

MIDWIFERY CARE FOR WOMEN IN LABOR WITH SECOND-DEGREE PERINEAL TEARS AT THE SARFINA PRATAMA CLINIC

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ABSTRACT

Background: Normal delivery is the physiological process of delivering the fetus, placenta, and amniotic membranes from the uterus at term gestation, namely 37–42 weeks, which occurs spontaneously through the birth canal without complications (WHO, 2025). However, complications of childbirth are still common, one of which is perineal tears that can cause postpartum pain and reduce the mother's quality of life. The high global maternal mortality rate, which is still at 197 per 100,000 live births in 2023, emphasizes the importance of improving the quality of obstetric services, including in managing complications of childbirth (Statistical Compendium, 2025). Second-degree perineal tears are the most common type that occurs in normal deliveries, especially in primiparas. Their occurrence is influenced by factors such as parity, birth weight of the baby, pushing techniques, and the skills of the birth attendant. Appropriate treatment is needed to prevent further complications, such as infection and impaired wound healing. This report aims to describe the management of midwifery care for mothers giving birth with second-degree perineal tears at the Sarfina Primary Clinic, North Sumatra Province in 2026. **method:** used is a case study with a midwifery management approach that includes assessment, diagnosis formulation, planning, implementation, and evaluation of care. **Results:** show that comprehensive and standardized midwifery care starting from identifying risk factors, correct delivery assistance techniques, to suturing and caring for perineal wounds can accelerate healing and prevent complications. **Conclusion:** Appropriate and continuous midwifery care management is very important in the management of second-degree perineal tears to improve maternal health and safety in the postpartum period..

Keywords: *spontaneous term labor, perineal laceration, obstetric services, mothers in labor)*

INTRODUCTION

Normal labor is the physiological process of expulsion of the fetus, placenta, and amniotic membranes from the uterus at term, between 37 and 42 weeks of gestation. This process occurs spontaneously through the birth canal in a cephalic presentation, lasts less than 18 hours, and is uncomplicated. Labor begins when uterine contractions cause thinning and dilation of the cervix, and ends after the placenta is completely delivered..(1) Maternal mortality is death caused by complications of pregnancy or childbirth. According to UN inter-agency estimates, the global maternal mortality ratio (MMR) fell by 40% from 2000 to 2023, from 328 to 197 deaths per 100,000 live births. This represents an average annual decline of 2.2%. While this is significant, achieving the SDG target of 70 deaths per 100,000 live births by 2030 requires an annual decline of nearly 15% between 2024 and 2030.(2)

The high maternal mortality rate is caused by various complications of childbirth, such as postpartum hemorrhage (27%), preeclampsia/eclampsia (14%), infection (11%), and prolonged or obstructed labor (9%) of all global maternal deaths. In normal childbirth, a common complication is perineal tearing, either spontaneous or due to episiotomy. (3). In primiparas, the majority, 84.9%, experience spontaneous perineal tears. (4) This occurs because the perineum is still intact and the baby has never passed through the birth canal, so the perineal muscles are not yet elastic. Meanwhile, in multiparas, spontaneous perineal tears occur in more than half of cases, namely 62.4%.(5) In addition to parity, this condition is also influenced by fetal factors such as birth weight and precipitous labor, as well as factors related to the birth attendant, such as the technique used to lead pushing during the second stage and the midwife's method of holding the perineum during delivery.(6).

The baby's birth weight, especially macrosomia, is an important factor that increases the risk of perineal tears because it can prolong the labor process and increase pressure on the birth canal. (7). This risk is also influenced by maternal parity, maternal and birth attendant factors. For most mothers, childbirth is often considered frightening because it is associated with intense pain that causes anxiety. However, this pain is an unavoidable part of labor and delivery and must be endured during and after delivery.(8).

This research supports SDG 3 by improving the quality of midwifery care to ensure maternal safety and prevent postpartum complications. For SDG 4, this research strengthens midwives' knowledge and skills through real-life case studies and education for pregnant women.(9)s For SDG 17, successful care requires cross-sector collaboration and an effective referral system. Therefore, this research focuses not only on clinical aspects but also contributes to maternal health, education, reducing economic burdens, and strengthening partnerships in line with the Sustainable Development Goals.(10)

Frequent and prolonged pushing can damage the nerves and pelvic floor structures due to increased intra-abdominal pressure and rapid stretching of the vagina and perineum. (5) When a mother pushes hard to deliver the baby, the perineal tissue resists this pressure due to its connective tissue, putting her at risk of tearing.(11) One trigger for postpartum pain is a perineal tear. Several factors can cause perineal tears, including maternal age, birth spacing, parity, precipitous labor with a large fetal head, and improper pushing position and technique.(8)

Midwifery care management for mothers giving birth with second-degree perineal tears plays an important role in preventing complications and accelerating the mother's recovery. (12). Appropriate, comprehensive, and continuous treatment is needed to reduce the risk of bleeding, infection, and postpartum discomfort.(13). The implementation of midwifery care that

combines developments in innovative, evidence-based health science and technology, and is oriented towards service excellence, can improve the quality of midwifery services. (14). This not only results in better clinical outcomes but also increases patient

METHODS.

Sarfina Primary Clinic, as one of the primary healthcare facilities in North Sumatra Province, plays a crucial role in providing obstetric care, particularly for women in labor. (15) The high rate of normal deliveries with second-degree perineal tears in primary care facilities demonstrates the need for comprehensive, standardized midwifery care management. Appropriate management, from risk identification and delivery techniques to perineal suturing and postpartum care, is crucial for the healing process and the prevention of further. (16)

COMPLICATIONS.

Based on the above research findings, we are interested in submitting a report entitled "Midwifery Care Management for Women in Labor with Second-Degree Perineal Tears at Sarfina Primary Clinic, North Sumatra Province" in 2026.

METHOD

STUDY DESIGN

This research employed an individual case study design with a qualitative approach based on Varney's midwifery management. This approach aims to examine in-depth the midwifery care process for women giving birth with second-degree perineal tears, from the assessment stage to the evaluation stage. The qualitative case study was selected based on its ability to provide a comprehensive overview of the clinical conditions and the actual implementation of midwifery practice in primary healthcare facilities.

PARTICIPANTS

The subject of this study was a 25-year-old woman (Mrs. F), with obstetric status G2P1A0 and 36 weeks' gestation, who underwent a spontaneous vaginal delivery with a second-degree perineal tear at the Sarfina Primary Clinic, North Sumatra Province, in 2026.

Subjects were selected purposively, based on their suitability to the characteristics of the case being studied, allowing for an in-depth study. The inclusion criteria for this study included women giving birth vaginally with a second-degree perineal tear, being in stable general condition, and willing to participate in the study. Meanwhile, exclusion criteria include mothers with third and fourth degree perineal tears, as well as mothers who experience severe obstetric complications.

INSTRUMENTS

The instruments used in this study included several supporting tools and formats, including the Midwifery Care Assessment Form (SOAP) to document subjective and objective data, assessments, and action planning. Additionally, physical examination tools such as a sphygmomanometer, stethoscope, and thermometer were used, as well as obstetric examination tools in accordance with midwifery service standards.

Labor progress was monitored using a partograph, while the mother's condition during the postpartum period was observed using an observation sheet. Medical record documentation was also utilized as supporting data in this study.

All these instruments were used to ensure that the data collected was accurate, systematically organized, and in accordance with midwifery practice standards.

INTERVENTION

The intervention in this case study involved providing comprehensive and continuous midwifery care to a woman giving birth with a second-degree perineal tear. These measures included assessing the condition of the mother and fetus through history taking and physical examination, establishing a diagnosis based on subjective and objective data, and aseptic suturing of the perineal wound to stop bleeding and accelerate the healing process.(17)

In addition, uterotonics are administered to prevent uterine atony and postpartum hemorrhage, along with monitoring of the mother's condition, including evaluation of bleeding and uterine contractions. Education is also provided regarding perineal wound care and genital hygiene, implementation of Early Initiation of Breastfeeding (IMD), and counseling regarding nutritional needs and danger signs during the postpartum period.(18)

All procedures are performed in accordance with standard operating procedures for midwifery services and principles of infection prevention.(19)

DATA COLLECTION

Data collection in Mrs. F's case was conducted systematically using an obstetric management approach. Data were obtained through anamnesis (subjective data) and physical and supporting examinations (objective data).

Subjective data indicated that the mother complained of increasingly frequent and strong contractions accompanied by the urge to push and the discharge of mucus mixed with blood and amniotic fluid. This indicated that the mother had entered the advanced phase of labor.

Objective data were obtained through vital signs, which were within normal limits (BP 120/80 mmHg, pulse 85–90 beats/minute, respiration 22 breaths/minute, temperature 35°C). The obstetric examination revealed full cervical dilation (10 cm), 100% effacement, ruptured membranes with clear fluid, and a normal fetal heart rate (130–155 beats/minute). Signs of the second stage of labor, such as the urge to push, a bulging perineum, and an open vulva, were also observed.

Data collection was conducted comprehensively and continuously to ensure the condition of the mother and fetus and support appropriate clinical decision-making.

DATA ANALYSIS

Data analysis in Mrs. F's case was conducted by integrating subjective and objective data collected during the assessment process. Based on these results, the mother was declared to be in the second stage of labor, characterized by a strong urge to bear down, anal pressure, a bulging perineum, and full cervical dilation (10 cm). The condition of the mother and fetus was good, as indicated by vital signs within normal limits and a stable fetal heart rate.(20) Following delivery, an obstetric diagnosis of P2A0 was established, indicating spontaneous vaginal delivery with a second-degree perineal tear, and a healthy full-term neonate with a live birth. In addition to the primary diagnosis, several accompanying problems were identified,

such as a second-degree perineal wound, the risk of postpartum hemorrhage, and the risk of suture wound infection. The analysis also included identification of potential problems, including uterine subinvolution, acute perineal pain, and possible breastfeeding disruption due to pain. The results of this analysis form the basis for determining immediate action, care planning, and follow-up monitoring to prevent complications and ensure the safety of the mother and baby.

ETHICAL CONSIDERATIONS

In the implementation of midwifery care for Mrs. F, the principles of professional ethics were applied comprehensively to ensure the safety, comfort, and rights of the patient.(21) Before the procedure was performed, the mother was given a complete explanation regarding her condition, the procedures to be performed, and the purpose and benefits of each intervention, including suturing the perineal tear and administering therapy, so that the patient could understand and agree to the procedures being performed (informed consent)(14). Patient privacy and confidentiality are also maintained by not including full identities in scientific publications. Furthermore, care is provided based on the principles of beneficence, prioritizing the safety of the mother and baby; non-maleficence, avoiding actions that could cause risk or harm; autonomy, respecting the patient's decisions and consent; and justice, providing fair care in accordance with midwifery standards. The care approach is also based on the principle of mother-friendly care, which includes providing emotional support, maintaining comfort, and involving the family in the labor and delivery process, thus creating holistic, patient-centered care. (Nicholls et al., 2022).

RESULT AND DISCUSSION

The results of midwifery care for Mrs. F indicated that labor proceeded spontaneously, with both mother and baby in good condition. The baby weighed 3,100 grams, had a strong cry, and good muscle tone. However, during delivery, a second-degree perineal tear occurred, involving the skin and muscles of the perineum. Treatment included aseptic suturing, local anesthesia, and uterotonics to prevent postpartum hemorrhage.

After the procedure, the mother's condition remained stable, with normal vital signs, good uterine contractions, and bleeding within normal limits. The perineal wound was healing, and there were no signs of infection. Early initiation of breastfeeding (IMD) was also successful. These results demonstrate that implementing the right midwifery care management approach can achieve optimal outcomes and prevent complications.

In theory, second-degree perineal tears are a common complication of normal delivery and require appropriate treatment to prevent complications such as bleeding and infection(14).

The management of this case adhered to the principles of midwifery care, including aseptic techniques, wound suturing, and continuous monitoring of the mother's condition.

Furthermore, the success of the care was supported by the implementation of the principle of continuity of care through comprehensive monitoring, intervention, education, and follow-up. Education regarding wound care, postpartum danger signs, and breastfeeding support played a crucial role in accelerating the mother's recovery and preventing complications. Therefore, there was no gap between theory and practice in this case, as all care was provided in accordance with midwifery service standards. (14).

CONCLUSIONS

Based on the discussion of Mrs. F's case using Varney's 7-step midwifery management approach, it can be concluded that the entire care process was carried out systematically, comprehensively, and in accordance with midwifery service standards and the principle of continuity of care.

1. Data collection on Mrs. F was complete, systematic, and standardized, encompassing both subjective and objective data, ensuring a thorough understanding of the condition of the mother and fetus, eliminating any gaps between theory and practice.
2. Data interpretation indicated that the mother was in the second stage of labor and was handled appropriately based on clinical signs, thus supporting accurate decision-making.
3. Identification of Diagnosis, Problems, and Needs. The established diagnosis was a normal delivery with a second-degree perineal tear, and the management provided was in accordance with the mother's needs and midwifery care standards.
4. Identification of Diagnoses/Potential Problems. Potential problems identified included postpartum hemorrhage, perineal wound infection, and uterine subinvolution, all of which were well anticipated according to theory.
5. Immediate Action: Immediate action was taken quickly and accurately, such as suturing the perineal wound, administering uterotonics, and aseptic techniques, thus preventing further complications.
6. Care Planning and Implementation: Care planning and implementation were carried out comprehensively and continuously, including monitoring the mother's condition, wound care, education, and early initiation of breastfeeding (IMD), in accordance with the principle of continuity of care.
7. Evaluation: Evaluation results indicated that the mother and baby were in good condition, no complications were found, and the objectives of midwifery care were optimally achieved with no gaps between theory and practice.

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