

CASE REPORT ON A POSTNATAL MOTHER WITH PERINEAL WOUND PAIN AND LACTATION DISORDERS IN THE WORKING AREA OF THE AROSBAYA COMMUNITY HEALTH CENTER, BANGKALAN REGENCY

Nadia Fardiana Isnaini Lestari ^{1*}, Deasy Irawati ², Siti Anisak ³, Sri Wayanti ⁴

^{1*,2,3,4} Midwifery Study Program / Poltekkes Kemenkes, Surabaya - Indonesia

E-mail: nadiaafardiana@mail.com^{1*}, deasy@poltekkes-surabaya.ac.id², nisak@poltekkes-sruabaya.ac.id³, sriwayanti667@gmail.com⁴

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Abstract

The postpartum period is a crucial recovery phase for mothers, often complicated by perineal pain due to tears or episiotomy. This pain can restrict movement, hinder daily activities, and disrupt lactation patterns. This case report describes midwifery care for a postpartum mother with grade II perineal lacerations and lactation issues. Data were collected through interviews, observations, documentation, and physical examinations. Pain was assessed using the Numeric Rating Scale (NRS) and Visual Analog Scale (VAS), while lactation patterns were evaluated based on frequency, duration, and breastfeeding techniques. The subject was a P1A0 mother on the third day postpartum. Interventions included personal hygiene education, nutrition, sitting position, early mobilization, warm compresses, lavender aromatherapy, and support for optimal lactation. Results showed that during the first visit, the mother experienced moderate to severe pain and limited mobility. However, after three visits, pain intensity decreased significantly, mobility improved, and the mother's self-care knowledge enhanced. Lactation patterns were smooth, wounds healed without infection, and uterine involution was normal. Daily activities resumed without hindrance. This midwifery care effectively reduced perineal pain, improved lactation, and enhanced the mother's self-care understanding. Support through education, family involvement, and safe, non-pharmacological interventions helped the mother navigate postpartum recovery without complications.

Keywords: *Lactation pattern disorders; midwifery care; non-pharmacological; postpartum period; perineal pain.*

INTRODUCTION

The postpartum period (puerperium) begins after the delivery of the placenta and lasts until the reproductive organs return to their original condition, usually within approximately 6 weeks or 42 days (Sutanto, 2022). During this period, postnatal mothers experience significant physical and psychological changes. One of the physical changes that occur is uterine contractions, which aim to prevent bleeding and shrink the uterus back to its original size (uterine involution). However, these contractions can cause pain in the mother's abdomen. In addition, mothers often experience tears in the birth canal due to pressure during childbirth, which require stitches. These wounds generally heal within 2-3 weeks, depending on the elasticity of the tissue and the care provided (Winarningsih, 2024).

Pain from perineal tears is usually felt on the first day after delivery, especially in mothers who have experienced perineal rupture (Yamada et al., 2024). This pain can interfere with the mother's comfort, especially when performing basic activities such as sitting and walking, which causes limited mobility (Saadah, 2022). According to data from the World Health Organization (WHO), approximately 2.7 million mothers experience perineal rupture during childbirth, and this number is estimated to increase to 6.3 million by 2050 (Sari et al., 2023). In Indonesia, approximately 85% of 20 million mothers who give birth experience birth canal injuries, and 35% of them experience perineal tears (Ulya, 2025). A preliminary study at the Arosbaya Bangkalan Community Health Center in October 2024 showed that of the 4 mothers who gave birth, 75% experienced perineal tears and 100% felt pain in the perineal wound between the first and seventh days. A total of 67% of them experienced mobility problems (internal data, 2024). Pain due to perineal rupture stimulates the hypothalamus to release pain receptors, which exacerbates the pain (Ria Gustirini, 2021). Factors such as the mother's age and knowledge about perineal wound pain also influence pain perception. Older mothers tend to have lower pain tolerance (Khatimah, 2022), while mothers' knowledge about the healing process can reduce anxiety and improve expectations regarding pain (Ria

Gustirini, 2021). Persistent perineal wound pain can hinder early mobilization, which is important for recovery. Fear of urinating or defecating is also common due to pressure on the perineal area, which causes intense discomfort. This can affect the mother's sleep quality and daily activities, including caring for the baby (Saadah, 2022). If pain is not properly managed, long-term effects can include decreased libido and orgasm, as well as an increased risk of infection that can slow the healing process (Syalfina et al., 2021). In fact, damage to the pelvic floor muscles during childbirth can increase the risk of pelvic organ prolapse (Huber, 2021). The Indonesian Ministry of Health (2020) regulates policies for postpartum mothers by ensuring regular health visits, starting from the first visit (6 hours to 2 days after delivery) to detect complications such as bleeding or infection early on, to the fourth visit (29th to 42nd day) to monitor the mother's overall recovery. Midwives play a crucial role in providing consistent care and support to mothers during the postpartum period, both physically and emotionally. Midwives also play a role in boosting mothers' confidence in caring for their babies (Winarningsih, 2024).

To address perineal wound pain, proper wound care is essential, such as washing hands before touching the perineal area, cleaning the perineum with running water from front to back, and changing pads 2-3 times a day (Olvaningsih, 2024). In addition, non-pharmacological techniques such as warm compresses and aromatherapy have also been proven effective in relieving pain. Warm compresses can increase comfort, relieve pain, and accelerate wound healing. Lavender aromatherapy, which contains linalool and linalyl acetate, can also relieve pain by stimulating the hypothalamus to release endorphins, hormones that play a role in pain control (Khusniyati, 2023). Overall, proper care, ongoing educational support, and the role of family and midwives are essential to ensure optimal postnatal recovery for mothers and reduce the negative impact of perineal pain.

The general objective of this study is to describe midwifery care for postpartum mothers with perineal wound pain and limited mobility on the third day in the working area of the Arosbaya Bangkalan Community Health Center. Specifically, it aims to identify subjective data on postpartum mothers with perineal wound pain and limited mobility on the third day in the working area of the Arosbaya Bangkalan Community Health Center. Identify objective data on postpartum mothers with perineal wound pain and limited mobility on the third day in the working area of the Arosbaya Bangkalan Community Health Center. To analyze data on postpartum mothers with perineal wound pain and limited mobility on the third day in the working area of the Arosbaya Bangkalan Community Health Center. To plan and evaluate midwifery care for postpartum mothers with perineal wound pain and limited mobility on the third day in the working area of the Arosbaya Bangkalan Community Health Center.

LITERATURE REVIEW

Postpartum Period

The postpartum period is the period after a woman gives birth. Biologically, this period begins after the placenta is delivered and ends when the uterus returns to its pre-pregnancy and pre-delivery state. The postpartum period lasts approximately six weeks or 42 days. During this period, the mother's body undergoes a recovery process, including various physical and physiological changes. During the postpartum period, some mothers may experience discomfort such as perineal tears, which cause pain that can develop into health problems if not treated properly (Marliandiani, 2024).

Postpartum Discomfort

Some common complaints experienced by mothers include abdominal pain due to the uterus contracting back to its original size, postpartum bleeding (lochia), breastfeeding problems such as sore nipples and breast engorgement, and difficulty passing urine or stool due to hormonal changes and fear of pain. However, one of the most dominant complaints that many mothers find quite disturbing is pain in the perineal wound. Discomfort from a perineal wound can be felt when sitting, walking, and even when urinating. Swollen or inflamed wounds will increase the pain, especially if there is an infection. Many mothers also feel worried and anxious when defecating because they are afraid that the wound will reopen, which often causes constipation and excessive pressure on the perineal area. This constant pain can have an emotional impact on the mother (Ernawati 2022).

Basic Concepts of Perineal Pain During the Postpartum Period

This experience is subjective and unique to each individual, and is influenced by culture, personal perception, level of attention, and other psychological factors (Rejeki 2020). In Madurese culture, new mothers are encouraged to mobilize early, but are prohibited from bending their legs or sleeping on their side during the postpartum period so that pain does not interfere with daily activities and encourage individuals to try to stop or relieve the pain (Istianah 2023). Perineal pain can be caused by several factors, including: perineal tears, episiotomy, perineal wound infection,

and hormonal factors. Pain in the perineal area is a common complaint, especially among mothers who experience natural tears or undergo episiotomy during childbirth. Some common symptoms include: pain in the perineal area, swelling and redness, discharge or pus, fever and discomfort, and difficulty or fear when defecating (Triana et al., 2018; Azizah & Rosyidah, 2019; Sukma, 2017; Saadah, 2022).

Midwifery Care Concept for Postpartum Mothers with Perineal Pain Using Varney's Management and Documented with SOAP

According to the Midwifery Documentation Teaching Material Book (Almeida et al. 2016), SOAP is a documentation method used in midwifery care to ensure systematic and comprehensive care. The following is its application in postpartum mothers with perineal wound pain, which is subjective data and objective data. Identifying information such as age, education, and occupation. Next are the main complaints, the mother's and family's medical history, psychological history, pregnancy history, previous deliveries and postpartum periods, current delivery history, cultural history, and daily habits (Khatimah, 2022; Almeida et al., 2016; Ghassani et al., 2020; Olvaningsih, 2024; Sulfianti, 2021; Silalahi et al., 2022). Meanwhile, objective data consists of postpartum examinations such as general examinations: general condition, consciousness. Examination of vital signs such as blood pressure, body temperature, pulse, respiration. Next is anthropometric examination and special examination: face, eyes, breasts, abdomen, vulva and perineum, perineal wounds, extremities. After that, a supporting examination is carried out (Almeida et al., 2016; Rukiyah, 2018; Hjertberg et al., 2022; Nurhayati, 2023; Kalibata, 2020; Sulfianti, 2021).

METHOD

The type of research used in this study is a case report. This approach is used to explore a health problem that occurs in individuals with detailed limitations. This report is compiled using a descriptive design, which comprehensively describes the condition of the research subjects. This study was conducted at the Arosbaya Community Health Center, located in Arosbaya District, Bangkalan Regency. This health center has complete obstetric facilities, including a delivery room, a postpartum room, and competent health personnel. Previously, several case report studies had also been conducted at this health center, particularly related to high-risk pregnant women, but none had specifically addressed the issue of perineal wound pain during the postpartum period. The research was conducted from the preparation of the proposal in January 2025, followed by data collection in April 2025, and the final report was completed in May 2025. Data was collected through interviews with patients (postpartum mothers), husbands, and midwives. A thorough physical examination was conducted from head to toe, including inspection, palpation, auscultation, and percussion, particularly in the perineal area. Documentation obtained from medical records included subjective and objective data, diagnoses, and midwifery interventions that had been performed, as well as questionnaires given to mothers to determine the level of pain felt due to perineal wounds.

RESULTS AND DISCUSSION

First visit

Subjective Data

During the mother's first postpartum visit, three days after delivery, she reported pain at the site of her second-degree perineal tear, which affected her mobility and daily activities like walking and sweeping. This pain, a normal part of the inflammatory process due to tissue damage, is not considered a complication. According to Ria Gustirini (2021), pain arises when tissue damage activates pain receptors in the hypothalamus. It is important to educate the mother that pain is a physiological response, helping her manage it more effectively. In addition to pain management, the mother's nutritional intake is crucial for wound healing. She reported not taking iron supplements, despite iron being essential for hemoglobin production and tissue regeneration. Karyaningtyas (2020) explains that optimal hemoglobin levels support collagen and capillary formation, while low hemoglobin can reduce oxygen supply to wounds, leading to slow healing and increased anemia risk. Thus, iron supplementation is essential during the postpartum period. The mother also faced difficulties with breastfeeding, opting for formula milk due to challenges like improper nipple positioning and a lack of breastfeeding knowledge. This highlights a gap in understanding the key aspects of successful lactation: breast care, proper positioning, and the importance of exclusive breastfeeding. Exclusive breastfeeding for the first six months is recommended by the WHO and the Indonesian Ministry of Health (2021), as it provides complete nutrition for the baby and helps prevent conditions like stunting and obesity, while supporting cognitive development. Additionally, breastfeeding benefits the mother by reducing

the risk of breast and uterine cancer. Ensuring the mother understands these factors is essential for both her and the baby's well-being.

Objective Data

During the first visit on the third day postpartum, the mother's breasts appeared dirty and had sores on the nipples. This condition reflects a lack of attention to breast hygiene and care during breastfeeding, likely due to the mother's limited knowledge of proper breast care and breastfeeding techniques. If not treated promptly, sore nipples can lead to infection, mastitis, and interfere with breastfeeding. As explained by Henniwati (2024), proper breast care is crucial for successful breastfeeding and prevents infections such as mastitis and abscesses. In addition to the breast examination, an abdominal examination was also performed, which revealed good uterine contractions with firm muscle tone, and a fundal height (FH) that was palpable three finger-widths below the navel, indicating normal uterine involution. According to Wijaya (2023), good uterine contractions support the involution process by reducing bleeding and accelerating the return of the uterus to its pre-pregnancy size. This finding is supported by Astuti and Dinarsi (2022), who stated that on the third day postpartum, a fundal height that was palpable three finger-widths below the navel indicates physiological involution. A genital examination also showed that the perineal suture wound was beginning to heal, although it still appeared wet. The lochia discharge was lochia sanguinolenta, which contains fresh blood and appears on the third to seventh day after delivery. This indicates that the healing process and uterine involution are occurring physiologically. According to Amin (2022), the inflammatory process in the perineal wound on the third day is the body's physiological response to cleaning the wound and initiating the tissue healing process. Similarly, lochia sanguinolenta indicates uterine involution in accordance with postpartum age (Wijaya, 2023).

Analysis

At the first visit, the diagnosis was P1A0 on the third postpartum day, indicating the mother had given birth to her first child without a history of miscarriage (Diaz, 2023). The mother also complained of pain in the perineal wound and limited mobility due to second-degree perineal sutures, consistent with a genital examination that revealed tears in the skin and muscles of the perineum without involving the anal sphincter (Wijaya, 2023). This pain is the body's natural response to tissue damage, activating pain receptors (Gustirini, 2021). Furthermore, postpartum nutritional issues were also identified, with the mother not taking iron (Fe) supplements, which are essential for hemoglobin formation and wound healing. Iron deficiency can slow wound healing and increase the risk of anemia (Karyaningtyas, 2020). Consuming iron tablets during the postpartum period is crucial to support the mother's overall recovery, as optimal hemoglobin accelerates the formation of new tissue, including collagen and capillaries, and strengthens the mother's immune system. Another problem identified is an inadequate lactation pattern, where mothers do not exclusively breastfeed, breasts do not protrude, and mothers do not know the correct breastfeeding position. This condition needs to be addressed immediately because exclusive breastfeeding and proper breast care are crucial for the health of both mother and baby. The World Health Organization (WHO) and the Indonesian Ministry of Health emphasize the importance of exclusive breastfeeding for the first six months for infant growth and immunity, as well as proper breastfeeding techniques to prevent nipple problems (Kesehatan, 2021). Therefore, education and guidance regarding lactation patterns and breast care should be an integral part of postpartum maternal care.

Management

During the first visit on the third day of the postpartum period, the mother reported pain in the perineal suture wound, a lack of knowledge about taking iron tablets, and problems with lactation patterns. To address perineal pain, warm compresses were applied, which were effective in reducing pain intensity, in accordance with research by Medika et al. (2024) which showed that warm compresses can increase blood flow and reduce pain without analgesic drugs. Furthermore, the mother did not take iron tablets due to a lack of knowledge about the importance of iron intake during the postpartum period. Interventions in the form of education about taking iron tablets are needed to prevent anemia and help heal suture wounds, in accordance with Tri Zelharsand (2023) who emphasized the importance of iron consumption to restore hemoglobin reserves lost during labor. Other problems related to lactation patterns include mothers not providing exclusive breastfeeding, and problems with breast care and incorrect breastfeeding positions. Education about breast care and correct breastfeeding techniques is crucial to support successful breastfeeding. This is supported by Nur Imamah (2024) who stated that breastfeeding education supplemented with direct practice can improve breastfeeding techniques and prevent problems such as sore nipples and breast milk stagnation.

Second visit

Subjective Data

During the second visit on day 7, regarding lactation patterns, the mother reported a lack of confidence in breastfeeding, preferring to give formula milk, and not yet implementing proper breastfeeding techniques, especially on the right breast. Psychological and technical barriers were identified that could impact successful breastfeeding. This condition requires immediate attention, as a lack of confidence and incorrect breastfeeding techniques can reduce the frequency of the baby's suckling, ultimately resulting in decreased milk production and disrupting the emotional bond between mother and baby. This is in line with research conducted by (Cahyaningtyas, 2022), which states that maternal breastfeeding self-efficacy significantly influences the success of exclusive breastfeeding. The higher a mother's confidence, the more likely she is to breastfeed consistently and effectively. Furthermore, breastfeeding success is influenced not only by physical condition but also by the mother's mental readiness and understanding of proper breastfeeding techniques. According to (Can et al. 2025), this study, conducted on postpartum adolescent mothers, showed that high levels of social support from partners, family, and health workers significantly contributed to increased breastfeeding self-efficacy and the success of exclusive breastfeeding. These findings emphasize the importance of providing consistent emotional support, accompanied by practical education, to build maternal confidence in the breastfeeding process. Therefore, interventions through lactation counseling and training in proper breastfeeding positions are highly recommended as an essential part of lactation care during the postpartum period.

Objective Data

Based on objective data, abdominal palpation results showed that the fundus height (FFU) was 4 finger widths below the navel, the uterus was firm, well contracted, and the bladder was empty. Furthermore, a genital examination revealed that the sutures appeared to be starting to heal, the wound surface was beginning to dry, and lochia sanguinea was present. These conditions reflect the normal stages of uterine involution and postpartum wound healing on the 7th day of the postpartum period. The decrease in the FFU position and changes in the color and quantity of the lochea indicate a physiological recovery process and do not lead to complications, thus it can be said that the involution and wound healing processes are proceeding normally. This statement is in line with (Wijaya 2023), who stated that on the 7th day of postpartum, the FFU should be below the navel, the uterus should contract well, and the discharge of lochia sanguinea should then change to a brownish or pinkish serous discharge on the 8th day, indicating an advanced phase of healing. Therefore, these findings indicate that the involution and wound healing processes are proceeding according to clinical expectations in postpartum mothers.

Analysis

Based on the subjective and objective assessment results, the diagnosis at the first visit was P1A0 on the 7th day of the postpartum period, with problems with lactation patterns, namely a lack of confidence in providing full breastfeeding and inaccurate breastfeeding techniques. This indicates that the mother was a first-time mother and had never experienced a miscarriage. This statement aligns with the opinion of (Diaz, 2023), who explains that in obstetrics, "P" refers to "para," or the number of pregnancies the mother has experienced, and the number 1 indicates that this is her first delivery. Meanwhile, "A0" stands for "abortus," meaning the mother has never experienced a miscarriage. Furthermore, the assessment revealed problems with lactation patterns, indicating that the mother experienced doubts about exclusively breastfeeding and did not yet understand proper breastfeeding techniques, particularly regarding the right breast. This was evident from the mother's statement that she felt uncomfortable and uncertain while breastfeeding due to a lack of understanding of the correct breastfeeding position. This condition can affect the effectiveness of breastfeeding and risk inhibiting milk production due to a lack of stimulation for the baby's suckling. Furthermore, this problem also has the potential to disrupt the emotional bond between mother and baby. This is in line with research conducted by (Saadah & Siti Haryani 2022), which stated that a mother's level of self-efficacy significantly influences the success of exclusive breastfeeding. The higher the self-efficacy, the more likely a mother is to breastfeed consistently and effectively. Breastfeeding success is influenced not only by physical condition but also by mental readiness and an understanding of proper breastfeeding techniques. According to (Haloho et al. 2024), simple psychological approaches have also been shown to effectively increase maternal self-confidence. Emotional support and practical education, including lactation counseling and breastfeeding position training, are recommended during the postpartum period to support successful breastfeeding and strengthen the mother-infant bond.

Management

Based on the analysis of the second visit on the 7th day of the postpartum period, problems were identified in the lactation pattern, including a lack of confidence in breastfeeding, a preference for formula feeding, and a failure to implement proper breastfeeding techniques, particularly on the right breast. Management for each visit will be outlined and explained below. The lactation pattern problems identified in the subjective data assessment were a lack of confidence in exclusively breastfeeding her baby and the inability to breastfeed from the right breast. Therefore, appropriate education and support, from family members, especially husbands, are needed to ensure mothers understand the importance of providing full breastfeeding, including its benefits for both the baby's and their own health, as well as the importance of breastfeeding in the correct position. Based on the above description, in line with research (Henshaw et al. 2024), intensive support through structured interventions, particularly those that actively involve partners, has been shown to increase maternal self-efficacy in breastfeeding. This improvement impacts the mother's ability to breastfeed consistently and optimally, including managing positioning and alternating breastfeeding from both breasts, which is crucial for long-term breastfeeding success.

Third visit

Subjective Data

During the third postpartum visit, on day 14, the mother's condition showed positive improvement compared to the second visit on day 7. The previously identified issues related to her lactation pattern had now been resolved. The mother reported that she had been exclusively breastfeeding by alternating breasts every 2–3 hours or following the baby's hunger cues, as seen in the lactation pattern. This likely reflects the mother's understanding of the importance of effective and responsive breastfeeding. This success can be attributed to the health education provided previously and the mother's high level of compliance with the interventions. This statement aligns with the principles of responsive feeding recommended by the World Health Organization (WHO) and the Indonesian Ministry of Health (Aashima Garg 2020), which emphasizes breastfeeding based on the baby's demand, rather than a rigid schedule. Furthermore, according to Pevzner and Dahan (2020), alternating breasts can promote balanced milk production and prevent engorgement.

Objective Data

On the 14th day of the postpartum visit, a physical examination revealed normal breast health. There were no signs of engorgement or mastitis. The breasts were soft, without redness, tenderness, or increased local temperature, indicating the absence of inflammation or milk accumulation. This likely reflects the mother's correct and consistent breastfeeding practices. The absence of complaints and positive examination results indicate effective lactation management. The mother also appeared to understand the importance of breastfeeding according to the baby's needs and maintaining a balanced use of both breasts. This finding aligns with research by Kabariyah & Anggorowati (2023), which found that maternal self-efficacy influences the success of exclusive breastfeeding. The higher the self-efficacy, the more likely a mother is to breastfeed consistently and effectively. Breastfeeding success is influenced by support, mental readiness, and knowledge of proper breastfeeding techniques. This finding aligns with research by Isabel et al. (2024), who emphasized the importance of emotional support and practical education in fostering maternal confidence in exclusive breastfeeding. Therefore, lactation counseling and training in proper breastfeeding positions are highly recommended as part of lactation care during the postpartum period.

Analysis

Based on the subjective and objective assessment results, the diagnosis established at the first visit was P1A0 postpartum day 14. This statement indicates that the mother has given birth to her first child without a history of abortion. This is in line with the opinion (Diaz, 2023), which in obstetrics means P stands for para or the number of deliveries the mother has experienced, and the number 1 indicates that this is the birth of the first child. Meanwhile, A0 is short for abortion, which indicates that the mother has never experienced a miscarriage.

Management

Based on the analysis of the third visit (day 14 of the postpartum period), the lactation pattern issues identified at the second visit (day 7) have been resolved. Management for each visit will be outlined and explained below. Mothers are encouraged to continue self-care for their breasts at home. Routine breast care can prevent engorgement, maintain nipple hygiene, and support comfortable and effective breastfeeding. This likely reflects a mother's successful breast care practice, demonstrating a high level of self-awareness and responsibility for

maintaining postpartum health. This aligns with Dorothea Orem's Self-Care Theory (Taalab et al. 2021), which states that individuals play a crucial role in self-care to maintain health, especially during the postpartum recovery period. Furthermore, mothers are reminded of the importance of proper breastfeeding positioning. Incorrect breastfeeding positioning can lead to nipple pain, poor latch, mastitis, and disrupt milk flow. This likely indicates that mothers' understanding of the importance of proper breastfeeding positioning is an indicator of successful education and their readiness to implement optimal breastfeeding practices. This statement is in line with (Wang et al. 2021), which emphasizes that good attachment and breastfeeding position are crucial for successful breast emptying and the prevention of lactation complications.

CONCLUSION

After conducting an assessment and providing midwifery care to Mrs. I during the postpartum period, the following conclusions can be drawn:

Subjective Data

Midwifery care was provided over three visits. During the first visit, the mother complained of pain in the perineal area due to second-degree postpartum wounds. Several issues were also identified, including nutritional issues (the mother had not been taking iron tablets) and lactation issues (the mother lacked knowledge about breast care and did not understand exclusive breastfeeding and proper breastfeeding positions). During the second visit (day 7), the mother expressed a lack of confidence in fully breastfeeding and difficulty breastfeeding in the correct position.

Objective Data

At the first visit (day 3), the examination revealed that the nipples were not prominent and clean. The fundal height (FH) was palpable three finger-widths below the navel with strong uterine contractions. Examination of the genital area revealed lochia sanguinolenta and a perineal wound that was still wet but had healed. At the second visit (day 7), no signs of breast engorgement were found. The FH was four finger-widths below the navel with still good uterine contractions. The perineal wound appeared to be drying and had healed. At the third visit (day 14), there were no complaints or signs of breast swelling. The FH was not palpable (the uterus had involuted). Lochia serosa was found on the genitals and the perineal wound had completely dried.

Analysis

On the third day of the postpartum period, the mother experienced perineal pain due to a second-degree perineal rupture following a spontaneous vaginal delivery, a lack of understanding of nutrition (particularly iron intake), and challenges in breastfeeding due to a lack of information and proper breastfeeding techniques. Lack of confidence and inappropriate breastfeeding techniques also presented additional challenges at subsequent visits.

Management and Evaluation

During three visits, management focused on education about perineal pain as a physiological process, applying warm compresses to reduce pain, and the importance of taking iron tablets to support wound healing. The author also provided guidance on breast care, proper breastfeeding techniques, and a psychological approach to increase the mother's confidence in breastfeeding. By the second visit (day 7), the pain had decreased, the mother was more active, and she had begun breastfeeding, although she remained hesitant about exclusively breastfeeding. Therefore, the intervention was enhanced with further education on the principles of breast milk production based on supply and demand and psychological support. By the third visit (day 14), the mother showed significant improvement: she was able to breastfeed in the correct position, provide full breast milk without additional formula, and demonstrated a better understanding and confidence in breastfeeding. Thus, the goals of midwifery care were achieved, both physically and psychologically.

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Nadia Fardiana Isnaini Lestari **et al**

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