

**MIDWIFERY CARE FOR PREGNANCY, CHILDBIRTH,
POSTPARTUM, AND NEONATUS, FOR Mrs. N AT
PMB DELIANA SARAGIH, S. KEB
YEAR 2024**

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ABSTRACT

Comprehensive care is the care provided to mothers starting from pregnancy, childbirth, postpartum, and neonates, this obstetric care is carried out at Mrs. N 32 years old, this care is carried out 8 times, namely during ANC 2 times, childbirth, postpartum 3 times, and neonatal visits 3 times. This care will be carried out from April 24 – June 10, 2024, the purpose of this midwifery care is to improve the ability to provide comprehensive midwifery care services in accordance with midwifery standards by using the varney management method and SOAP documentation. ANC visits were carried out on April 24, 2024 and May 13, 2024 with complaints of low back pain. The care provided by counseling about normal pegel occurs in pregnant women in the third trimester and about adequate rest and nutritious meals. APN childbirth assistance Babies born spontaneously, fit at 11.30 WIB, female gender, weight 3100 grams, body length 50 cm, IMD for 1 hour, complete birth placenta after active management phase III, maternal condition is good, Phase IV care is carried out at 11.52 WIB. On May 15, 2024, KF I and KN I were carried out at PMB, the baby was in good health, KF 2 and KN 2 on May 19, 2024, the baby umbilical cord had not broken, there was no bleeding, there were no signs of infection, the mother and baby were in good and healthy condition, on June 10, 2024, KF 3 and KN 3 postpartum visit, 3 weeks postpartum, the mother and baby were in good health.

Keywords: Pregnancy, Childbirth, Postpartum, and Neonate

INTRODUCTION

The Maternal Mortality Rate (MMR) is a strategic indicator of health development that reflects the health degree and quality of the population. The number of AKI in Indonesia collected in the Family Health Profile recording still shows a high number of 7,389 deaths In 2022 maternal deaths were 114 cases, a decrease from 180 cases in 2021 (36.6%). During the pandemic from 2019 to 2021, there was an increase in Maternal deaths. In 2019, the number of maternal deaths was 125 cases, increasing in 2020 to 129 cases and in In 2021, there was a significant increase of 180 cases (an

increase of 39.5%). The condition in 2021 was the peak of the Covid-19 pandemic, the cause of the most maternal deaths was being infected with Covid-19, where out of 180 cases of maternal deaths, 60 cases were caused by Covid-19 (33.3% of the total deaths), while in 2022 the pandemic was under control.

In Indonesia, the number of AKI in 2020 showed 4,627 deaths, most of which were caused by other causes of maternal mortality (34.2%), bleeding (28.7%), hypertension in pregnancy (23.9%), and infection (2.6%) (Ministry of Health of the Republic of Indonesia, 2021). According to the

achievement data, the percentage reduction in maternal mortality is considered very high, namely 1830% or from the target of <2%, realized 36.6% (a decrease in cases from 180 cases in 2021 to 114 cases in 2022). Other diseases in question are deaths caused by the possibility of complications such as Anemia, Hypertension, Diabetes Mellitus, HIV, STIs, Malaria, TB, Worms, Hepatitis B, etc. that occur in pregnancy, therefore integrated services are needed. The most maternal deaths based on phase (Pregnancy, Childbirth, and Postpartum) are during postpartum, which is 46 cases (40%) this is because the postpartum process affects the sharing of health conditions, especially in postpartum, postpartum infections, and hypertension during the postpartum period. Therefore, the coverage of postpartum services according to standards (KF4) has only reached 74.69% of the target of 90%. Postpartum visits are carried out 4 times, KF1 (6 hours - 2 days postpartum), KF2 (3 days - 7 days), KF3 (8 days - 28 days) KF4 (28 days - 42 days), while neonatal visits are carried out 3 times KN1 (6 hours - 2 days), KN2 (3 days - 7 days), KN3 (8 days - 28 days). According to the initial survey conducted at PMB Deliana Saragih, S. Keb which was carried out from February to May, 98 pregnant women and 52 maternity mothers were visited.

METHOD

Descriptive research is a research method in which the writing seeks to describe the subject or object being researched in a more in-depth, detailed, and broad manner. This method is usually used to solve or answer a problem by collecting data, conducting analysis, classification, making conclusions, and reports.

RESULT AND DISCUSSION

1. Pregnancy

Antenatal Care (ANC) visit to Mrs. N

at PMB Deliana Saragih, S. Keb was obtained 2 visits. The first visit was carried out on April 24, 2024 at 36-37 weeks of gestation, with Vital Signs Check, TD: 125/80 mmHg, RR: 23x/min, Pulse: 80x/min, Temperature: 36.7°C, DJJ: 145x/min, LILA: 27 cm, TB: 165 cm, BB: 77 kg TFU: 28 cm, TBBJ: 2,635 grams with complaints that the mother felt frequent urination and back pain. The second visit was carried out on May 13, 2024, with Pregnancy Age 39-40 weeks, K/good, composmentis awareness, TTV: 115/80 mmHg, RR: 22 x/min, Pulse: 80x/min, temperature 36.5°C, Weight: 77 kg, TB: 165 cm, TFU: 30 cm, TBBJ: 2,790 gr, and DJJ: 140x/min. The mother complained of pain in the lower abdomen that radiated to the waist.

2. Labor

On May 15, 2024 at 05.30 WIB, Mrs. N came to the Independent Midwife Practice with her husband, the mother said that mucus mixed with blood from the vagina and pain from the abdomen to the waist from 02.00 WIB from the results of the examination obtained TD: 120/80 mmHg, Pulse: 87x/min, RR: 21x/min, Temperature: 36.6°C, DJJ: 146x/min, TFU: 30 cm, TBBJ: 2,790 gr HIS 3x/10/30" bladder empty. Internal examination results Opening: 3 cm, Head Fall: 3/5 in Hodge II, amniotic fluid still intact and no protruding umbilical cord. The mother said she was anxious about her delivery. The care provided is to encourage mothers to mobilize so as to help speed up the opening of support from their husbands or families. At 11.15 WIB the mother said that the pain was getting stronger and more regular and there was a feeling of wanting to defecate TTV examination results: BP: 130/80 mmHg, Pulse: 88x/min, RR: 22x/min, Temperature: 36.8°C, DJJ: 146x/i, HIS 5x/10/45", empty bladder opening was completed and amniotic fluid burst spontaneously with a clear color and characteristic odor, On May 15, 2024 at 11.30 WIB, the baby was born spontaneously vaginally, in the delivery process went

normally and without complications and without any tears in the birth canal.

3. Postpartum

Postpartum monitoring On May 15, 2024 at 17.30 WIB, the mother said she was worried because she had little milk and felt heartburn in the stomach: Mrs. K/U is good, composition awareness. vital signs within normal limits. TD: 127/80 mmHg, Pulse: 80x/min, Temperature: 36.8°C, RR: 20x/min TFU: 2 fingers below the center and lochea lubra, hard uterine contractions. The obstetric care provided is to carry out breast care with oxytocin massage and nutritional fulfillment by encouraging families to provide food and drinks to the mother.

4. Newborn

Visit data on May 15, 2024 at 17.30 WIB. The mother said there were no complaints about her baby as a result of the examination: General Condition: Good, Muscle Tone: Active, BW: 3,100 gr, PB: 50 cm, JK: Female, Reflexes: (+) Midwifery care is breastfeeding the baby as often as possible, keeping the baby warm and caring for the umbilical cord.

5. Family Planning

Results of the visit on date: June 10, 2024 Hit: 10.00 WIB The mother said she wanted to use natural contraceptives and wanted to distance her pregnancy Examination results: KU: good consciousness: composite Weight: 66 kg TB: 165 cm Vital signs check: TD: 110/80 mmHg, Pulse: 80x/min, RR: 20x/min, Temperature: 36.5°C. The midwifery care provided is to explain to the mother the types of birth control and explain the advantages and disadvantages of each birth control.

CONCLUSION

The author draws conclusions from a case study entitled Continuous Midwifery Care for Mrs. N aged 32 years at the Independent Paratice Midwife of Pekanbaru City in 2024 namely :

1. Obstetric care for pregnant women Mrs. N aged 32 years has been carried out subjective, objective data assessment and interpretation of data obtained obstetric diagnosis Mrs. N age 32 years G3P2A0 UK 36-37 weeks, live fetus, single, percentage of heads, intrauterine with third trimester discomfort disorder. Management has been carried out as planned.
2. Midwifery care for childbirth mothers, Mrs. N, the author of the results of the assessment and childbirth assistance according to the 60 steps of APN. The baby was born spontaneously vaginally on May 15, 2024 at 11.30 WIB, the delivery went normally and without complications and there was no tear in the birth canal.
3. Obstetric care for Mrs. N newborn has been assessed and the diagnosis has been successfully established through the results of assessment and examination. The baby has been given eye ointment, Vitamin K1 I mg and has been given HB0 Immunization at the age of 1 day and at the time of examination and monitoring of the baby's condition is normal without any complications or danger signs found.
4. The data of Mrs. N postpartum has been implemented and the author is able to provide postpartum care for 6 hours to 28 days postpartum, during the monitoring of the postpartum period runs normally, no danger signs or complications are found and the mother's condition is in good health.
5. Family planning midwifery care for Mrs. N has been carried out starting from family planning counseling to contraceptive selection.

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