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MIDWIFERY CARE MANAGEMENT FOR AN 18-YEAR-OLD MRS. A WITH A SECOND-DEGREE PERINEAL TEARAT PMB MAIDAWATI

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ABSTRACT

Background: This critical medical emergency directly hinders the target of the United Nations' Sustainable Development Goals (SDGs), specifically Goal 3.1, which demands a drastic reduction in the global maternal mortality ratio to less than 70 per 100,000 live births. Second-degree perineal tear is one of the most common complications of vaginal delivery, especially in young primigravida. This condition is characterized by tears involving the vaginal mucosa, perineal skin, and perineal muscles without affecting the anal sphincter, thus risking postpartum hemorrhage, infection, and decreased quality of life of the mother. **Objective**: This case report aims to describe comprehensive midwifery care management using Varney's seven steps and SOAP documentation in Mrs. A, an 18-year-old primigravida who experienced a second-degree perineal tear at PMB Maidawati in 2025. **Method**: A descriptive case study was used with an obstetric management approach. The assessment was carried out through anamnesis, physical examination, and perineal examination. The results of the assessment showed that Mrs. A, an 18-year-old primigravida (G1P0A0), gave birth to a baby with a birth weight of 3,100 grams spontaneously pervaginally and was found to have a second-degree perineal tear. Management included aseptic wound suturing under local anesthesia, vital sign observation, bleeding monitoring, education on perineal wound care, vulvar hygiene, high-protein nutrition, early mobilization, and postpartum danger sign counseling. **Results**: The mother's condition improved, the perineal wound was healing well, and there were no signs of infection. Comprehensive, prompt, and targeted midwifery care has been shown to prevent further complications in cases of second-degree perineal tears.

Keywords:Second-Degree Perineal Tears, Midwifery Care, Primigravida, Varney Management, Postpartum Period

INTRODUCTION

This critical medical emergency directly hinders the target of the United Nations' Sustainable Development Goals (SDGs), specifically Goal 3.1, which demands a drastic reduction in the global maternal mortality ratio to less than 70 per 100,000 live births. High incidences of untreated abortion complications reflect systemic gaps in early obstetrical emergency management at the primary care level.(Risl *m.fl.*, 2024) Furthermore, resolving this health crisis aligns with the Indonesian government's *Asta Cita* vision, precisely point 4,which prioritizes comprehensive human resource development by strengthening healthcare quality and protecting,reproductive health to cultivate a competitive generation (WHO, 2023).

(Fauzianty *m.fl.*, 2021)A second-degree perineal tear involves the vaginal mucosa, perineal skin, and perineal muscles but does not involve the anal sphincter. This condition is the most common type ofperineal trauma encountered during vaginal deliveries, especially in primigravidas. Räisänen et al. (2021) reported that second-degree perineal tears occur in 30–60% of first-time vaginal deliveries. A retrospective cohort study in Indonesia showed that young age, low parity, and a rigid perineum significantly increase the risk of perineal tears (Faizaturrahmi og Dkk, 2023)

In Indonesia, the 2023 Indonesian Health Profile noted that bleeding remains a leading cause of maternal mortality, with lacerations of the birth canal being a contributing factor (Ministry of Health of the Republic of Indonesia, 2023). Research conducted in Medan by (Nainggolan, 2022) from STIKes Mitra Husada Medan showed a significant association between birth weight, parity, and duration of second stage labor with the incidence of perineal rupture, emphasizing the importance of early risk factor identification.(Schmidt og Fenner, 2024)

Mrs. A, 18, is a young primigravida with a perineum that has never been stretched before. This condition places Mrs. A at high risk for perineal tears. confirmed that age under 20 and primigravida status are simultaneously significant independent risk factors for perineal tears during vaginal delivery.(Sari, 2025)

Midwives play a central role in the prevention, early detection, and management of perineal tears. Systematic implementation of Varney's seven-step management with SOAP documentation is a proven standard of midwifery care (Sinaga, 2022) in a scoping review published in the Excellent Midwifery Journal of STIKes Mitra Husada Medan confirmed that the implementation of a holistic and comprehensive midwifery care model has been proven to improve the quality of services for mothers in labor. Based on this description, this case report was prepared to describe the management of midwifery care for Mrs. A, 18 years old, with a second-degree perineal tear at PMB Maidawati in 2025.

METHOD

This research is a descriptive case study using Varney's seven-step midwifery management approach. The case study subject was Mrs. A, 18, with a second-degree perineal tear following a vaginal delivery at PMB Maidawati in 2025. Data collection was conducted directly through history taking, physical examination, observation, and necessary supporting examinations.Primary data were obtained through direct interviews with the patient and family (subjective data) and a physical examination including vital signs, obstetric examination, and perineal examination (objective data). Secondary data were obtained from PMB Maidawati's

medical records. Care documentation was conducted using the SOAP format following Helen Varney's documentation method.(Macedo *m.fl.*, 2024)

Data analysis was conducted descriptively by comparing case findings with current theory and research findings. The care process encompasses seven steps of midwifery management: (1) baseline data assessment, (2) data interpretation, (3) identification of potential problems, (4) identification of the need for immediate intervention, (5) care planning, (6) care implementation, and (7) evaluation. Ethical approval was obtained from patients through informed consent prior to data collection.

RESULTS

An assessment was conducted on Mrs. A, an 18-year-old primigravida (G1P0A0), 39 weeks pregnant, who presented to PMB Maidawati for delivery. Based on the history, the mother had no history of chronic illnesses, infectious diseases, or complications during pregnancy. A general examination revealed a good general condition, compos mentis consciousness, blood pressure of 110/70 mmHg, pulse rate of 82 beats/minute, respiration rate of 20 breaths/minute, and body temperature of 36.7°C. (Otterheim *m.fl.*, 2024)

Delivery occurred spontaneously through vaginal delivery. The baby weighed 3,100 grams, was 49 cm long, had a head circumference of 33 cm, and had an Apgar score of 8/9. After delivery of the placenta, an examination of the birth canal revealed tears in the vaginal mucosa, perineal skin, and perineal muscles without involvement of the anal sphincter or rectal mucosa. Based on these examinations, a diagnosis of postpartum perineal tear of the second degree was made.Problems identified in this case included perineal pain, bleeding due to tearing of the birth canal, and the risk of wound infection and disruption of maternal activities during the postpartum period. (Dalevoll *m.fl.*, 2022)

Potential complications include postpartum hemorrhage, perineal wound infection, delayed wound healing, and discomfort that can interfere with infant care.Management was initiated immediately after the diagnosis was confirmed, including aseptic suturing of the perineal wound using local anesthetic and absorbable suture. Vital signs, bleeding volume monitoring, uterine contraction evaluation, and perineal wound monitoring were then performed. Health education was also provided regarding perineal wound care, vulvar hygiene, high-protein diets, early mobilization, and postpartum danger signs that should be reported immediately to healthcare providers.(Schmidt og Fenner, 2024)

Evaluation showed that the mother's general condition remained stable throughout the observation period. Bleeding gradually decreased, the perineal wound showed good healing, and there were no signs of infection such as redness, excessive edema, or purulent discharge. The mother was also able to repeat the education provided and perform wound care independently at home.(Mulati, 2022)

DISCUSSION

Mrs. A's case demonstrates that young age and primigravida status are contributing factors to the occurrence of second-degree perineal tears. At 18 years of age, the elasticity of the perineal tissue is generally not yet optimally developed compared to women of healthy reproductive age (20–35 years). Furthermore, in primigravidas, the perineal tissue has not been stretched by previous childbirth, making it more susceptible to trauma during delivery of the fetal head and shoulders. These findings align with research by Busroh et al. (2025), which states that mothers under 20 years of age have a higher risk of perineal tears than women of healthy reproductive age.(Busroh, 2025)

In addition to age, Mrs. A's primigravida status also predisposes her to perineal tears. This occurs because the perineal tissue is relatively stiff during her first delivery and has not yet developed the ability to adapt to the pressure of the fetal head as it passes through the birth canal. Research by Nainggolan et al. (2022) indicates that primigravidas are at greater risk of perineal tears than multiparas.These findings align with the findings in Mrs. A. A. The baby weighed 3,100 grams at birth, which is still within normal limits. However, the combination of the baby's weight, the mother's young age, and her primigravida status can increase pressure on the perineal tissue during labor. Therefore, a thorough examination of the birth canal after delivery is crucial for early identification of perineal trauma.(Siahkal *m.fl.*, 2023)

The diagnosis of a second-degree perineal tear in this case was made through direct inspection and a digital rectal examination. The examination results showed that the tear involved the vaginal mucosa, perineal skin, and perineal muscles without affecting the anal sphincter. A digital rectal examination was necessary to ensure there was no involvement of the anal sphincter or rectal mucosa so that the tear could be classified correctly. An accurate diagnosis is crucial because it determines the type of treatment provided.(Kesehatan, 2023)

The management of this case complied with obstetric care standards. Suturing was performed immediately after the tear was identified to stop bleeding, accelerate tissue healing, reduce the risk of infection, and restore the anatomical integrity of the perineum. The use of aseptic technique during procedures is a crucial factor in preventing wound infections. These results align with research by Sihombing et al. (2023), which states that immediate and appropriate treatment of perineal ruptures can significantly reduce the risk of postpartum complications.(Otterheim *m.fl.*, 2024)

The midwifery care provided not only focuses on curative measures but also encompasses promotive and preventive aspects through health education. Education regarding vulvar hygiene, consumption of high-protein foods, early mobilization, and postpartum danger signs is crucial in accelerating wound healing and improving the mother's ability to perform self-care. Adequate nutrition, especially protein, plays a role in collagen formation and tissue regeneration, thus supporting the perineal wound healing process. state that comprehensive education can improve maternal compliance with wound care and accelerate the healing process.(Kementerian Kesehatan, 2018)

The success of care in this case was evident in the mother's stable condition, the absence of excessive bleeding, the absence of signs of infection, and the well-healing perineal wound. These results demonstrate that the implementation of Varney's seven-step midwifery management, accompanied by SOAP documentation, can provide systematic, targeted, and continuous care. (Manurung, 2025)This approach helps midwives identify problems, plan

appropriate actions, implement comprehensive care, and objectively evaluate service outcomes.(Darmawati, 2023)

Overall, Mrs. A's case demonstrates that prompt, appropriate, and comprehensive midwifery care for a woman with a second-degree perineal tear can prevent complications, accelerate the healing process, improve maternal comfort during the postpartum period, and support efforts to reduce maternal morbidity and mortality, in line with the Sustainable Development Goals (SDGs) targets for maternal health.(Sinaga, 2025)

CONCLUSION

The midwifery care provided to Mrs. A, an 18-year-old first-time mother with a second-degree perineal tear at PMB Maidawati in 2025, was successfully implemented using Helen Varney's seven-step midwifery management process and documented using the SOAP method. The assessment identified that young maternal age and her first pregnancy were key risk factors contributing to the occurrence of perineal tears.

Immediate and appropriate management, including aseptic perineal suturing, vital sign monitoring, postpartum hemorrhage observation, and comprehensive health education, was effectively implemented. The evaluation showed that the mother's condition improved progressively, the bleeding was controlled, the perineal wound healed well without signs of infection, and the patient was able to perform self-care independently.(Mmid *m.fl.*, 2024)

This case highlights the importance of comprehensive, timely, and evidence-based midwifery care in preventing complications associated with second-degree perineal tears and promoting optimal postpartum recovery. Implementing a systematic midwifery management approach contributes to improved maternal health outcomes and supports the achievement of national maternal health targets and the Sustainable Development Goals (SDGs).

SUGGESTION

1. **For Midwives and Healthcare Providers**

   Midwives should continue to strengthen their skills in perineal protection techniques during the second stage of labor, particularly when assisting young primigravida mothers who are at higher risk of perineal trauma. Continuous monitoring and postpartum education should also be prioritized to prevent infection and promote wound healing.

2. **For Educational Institutions**

   This case can be used as a learning resource for midwifery students to enhance their understanding of the assessment, management, and evaluation of perineal tears using the Varney management approach and SOAP documentation.

3. **For Patients and Families**

   Postpartum mothers and their families should be encouraged to maintain proper perineal hygiene, consume a balanced, high-protein diet, engage in early mobilization, and recognize danger signs during the postpartum period to support recovery and prevent complications.

4. **For Future Research**

   Further studies with larger sample sizes and analytical research designs are recommended to investigate preventive interventions, such as prenatal perineal massage, labor support techniques, and maternal education programs, in reducing the incidence and severity of perineal tears in primigravida women.

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REFERENCES

Busroh, K. (2025) "The Effect Of Vulva Hygiene On Preventing The Risk Of Perineal Wound Infection", 0231, S. 111–124.

Dalevoll, M. *M.Fl.* (2022) "Detailed Classification Of Second- - Degree Perineal Tears In The Delivery Ward : An Inter- - Rater Agreement Study", (December 2021), S. 880–888. Tilgængelig Hos: Https://Doi.Org/10.1111/Aogs.14369.

Darmawati, D. (2023) "The Relationship Between Parity And Age With The Incidence Of Perineal Rupture In Normal Delivery", 9(1), S. 46–50.

Faizaturrahmi, E. Og Dkk (2023) "Factors Associated With The Incidence Of Perineal Rupture In Mothers Giving Birth Spontaneously At The Aikmel Community Health Center", 11(1), S. 362–370. Tilgængelig Hos: Https://Doi.Org/10.37824/Jkqh.V11i1.2023.495.

Fauzianty, A. *M.Fl.* (2021) "Interprofessional Collaboration Practice In Postpartum Hemorrhage Management In Developed And Developing Countries : A Scoping Review Background : The Main Cause Of Death In Pregnant Women Is Postpartum Hemorrhage . The Application Of Interprofessional Co".

Kementerian Kesehatan (2018) *Profil Kesehatan Indonesia*.

Kesehatan, D. (2023) "Profil Kesehatan".

Macedo, M.D. *M.Fl.* (2024) "Pelvic Floor Symptoms According To The Severity Of Degree Perineal Tears Within 12 Months Post- - Partum : A Longitudinal Prospective Cohort Study", (January), S. 1366–1376. Tilgængelig Hos: Https://Doi.Org/10.1111/Aogs.14854.

Manurung, H.R. (2025) "Continuity Of Midwifery Care For A Pregnant Woman With First-Degree Perineal Laceration At Rimenda Tarigan Clinic , Medan Denai Sub-District , Medan City , North Sumatra Province , Year 2025", 5.

Mmid, M.D.M. *M.Fl.* (2024) "Occurrence And Risk Factors For Second- - Degree Perineal Tears : A Prospective Cohort Study Using A Detailed Classification System", (January 2023), S. 602–611. Tilgængelig Hos: Https://Doi.Org/10.1111/Birt.12817.

Mulati, T.S. (2022) "The Effect Of The Degree Of Perineal Tear On The Perineal Pain Scale In Post-Partners In Wonogiri District", S. 51–56.

Nainggolan, A.W.D. (2022) "Factors Related To The Occurrence Of Perineal Rupture In Maternity Women At The Bertuah Kotamedan Maternity Clinic In 2022 Anna".

Otterheim, M. *M.Fl.* (2024) "Complications 8 Weeks After An Obstetric Second - Degree Perineal Laceration In Relation To Body Mass Index", *International Urogynecology Journal*, 35(1), S. 77–84. Tilgængelig Hos: Https://Doi.Org/10.1007/S00192-023-05609-Y.

Risl, J. *M.Fl.* (2024) "The Severity Of Second-Degree Perineal Tears And Perineal Pain During Three Months Postpartum : A Prospective Cohort Study", 131(January). Tilgængelig Hos: Https://Doi.Org/10.1016/J.Midw.2024.103930.

Sari, F. (2025) "Relationship Between The Utilization Of Kia Books And Pregnancy Complication Prevention Behavior Among Pregnant Women At Sarfina Primary Clinic , Medan City , 2025", S. 201–206.

Schmidt, P.C. Og Fenner, D.E. (2024) "Expert Review Repair Of Episiotomy And Obstetrical

Perineal Lacerations (First E Fourth)", *The American Journal Of Obstetrics & Gynecology*, 230(3), S. S1005–S1013. Tilgængelig Hos: Https://Doi.Org/10.1016/J.Ajog.2022.07.005.

Siahkal, S.F. *M.Fl.* (2023) "Continuous Non-Locking Vs. Interrupted Suturing Techniques For The Repair Of Episiotomy Or Second-Degree Perineal Tears: A Single-Blind Randomized Controlled Trial", (April), S. 1–10. Tilgængelig Hos: Https://Doi.Org/10.3389/Fsurg.2023.1114477.

Sinaga, R. (2022) "The Relationship Between Nutritional Status Of Post-Part Mothers And Perineal Wound Healing", S. 69–75.

Sinaga, S.N. (2025) "The Relationship Between Postpartum Mothers ' Knowledge And Attitudes Regarding Perineal Wound Care At The Rimenda Br Tarigan Prenatal Care Center In Medan Denai , North Sumatra 2025", 5.

Who (2023) "Trends In Maternal Mortality 2000 To 2020: Estimates By Who, Unicef, Unfpa, World Bank Group And Undesa/Population Division." Tilgængelig Hos: Https://Share.Google/Atzk5ue1fwyes3g6k.