



CONTINUITY OF CARE FOR MRS. E WITH SHOULDER DYSTOCIA AT THE MOTHER NIETA CLINIC, HAMPARAN PERAK DISTRICT, DELI SERDANG REGENCY, NORTH OF SUMATERA 2025

Lisnawati Laia¹, Marliani², Ika Damayanti Sipayung³, Irene Simangunsong⁴,
Feby Natalia Sianipar⁵, Origia Nasha⁶, Ayu Nanda⁷

¹⁻⁷ Sekolah Tinggi Ilmu Kesehatan Mitra Husada Medan

Email : 2219401019@mitrahusada.ac.id, marliani@mitrahusada.ac.id, ikadamayanti@mitrahusada.ac.id,
2419001284@mitrahusada.ac.id, 2319401007@mitrahusada.ac.id, 2419201432@mitrahusada.ac.id,
2419201124@mitrahusada.ac.id

ABSTRACT

Improving maternal and child health, reproductive health is a national strategy for health Development. Development targets for 2030 include improving public health to increase life expectancy, reduce maternal and child mortality, and improve nutrition for toddlers. Mortality rate, maternal mortality (MMR) worldwide, according to the World Health Organization (WHO), in 2021, there were 395,000 deaths per 100,000 live births (WHO, 2021). ASEAN reports a maternal mortality rate of 253 per 100,000 live births (ASEAN Secretariat, 2021). Indonesia's maternal mortality rate in the same year was as many as 7,389 cases, different from the year previously, which experienced 4,627 cases of maternal deaths (Ministry of Health of the Republic of Indonesia, 2021). The target in the Ministry of Health's Strategic Plan to reduce the AKB is to lower the IMR from 18.6 per 1,000 live births in 2022 to 17.6 in 2023 and to 16 in 2024. Annual IMR data is not available. Available, so that the 2023 achievements can be used with the 2022 achievement data. Shoulder dystocia is a complication that occurs during childbirth when the fetal shoulder gets stuck in the birth canal after the fetus's head is delivered. Shoulder dystocia mainly caused by deformity pelvis, failure of the shoulders to "fold" into in pelvis (eg: in macrosomia) caused by the phase active and short second stage of labor in multiparas so that decline too big head fast causes the shoulder to not fold at the time through road born or head has through door middle pelvis after experience successful prolongation of the second stage of labor on the shoulder fold enter to in pelvis.

Keywords: Continuity of Care (CoC), Shoulder Dystocia, At The Mother

Introduction

Improving maternal and child health, reproductive health is a national strategy for health Development. Development targets for 2030 include improving public health to increase life expectancy, reduce maternal and child mortality, and improve nutrition for toddlers. Mortality rate, maternal mortality (MMR) worldwide, according to the World Health Organization (WHO), in 2021, there were 395,000 deaths per

100,000 live births ((Group, 2025). ASEAN figures the maternal mortality rate of 253 per 100,000 live births (ASEAN Statistic (ASEAN Stasistics, 2021). Indonesia's number of maternal deaths in the same year was as many as 7,389 cases, different from the year previously, which experienced 4,627 cases of maternal death (Kemenkes RI, 2022).

The target in the Ministry of Health's Strategic Plan to reduce the AKB



is to lower the IMR from 18.6 per 1,000 live births in 2022 to 17.6 in 2023 and to 16 in 2024. Annual IMR data is not available (Sinaga, R, 2024). Available, so that the 2023 achievements can be assessed using 2022 achievement data. The downward trend in the Infant Mortality Rate during the period lowered from as high as 68 in 1991 to 34 in 2003 to 20.6 per 1,000 KH in 2020. Achievements. This has not yet met the SDGs targets; however, when AKB shows a downward trend, it can maintain its potential, and the SDGs target was achieved in 2030 at 12 per 1,000 live births (Kementerian Kesehatan, 2023).

North Sumatra's Maternal Mortality Rate (MMR) ranks second in Indonesia at 195, after Aceh's 201 (BPS, 2023). Meanwhile, in Medan City, the Maternal Mortality Rate (MMR) has been increasing over the past four years, with 5 deaths in 2018, 7 in 2019, 12 in 2020, and 18 in 2021 (Medan, 2021).

Shoulder dystocia is a complication that occurs during childbirth when the fetal shoulder gets stuck in the birth canal after the fetus's head is delivered. Shoulder dystocia mainly caused by deformity pelvis, failure of the shoulders to " fold " into in pelvis (ex: in macrosomia) caused by the phase active and short second stage of labor in multiparas so that decline too big head fast causes the shoulder to not fold at the time through road born or head has through door middle pelvis after experience successful prolongation of the second stage of labor on the shoulder fold enter to in pelvis (Nur Azizah *et al.*, 2025).

Management is done at the time of labor with dystocia. This does the Robert maneuver with position. Mother lying on his back, ask Mother for the second, his knees as far as Possible to direct her chest (Kemenkes RI, 2022)

Research Method

The research method employed for Mrs. E was descriptive research, aimed at describing the current problem. The study used action research, which involves developing solutions and improving capabilities and service quality to address the issue.

Discussion

On December 25, 2024, Mom Nieta came to PMB, saying she had been feeling cramps since 12.30 WIB— anamnesis results: mixed mucus discharge, blood, and a feeling to defecate. The midwife did an examination. Physical : BP: 120/70, N: 89x/ i RR: 20x/ i S: 36°C, TFU: 31 cm. Internal Examination : VT: 3cm, midwife advocate Mother, for walking and playing, symbol for opening and lowering the head of the fetus fast down (Yuliana, R.R. and Hakim, 2024).

Date: December 25, 2024

Time: 12.30 WIB

The First Stage Of labor :

S: Mrs. E, 28 years old, 38 weeks 2 days pregnant. Mother says the complaint goes out with blood mixed with mucus, but no accompanying blood and pain in the stomach cramps until arrival, at the waist. Mother said on December 25, 2024. Mother says labor. Mother says labor his with Due on January 3, 2025

O: From the results inspection obtained results maternal vital signs within normal limits with results today: 120 / 70 mmHg day: 95 x/ i RR: 23x/ i T: 36'5°C conjunctiva Mother colored red young mother's nipple looks drowning and hyperpigmentation in leopod one were found age pregnancy mother 38 weeks 2 days TFU: 31 cm in the fundus of the mother palpable part TBBJ buttocks: 3,900 grams on examination leopod



second feel the vagina and feel it how extremity fetus maternal abdomen adjacent right HFR 140 x/I then inspected vaginal
A: Mrs. E, 28 years old, G4P3A0, age 38 Weeks, 2 Days pregnant with latent phase 1 infarction.

P:

- Telling your Mother about the condition is normal, and the fetus's condition is typical and vital signs
- Provide information on mobilization for the Mother's first stage of labor to guide and accelerate walking and the labor process, such as multiple trips and squatting.
- Inform the family and advocate for the Mother to rub her back if her complaint is a painful stomach that is often getting larger.

The Second Stage Of Labor :

December 25, 2024

Time: 15.30 WIB

S: Mrs. E, 28 years old, G4P3A00, gestational age 38 weeks 2 days. Mother says go out, mucus mixed with blood from the genitals and up to painful swelling in the bigger waist from Yesterday

O: Examination Results

BP: 110/80 mmHg HR: 94

beats/ minute

RR : 24 x/ i T : 36.6 c

DJJ : 142 x/ i

His: 15.00 WIB : 4x/10'/43"

A: Mrs. E, 28 years old, G4P3A0, GESTATION 38 weeks 2 days with Shoulder Dystocia

P:

- Provide information related to mobilization during the mother's first stage of labor to facilitate the opening and delivery processes, such as sitting on top, a symbolic walk around the room, a birth squat, and positioning in the left or tilted proper position.
- Telling you care, Darling Mother, during the birth process with a present

touch obtained dilated 3 cm and amniotic fluid (+) his 2x/10'/20" (Fara *et al.*, no date)

companion, such as a husband or family member, provides a comfortable position for the mother and encourages a spiritual childbirth.

- Taking action helps the newborn begin by assisting the head, progressing to the neck, cleaning the face, breathing, and waiting. The baby will turn its axis externally, but the fetus does not yet do so after 1 minute of head-down position. Then the midwife asks Mother to pull your legs towards your chest and look at Mother's stomach to be able to reduce the diameter of the fetal shoulder. Do navigate, then do prop trace (Tuz Zahroh *et al.*, 2022).
- Assess newborn infants, that is, evaluate the physical examination in babies, and maintain and assess the APGAR SCORE in newborns.
- Inspect the fetus second, tell mother and family, do injection oxytocin, and do clamping at the end rope, the center at the base the baby 2-3 cm, and clamp the arteries next as far as 3-5 cm from the umbilical cord to the arteries clamp, then cut the rope center and do contact skin baby's skin on mother.

The Third Stage Of Labor :

December 25, 2024

Time: 16.15 WIB

S: Mother says his stomach still feels like it's burning, and there is blood flowing from her vagina

O: When it is done vaginal examination , existence signs, expenditure placenta, existence spray blood in a way arrive adan rope center elongated and stomach Mother shaped Globular and shaped round

A: Mrs. E, 28 years old, P4A0 with management of active stage III

P:



- Do an injection of oxytocin in the thigh outside, in thirds, with the first 10 UI on the thigh outside
- Notice signs release placenta If already gone out, sign placenta
- So do PPT on the mother .
- If the placenta looks already in front of the vulva, do a playback one way clockwise until the placenta is born entirely, and check the placenta for completeness. Check the number of cotyledons; 18 does the amount of bleeding. Do a massage of the mother's abdomen and check for lacerations.

The Fourth Stage Of Labor :

December 25, 2024

Time: 16.30 WIB

S: Mother said she felt pain in the area of her vagina, and there is still bleeding. Mother also said feel very happy at the birth his son

O: At the time, a perineal examination was performed, which revealed degree 1, namely from vaginal mucosa, posterior commissure, and skin perineum TTV within normal limits. BP: 120/70 mmHg RR: 20 x/ i. T: 36.3°C vaginal bleeding 150cc

A: Mrs. E, 28 years old, P4A0 with First Degree Perineal Rupture

P:

- Inform Mother of the examination results obtained at this time. This is in normal condition, with signs of fever and infection, and regular bleeding.
- Ensure that maternal uterine involution proceeds well, with overall good status, and monitor the amount of lochia.
- Telling you information about the stitching done on the perineum with degree 1
- Telling you Mother's vital signs are within normal limits
- Recommend Mother For method: unidirectional fundus massage; clock

hands to pay attention to contractions, infection, or bleeding.

After the delivery process is carried out, the midwife still does a postpartum visit, the baby's newborn, and until the Mother wants to under -KB. During the visit, there were no complaints or complications for the mother or the baby.

Conclusion And Suggestions

The writer notes that Mrs. E is 29-39 weeks pregnant, as documented in an assessment conducted early on October 13, 2024, at the clinic, Mother Nieta JL. Customary highway, and can take conclusion implementation care obstetrics in pregnancy or antenatal care as appropriate, with existing theories and approaches to management of midwifery with the technique of SOAP documentation. During childbirth, midwifery care found complications during labor with shoulder dystocia, so researchers developed guidelines for emergency management of patients with complications of shoulder dystocia (WHO 2021, 2021)

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