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CONTINUITY *OF CARE* IN NY. F WITH MODERATE ANEMIA PREGNANCY INDEPENDENT PRACTICE MIDWIFE J. MANURUNG PERAK HAMPARAN DISTRICT KABUPATEN DELI SERDANG YEAR 2025

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ABSTRACT

The problem in the case study is how to provide Midwifery Care to Mrs. F who experiences anemia in her pregnancy comprehensively, including Midwifery Care for pregnancy, childbirth, postpartum and family planning at PMB J. Manurung in 2025?. Implementing continuous obstetric care starting from pregnancy, childbirth, newborn, postpartum and family planning. From the results of research on sustainable care that has been given to Mrs. F starting from the third trimester, childbirth, postpartum and breastfeeding, newborns, to family planning which aims to improve the quality of midwifery services. After evaluation, data analysis according to the author's assumption Mrs. F With a pregnancy history of G3P2A0 with a gestational age of 28 weeks 2 days, the results were found from the examination that the fetus in the uterus (intrauterine), single, alive, the back is on the right side of the mother's abdomen, the presentation of the head, not yet in PAP, the condition of the mother and jani is in good condition. At the time of the study on Mrs. F, the author will conduct a comparison or suitability of research on the theory of obstetric management care in pregnant women, childbirth, postpartum childbirth, BBL, and family planning services and will be concluded on the results of the research that has been carried out.

Keywords: ***Continuity of Care, Midwifery Care, Moderate Anemia, Pregnancy***

Introdation

K4 is a pregnant woman who has made at least four visits to competent health workers to obtain comprehensive and integrated health services. This service follows the schedule and standard of examination, covering 14 types of actions: weighing and height measurement, blood pressure measurement, assessment of nutritional status through upper arm circumference (LILA), measurement of fundus uteri height, determination of fetal position and fetal heart rate (DJJ), screening and administration of tetanus immunization if

needed, administration of blood tamblet, basic laboratory examinations (routine or special), case management, counseling, breast care, pregnancy exercises, malaria medication, and iodine oil capsules (Fonny Kurnia Putri, 2024)

During the first active phase, the midwife gives an infusion of Ringer Lactate 20 drops/minute to maintain the mother's body fluids. Mothers are encouraged to eat, drink, and rest between contractions, and choose the most comfortable position. Midwives teach how to correct breastfeeding and monitor progress with the partograph. In phase II, the midwife tells that labor begins immediately, guides the mother during contractions, and handles the birth process and the initial examination of the baby, including the administration of 10 IU injections. In phase III, the midwife observes signs of placental release and performs active management, such as oxytocin injections, controlled umbilical cord tension, and fundus massage. The goal is to speed up stage III and reduce bleeding. In phase IV, monitoring was carried out every 15 minutes in the first hour and 30 minutes in the second hour, including blood pressure, pulse, temperature, fundus height, contractions, bladder, and amount of bleeding. The mother is declared stable if the bleeding is 250–500 ml, vital signs are normal, and the uterus contracts well.

Health services during the postpartum period are recommended to be carried out at least four times, namely: the first visit between 6 hours and 2 days postpartum, the second on the 3rd to the 7th day, the third between the 8th to the 28th day, and the fourth from the 29th to the 42nd day (Kepmenkes, 2021). The purpose of this visit is to detect postpartum complications early. A minimum of three visits (complete KF) must be made, namely: KF1 at 6 hours until day 3, KF2 on days 4 to 28, and KF3 on days 29 to 42 (Health Profile 2021).(Ministry of Health of the Republic of Indonesia, 2022).

Indicators that describe health efforts made to reduce the risk of death in the neonatal period, newborn health services where neonatal age babies who are said to have received a complete neonatal visit if they have received a minimum of three visits, one time at 6 to 48 hours (KN 1), one visit at the age of 3-7 days (KN 2), one visit at the age of 8-28 days (Ministry of Health of the Republic of Indonesia, 2022)

Research Methods

3.1 Research Design

The method used in this study is the interview method through anamnesis and an assessment format to find out about the causes of anemia in pregnant women at PMB J. Manurung with an observation and data collection approach.

3.2 Place and Time of Research

The research was conducted at PMB J. Manurung, Hamparan Perak District, Deli Serdang Regency, North Sumatra from December 28, 2024 to March 2025 with an implementation of approximately 1 month.

3.3 Population and sample

Population is defined as an area consisting of objects or subjects with certain numbers and characteristics where the researcher recorded some pregnant women in PMB J. Manurung with gestational age in the third trimester.

Samples are a part or representation of the population that is the focus of the study. (Arikurto, 2019). The sample to be taken in the study is one pregnant woman in the third trimester who visited PMB J. Manurung, namely NY. F.

Result

According to the author, the description of this case study is data from the results of the study of Mrs. F, aged 34 years who is a housewife, and Mr. R, age 36 years old, is an entrepreneur. Based on subjective data, the mother has been pregnant for the third time and has never had a miscarriage. The tie from the Obstetric Diagnosis obtained that this is the third pregnancy G3P2A0 Gestation 28 Weeks 2 Days, TTV within normal limits is TD: 120/90 mmHg, HR: 80 x/I, RR: 24 x/i, T: 36 0C. The examination was carried out in the third trimester at the Independent Practice of Midwife J.

Manurung. At the first visit, there was Hb 7.9 gr/dl. Then the midwife told the mother to consume 90 tablets of fe tablets during pregnancy and eat high-fiber foods (fresh vegetables, eat bran 3 tablespoons a day, brown rice) and consume foods containing iron and folic acid and encouraged the mother to rest 2 hours during the day and 8 hours at night.

Then for the second and third visits of the mothers, it has improved where the researcher examined Hemoglobin and got a result of 12 gr/dl. And mothers still routinely consume fe tablets 1 time a day and consume foods that contain iron and folic acid such as: Sea fish, meat, green vegetables, nuts, eggs, and foods made from soybeans such as tofu and tempeh

Discussion

Maternal hemoglobin at this time is 7.9 g/dl indicating moderate anemia according to the Indonesian Ministry of Health, where the impact of anemia on the fetus includes abortion, intrauterine death, prematurity, low birth weight, congenital defects and easy infection. In mothers, during pregnancy it can result in abortion, premature delivery, premature rupture of the membranes. Anemia can be prevented by providing sufficient iron intake into the body to increase the formation of hemoglobin by increasing the intake of iron source foods, fortification of food ingredients with iron and iron supplementation. Compliance in the consumption of Fe tablet supplementation is a matter that needs to be considered during pregnancy (Nadeak et al., 2023). Interventions can be given to pregnant women to prevent problems in pregnancy such as anemia, namely by holding pregnant women's classes, giving Fe and folic acid tablets, Supplemental Feeding (PMT), Calcium and zinc supplements, and feeding Iodine sources (Septi Indah Permata Sari, SST et al., 2022). From the care I provided, there was no significant gap between theory and practice in the handling and monitoring of maternal and fetal conditions. All the care I provide is in accordance with the standards of obstetric theory.

Conclusions And Suggestions

The gestation period of Mrs. F is physiological. ANC is carried out irregularly where there is a gap because the pregnancy examination with the 10 T standard is incomplete. Mrs. F's pregnancy went well, there were no abnormal complaints and no accompanying danger signs. The results of the subjective data study, the pregnant woman with the third child of 28 weeks 2 days gestation, based on objective data as a whole there are no problems and is included in the normal category, from subjective and objective data can be established to diagnose Mrs. F" G3P2A0 gestational age 28 weeks 2 Days, single fetus, living with moderate anemia.

The author has completed the registration and The purpose of pregnancy is to ensure the health and well-being of the pregnant woman throughout her life. This is given to them as a health guarantee program. Here are some general steps taken in providing obstetric pregnancy care to Mrs. F at the J. Manurung Mandiri Midwife Clinic, Jln. Ulayat Raya 5, Kec. Hamparan Perak, Deli Serdang Regency is to arrange visits as three times during the third trimester. the author collects subjective data (data from patients),

Objective data (examination data), determining assessments and making planning or planning. On the first visit, Mrs. F said that she felt tired, her head felt dizzy and she often urinated, especially at night. The advice given by Mrs. F to teach KIE about the importance of adequate rest to overcome the fatigue experienced and provide health education regarding the

complaints discussed are Nocturia or complaints of sometimes wasting time at night in some pregnant women is that this is indeed a common symptom during pregnancy. Factors such as pressure on the bladder due to fetal development, hormonal changes, fluid buildup, pressure on the kidneys, and sleeping position can lead to increased urination frequency at night, although it is generally important for pregnant women to communicate with their doctor to ensure that these complaints are not related to more serious health problems and to receive appropriate care if needed. Especially in the last trimester, it is a common occurrence during pregnancy, especially in the third trimester. There are several factors that may cause an increase in the frequency of small air leaks at night in the third trimester of pregnancy Then this can be considered a normal physiological response to changes in the body during pregnancy, overcome it to reduce fluid intake 2 hours before going to bed at night and replace it during the day On the second visit Mrs. F stated that there were no problems arising from the entry and the most important thing that can be done is to do Pregnancy as early as possible to strengthen the muscles of the abdominal wall and reduce pain or nausea. during the delivery process. And when on the third visit, Mrs. F said that she still often urinate at night, the midwifery shade given, namely explaining back to Mrs. F, complaints that sometimes urinating throughout the situation will be aggravated in the third trimester of pregnancy is a common symptom.

By the fourth trimester the fetus is already developing well and can put more pressure on the bladder. In addition, hormonal factors and other physical changes during pregnancy may contribute to increased urination frequency, possibly related to some factors typical for pregnancy. This can provide information and guidance to pregnant women to better understand these complaints and provide steps that may help address the discomfort. The cause may be due to increased pressure on the bladder due to the fetal head turning into a pelvis. Reducing fluid intake a few hours before bed is a good strategy to reduce the frequency of light air intake at night.

This strategy can help pregnant women get better rest without being bothered by the need to urinate too often. Maintaining adequate fluid intake during the day remains important to maintain adequate hydration, and replacing adequate fluid intake during the day is a good idea.

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