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MIDWIFERY CARE MANAGEMENT FOR MRS. S WITH SECOND DEGREE PERINEAL TEAR AT PMB MAIDAWATI 2025

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ABSTRACT

Background: Second-degree perineal rupture is a common complication of vaginal delivery involving injury to the vaginal mucosa, perineal skin, and perineal muscles. If not managed appropriately, it may lead to bleeding, infection, pain, and delayed postpartum recovery. Comprehensive midwifery care is essential to prevent complications and promote maternal well-being.**Objective:** To describe the implementation of midwifery care management for a 41-year-old G4P3A0 mother with a second-degree perineal rupture at PMB Maidawati, North Sumatra, in 2025.**Methods:** This study employed a descriptive case study design. The subject was Mrs. S, a 41-year-old G4P3A0 woman at 38 weeks of gestation who underwent spontaneous vaginal delivery. Data were collected through interviews, physical examinations, observation, labor monitoring, and documentation. Midwifery care was provided using Varney's seven-step management process and documented using the SOAP format.**Results:** Mrs. S presented with regular contractions, bloody show, and complete cervical dilatation. After spontaneous vaginal delivery, a second-degree perineal rupture with an estimated blood loss of 300 cc was identified. Midwifery care included assessment, diagnosis, perineal suturing, monitoring of vital signs and uterine contractions, bleeding management, postpartum observation, and health education. The interventions were implemented successfully, and the mother remained in stable condition without complications.**Conclusion:** Comprehensive midwifery care management effectively supported maternal recovery and prevented complications in a mother with a second-degree perineal rupture. Early identification, prompt suturing, continuous monitoring, and postpartum education are important components of quality maternal care.

Keywords: *Midwifery Care, Labor, Perineal Trauma, Second-Degree Perineal Tear, Maternal Health*

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INTRODUCTION

Perineal trauma remains a common occurrence during vaginal childbirth and continues to contribute to maternal morbidity worldwide.(Ajne 2024) The condition develops when the perineal tissues are unable to accommodate the stretching that occurs during fetal expulsion, resulting in varying degrees of tissue injury.(Edqvist et al. 2024) Among the different classifications of perineal trauma, second-degree rupture is frequently observed and involves injury to the vaginal mucosa, perineal skin, and underlying perineal muscles. Such injuries may negatively affect postpartum recovery by causing pain, discomfort, bleeding, infection, and delayed tissue healing if appropriate management is not provided(Perry et al. 2026).

Previous studies have reported several factors associated with an increased risk of perineal rupture, including maternal parity, prolonged labor, instrumental delivery, excessive fetal birth weight, and advanced gestational age. These factors may increase pressure on the perineal tissues during childbirth and contribute to tissue damage(Jansson et al. 2020). Although advances in obstetric and midwifery services have improved maternal care, second-degree perineal tears continue to be reported among women undergoing vaginal birth(Mmid et al. 2024).

Effective management of second-degree perineal rupture is essential to minimize complications and enhance maternal recovery. Midwives play a central role in providing comprehensive postpartum care through wound assessment, infection prevention, pain management, monitoring of maternal condition, and health education. However, documentation regarding the implementation of comprehensive midwifery care for postpartum women with second-degree perineal rupture in primary maternity care settings is still limited.(Sinaga Siti Nurmawan 2022)

Therefore, reporting and evaluating such cases are important to strengthen evidence-based midwifery practice and improve the quality of maternal health services.This study aims to describe the implementation of comprehensive midwifery care for Mrs. S, a 41-year-old postpartum woman with a second-degree perineal rupture at PMB Maidawati, Deli Serdang, North Sumatra, and to evaluate the outcomes of the care provided in supporting maternal recovery and preventing postpartum complications.

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METHODS

This paper was developed using a descriptive case study design with a comprehensive midwifery care approach. The case involved Mrs. S, a 41-year-old multiparous woman (G4P3A0) at 38 weeks of gestation who experienced a second-degree perineal rupture following a normal vaginal delivery at PMB Maidawati, Deli Serdang, North Sumatra, Indonesia, in 2025. The case was purposively selected because it represented a postpartum mother requiring specific management for second-degree perineal trauma.

Data were obtained through patient interviews, direct observation, physical and obstetric examinations, and a review of the patient's medical records. The focus of care included perineal wound management, monitoring of postpartum bleeding, infection prevention, pain management, health education, and follow-up during the postpartum period. Maternal recovery was evaluated based on wound healing progress, pain reduction, absence of infection, stable vital signs, and the overall health condition of the mother.

The instruments used in this case study consisted of midwifery assessment forms, observation sheets, physical and obstetric examination equipment, and clinical documentation records. Data were analyzed descriptively by comparing the patient's clinical condition and the provided interventions with current evidence-based literature and established midwifery care standards. The preparation of this case report followed the CARE Case Report Guidelines and

the Essential Competencies for Midwifery Practice developed by the International Confederation of Midwives (ICM). Patient confidentiality was strictly maintained, and informed consent was obtained prior to data collection and publication of the case report.

RESULTS AND DISCUSSIONS

1. **Data Collection (Assessment)**
   Data were gathered through interviews, observation, and physical examination. Mrs. S, 41 years old (G4P3A0) at 38 weeks of gestation, reported bloody mucus discharge, regular contractions, and an urge to defecate. Examination showed stable vital signs, complete cervical dilation, spontaneous rupture of membranes, normal placental delivery, good uterine contraction, and a second-degree perineal tear with approximately 300 cc of bleeding.
2. **Data Interpretation**
   The findings indicated a normal vaginal delivery complicated by a second-degree perineal tear requiring immediate management to prevent further complications.
3. **Identification of Actual and Potential Problems**
   The actual problem was a second-degree perineal tear accompanied by bleeding and perineal discomfort. Potential complications included postpartum hemorrhage, wound infection, and delayed healing.
4. **Identification of Needs**
   The mother required perineal suturing, bleeding control, regular monitoring, wound care, health education, adequate nutrition, and postpartum observation.
5. **Planning of Care**
   The care plan included suturing the perineal tear using aseptic techniques, monitoring vital signs and bleeding, assessing uterine contraction, providing education on perineal hygiene, encouraging early mobilization, and supporting nutritional needs.
6. **Implementation**
   All planned interventions were carried out according to midwifery standards. The perineal tear was repaired, the mother's condition was monitored closely, and health education was provided regarding wound care and postpartum danger signs.
7. **Evaluation**
   The mother's condition improved satisfactorily. Vital signs remained stable, uterine contractions were adequate, bleeding was controlled, the wound was properly managed, and no signs of infection or other complications were observed.

DISCUSSIONS

The findings of this case study are consistent with current evidence indicating that second-degree perineal tears are among the most common maternal birth injuries following vaginal delivery and require appropriate management to prevent postpartum complications. According to(Macedo 2024), proper identification and timely repair of second-degree perineal tears significantly reduce the risk of infection, excessive bleeding, and delayed wound healing.

The implementation of perineal suturing using aseptic techniques in this case was in accordance with standard midwifery practice.(Nainggolan 2022) Appropriate wound repair, followed by continuous monitoring of maternal vital signs, uterine contraction, and postpartum bleeding, contributed to the mother's stable condition throughout the observation period.

This finding is supported by(Uustal 2025), who reported that systematic postpartum assessment allows early detection of complications and improves maternal recovery.
Pain management and health education regarding perineal hygiene, adequate nutrition, early mobilization, and recognition of postpartum danger signs also played an important role in promoting wound healing and preventing infection. These findings are in line with (Risløkken et al. 2025) who stated that comprehensive postpartum education enhances maternal self-care, reduces discomfort, and accelerates recovery after perineal trauma.

The application of **Helen Varney's seven-step midwifery management process** provided a structured framework for delivering comprehensive and evidence-based care. Beginning with assessment, diagnosis, planning, implementation, and evaluation, the midwife was able to identify the mother's needs accurately and provide appropriate interventions. This is supported by (Edqvist et al. 2024)
who emphasized that systematic midwifery management improves the quality of maternal care and minimizes postpartum complications.

Overall, the comprehensive midwifery care provided to Mrs. S effectively supported maternal recovery after a second-degree perineal tear. Prompt suturing, continuous monitoring, health education, and evidence-based postpartum management contributed to controlled bleeding, proper wound healing, reduced pain, and the absence of infection or other postpartum complications. These findings demonstrate that comprehensive midwifery care remains essential for improving maternal outcomes and ensuring safe postpartum recovery.(Siahkal et al. 2023)

CONCLUSIONS

The findings of this case study indicate that comprehensive midwifery care implemented through Helen Varney's seven-step management process was effective in managing a postpartum woman with a second-degree perineal tear.(Situmorang, Dewi, and Simanjuntak 2023) A systematic approach, beginning with assessment and continuing through diagnosis, planning, intervention, and evaluation, enabled the provision of appropriate and individualized care that addressed the mother's clinical needs.(Azizah et al. 2025)

The interventions provided, including timely perineal suturing, continuous monitoring of maternal condition, postpartum observation, and education on perineal care, nutrition, early mobilization, and recognition of danger signs, supported a favorable recovery process. During the period of care, the mother maintained stable vital signs, experienced controlled postpartum bleeding, demonstrated satisfactory wound healing, and showed no evidence of infection or other complications.(Saputra 2025)

In conclusion, comprehensive, evidence-based, and continuous midwifery care is essential for achieving optimal maternal outcomes following second-degree perineal trauma. The application of a structured midwifery management model not only facilitates early identification and management of complications but also promotes safe postpartum recovery and improves the overall quality of maternal healthcare services.(Edqvist et al. 2024)

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