INTRANATAL CARE FOR MRS. "T" WITH GRADE I PERINEAL RUPTURE AT BPM AULIA

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A B S T R A C T

Background: *Perineal tear is a tear that occurs when a baby is born either spontaneously with the use of tools or actions. Perineal tears can occur in the midline and edge of the perineum, can be wide if the fetal head is born too quickly.* ***The purpose of*** *compiling this final report is to carry out Intranatal Care Midwifery Care for Mrs. "T" with Grade I Perineal Ructure at BPM Aulia in Baubau City.* ***The subjects*** *in this study were pregnant women, namely Mrs. "T" with Grade I Perineal Ructure at BPM Aulia in Baubau City.* ***The method*** *used in this study uses a case study with a descriptive approach using seven Varney steps and the SOAP intervention method.* ***Results:*** *physical examination results found data: TTV (BP: 120/80 mmHg, N: 80x/minute, P: 20x/minute, S: 37.10C), TFU 3 fingers below PX (34 cm), the back of the fetus is on the left side of the mother, the lowest part of the fetus is the head and has entered the upper entrance of the pelvis, DJJ: 146x/minute, dilation 02 cm. At 13:30 WITA the dilation was complete (10 cm). The baby was born at 14:00 WITA normally without complications, the placenta was completely born at 14:10 WITA. For 2 hours later, observations were carried out with the results of the condition of the mother and baby being good.* ***Conclusion:*** *Care for Mrs. "T" was carried out in as much detail as possible in accordance with midwifery care and midwifery service standards****.***

INTRODUCTION

Perineal tears are a common condition that occurs when a baby is born, either spontaneously or with the help of certain tools or measures. These tears usually appear at the midline or edges of the perineum and can become more extensive if the fetal head is delivered too quickly, increasing the risk of trauma to the perineal tissues (Kettle, C., et al. 2016).) When a perineal tear occurs, bleeding varies from mild to severe, so it is important to monitor the source and volume of bleeding to prevent more serious complications. The source of bleeding can come from several areas of the birth canal, including the perineum, vagina, cervix, and uterine rupture.

Perineal tears are a common condition that occurs when a baby is born, either spontaneously or with the help of certain tools or actions. According to the incidence of perineal tears, especially degrees I and II are common in first-time mothers or with large birth weight babies. In Indonesia, (Indonesian Ministry of Health. 2020) notes that perineal tears contribute significantly to postpartum complications, especially if bleeding is not managed properly. Bleeding in perineal tears varies from mild to severe, so it is important to monitor the source and volume of bleeding to prevent serious complications. Bleeding can originate from several areas of the birth canal, such as the perineum, vagina, cervix, and even uterine rupture. (Sultan, A. H., et al. 2018)

Some techniques to reduce the risk of perineal tears during labor. Techniques such as warm compresses and perineal massage in the final stages of labor have been shown to reduce the incidence of third- and fourth-degree perineal tears, especially in first-time mothers or babies with large birth weights. In addition, these strategies reduce the need for episiotomy, thereby easing trauma and speeding maternal recovery. WHO recommends these practices as part of sensitive care to improve the birth experience for the mother. (WHO 2020)

Factors causing perineal tears include various aspects, from the mother, fetus, and the labor process. Maternal factors include parity, birth spacing, age, and improper technique of delivery. On the fetal side, risk factors such as large body weight and fetal position (presentation) contribute to this tear. Delivery procedures with the help of tools such as forceps or vacuum, tool trauma, episiotomy, and improper handling by birth attendants can also increase the risk of perineal rupture. (Fenner, D. E. et al. 2017)

Wound healing of perineal tears is strongly influenced by internal and external factors. Internal factors such as maternal age, personal hygiene, and nutrition play an important role in accelerating the recovery process. Good nutrition, as mentioned by (Halle, C., Grahn, M., and Holmgren, C. 2019)

The risk of infection in poorly managed perineal wounds is high, especially when there are factors that allow contamination from exogenous (outside the body), autogenous (from other parts of the body), or endogenous (from the birth canal) bacteria. Research by (Johnson, J., and Morrow, P. 2020)showed that perineal care education can be an effective intervention in the prevention of infection in postpartum mothers. Lack of maternal knowledge on how to care for the perineum is one of the main causes of infection that can be prevented through education and health interventions.

Data from BPM Aulia shows that grade I perineal tears are a frequent case experienced by laboring mothers. This is consistent with findings in previous studies showing a high incidence of perineal trauma in normal labor, especially in first-time mothers or those with large babies. (BPM Aulia 2023 data). Based on this data, the researcher felt the need to conduct a case study on midwifery care in laboring women, especially in Mrs. "T" who experienced a first degree perineal tear, in order to assess the effectiveness of the existing midwifery care approach.

The importance of perineal wound care at home is a major concern to avoid secondary infection. (Johnson, J., and Morrow, P. 2020) noted that maternal education on perineal wound care, such as keeping the area dry, changing dressings regularly, and cleaning the area properly, is necessary. Personal hygiene is an important aspect, especially to reduce exposure to bacteria from the environment that can worsen wound conditions. This education can be a simple yet effective intervention in reducing postpartum infection rates, especially for mothers who experience first to second degree perineal tears.

In addition to physical factors, socioeconomic and psychological aspects also play an important role in the recovery process. (Halle, C, et al. 2019) noted that mothers with good social support tend to have a faster and more effective recovery. Adequate economic status allows access to good nutrition and hygiene products that support the wound healing process. In addition, emotional and educational support from family or health professionals contributes to reduced levels of postpartum stress and anxiety, which also supports more optimal perineal recovery.

Based on data from BPM Aulia every month, there are several problems that are often experienced by laboring women, especially laboring women who experience perineal tears, therefore researchers are interested in taking a case study of Midwifery Care for Maternity in Mrs.T with Perineal Tears of the first degree.

METHODOLOGY

In this study, midwifery care was provided to Mrs. "T" who experienced a grade I perineal tear during labor, using Varney's 7-step midwifery management approach to comprehensively understand the condition, identify emerging problems, and provide evidence-based interventions to support perineal recovery. Data collection was done through interviews, physical examination, direct observation, and supported by secondary data from medical records and relevant literature. (Notoatmodjo, S. 2012). The descriptive method used aims to reveal an in-depth picture of this care. Research by (Kettle, C., et al. 2016) showed that comprehensive and evidence-based perineal wound management, such as handling according to suture technique and monitoring hygiene, is effective in accelerating healing and reducing the risk of postpartum infection.

RESULTS AND DISCUSSION

Subjective Data

Mrs. "T" is a 21-year-old woman, from the Buton tribe, Muslim, and has a high school education. She has been married for one year to Mr. "H", a 21-year-old man who works in shipping, and they live in Mandati. On arrival at BPM, Mrs. "T" complained of pain in the lower abdomen radiating to the back, accompanied by mucus discharge mixed with blood.

This sign indicates the beginning of labor. Mrs. "T" stated that this was her first pregnancy, and she had her last period on November 22, 2020, indicating that the gestational age had reached 42 weeks. There was no family history of hypertension, diabetes, or other infectious diseases that could affect labor. A healthy lifestyle during pregnancy, with nutritional intake and adequate sleep patterns, helps maintain the mother's physical condition to be optimal for labor.

Objective Data

At the examination on August 8, 2021, Mrs. "T"'s general condition was good, with compos mentis consciousness. Vital signs were stable, namely Blood Pressure 120/80 mmHg, Pulse 80 x/min, Breathing 20 x/min, and Temperature 36.5 °C. The fetal position was identified according to the palpation examination; dorsal position on the left side of the mother's abdomen and head at the bottom,

with a DJJ (Fetal Heart Rate) of 136 beats/minute, indicating the fetus was in good condition and ready for birth.

Analysis

Mrs. T G1P1A0 21 years old, 38 weeks 4 days pregnant with complaints of blood discharge mixed with mucus from the birth canal.

Management

On August 8, 2021, labor management was carried out with several steps of physical and emotional assistance and close monitoring of Mrs. "T"'s labor progress. First, vital signs were monitored every 30 minutes to ensure the stability of the mother's condition. Mrs. "T" was also taught breathing and relaxation techniques to reduce pain during contractions. Adequate fluid intake was advised to keep the mother strong for labor, which could last for hours.

At time II, after complete opening, the baby's head is delivered using the technique of protecting the perineum to prevent high-grade perineal rupture. This process is done slowly and purposefully so that the perineum is not torn due to pressure.

IMD (Early Breastfeeding Initiation) is done by placing the baby on the mother's belly for the first hour after birth. The goal is to strengthen the mother-infant relationship, encourage the natural release of oxytocin which can accelerate uterine contractions to prevent postpartum hemorrhage. In stage III, the placenta is removed by a controlled procedure called Controlled Umbilical Cord Stretching (PTT), minimizing the risk of tearing or complications. Close monitoring of bleeding is done, and uterine massage to ensure good contractions so that the risk of bleeding is minimal.

At time IV, uterine monitoring is done every 15 minutes during the first hour and every 30 minutes in the second hour, by checking vital signs and monitoring uterine contractions. This aims to detect possible complications such as postpartum hemorrhage or uterine hypotonia early. Observation is done by checking vital signs, as well as ensuring the comfort of the mother and baby through supportive positions and keeping the mother clean from amniotic fluid, mucus and blood to prevent infection.

DISCUSSION

Subjective Data

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According to research (Mahmudah, N., Sari, N., and Rahmawati, R 2020) a good health history and a regular lifestyle play an important role in supporting safe natural childbirth. With no history of illness or complications, Mrs. "T" was in a condition that strongly supported childbirth without additional complications.

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Study by (Kurniawati, D., et al., 2021) supports that stable maternal vital signs and appropriate fetal position are important factors for successful normal delivery. The optimal position of the fetal head in the mother's pelvis also indicates the physical readiness of the mother and fetus in a progressive and safe delivery process. According to obstetric theory, stable vital signs in pregnant women before labor is an important indicator that the mother has optimal physical readiness to undergo labor. Blood pressure

within the normal range indicates no stress or distress to the cardiovascular system, which is important for spontaneous labor (ACOG 2021). In addition, the optimal position of the fetus, where the back is on the left side of the mother's abdomen and the head is pointing down, is known as the anterior position, which is the ideal position for normal labor. In their study, Kurniawati and colleagues mentioned that the optimal position of the fetal head in the mother's pelvis affects the duration and ease of labor, resulting in more progressive labor and lower risk of medical intervention.

Analysis

Based on the examination data, Mrs. "T" was diagnosed with active phase I labor in her first pregnancy, with the mother and fetus in good condition. Intense pain in the lower abdomen and pressure in the anal area indicate that the mother's body has prepared itself for the final stage of labor. This is in line with research by (Utami, D. and Wulandari, E. 2023)who observed that an increase in contractions and pelvic pressure is an indication of the body's readiness to enter the next phase of labor.

Labor theory states that the active phase of the first stage is characterized by an increase in the intensity of uterine contractions that help the fetus move down into the pelvis and prepare the mother for the next stage of labor. (Myers, J., and Jones, T. 2022).. Research by (Utami, D., and Wulandari., E 2023) also supports that strong contractions and pressure on the pelvic area are signs of the body's readiness to enter the advanced phase of labor. At this point, regular observation is essential as it allows medical personnel to monitor the development of contractions and the mother's response, so that labor can proceed without the need for unnecessary interventions. According to this theory, labor with effective and regular contractions is associated with successful normal delivery and may reduce the risk of prolonged labor or complications due to intervention. (WHO 2018)

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At time II, after complete opening, the baby's head is delivered using the technique of protecting the perineum to prevent high-grade perineal rupture. This process is done slowly and purposefully so that the perineum is not torn due to pressure. This technique is in accordance with the guidelines (WHO, 2020) which emphasizes the importance of perineal protection to reduce the risk of more severe ruptures.

IMD (Early Breastfeeding Initiation) is done by placing the baby on the mother's stomach for the first hour after birth. The goal is to strengthen the mother and baby relationship, encourage the natural release of oxytocin which can accelerate uterine contractions to prevent postpartum hemorrhage. According to research (Sari, F. and Nurhidayati, A. 2022)(Sari, F. and Nurhidayati, A. 2022), IMD is not only beneficial for babies but also helps postpartum recovery in mothers through increased production of the hormone oxytocin. Fetuses of mothers who experience nutritional deficiencies, especially in the second trimester of pregnancy, often have thin body proportions due to impaired growth. One of the efforts that can be made to support maternal and infant health is through increased breast milk production, which can be achieved through early breast care, proper breastfeeding techniques, and intake of foods that support breast milk production, such as papaya which contains lactagogues. (Altahira et al. 2022)

At term III, the placenta is removed by a controlled procedure called Controlled Umbilical Cord Stretching (PTT), minimizing the risk of tearing or complications. Close monitoring of bleeding is done, and uterine massage to ensure good contractions so that the risk of bleeding is minimal. Research by (Herlina, S., Pertiwi, T., and Anjani, R. 2023) states that contraction management and monitoring of bleeding in the third stage reduces the risk of serious postpartum hemorrhage.

At time IV, uterine monitoring is done every 15 minutes during the first hour and every 30 minutes in the second hour, by checking vital signs and monitoring uterine contractions. This aims to detect possible complications such as postpartum hemorrhage or uterine hypotonia early. Observation is done by checking vital signs, as well as ensuring the comfort of the mother and baby through supportive positions and keeping the mother clean from amniotic fluid, mucus and blood to prevent infection.

This management follows the guidelines of the concept of the Healthy Indonesia Program with a Family Approach (PIS-PK), as described by (Anita, L. F. V. G. 2022) PIS-PK emphasizes the

importance of a comprehensive approach to maternal health care through education, family support, and continuous monitoring to create a safe and comfortable delivery experience for mothers and babies.

CONCLUSION

After performing midwifery care on Mrs. T in accordance with the stages of labor, the author discusses the comparison between theory and study results in care practice. Based on Mrs. T's case, it was found that there was a gap in the time of stage I and stage II compared to the theory, where stage I lasted longer, while stage II lasted according to the time guidelines for multigravida. This shows that variations in labor duration can occur and are influenced by various individual factors.

At Stage III, signs of placental detachment were in accordance with theory, with appropriate duration between cases and theory, indicating harmony between practice and literature. Stage IV also proceeded smoothly with close monitoring of TTV, uterine contractions, and post partum hemorrhage, which was in accordance with postpartum observation guidelines.

From the observation, Mrs. T showed a positive response to the care provided, with a stable condition at stage IV and without complications affecting both mother and baby. The time gap between the first and second stage needs to be a concern in further evaluation, especially to support a safe and comfortable delivery process for the mother.

Overall, the application of appropriate and theory-based midwifery care at BPM gave good results in this case. It is hoped that a deeper understanding of the variability in labor can help midwives anticipate and handle potential obstacles during the labor process, as well as provide optimal support for the mother.

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