

comprehensive midwife care
on mrs I 29 years old G2P1A0 in
PMB putri fathma
by Fatimatuz Zahro

Submission date: 17-Jan-2023 02:44PM (UTC+0700)

Submission ID: 1994017184

File name: 1331-2576-1-SM_fatimatuz_zahro.pdf (2.28M)

Word count: 2966

Character count: 15848



COMPREHENSIVE MIDWIFE CARE ON MRS. I, 29 YEARS OLD G2P1A0 IN PMB PUTRI FATHMA

Fatimatus Zahro¹, Lia Mulyanti², Siti Istiana³, Dian Nintyasari Mustika⁴

⁷
Diploma Midwifery Department, Faculty of Nursing and Health, University of Muhammadiyah Semarang^{1,4}
Bachelor of Midwifery Department, Faculty of Nursing and Health, University of Muhammadiyah Semarang^{2,3}

Email : fatimatuszahrozahro5@gmail.com

ABSTRACT

Background: Comprehensive Midwifery Care includes four continuous examination activities including obstetric care for pregnancy (Antenatal Care), midwifery care for childbirth (Intranatal Care), midwifery care during the puerperium (Postnatal Care), newborn care (Neonatal Care), and postnatal care. and KB (Continuity Of Care) acceptors. Data obtained from the Cluwak Health Center in 2020 experienced an increase in infant mortality with 2 cases of BBLR cases, and 4 cases of congenital abnormalities. In 2021 there were infant deaths with 2 cases of BBLR, 7 cases of IUFD, 1 case of Fetal Distress, 1 case of mother with covid-19, 1 case of heart failure, and 1 postpartum maternal death due to exposure to the covid-19 virus. **Objective:** To provide comprehensive midwifery care from pregnancy to the puerperium to Mrs. I am 29 years old G2P1A0 at PMB Putri Fathma, S.Keb, Bd. **Research Methods:** Using midwifery management methods based on 7 steps Varney and SOAP. **Results:** Pregnancy care was carried out with 5 antenatal visits during pregnancy. In the third trimester with complaints of pain in the waist and has been resolved by the mother so that during pregnancy Mrs. "I" is in good condition and normal. Maternity care on 10 June 2022 Mrs. I gave birth normally, assisted by a midwife and according to APN, the baby was born spontaneously, female gender, BBL: 4000 grams, PB: 52 cm. Postpartum care for Mrs. I went smoothly and there were no complications for the mother and baby. During the postpartum, the mother was given IEC regarding perineal care and the danger signs of postpartum, and decided to use 3-month injectable KB after the postpartum period was over. **Conclusion:** Care for Mrs. I have carried out comprehensively from pregnancy, childbirth, postpartum and newborn so that the condition of the mother and baby does not experience complications.

Keywords : *comprehensive, normal.*

4 INTRODUCTION

MMR is one indicator to see the success of maternal health efforts. AKI is the ratio of maternal deaths during pregnancy, childbirth and the puerperium caused by pregnancy, childbirth, and the puerperium or its management but not due to other causes such as accidents or ⁵ls in every 100,000 live births. Meanwhile, the IMR shows the number of deaths of infants aged 0 years from every 1000 live births in a certain year or it can be said as the probability of a baby dying before reaching the age of one year expressed by per 1000 live births. (Alvaro, 2021).

MMR in Central Java experienced a significant decline from 2014 to 2020 from 126.55/100,000 KH, decreased to 76.93/100,000 KH, then increased in 2020 to 98.6/100,000 KH. This is due to the Covid-19 pandemic, which has resulted in major changes

in health facilities and community services. Maternal deaths in 2020 were 530 cases, the most in Brebes Regency (62 cases), Grobogan (31 cases) and Tegal Regency (28 cases). Meanwhile, the lowest death cases were in Magelang (2 cases), Salatiga (3 cases) and Tegal (5 cases).

Based on data obtained from the Cluwak Health Center in 2020 there was an increase in infant mortality with 2 cases of LBW cases, and 4 cases of congenital abnormalities. In 2021 there were infant deaths with 2 cases of LBW, 7 cases of IUFD, 1 case of Fetal Distress, 1 case of mother with Covid-19, 1 case of heart failure, and 1 postpartum maternal death due to exposure to the covid-19 virus.

Data on PMB Fathma located in Cluwak District, Pati Regency, the number of mothers who checked antenatal care was 500 pregnant women in 2020, 580 pregnant women in 2021,



and 354 pregnant women from January to May 2022. Data on mothers giving birth at Fathma PMB 268 in 2020, 312 in 2021, and 98 mothers gave birth from January to May 2022.

Comprehensive obstetric care (Continuity of Care / CoC) can optimize detection of high maternal and neonatal risks. This effort can involve various sectors to carry out assistance to pregnant women as a promotive and preventive effort starting from the discovery of pregnant women until the postpartum period ends through counseling, information and education (KIE) and the ability to identify risks for pregnant women so that they are able to make referrals (Yanti, 2015).

RESEARCH METHOD

This type of research uses comprehensive descriptive research methods from pregnancy, childbirth, postpartum, newborn, family planning programs. The research subjects were normal pregnant women in the third trimester, namely Mrs. I Age 29 years old, G2P1A0 at PMB Fathma, Pati Regency

RESEARCH RESULTS AND DISCUSSION

3.1 Midwifery care in pregnancy

Midwifery care for pregnancy in Mrs. I was 29 years old, G2P1A0 at PMB PUTRI FATHMA, S.Keb, Bd was in accordance with the standards of midwifery care. The results of the study conducted on June 6, 2022, Ny. I experience discomfort feeling aches in the waist area. Overall examination was carried out, namely general examination, examination of vital signs, anthropometric examination, and physical examination within normal limits. Efforts are being made to educate about the discomfort they experience, which is a physiological thing in the third trimester of pregnancy. Midwives provide counseling to teach prenatal yoga is a sport that is specifically for pregnant women. During the antenatal care examination, Mrs. I complained of feeling aches in my back which caused the mother to have difficulty sleeping (Insomnia). In accordance with research journals conducted by Yasi, in general, low back pain that occurs in pregnant women is influenced by several factors, namely increased body weight and spinal physiology (Yasi Anggasari, Ika Mardiyanti, 2021)

Drastic increase in body weight causes pregnant women to feel tired quickly, have difficulty sleeping, shortness of breath, edematous feet and hands. The increase in the height of the uterine fundus, which is accompanied by an enlarged abdomen, makes the body load more forward. In an effort to adjust to excessive body weight so that the spine pushes back, forming a lordosis posture. This causes the mother to feel sore back, varicose veins and leg cramps. (Silvana, Kiki Megasari, 2022)

These complaints can be resolved by providing a method, Pregnancy exercise is a form of sport or structured exercise. Physiologically, this relaxation exercise will cause a relaxing effect involving the parasympathetic nerves in the central nervous system. Where one of the functions of the parasympathetic nervous system is to decrease the production of the hormone adrenaline or epinephrine (stress hormone) and increase the secretion of the hormone noradrenaline or norepinephrine (relaxing hormone) so that there is a decrease in anxiety and tension in pregnant women, which causes pregnant women to become more relaxed and calm. (2006). Thus pregnant women can sleep easily and comfortably. (Wahyuni, Layinatun Nikmah, 2013)

3.2 Midwifery care in childbirth

Midwifery care is carried out at term, which is 39-40 weeks. On June 10, 2022 at 10.00 WIB, Mrs I began to feel abdominal pain up to the waist accompanied by mucus and blood discharge and felt anxious about the delivery process. The care provided is during contractions, teaches breathing relaxation techniques and provides counseling to husbands and families to provide support and support, namely providing prayer, motivation and reducing pain by giving a light massage on the waist. Encourage the patient to eat and drink to have energy when pushing and pay attention to personal hygiene. The first stage of labor lasted for 3 hours, the second stage lasted for 1 hour, the third stage lasted 05 minutes and the fourth stage was supervised 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).

1 The care given to Mrs. I with the first stage of labor, such as breathing relaxation techniques, namely asking the mother to take a deep breath through the nose and exhale slowly through the mouth. This is done when the mother feels contraction pain. The care provided is to recommend that either the husband or the patient's family accompany him by providing support to the mother. Husband's assistance is one form of direct support in order to mentally prepare the mother during the delivery process.

Research conducted on third trimester pregnant women reported that 96% of mothers who gave birth were accompanied by their husbands during delivery. Three mothers who gave birth with assistance were also reported to have a small risk of childbirth complications so that medical action could be reduced. Mentoring the husband during the mother's delivery is very important because it will affect the mother's emotional and mental state, so that she feels more prepared to face the birth process. (NMR Sumawati, IMA Wirawan, IWWeta, 2018)

The second stage lasted for 1 hour. There is a gap in the theory explained according to the theory from research journals of stages or stages in labor including the first stage (opening stage), second stage (exposure stage), third stage (uri stage), IV stage (observation or supervision stage). In primigravida the second stage of labor usually lasts < 1 hour while in multigravida it usually is < 30 minutes. (Yona Desni Sagita, 2018) The third stage lasts for 5 minutes, starting from the baby being born at 13.00 WIB to 13.05 WIB. The time for the release and expulsion of the placenta is also known as the uri period (when the placenta and membranes are expelled). After the baby is born and the uterus retracts, the uterus feels firm with the uterine fundus slightly above the center. A few minutes later the uterus contracts again to release the placenta from its walls. Usually the placenta separates within 6 to 15 minutes after the baby is born and comes out spontaneously or with pressure on the uterine fundus (Paramitha Amelia. K and Cholifah, 2019).

This is the same as the results of studies on

intramuscular administration of 10 IU oxytocin after the baby is born and when there is no second fetus in the anterolateral right thigh and performing umbilical cord clipping, Controlled Cord Tension (PTT) or Controlled Cord Traction (CCT) after a contraction. so that there are signs of placental separation, namely blood spurts, globular uterus, elongated umbilical cord and fundal massage after delivery. The result was a complete delivery of the placenta and the care carried out in accordance with the theory. (Euis Sis. Alviani, Merry Wijaya, Irna Kurnia, 2018) In the fourth stage, uterine contractions, bleeding, pulse, uterine fundal height, uterine contractions, bladder were monitored in the first 1 hour every 15 minutes and in the second hour labor was monitored every 30 minutes.

The duration of Mrs. I starting from the first stage to the fourth stage, which is \pm 5 hours, this time is quite short during delivery, because during pregnancy the mother is taught and recommended routinely to do pregnancy exercises. Where the movements carried out in prenatal yoga are much simpler and easier to practice which are adapted to the condition of pregnant women compared to the previous yoga movements.

3.3 Midwifery care for newborns

1 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 successful supervision of the IV and IMD stages, 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. Female gender, weight 4,000 grams, body length 52 cm, head circumference 34 cm, there are no signs of congenital defects and abnormalities in infants. Neonatal visits were carried out three times, namely visit I (K1) providing counseling on newborn care, bathing babies, umbilical cord care, and providing support so that mothers give exclusive breastfeeding. K2's visit reminded Mrs. I to give exclusive breastfeeding to her baby. The K3 visit recommends going to the



Posyandu to get immunizations and monitor the baby's growth and development. During neonatal care, the baby was in normal condition, the umbilical cord was released on the eighth day.

The main care for newborns is to keep the baby's body warm, by drying the baby from the remnants of the amniotic fluid, starting from the head, the whole body and the baby's extremities. Then do the APGAR assessment, namely appearance color (skin color), whole body redness, pulse (heart rate) > 100 x/minute, Grimace (reaction to stimulation), crying, activity (muscle tone), active movement, respiration (breathing effort), slow to cry. (Saadah, 2022).

After assessing that, cut the umbilical cord followed by Early Initiation of Breastfeeding (IMD) for 1 hour. The presence of the hormone oxytocin which is stimulated through the nipples exerts a contraction effect on smooth muscles so that the uterus changes back to normal (Roesli, 2012).

3.4. Midwifery care during the puerperium

Midwifery care during the puerperium is carried out according to the standards of midwifery care. At 6 hours postpartum, the mother complained of feeling a little pain in the perineum, it was recommended to do Kaegel exercises, wash the perineum with clean water and change pads and underwear frequently. Subsequent monitoring, home visits and vital sign examinations, monitoring of involution through examination of uterine fundal height, contractions and lochia, then continued with counseling on the pattern of nutrition, fluids, rest, elimination, personal hygiene, exclusive breastfeeding, and family planning (KB). During the visit, there were no complications or complications experienced by Mrs. I. Uterine involution proceeds normally without any accompanying complications during the puerperium, contractions are good, there is no abnormal bleeding, milk comes out smoothly, and lochia is normal.

The postpartum visit was carried out 4 times, the postpartum visit (KF) was carried out according to the postpartum visit schedule (Erna Mulati, 2020).

According to the postpartum care book KF 2 and KF 3 The care provided was to ensure that uterine involution was running normally uterus contracted, fundus below the umbilicus, there is no abnormal bleeding, there is no odor, and caring for the baby on a daily basis. KF 4 The care provided is 1. asking the mother about the difficulties she or the baby is experiencing 2. Providing counseling for family planning early. (Nurliana Mansyur, A. Kasrinda Dahlan, 2014)

3.5. Midwifery care for family planning

Midwifery care in family planning services is carried out according to midwifery care standards. Mrs. I decided to use 3-month injectable KB on July 24, 2022. Mother wants to use 3-month injectable KB because it doesn't interfere with breast milk production. The care provided is to give KIE to the mother about 3-month birth control injections, how it works and side effects. The choice of a 3-month injectable contraceptive is because it does not interfere with breast milk production. Depo Medroxyprogesterone Acetate (Depoprovera) contains 150 mgDMPA. It is given every 3 months by way of intramuscular (IM) injection in the buttocks (Rusmini et al., 2017).

ACKNOWLEDGMENTS

Ms. Lia Mulyanti, S.SiT, M. Kes as the main supervisor who assessing for signs of fever, infection, bleeding, ensuring the mother gets enough food, fluids, and rest., making sure the mother is breastfeeding well and does not show signs of complications. Provide counseling to mothers regarding infant care, the umbilical cord, keeping the baby warm has guided and provided input in the form of suggestions and criticisms during the implementation of Scientific Writing. Ny. Maratus Sholikah as resource person in writing scientific papers. Ms. Putri Fathma, S. Keb, Bd as the owner of the Independent Midwife Practice that has

REFERENCES

Erna Mulati. (2020). M.sc, CMFM. In *PEDOMAN BAGI IBU HAMIL, BERSALIN, NIFAS, DAN BAYI BARU*



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

- LAHIR SELAMA SOCIAL DISTANCING* (pp. 1-21). KEMENTERIAN KESEHATAN REPUBLIK INDONESIA.
- Euis Sisca Alviani, Merry Wijaya, Irna Kumia. (2018). Gambaran Lama Waktu Pelepasan Plasenta dengan Manajemen Aktif Kala III dan Masase Fundus Setelah Bayi Lahirdi Rsud Kelas B Kabupaten Subang. 1-7.
- Mariyam Ulfa Sukorini . (2017). HUBUNGAN GANGGUAN KENYAMANAN FISIK DAN PENYAKIT DENGAN KUALITAS TIDUR IBU HAMIL TRIMESTER III. 1-17.
- N.M.R. Sumawati, I.M.A. Wirawan, I.W.Weta. (2018). *PERAN PENDAMPINGAN SUAMI SEBAGAI FASILITATOR MENURUNKAN INTENSITAS NYERI IBU INPARTU KALA I DIBANDINGKAN DENGAN PERAN SUAMI SEBAGAI PARTISIPATOR*, 1-6.
- Nurliana Mansyur, A. Kasrinda Dahlan. (2014). In *BUKU AJAR ASUHAN KEBIDANAN MASA NIFAS* (pp. 1-155). MALANG: Selaksa Kelompok Penerbit Intrans Wisma Kalimetro.
- Paramitha Amelia. K dan Cholifah. (2019). In *Buku Ajar Konsep Dasar Persalinan* (pp. 1-54). Sidoarjo.
- Silvana, Kiki Megasari. (2022). TERAPI PIJAT MENGURANGI NYERI PUNGGUNG IBU HAMIL TRIMESTER III . *Jurnal Kebidanan* , 1-7.
- Wahyuni, Layinatun Nikmah. (2013). MANFAAT SENAM HAMIL UNTUK MENINGKATKAN KUALITAS DURASI TIDUR IBU HAMIL. *Jurnal Kesehatan Masyarakat*, 1-8.
- Yasi Anggasari, Ika Mardiyanti. (2021). PENGARUH ANTARA KETERATURAN PRENATAL GENTLE YOGA TERHADAP PENURUNAN TINGKAT NYERI PINGGANG PADA IBU HAMIL TRIMESTER III. *Midwifery Journal* , 1-5.
- Yona Desni Sagita. (2018). HUBUNGAN TINGKAT KECEMASAN DENGAN LAMA PERSALINAN KALA II PADA IBU BERSALIN DI RSIA ANUGERAH MEDICAL CENTER KOTA METRO. *Midwifery Journal*, 1-5.

comprehensive midwife care on mrs I 29 years old G2P1A0 in PMB putri fathma

ORIGINALITY REPORT

17%

SIMILARITY INDEX

15%

INTERNET SOURCES

7%

PUBLICATIONS

12%

STUDENT PAPERS

PRIMARY SOURCES

1	jurnalkesehatan.unisla.ac.id Internet Source	7%
2	www.mdpi.com Internet Source	2%
3	Nurfatimah Nurfatimah, Kadar Ramadhan, Christina Entoh, Lisda Widiанти Longgupa, Fahmi Hafid. "Continuity of Midwifery Care Implementation to Reduce Stunting", Open Access Macedonian Journal of Medical Sciences, 2021 Publication	2%
4	midwifery.iocspublisher.org Internet Source	2%
5	www.balimedicaljournal.org Internet Source	2%
6	ejournal.unimugo.ac.id Internet Source	1%
7	Mahin Badakhsh, Marie Hastings-Tolsma, Mohammadreza Firouzkohi, Mehrbanoo	1%

Amirshahi, Zohreh Sadat Hashemi. "The lived experience of women with a high-risk pregnancy: A phenomenology investigation", Midwifery, 2020

Publication

8

Submitted to The Sage Colleges

Student Paper

1 %

Exclude quotes On

Exclude matches < 1%

Exclude bibliography On