Case Report Of Widfery Care In Mrs. "R" 36 Years Post Sc 2 Hours With Severe Preeclampsia At Roemani

by Udi Utami

CASE REPORT OF WIDFERY CARE IN MRS. "R" 36 YEARS POST SC 2 HOURS WITH SEVERE PREECLAMPSIA AT ROEMANI MUHAMMADIYAH HOSPITAL SEMARANG

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ABSTRACT

The postpartum period is the period that begins after the birth of the placenta and ends when the uterus returns to its original state as before pregnancy, which lasts for 6 weeks or 42 days. During the recovery period, the She will experience many physical changes that are physiological and provide a lot of discomfort in the early postpartum, which does not rule out the possibility of becoming pathological if it is not followed by good care. The method used in study 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 showed that Mrs. "R" was 36 years old, gave birth to her fourth child 2 hours ago by cesarean section. The results of the TTV examination were: BP: 160/115 mmHg, N: 85x/minute, S: 36.3C, RR: 21x/minute, TFU 2 fingers below the center, good contractions, there were SC scars. The management provided is to provide informed consent, inform the She of the results of the examination, teach the She to do early mobilization, collaborate with the SpOG doctor to administer RL, MgSO4 infusion therapy, dopamet and observe TTV.

Keywords: *Midwifery management, Postpartum, Preeclampsia*

INTRODUCTION

Severe preeclampsia and its complications (eclampsia) are also one of the main causes of maternal death. Preeclampsia is a blood pressure of at least 140/90 mmHg on two examinations 4-6 hours apart in women who were previously normotensive after 20 weeks of gestation or in the early postpartum period accompanied by proteinuria. Proteinurin at least positive 1 or quantitative protein examination results > 300 mg per 24 hours (Sutiati Bardja, 2020).

The prevalence of preeclampsia in developed countries is 1.3% – 6% while in developing countries it is 1.8%–18%. The latest WHO report estimates that preeclampsia accounts for 70,000 maternal deaths annually in the world. In addition to maternal mortality and morbidity, preeclampsia also accounts for 500,000 infant deaths every year (Muzalfah, Santik and Wahyuningsih, 2018)

The Sustainable Development Goals (SDGs) target the maternal mortality ratio to decrease to 70 per 100,000 live births in 2030. In 2020, MMR in Indonesia showed 4,627 cases, this number showed an increase compared to the previous year, the causes of maternal death were still dominated by three causes The main causes are bleeding, hypertension in pregnancy and infection. Bleeding reached 30.3%, hypertension in pregnancy reached 27.1% and infection reached 7.3% (KEMENKES RI, 2021).

Preeclampsia is a specific condition in pregnancy which is characterized by placental dysfunction and maternal response to systemic inflammation with endothelial and coagulation activity. found in women with normal pregnancies (POGI, 2016)

CASE PICKING 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 "R" 36 years old, female gender, Javanese ethnicity, work housewife. Main complaint: She said she felt dizzy and nauseous.

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

CLINICAL FINDINGS

On physical examination, it was found that the general condition of the She: adequate, consciousness: composmentis, BTV: BP: 160/115mmHg, N: 85x/minute, S: 36.3C, RR: 21x/minute. TFU: 2 fingers below the center, good uterine contractions, there are SC scars.

TIMELINE

She said that when she came to the emergency room at Roemani Muhammadiyah Hospital Semarang at 14.30 WIB, she began to feel dizzy and nauseous. In the ER, 20 tpm of RL infusion was installed. At 15.00 WIB, he was transferred to the Ayyub 1 room and an examination was carried out with the results, DJJ: 148x/minute, His: not yet available and was placed in the surveillance room and the SC plan was to be carried out the next day. At 07.00 WIB, the SC process was carried out. At 09: 00 WIB, TTV was observed with the results of BP: 160/115 mmHg, N: 85x/minute,S: 36.3C, RR: 21x/minute. TFU: 2 fingers below the center, good uterine contractions, there are SC scars.

DIAGNOSTIC CHECK

Diagnostic examination in this case was carried out by supporting examinations, namely from laboratory results: Hb: 9.6gr/dl, GDS: 70, HBsAg: negative, urine protein: positive 3, Platelets: 347000/mm, Leukocytes: 8400/mm, Hematocrit: 30.1 %. There is no problem in the diagnostic examination.

THERAPY ACTION

The management provided is to provide informed consent, inform the She of the results of the examination, teach the She to do early mobilization, collaborate with the SpOG doctor for administration of RL, MgSO4 infusion therapy, dopamet and observe TTV.

FOLLOW-UP AND RESULT

The follow-up in this case was to monitor blood loss, uterine contractions, and maternal TTV.

DISCUSSION

In the results of the study of the case study of midwifery care on Mrs. "R" it was found that Mrs. "R" was 36 years old, in this subjective data age is a risk factor for the occurrence of preeclampsia.Age is one of the factors that influence the occurrence of potential obstetric emergencies. Age is a risk factor for preeclampsia. Maternal age more than 35 years is said to increase the risk of preeclampsia. In this study, based on the age group the most were at the age of 20-35 years (72.1%) (Hinelo et al., 2022).

Study conducted by Zhu et al., (2021)showed that maternal age was associated with decreased cardiac systolic function and cardiac output which is a potential preeclampsia. In this study, there was a significant decrease in diastolic function in Shes over 35 years of age with normal left ventricular ejection fraction, indicating the susceptibility of diastolic function to the heart.

In this case also found A multiparous woman with no history of preeclampsia developed preeclampsia during her last pregnancy, the pregnant woman had critical risk factors for preeclampsia, including chronic kidney disease and hypertension, and was not given aspirin. In contrast, parity with a history of severe preeclampsia and receiving adequate medication will experience recurrent preeclampsia and deliver live newborns. (Maeda et al., 2021).

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.

REFERENCES

Hinelo, K. *et al*. (2022) 'Faktor Risiko Kejadian Preeklampsia Di Rumah Sakit Umum Daerah Kabupaten Banggai Tahun 2020', *Jurnal Ilmu Kedokteran dan Kesehatan*, 8(4). doi: 10.33024/jikk.v8i4.5184.

KEMENKES RI (2021) *Profil Kesehatan Indonesia Tahun 2020*.

Maeda, Y. *et al*. (2021) 'The effect of parity, history

of preeclampsia, and pregnancy care on the incidence of subsequent preeclampsia in multiparous women with SLE', *Modern Rheumatology*, 31(4), pp. 843–848. doi: 10.1080/14397595.2020.1830466.

Muzalfah, R., Santik, Y. D. P. and Wahyuningsih, A. S. (2018) 'Kejadian Preeklampsia pada Ibu Bersalin', *Higeia Journal Of Public Health Research Development*, 2(3), pp. 1–12. doi: https://doi.org/10.15294 /higeia/v2i3/21390.

POGI (2016) 'PNPK Diagnosis dan Tatalaksana Preeklampsia', pp. 1–48.

Sutiati Bardja (2020) 'Faktor Risiko Kejadian Preeklampsia Berat/Eklampsia pada Ibu Hamil', *Embrio*, 12(1), pp. 18–30. doi: 10.36456/embrio.v12i1.2351.

Wahida, Y. and Hakim, B. N. (2020) *Emodemo Asuhan Kebidanan Masa Nifas*. Jakarta: Yayasan Ahmar Cendekia Indonesia, 2020.

Zhu, D. *et al.* (2021) 'The correlation between maternal age, parity, cardiac diastolic function and occurrence rate of pre-eclampsia', *Scientific Reports*, 11(1), pp. 1–9. doi: 10.1038/s41598-021-87953-x.

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