

comprehensive midwife care in ny.s age of 23 yearsat lebdosari puskesmas semarang

by Siti Istiana

Submission date: 18-Jan-2023 09:26AM (UTC+0700)

Submission ID: 1994502573

File name: 1342-2598-1-SM_alfita.pdf (2.28M)

Word count: 3133

Character count: 16378



4 COMPREHENSIVE MIDWIFE CARE IN NY.S AGE OF 23 YEARS AT LEBDOSARI PUSKESMAS SEMARANG

Alfita Ayu Irmawati¹, N¹¹ Nining Angraini², Fitriani Nur Damayanti³, Siti Istiana⁴

Diploma Midwifery Department, Faculty of Nursing and Health, University of Muhammadiyah Semarang¹
Bachelor of Midwifery Department, Faculty of Nursing and Health, University of Muhammadiyah Semarang^{2,3,4}

Email :alfitaayu21@gmail.com

1 ABSTRACT

The number of maternal deaths in Indonesia compiled from the recording of family health programs at the Ministry of Health in 2020 shows 4,627 deaths. The IMR in Central Java in 2021 is 7.87 per 100,000 KH. Data on infant mortality shows that there are 3,977 cases of infant mortality in Central Java Province. One of the ways to help accelerate the decline in MMR and IMR is to carry out continuous care or Continuity of Care. The purpose of this study was to provide comprehensive care for pregnant women, maternity, Newborn (BBL), postpartum, and family planning (KB), according to midwifery service standards through a varnay midwifery management approach and SOAP management. This study uses a case study review method using a qualitative research design. observation guide, interviews and documentation studies in the form of Midwifery Care format starting from the period of pregnancy, childbirth, newborn, postpartum and family planning. The results of the care given to Mrs. S aged 23 years starting from pregnancy, childbirth, postpartum, newborn and family planning went smoothly. Comprehensive midwifery care needs to be carried out by midwives to assist efforts to accelerate the decline in MMR and IMR.

Keywords: care, midwifery, comprehensiv.

1 INTRODUCTION

The number of maternal deaths in Indonesia compiled from the recording of family health programs at the Ministry of Health in 2020 shows 4,627 deaths. This number shows an increase compared to 2019 of 4,221 deaths. Based on the causes, the majority of maternal deaths in 2020 were caused by bleeding as many as 1,330 cases, hypertension in pregnancy as many as 1,110 cases, and circulatory system disorders as many as 230 cases. (1)

The IMR in Central Java in 2021 is 7.87 per 100,000 KH. Infant mortality data shows that there are 3,977 cases of infant mortality in Central Java Province (2).

Based on the results of reports on health service facilities activities, in 2021 the number of infant deaths that occurred in Semarang City was 133 out of 22,030 live births, while in 2020 the infant mortality rate was 112 out of 18,193 live births. So there is an increase in the infant mortality rate in Semarang City in 2021(3)

Increasing access to quality health services for every stage of life is carried out with a continuum of care approach.(4)

Implement and provide comprehensive midwifery care to Mrs. Y started in the third trimester of pregnancy, childbirth, postpartum, newborns,

neonates with BCG, DPT, Polio and family planning immunizations. It is expected that patients are able to carry out early detection of high risk and the authors apply midwifery comprehensively according to the theory and standards of the midwife profession (5)

Therefore, the author is interested in conducting research to help accelerate the reduction of MMR and IMR at the Lebdosari Health Center, one of which is the author of implementing continuous care or Continuity of Care. Continuity of Care is a service that is achieved when there is a continuous relationship between a woman and a midwife. Continuous care related to health professionals, midwifery services are carried out starting from the third trimester of pregnancy from 36 weeks pregnant, childbirth, newborns for 2 weeks and 2 weeks postpartum to family planning planning at the Lebdosari Health Center Semarang.

14 METHODS

The method used in this research is case study using a qualitative research design. The research was carried out at the Lebdosari Health Center Semarang, from May to July 2022. The sample of this study was Mrs. S is 23 years old. Collecting data using observation data collection methods, interviews and



documentation studies on pregnancy care, postpartum care, BBL and family planning, while in labor care using primary data collection through interviews with midwives and patients. The tools and materials used in the examination are in accordance with midwifery care procedures.

RESULT

3.1 Pregnancy Midwifery Care

Midwifery care for Mrs. S aged 23 years G1P0A0 at the Lebdosari Health Center Semarang has been carried out in accordance with the standards of maternity midwifery care. Based on the results of the pregnancy examination on Mrs. S aged 23 years G1P0A0 37 weeks gestation at the Lebdosari Health Center Semarang, which was carried out on May 16, 2022, it was found that Mrs. S experienced low back pain discomfort. The care provided is body mechanics and gives understanding to the mother that the perceived back pain is normal because the mother's stomach is getting bigger so that the burden felt by the mother is getting heavier and causes the mother's waist to feel pain. On May 21, 2022, an assessment was carried out on Mrs. S aged 23 years G1P0A0, 39 weeks of gestation, who came to the Puskesmas with complaints of vaginal discharge in the form of spots.

3.2 Childbirth Midwifery Care

Midwifery care taken from primary data through interviews, on May 23, 2022 at 16.00 WIB, Mrs. S came to PMB Midwife T with complaints of a tight stomach. An internal examination was performed with the results of an opening of 4 cm, a decrease in the head in HII. and given additional care in the form of deep breathing relaxation and back massage. At 19:45 WIB, the mother complained that the urges were getting stronger, more frequent and regular, the mother also said she wanted to defecate and wanted to push, did a re-examination with the result that the 10 cm opening of the amniotic membrane was not palpable. The active phase of labor lasts for \pm 3 hours 55 minutes, the second stage lasts \pm 30 minutes, the third stage lasts 8 minutes and the fourth stage is monitored for 2 hours. Mother gave birth normally without any complications and complications for mother and baby. The care provided is in accordance with the standard of Normal Childbirth Care (APN).

3.3 Postpartum Midwifery Care

Postpartum midwifery care, Postpartum visit to Mrs. S was carried out 3 times, namely on May 24, 2022, KF I (6 hours post partum) took data with the

primary method by interviewing, while the postpartum visit II (6 days post partum) was on May 29, 2022 and postpartum visit III (14 days). post partum) on June 6, 2022, primary data collection was carried out by observation and examination. The first postpartum visit which was conducted on May 24, 2022 at 02.25 WIB was examined with the results of TTV in normal condition, stitches still painful, hard contractions, TFU 2 fingers below the center, lochia rubra, blackish red color, perineal sutures are still wet. The second postpartum visit was on May 29, 2022 at 11.00 WIB after the examination, the results showed that the mother's condition was normal. TFU examination on Mrs. S obtained hard contraction results, mid-central and symphysis TFU. The third postpartum visit TFU is not palpable. The care given to postpartum mothers is checking vital signs (blood pressure, pulse, breath, and temperature); examination of the height of the top of the uterus (fundus uteri); examination of lochia and other vaginal fluids; breast examination and exclusive breastfeeding advice; providing communication, information, and education (KIE) on maternal and newborn health, including family planning; postnatal family planning services. examination of lochia and other vaginal fluids; breast examination and exclusive breastfeeding advice; providing communication, information, and education (KIE) on maternal and newborn health, including family planning; postnatal family planning services.

3.4 Midwifery Care for Newborns and Neonates

Midwifery care for newborns is drying the baby's body while making a cursory assessment of skin color, breathing and movement. Followed by cutting the umbilical cord and Early Initiation of Breastfeeding (IMD). After the supervision of the IV stage and IMD was successful, care for the newborn was carried out in the form of anthropometric examination, physical examination, administration of eye ointment, injection of vit. K and Hb O immunization. Male gender, weight 3,000 grams, body length 49 cm, head circumference 34 cm, there are no signs of congenital defects and abnormalities in infants. Neonatal visits were carried out three times, namely the first visit (K1) providing counseling on newborn care, bathing the baby, umbilical cord care, and providing support so that the mother gave exclusive breastfeeding. K2's visit



reminded Mrs. A to provide exclusive breastfeeding to the baby. The K3 visit recommends going to the Posyandu to get immunizations and monitor the growth and development of the baby.

3.5 Family Planning Midwifery Care

Family planning care for Mrs. S was given on July 1, 2022, based on the results of the assessment, the mother and husband had decided to use the IUD/IUD contraception. The care provided is IEC, the advantages and disadvantages of IUD family planning and IUD installation. After the IUD is inserted, tell the mother how to check the IUD thread.

DISCUSSION

4.1 Pregnancy Midwifery Care

Based on the results of the pregnancy examination, Mrs. S aged 23 years G1P0A0 37 weeks gestation at the Lebdosari Health Center Semarang, complained of low back pain. During pregnancy, back pain will occur due to changes in the mother's body both physically and psychologically. Back pain can occur because the load is getting heavier so that there is a stretch in the lower abdominal muscles (6).

On May 21, 2022, an assessment was carried out on Mrs. S aged 23 years G1P0A0, 39 weeks pregnant, who came to the health center complaining that there would be vaginal discharge in the form of spots. Signs of labor include: his strength is becoming more frequent and regular with shorter distances of contractions, there are signs of labor such as discharge of mucus and/or mucus mixed with blood, may be accompanied by rupture of membranes, an urge to push, the patient looks restless, physically there is physical discomfort and diarrhea, recurring contractions that come and go, lower back pain. In this case, there is no gap between theory and theory (6).

a. Childbirth Midwifery Care

The first stage lasted for \pm 3 hours 55 minutes. The first stage for primigravida lasts 12 hours, for the active phase normally it lasts for 6 hours in primigravida, while the length of the first stage lasts for multigravida is 8 hours.(7)

The second stage lasts for 30 minutes from complete dilatation to the newborn. The delivery process is carried out with 60 steps of A (5) and the baby is born at 20.25 WIB on 23 May 2022. The second stage begins when the cervix is fully dilated (10 cm) and 10 minutes with the birth of the baby. The second stage is also known as the stage of expulsion of the baby(8).

The duration of the second stage in primigravida lasts for 2 hours while in multigravida it lasts for 1 hour (8)

Stage III lasts for 9 minutes. Usually the placenta separates within 6-15 minutes after the baby is born and comes out spontaneously or with pressure on the uterine fundus (9). The duration of the third stage is shorter, the amount of bleeding is reduced so that it can prevent postpartum hemorrhage, this is because active management of the third stage is carried out according to the theory, namely giving oxytocin or uterotonics as soon as possible, doing controlled umbilical cord tension (PTT), tactile stimulation of the uterine wall or fundus. Uterus (Walyani, ES, and Purwoastuti, 2016). The result is a complete delivery of the placenta and care carried out according to theory

Stage IV is a monitoring process 2 hours after the baby and placenta are born. Monitoring was carried out for 2 hours, in the first 1-hour monitoring was carried out every 15 minutes and in the second 1 hour it was carried out every 30 minutes. The fourth stage begins after the placenta is born until 2 hours after the birth of the placenta, the fourth stage is also called the observation or monitoring stage. Observations were made, namely checking vital signs, monitoring the height of the uterine fundus, monitoring uterine contractions, ensuring the bladder and monitoring the occurrence of bleeding (11).

4.2 Postpartum Midwifery Care

9 Postpartum visits were carried out 3 times. Postpartum maternal health services are health services for postpartum mothers according to standards, which are carried out at least three times according to the recommended schedule, i.e. from six hours to three days after delivery, on the fourth day to the 28th day after delivery, and on day 29 to day 42 after delivery (2). 2

The types of postpartum maternal health services provided consist of checking vital signs (blood pressure, pulse, breathing, and temperature); examination of the height of the top of the uterus (fundus uteri); examination of lochia and other vaginal fluids; breast examination and exclusive breastfeeding advice; providing communication, information, and education (KIE) on maternal and newborn health, including family planning; postnatal family planning services (2).

4.3 Newborn Midwifery Care

Midwifery care for newborns is drying the baby's body while making a cursory assessment of skin color, breathing and movement. Followed by cutting the



umbilical cord and Early Initiation of Breastfeeding (IMD). After the supervision of the IV stage and IMD was successful, care for the newborn was carried out in the form of anthropometric examination, physical examination, administration of eye ointment, injection of vit. K and Hb O immunization (12).

7 Neonatal visits were carried out 3 times. Neonatal visits should ideally be carried out 3 times, namely at the age of 6-48 hours, at the age of 3-7 days, and at the age of 8-28 days (1)

4.4 Family Planning Midwifery Care

Family planning care for Mrs. S is given on July 1, 2022 with the aim that mothers can know the type of contraception to be used. From the results of the assessment, the mother and husband have decided to use the IUD/IUD contraception. The IUD is a very effective contraceptive compared to other contraceptives, the effectiveness of the use of the IUD is up to 99.4% and the failure rate is very low so that the IUD can reduce maternal mortality and population growth rates, it can be used for a period of 3-5 years (hormone type) and 5-10 years (copper type) (13).

CONCLUSION

Midwifery care for pregnancy was carried out 10 times and during the care there were no complications and complications. Midwifery care for childbirth is to provide assistance according to the standard of normal delivery care (APN) so that all stages are free of complications and complications. Midwifery care for newborns is carried out according to midwifery care standards. During monitoring, no complications, complications and danger signs were found in the baby. Midwifery care during the puerperium was carried out starting from 6 hours to 14 days postpartum, the postpartum period went smoothly, involution occurred normally, there were no complications and the mother looked healthy and the patient chose to use an implant contraceptive as a contraceptive device.

Midwives provide continuity of care services or comprehensive midwifery care, on an ongoing basis, starting from pregnancy, childbirth, newborns, postpartum and family planning in order to reduce morbidity and mortality rates for mothers and babies.

By doing comprehensive care by midwives so that it can help accelerate efforts to reduce MMR and IMR as well as for early detection of high risks.

AUTHORS' CONTRIBUTION

In this research and writing, all the authors have contributed well and worked according to their duties.

ACKNOWLEDGMENTS

Praise and gratitude we pray to the presence of Allah SWT who has given us grace and gifts so that we have successfully completed this Scientific Writing entitled "Comprehensive Midwifery Care for Mrs.S Age 23 at Lebdosari Health Center Semarang". In this writing, the writer would like to express his gratitude to all parties who participated in this writing.

REFERENCE

- [1] Kemenkes. Profil Kesehatan Indonesia. 2020.
- [2] Jateng PP. RKPD Pemerintah Provinsi Jawa Tengah Tahun 2020. 2020;3517463(24). Available from: <https://ppid.jatengprov.go.id/rkpd-pemerintah-provinsi-jawa-tengah-tahun-2020/>
- [3] Dinas Kesehatan kota Semarang. Profil Kesehatan Kota Semarang 2020. DinkesSemarangGold [Internet]. 2020;14-7. Available from: <https://dinkes.semarangkota.go.id/asset/upload/Profil/Profil/Profil Kesehatan 2019.pdf>
- [4] Departemen Kesehatan. Kementerian Kesehatan Republik Indonesia. Kementerri Kesehat RI [Internet]. 2019;5201590(021):1. Available from: <https://www.depkes.go.id/article/view/19020100003/hari-kanker-sedunia-2019.html>
- [5] Susanti HD, Arfamaini R, Sylvia M, Vianne A, D YH, D HL, et al. No 主観的健康感を中心とした在宅高齢者における健康関連指標に関する共分散構造分析Title. J Keperawatan Univ Muhammadiyah Malang [Internet]. 2017;4(1):724-32. Available from: <https://pesquisa.bvsalud.org/portal/resource/en/mdl-20203177951>
<http://dx.doi.org/10.1038/s41562-020-0887-9>
<http://dx.doi.org/10.1038/s41562-020-0884-z>
<https://doi.org/10.1080/13669877.2020.1758193>
<http://sersec.org/journals/index.php/IJAST/article>



The 2nd International Conference on Practice and Innovation Midwifery (The 2nd ICPIM)
August 18th, 2022 – P.ISBN : 978-623-6974-70-4 / E.ISBN : 978-623-6974-71-1

- [6] Cookson MD, Stirk PMR. 濟無No Title No Title No Title. 2019;73–118.
- [7] Manuaba, I., Manuaba, I. & Manuaba IF. Ilmu Kebidanan, Penyakit. 2014.
- [8] Nani. No Title fisiologi manusia siklus reproduksi wanita. Jakarta; 2018.
- [9] Wahidah N. Adaptasi Fisiologi Psikologi Persalinan. Jakarta Salemba Med. 2017;
- [10] Walyani, E.S., dan Purwoastuti E. Asuhan Kebidanan Persalinan & Bayi Baru Lahir. Yogyakarta: Pustaka Baru Press; 2016.
- [11] Widiastini LP. Buku Ajar Asuhan Kebidanan Pada Ibu Bersalin Dan Bayi Baru Lahir. In Media; 2018.
- [12] Podungge Y. Asuhan Kebidanan Komprehensif. Jambura Heal Sport J. 2020;2(2):68–77.
- [13] Dalimawaty K. Faktor yang Mempengaruhi Minat Ibu Menggunakan KB IUD di Puskesmas Binjai Estate. J Ilm Kebidanan Indones [Internet]. 2021;4(4):519. Available from: <https://journals.stikim.ac.id/index.php/jiki/article/view/727>

comprehensive midwife care in ny.s age of 23 yearsat lebdosari puskesmas semarang

ORIGINALITY REPORT

13%

SIMILARITY INDEX

11%

INTERNET SOURCES

6%

PUBLICATIONS

6%

STUDENT PAPERS

PRIMARY SOURCES

1	jqph.org Internet Source	4%
2	midwifery.iocspublisher.org Internet Source	3%
3	Erfina Erfina, Widyawati Widyawati, Lisa McKenna, Sonia Reisenhofer, Djauhar Ismail. "Exploring Indonesian adolescent women's healthcare needs as they transition to motherhood: A qualitative study", Women and Birth, 2019 Publication	1%
4	repository.unimus.ac.id Internet Source	1%
5	docplayer.net Internet Source	1%
6	repo.undiksha.ac.id Internet Source	<1%
7	www.kemkes.go.id Internet Source	<1%

8	Submitted to Florida State University Student Paper	<1 %
9	garuda.kemdikbud.go.id Internet Source	<1 %
10	Submitted to American Public University System Student Paper	<1 %
11	Submitted to St. Petersburg College Student Paper	<1 %
12	Martina Mogan, Endang Trisnawati. "Giving Cinnamomum Verum To Pain And Healing Of Perineum Stitch Wounds In Puerperal Mother", Jurnal Kebidanan Malahayati, 2022 Publication	<1 %
13	ejournal.almaata.ac.id Internet Source	<1 %
14	lib.unnes.ac.id Internet Source	<1 %

Exclude quotes On

Exclude matches Off

Exclude bibliography On