

CONTINUITY OF CARE IN BABY MR. I WITH MILD ASPHYXIA AT PMB BD WANTI S.KEB FISHING STREET MARKET 4 MABAR DOWNSTREAM OF MEDAN DELI DISTRICT MEDAN CITY 2025

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ABSTRACT

According to Sustainable Development Goals (SDGs) data, the global Infant Mortality Rate (IMR) has experienced a significant decline in the last decade, with a decline of 51% between 1990 and 2021. (Hadi Ashar, 2023) Despite global improvements, IMR remains a major challenge, with several ASEAN countries in the region having high rates of asphyxia, namely Indonesia with 23.5 live births per 1000, the Philippines with 24.6 live births per 1000, Cambodia 28.4 per 1000 live births, Laos 31.4 per 1000 with live births, Myanmar 35.1 per 1000 live births. (Tia Nurfitri, 2022) Purpose: Providing comprehensive midwifery care to Mrs. I at PMB Bd Wanti S.Keb Jalan Pancing Pasar 4 Mabar Hilir, Medan Deli District, Medan City. (Interested in Rahayu Syafitri, 2023) This includes assessment and actions during pregnancy, childbirth, postpartum, newborns, and family planning. Method: The comprehensive care method for Mrs. I in the context of qualitative (descriptive) research is an approach used to thoroughly understand and analyze the conditions, processes, or phenomena within an individual. (Shefaly Shorey, 2024) Comprehensive care focuses on a very broad and comprehensive understanding, which does not only look at one aspect but also various related dimensions. Result: the baby was born alive with asphyxia at 14.30 WIB, female gender, body length 50 cm, weight 11cm, head circumference 32 cm, chest circumference 32cm apgar score 7.

Keywords: *continuity of care, asphyxia*

Introduction

Other efforts are needed to handle asphyxia incidents, LBW, whether with mild or severe complications, proactively from the beginning of pregnancy until delivery. (Salni et al., 2024)

In the initial survey, the author found a case of asphyxia in Mrs. I, a baby caused by premature rupture of membranes, a short umbilical cord, and meconium-stained amniotic fluid. This resulted in the baby's inability to breathe spontaneously, preventing oxygen intake and carbon dioxide intake. Asphyxia refers to

progressive hypoxia, CO₂ accumulation, and acidosis. If the process continues for a long time, death will occur. (Dwitia et al., 2020)

The Indonesian government is working through the Sustainable Development Goals (SDGs) to reduce maternal and infant mortality. These include various strategic steps, particularly those related to neonatal mortality (death of infants aged 0-28 days), including increasing the number of trained health workers, encouraging deliveries in health care facilities, increasing antenatal and postnatal care coverage, and integrating

services through the National Health Insurance (JKN) program and a tiered referral system. (Medicine et al., 2022)

According to data obtained from the World Health Organization (WHO) in Indonesia, the number of infant deaths in 2021 reached 27,566 people, with 73.1% of them occurring in the neonatal period (0-28 days), which is around 20,154 deaths. The main causes of death include: LBW (Low Birth Weight) 34.5% of total newborn deaths. Neonatal Asphyxia 27.8%, which shows the importance of rapid intervention in addressing respiratory and circulatory problems in newborns. (Nasir et al., 2025)

In 2024, the infant mortality rate (IMR) in North Sumatra was 627 cases per 1,000 live births. The districts and cities with the highest mortality rates were Deli Serdang Regency and Medan City. The causes of infant mortality include oxygen instability, infant weight below 2,500 grams, and the occurrence of meconium-stained amniotic fluid at later gestational ages, which is the main cause of infant death. Inadequate quality of health services and a lack of assessment teams in the region. (Health Office Province North Sumatra, 2024)

The author is also a professional who adheres to a code of ethics and maintains the privacy rights of the clients involved. The researcher is responsible and honest in presenting data openly and transparently. The researcher collaborates with the client and establishes a partnership with the clinic in providing care to Mrs. I. The researcher is able to understand the conditions and respect the cultural and social values that influence the client. (Alfarizi & Listyaningrum, 2024)

Based on the background above, the author is interested and feels it is important to raise the case in this final assignment report with the title "Continuity of Care in the Case of Asphyxia in Mrs. I's Baby at PMB Bd Wanti S.Keb Jalan Pancing Pasar

4 Mabar Hilir, Medan Deli District, Medan City. (Aura Farizky et al., 2023)

healthy life, and advancing the welfare of all citizens and the nation's competitiveness for the achievement of national development goals. Based on the initial survey I conducted at PMB Rimenda Tarigan from November 2024 to March 2025. In February 2025, there will be 7 maternity mothers and of the 7 maternity mothers, there will be one case of maternity with grade II perineal rupture. From this problem, the author took a final project report with the title "Continuity of care for Mrs. A with perineal rupture degree II at PMB Rimenda Tarigan, Medan Denai District, Medan City in 2025

Research Method

Research design

The comprehensive care method for Mrs. I in the context of qualitative (descriptive) research is an approach used to thoroughly understand and analyze the conditions, processes, or phenomena within an individual. Comprehensive care focuses on a very broad and comprehensive understanding, which does not only look at one aspect but also various related dimensions. (Endang Aguskristiana et al., 2025)

Population and Sample

The population is the entire object of the study. The population in this study were pregnant women in their third trimester who visited the Independent Practice of Midwife Wanti S.Keb. The sample is part of the number and characteristics of the population. So in this study, the sample was pregnant women in their third trimester. (Christian et al., 2023)

Data Collection

A. Primary Data

In this study, researchers collected patient data by conducting interviews (Anamnesis), physical examinations (inspection, palpation, auscultation and

percussion), and documentation (Halen Varney and soap).

B. Secondary Data

Secondary data is data found in this research collecting data from clinics such as MCH books, documents/medical records. data directly from respondents to Mrs. I was at the PMB Bd clinic. S.keb

Research location

The location where continuous care has been provided to Mrs. I is at PMB Bd. Wanti S.Keb Jl. Pancing Pasar 4 LK 5, Mabar Hilir, Medan Deli, Mabar Hilir, Medan Deli District, Medan City, North Sumatra

DISCUSSION

Based on the results of the care that the author has provided to Mrs. I from November 2024 to January 2025, starting from pregnancy, childbirth, postpartum period, newborns, to family planning. (Juliana Munte, 2022)

CONCLUSION

In conducting this case study, the author provided comprehensive midwifery care to the client from pregnancy through birth control. The care provided to the client included: (Phyllis) Elmeida & DIII Studies Midwifery Poltekkes Kemenkes Tanjungkarang, 2023)

1. Midwifery care during pregnancy for Mrs. I has been provided but does not comply with the 10T standards in the independent practice of midwife Wanti S.Keb. There is a gap between theory and practice. (By Luh Putu Rahmawatia, 2023)
2. Midwifery care for mothers giving birth was carried out on Mrs. I who gave birth normally, female, weight: 3,875 gr, height: 49 cm, the baby cried and moaned and moved actively. (Septi Arcellya & Widowati, 2025)
3. Mrs. I's postpartum midwifery care went well; she experienced no danger

signs during the postpartum period. She was willing to follow the recommendations given for maternal health during the postpartum period. (Agustin Tjondro & Azizah, 2024)

4. Midwifery care for spontaneous newborns on December 25, 2024 at 14.30 WIB immediately assess the baby's Apgar score while sucking mucus and providing tactile stimulation. (Cendra et al., 2025)
5. all midwifery care that has been provided during pregnancy, childbirth, postpartum, newborn, and family planning that has been agreed upon by the mother who wants to breastfeed, where she uses LAM contraception. (Practice et al., 2022)

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