

**CONTINUITY OF CARE FOR MIDWIFERY FOR SECON-DEGREE LACERACY
OF THE BRITH WAY IN NY. N THE FRISKAH NOVITA PRIMARY
CLINIC MEDAN LABUHAN DISTRICT MEDAN CITY
NORTH SUMATRA IN 2025**

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ABSTRACT

Perineal rupture is a perineal tear that occurs when a baby is born either spontaneously or with the use of tools or actions. Perineal tears generally occur in the midline and can be extensive if the fetal head is born too quickly. Perineal tears occur in almost all primiparas and are not uncommon in subsequent deliveries. Perineal factors are influenced by several factors, namely maternal factors, fetal factors and assisting factors.(Nainggolan.et.2020) Determining continuous midwifery care (Continuity Of Care) for Mrs. N with a second-degree birth canal at the Friskah Novita Pratam Clinic, Medan Labuhan District, North Sumatra in 2025. This research design uses a descriptive method, especially through a case study approach, conducting research by observing and caring for a 35-year-old woman during pregnancy, childbirth, and postpartum, as well as during family planning. (Nilan Sari et al. 2025) During Mrs. N's pregnancy. N, 24 years old, G1P0A0, with a gestational age of 28 weeks and 3 days based on HPHT April 11, 2024 days or 40 weeks from the first day of the last menstruation. Continuous care Contuinity Of Care used as a final assignment report for midwifery students is very helpful in understanding the process of pregnancy, childbirth, postpartum, newborns and family planning, especially for Mrs. N during the third trimester of pregnancy which began on October 27, 2024 until February 16, 2025 and the author conducted Contuinity Of Care guidance with the aim of successful Contuinity Of Care care.(Siska Suci Triana et al. 2025)

Keywords: Second Degree Laceration of the Birth Canal, Childbirth, Perineal Massage

Introduction

A birth canal laceration is a tear in the soft tissue of the female genital area that occurs during childbirth. One of the most common forms is a second-degree laceration, defined as a tear that involves the vaginal mucosa and perineum,

extending through the perineal muscles, without affecting the anal sphincter.

Second-degree lacerations usually occur due to excessive stretching of the perineal tissue during delivery of the fetal head. If a perineal rupture occurs, perineal

massage can accelerate the healing process .(Pinem et al. 2021)

Perineal massage is one way to improve the health, blood flow, elasticity, and relaxation of the pelvic floor muscles.(Kehamilan, Bayi & Lahir no date) This technique, if practiced in late pregnancy (starting at week 34) before delivery, will also help identify and familiarize yourself with the tissues that will be relaxed and the passages through which the baby will pass.(Azizah et al. 2022)

Implementing subjective and objective data-based care for NY.N with a second-degree birth canal laceration at the Friskah Novita Primary Clinic in Medan Labuhan District, North Sumatra, comprehensively encompasses midwifery care for pregnancy, delivery, postpartum, newborns, and family planning.(Simanullang & Dioso 2020) This includes data collection, identification, diagnosis, and needs, anticipation of potential problems, immediate action, intervention, implementation, and evaluation.(Perawatan Ibu dan Bayi no date)

Research Method

This research design employed a descriptive method, specifically a case

study approach. The study observed and cared for a 35-year-old woman during pregnancy, childbirth, and postpartum, as well as during family planning (KB). The approach began with data collection on the pregnant woman and informed consent for ongoing care (Fitriyani et al. 2024).

In this study, the sample consisted of pregnant women in their third trimester who were undergoing family planning or KB. Therefore, the care provided was continuous midwifery care or Continuity of Care for Mrs. N, 24, with her first child at the Friskah Novita Primary Clinic in Medan Labuhan District.(Sitanggang et al. 2022)

Result

The results of the study of second-degree birth canal laceration care at the Friskah Novita Pratama Clinic in 2025 and provided mothers with perineal massage for the elasticity of the mother's perineum and helped mothers to reduce the occurrence of birth canal lacerations and episiotomy of continuous midwifery care or Continuity Ofa Care where this care follows 1 patient during pregnancy until KB which has a very deep goal in improving the achievement of prosperous families and health services in Indonesia, especially in the province of North Sumatra by means of a more detailed

approach. This care can affect MMR and IMR and is expected to decrease as desired, the decrease in MMR and IMR will create confidence in carrying out care properly and appropriately. (Aliyah & Insani 2023)

One way to prevent perineal tears during childbirth is through perineal massage. Perineal massage is one of the oldest and most effective ways to improve health, blood flow, elasticity, and relaxation of the pelvic floor muscles. If a perineal tear does occur, perineal massage can speed up the healing process (Ginting et al. no date).

Perineal massage is one way to improve the health, blood flow, elasticity, and relaxation of the pelvic floor muscles (Susanti Pasaribu et al. no date). This technique, if practiced in late pregnancy (starting at week 34) before delivery, will also help you recognize and familiarize yourself with the tissues that will be relaxed and the passage through which the baby will pass (Azizah et al. 2022).

Table 1. Operational definition and variables of second-degree perineal laceration.

Variable	Operational Definition	Measuring instrument	How to Measure	Measuring Scale
Pregnancy Care	Providing care to pregnant women to check the health of the mother and fetus and to be able to detect early whether or not there are complications in pregnant women.	Review Format	Interview, physical examination	Nominal
Childbirth Care	Providing care to mothers in labor by fulfilling all their needs during the labor process, monitoring the progress of labor and providing assistance during labor.	Partograph Review Format	Physical examination	Nominal
Postpartum	During the postpartum period, 4 visits are carried out	Review format	Interview Physical examination	Nominal

		to ensure that the mother and baby remain healthy and that there are no complications for the mother or baby by providing counseling to the mother to take care of herself and her baby.			
Family Planning Care	Providing assistance to KB acceptor mothers to solve problems based on midwifery management	Assessment Interview			Nominal
Second Degree Laceration II	Conducting IEC counseling to mothers about perineal wound care and healing of perineal wounds, namely by teaching mothers about good and correct personal hygiene and mothers consuming foods that are high in protein and VIT. C, and consuming snakehead fish and catfish to dry the mother's perineal wounds from the inside.	Review format	Interview, physical examination and IEC education		Ordinal

Discussion

In Mrs. N's pregnancy, 24 years old, G1P0A0, with a gestation of 28 weeks and 3 days based on her last menstrual period of April 11, 2024, the mother complained of frequent urination. Physical examination showed that the mother's vital signs were

within normal limits with a LILA of 24 cm which was within normal limits. Pregnancy is an extraordinary process that occurs in a woman's uterus which lasts 280 days or 40 weeks from the first day of the last menstruation.

On January 1, 2025 at 08.00 WIB, Mrs. N entered labor with a cervical dilation of 6 cm, which is within the normal limits for primigravidae (G1P0A0), in the second pregnancy and beyond the active phase of labor usually lasts longer with cervical dilation of around 1.5 cm per hour, so that the dilation of 6 cm to a complete 10 cm generally lasts 1-2 hours.

The postpartum period (puerperium) comes from the Latin words "Puer," meaning baby, and "Parous," meaning giving birth. The postpartum period begins after the placenta is delivered and ends when the reproductive organs return to their pre-pregnancy state. It usually lasts for 6 weeks or 42 days, but overall it will last for 6 weeks or 42 days. recovered within 3 months (Cristie, George & Sonny 2013).

Neonatal care for Mrs. N's baby is in accordance with maternal neonatal care theory and standards. This period lasts for 1 month or more. The most rapid transitions occur in the respiratory system, blood circulation, thermoregulation, and the ability to take in and use glucose. At birth, a newborn will experience the most dynamic period of the entire life cycle.

On the 40th day postpartum visit, there was no gap between theory and practice in providing family planning services to Mrs. N. a mother who had not yet menstruated, was exclusively breastfeeding, and chose the natural contraceptive method (LAM) because these conditions met the requirements for using LAM, namely not menstruating, the baby was under 6 months old, and was exclusively breastfeeding, according to the BKKBN, the service practices carried out also followed the principle of informed choice, namely providing education about various contraceptive methods, both natural and modern, as well as their advantages and disadvantages as recommended.

Conclusion and Suggestion

Based on a review of these various studies, it can be concluded that postpartum hemorrhage and perineal rupture have complex and interrelated risk factors. Placental retention, uterine atony, and birth canal lacerations are the main causes of postpartum hemorrhage with a high level of significance (p-value <0.05), while maternal characteristics such as age, parity, history of previous bleeding.

Pregnancy and spacing also play a significant role in increasing the risk of

complications. Multiparous women showed a higher risk of perineal lacerations (32.9%), and birth weight was significantly associated with the incidence of perineal rupture. The innovative use of warm pads has shown promising results in preventing perineal rupture, with 58.8% of cases showing an intact perineum after delivery.

Childbirth Anemia in pregnancy was also identified as an important risk factor, with placental retention (44%) as the main cause of postpartum hemorrhage, followed by uterine atony (28%), uterine rupture (18.6%), and uterine inversion (9.4%), highlighting the importance of comprehensive monitoring during pregnancy to prevent complications. Suggestions for future researchers include conducting further research on the risk factors for birth canal lacerations in cases of postpartum hemorrhage with a larger number of respondents.

Continuous care Continuity Of Care which is used as a final assignment report for midwifery students is very helpful in understanding the process of pregnancy, childbirth, postpartum, newborns and family planning, especially for Mrs. N during the third trimester of pregnancy which started on October 27, 2024 until February 16, 2025 and the author carried

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