



CONTINUITY OF CARE Mrs.R DIFFERENCE OF TFU WITHPREGNANCY AGE AT TUTUN PRATAMA CLINIC SEHATI IN 2024

Siti Roslina Sipahutar¹, Rosmani Sinaga², Eva Ratna dewi ³, Herna Rinayanti Manurung⁴ ¹⁻⁴STIKes Mitra Husada Medan Email: sitiroslina324@gmail.com

ABSTRACT

This study aims to provide continuous midwifery care for pregnant women, maternity, newborns, postpartum and family planning on an ongoing basis or Continuity of Care (COC). The subjects taken in this study were physiological pregnant women TM III at the first tutun sehati clinic on Mrs. R 24 years old G1P0A0. The method used in this study uses 7 Varney steps based on Hellen Varney including assessment, data interpretation of problems and needs, potential problems, action plans, implementation, evaluation and documentation using the SOAP method. Data collection techniques using primary data include interviews, observation, examination. Based on the results of data research, it can be concluded that in carrying out continuous midwifery care Continuity of Care (CoC) there is no gap between theory and practice.

Keywords: SDGs, Continuity Of Care, fundus uteri height mismatch with gestational age.

INTRODUCTION Kes Mitra Husan WHO reported a global maternal

The goal of health development is for everyone to have the ability to live withoptimal health. Public health can be measured as an indicator of successful development. In this case, there are severalindicators used to measure healthy and prosperous life, especially related to maternal and child mortality rates, and coverage of essential health services. This is stated in the National Commitment outlined in the Sustainable Development Goals (SDGs).(Ministry of PPN, 2020). WHO reported a global maternal mortality rate of 287,000 in 2020. The maternal mortality rate (MMR) in ASEANis 235 per 100,000 live births. According to (Ministry of Health of the Republic of Indonesia, 2022) the maternal mortality rate(MMR) decreased by 3,572 people in 2022, and the neonatal mortality rate (IMR) was 18,281 people in 2022, the infant mortality rate (IMR) was 2,446 people. The results of the report from (Deli Serdang HealthOffice, 2022)





Maternal mortality rate (MMR) is 16 and neonatal mortality rate (IMR) is 25, infant mortality rate (IMR) is 31.

Midwives use midwifery management to provide midwifery care through several steps of midwifery management. This is how midwives think about their problems and make clinical decisions. Every care taken must be recorded correctely, amply, clearly, and logically, so that a mechanism is needed to keep record, (Sab'ngatum, 2022). By using the 7 steps of Helen Varney in 1997 which includes Data Assessment, Data Interpretation Diagnosis of Problems and Needs, Identification of Potential Problems, Immediate Action, Intervention, Implementation, and Evaluation (Munandar, 2020). Continuity of care in midwifery is a series of continuous service activities that are sustainable and comprehensive starting from pregnancy, childbirth, postpartum, newborn, and family planning services. It connects women's specific health needs and eachperson's personal circumstances, (Aprianti et al., 2023).

METHOD

The method used for comprehensive care on Mrs. R is descriptive research, which systematically describes a phenomenon as it is. The type used is a case study or case study, which is an observational study to obtain a description of health phenomena or current cases related to life, especially at the limit of context and unclear phenomena. In this case, the author wants to describemidwifery care on Mrs. R. This study was conducted using thecare method starting from pregnancy, delivery, newborn, postpartum and family planning. This continuous midwifery care uses 7 Varney steps based on Hellen Varney including assessment, problem analysis and diagnosis, action plan, implementation, evaluation and documentation using the SOAP method. Data collection techniques used in this study included primary and secondary data.

Primary data in the form of interviews wereconducted to obtain complete and accurate information through answers about the problems that occur in mothers. Interviewswere conducted using structured interview guidelines. And Observation / Observation / Examination / Measurement is a method of collecting data through an observation using the five senses and tools. While secondary data is based on medical record documents.

RESULT AND DISCUSSION

1. Pregnancy

Fundus uteri height is done every visit. Fundus uteri height can be used to determine gestational age because the growth of the uterus can be achieved and continuous, (Dachlan 2021: 1, 2021).

Determine the gestational age from the height of fundus uteri (TFU) according to Spiegelberg: 22-28 weeks: 24-25 cm above the symphysis, 28 weeks: 26.7 cm above the symphysis, 30 weeks: 29.5-30 cm above the symphysis, 32 weeks: 31 cm above the





symphysis, 34 weeks: 31 cm above the symphysis, 36 weeks: 32 cm above the symphysis, 38 weeks: 33 cm above the symphysis, 40 weeks: 37.7 cm above the symphysis.

There are several ways to measure the height of the fundus uteri, as stated by some people: Spiegelberg measured the height of the fundus uteri from the symphysis, Mac Donald stated that the modification of Spiegelberg, the gestational age is 8 months; and Johnson-Tausak formulated determining the estimated fetal weight (TFU-12)X 155, (Dachlan 2021:1,2021).

November 12, 2023, Mrs. R said the mother's complaints in the 1st trimester were severe nausea and vomiting, and no appetite, in the 2nd trimester the mother's nausea and vomiting had decreased, and inthe 3rd trimester the mother said she often urinated at night and there were no other complaints. In the examination resultsobtained Tfu 26 cm, with TBBJ 2,170 gr. The mother is recommended to consume adequate nutrition and high fat to increase fetal weight and encourage the mother to exercise lightly and tell the mother to do an ultrasound. On November 17, 2023, themother did an ultrasound obtained TBBJ 2,100 gr.

The second visit was carried out on November 21, obtained from the results of the Tfu examination 28 cm with a TBBJ of2,480 gr. The mother was recommended to continue to consume adequate nutrition and high fat, still encourage the mother to exercise, and encourage the mother to have another ultrasound, the mother did an ultrasound on November 28, 2023, with the sults of TBBJ 2,900 gr. And the mother is advised not to consume high fat, and consume more vegetables and fruit.

The third visit was carried out on December 03, 2023 with the results of Tfu 30 cm with TBBJ 2,790 gr. And the mother is recommended to do light exercise, frequent squats and body relationships so that the baby's head enters the pelvis faster.

In this care, the author concludes that there is a gap in theory and practice found in Mrs. R because on the results of the visit it was found that the TFU was not in accordance with pregnancy and the TBBJ was smaller than the gestational age.TFU is not in accordance with pregnancy and TBBJ is smaller than gestational age. At the first visit, the TFU was found to be 26 cm with a gestation period of 35 weeks 2 days which should beaccording to the theory of 32 cm. and TBBJ 2,170 gr which should be in theory 2,500 gr.

2. Labor

Labor is the process of opening and thinning the cervix so that the fetal head can descend into the birth canal. Normal birth occurs when the mother has uterine contractions, namely when the pregnancy isfull term, which is between 37 and 42 weeks, without any complications, (bidin A, 2017).





On December 13, 2023 at 06:00 am, the mother came to the clinic with complaints of abdominal pain radiating to the waist, and was regular. On examination, it was found that the opening was 7 cm. At 09:00 a.m., the water broke and the opening was complete. Mother was pinpim meneran. At 09:30 am, the baby was born spontaneously. With a body weight of 3. 200 grams, with APGAR Score 10. male gender. And the placenta was born complete, there were no complications during monitoring.

In this care, it was found that there was no gap in theory and practice, the progress of labor had been carried out with a partograph, did not cross the alert line and 58 steps of labor care had been carried out on Mrs. R Diklinik Pratama Tutun sehati.

3. Postpartum Period

The puerperium is the period that the mother will go through after childbirth, which begins after the birth of the baby andplacenta, after the end of stage IV during labor, and ends for six weeks or forty-two days.

The mother said that she still felt a little nauseous and had defecated 1 time. The discomfort experienced was caused byuterine contractions which usually lasted 2-3 days postpartum. At the 6-hour postpartum visit to Mrs.R, the physical examination results were obtained, namelythe mother's condition was good, uterine contractions were good, TFU was 2 fingersbelow the center, round and hard consistency, rubra lochea. The postpartum period was visited 4 times, namely 6 hours postpartum, 6 days visit, 2 weeks visit, and6 weeks visit. In addition to conductingphysical examinations, the author also provides counseling such as personal hygiene, adequate rest, nutrition for nursingmothers, breast care and family planning information.

In this postpartum care, there was no gap between theory and practice.

4. Newborn

Newborns (Neonates) are newborn babies who experience the birth processbetween the ages of 0 and 28 days. Normalnewborns are born full term.

Mrs. R's baby was born normal with the male sex crying strong, active. movements good rooting reflex, normal breathing 34X / M, heart rate 120X / M. After a physical examination of the newborn, IMD is carried out for 1 hour after the baby is born to avoid hypothermia in thebaby, stabilize the heart rate and breathing in the baby and create a closer feeling between mother and baby. After the baby isborn, give vit K injection, eye salve and physical examination. All newborns shouldbe immunized with vit K 1mg intramuscularly in the left thigh, the purpose is to prevent bleeding in infants, after one hour of vit K administration then continue with the administration of Hb0 in the right thigh, the purpose is to prevent hepatitis in infants.





In this newborn care, it was found that there was no gap between theory and practice.

5. Family Planning

Contraceptives are devices used to avoid or prevent pregnancy due to the meeting between a woman's mature egg and a man's sperm cell that causes pregnancy. The term contraception comes from the word "kontra", which means prevention or against. Ministry of Health 2021 (Bidin A, 2017a).

In this case Mrs.R has chosen the contraceptive that she will use, namely Coitus Interuptus so that the care provided focuses on Coitus interuptus contraception.

Counseling given to mothers includes how to use, benefits and failures. Counseling is a communication process between a person (counselor) and another person (patient).

The counseling given to Mrs.R aims to increase individual effectiveness in makingthe right decisions.

CONCLUSION

In carrying out this case study the author has provided midwifery care in a continuty of care to clients from pregnancyto birth control. The care that has beengiven to the client is:

 Midwifery care during pregnancy Tfu mismatch with gestational age on Mrs.R has been carried out because there is a gap between theory and practice of TFU and

- 3. TBBJ not in accordance with gestational age.
- Midwifery care in the delivery mother has been carried out, Mrs. R gave birth normally male sex, BW 3200 grams, PB 49 cm, the baby cried strongly and moved actively.
- 5. Midwifery care in the postpartum period Mrs.R went well, the mother did not experience any danger signs in the postpartum period. Mother wants to carry out the recommendations that have been given for maternal health in the puerperium.
- Midwifery care for spontaneousnewborns on December 13, 2023 at 09:30 am immediately assess the apgar score on the baby while drying the baby.
- All obstetric care that has been provided during pregnancy, labor, puerperium, newborn, and family planning has been documented.

REFERENCES

Husada Medan

Aprianti, S. P. et al. (2023) 'Asuhan Kebidanan Berkelanjutan/Continuity OfCare', Journal on Education, 5(4), 11990-11996. Doi: pp. 10.31004/joe.v5i4.2159. bidin Α (2017а) 'Опыт аудита обеспечения безопасности качества И медицинской деятельности В медицинской организации по разделу





«Эпидемиологическая безопасностьNo Title', *Вестник Росздравнадзора*, 4(1), pp. 9–15.

- Br. Sembiring, E. R., Marlina, M. andSiahaan, M. F. (2023) 'Faktor yang Berhubungan dengan Kepatuhan Kunjungan Masa Nifas pada Ibu di Wilayah Kerja Puskesmas Lau Baleng Kabupaten Karo Tahun 2023', *Journal of Healthcare Technology and Medicine*, 9(1), p. 651. doi: 10.33143/jhtm.v9i1.2928.
- Dachlan 2021:1 (2021) Asuhan Kebidanan Menentukan Umur Kehamilan, Angewandte Chemie International Edition,6(11), 951–952.
- Dianti, Y. (2017) 済無No Title No Title No Title, Angewandte Chemie International Edition, 6(11), 951–952. Available at: <u>http://repo.iain-</u>

tulungagung.ac.id/5510/5/BAB 2.pdf.

- Dinas Kesehatan Deli Serdang (2022) 'Profil Kesehatan Kabupaten Deli Serdang Tahun 2022', (4), pp. 46–47.
- Dinkes Sumut (2022) 'Profil Kesehatan Provinsi Sumatera Utara', *Dinkes Sumut*,2, pp. 1– 466.
- Fatimah and Nuryaningsih (2018) 'Buku Ajar Buku Ajar', pp. 1–120.
- Fitriani and Ayesha (2022) Asuhan Kehamilan DIII Kebidanan Jilid II, Public Health Journal.
- Hutabarat, D. S. *et al.* (2023) 'Hubungan Penatalaksanaan Antenatal Care (ANC) Dengan Komplikasi Persalinan Di Klinik Pratama Kita Kabupaten Langkat Tahun 2023', *DIAGNOSA: Jurnal* ..., 1(2). Available at: https://journal.widyakarya.ac.id/index.p hp/ diagnosawidyakarya/article/view/1226.
- Kemenkes (2020) *Pedoman bagi ibuhamil, ibu nifas dan bayi baru lahir selama social distancing.* jakarta:kemenkes RI.
- Kemenkes RI (2022) Profil Kesehatan Indonesia, Pusdatin.Kemenkes.Go.Id. Available at: https://www.kemkes.go.id/downloads/re so urces/download/pusdatin/profilkesehatan- indonesia/Profil-Kesehatan-2021.pdf.

- Kementerian Pendayagunaan Aparatur Negara dan Reformasi Birokrasi, K. P. A. N. dan
 R. B. (2019) 'Permenpan Nomor 29 Tahun 2013', ISSN 2502-3632 (Online) ISSN 2356-0304 (Paper) Jurnal Online Internasional & Nasional Vol. 7 No.1, Januari – Juni 2019 Universitas 17 Agustus 1945 Jakarta, 53(9), pp. 1689– 1699. Available at: www.journal.uta45jakarta.ac.id.
- Kementerian PPN (2020) 'Pedoman Teknis Penyusunan Rencana Aksi - EdisiII Tujuan Pembangunan Berkelanjutan/ Sustainable Development Goals(TPB/SDGs)', *Kementerian PPN*.
- Marbun, U. et al. (2023) AsuhanKebidanan Kehamilan.
- Munandar, A. (2020) Ilmu KebidananTeori, Aplikasi dan Isu.
- Nurhidayah, S. (2020) 'No Title'، *SELL Journal*, 5(1), p. 55.
- Nurul Azizah, N. A. (2019) Buku AjarMata Kuliah Asuhan Kebidanan Nifas dan Menyusui, Buku Ajar Mata Kuliah AsuhanKebidanan Nifas dan Menyusui. doi: 10.21070/2019/978-602-5914-78-2.
- Permenkes (2017) 'Permenkes Tahun 20i7'. Available at:

https://repository.kemkes.go.id/book/51

- Permenkes, 2021 (2021) 'PMK No. 21Tahun 2021', Peraturan Menteri Kesehatan Republik Indonesia, (879), pp. 2004– 2006.
- Purwanto, N. (2019) 'Variabel Dalam Penelitian Pendidikan', *Jurnal Teknodik*, 6115, pp. 196–215. doi: 10.32550/teknodik.v0i0.554.
- Riyanto, A. (2018) Aplikasi Metodologi Penelitian Kesehatan. Yogyakarta: NuhaMedika.
- Siswanto, A. (2023) 'Pengaruh Penggunaan Partograf Digital dan Manual terhadap Pengambilan Keputusan Bidan dalam Proses Persalinan Dimasa Pandemi Rangkasbitung Tahun 2021', *Indonesia Journal of Midwifery Sciences*, 2(3), pp. 275–282. doi: 10.53801/ijms.v2i3.118.