

**SUSTAINABLE MIDWIFERY MANAGEMENT CARE
(Continuity Of Care) IN NY. S AT PMB SARFINA
KEC. MEDAN CITY POLONIA
YEAR 2023**

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ABSTRACT

BACKGROUND: Factors that influence the level of public health which is still not optimal are influenced by environmental conditions. Community behavior in health and genetic services, it is known that 38.7% of households have practiced clean and healthy living behavior. In 2010-2014, the Ministry of Health set a target for 70% of households to practice clean and healthy living behavior (PHBS) (Rachmawati, 2019). Development Public health is an important aspect of overall national development. Maternal and child health problems are health problems that need more attention because they have a big impact on development in the health sector and improving the quality of human resources. One indicator of the level of public health is the maternal mortality rate (MMR) and infant mortality rate (IMR). The higher the maternal and infant mortality rates in a country, it can be confirmed that the country's health level is poor (RI, 2018).

METHODOLOGY: The method used for comprehensive care for Mrs. S is descriptive research, which systematically describes a phenomenon as it is. The type used is a case study, which is an observational study that obtains an overview of health phenomena or current cases related to life, especially at the boundaries of unclear contexts and phenomena. In this case, the author wants to describe midwifery care for Mrs. S. (Riyanto, 2018).

RESULTS: Management of care for pregnant women, childbirth, postpartum, newborns and family planning until there is a theoretical comparison between gaps.

CONCLUSION: Midwifery care during pregnancy for Mrs. S has been given but does not comply with the 10 T standard at the Sarfina Sembiring clinic. So there is a gap between theory and practice. Midwifery care for mothers giving birth has been carried out, Mrs. S gave birth normally to a male, BB 3200 grams, PB 49 cm, the baby cried strongly and moved actively. Midwifery care during the postpartum period Mrs. S went well, the mother did not experience any danger signs during the postpartum period. Mother wants to carry out the recommendations that have been given for maternal health during the postpartum period. All midwifery care provided during pregnancy, childbirth, postpartum, newborn and family planning has been documented.

KEYWORDS: *Pregnancy, Childbirth, Postpartum, Family Planning, Family Planning*

INTRODUCTION



Factors that influence the level of public health which is still not optimal are influenced by environmental conditions. Community behavior health services and genetics, It is known that 38.7% of households have practiced clean and healthy living behavior. In 2010-2014, the Ministry of Health set a target for 70% of households to practice clean and healthy living behavior (PHBS) (Rachmawati, 2019). Development Public health is an important aspect of overall national development. Maternal and child health problems are health problems that need more attention because they have a big impact on development in the health sector and improving the quality of human resources. One indicator of the level of public health is the maternal mortality rate (MMR) and infant mortality rate (IMR). The higher the maternal and infant mortality rates in a country, it can be confirmed that the country's health level is poor (RI, 2018).

According to WHO, the maternal mortality rate (MMR) in the world is 303,000 people, the maternal mortality rate (MMR) in ASEAN is 235 per 100,000 live births. According to Indonesian health demographic data or the maternal mortality rate (MMR) in Indonesia has increased from 35 per 100,000 live births and the number of maternal deaths in the world in 2019 was 4,221 cases (RI, 2019). According to reports from districts or cities, the MMR in North Sumatra province is 202 people. The child mortality rate from year

to year shows a decline. The results of the 2017 Indonesian Demographic and Health Survey (SDKI) show that Indonesia's AKN is 15 per 1,000 live births, IMR is 24 per 1,000 live births, and AKBA is 32 per 1,000 live births. Health profile data for North Sumatra Province in 2019 shows that AKN for North Sumatra Province in 2019 was 2.9 per 1000 live births, IMR was 2.9 per 1000 births, and AKABA was 0.3 per 1000 live births. (North Sumatra, 2019). Continuity of Care (COC) is an effort to provide continuous care starting from pregnancy, childbirth, postpartum, newborn and family planning. This care aims to monitor the condition of the mother and baby as an effort to reduce the maternal mortality rate (MMR) and infant mortality rate (IMR). (Yulita & Juwita, 2019). According to Republic of Indonesia Law No. 4 of 2019 concerning midwifery with general provisions, midwifery is everything related to midwives in providing midwifery services to women during the pre-pregnancy period, pregnancy, childbirth, postpartum period, newborns, and the family. plans that health services to the community, especially women, babies and children, which are carried out by midwives in a responsible, accountable, quality, safe and sustainable manner are still faced with obstacles of professionalism, competence and authority. Health services for pregnant women by midwives in health service facilities, this is carried out during TM I, TM II, TM III pregnancy. Health services must be carried out to meet the requirements of health service provisions.



Pregnant women's health statements or antenatal care (ANC) visits must meet the midwife's professional requirements, minimum 6 pregnancy checks twice to the doctor, pregnant women's health checks are carried out twice in the first trimester (gestation age 0-12 weeks) once to the doctor once to a specialist in obstetrics and gynecology, and in the second trimester (gestation age 12-24 weeks) One visit, and in the third trimester (gestation age 24 weeks until delivery) three visits twice to the midwife and once to the doctor (Ministry of Health, 2020). Standards for normal childbirth refer to 60 steps of normal childbirth care that comply with standards, namely carried out in health services with a minimum of two helpers consisting of a doctor and midwife or two midwives, or a midwife and a nurse. The stages in the normal or vaginal birth process as a whole consist of 4 stages, namely the 1st stage (cervical opening) starting from when labor begins or (zero dilatation) until complete opening (10 cm) 2nd stage (fetal expulsion) 3rd stage (expulsion). placenta) 4th stage (supervision). Health services for postpartum mothers are carried out in order to detect postpartum complications early by making a minimum of three visits (complete KF) as recommended by the first or first visit health service (KF1) at 6 hours after delivery until the third day, second visit or (KF2) on the fourth to 28th day, third visit or (KF3) on the 29th to 42nd day after delivery (Ministry of Health, 2021).

Indicators that describe health efforts made to reduce the risk of death in the neonatal period, newborn health services. Neonatal age babies are said to have received complete neonatal visits if they have received at least three visits. Once at the age of 6 to 48 hours, namely (KN1), once at the age of 3 to 7 days (KN2), one visit at the age of 8 to 28 days (Ministry of Health, 2021). The family planning (KB) program is an important program to improve women's welfare with the aim of improving maternal health status and reproductive quality for every mother who uses active contraception with the aim of delaying, spacing and ending fertility (Ministry of Health, 2021).

From the results of the preliminary survey, research was carried out at the PMB Sarfina Sembiring clinic in Polonia sub-district, Medan city in 2022 and permission was requested for research to be carried out at the clinic and the researchers or authors obtained the number of pregnant women who had ANC visits .

At the time of the research, it was found that the number of patients who visited 650 people, 450 people in labor, postpartum 460 people, BBL 450 people and family planning 810 people, on the date 15 November 2022 found pregnant women who 13 visits, 6 maternity visits person, postpartum 10 people, BBL 10 babies, KB 28 person.

Of the 13 pregnant women, there was 1 person who was pregnant at an early

age, therefore the researcher or writer carried out continuous care or (Continuity of Care) for Mrs. Anticipate complications in mother and baby.

The author carried out this procedure so that the problem could be resolved by monitoring Mrs. 2022.

METHOD

The method used for comprehensive care for Mrs. S is descriptive research, which systematically describes a phenomenon as it is. The type used is a case study, which is an observational study that obtains an overview of health phenomena or current cases related to life, especially at the boundaries of unclear contexts and phenomena. In this case, the author wants to describe midwifery care for Mrs. S. (Riyanto, 2018).

The population is all research objects (Arikunta 2006). The population in this study was TM III pregnant women who visited the Sarfina Sembiring K ec clinic . Medan city Polonia in 2022. The sample is part of the number and characteristics of the population (sugiono2008). So in this study the samples were TM III pregnant women.

RESULTS AND DISCUSSION

Based on the continuous care provided to Mrs. S starting from the third trimester of pregnancy, maternity, postpartum, newborn, to family planning, one of the aims of which is to improve the quality of midwifery services in Indonesia by using an approach, namely continuity of care. This care will also indirectly greatly influence the emphasis on MMR in

Indonesia so that it conforms to what is expected.

Pregnancy

In the case of Mrs. S G1P0A0, her pregnancy lasted 39 weeks, at where HPHT is April 10 2022 and TTP is January 17 2023. During pregnancy Mrs. S had ANC checks 6 times, 2 times on TM I, 1 time on TM II and 3 times on TM III. ANC inspections are in accordance with service standards, namely a minimum of 6 times examination during pregnancy, at least 2 examinations by a doctor for TM I and III.

Mrs. S always checks her pregnancy at the health worker according to schedule. ANC examinations are very important in terms of assessing the health and well-being of the baby as well as an opportunity to obtain information and provide information to mothers and health workers. For this reason, midwives and other health workers need to provide comprehensive midwifery care so that the pregnancy and baby are born normally and there are no pathological signs. ANC visit to Mrs. S at the Sarfina clinic, Kec. Polonia was carried out 3 times at TM III.

At the first visit on November 28 2022, at 32 weeks of gestation, the mother complained of frequent urination. Frequent urination experienced by TM III pregnant women is a physiological thing, this is caused by the size of the uterus increasing, so that the uterus enlarges towards the outside of the pelvic inlet towards the abdominal cavity.

To overcome frequent urination, midwives have given IEC by encouraging mothers to empty their bladder when urinating and that mothers should not hold



their urine. During the day drink lots of water and at night drink less water. Based on the results of the assessment and examination of Mrs. S, it was concluded that Mrs. S, weight 50 kg, LILA 23 cm and Leopold performed to determine gestational age and TFU 30cm, right back, DJJ 145x/i cephalic presentation not yet included in PAP, examination results within normal limits.

At the second visit, carried out on December 14 2022, gestational age was 34 weeks 2 days. Mrs. nutrition of pregnant women with a BMI of 24.21 (normal category). The nutritional status of the mother before and during pregnancy can affect the growth of the fetus being conceived. If the mother's nutritional status is normal before and during pregnancy, it is likely that she will give birth to a healthy, full-term baby with a normal weight.

On the third visit, the pregnant woman was examined on January 11, 38 weeks and 1 day. At this visit, the mother had no complaints. The midwife checked the weight 55 kg, TB 165 cm, LILA 24.5 cm, BP 110/70mmHg, N 80x/I, temperature. 36.8°C, DJJ 140x/I, and TFU 33 cm.

The head has entered PAP, the condition of the mother and fetus is good, there are no abnormalities, no laboratory examination was carried out, so from the results of the examination there is a gap between theory and practice because there was no physical examination of the pregnant woman with 10 T.

Labor

Stage I (Opening)

Childbirth is the process of expelling the products of conception of the fetus, placenta and amniotic fluid from the uterus through the birth canal at a full-term gestational age (more than 37 weeks) without complications. Childbirth is marked by uterine contractions, mucus mixed with blood coming out of the mother's vagina, and the opening of the cervix (Walyani, 2022). The author concluded that the signs of labor experienced by Mrs. S were in accordance with existing theory so that there were no discrepancies between theory and practice. The client complains of aches and pains in the lower back that radiates to the stomach, which is then followed by increasingly frequent contractions. On January 17 2023, at 05:00 WIB, an internal examination was carried out with the results that there were no abnormalities in the vulva, visible mucus mixed with blood, no wounds on the vagina, the position was thin, dilated 2 cm, the amniotic fluid was intact/not yet ruptured, and there was a head presentation. The midwife informs the patient and family of the results of the examination, the midwife advises the patient to walk around or squat to help speed up the opening, the patient is advised to go home first. Stage 1 to stage 2 experienced by Mrs. S lasted up to 12 hours, namely from 05:00 – 14:50 WIB. The duration of the first stage for primigravida lasts approximately 12 hours while for multigravida around 8 hours (WHO). The author saw that Mrs. S's first stage lasted normally due to good contractions, normal fetal position in the womb, and Mrs. S's birth canal was normal.

So the author concludes that there is no gap between theory and practice.

Second Stage (Fetal Expulsion)

The second stage experienced by Mrs. S lasted 50 minutes in accordance with WHO theory which states that in primigravida it lasts 2 hours and in multigravida it lasts 1 hour. This can be concluded that there is no gap between theory and practice. The baby was born normally at 14:50 WIB and immediately cried, BB 3200 GR, PB 49 cm, male. The author is of the opinion that Mrs. S's labor process went smoothly because the client's labor process was always monitored according to the pantograph, the activeness of the patient who always followed the author's and midwife's advice as an effort to help smooth the labor process.

Stage III (Expulsion of the Placenta)

The birth process for Mrs. S, the baby was born at 14:50 WIT, the placenta was born at 15:05 WIT so the 3rd stage lasted 15 minutes, this is in accordance with WHO, the placenta was born 15 minutes to 30 minutes after the baby was born and came out spontaneously. So there is no gap between practice and theory. Signs of detachment of the placenta in Mrs. S are uterine globulin, the umbilical cord getting longer, and sudden spurts of blood.

Stage IV (Monitoring)

The baby was born at 14:50 WIB, a boy with a strong cry, reddish skin color and active movements. then check the second fetus, inform the patient that oxytocin 10 UI will be injected in the anterolateral 1/3 of the patient's right thigh IM, clamp the umbilical cord, the umbilical

cord has been cut. Look for signs of detachment of placental fundus globulin, a sudden burst of blood and a lengthening of the umbilical cord. Stretching the umbilical cord and delivering the placenta at 15:10 WIB. Massage the fundus for 15 seconds, uterine contractions are good, check the completeness of the placenta, there is no bleeding. There was no bleeding, good contractions, grade II tear in the birth canal and stitches had been carried out. Explain to the mother the fulfillment of nutrition and rest patterns for postpartum and breastfeeding mothers, the mother understands and is willing to do it.

Postpartum

The mother said she still felt a little sore and had urinated once. The pain she experienced was caused by uterine contractions, usually lasting 2-3 days after giving birth. At the 6 hour postpartum visit, Mrs. The postpartum period is visited 4 times, namely 6 hours postpartum, 6 day visit, 2 week visit, and 6 week visit (Azizah & Rosyidah, 2019). Apart from carrying out physical examinations, the author also provides counseling such as personal hygiene, adequate rest, nutrition for breastfeeding mothers, breast care and information on family planning (KB).

Newborn baby

Mrs. S's baby was born normally with a male gender, cried strongly, had good rooting reflex active movements, normal breathing 34X/M, heart rate 120X/M. After a physical examination is carried out on the newborn, IMD is carried out 1 hour after the baby is born with the aim of avoiding hypothermia in the baby, stabilizing the baby's heart rate and breathing and creating a closer feeling of

affection between mother and baby. After one hour after the baby is born, give the Vit K injection. Administration of eye ointment and physical examination. All newborn babies must be immunized with Vit K 1 mg intramuscularly in the left thigh, the aim is to prevent bleeding in the baby, after one hour of administering Vit. K then continue by giving Hb0 to the right thigh, the aim is to prevent hepatitis in babies.

Family planning

Family planning care aims to provide clients with an idea of the contraceptive methods that can be used. Choosing the right contraceptive will help married couples to avoid unwanted pregnancies, regulate pregnancy spacing, and determine the number of children in the family. In this case, Mrs. S has chosen the contraceptive method she will use, namely MAL, so the care provided focuses on MAL 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. S aims to increase individual effectiveness in making appropriate decisions.

CONCLUSION

Midwifery care during pregnancy for Mrs. S was provided but did not comply with the 10 T standard at the Sarfina Sembiring clinic. So there is a gap between theory and practice.

Midwifery care for mothers giving birth has been carried out, Mrs. S gave birth normally to a male, BB 3200 grams, PB 49



cm, the baby cried strongly and moved actively.

Midwifery care during Mrs. S's postpartum period went well, The mother did not experience any danger signs during the postpartum period. Mother wants to carry out the recommendations that have been given for maternal health during the postpartum period.

Midwifery care for spontaneous newborns on January 17 2023 at 14:50 WIB immediately assessed the baby's abgarscore while drying the baby.

All midwifery care provided during pregnancy, childbirth, postpartum, newborns and family planning has been documented.

REFERENCES

- Fitriana Y, NW (2020). Childbirth Care Comprehensive Childbirth Concepts in Midwifery Care: New Library Press.
- Hatijar, Saleh Irma S uryani, C andrayanti L ilis . (2020). midwifery care in pregnancy. Sungguminasa: CV. Brilliant Starlight.
- Jitowiono. (2019). Family Planning (KB) from a Midwife's perspective. Yogyakarta: PT. New library.
- Ministry of Health. (2020). Guidelines for pregnant women, postpartum mothers and newborns during social distancing. Jakarta: Indonesian Ministry of Health.
- Ministry of Health. (2021). Indonesia's health profile.
- Lyndon. (2019). normal and pathological midwifery care. Tangerang: B inarupa A ksara.
- Marie Tando , N. (2021). Midwifery Care for Neonates, Infants and Toddlers. Jakarta: EGC.
- Munthe, J., & et al. (2022). continuous midwifery care. T rans I nfo M edia Jakarta.
- Nurul Azizah; Rafhani Rosyidah. (2019). Textbook for Postpartum and Breastfeeding Midwifery Care Courses (SB Sartika & Tanzil Multazam (eds.); Fika Megaw). UMSIDA Press.
- PKM, & RI. (2017). concerning Licensing and Implementation of Midwife Practice. Minister Health of the Republic of Indonesia.
- Rachmawati, WC (2019). Health Promotion and Behavioral Science u . Malang: Wineka Media.
- RI, K. (2019). Indonesian Health Profile. Jakarta: Republic of Indonesia Ministry of Health.
- RI, KK (2018). No Title. Jakarta: Indonesian Ministry of Health Research and Development Agency.
- Riyanto, A. (2018). Applications of Health Research Methodology. Nuha Medika.
- Rusmini, D. (2017). Evidence Based Family Planning and Reproductive Health Services. Jakarta: Trans Info Media.
- S inta et al. (2019). Textbook of Midwifery Care for Neonates, Infants and Toddlers. Sidoarjo: Indomedia Pustaka.
- North Sumatra, D. (2019). North Sumatra province health profile .
- Sutanto, AV (2021). Postpartum and Breastfeeding Midwifery Care- Theory in Professional Midwifery Practice. Yogyakarta: Pustaka Baru Press.
- Wallyani. (2021). Midwifery care for labor and newborns. New P ress Library . _



Yulita & J uwita. (2019). Analysis of the implementation of comprehensive midwifery care in the city of Pekanbaru. Journal of Midwifery Science 80-83.

Yulizawati, D. (2019). Textbook of Midwifery Care in Childbirth. . Sidoarjo: Indomedia Pustaka .

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