

CONTINUITY OF MIDWIFERY CARE FOR MRS. B WITH SECOND-DEGREE PERINEAL RUPTURE AT PMB PERA, MEDAN TUNTUNGAN DISTRICT, NORTH SUMATRA PROVINCE, IN 2025

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ABSTRACT

Background: Perineal rupture is a tear in the perineum occurring during delivery, either spontaneously or through instrumental assistance. These tears often occur along the midline and can become extensive if the fetal head is delivered too rapidly. Key contributing factors include parity, birth weight, and the duration of the second stage of labor. **Objective:** This study aims to provide and analyze comprehensive midwifery care for Mrs. B, specifically focusing on the management and prevention of perineal rupture. **Methods:** A descriptive case study approach was employed using Continuity of Care (CoC). The care was implemented through the Helen Varney midwifery management method and documented using SOAP notes, spanning from pregnancy and childbirth to newborn care, postpartum, and family planning. **Results:** The study identified that proper management of the second stage of labor and controlled delivery techniques are crucial in minimizing spontaneous perineal tears. Mrs. B received integrated education on perineal health and postpartum recovery. **Conclusion:** Continuous midwifery care using the Varney method effectively monitors risk factors and ensures the delivery of high-quality, comprehensive care to reduce maternal morbidity related to perineal trauma.

Keywords: Continuity of Care (CoC); Perineal Rupture; Midwifery Care; Second Stage of Labor; Varney Method

Introduction

Perineal rupture is a tear in the perineum that occurs during the birth of the baby, either spontaneously or assisted by instruments or procedures. Perineal tears usually occur along the midline and can be extensive if the fetal head is delivered rapidly (Venugopal et al., 2022).

The Midwifery Law No. 4 of 2019 regarding midwifery care No. 12 states that the practice license for midwives, hereinafter referred to as SIPB, is a written

document granted by the local government of the regency/city to midwives as the provision of authority to conduct midwifery practice. No. 13 states that health facilities are tools or places used to deliver health services, including promotional, preventive, curative, and rehabilitative efforts, carried out by the government or the community. No. 14 states that a midwife's independent practice location is a health service facility organized by midwives who have

completed professional education and that provides direct services to patients/clients (Nur Azizah et al., 2025).

According to the World Health Organization (WHO), maternal health is a key determinant of the health of the next generation. A healthy mother during pregnancy is likely to have a safe delivery and give birth to a healthy baby. Therefore, the level of maternal health (WHO, 2023).

The Maternal Mortality Rate (MMR) remains a critical indicator of a country's healthcare success. One frequently overlooked yet significant cause of maternal morbidity that affects a mother's postpartum quality of life is birth canal injury, specifically perineal rupture. Globally, more than 85% of women who undergo vaginal delivery experience some degree of perineal trauma, with second-degree rupture being the most common clinical occurrence. A second-degree rupture involves injury to the perineal muscles but does not extend to the anal sphincter. If not managed with appropriate care, this condition can lead to short-term complications such as hemorrhage and infection, as well as long-term issues including dyspareunia and pelvic floor dysfunction (White & Atchan, 2022).

The causes of perineal rupture are multifactorial, encompassing maternal factors (parity, birth spacing), fetal factors (macrosomia/high birth weight), and birth attendant factors (improper straining techniques and inadequate perineal protection) (Jansson et al., 2020). In North Sumatra Province, continuous efforts are being made to reduce maternal morbidity through comprehensive care. However, a major challenge frequently encountered is fragmented care after the mother is discharged from the health facility, leading to suboptimal monitoring of perineal wound healing during the postpartum periode (Suplee et al., 2023).

The maternal and infant mortality rates remain a significant issue in Indonesia and are among the highest in the ASEAN region. The Maternal Mortality Ratio (MMR) is also used as an indicator of public health levels and poses a significant challenge in achieving the SDG targets (SDGs, 2016). Therefore, maternal health services must cover all stages, from preconception and early pregnancy through all trimesters, childbirth, and the first six weeks postpartum. According to the 2020 edition of the Mother and Child Health (MCH) book, pregnancy examinations should be conducted at least 8 times, including visits to specialists and other healthcare providers (Kementerian Kesehatan RI, 2023).

Based on the range of services provided to pregnant women, birthing women, newborns, the postpartum period, and family planning programs, the author hopes that implementing the Continuity of Care concept for patient Mrs. B will yield optimal benefits from pregnancy through to family planning (A. Sinaga, 2022).

Pera Independent Midwife Practice (PMB Pera), located in the Medan Tuntungan district, is an area with a high volume of deliveries. In this setting, it has been observed that while labor care is generally performed according to standards, education regarding self-care for perineal wounds at home still needs to be strengthened to prevent postpartum infections. The Continuity of Midwifery Care (CoC) model serves as a solution to provide integrated and continuous care, ranging from the antenatal period (ANC) and labor (INC) to postpartum care (PNC) and family planning (KB).

Comprehensive care for Mrs. B with a Second-Degree Perineal Rupture is crucial to ensure proper wound healing and to empower the mother in self-care and newborn management. Through

the CoC approach at PMB Pera, it is expected that early detection of complications can be achieved more rapidly, thereby maintaining the mother's postpartum quality of life in accordance with high-quality midwifery service standards.

Method Of Activities

Research Design The method used for comprehensive care on NY.B is descriptive research, which systematically describes a phenomenon as it is. The type of care used in this study is based on the management of midwifery care according to Helen Varney's steps, by assessing subjective and objective data, identifying problems and needs, anticipating potential problem diagnoses, taking immediate action, intervention, implementation, and evaluation, which is also documented in the form of SOAP.

The activity will be conducted from December to February 2025 at Klinik Pera. This research site is at Klinik Pera, Jalan. Bunga Rampai II No. 77, Simalingkar B, Medan Tuntungan District, Medan City. The population is a group of individuals, objects, or phenomena that can potentially be measured and included in a study (I Ketut Swarjana, 2023). In this research, the population refers to pregnant individuals in their third trimester who visit the Pera Clinic in Medan City, North Sumatra in 2024. This population was selected because it is relevant to the research focus on childbirth conditions.

A sample is a subset of the population chosen through specific methods for further examination. Those willing to participate as samples are mothers in labor, specifically Mrs. B, who experienced a second-degree perineal rupture. The selection was purposive

because Mrs. B's condition is considered suitable for the objectives set.

Data collection directly from objects to subjects by individual researchers and organizations. a) Physical examination four techniques of physical examination can be performed, namely: Inspection examination: a systematic observation, visual inspection made on pregnant women, during childbirth, newborns, postpartum, a step-by-step examination starting from the head to the feet, commonly known as head-to-toe examination. Palpation: an investigation using touch involves performing Leopold maneuvers from one to four, checking the height of the fundus uteri (TFU), its contractions, and lochia, assessing whether there is swelling in the breasts, enlarged glands, or conditions of the nipples. And Healthcare providers can provide more extensive health education to postpartum mothers regarding nutritional fulfillment during the puerperium to accelerate recovery (R. Sinaga et al., 2022)

Percussion: a technique of examination performed by tapping the examined area with fingers to compare the right and left sides of the client's body that is being. Examined. Auscultation: listening to patient examinations, such as hearing the fetal heart rate (FHR) and measuring blood pressure.

From the results of the research conducted by the author, I am interested in lifting the title of the Final Project Report titled "Continuity of Care in a 22-Year-Old Woman with Second Degree Perineal Rupture at Pera Clinic, Medan Tuntungan District in 2025." The author is interested in this title because such incidents often occur in mothers who give birth normally, thus the author is keen to provide midwifery care for Ms. B, who experiences a second-degree perineal

rupture. This title is commonly encountered; therefore, research on mothers who experience ruptures can enhance knowledge and improve midwifery care after childbirth. From the beginning of the study with Mrs. B, which started from the examination of the mother's condition during pregnancy until the mother's last visit, everything proceeded normally without any complaints that disturbed the mother's daily activities.

Mrs. B was also highly enthusiastic throughout each examination, prompting the author to consider providing continuous midwifery care (COC) to monitor the mother's condition until delivery and to support her family planning.

Conclusion

From the results of continuous midwifery care starting from pregnancy, through postpartum, newborn baby, to family planning for Mrs. B, aged 22 years, G1P0A0, which began on November 22, 2024, until February 14, 2025, at PMB Pera, Medan Tuntungan, the following

Conclusions can be drawn: Continuous midwifery care during pregnancy for Mrs. B has been carried out according to the material from Helen Varney, where the mother's complaints included back pain and frequent urination that caused discomfort during pregnancy.

Care and solutions have been provided. Continuous midwifery care for Mrs. B during labor was provided in accordance with the on-site materials and actions, with no gaps, and was documented in the SOAP format. During the labor process, the mother gave birth spontaneously and experienced a second-degree perineal rupture, for which midwifery care was provided

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