



CASE REPORT OF MIDWIFE CARE IN 19 YEARS OLD NY "M" WITH POSTPARTUM BLEEDING DUE TO PERINEUM RUPTURE DEGREES III AT ROEMANI MUHAMMADIYAH HOSPITAL, SEMARANG

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ABSTRACT

Postpartum hemorrhage is one of the important problems because it is related to maternal health which can cause death. One of the factors that influence the occurrence of postpartum hemorrhage is uterine atony, retained placenta, birth canal laceration, and blood clotting disease (Ani Kristenningsih, 2019). The method used in compiling this final report is a case study method with a midwifery management approach and documentation through SOAP. Data were obtained by means of interviews, physical examination, observation and literature study. The results of the study obtained subjective data that Mrs "M" was 19 years old, gave birth to her first child 1 hour ago. The placenta was born spontaneously 15 minutes later, after giving birth the mother experienced profuse bleeding. The results of the TTV examination are: BP: 100/65 mmHg, N: 85x/minute, S: 36.3C, RR: 21x/minute, but the akral feels cold, the conjunctiva is pale, TFU 1 finger below the center, good contractions, looks like a tear in the vaginal mucosa, posterior commissure, perineal skin, and perineal muscles. The management provided was to provide oral informed consent, conduct exploration to identify bleeding, irrigate the wound site and clean it with antiseptic, stop the source of bleeding, prepare the device, anesthetic lidocaine 1%, position the mother comfortably, perform suturing, observe TTV, contractions and bleeding.

Keywords: *Postpartum haemorrhage, Perineal Rupture.*

PRELIMINARY

According to the World Health Organization (WHO 2019) the maternal mortality rate (MMR) in the world is 303,000 people. MMR in ASEAN is 235 per 100,000 live births (ASEAN Secretariat, 2020). According to the Indonesian Demographic and Health Survey (IDHS) data, the MMR in Indonesia increased from 228 per 100,000 live births in 2002 – 2007 to 359 per 100,000 live births in 2007 – 2012. MMR decreased in 2012 – 2015 to 305 per 100,000 births. life and the number of MMR in Indonesia in 2019 as many as 4,221 cases (Kemenkes RI, 2019).

The Indonesia Health Profile 2018 states that the five biggest causes of maternal death are bleeding, hypertension, infection, prolonged/obstructed labor and abortion. Postpartum hemorrhage is the main cause of maternal death in Indonesia. Postpartum haemorrhage caused, among others, uterine atony (50%), rupture of the birth canal (23%), retained placenta (16%), retained placenta (7%), blood disorders (4%). Postpartum bleeding with a well-contracted uterus is usually caused by the cervix or vagina (Kemenkes RI, 2019).

In Asia, perineal rupture is quite a problem in society, 50% of the incidence of perineal rupture in

the world occurs in Asia (Aisya, 2018). Tear of the birth canal is the second cause of postpartum hemorrhage. Postpartum bleeding with good uterine contractions is generally caused by a tear in the birth canal (rupture of the perineum of the vaginal wall and tearing of the cervix). This can be defined by performing a careful and thorough examination of the birth canal (Cunningham, F. Gary., Leveno., 2018).

Perennial rupture is a tear that occurs when the baby is born, either spontaneously or by using a tool or action. Rupture of the perineum is divided into 4 levels, namely rupture of the perineum grades I, II, III, IV. Perineal rupture generally also occurs in labor if the fetal head is born too quickly, labor is not led properly, perineal scarring and shoulder dystonia (Proverawati A and Siti A, 2017).

METHOD

In the study of case reports, midwifery care was carried out using a midwifery management approach and documentation through SOAP. Data were obtained by means of interviews, physical examination, observation, and literature study.



INFORMATION ABOUT PATIENT

In this case the patient named Mrs "M" 19 years old, female gender, Javanese ethnicity, IRT occupation. The main complaint: the mother said she felt weak because a lot of blood was coming out of the birth canal.

Mother said that no one in her family suffers from chronic, hereditary and infectious diseases. Mother also said that her family was very supportive of her current pregnancy. The lifestyle that is lived is also normal and there are no bad habits such as smoking, drinking alcohol and so on.

CLINICAL FINDINGS

The results of the physical examination showed that the general condition of the mother: adequate, consciousness: composmentis, BTV: BP: 100/65mmHg, N: 85x/minute, S: 36.3C, RR: 21x/minute. TFU: 1 finger below the center, good uterine contractions, there is a third degree perineal rupture, bleeding \pm 650 cc.

TIMELINE

Mother said that when she came to the emergency room at Roemani Muhammadiyah Hospital, Semarang at 14.30 WIB, she began to feel heartburn accompanied by mucus mixed with blood. In the ER, 20 tpm of RL infusion was installed. At 15.00 WIB, they were transferred to Ayyub 1 room and performed VT with an opening result of 7, FHR : 148x/minute, His : 4x in 10 minutes, 35 seconds long and placed in the surveillance room. At 17.30 WIB, a repeat VT was carried out with the results of the complete opening and being immediately transferred to the VK room. At 16.20 WIB the baby was born spontaneously, immediately started crying, male gender, weight 3600 grams, body length 50 cm, head circumference 34 cm, chest circumference 35 cm, LILA 11 cm assisted by the midwife. The placenta was born completely within 10 minutes later, after the placenta was born the mother experienced profuse bleeding.

DIAGNOSTIC CHECK

Diagnostic examination in this case was carried out by supporting examinations, namely from laboratory results: Hb: 10gr/dl, GDS: 90, HBsAg: negative, urine protein: negative, Platelets: 340000/mm, Leukocytes: 8850/mm, Hematocrit: 30%. There is no problem in the diagnostic examination.

THERAPY ACTION

The management provided was to provide oral informed consent, conduct exploration to identify bleeding, irrigate the wound site and clean it with antiseptic, stop the source of bleeding, prepare the device, anesthetic lidocaine 1%, position the mother comfortably, perform suturing, observe TTV, contractions and bleeding.

FOLLOW-UP AND RESULT

The follow-up carried out in this case was to monitor blood loss, uterine contractions, maternal TTV and repeated laboratory checks.

DISCUSSION

In the results of the study of the case study of midwifery care on Mrs. "M" it was found that Mrs. "M" was 19 years old, in this subjective data age was a risk factor for postpartum hemorrhage. At the age of >35 years the myometrium and muscle tone weaken which causes the possibility of no pressure on the blood vessels at the placental implantation site, resulting in postpartum hemorrhage, while at the age of <20 years the reproductive function has not fully developed (Sofian, 2012). Research conducted by Pubu et al (2021) stated that maternal age >35 will increase the risk of postpartum hemorrhage by 0.96 times. The older the mother, the higher the postpartum haemorrhage, because with the increasing age of the mother, it will cause a decrease in the elasticity of the birth canal and the worsening of uterine contractions.

In this case, it was also found that the rupture of the perineum occurred because the pressing technique carried out by Mrs. "M" was not appropriate or not good. The theory says that the pressing technique is one way to reduce the occurrence of tears in the perineum. Research conducted by Sri Handayani et al in 2016 with the title Relationship of the Straining Position with the Rupture of the Perineum in Maternity Mothers found that the pushing position between the non-sitting and half-sitting positions was the same (50%). The incidence of rupture of the perineum is more common in women with a non-sitting position (56%).

In this case, it was also found that the mother's hemoglobin was less than normal at 10 g/dl. Patients with anemia can also cause blood thinning so that it will affect the body's resistance, making the mother's condition weak, causing weakness of the uterine



muscles to contract (uterine atony), this triggers bleeding after childbirth (Yusriana, 2017).

The results of this study are in accordance with research (Yekti Satriyandari, Nena Riski Hariyati 2017) which states that women who experience anemia in childbirth with hemoglobin levels <11 g/dl will be quickly disturbed by their condition if there is even a slight loss of blood.

Conditions in labor make it difficult to determine the amount of bleeding that occurs, so the limit on the amount of bleeding is stated as bleeding that is more than normal and has caused changes in vital signs, among others, the patient complains of weakness, unsteadiness, cold sweats, systolic pressure <90, pulse > 100x/ minutes, Hb level < 8 g/dl.

PATIENT PERSPECTIVE

In this case the patient did not share any experiences because this was the first pregnancy and delivery.

INFORMED CONSENT

In this case, informed consent was given orally.

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