

Comprehensive Midwifery Care For 28-Year-Old Mrs. N At MB Tati Heryanti, S.ST Jepara

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COMPREHENSIVE MIDWIFERY CARE FOR 28-YEAR-OLD MRS. N AT PMB TATI HERYANTI, S.ST JEPARA

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ABSTRACT

In Indonesia, health issues continue to require special attention from multiple stakeholders. Midwives are known as health workers who are always present with the mother; hence, midwives are needed to deliver continuous/comprehensive services (Continuity Of Care) to maximize early diagnosis of maternal and newborn problems. The goal of this study was to give Mrs. N, a 28-year-old woman at PMB Tati Heryanti, S.ST comprehensive midwifery care, including pregnancy, labor, newborns, postpartum, neonatal, and family planning services. Case study research and descriptive research with a qualitative approach comprise the research strategy. Interviews, observations, physical examinations, and documentation studies guided by the framework of Midwifery Care were used to collect data. The outcomes of midwifery care for Mrs. N, age 28, G₃P₂A₀ normal pregnancy with complaints of leg cramps, physiological birth with 60 steps of APN therapy followed by a physiological postpartum period, and the mother's decision to inject contraception for three months. BBL history had a birth weight of 3,500 grams, a PB of 50 centimeters, and an umbilical cord loss when the baby was 3 days old. There were no discrepancies between the theory and practice of caregiving in the field. There were no discrepancies between the theory and practice of caregiving in the field. Midwives must give comprehensive care to mothers during pregnancy and family planning services after childbirth as a means of early detection of issues that may arise in the mother so that they can be avoided or addressed promptly.

Keywords: *Comprehensive Midwifery Care, BBL, postpartum, KB*

INTRODUCTION

In Indonesia, health issues continue to require special attention from multiple stakeholders. Several indicators can be used to determine the level of public health. The Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) characterize one of them [17]. Due to its sensitivity to the improvement of health services in terms of both accessibility and quality, this indicator can also be used to evaluate the level of public health. This indicator defines maternal mortality as all deaths during pregnancy, childbirth, and the puerperium caused by pregnancy, childbirth, and the puerperium or their management and not owing to other causes, such as accidents or incidents [12].

In 2020, the documentation of family health programs at the Ministry of Health reveals 4,627 deaths in Indonesia due to MMR. This number represents an increase of 4,221 fatalities compared to 2019. The MMR rate in Central Java increased from 76.9 per 100,000 live births in 2019 to 98.6 per 100,000 births in 2020 [18]. In 2020, the MMR rate in Jepara Regency is projected to increase relative

to 2019, beginning with a jump from 13 to 15 per live birth [7,8]. According to the causes, the majority of maternal deaths in 2020 were due to bleeding (1,330 instances), hypertension in pregnancy (1,110 cases), and circulatory system problems (230 cases) [12].

In 2020, there were 28,158 infant mortality rates in Indonesia, of which 72% (20,266 deaths) occurred in the neonatal period [12]. From 2016 to 2020, the number of IMR in Central Java Province continues to fall. Comparing 2020 to 2019, the number of IMRs began to fall from 8.2 to 7.8 per 1,000 live births [8]. The number of infant deaths in Jepara Regency in 2020 was 4.3 per 1,000 live births, a drop from the number of IMR of 4.7 per 1,000 live births in Jepara Regency in 2019, which places Jepara Regency in the top five districts in Central Java Province with the lowest number of IMR [7]. The leading cause of infant mortality is the low birth weight (LBW). Asphyxia, infection, congenital defects, newborn tetanus, and other causes of mortality are also prevalent [12].

Pregnancy, childbirth, newborns, postpartum, and neonates constitute a physiological conditions



3 that can endanger the lives of the mother and child to the point of causing their demise. To expedite the fall in MMR and IMR, the government has enacted laws to ensure that every mother has access to quality health services for pregnant women. The Indonesian government ensures that every mother has access to quality maternal health services [12]. Midwives are known as health workers who are always with the mother; therefore, midwives are required to provide continuous services (Continuity Of Care) beginning with ANC, INC, BBL Care, Postpartum Care, Neonate Care, and quality family planning services to optimize early detection of complications/emergencies on maternal and neonatal health [3].

The decreasing IMR in Jepara Regency and the rising MMR necessitate efforts in the form of improving the clinical skills of field officers and involving multi-stakeholders in the implementation of the MCH program by implementing Comprehensive Midwifery Care that is provided comprehensively from pregnancy, childbirth, postpartum, BBL, and family planning, as well as provincial facilitation support to districts both in terms of program management and program implementation [7]

To support attempts to speed the reduction of MMR and IMR, one of the authors will provide Continuity of Care. When there is continuous contact between a woman and a midwife, continuity of care is provided. Continuous care was provided at PMB Tati Heryanti, S.ST Jepara, beginning with the third trimester of pregnancy, or 36 weeks pregnant, and continuing through birthing, newborn care, and postpartum planning.

METHODS OF RESEARCH

This study employs a qualitative, descriptive case study methodology. From April to June of 2022, the research was conducted at PMB Tati Heryanti, S.ST Jepara. This study's sample is Mrs. N, who is 28 years old. Interview guides, observations, physical examinations, and documentation studies in the form of midwifery care formats beginning with pregnancy, labor, newborns, postpartum, neonates, and family planning were utilized as research instruments. In compliance with midwifery care procedures, the examination employs instruments and materials that are suitable for the task.

RESULT OF RESEARCH

3. 1 Pregnancy Midwifery

Mrs. N, age 28, G₃P₂A₀ at PMB Tati Heryanti S.ST has received midwifery care in compliance with midwifery care standards. According to an evaluation completed on May 4, 2022, the mother frequently had leg cramps. The care provided is KIE, a dangerous sign of third-trimester pregnancy, explaining that cramps in the legs are normal for third-trimester pregnant women and that they can relieve cramps by taking a warm bath before bed or soaking their feet in warm water, and by fulfilling nutritional needs by reducing food intake. including carbohydrates, lipids, and meals high in protein and calcium, discussing labor preparation and labor signs to the mother, and urging mothers to take a morning walk to alleviate discomfort and facilitate labor.

3. 2 Midwifery Childbirth Care

Normal delivery At 39 weeks and 2 days gestation, Mrs. N received midwifery care by the guideline for Normal Childbirth Care. At 39 weeks and two days of pregnancy, Mrs. N displayed signs of labor on May 7, 2022, at 7:00 a.m. WIB. The mother felt discomfort in her stomach radiating to her waist and believed that her amniotic fluid had been expelled. The mother is worried about giving delivery. The care provided teaches mothers breathing relaxation techniques and provides counseling to husbands and families accompanying mothers. It also teaches mothers how to reduce pain by giving waist counterpressure massage, encourages mothers to drink or eat so they do not run out of energy, and provides a comfortable position as desired by the mother. The first stage of labor lasted ± 4 hours and 45 minutes, the second stage lasted ± 15 minutes, the third stage lasted ± 6 minutes, and the fourth stage was monitored for 15 minutes in the first hour and every 30 minutes in the second hour. The mother gave birth without any problems or complications for either mother or child.

3. 3 Newborn Midwifery Care

Mrs. N will receive newborn midwifery care, including keeping the baby warm, facilitating skin-to-skin contact between mother and child, initiating breastfeeding (IMD) for 1 hour, and cutting and caring for the umbilical cord. After



the IV stage and IMD supervision were completed successfully, newborn care consisted of anthropometric and physical tests, vitamin K injections, and eye ointments. The baby is a girl, weighs 3,500 grams, and has the following measurements: PB 50 cm, LK 33 cm, LD 33 cm, and LP 32 cm. The baby's vital signs are within normal limits, the results of physical examination are normal, there are no congenital abnormalities, no signs of prematurity or serotonin syndrome, and newborn reflexes are positive.

3.4 Postpartum Midwifery Care

Postpartum midwifery care is administered in compliance with midwifery care standards. During the first postpartum visit (KF 1), six hours after delivery, the mother reported that the sutures still hurt. As a result, information was provided regarding personal cleanliness and suture wound care, and early mobilization was recommended. Subsequently, home postpartum visits and TTV examinations, uterine involution monitoring via TFU examination, contractions, lochia, and examination of the extremities were performed, followed by counseling on nutrition, fluids, rest, personal hygiene, exclusive breastfeeding, postpartum gymnastics or light exercise, and postpartum family planning counseling. At her fourth postpartum checkup (KF 4), the mother opted to utilize a contraceptive injection with a three-month duration so that it would not interfere with her milk production. During the postpartum visit, Mrs. A's uterine involution was normal, there was no abdominal bleeding, breast milk came out easily, and there were no difficulties with lochia expenditure.

3.5 Neonatal Midwifery

Mrs. N received three visits from a midwife for neonatal care, including a physical examination, HB0 vaccine, advice on umbilical cord care, keeping the infant warm, and exclusive breastfeeding during the first visit, which was conducted at 6 hours. The baby's umbilical cord fell off on the third day, KN 2 was performed on the seventh day, and the care provided consisted of encouraging the mother to dry her baby in the morning for 10 to 15 minutes and reminding the mother to breastfeed exclusively, and KN 3 was performed on the fifteenth day and recommended going to the gym. Posyandu is administered every month for the first five years of a child's life to

monitor growth and development and provide health services.

3.6 Midwifery Services Family Planning

In family planning services, midwifery care is administered by midwifery care standards. Three months after having her third child, Mrs. N chose to utilize injectable contraception. Mothers desire it since it does not inhibit milk production until six months after birth. The care delivered included providing the mother with an IEC explaining the 3-month birth control injection, how it works, and its side effects, as well as administering an intramuscular injection of 3 ml of Depo Medroxyprogesterone Acetate (DMPA) into one-third of the mother's side. Inform the mother of the return visit's time. The mother did not experience any side effects and there were no difficulties following the injection.

DISCUSSION

4.1 Pregnancy Midwifery

Mrs. N complains of regular leg cramps at the time of her prenatal care evaluation. Cramps in the legs are a normal pregnancy symptom that typically occurs in the second and third trimesters and can be caused by the fact that the fetus's head holds and compresses the blood vessels, thereby impeding blood circulation and exerting pressure on the nerves in the legs, as well as low calcium levels. can also result in leg muscle spasms [1].

These problems can be alleviated by having a warm bath before bed or soaking the feet in warm water, as well as by meeting nutritional demands, such as limiting carbohydrate and fat intake and increasing protein and calcium consumption. Candra W. (2016) found that bathing the feet in warm water at 38°C for 30 minutes can alleviate muscle tension and boost the creation of brain glands, resulting in a calmer, more relaxed body that can relieve pain.

In addition, by encouraging mothers to take a morning stroll about the home to alleviate discomfort and expedite labor, the process might be streamlined. During the third trimester, regular walking helps pregnant women prepare physically for childbirth. This is because the rhythmic and coordinated movements of the pelvic muscles have the effect of flexing and strengthening the pelvic muscles [24].



According to research conducted by Hidayati (2018), travel during the third trimester of pregnancy can assist in the delivery and shorten the duration of labor. The balance between strength, muscle elasticity, thrust (his), and the energetic state of the laboring mother shortens the duration of labor.

4.2 Midwifery delivery care

Since 07:00 WIB, the mother had been complaining of abdominal to back-of-waist pain and was apprehensive about giving birth. The results of the physical examination were normal, and blood and mucus were present in the vaginal discharge. The mother's complaints are indicative of labor, which is characterized by the commencement of abdominal pain that radiates to the waist, mucus mixed with blood, and a flattening of the cervix. Blood is produced by the rupture of capillaries around the cervical canal when the cervix expands and flattens [14].

Care provided to Mrs. N during the initial stage of labor includes a breathing relaxation technique for moms, counseling for husbands and relatives accompanying mothers, and instruction on how to relieve pain using waist counterpressure massage. According to Septiani's research (2021), the application of deep breathing relaxation techniques to laboring mothers was able to reduce the intensity of labor pain in the first stage and the duration of the first stage of labor; therefore, the researchers suggested applying deep breathing relaxation techniques to laboring mothers to reduce pain. So that moms can give birth properly, increase a sense of security and comfort, and make delivery easier so that mothers and babies are healthy and prosperous.

Mrs. N is always attended to by her husband during childbirth. The presence of a companion during childbirth can have a good influence on labor in that it can alleviate discomfort and shorten the duration of labor. Additionally, the presence of a delivery attendant can offer moms a sense of comfort, security, excitement, emotional support, and motivation [16].

According to research by Muldaniyah (2022), the counterpressure massage technique provides comfort, reduces pain, and lessens the degree of pain in pregnant women. This technique concentrates on the origin of the pain point felt by

the laboring mother during the early phase of labor. By administering a massage utilizing a counterpressure technique, these pain impulses can be suppressed and the sense of discomfort in the waist region can be diminished. According to the study, when this massage technique is performed by the husband while the mother experiences waist discomfort, the mother's pain, and worry lessen. The duration of the first stage of labor during the active phase \pm 4 hours and 45 minutes. The primigravida opening is 1 cm per hour and the multigravida opening is 2 cm per hour, according to the Friedman Curve theory [25].

The duration of the second stage of labor was \pm 15 minutes, and there were no issues or problems for the mother or newborn. Sulistyawati (2010) states that the second stage of labor lasts 50 minutes for primigravida and 30 minutes for multigravida. At 12:00 WIB, Mrs. N had indications of placental separation, including an extended umbilical cord and a bloody vaginal effusion. The detachment of the placenta can be predicted by observing the signs of the uterus becoming round, the uterus being pushed up as the placenta is released into the lower uterine segment, and the lengthening of the umbilical cord, and the onset of bleeding. The placenta is delivered with a light push on the uterine fundus [14]. According to the idea of Manuaba (2010), the time for placental separation after the second stage lasts between 5 and 10 minutes. The duration of the third stage of labor during delivery of the placenta is 6 minutes without complications.

The fourth stage was observed for 15 minutes in the first hour and every 30 minutes in the second hour. Observations of patient consciousness, TTV, uterine contractions, and vaginal bleeding were made, and IMD was performed successfully in stage IV. According to Sulistyawati's (2010) theory, postpartum hemorrhage was detected more frequently within the first two hours of the fourth stage. The mother gave birth without any problems or complications for either mother or child.

Early nursing will stimulate the release of oxytocin, hence preventing any bleeding. This hormone can be stimulated naturally because breastfeeding newborns encourage the release of the hormone oxytocin, causing the mother to feel



elated after the birth of her child. So that oxytocin production can rise and postpartum bleeding can be decreased [21].

4.3 Newborns' midwifery care

As part of newborn care, the baby is kept warm by removing any remaining amniotic fluid and providing blankets and head coverings, followed by cutting and caring for the umbilical cord and initiating nursing (IMD) for one hour. Newborns are more susceptible and unstable in their ability to regulate body temperature, resulting in heat loss.

IMD is a simple intervention that can significantly improve neonatal outcomes, including reducing the risk of neonatal death, increasing affection, extending the duration of breastfeeding, stabilizing body temperature, breathing, pulse, and blood glucose of infants, and increasing the duration of breastfeeding (Arhamnah, S. 2022). According to Kusuma W's (2019) research, the skin-to-skin method during IMD involves placing the baby face down on the mother's chest so that the newborn receives warmth through direct skin contact with the mother. The mother's skin is capable of adjusting its temperature to meet the needs of the infant (Thermoregulator Thermal Synchrony).

HB₀ immunization was administered 6 hours postpartum to Mrs. N's infant according to PMB's practice of administering the vaccine after the patient is allowed to go home, which was 1 hour after the vitamin K injection. According to Permenkes No. 53 of 2014 about Essential Neonatal Health Services from the Indonesian Ministry of Health, the initial Hepatitis B immunization (HB 0) is administered intramuscularly 0-7 days after Vitamin K1 or 1-2 hours after Vitamin K1. Immunization against Hepatitis B is beneficial for avoiding Hepatitis B infection in babies, particularly through the mother-to-infant transmission route.

The monovalent hepatitis B vaccine, ideally administered to newborns within 24 hours postpartum, can provide 85 to 95 percent protection, but can still be administered up to 7 days postpartum to prevent transmission of the hepatitis B virus and chronicity from mother to child [28].

4.4 Midwifery care throughout the postpartum period

Mrs. N received postpartum visit services four times by the theory and standards established by the Ministry of Health (2020) in the MCH book, namely services provided 6-8 hours after delivery, 3-7 days after delivery, 8-28 days after delivery, and 29-42 days after delivery, with home health monitoring for postpartum mothers.

Six hours after birth, on the first postpartum appointment, the mother complained that the sutures were still sore. The care provided is KIE-maintained personal hygiene and betadine-treated gauze for suture care. Theoretically, perineal wound care can be accomplished by applying ice compresses to the wound, administering antiseptic fluids such as povidone-iodine, and performing Kegel exercises. In addition, mothers should increase their nutritional intake and get sufficient rest to expedite the perineal healing process [11].

Subsequently, home postpartum visits and vital sign examinations, uterine involution monitoring via TFU examination, contractions, lochia, and examination of the extremities were performed, followed by counseling on nutrition, fluids, rest, personal hygiene, and ensuring that mothers breastfeed correctly and provide exclusive breastfeeding.

Breastfeeding accelerates the uterus's return to its natural form and decreases bleeding. This is because the hormone oxytocin is secreted by the pituitary gland in the brain in response to the baby's sucking on the breast. In addition to contracting the milk ducts in the mammary glands, oxytocin also increases the contraction of the uterus, hence increasing uterine involution [19].

Within 6-7 days postpartum, the perineal wound will begin to improve physiologically [18]. Protein intake has a significant effect on the perineal wound healing process, as the restoration of injured tissue requires protein for cell regeneration. Protein is responsible for the building blocks of muscles and bodily tissues, but it cannot be stored in the body, thus daily protein consumption is required for wound healing [11].

At the fourth postpartum visit, the mother received postpartum family planning counseling and elected to utilize injectable contraception with a three-month duration so as not to damage her milk production.



4.5 Midwifery care for neonates

Midwifery care for neonates consisted of three visits; neonatal visits were essential since the neonate period, the first month of life for the age group with the highest risk of developing health problems, was characterized by rapid growth and development. The first neonatal visit included teaching the mother how to care for the umbilical cord using clean, dry, and uncovered approaches.

The action for infants is to keep the umbilical cord clean, dry, and open (don't wrap it) and not to offer any ingredients; if it is unclean, it is washed with sterile gauze and hot water [12].

The second neonatal visit was conducted at the patient's residence; on the third day, the infant's umbilical cord had fallen off and there were no signs of infection. According to research by Trijayanti W.R, et al. (2020), the quickest time to remove the umbilical cord using an open treatment technique with clean and dry principles was 90 hours (3 days 18 hours), and the longest period was 109 hours (4 days 13 hours). According to Cunningham (2013), an umbilical cord handled by leaving it open will dry and come off more quickly, reducing the risk of infection.

At the second neonatal visit, the author suggested moms dry their infants for 10 to 15 minutes in the morning. According to research conducted by Fatmawati Z, et al. (2022), 15 to 30 minutes of morning sun therapy helps prevent the accumulation of bilirubin in the blood; hence, morning sunlight is advised as an alternative for the prevention of neonatal jaundice. To break down bilirubin, morning sunlight is 6,5 times more efficient than phototherapy.

The author always encourages exclusive nursing for every newborn visit, Mrs. N's weekly weight gain is 100 grams, and the baby's weight gain is influenced by nutrient intake, specifically breast milk. According to research conducted by Desi Siswanti (2019), exclusive nursing for infants has a greater impact on their growth or weight than does not-exclusive breastfeeding. 0 to 6 months of age Exclusive Breastfeeding is necessary because the digestive system is not fully developed; therefore, only breast milk is the best food for him. Feeding infants aged 6 months anything other than breast milk can cause allergies or diseases such as diarrhea; this is because the baby's digestive system is not mature

enough to handle other foods. Breast milk contains all the nutrients required for growth and energy provision in the proper sequence. Breast milk does not strain the digestive tract and kidneys of newborns, which are not functioning optimally, and promotes optimal physical growth. According to this study, exclusively breastfed infants have a healthy nutritional status.

The care provided was to recommend monthly visits to the posyandu throughout the first five years of the child's life to monitor his or her growth and development and to obtain health treatments.

4.6 Maternity Care In-Service KB

Mrs. N decided to utilize 3-month injectable contraception at the time of her visit to the family planning agency so as not to interfere with milk production until the baby was 6 months old. It is not suggested for breastfeeding moms to take injectable contraceptives containing estrogen or estradiol cypionate, as this can lower milk production and impede the smooth ejection of breast milk during lactation. Contraceptives with high estrogen levels can inhibit FSH, causing the anterior pituitary lobe to release luteinizing hormone. The synthesis of the luteinizing hormone can cause the hypothalamus to release dopamine, also known as a prolactin-inhibiting factor (PIF). Dopamine can lower prolactin release by a factor of 10. When prolactin secretion is stopped, breast alveolar cells stop producing milk. Inability to produce milk hinders the generation of breast milk. Non-hormonal contraceptive methods and hormonal methods containing only progesterone are examples of contraceptives that do not influence breast milk production and expenditure [20].

Binngan (2019) found that Depo Medroxyprogesterone Acetate (DMPA), which is administered every three months, has a powerful and highly effective progesterone impact. The investigations conducted did not demonstrate any interference with breast milk supply or adverse effects on breastfed infants of moms who got the injections. This method is recommended as a family planning instrument for mothers on family planning.



CONCLUSION

There are no gaps in theory or practice in the provision of midwifery care to Mrs. N, age 28, at PMB Tati Heryanti S.ST Jepara, beginning with pregnancy, birthing, newborns, postpartum, neonates, and family planning services that run properly. It may be concluded that it is vital for midwives to give comprehensive care to mothers during pregnancy and family planning services after childbirth as a means of early detection of issues that may arise in the mother so that they can be avoided or addressed promptly.

AUTHORS' CONTRIBUTIONS

All authors contributed to research observation, research writing, editing, and review of submissions.

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