

CONTINUITY OF MIDWIFERY CARE (Continuity Of Care) TO MATERNITY MRS. E WITH RUPTURE PERINEUM DEGREE I AT PRATAMA CLINIC NIAR MEDAN CITY, NORTH SUMATRA 2024

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ABSTRACT

Midwifery care is an activity or intervention carried out by midwives to clients, who have needs or problems, especially in KIA or family planning. Midwifery care is the application of the functions, activities and responsibilities of midwives in providing services to clients who have obstetric needs or problems including pregnancy, childbirth, postpartum, newborns and family planning including women's reproductive health and public health services (Abarca, 2021).. The Purpose of the Study is to describe the care of the continuity of care services for pregnant women, originating, postpartum, BBL and family planning in Mrs. E at the Niar Primary Clinic, Medan Amplas District, North Sumatra in 2023 by conducting midwifery care management in accordance with the competence of midwives. The population of the research activities in midwifery care in pregnant women in Mrs. E age 21 years G1P0A0 starts from 28 weeks 3 days gestation.

Keywords: 1st degree perineal rupture, Hecting

INTRODUCTION

Maternal and child health is one of the indicators of assessment of health status so that it is one of the focuses in organizing health to increase the maternal mortality rate that occurs when entering pregnancy, childbirth, postpartum to family planning judging from the death rate for that family health is improved by implementing things that can reduce the high number of maternal mortality and maternal mortality through an approach to the family where the family itself has a role in increasing development and advancement of health degrees by carrying out a healthy sniffing pattern starting from the family where the target of the sustainable health development goals

(SDGs) is to ensure that the community achieves the access target in the future in 2030 (Bappenas, 2020).

According to (WHO) 2020, the ratio of maternal mortality rate (MMA) of 295,000 deaths to causes of maternal death is high blood pressure during pregnancy (preeclampsia and eclampsia), bleeding, postpartum infection and unsafe abortion (WHO, 2021). According to ASEAN data Maternal Mortality Rate the highest was in Myanmar at 282,000 per 100,000 live births in 2020 and the lowest maternal mortality rate was found in Singapore with no maternal deaths in Singapore (ASEAN secretariat, 2021). Based on data in Indonesia, the number of maternal mortality rates in 2020 is around 4,627

cases, most of the causes of maternal mortality are caused by other causes of death by 34.2%, bleeding by 28.7%, hypertension in pregnancy by 23.9%, and infection by 4.6% (Febriani, Maryam and Nurhidayah, 2022). According to data from the North Sumatra Provincial Health Office, the number of maternal mortality rates (MMR) in 2020 was 62.50 per 100,000 live births (187 maternal deaths out of 299, 198 live births). The highest maternal mortality data is in Asahan district as many as 15 people, Serdang Bedagai district as many as 14 people, and Medan City and Deli Serdang Regency as many as 12 people each (North Sumatra Health Office, 2020)

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Based on the results of the survey admitted at the Niar Primary Clinic in Medan Amplas District, North Sumatra, the clinic

provides services in the form of antenatal care services to family planning services with a standardized series of pomegranate midwife services, where the pomegranate midwife itself has received recognition from organizations and the community as officers who have carried out quality service tasks to the community so that they feel comfortable and safe in receiving services. After the researcher conducted a survey, it was found that the number of visits to the primary clinic for seniors in 2023 was 580 pregnant women, 269 maternity mothers, 269 people for postpartum mothers, and 269 newborns and 985 family planning visits. After the author conducted a survey on November 22-24, 2023, there were 30 pregnant women who carried out ANC examinations, there were 11 mothers who gave birth, postpartum and BBL, who gave birth help and there were 30 of them, 12 of whom used different contraceptives. So that one of the clients became a continuous patient in working on the Final Project report on behalf of Mrs. E, 21 years old, G1P0A0 from TM III by providing Continuity of care care which I carried out at the Niar Primary Clinic in Medan Amplas District in 2023.

RESULT AND DISCUSSION

1. Pregnancy

According to Susanti in the book obstetric care in pregnancy, pregnancy is the result of fertilization or fertilization of sperm and ovum. Normal pregnancy is usually from 37-40 weeks which is divided into 3 trimesters, namely TM I for 12 weeks, trimester II 13-27 weeks, trimester III 28-40 weeks. ANC services according to the Minister of Health Regulation number 21 of 2021 are carried out at least

carrying out antenatal care services, there are 10 standards that must be carried out, namely measuring weight and height, blood pressure measurement, LILA measurement, TFU measurement, determination of fetal presentation and DJJ, TT immunization, FE tablet distribution, laboratory tests, administration, and counseling. From the results made by the author to the patient during the ANC visit, Mrs. E has made visits in accordance with the ANC standards from the first trimester of 91 during pregnancy, namely 2 visits to the obstetrician and 5 times to the midwife, then when performing antenatal care services have been carried out 10 T standards on Mrs. E, in this case the results of the visit with the theory that there is no gap.

2. Childbirth

Childbirth is the process of producing the results of conception that has been full-term through the birth canal or with the help of tools. This process begins with regular contractions, which are characterized by the opening of the cervix until the birth of the placenta (Irfana et al., 2022). In childbirth, there are 4 stages, namely from stage I to stage IV. Phase 1 is the opening period which starts from regular contractions to the opening of the arms (10 cm), in primipara lasts 13 hours and multipara lasts 7-8 hours. There are 2 phases in phase 1, namely the latent phase begins when contractions begin to appear until the opening of 3-4 cm, then in the active phase starting from the beginning of the active opening progress from 4-10 cm and lasts for 6 hours. Then this active phase is divided back into 3 phases, namely acceleration that lasts for 2 hours from the opening of 3-4 cm, the maximum dilatation of the opening very quickly lasts for 2 hours from 4-9 cm, and the deceleration of this opening is slow again from the opening of 9-10 cm. At this time,

the helper encouraged the mother to be confident in facing her delivery. Internal examination is also prohibited at this stage too often, especially if you do not pay attention to the strangulation unless there is an indication and the internal examination is carried out every 4 hours. The research conducted by the author on Mrs. E primipara during period I lasted for 11 hours and 35 minutes and during the care of period 1 the helpers had also encouraged and had prepared the preparation of medicines for the delivery process. At this stage, the results of research and theory do not experience a gap. In stage II is the stage that occurs his coordination is strong, fast and long which ranges from every 2-3 minutes, as for the signs at this time there is a feeling of wanting to strain, pressure on the anus, the perineum looks prominent, the vulva and the mother's vagina appear to open, there is also the discharge of mucus mixed with blood. Then at 92 times his fetal head began to be visible, the vulva opened and the perineum stretched. When the led is medan, the head will be born followed by the entire body of the fetus. Phase II at primi: 11/2 - 2 hours, at multi 1/2 - 1 hour. At the beginning of the II period, the head

The fetus has entered the P.A.P. the protruding amniotic fluid will usually rupture on its own. If it has not ruptured, the amniotic fluid must be ruptured. When the fetal head has reached the pelvic floor, the vulva begins to open (opens the door), the hair of the head visible. Every time there is his, the head is more advanced, the anus is open, the perineum is stretched. Here, the helper must hold the perineum with his right hand based on a sterile doek cloth so that there is no tear (perineal rupture). When the perineum

stretches and thins, the helper's left hand presses the back of the fetal head towards the anus, the right hand in the perinium. With the fingertips of the right hand, try to hook the fetal chin to be pushed slowly towards the symphysis. With good and patient leadership, a head with a small crown is born and then a bregma (large crown), forehead, face and chin appear in succession. Then see if the umbilical cord is wrapped around the neck, if there is, remove it. Give birth to the front shoulder by pulling the head towards the anus (bottom), then the back shoulder by pulling slowly towards the symphysis (top). A healthy and normal newborn will immediately cry, moving his legs and hands. The baby is placed with the head lower, approximately making an angle of 30 degrees with a flat plane. The mouth and nose are cleaned, and the mucus is sucked out with a mucus sucker, the umbilical cord is clamp in 2 places: 5 and 10 cm from the umbilicus, and then cut between them. The end of the umbilical cord in babies is tied with tape or thread or plastic clamps so that there is no bleeding. Perform a re-examination of the mother: contractions or palpation of the uterus, full bladder or not. If it is full, the bladder must be emptied because it can be a placental discharge. At this time

Childbirth assistance by a helper lasts for 30 minutes The baby was born on 26-01-2024 at

05.35 WIB and all the care carried out when helping Mrs. E give birth went well, the baby had also been IMD for 1 hour on the mother and at stage II there was no gap between theory and practice. Kala III is also known as kala uri. After the baby is born, the uterus is palpable 93 hard with the position of the uterine fundus at the height of the center. Placenta release is normal within 5

to 10 minutes after the baby is born and spontaneously. Placental discharge is accompanied by blood production of about

Signs of placental discharge namely, globulatory uterus, there are blood sprays, elongated umbilical cord. The whole process usually lasts 5-30 minutes. In Phase 3, Active Management is carried out Phase 3, namely injecting oxytocin 1 minute after the baby is born, 10 IU IM on the upper 1/3 of the outer part, then performing PTT (controlled cord tension) if there is a sudden burst of blood, elongated umbilical cord and globule uterus. At Mrs. E at 3 onwards, it took 15 minutes. Oxytocin injections after the baby is born. At the time of PTT and cranial dorso, at 18.00 WIB the placenta was born completely. A uterine massage was performed for 15 seconds, there was a 1st degree birth canal tear and bleeding \pm 150

cc. Phase IV is the time when supervision starts from the birth of the placenta for up to 2 hours, every 15 minutes for the first hour and 1 hour for the second every 30 minutes. In Phase IV, monitoring is carried out for 2 hours, namely vital signs, uterine fundus height, contractions, bladder and amount of bleeding. As a midwife, you must also provide nutrients and fluids when the mother is thirsty to prevent dehydration, personal hygiene also needs to be considered, rest, and let the baby on the mother to weep inner bond. The vital signs in Mrs. E are within normal limits, TFU 1 finger below the center, uterine contractions are good and the mother is taught to do her own masase to minimize the occurrence of uterine atonia, empty bladder examination, bleeding check, and perineal rupture (tear of the birth canal) there are degrees and immediately do hecting the mattress technique. According to the theory in general, a mother who gives birth will physiologically bleed less than 500 cc, if more than 500 cc can be shocked where the failure of the c ircularatory system to maintain the blood flow adequate so that the delivery of oxygen and nutrients to vital organs is inhibited. In the case of theory and practice at this time, there is no gap.

3. Puerperium

In the book Kasmiati, when the baby is born and the placenta is born until the reproductive organs recover for 42 days is the postpartum period. During the postpartum period 94 there will be changes in the mother's tfu, at the time the baby is born at the height of the center up to 1-2 fingers below the center with a uterine weight of 1000 grams, the next 1 week in the middle of the center of symphysis with a uterine weight of 750 grams, then the next 2 weeks are not felt above the symphysis with a weight of 500 grams, 6 weeks is normal 50 grams. Then in the postpartum period there is the discharge of the lochea, the lochea is the fluid that comes from the uterine cavum and vagina during the postpartum period. The lochea itself has 4 parts, namely the red lochea rubra which contains fresh blood and the rest of the amniotic membrane starting from 6 hours - 2 days of the postpartum period. After that, Lochia sanguelenta is red and yellow, filled with blood and mucus that comes out on the 3rd to 7th day of the postpartum. Lochea serosa is the color The color is like pink then yellow like this serum from days 7-14 postpartum. And the last Lochea alba is in the form of a white liquid from the 14th day of the postpartum lochea is getting more and more and less until it stops for 1-2 weeks. Based on the regulation of the Minister of Health no.21 of 2021, services during the postpartum period have a minimum of 4 visits, from 6 hours to 2 days after giving birth is the first visit, for the second visit from the 3rd day postpartum to the 7th day, then 8 days – 28 days postpartum is the third visit, and from the 29th-42nd day postpartum is the 4th visit. From the results of practice in the field on Mrs. E's patient, she has made postpartum visits 4 times and there are no signs which is abnormal during the postpartum period.

The production of lochea during the postpartum period also corresponds to what is in theory. All the care provided during this postpartum period there is no gap between theory and practice.

4. BBL

The definition of a neonate according to dr. Lyndon saputra is a baby from 0 to 28 days old, where neonatal care, infants, and toddlers have the goal of providing comprehensive care to newborns, both while still in the care room and also when discharged. In accordance with the regulation of the Minister of Health no. 21 of 2021, health services at BBL are carried out at least 3 times, namely from 6 hours to 2 days postpartum 95 first visits, the 2nd visit starts on the 3rd postpartum day until the 7th day and 8-28 days the third neonatal visit. During the author's research on newborn care, BBL visits have been carried out 3 times

Starting from 6 hours until the baby is 28 days old. Mrs. E's baby also did not experience any pathological problems in a normal state. When the baby is born, it has been injected with vit k, hb 0 and also the baby's health has been maintained. In visits 2 and 3, care has also been given to bbl in accordance with existing theories. In this case, the author does not get a gap in theory and practice.

5. KB

Family planning is an effort to delay pregnancy, regulate gestational age spacing, regulate births, through promotion, protection and assistance in accordance with reproductive rights in realizing a quality family. Therefore, to carry out the purpose of birth control, contraception must be used which aims to prevent conception. Exist patients and patients choose to use the MAL method (Amenore lacapation method).

In this case, the author also explains about the MAL method, which is a method that

The CIL is around 2% if eligible, namely exclusive breastfeeding with a baby age of < 6 months, 96 breastfeeding > 8 times a day and not having experienced menstruation. Since this method is only It can be done if the mother is exclusively breastfeeding, then if the baby's age > 6 months, this method cannot be done. Therefore, the family planning care carried out on Mrs. E was successful and did not have a gap between theory and practice (Anggraini et al., 2021)

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