

COUNTINUIITY OF CARE FOR NY. E WITH TFU DISCREPANCY AT NIAR PRATAMA CLINIC, KEC. MEDAN AMPLAS YEAR 2024

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ABSTRAK

Background: Measurement of fundus uteri height can be done at 24 weeks of gestation which aims to determine the gestational age and growth of the fetus in the womb. Fundus height that is not in accordance with gestational age is related to the nutritional intake of pregnant women so that it affects the level of infant health, the incidence of low birth weight babies (LBW), and infant mortality. **Methods:** The research design used in this study was descriptive research conducted by means of a case study approach with midwifery documentation of 7 helen varney steps and developmental notes in the form of SOAP. The population in this study were all pregnant women at the Pratama Niar Clinic, totalling 329 people. The number of samples taken was 1 respondent with collection techniques, namely primary data and secondary data. Data analysis by making conclusions from the research conducted by comparing the results of the care provided with the existing theory. **Results:** Based on the results of care carried out from pregnancy, childbirth, postpartum period, newborn, and family planning, it was found that during pregnancy at 32 weeks, the mother's fundus height was 25 cm and according to Mc Donald, the fundus height at 30-32 weeks of pregnancy reached 29.5-30 cm, it can be concluded that there is a gap between theory and practice, but during childbirth, postpartum, newborn, and family planning, it was found that there was no gap between practice and theory. Conclusion From the results of the care provided by the author during the third trimester of pregnancy to family planning, it was found that the cause of the discrepancy in fundus height was due to unhealthy lifestyle patterns and nutritional intake. So it is hoped that by carrying out comprehensive midwifery care starting from pregnancy, childbirth, postpartum, newborns and family planning can follow students in providing care to clients to improve the quality of better education so as to create more professional and competitive health workers.

Key words: Uterine Fundus Height, Pregnancy, Nutrition Patterns

PENDAHULUAN

INTRODUCTION

Health development in Indonesia aims to increase awareness, willingness, and ability to live a healthy life for everyone in order to realise the highest degree of public health. One of the global targets of the Sustainable Development Goals (SDGs) is to reduce the Maternal Mortality Rate (MMR) to 70 per 100,000 live births and the Infant Mortality Rate (IMR) to 12 per 1,000 live births by 2030. Seeing these conditions, strategic and comprehensive efforts are needed to achieve a reduction in

MMR and IMR by 2030 (Permenkes No. 21 of 2020).

The global maternal mortality rate (MMR) in 2020 was 295,000 and the infant mortality rate (IMR) was 2.3 million (WHO, 2021). The Maternal Mortality Rate (MMR) in ASEAN is 235 per 100,000 KH (ASEAN Secretariat 2020). The Maternal Mortality Rate (MMR) in Indonesia in 2022 was 3,572 and the Infant Mortality Rate (IMR) was 18,281 (Ministry of Health of the Republic of Indonesia, 2023). Based on data from the health profile of North

Sumatra province in 2020, the Maternal Mortality Rate (MMR) was 62.50 per 100,000 KH and the IMR reached 2.7 per 1,000 KH. Based on the government performance report of the North Sumatra Provincial Health Office in 2020, the MMR in Medan City in 2020 reached 12 people, while the Infant Mortality Rate (IMR) reached 15 people. The biggest causes of maternal deaths are caused by haemorrhage, hypertension in pregnancy, infection, metabolic disorders, anaemia, abortion and others and infant deaths are mostly caused by LBW, asphyxia, neonatal infection and others (Kemenkes RI, 2023).

Measurement of fundus uteri height can be done at 24 weeks gestation which aims to determine the gestational age and growth of the fetus in the womb. Fundus height that is not in accordance with gestational age is related to the nutritional intake of pregnant women so that it affects the health level of the baby, the incidence of low birth weight babies (LBW), and infant mortality.

Midwifery management is a method of systematic logical thinking process in providing midwifery care, in order to benefit both the client and the care giver. Therefore, midwifery management is a process of problem solving that uses a midwife's train of thought in providing direction and action in handling cases that have become the responsibility of a midwife. which has become the responsibility of a midwife with the 7-step helen varney method (Elisabeth, et al 2020).

Continuity of Care midwifery care is care provided by midwives irrationally starting from pregnancy, childbirth, postpartum, newborns and contraception which aims to reduce maternal mortality (Juliana, et al 2019).

Based on the data above, the authors are interested in conducting a study entitled

"Continuous Midwifery Care (Countinuity Of Care) On Mrs E With TFU Discrepancy At Pratama Niar Clinic, Medan Amplas Kec. 2023"

METHOD

The type of research used in this study is descriptive which is carried out by means of a case study approach with midwifery documentation 7 steps helen varney and developmental notes in the form of SOAP. The research was conducted at Klinik Pratama Niar Kec. Medan Amplas located at Jl. Balai Desa, Timbang Deli, Kec. Medan Amplas, Medan City which was conducted on 6 November 2023 to 21 January 2024. The sample in this study was one pregnant woman, Mrs "E". Data collection methods using primary and secondary data. Data analysis is carried out by the process of searching and collecting data from the results of interviews, observations, and documentation, then concluded by comparing the results of the care provided with the existing theory.

RESULT AND DISCUSSION

1. Obstetric care of pregnancy in Mrs "E" aged 29 years was visited 4 times starting on 3 November to 3 December 2023. The first visit was carried out on 3 November 2023, the results obtained during the general examination of the mother's TTV results were within normal limits, pre-pregnancy weight 70 kg post-pregnancy weight 81 kg, LILA 32 cm, normal physical examination, but on obstetric examination the mother's fundus height was 25 cm, left back, head presentation, and DJJ 132 x/min. The efforts given explained to the mother that the discomfort experienced by the mother was normal due to the decline of the fetal head pressing on the bladder so that the frequency of urine collection, explaining the handling of maternal complaints, encouraging the mother to consume balanced nutrition, telling the mother the danger signs in pregnancy.

At the second visit on 21 November 2023, the results of a normal general examination were obtained, a special obstetric examination of tfu 28 cm, left back, head presentation, convergent, djj 132x / i, TBBJ 2,325 grams, and the mother complained of pain in the waist since 2 days ago, so the care provided explained to the mother that low back pain is normal due to physical and hormonal changes, advising the mother to reduce strenuous activity, take a warm bath, take a leisurely walk in the morning, and do pregnancy yoga at home, Advising the mother to continue to consume balanced nutrition,

At the third visit on 03 December 2023, a normal vital sign examination was obtained, a weight of 82 kg, a LILA of 32 cm, and an obstetric examination of tfu 32 cm, left back, head presentation, divergent, djj 132x/i, tbbj 3,100 grams and maternal complaints that the stomach felt tight and a little nauseous like menstruation, so the care given explained to the mother about Braxton his, told the signs of childbirth, encouraged the mother to exercise lightly, told the mother and baby equipment, and documents during childbirth,

2. Midwifery care of Mrs. E's labour took place on 10 December 2023 at 15.00 wib the mother said there was a discharge of mucus mixed with blood from the vagina, nausea and the mother felt anxious then an examination was carried out at 22.00 wib obtained the results of the mother's vital signs normal and examination in the opening of 5 cm and the descent of the head 2/5 in hodge II then given education on the causes of pain, giving the mother support, teaching relaxation techniques, encouraging the family to provide food and drink for the mother, telling the position of labour and monitoring labour using a partograph. Stage 1 labour lasted 11 hours, stage II lasted 20 minutes, stage III lasted 12 minutes and stage IV was monitored for

3. 2 hours. The mother's labour proceeded normally without any complications and it was found that the mother had a grade 2 perineal tear.
4. Postpartum Care for Mrs E was carried out 4 times starting from 11 December 2023 to 21 January 2024. At the first postpartum visit, the mother complained of pain in the suture wound with a pain scale of 4 and the mother was given mefenamic acid 500 mg 3x1, amoxilin 500 mg 3x1. During the visit the results of the examination of the mother's vital signs were normal, the uterine involution process was going well, there were no signs of infection in the suture wound, the suture wound was dry. The care management given to the mother during the puerperium was to teach the mother wound care techniques, encourage the mother to give her baby breast milk for 6 months without additional food and drink, provide IEC on nutrition, personal hygiene, rest patterns, danger signs of the puerperium, correct breastfeeding techniques, breast care techniques and expressed milk techniques.
5. Newborn care for Mrs E was carried out 3 times since birth starting on 11 December 2023-7 January 2024. The baby was born spontaneously on 11 December 2023 at 02.20 wib, Apgar score 9/10, BW 3100 grams PB 51 cm. The care provided was in accordance with the standard of midwifery services. The baby breastfeeds exclusively and strongly, the baby's vital signs are within normal limits. The baby's elimination pattern is smooth and there are no abnormalities or complications found in the baby.
6. Family planning care (KB) was carried out on 21 January 2024 at 13.00 WIB. At the time of the examination, the results of the mother's vital signs were normal, weight 74 kg, the results of a normal physical examination found no abnormalities and during the mother's history said the husband

and family did not approve of the mother to use hormonal birth control so the author explained to the mother and family about

the importance of using birth control and explained the types of contraception. Mother and husband chose to use coitus interruptus contraception.

Midwifery care for third trimester pregnant women

Mrs E aged 29 years G1P0A0 during pregnancy Mrs E made pregnancy visits in the first trimester 3 times, trimester II 3 times and trimester III visits were made 5 times. Based on the Ministry of Health of the Republic of Indonesia (2020), integrated antenatal services are carried out pregnancy checks at least 6 times during pregnancy, namely 2 times in the first trimester, 1 time in the second trimester and 3 times in the third trimester. So it can be concluded that there is no gap between theory and practice because Mrs E has fulfilled the standards of antenatal care visits.

The first visit pregnancy care on 6 November 2023 the mother's gestational age was 32 weeks 4 days, obtained the mother's weight before pregnancy 71 kg, during pregnancy 81 kg and height 172 cm, based on the calculation of the mother's BMI (body mass index) which is 23.7 kg / m² the mother is in the normal category, then the expected weight gain during pregnancy is 11.5 kg-16 kg (Putri et al., 2022). So it can be concluded that there is a gap in theory and practice because Mrs E during pregnancy gained 11 kg of weight.

Monitoring nutritional status in pregnant women is important to do by looking at the mother's weight gain during pregnancy because nutritional status greatly affects the weight of the baby who is born, this is in line with research. (Safitri & Masrurah, 2021) The results of the study said that maternal weight gain and fetal

weight interpretation had a significant relationship.

Then obtained the height of the fundus uteri Mrs.E 25 cm at 32 weeks 4 days gestation According to Mc.Donald the height of the fundus at 30-32 weeks gestation reaches 29.5-30 cm. From the results of the examination it can be concluded that there is a gap between theory and practice because the height of the mother's fundus is 25 cm at 32 weeks 4 days gestation.

So to prevent complications in the mother and fetus, the author recommends mothers to consume balanced nutritional foods such as folic acid (liver, nuts, green vegetables), Calcium (cheese, fish, salmon, shrimp, and tofu), Vitamin D (salmon, sardines, eggs, red meat, milk), Protein (meat, eggs, tempeh), and iron (red meat, poultry, green vegetables) this is in line with research. (Arini & Firdaus, 2019) There was a significant effect of DHA and protein intake on foetal weight and length.

Then obtained the results of the assessment of the mother complaining of frequent urination at night so that the mother's rest at night is disturbed. This is in line with the research of Riska et al,2020 This is normal for third trimester pregnant women due to the development of a larger fetus so that the mother's bladder is depressed which will cause an increase in urination so that the mother's rest at night is disturbed.

Then at the second visit on 21 November 2023 the mother's gestational age was 34 weeks and 5 days, the mother's complaint was found to be pain in the waist. Based on research by Melati et al.,2022 low back pain is normal for pregnant women, as for factors that affect pain. The care given to the mother is to encourage the mother to take a bath with warm water, encourage the mother not to do strenuous physical activity, encourage the mother to do pregnant exercises at home. From the

results of the assessment it can be concluded that there are no gaps in theory and practice because the mother's complaints of low back pain are physiological in third trimester pregnancy.

On the third visit on 3 December 2023, it was found that the mother's complaint was that the stomach felt tight and felt painful like menstruation in the lower abdomen area to the groin. From the mother's complaints, it can be concluded that the mother experienced false

contractions (Braxton His) According to Wulandari, 2021 this is natural for pregnant women in the third trimester and these false contractions occur due to the tightening of the uterine muscles so that blood flow to the placenta increases. From the results of the assessment it can be concluded that there are no gaps in theory and practice because the mother's complaints of abdominal tightness and menstrual pain are physiological in third trimester pregnancy.

Midwifery Care in Maternity

The process of delivery of Mrs E G1POA0 Gestation 37 weeks 2 days occurred on 10 December 2023, according to (Istri et al, 2019) normal childbirth occurs at 37-42 weeks of gestation, it can be concluded that there is no gap in theory and practice.

From the results of the assessment, the mother said that at 15.00 pm there was mucus mixed with blood from her vagina and felt nausea but it was still rare and could be held, at 22.00 pm Mrs E came to the clinic saying the pain was getting stronger and more frequent and felt like defecating, then an examination was carried out and the results of the mother's vital signs were normal, Djj 140 x/i, His 3x/10'/30". The internal examination was carried out obtained the results of Ø 5 cm, 50% effacement, anteflexion portio direction, head descent 3/5 in hodge II, amniotic fluid (+) no leading umbilical

cord then observed the progress of the mother's labour using a partograph.

After observation on 11 December 2023 at 01.00 a.m. Mrs. E experienced spontaneous rupture of membranes, clear colour \pm 200 cc, then an examination was carried out and the results of the mother's vital signs were normal, Djj 130 x/i, His 4x/10'/45", internal examination obtained results Ø 8 cm, 80% effacement, soft consistency, anteflexion portio direction, head descent 2/5 in hodge III, amniotic fluid (-) no umbilical cord fell. At 02.00 am, the mother said she wanted to defecate, then an examination was carried out to find signs of symptoms of stage II, namely the urge to defecate, pressure on the anus, protruding perineum and vulva opening, and an internal examination was obtained Ø 10 cm, effacement 100%, soft consistency, the direction of the portio was not palpable, head descent 0/5 in hodge IV, amniotic fluid (-) no leading umbilical cord. It can be concluded that the first stage of the mother's labour lasted \pm 11 hours. This contradicts the theory (Fitriana & Nurwiandani, 2020) that the process of kala 1 in primigravida lasts \pm 12-18 hours.

In the process of time II, labour assistance is carried out on the mother to deliver the baby normally in accordance with 58 APN steps. At 02.20 pm the baby was born spontaneously, crying strongly, active movements, male gender, 3300 grams of weight, 50 cm PB. AS 9/10 LK 33 cm, LD 34 cm no congenital defects. Then after the baby was born, newborn care was carried out. Based on the theory (Fitriahadi, 2019) normal kala II in primigravida 2 hours after complete fertilisation, it can be concluded that there is no gap between theory and practice.

The process of kala III begins after the baby is born, then \pm 1 minute the baby is born, the second fetus is checked and it is found that there is no second fetus then the first oxytocin injection with a dose of 10 IU

IM at 1/3 of the mother's left thigh, the purpose of giving this oxytocin injection is to stimulate uterine contractions so that it helps accelerate the release of the placenta from its implantation. Then after there were signs of placental detachment, controlled cord tension (PTT) was carried out on Mrs E which aimed to deliver the placenta. Then at 02.32 wib the placenta was born and immediately performed uterine massage for 15 seconds to stimulate uterine contractions and prevent bleeding. Then an examination of the placenta and birth canal was carried out. The placenta was born complete with the number of cotyledons 19, the diameter of the placenta \pm 20 cm and the length of the umbilical cord \pm 50 cm and found a second-degree laceration of the birth canal and cut with a disconnected technique and the amount of bleeding \pm 150. Kala III Mrs.E walked normally for 12 minutes. According to (Istri et al, 2019) the normal uri expulsion process is no more than 30 minutes after the baby is born. So it can be concluded that there is no gap between practice and theory.

Monitoring of time IV in Mrs.E was carried out for 2 hours starting at 02.45 WIB, during monitoring, TTV, contractions, bladder, and bleeding were checked every 15 minutes in the first hour and every 30 minutes in the second hour. The results of observations made on Mrs.E for 2 hours obtained the mother's vital signs within normal limits, uterine contractions are well palpated hard, bladder \pm 100 cc and the amount of bleeding for 2 hours \pm 250 cc.

Midwifery care for postpartum women

Postpartum care for Mrs E was carried out 4 times starting from 11 December 2023 to 21 January 2024. Based on government programme policy in the postpartum period, 4 times are carried out, namely KF 1 is carried out 6-48 hours postpartum, KF II 3-7 days postpartum, KF

III 8-28 days postpartum, and KF IV 29-42 days postpartum (Kemenkes RI, 2020).

At the first postpartum visit carried out 6 hours after delivery, the mother complained of nausea and pain in the suture wound, had urinated but had not defecated, the results of vital sign examination were within normal limits, lochea rubra, TFU 2 fingers below the centre, uterine contractions were good, the suture wound looked wet, colostrum (+), active bladder. The care given to the mother taught the

mother the cold compress technique on the suture wound to reduce pain. This is in line with research (Saleng & M, 2020) that cold compresses affect the reduction of perineal wound pain in postpartum women, then encourage mothers to mobilise early to accelerate the process of uterine involution. (Absari & Riyanti, 2020) It is said that there is an effect of early mobilisation on uterine involution in postpartum women. Then teach the mother how to care for the perineal suture wound to prevent infection of the suture wound this is in line with (Husada, 2023) It is said that there is a relationship between perineal wound care and the healing process of suture wounds. And encourage mothers to consume nutritious food to accelerate the wound healing process. (Farlikhatun & Ernas, 2024) There is an effect of high protein consumption on perineal suture wound healing, so it can be concluded that there is no gap between theory and practice.

The second visit was carried out on 18 December 2023, the results of the examination were found to be good, TTV and normal limits, weight 76 kg, TFU mid-centre and symphysis, hard contractions, empty bladder, suture wounds had begun to dry but were still slightly painful and odourless, lochea sanguilenta, had defecated on the second day. (Rafhani, Rosyidah, Azizah, 2019) Mild pain in the suture wound is normal, but if it is marked

by redness, fever, burning, be aware of infection and the suture wound will heal $\pm 2 -6$ weeks.

The third visit was carried out on 7 January 2024 and the results of the KU examination were good, TTV within normal limits, weight 76 kg, empty bladder, hard uterine contractions, TFU was not palpable, the suture wound was dry, lochea alba. This is in line with the theory (Rafhani, Rosyidah, Azizah, 2019) that the suture wound will heal $\pm 2 -6$ weeks.

The fourth visit was carried out on 21 January 2024, the results of the KU examination were good, TTV within normal limits, weight 74 kg, no lochea, empty bladder, hard uterine contractions, TFU was not palpable. The care given to the mother is to provide education about Kb to space the pregnancy in accordance with the theory. (Indriyani et al., 2023) at the fourth visit, family planning counselling was conducted to prevent pregnancy, spacing pregnancies.

Obstetric care of the newborn

Neonate health services are carried out in accordance with government policy 3 times, namely Kn I is carried out 6-48 hours, Kn II 3-7 days, Kn III 8-28 days (Ministry of Health RI No.21 of 2021).

The first visit of the neonate was carried out on 11 December 2023 at 08.20 WIB. The results of the examination obtained vital signs in normal condition T: 36°C, HR: 136 x/i, RR: 45 x/i, BW: 3300 grams, the umbilical cord is still wet, has defecated at 08.00 WIB and has BAK at 05.00 WIB, the results of a normal physical examination have no abnormalities or congenital defects. The care given to newborns is to do IMD immediately after the baby is born to increase the success of exclusive breastfeeding, warm the baby,

increase the baby's immune system and reduce infant mortality, this is in line with research. (Belawati, 2021) bahwa IMD dapat meningkatkan the success of exclusive breastfeeding and affects the reduction of infant mortality.

Giving vit K immunisation 1 hour after birth based on theory (Andriani et al., 2019) vit k administration is given to prevent bleeding due to vitamin k deficiency in newborns, and HB 0 is given 1 hour after vit k administration to gain the baby's immunity to hepatitis B disease, this is in line with research. (Pertiwi et al., 2020) giving the correct HB 0 immunisation can increase the effectiveness in preventing the incidence of Hepatitis B.

Mothers should breastfeed their babies every 2 hours exclusively and not give any additional food for 6 months to the baby so that the growth and development of the baby is achieved optimally. (M et al., 2020) that there is a relationship between exclusive and non-exclusive breastfeeding on infant development.

Advise mothers to keep the baby warm to prevent hypothermia in infants based on theory (Andriani et al., 2019) menjaga kehangatan bayi dilakukan untuk prevent heat loss because newborns are prone to heat loss.

Advise the mother to maintain the baby's hygiene and maternal care of umbilical cord care using dry sterile gauze this is in line with research (Aini et al., 2024) that cord care with sterile gauze is faster and safer for newborns and keeping the baby clean can prevent infection.

The second visit was carried out on 18 December 2023 at 09.00 WIB, the mother said that her baby was strong in breastfeeding and moving actively, urinating and defecating smoothly, then an examination was carried out and the results of the baby's vital signs were normal, BW 3500 grams, PB 50 cm, LK 34 cm, LD 35 cm. In accordance with Permenkes RI

No.21 of 2021, the researcher provides care, namely reminding the mother to breastfeed her baby every 2 hours exclusively and not to give any additional food for 6 months to the baby, encouraging the mother to dry her baby in the sun in the morning for 10-15 minutes to prevent jaundice in the baby, this is in line with the regulation. (Fatmawati et al., 2022) Breastfeeding and drying the baby in the morning can reduce and prevent physiological jaundice in the neonate period.

The third visit was carried out on 7 January 2024 at 13.00 wib, the mother said that her baby was strong in breastfeeding, more active, urinating and defecating smoothly, and the baby's body had redness and small spots then an examination was carried out and the results of the baby's vital signs were normal, BW 4000 grams, PB 56 cm, LK 35 cm, LD 36 cm and found that the baby had miliaris. The researcher provides care, namely explaining to the mother about miliaris or prickly heat is a small rash that feels itchy and can cause irritation to the skin caused by hot weather and clothing that does not absorb sweat, the working system of the sweat glands is not perfect, advising the mother to swaddle the baby with cotton cloth and give black cumin oil (Nigella Sativa Oil) to stop inflammation and nerve problems of the baby's skin. This is in line with research (Annisa et al., 2021) It is said that the application of black cumin oil (Nigella Sativa Oil) is effective for treating sweat bites (miliaria) in infants.

Advise mothers to bring their babies to the posyandu to get complete basic immunisation and explain to mothers about the importance of immunisation so that mothers are more aware of the purpose of providing complete basic immunisation in

accordance with the theory. (E. Y. Nasution, 2022) that the provision of complete basic immunisation aims to increase the child's immune system against certain diseases.

Based on the results of monitoring carried out since the baby was born until the age of 27 days, it can be concluded that the neonatal period of Mrs E's baby has no gaps in theory and practice.

Midwifery care in family planning

Family planning care (KB) was carried out on 21 January 2024 at 13.00 WIB. At the time of the examination, the results of the mother's vital signs were normal, weight 74 kg, the results of a normal physical examination found no abnormalities and during the mother's history said the husband and family did not approve of the mother to use hormonal birth control so the author explained to the mother and family about the importance of using Kb and explained the types of contraception. The mother and husband chose to use coitus iteruptus contraception and the author explained the method of interrupted coitus in accordance with the theory. (Raidanti et al., 2021) The main method of preventing pregnancy is by removing the penis at the time of ejaculation so that sperm does not enter the vagina and this contraception is effective if done correctly, the advantages of this contraception are no cost, no physical harm and has limitations the possibility of not having a pregnancy is small because there may be a small amount of fluid containing sperm spilled from the tithe and into the vagina causing pregnancy, cannot protect against sexually transmitted diseases this is in line with the research so that mothers and families understand more about their choice of contraception.

CONCLUSION

From the midwifery care provided by the author to Mrs "E" 29 years old G1P0A0 which was carried out from during the third

trimester of pregnancy, childbirth, postpartum, newborn and family planning which had been carried out from 6 November 2023 to 21 January 2024 at the Pratama Niar Clinic, Medan Amplas District which was carried out by means of a case study approach with 7-step helen varney obstetric documentation and developmental data in the form of SOAP, the author can conclude that weight gain and nutritional intake greatly affect fetal development. It is expected that clients after comprehensive midwifery care starting from pregnancy, childbirth, postpartum, newborn and family planning pay more attention to nutritional intake needs to improve the health status of mothers and children.

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