

**CONTINUITY OF CARE IN Mrs.E WITH BIRTH CANAL LACERATION
DELIVERY DEGREE I AT BPM RONI BARUS FIELD CITY
YEAR 2024**

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ABSTRACT

Continuity of care (COC) is care provided by midwives on an ongoing basis to patients starting during pregnancy, maternity, puerperium, until the use of contraceptives or family planning to prevent complications. The purpose of this care is to provide continuous midwifery care from the 3rd trimester of pregnancy, maternity, postpartum period, neonates, to family planning at BPM Roni Barus with a midwifery management approach. The type of research used is a case study. By conducting interviews, observations, and documentation using the midwifery care assessment format starting in pregnancy, maternity, postpartum, neonates, and family planning. The respondent of this continuity of care research is Mrs.E, 22 years old, G1P0A0 starting from the 3rd trimester of pregnancy, maternity, postpartum, neonates and family planning. The care given has been successfully carried out. At the time of maternity the mother had a first degree birth canal laceration and was treated with hecing. It is hoped that the continuity of care provided to Mrs.E during her pregnancy can be applied to her next pregnancy to prevent complications.

Keywords: *pregnancy, maternity, postpartum, newborn, family planning, laceration*

INTRODUCTION

Sustainable Development Goals (SDGs) have targets in improving health status in 2030, one of which is to reduce maternal mortality rates (MMR) and infant mortality rates (IMR). In 2030, the SDGs attempt to improve maternal and infant health to be health and prosperous by reducing the maternal mortality rate of 70/100.000 live births and infant mortality rate (IMR) with a target of 12/1.000 eachlive birth. Due to the high number of maternal and infant deaths caused by disturbances and late handling during pregnancy, during

childbirth and in the puerperium (Kemenkes, 2020).

According to WHO (World Health Organization) data in 2020 the maternal mortality rate (MMR) is 287.000 which occurs per 100.000 live births. Based on ASEAN data, the MMR reached 75.400, Southeast Asia is at the 2nd highest level of MMR, which is 15.000 in 2022. In Indonesia the incidence of maternal mortality is around 4,627 deaths in 2020. IN 2021, the MMR North Sumatera has increased from 2020 by 84.86 or as many as 236 cases per 100.000 live births (LB) and the infant mortality rate of 2.11 per 1.000 live births which has decreased from the

previous year (North Sumatra Health Office, 2022).

A birth canal laceration is a tear that can occur when a baby is born either spontaneously or using an instrument or procedure. Most birth canal lacerations occur during the first delivery and may also occur during subsequent deliveries. This laceration can be avoided by keeping the fetal head from passing the pelvic floor too quickly during labor. Conversely, the fetal head should not be held long and firmly in the birth canal, because it can cause asphyxia, bleeding in the skull, and can weaken the muscles and pelvic floor because it is stretched too long. Perineal lacerations usually occur in the midline and can also extend (Yuni Fitriani, dkk 2022).

Continuity of Care (COC) will be applied to "Mrs. E", by visiting pregnant women BPM Roni Barus which is the author's research site with the status of G1P0A0 age 22 years and gestational age 31 weeks 4 days which will be monitored and provided with continuous care during pregnancy, childbirth, postpartum, newborns to family planning.

From the results of field surveys that have been carried out by researchers, to be precise at the Roni Barus Independent Practice Midwife, Percut Sei Tuan Kab. Deli Serdang in 2023, recorded the results of visits by pregnant women reaching 155 mothers who made visits, there were 40 data on visits by postpartum women and newborns with labor in 2023 and birth mothers who experienced laceration of the birth canal there were 20 people, and the results of family planning visits reached 338 use of contraceptives at the Roni Barus Independent Practice Midwife.

METHOD

In this continuous midwifery care, the author uses a descriptive research method, namely by using the case study method or case study. Descriptive research is research conducted to determine the number of variable values between one or more variables (Independent) without making comparisons or relationships between other variables (Sugiyono, 2020).

The data collection method used by the author is using the Askeb format by conducting direct interviews and conducting assessments. Data collection is a method or tool used in collecting data which is carried out in stages by means of interviews, documentation, and observation, (Muhammad Ali E, et al 2021).

RESULT AND DISCUSSION

A. Midwifery care in the third trimester of pregnancy

According to the results of the anamnesis at the visit conducted on Mrs. E, the examination during pregnancy was carried out 9 times. In the first trimester, the examination was carried out 3 times, in the second trimester 2 times and in the third trimester the pregnancy examination was carried out 4 times. The author conducted an examination 3 times, namely at 31 weeks 4 days of gestation, 33 weeks 1 day, and 36 weeks 2 days. Examinations during the mother's pregnancy have met the standards of ANC care as appropriate, which is recommended for 6 visits, namely in the first trimester at least 2 times, in the second trimester at least 1 visit and in the third trimester at least 3 times (Ministry of Health 2019).

Obstetric services 10 standars have been obtained by Mrs.E by weighing the weight, before pregnancy 48 kg and at the time of the visit at the gestational age of 31 weeks 4 days the mothr's weight was 58 kg, height 152 cm, measurement of T 120/70 mmHg, Lila 26 cm, TFU according to gestational age, the bottom of the fetus head, fatal heart frequency within normal limits of 140x/i, before marriage had received tetanus toxoid immunization, the mother said she had received Fe tablets from the clinic and routinely consumed them, during pregnancy the mother was diligent in making visits and had made checks to doctor for ultrasound.

In the third trimester, the mother complained of frequent urination and was advised to reduce drinking at night and increase drinking during the day.

Pada trimester III ibu mengeluh sering buang air kecil dan ibu disarankan untuk mengurangi minum pada malam hari dan memperbanyak minum pada siang hari.

B. Maternity

Mrs. E, 22 years old, 38 weeks 2 days pregnant, came to BPM Roni Barus complaining of vaginal discharge mixed with blood and abdominal pain radiating to the waist. Maternity lasted for 5 hours. From time I to time IV all went normally but at the time of the examination there was a first degree birth canal laceration, and treatment was carried out by cutting. Grade I birth canal lacerations are lacerations that occur on the vaginal mucosa, anterior vulva, and perinium skin (Yuni fitriani, dkk 2022).

C. Postpartum

In Mrs.E, 6 hours postpartum care was carried out at 20.00 WIB by monitoring the

condition of the mother and vital signs, monitoring bleeding, and the family was given counseling to prevent bleeding by performing fundus uteri masasse, keeping the bladder empty, early breastfeeding, and keeping the baby warm. In accordance with the opinion (Andina Vita Sutanto, 2022) that at 6-48 hours after delivery is done to prevent bleeding, early breastfeeding, keeping the baby warm. During the puerperium, Mrs.E maternity lasted normally from 6-48 hours postpartum visit until 42 days after delivery.

D. Newborn Baby

After the baby was born spontaneously, crying strongly, the whole body was reddish and the movements were active with the male sex, when the examination was carried out, the baby's general condition was good, vital signs were within normal limits, body weight was 3000 grams, baby's body length was 50 cm, baby's head circumference was 34 cm and chest circumference was 32 cm and there were no congenital abnormalities. Immediately after the baby was born, normal infant care was carried out by keeping the baby warm and bounding attachment was carried out to increase the mother's mental contact with her baby. In the first hour, vitamin K and eye ointment were given to the baby and HB 0 was administered. At the first visit 6 hours after delivery, the baby was bathed while maintaining the baby's warmth and umbilical cord care.

Neonate visit was done 3 times, namely neonate visit 1 on January 28, 2024, neonate visit 2 on February 02, 2024 and neonate visit 3 on February 11, 2024. refelek in baby was good, elimination was good.

At the second and third neonate visits, the author examined the general condition, consciousness, weight, vital signs and obtained the results of each examination within normal limits, the author also conducted a history on the mother and obtained information that the mother was actively breastfeeding. After the baby is born, there are 3 visits, namely KN 1 at 6 to 48 hours after delivery, KN 2 3-7 days after delivery, and KN 3 on days 8 to 28 days, (Andina Vita Sutanto, 2022).

E. Family Planning

At the time of the visit and counseling the mother about the use of contraceptives, Mrs. E chose contraceptives that did not interfere with breast milk production and the researcher explained the types of birth control that did not interfere with breast milk and the mother chose to use 3-month injectable birth control and was approved by her husband. On March 10, 2024 did a 3-month contraceptive injection which was injected in the buttocks intra muscularly.

The 3-month injectable contraceptive is a very effective, safe contraceptive, which can be used by all women of childbearing age, the return of fertility is slower than an average of 4 months, very suitable for the lactation period because it does not interfere with breast milk production. The advantages of using this 3-month injectable birth control are: High effectiveness, simple enough to be pleasant for acceptors (injection only 4 times in 1 year), can be used by breastfeeding mothers, does not have a serious impact on blood clotting disorders and heart disease because it does not contain the hormone estrogen, can prevent endometrial cancer, ectopic pregnancy and some causes of pelvic inflammatory disease (Pinem, 2022)

CONCLUSION

Continuity Of Care (COC) care is continuous care as one of the final assignment reports of midwifery students which is very helpful to understand the process of pregnancy to family planning, in Mrs. E during TM III gestation which began on December 11 to March 03, 2024. The assessment that has been carried out on Mrs. E since pregnancy until the use of contraceptives by the author runs smoothly. In the assessment that has been done, there are no gaps in theory and practice or real things that I find in the field, starting from pregnancy to the use of contraceptives, all care is carried out.

REFERENCES

- Kementerian Kesehatan Republik Indonesia, Dalam Sustainable Development Goals (SDGs) 2020
- Kementerian Kesehatan Republik Indonesia, 2022. Kementerian Kesehatan Indonesia 2021 jakarta. Kemenkes RI
- Dinas Kesehatan Provinsi Sumatera Utara. Profil Kesehatan Sumatera Utara, 2022 Sumatera Utara
- Yuni Fitriani, dkk 2022 Asuhan Persalinan Konsep Persalinan secara Komprehensif dalam Asuhan Kebidanan. Yogyakarta: Pustaka Baru Press
- Andina Vita Sutanto, 2022 Asuhan Kebidanan Nifas dan Menyusui. Yogyakarta : Pustaka Baru Press
- Juliana Munthe, K. A. (2019). Asuhan Kebidanan



Berkesinambungan(Continuity Of Care).

Jakarta Timur: CV. Trans Info
Media

Pinem, J. (2022). HUBUNGAN
PENGETAHUAN IBU NIFAS
DAN KEPATUHAN
KUNJUNGAN MASA NIFAS
DENGAN KEJADIAN INFEKSI
NIFAS DI BPM KABANJAHE
KABUPATEN KARO TAHUN
2021. *Jurnal Mutiara Kebidanan*

Fatma Nadia, dkk 2022 Asuhan Kebidanan
Neonatus, Bayi, Balita, Dan Anak
Prasekolah. Yogyakarta : Gosyen
Publishing

MiHHICo-4
2024
STIKes Mitra Husada Medan