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CASE STUDY OF MIDWIFERY CARE WITH SECOND-DEGREE PERINEAL RUPTURE DURING LABOR

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ABSTRACT

Background: Perineal rupture is a common complication of vaginal delivery and may lead to postpartum hemorrhage if not managed properly. Appropriate obstetric and midwifery care is essential to prevent complications and support postpartum recovery. **Objectives**: This case study aimed to describe the implementation of obstetric care for Mrs. Y, a 33-year-old woman, G2P1A0, at 38 weeks of gestation with a second-degree perineal rupture at the Tutun Sehati Primary Inpatient Clinic in 2026. **Methods**: A descriptive case study design was used, applying Varney's seven-step obstetric management approach, including assessment, diagnosis and problem identification, anticipation of potential complications, immediate intervention, planning, implementation, and evaluation. Data were collected through interviews, observations, physical examinations, and medical record reviews. **Results**: The assessment showed that the patient was in the active phase of the first stage of labor with 5 cm cervical dilatation and stable maternal and fetal conditions. A healthy male infant was delivered spontaneously at 19:15 WIB, weighing 3,875 grams and measuring 51 cm in length, with an APGAR score of 10/10. During the fourth stage of labor, a second-degree perineal rupture with an estimated blood loss of 200 cc was identified. Management included perineal suturing, monitoring of vital signs, uterine contractions, postpartum bleeding, and ensuring adequate nutrition and rest. Evaluation indicated that the mother's condition remained stable, bleeding was within normal limits, the perineal wound was successfully managed, and no complications occurred. **Conclusions**: Varney's obstetric management approach was effective in managing second-degree perineal rupture, preventing postpartum complications, and promoting optimal maternal recovery.

Keywords: Normal Delivery; Second-Degree Perineal Rupture; Obstetric Management; Fourth Stage of Labor; Postpartum Care.

INTRODUCTION

Labor is a physiological process that marks the end of pregnancy and results in the delivery of the fetus, placenta, and membranes from the uterus through the birth canal. Although labor is a natural event, complications may occur during the process and contribute to maternal morbidity and mortality (Gusti et al., 2024). One of the most common complications associated with vaginal delivery is perineal rupture. Perineal rupture is a tear that occurs in the perineal tissue during childbirth, either spontaneously or due to obstetric

interventions. Second-degree perineal rupture involves the vaginal mucosa, perineal 4skin, and perineal muscles without extending to the anal sphincter. If not managed appropriately, this condition may lead to excessive bleeding, infection, delayed wound healing, pain, and impaired postpartum recovery (Pulungan, 2026).

Proper midwifery care is essential to identify risk factors, prevent complications, and provide timely management of perineal trauma (Hia et al., 2025).

Comprehensive care during labor and the postpartum period contributes to improving maternal health outcomes and reducing the risk of further complications (Sinuhaji et al., 2024). Therefore, midwives play a crucial role in monitoring the progress of labor, detecting abnormalities, and implementing evidence-based interventions (Ika herlina, Arini kusmintarti, 2023).

This article aims to describe the implementation of midwifery management for Mrs. Y, a 33-year-old G2P1A0 woman at 38 weeks of gestation with a second-degree perineal rupture at Tutun Sehati Primary Inpatient Clinic. The case was managed using Varney's seven-step midwifery management approach, including assessment, diagnosis, planning, implementation, and evaluation. The findings are expected to provide insight into the application of comprehensive midwifery care for mothers experiencing second-degree perineal rupture during labor and postpartum recovery. What are the experiences of women and midwives of non-severe perineal trauma assessment? A meta-synthesis(Giusmin et al., 2025)

RESEARCH METHOD

This study employed a descriptive case study design to provide comprehensive midwifery care for Mrs. Y, a 33-year-old G2P1A0 woman at 38 weeks of gestation with a second-degree perineal rupture. The study was conducted at Tutun Sehati Primary Inpatient Clinic on April 1, 2026. The subject of the study was selected using a case study approach based on the presence of a second-degree perineal rupture during labor (Chintiya et al., 2025).

Data were collected through direct observation, interviews, physical examinations, and documentation review. Primary data included maternal identity, obstetric history, labor progress, maternal and fetal conditions, and postpartum assessment findings. Secondary data were obtained from medical records, partographs, and other supporting documents related to maternal care. The instruments used included observation sheets, interview guidelines, physical examination equipment, and documentation forms. (Chintiya et al., 2026)

The implementation of midwifery care followed Varney's Seven-Step Midwifery Management Process, consisting of assessment, identification of actual diagnoses and problems, identification of potential problems, determination of immediate actions, planning of care, implementation of interventions, and evaluation of outcomes (Luthfi et al., 2025). Data were processed using descriptive analysis by comparing the findings obtained during the case management with existing theories, standards of midwifery practice, and relevant literature. The results were then presented narratively to describe the effectiveness of comprehensive midwifery care in managing second-degree perineal rupture during labor and the postpartum period (Meldi Yana Baene et al., 2022).

RESULTS

The case study results indicate that Mrs. Y, 33 years old, G2P1A0, and 38 weeks pregnant, presented to the Tutun Sehati Inpatient Clinic on April 1, 2026, complaining of abdominal pain radiating to the waist, bloody mucus discharge, and increasingly strong contractions(Schmidt & Fenner, 2024) Examination revealed a cervical dilation of 5 cm, a heart rate of 130 beats/minute, three contractions in 10 minutes, each lasting 30 seconds, and the general condition of the mother and fetus was good. (Debora Debora et al., 2025)

Labor proceeded normally. In the second stage, full dilation of 10 cm was observed, with signs of active labor including pushing, anal pressure, a protruding perineum, and an open vulva. The baby was born spontaneously at 7:15 PM WIB. He was a male with a birth weight of 3,875 grams, a body length of 51 cm, a head circumference of 33 cm, a chest circumference of 34 cm, and an APGAR score of 10. (Organización Mundial de la Salud [OMS], 2022)

In the third stage of labor, active management was performed, and the placenta was delivered completely at 7:30 PM WIB, with a placental diameter of 18 cm and an umbilical cord length of 50 cm. In the fourth stage, approximately 200 cc of bleeding was found, along with a second-degree perineal rupture involving the vaginal mucosa and perineal muscles without affecting the anal sphincter. The perineal wound was sutured immediately, and the mother's condition remained stable with vital signs within normal limits. (Bestari Sinaga & Ria Ningsih Safari, 2025)

DISCUSSION

Based on the results of the case study, Mrs. Y experienced a vaginal delivery complicated by a second-degree perineal rupture. According to Prawirohardjo (2022), a second-degree perineal rupture is a tear that affects the vaginal mucosa and perineal muscles but does not reach the anal sphincter. The examination of Mrs. Y revealed a tear that met this definition, thus confirming the diagnosis.(regina silaen et al., 2025)

Among the factors that can cause perineal rupture are a relatively large fetus, rapid delivery, inappropriate pushing technique, and poor perineal tissue elasticity. In this case, the baby weighed 3,875 grams, so the relatively large fetus is suspected to be a contributing factor to the perineal rupture. This finding aligns with research by Mufida and Sayuti (2023), which states that a large birth weight increases the risk of perineal rupture in women giving birth. (Macedo et al., 2024)

The management provided complied with Normal Delivery Care (APN) standards, including monitoring the first to fourth stages of labor, active management of the third stage, identification of perineal ruptures, and suturing. According to Nursalam (2020), prompt and appropriate management of perineal ruptures can prevent postpartum hemorrhage, infection, and other complications. In this case, the bleeding was only approximately 200 cc, and the mother's condition remained stable after suturing and observation. (Andriyani et al., 2025)

Furthermore, continuous monitoring of vital signs, uterine contractions, fundal height, and nutritional and rest needs were also performed. This aligns with midwifery management theory, which emphasizes the importance of postpartum observation for early detection of potential complications. (Risløkken et al., 2025)

Based on a comparison between theory and practice, no significant gaps were found in the provision of midwifery care in Mrs. Y's case. All stages of midwifery care were

implemented according to standards, ensuring the good condition of the mother and baby until the end of the observation period. (Putri & Febrianti, 2022)

Conclusion

Based on a case study conducted on Mrs. Y, 33 years old, G2P1A0, at 38 weeks gestation with a second-degree perineal rupture at the Tutun Sehati Primary Inpatient Clinic, it can be concluded that comprehensive obstetric care was provided in accordance with Normal Delivery Care (APN) standards. The labor process proceeded normally from the first to the fourth stage, resulting in the birth of a healthy baby boy weighing 3,875 grams and an Apgar score of 10.(Harrison et al., 2026)

In the fourth stage of labor, a second-degree perineal rupture was detected, characterized by injury involving the vaginal mucosa and perineal muscles without extending to the anal digit. Immediate management through perineal suturing, monitoring maternal vital signs, observing postpartum bleeding, and providing nutritional support was successful. The mother remained stable, postpartum bleeding was within normal limits, and no further complications occurred. (Mukhtar, 2023)

The findings indicate that the implementation of systematic obstetric management, including assessment, diagnosis, planning, implementation, and evaluation, contributed to the successful management of this case. No significant discrepancies were found between theoretical concepts and clinical practice. (Mukhtar, 2023)

SUGGESTIONS

1. For Midwives and Health Care Providers
   - Continue implementing evidence-based midwifery care and APN standards to ensure early detection and appropriate management of perineal trauma during labor.
   - Improve counseling regarding proper pushing techniques and birth preparedness to reduce the risk of perineal rupture.
2. For Pregnant Women
   - Attend regular antenatal care visits and actively participate in maternal health education programs to increase knowledge regarding labor preparation and postpartum care.
   - Follow the instructions of health professionals during labor, particularly regarding effective pushing techniques.
3. For Educational Institutions
   - Strengthen clinical training and simulation programs related to labor management and the management of obstetric complications, including perineal rupture.
   - Encourage students to integrate theoretical knowledge with clinical practice through evidence-based approaches.
4. For Future Research
   - Further studies are recommended to investigate factors associated with perineal rupture, including fetal birth weight, maternal characteristics, and labor management practices.
   - Comparative studies involving larger samples are needed to evaluate strategies for preventing perineal trauma during childbirth.

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