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MIDWIFERY CARE MANAGEMENT FOR MRS. S A 22 YEARS OLD WOMAN WITH SECOND-DEGREE PERINEAL RUPTURE DURING LABOR AT VINA PRIMARY CLINIC, 2026

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ABSTRACT

Background Second-degree perineal rupture is a common childbirth injury that affects the vaginal mucosa, perineal skin, and perineal muscles without involving the anal sphincter. Inadequate management may result in pain, discomfort, delayed healing, infection, restricted mobility, and reduced maternal quality of life during the postpartum period. Therefore, comprehensive postpartum care is essential to support recovery and prevent complications. **Objective** To describe the implementation of comprehensive midwifery care for Mrs. S, a 22-year-old woman who experienced a second-degree perineal rupture during labor at Vina Pratama Clinic in 2026. **Methods** This study used a descriptive case study design applying Varney's Seven-Step Midwifery Management Approach with SOAP documentation. Data were collected through interviews, physical examinations, direct observation, postpartum follow-up visits, and medical record reviews. Midwifery care included assessment, diagnosis, planning, implementation, and evaluation based on the client's condition and needs. **Results** Mrs. S experienced a second-degree perineal rupture following spontaneous vaginal delivery. Interventions provided included perineal suturing, monitoring of vital signs, assessment of uterine involution and postpartum bleeding, pain management, education on perineal hygiene, nutritional counseling, breastfeeding support, and early mobilization. Follow-up findings indicated satisfactory wound healing, decreased pain, stable vital signs, absence of infection and postpartum hemorrhage, and successful breastfeeding. The mother was also able to perform self-care independently. **Conclusion** Comprehensive midwifery care based on Varney's management approach effectively promoted wound healing, prevented postpartum complications, enhanced maternal comfort, and supported optimal recovery after second-degree perineal rupture.

Keywords: Labor; Midwifery Care; Perineal Rupture; Postpartum; Second-Degree Rupture

INTRODUCTION

Childbirth represents a natural physiological event that signifies the end of pregnancy through the expulsion of the fetus, placenta, and fetal membranes from the uterus(Siti NurmawanMurni *et al.*, 2024). Although vaginal birth is generally regarded as a normal reproductive process, various complications may arise during labor and the postpartum period.(Tarigan *et al.*, 2025) One of the most frequently encountered complications is perineal rupture, which refers to damage or tearing of the perineal tissues occurring either spontaneously during delivery or as a consequence of obstetric procedures performed during vaginal birth .Perineal injury continues to be a significant concern in maternal healthcare because it can lead to postpartum pain, excessive bleeding, infection, impaired wound healing, and a decline in maternal well-being and quality of life.(Marthe D Macedo *et al.*, 2024)

Among the different categories of perineal trauma, second-degree rupture is reported most commonly. This type of injury involves disruption of the vaginal mucosa, perineal skin, and underlying perineal muscles while sparing the anal sphincter complex(Imran Saputra surbakti, Sinaga, Hapsah, and Sinaga, 2025). Despite being categorized as a moderate degree of trauma, women affected by second-degree tears often experience ongoing discomfort, including perineal pain, painful sexual intercourse, and disturbances in pelvic floor function during the postpartum recovery period. Furthermore, greater tissue damage has been associated with prolonged recovery and increased physical discomfort following childbirth.(Edqvist *et al.*, 2024)

The occurrence of perineal rupture is influenced by multiple maternal and fetal determinants. Factors such as first-time childbirth, an extended second stage of labor, fetal macrosomia, decreased elasticity of perineal tissues, and ineffective maternal pushing techniques have been identified as important contributors to perineal trauma. (Dwan *et al.*, 2024)Consequently, the provision of appropriate intrapartum care and prompt recognition of perineal injury are crucial strategies for minimizing adverse outcomes and enhancing maternal recovery.(Marthe Dalevoll Macedo *et al.*, 2024)

Evidence from studies conducted by lecturers and students of STIKes Mitra Husada Medan has demonstrated that continuity of midwifery care plays a vital role in supporting the healing process among postpartum women with perineal rupture. (Hia *et al.*, 2025)Interventions including regular wound evaluation, pain control, nutritional guidance, education on personal hygiene, and systematic postpartum follow-up were found to contribute to faster recovery and reduce the risk of complications revealed several maternal and obstetric characteristics associated with the incidence of perineal tears in Medan (Sinaga, Sinaga and Simanjuntak, 2022) Therefore, the implementation of comprehensive midwifery management is essential to facilitate optimal postpartum recovery and prevent further complications. This case study was conducted to illustrate the application of comprehensive midwifery care for Mrs. S, who experienced a second-degree perineal rupture at Vina Pratama Clinic in 2026, utilizing Varney's Seven-Step Midwifery Management framework.(Okeahialam, Sultan and Thakar, 2024)

METHODS

This research utilized a descriptive case study approach to illustrate the provision of comprehensive midwifery care for Mrs. S, a 22-year-old postpartum woman who experienced a second-degree perineal rupture after vaginal delivery at Vina Pratama Clinic, Medan, Indonesia, in 2026. The management of the case was guided by the Continuity of Care (CoC) model and Varney's Seven-Step Midwifery Management Framework, encompassing data collection, formulation of diagnoses, identification of potential problems, determination of immediate interventions, planning, implementation, and evaluation of care.The participant in this study was a postpartum mother diagnosed with a second-degree perineal tear following spontaneous childbirth. Selection of the participant was carried out through purposive sampling based on predetermined inclusion criteria, namely postpartum women with second-degree perineal rupture who received maternity care services at Vina Pratama Clinic. Because this investigation focused on a single case report, calculation of sample size was not applicable.(Simanullang *et al.*, 2025)

Data were obtained from both primary and secondary sources. Primary information was gathered through structured interviews, direct observation, physical examinations, and scheduled postpartum follow-up assessments. Secondary information was collected from medical records, maternal health handbooks, and other relevant clinical documents. Several instruments were employed during data collection, including interview questionnaires, observation checklists, maternal health records, digital thermometers, sphygmomanometers, body-weight scales, and wound assessment sheets.Evaluation of perineal wound recovery was performed through systematic observation of clinical indicators such as redness, swelling, pain intensity, wound discharge, and tissue approximation during postpartum visits.

Throughout the study, ethical standards were strictly upheld, including obtaining informed consent, protecting participant confidentiality, maintaining anonymity, and respecting participants' autonomy and rights. When required by publication guidelines, details regarding ethical approval, including the approval number, date of issuance, and approving institution, should be reported according to the ethical clearance certificate obtained before the commencement of data collection.

RESULTS

Mrs. S, a 22-year-old woman in the postpartum period, received comprehensive midwifery care at Vina Pratama Clinic after experiencing a spontaneous vaginal birth complicated by a second-degree perineal tear. The initial evaluation indicated that the mother was fully conscious and hemodynamically stable. Her vital signs were within the normal physiological range, and no evidence of abnormal postpartum hemorrhage was detected. Physical examination confirmed a second-degree perineal rupture involving the vaginal mucosa, perineal skin, and underlying perineal muscles, with no involvement of the anal sphincter complex. The mother reported discomfort and pain in the perineal region, especially when sitting, walking, or changing position. Following the assessment, midwifery care was provided using Varney's Seven-Step Midwifery Management Process. The care plan included routine monitoring of maternal vital signs, regular evaluation of wound healing progress, pain management strategies, education regarding personal hygiene, nutritional guidance, breastfeeding assistance, and encouragement of early ambulation. Previous studies have demonstrated that such comprehensive interventions play an important role in accelerating recovery and minimizing the risk of postpartum complications among women with perineal trauma Subsequent postpartum visits showed favorable progress in the mother's recovery.(Surbakti, Sinaga and Sitorus, 2023) The intensity of perineal pain gradually diminished, enabling her to perform routine activities with greater comfort and independence. Assessment of the wound revealed a reduction in edema, good tissue approximation, and the absence of abnormal exudate. Throughout the observation period, no clinical manifestations of infection, such as erythema, excessive swelling, fever, or foul-smelling discharge, were identified. These observations support existing evidence indicating that appropriate postpartum management facilitates tissue repair and alleviates discomfort associated with second-degree perineal injuries.(Jansson *et al.*, 2020)

Furthermore, the mother demonstrated the ability to carry out self-care activities independently, maintain proper personal hygiene practices, and successfully continue exclusive breastfeeding. Compliance with nutritional recommendations and participation in early mobilization activities were considered contributing factors to the positive healing process (Berita *et al.*, 2022).At the completion of the postpartum monitoring period, the perineal wound had healed satisfactorily, pain had markedly decreased, and no maternal complications were observed. These outcomes are consistent with previous findings suggesting that comprehensive assessment, timely intervention, and continuous follow-up contribute significantly to improved recovery and lower morbidity rates among postpartum women with second-degree perineal rupture.
(Tahun, Nata and Hibrisdayanti, 2024)

DISCUSSIONS

The results of this case study indicate that the provision of comprehensive midwifery care played an important role in facilitating the recovery of a postpartum mother who experienced a second-degree perineal rupture. (Sari *et al.*, 2024)Following vaginal birth, the mother reported pain and discomfort in the perineal area, which are commonly encountered among women with perineal trauma. Previous studies have shown that second-degree perineal tears can negatively affect maternal comfort, mobility, daily functioning, and overall quality of life during the postpartum period. In this case, a gradual
reduction in pain was observed throughout the follow-up period, suggesting that the healing process progressed satisfactorily.(Djalil *et al.*, 2025)

The positive outcomes achieved may be associated with the application of comprehensive and continuous postpartum care. The interventions provided included routine assessment of wound healing, pain control measures, education regarding personal hygiene practices, nutritional guidance, breastfeeding assistance, and encouragement of early mobilization (Siti NurmawanMurni *et al.*, 2024) These interventions are recognized as essential components of postpartum care because they contribute to tissue recovery, reduce the likelihood of infection, and support maternal adaptation after childbirth. Adequate nutritional intake and proper hygiene practices are particularly important in enhancing tissue regeneration and minimizing the occurrence of wound-related complications(Maringga, Mustofa and Lestari, 2026). The findings of the present study are in line with previous case reports and research conducted by lecturers and students of STIKes Mitra Husada Medan reported that the implementation of continuity of care among postpartum women with second-degree perineal rupture was associated with effective wound healing and improved maternal health status emphasized that regular postpartum evaluations, health education, and ongoing follow-up care were beneficial in preventing complications and promoting recovery.(Sains *et al.*, 2022) These findings reinforce the importance of the Continuity of Care model as an integral aspect of midwifery services for women experiencing perineal trauma.(Perineum *et al.*, 2022)

Throughout the observation period, no evidence of postpartum infection, abnormal bleeding, or other maternal complications was identified. Clinical evaluation demonstrated progressive wound healing, as reflected by reduced pain intensity, absence of pathological discharge, and satisfactory tissue approximation. Similar outcomes have been reported in previous studies, which concluded that appropriate management and careful monitoring of second-degree perineal tears contribute to improved maternal health outcomes and faster postpartum recovery.

Overall, this case study highlights the effectiveness of comprehensive midwifery care delivered through Varney's Seven-Step Midwifery Management Process and the Continuity of Care
approach. The integration of these models contributed to successful wound healing, enhanced maternal comfort, and prevention of postpartum complications. Therefore, comprehensive and continuous postpartum care should remain a priority in midwifery practice to optimize recovery among women experiencing second-degree perineal rupture (Cendikia and Medika, 2024).

CONCLUSIONS

This case study demonstrates that the application of comprehensive midwifery care based on Varney's Seven-Step Midwifery Management Process, combined with the Continuity of Care approach, contributed positively to the recovery of a postpartum woman with a second-degree perineal rupture. The care provided encompassed regular wound evaluation, pain management, health education on personal hygiene, nutritional support, breastfeeding assistance, early ambulation, and continuous postpartum follow-up. These interventions were instrumental in facilitating tissue healing, reducing discomfort, and minimizing the risk of postpartum complications.

Throughout the observation period, the mother showed favorable clinical progress, as evidenced by decreased perineal pain, satisfactory wound healing, the absence of infection or other complications, and the ability to independently perform self-care activities. In addition, exclusive breastfeeding was successfully maintained, indicating good maternal adaptation during the postpartum period.The findings of this study emphasize the value of continuous, individualized, and evidence-based midwifery care in optimizing maternal recovery following second-degree perineal trauma. Therefore, integrating comprehensive midwifery management with the Continuity of Care model is strongly recommended to improve postpartum health outcomes, enhance maternal well-being, and support the delivery of high-quality maternal healthcare services.

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