

**JUDUL ARTIKEL:** Midwifery Care For Mothers In Labor With Premature Membranes Rupture  
At Tugurejo Hospital Semarang

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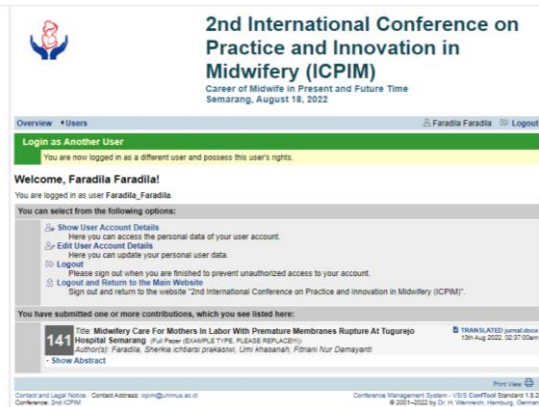
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## 1. RIWAYAT SUBMIT



## 2. MANUSKRIP YANG DISUBMIT

### Midwifery Care For Mothers In Labor With Premature Membranes Rupture At Tugurejo

Hospital Semarang

Faradila<sup>1</sup>, Sherkia Ichtarsi Praksiwi<sup>2</sup>, Umi Khasanah<sup>3</sup>, Fitriani Nur Damayanti<sup>4</sup>

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### ABSTRACT

**Background:** According to the Health Profile data, the number of maternal deaths in 2018-2019 decreased from 4,226 to 4,221 maternal deaths in Indonesia based on the report. In 2019, the most common causes of maternal death were bleeding 1,280 cases (50.14%), hypertension in pregnancy 1,066 cases (41.75%), infection 207 cases (8.11%). (Ministry of Health RI, 2019). Premature rupture of membranes (PROM) is the rupture of the membranes before the time of delivery / before the signs of labor, which can occur at the end of pregnancy or long before the time of delivery. If premature rupture of membranes occurs at 37 weeks of gestation, it is called term premature rupture of membranes and if premature rupture of membranes occurs at < 37 weeks of gestation, it is called preterm premature rupture of membranes. **Objective:** To be able to carry out midwifery care for pregnant women with KPD using 7 Varney steps. **Methods:** The writing method used by the author is to collect data by means of interviews, physical examinations, observations, literature studies, and documentation. **Conclusion:** in the application of care, the care provided is in accordance with that given to the patient, so there is no gap between theory and practice in the field

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Able to carry out midwifery care for mothers in labor with KPD using 7 Varney steps

## 2. METHOD

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### 3. RIWAYAT REVIEW/REVIEW SUBSTATANSI



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World Health Organization.

#### 4. MANUSKRIP SETELAH REVISI

## MIDWIFERY CARE FOR MOTHERS IN LABOR WITH PREMATURE MEMBRANES RUPTURE AT TUGUREJO HOSPITAL SEMARANG

Faradila<sup>1</sup>, Sherkia Ichtiarsi Prakasiwi<sup>2</sup>, Umi Khasanah<sup>3</sup>, Fitriani Nur Damayanti<sup>4</sup>

*Midwifery Professional Education Department, Faculty of Nursing and Health, University of Muhammadiyah Semarang<sup>1,2,3</sup>*

*Bachelor of Midwifery Department, Faculty of Nursing and Health, University of Muhammadiyah Semarang<sup>4</sup>*

E-mail: [faradila.amdkeb@gmail.com](mailto:faradila.amdkeb@gmail.com)

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**ORAL PRESENTATION ACCEPTANCE**

August, 12<sup>th</sup> 2022

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Thank you for submitting a paper to present at “**THE 2nd INTERNATIONAL CONFERENCE ON PRACTICE AND INNOVATION IN MIDWIFERY**”. On behalf of the Organizing Committee, I am delighted to inform you that your abstract has been accepted for an oral presentation at the conference.

Details of your abstract are as follows:

ID : **PR141**  
Title : ***Midwifery Care For Mothers In Labor With Premature Membranes Rupture At Tugurejo Hospital Semarang***  
Authors : Faradila  
Presenting Author : Faradila

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- Faradita, Sherika Ichitarsi Prakeswi, Umi Khasanah, Fitriani Nur Damayanti

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### ABSTRACT

**Background:** According to the Health Profile data, the number of maternal deaths in 2018-2019 decreased from 4,226 to 4,221 maternal deaths in Indonesia based on the report. In 2019, the most common causes of maternal death were bleeding 1,280 cases (50.14%), hypertension in pregnancy 1,066 cases (41.75%), infection 207 cases (8.11%) (Ministry of Health RI, 2019). Premature rupture of membranes (PROM) is the rupture of the membranes before the time of delivery / before the signs of labor, which can occur at the end of pregnancy or long before the time of delivery. If premature rupture of membranes occurs at 37 weeks of gestation, it is called term premature rupture of membranes and if premature rupture of membranes occurs at < 37 weeks of gestation, it is called preterm premature rupture of membranes. **Objective:** To be able to carry out midwifery care for pregnant women with KPD using 7 Varney steps. **Methods:** The writing method used by the author is to collect data by means of interviews, physical examinations, observations, literature studies, and documentation. **Conclusion:** in the application of care, the care provided is in accordance with that given to the patient, so there is no gap between theory and practice in the field

**Keywords:** *Prom*

### INTRODUCTION

According to the Health Profile data, the number of maternal deaths in 2018-2019 decreased from 4,226 to 4,221 maternal deaths in Indonesia based on the report. In 2019, the most common causes of maternal death were bleeding 1,280 cases (50.14%), hypertension in pregnancy 1,066 cases (41.75%), infection 207 cases (8.11%) (Ministry of Health RI, 2019). Premature rupture of membranes (PROM) is the rupture of the membranes before the time of delivery / before the signs of labor, which can occur at the end of pregnancy or long before the time of delivery. If premature rupture of membranes occurs at 37 weeks of gestation, it is called term premature rupture of membranes and if premature rupture of membranes occurs at < 37 weeks of gestation, it is called preterm premature rupture of membranes.

#### 1.1. Research purposes

The writing method used by the author is to collect data by means of interviews, physical examinations, observations, literature studies, and documentation.

#### 1.2. Significance

Able to carry out midwifery care for mothers in labor with KPD using 7 Varney steps

### METHOD

This study used interviews, physical examinations, observations, literature studies, and documentation to collect the data.

### DISCUSSION

Based on the results of the case of midwifery care carried out on Ms. E 33 years old G2P1A0 39 weeks gestation with premature rupture of membranes 5 hours in Tugurejo Hospital there are several factors that cause premature rupture of membranes in the mother. Premature rupture of membranes or premature rupture of the membranes is not known with certainty, but it is associated with uterine hypermotility, thin membranes, infection, multipara, maternal age, fetal position, and previous history of premature rupture of membranes. This is in accordance with research conducted by Novita Sari & Rahayu (2017) in their research which revealed that the causes of premature rupture of membranes include multiparity, age 20-35 years, gestational age 37 weeks, normal uterine enlargement, and fetal head presentation. In this case, from the anamnesis and examination carried out on Ms. E belongs to the age group that is prone to premature rupture of membranes, namely 33 years which is included in the age category of 20-35 years, then Mrs.



E has also given birth once, gestational age 37 weeks, and on Leopold's examination the uterine enlargement is normal and the position of the fetus is cephalic.

In the management carried out on Mrs. E, namely by explaining that at this time the mother is experiencing premature rupture of membranes or premature rupture of the membranes with a gestational age of 39 weeks, but if there are indications that the mother's opening is progressing, medication will be administered to induce labor by softening the cervix, making it easier to acceleration of cervical dilation. Then the care that is carried out is maternal care, namely meeting the nutritional needs of patients such as eating and drinking, maintaining mother's privacy and positioning the mother in a left tilted position. Teach the mother relaxation techniques if the mother feels pain when her comes, that is by taking a deep breath in through the nose and exhaling slowly through the mouth. Monitor the patient's condition and progress of labor from the delivery process as well as monitor the welfare of the fetus. In addition to providing independent midwifery care, he also collaborates with Sp.OG doctors to be given therapy during the active period, namely by installing 500 ml RL infusion in 8tpm + 10 IU oxytocin drip. The patient is then observed for FHR, uterine contractions, pulse and complaints every half hour.

After that, the complete opening was at 13:50 WIB and the vaginal delivery was smooth and the baby was born 10 minutes after the complete opening, the baby was born vaginally and immediately started crying. In theory, patients with PROM can be treated with conservative and active measures, on Ms. E is carried out actively, namely by terminating pregnancy where the termination action will assess the pelvic score more than 5 by induction of oxytocin 10 units of oxytocin in 500ml of Lactate Ringer's fluid, through infusion with the first drop of 8tpm and every 30 minutes add 4 tpm until the optimal dose for his Once adequate is achieved, the maximum dose of oxytocin is 20 mU/min.

#### **AUTHOR CONTRIBUTIONS**

Faradila, Sherkia Ichtiarsi Prakasiwi, Umi Khasanah, Fitriani Nur Damayanti.

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