childbirth worldwide every day and about 295,000 women die during and after

pregnancy and childbirth. It is estimated that 94% die in poor countries. (WHO, 2020)

The number of maternal deaths collected from maternal and child health at the ministry of health tends to increase every year, but decreased in 2022 with the number of maternal deaths in 2022 showing 3,572 deaths in Indonesia, a decrease compared to 2021 of 7,390 deaths with the most causes of death in 2022, namely hypertension in pregnancy, namely 801 cases, bleeding 742 cases, heart disease as many as 232 cases and other diseases as many as 1,504 cases. (Kemenkes RI, 2022)

Based on family health data in North Sumatra in 2022 the number of maternal deaths was 131 with an average cause of bleeding 40 people, Gestational Hypertension 53 people, Infection 4 people, Heart and blood vessel disorders 3 people, Post Abortion Complications 1 person, unknown cause 30 people. ( Dinkes Sumut, 2022)

The triggering factors for birth canal tears are fetal factors (large babies, occipital head position posteriot shoulder dystocia), maternal factors (time ii is not advanced, precipitation of labor, narrow pelvis, and parity).

From the results of a survey that has been conducted at the Vina Pratama Clinic on November 2023, it was found that 7 mothers gave birth with the average problem experienced by mothers giving birth, namely laceration of the birth canal, so researchers are interested in conducting research on mothers giving birth to Mrs. F with laceration of the birth canal.

#### **METHOD**

The method used for comprehensive care on Mrs.F is descriptive research, which systematically describes a phenomenon as it is. The type used is a case study or case study (Andra 2022).

The location of the researchers in this case at the Vina Pratama Clinic began in September 2023 until February 2024.

The types of data used during the study were primary data (data obtained from patients) and secondary data (data obtained from families, midwives).

Data collection techniques used by the author are interviews, examinations and observations with the SOAP method.

#### **RESULT AND DISCUSSION**

The respondent used by the researcher is Mrs.f, 26 years old, p1A0 mother with normal delivery.From the results of the anamnesis and it was found that the mother did not have a hereditary disease, or infectious.The patient said that during pregnancy she did not experience difficulties during pregnancy.When the mother's TTV examination was carried out within normal limits, the mother complained of postpartum suture wound pain.

At the time of the re-visit on December 01, 2023 the mother said the perineal wound pain was reduced and began to dry out and the baby was breastfeeding adequately.

An examination was conducted on Mrs. F obtained BP: 110/80 mmHg, HR: 81 x/i, RR: 21 x/i, T: 36.7 degrees Celsius. TFU is palpable in the middle between the center and symphysis, there are no signs of infection and abnormal bleeding, sanguinolenta loche (yellowish red and mixed with mucus), good uterine contractions, profuse breast milk production the results of the examination obtained the results of BP: 120/80 mmHg N:

64 x/min R: 23 x/min S: 36.50 C, Tfu mid symphysis center.

December 20,2023 the author conducted a re-visit, the results obtained by the mother were healthy, felt a little pain in the perineal wound, the mother said she was very happy for the birth of her baby, the mother's milk was smooth and the baby was breastfeeding smoothly and the examination was obtained when the examination was carried out, the results of the vital signs examination were within normal limits. BP: 110/80 mmHg, HR: 80 x/i, RR: 21 x/i, T: 36.5 degrees Celsius, Uterine Fundus Height was no longer palpable, serous lochea discharge (yellowish / brownish in color), the mother's general condition was good

## DISCUSSION

At the time of the study, there were no gaps found in accordance with the Fitriana 2023 book on the management of birth canal lacerations and those found in the field in the midwifery care of continuity of care on Mrs. F at the Pratama Vina clinic

### 1. Assessment

Based on subjective and objective data that the author did both in auto anamnesa and allo anamnesa, Mrs. F complained of postpartum perineal suture wound pain, the mother felt anxious and afraid of her situation.

The results of the examination obtained the results of BP: 120/80 mmHg N:

64 x/min R: 23 x/min S: 36.50 C, Tfu mid-center symphysis.

### 2. Identification of Problem Diagnosis and Needs

In the case of Mrs.F, 26 years old with a diagnosis of Mrs.F, 26 years old, P1A0 Post Partum Primary 6 hours complaining of postpartum suture wound pain. To overcome these problems, it is necessary to provide education on how to care for perineal wounds, fulfill nutsis and take fe tablets to prevent anemia in mothers.

### 3. Anticipation of Potential Problems

In the case of Mrs.F with a Grade II birth canal tear there is no data to support the potential problems that will occur.

### 4. Immediate Action

In this step, collaboration with SPOG doctors is carried out on patient Mrs.F or make an immediate referral if a potential problem is found.

### 5. Intervention

In the diagnosis of Mrs. F with Grade II birth canal laceration, the author uses knowledge and skills from the experience gained by the mother's needs and actions taken in accordance with the visit to the puerpera

### 6. Implementation

In this step, the implementation is carried out in accordance with the intervention and treatment is carried out to reduce bleeding, namely: Install IVs, do suturing of birth canal lacerations, Observe Ttv, TFU, contractions

and lochea every day. Provide education to mothers about adequate nutrition, feed their babies as often as possible, change pads every 2 hours, and maintain personal hygiene to prevent infection.

### 7.Evaluation

The evaluation carried out at this stage is that the patient complains of pain in the birth canal laceration and has sutured the birth canal, observes bleeding and TTV, encourages the mother to mobilize as early as possible and encourages the mother to maintain a diet, consume iron and maintain personal hygiene. At the next visit there was no bleeding and no signs of infection.

### CONCLUSION AND ADVICE

In this chapter the author can conclude that after the implementation and completion of the final project report entitled "Continuity of Care Management of Mrs. F at Vina Pratama Clinic, Medan Baru District, Medan City Year 2023" by providing comprehensive midwifery care and documenting in the form of SOAP.

Assessment is carried out by collecting data to feel afraid of this and objective data, namely good general condition, composmentis consciousness, BP: 120/80 mmHg, N: 64 x/min R: 23 x/min S: 36.50 C, Tfu mid-center symphysis with grade ii birth canal laceration, bleeding and infection and immediate action taken is to suture and administer RI infusion fluid..Planning given

the first visit is suturing the birth canal laceration wound, personal hygiene, rest patterns, a high protein diet, at the second visit.

On the second visit, it was found that the suture wound was still wet and there was pain in the laceration wound suture and provided education to the patient according to the first visit. On the third visit, the suture wound had dried up and the mother said there was no pain in the suture wound.

The management given to Mrs.F Laceration of the Second Degree Birth can be resolved.

It is expected that health workers always pay attention to obstetric care on an ongoing basis starting from pregnancy, childbirth, postpartum, newborns and family planning in order to know early the handling of complications experienced. It is expected to Mrs.F to do vulva hygiene, maintain adequate rest patterns and diet.

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