

CONTINIUTY OF CARE ON NY. N WITH BREAST MILK DAM AT THE CLINIC PRATAMA TUTUN SEHATI KEC. TANJUNGMORAWA KAB. DELI SERDANG YEAR 2024

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ABSTRACT

Background: According to WHO (2021) is the number of maternal deaths data resulting from the process of pregnancy, childbirth and postpartum which is used as an indicator of women's health, the data that has been collected by MMR in the world is 303,000 people. The high MMR and IMR are caused by complications during pregnancy and childbirth (UNICEF, 2021). The MMR in ASEAN is 235/100,000 KH (WHO, 2021). Meanwhile, the infant mortality rate in 2021 reached 7.87 deaths compared to the previous year of 7.79/1000 KH (Santika., 2024). In line with the efforts made by the government is one of the targets in the SGDs, namely efforts to reduce the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) (Ministry of Health of the Republic of Indonesia, 2019) .

Objective: Providing midwifery care services in a Continuity Of Care (COC) manner starting from pregnancy, childbirth, postpartum, newborn and family planning. Breast care performed during the puerperium is very beneficial for mothers in addition to increasing breast production and preventing breast sagging during breastfeeding. Breasts are a mother's precious "asset" for her baby, with which she can provide the best and quality food called breast milk. Postpartum breast care is breast care performed on postpartum mothers to improve blood circulation and prevent blockage of the milk ducts so as to facilitate breastfeeding.

Method: The method used for comprehensive care for Mrs. N with descriptive research, which systematically describes a phenomenon based on the type used, namely case studies.

Conclusion: Help understand the process of pregnancy to family planning. In Mrs. N when the third trimester of pregnancy began on December 10, 2023 to March 03, 2024, the author conducted COC guidance with the aim of successful care of the continuity of care.

Keywords: *Continuity Of Care, Breast Care, Postpartum*

INTRODUCTION

Health is a condition in which a person can develop physically, mentally and socially. So that a person can realize their own abilities, can work productively and be able to contribute to their community. This health development plan is also against the national medium term (2020-2024). The goal of the SDGs is to improve the degree of public health. In achieving optimal health status, the TARGET is 70/100,000 live births by 2030 (Kementerian PPN/BAPPENAS, 2021).

According to WHO (2021) is the number of maternal deaths data resulting from the process of pregnancy, childbirth and postpartum which is used as an indicator of women's health, the data that has been collected AKI in the world is 303,000 people. The high MMR and IMR are caused by complications during pregnancy and childbirth (WHO, 2021). The MMR in ASEAN is 235/100,000 KH (WHO, 2021). Meanwhile, the infant mortality rate in 2021 reached 7.87 deaths compared to the previous year of 7.79/1000 KH (Santika., 2024). In line with the efforts made by the government is one of the targets in the SGD, namely efforts to reduce the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) (Kementerian Kesehatan Republik Indonesia, 2019).

The Maternal Mortality Rate (MMR) in Indonesia reached a value of 259/100,000 KH. Meanwhile, in North Sumatra Province in 2020 there were 187 maternal deaths, including 62 pregnant women, 64 women in labor and 61 postpartum women. The highest maternal

mortality rate was in Asahan Regency with 15 cases, Serdang Bedagai Regency with 14 cases, Deli Serdang Regency and Medan City totaling 12 cases (Sania., 2024)

In the 2021 health profile of Deli Serdang Regency, pregnant women's health services have increased from 2021 to 2022 from 94.26% to 94.89%, data on childbirth has increased from 97.75% to 97.39% conducted by health facilities, coverage of postpartum visits kf1 to kf4 has increased from 87.78% to 97.17% (Dinas Kesehatan Deli Serdang, 2021). According to ASEAN data in 2021, there were 95,698 postpartum mothers who experienced breast milk dams out of 107,654 postpartum mothers (Pemiliana., 2023). Data from WHO in 2021 found data on mothers who experienced problems in breastfeeding around 17,203,142 jia consisting of 56.4% blisters, 36.12% breast milk dams, and 7.5% mastitis (Rini., 2023)

Management care (Continuity Of Care) is a continuous service care starting from pregnancy, childbirth, postpartum, bbl, and kb carried out by midwives aimed at helping monitor and identify possible complications accompanying mothers and babies. Implemented by means of a comprehensive approach in accordance with existing service standards in midwifery services (Wijayanti., 2024)

According to the regulation of the minister of health (PMK) No. 12 of 2012 concerning the period before pregnancy, pregnancy, labor and postpartum period, the implementation of contraception and

sexual health services. Law Regulation No. 4 of 2019 completes the task for health services in accordance with article 46 paragraph 1 letter a, midwives are authorized to provide comprehensive care for first aid before pregnancy until the risk of complications. Carrying out the task of child health services in article 46 paragraph 1 letter b, providing midwifery care for newborns, toddlers, school children, preschoolers, as well as early detection of complications and disorders in growth and development (Undang-undang RI, 2019).

In the implementation of health services during pregnancy, there is the provision of information, counseling, and medical services with the 10T standard in midwifery including measuring height, weighing, measuring blood pressure, measuring tfu, determining the percentage of the fetus with leopod and djf, neonatrum tetanus immunization, giving fe tablets, conducting supporting examinations or laboratory tests, handling cases given when actions have been taken. During pregnancy, pregnant women get antenatal care services at least 6 times during pregnancy with the provisions, 1 visit in the first trimester, 2 visits in the second trimester and 3 visits in the third trimester (Kemenkes RI, 2022).

According to (Kemenkes RI, 2022) childbirth is carried out in health care facilities, childbirth is carried out by a team, namely doctors, midwives and nurses or at least 2 people consisting of two midwives and nurses. Standards of normal labor care and delivery services must fulfill seven aspects, namely: making clinical decisions, care for mothers and

babies, prevention of infection, prevention of transmission of disease from mother to baby, clean and comfortable delivery, recording or medical records of labor care, in cases of complications of mothers and newborns.

Postpartum services according to (Rivki et al., 2020) state that services and monitoring of mothers and babies are carried out so that there are no complications and 2 hours after delivery and the necessary actions for postpartum services are carried out 4 times, namely: the first visit, which is given to the period 6 hours to 8 hours after delivery, the second visit on the second to seventh day, the third postpartum visit on the 8th to 28th day, the fourth postpartum visit on the 29th to 42nd day. Postpartum services include checking vital signs, tfu check, contraction check, lochea check, bleeding, breast check, exclusive breastfeeding advice, bladder check, birth canal check and birth control services.

In accordance with midwifery standards, health services for newborns are visited at least 3 times, namely at the age of 6 - 8 hours, 3 - 7 days at the age of 8 - 28 days. Based on a report from the directorate of nutrition and maternal health, it was reported that in 2021 there were 3,642,252,827 babies who were weighed by 81% of the babies who were weighed, 111,719 LBW were obtained.

Based on the results of a survey conducted at the Pratama Tutun Sehati clinic, Tanjung Morawa District. Deli Serdang obtained the number of pregnant women in 2023, namely there were 85 pregnant women, of which there

were pregnant women who experienced morning sickness 8 people, anemia 4 people, inappropriate tfu with gestational age there were 4 people, maternity mothers in 2023 there were 74 people, birth mothers experienced premature rupture of membranes 12 people, bleeding 2 people, post partum mothers in 2023 there were 74 people of whom experienced bleeding 2 people, breast milk dams 5, baby blues 2 people, the number of newborns in 2023 amounted to 74 people, who experienced low birth weight (BBLR) 5 people, asphyxia 2 people. So that from the results of this description the author provides midwifery care management (Continuity Of Care) to Mrs. N with breast milk dam at Tutun Sehati Pratama Clinic, Kec. Tanjung Morawa Kab. Deli Serdang Year 2024.

The role of students in achieving the SGD's program which is part of the standard Vision and Mission of STIKes Mitra Husada Medan which is service excellent with PACER crocodiles students are able to carry out sustainable midwifery care at Tutun Sehati Pratama Clinic, Kec. Tanjung Morawa Kab. Deli Serdang based on facts (Evidance Based Practice) in accordance with the competence of the curriculum of VI semester students of the Diploma Three Midwifery Study Program with PKK3 courses with a total of 7 credits characterized by obstetric emergencies.

METHOD

The type of research used in continuous management care in third trimester pregnant women is a type of research using a quantitative approach. because all the information collected is

obtained through observation and interviews.

In this study using the subject, namely third trimester pregnant women. In its implementation, the research will be carried out by exploring a problem in Mrs. N, 27 years old, multigravida at Tutun Sehati Clinic, Deli Serdang Regency. The gestation period of 32 weeks 6 days will be the starting point for this study. Mrs. N is cared for during pregnancy, childbirth, newborn care, postpartum period, until the time of choosing Kb.

RESULT AND DISCUSSION

Mrs. N in the postpartum period took place normally, which was visited 4 times during the postpartum period, namely at the first visit 6 hours after postpartum, the second visit at 6 days after post partum, the third visit at 14 days after postpartum and the fourth visit 40 days after postpartum according to (Kemenkes RI, 2020). Postpartum visits are carried out with the aim of preventing and detecting and dealing with problems that can occur during the postpartum period. The first postpartum visit was conducted on January 24, 2024, 6 hours after delivery. The results of the examination of the mother's general condition were good, composmentis consciousness, BP 100/80 mmHg, HR: 80x/I, RR: 22xi,S:36.5°C.

Postpartum women should consume a nutritionally balanced diet, meet the needs of fluids, fiber, carbohydrates, protein, iron, and vitamins and minerals to prevent anemia, and consume 700 calories if they are breastfeeding. The second postpartum visit was conducted on January 30, 2024 The mother's general condition was found to be good, BP: 110/80 mmHg, RR: 22x/I, HR: 80x/I, lochea sanguilenta, the mother said there was no milk release. The care that can be given is: about breast care in postpartum women such as

Breast Care and oxytocin massage that can be done at home, and encourage the mother to consume healthy food according to her nutritional needs. The third postpartum visit was conducted on February 06, 2024 the results of the examination of the mother's general condition were good, BP: 110/80 mmHg, HR: 80x/I, RR: 22x/I, the mother can breastfeed properly and the milk is smooth, the lochea output is gone, there are no signs of infection, the mother's appetite has returned to normal. The care given was to encourage the mother to continue breastfeeding and provide exclusive breastfeeding for 6 months on demand without additional formula milk.

Fourth postpartum visit on March 03, 2024 day 40 post partum. After the postpartum period Mrs. N did not complain of bleeding and infection. Where characterized by no excessive lochea discharge which is abnormal the involution period and the decline of the fundus uteri in Mrs. N took place well and the midwife provided care regarding the selection of contraceptives.

Second Postpartum Visit

Date: January 30, 2024

Time: 10:00 a.m.

Subjective

(S) The mother said that breast milk did not come out, the breasts were painful and swollen.

Objective

(O) The mother's general condition is good, the mother's consciousness is composmentis, BP: 110/80mmHg, RR: 20x/i, HR: 80x/I, S: 36.6°C, the breasts appear swollen, the bladder is empty, there are no signs of infection.

Assessment

(A) Mrs. N P3A0 post partum 6 days with breast milk dams

Planning

(P) Tell the mother the results of the examination that the mother's condition is

currently good BP: 110/80mmHg, HR: 80x/I, RR: 20x/I, S: 36.6°C.

Advise the mother to continue breastfeeding her baby, teach and encourage the mother to do Breast Care techniques and oxytocin massage to facilitate breast milk, and can reduce pain, provide IEC about the importance of breast care, genital hygiene and adequate rest.

Third Postpartum Visit

Date: February 06, 2024

Time: 10:00 a.m.

Subjective

(S) Mrs. N gave birth to her child on January 24, 2024 at 06.00 WIB felt that her condition was good and the milk output was smooth, the breasts were not swollen and the pain was not felt.

Objective

(O) The mother's general condition is good, composmentis consciousness, BP: 110/80mmHg, HR: 80x/I, RR: 20x/I, S: 36.5°C, no lochea discharge, smooth breast milk release, empty bladder.

Assessment

(A) Mrs. N P3A0 post partum 2 weeks with physiological puerperium

Planning

(P) Tell the results of the examination to the mother that the mother's condition is currently good TD: 110/80mmHg, HR: 80x/i, RR: 20xi, S: 36.5°C, advise the mother to continue breastfeeding her baby for up to 6 months without additional food, tell the mother to use birth control 40 days postpartum.

CONCLUSION

The activity of conducting Continuity Of Care care as a final project report for midwifery students is very helpful for students to understand the process of pregnancy to birth control. The time that began in December until then the author with the guidance of midwives

conducted COC guidance with the aim of successful COC care.

The assessment carried out on Mrs. N since the KB period did not have any abnormalities, because Mrs. N was cooperative with the author so that the assessment process could run smoothly. Subjective and objective data assessment that has been carried out there is no gap between theory and the results of subjective and objective data.

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