

## CONTINUOUS MIDWIFERY CARE (CONTINUITY OF CARE) ON Mrs.M WITH DEGREE I BIRTH CIRCUMSTANCES LASERATION AT PRACTICE BIDAN MANDIRI PERA CITY OF MEDAN 2024

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### ABSTRACT

Continuity Of Care (COC) is midwifery care provided from the beginning of the third trimester of pregnant women and continued with care during labor, postpartum, newborn, and family planning. The purpose of antenatal care (ANC) is to prepare as well as possible physically and mentally during pregnancy, labor and the postpartum period so as to obtain a healthy mother and child. The type of method used for continuous care on Mrs. M is Descriptive Research, which describes systematically a phenomenon as it is, the type used is Case Study.. The results of the assessment and delivery assistance according to 58 APN steps, the baby was born spontaneously pervagina on December 23, 2023 at 23.25 wib labor went normally and without complications but there was a 1st degree birth canal laceration starting from (posterior commissure of the vaginal mucosa to the skin of the perineum) but has been done penghectingan using the mattress technique (dotted). The conclusion drawn by the author is that from a case study entitled Continuous Midwifery Care for Mrs.M aged 25 years at the Pera Independent Practice Midwife Kec. Medan Tuntungan Medan City Year 2024 there is a difference between the two.

**Keywords:** *Contiunity Of Care, Third Trimester Pregnancy, Newborn, Family Planning*

### INTRODUCTION

Improving maternal and child health is a national issue that must be addressed with top priority, because it will determine the quality of human resources (HR) for future generations. Improving the quality of life is one of the requirements for human resource development so that the maternal mortality rate (MMR) is one indicator of the success of a country's development.

The current maternal mortality rate is still far from the target, Sustainable Development Goals (SDGs) target of

70/100,000 live births by 2030. From the data of the World Health Organization (WHO) the maternal mortality rate in developing countries reached 830 (99%) which occurred during pregnancy and childbirth. Maternal mortality rate reached 303/100,000 KH and infant mortality rate in the world reached 41/1000 KH, According to the Indonesian Demographic Health Survey (SDKI), the maternal mortality rate in Indonesia is 359/100,000 KH based on the health service profile report, the number of infant deaths is 955 cases.

During pregnancy there are 10 standards which include: Weighing, measuring

height, measuring blood pressure, assessing nutritional status (measuring lila), tfu, fetal percentage, giving tetanus toxoid immunization (TT), giving fe tablets (90 tablets) during pregnancy, laboratory tests to determine the general and special conditions of pregnant women affected by HIV, blood type (if it has never been done before), management/handling of cases according to authority, meeting (counseling) on pregnant women.

Labor is the process of removing the results of conception (fetus and placenta) that can live to the world outside the womb through the birth canal, labor is also the process of removing the fetus in a full-term

Pregnancy (37-42 weeks). scientifically, the birth of the baby and placenta begins with a contraction of the uterus which causes dilatation of the cervix or widening of the mouth of the uterus.

Perineal laceration is a tear that occurs when a baby is born spontaneously or with the use of a device, this tear generally occurs in the midline and can become extensive if the fetal head comes out too quickly.

The implementation of postpartum visits is carried out according to the postpartum schedule, namely 4 times KF1 in the period 6 hours - 2 days postpartum) KF2 in the period (3 days - 7 days postpartum) KF 3 in the period (8 days - 28 days) KF 4 in the period (29 days - 42 days postpartum).

Health services for newborns according to Permenkes no.21 article 19 paragraph 5 are divided into 3 visits, namely KN 1 (6 hours of birth to 2 days), KN2 (3 days to 7 days after birth), KN3 (8-28 days).

Family planning is carried out to prepare clients to choose contraceptive methods, provide information and education about what contraceptives will be chosen by the mother.

In accordance with the preliminary survey at the Pera Independent Practice Midwife on November 26, 2023-10 February 2024, it was found that the number of pregnant women who visited was 275 pregnant women, for delivery mothers there were 185 people, for those who made postpartum visits there were 185 people, for those who made visits to

newborns there were 185 and for family planning visits (KB) there were 252 people.

## METHOD

The method used for ongoing care in Mrs. M 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.

## RESULT AND DISCUSSION

### 1. Pregnancy

Antenatal visits (ANC) on Mrs.M at Pera Independent Practice Midwife were carried out 3 times in the 3rd trimester. The first visit was carried out on November 05, 2023 at 31 weeks 6 days of gestation: BP: 120/80 mmhg RR: 23x/i RR: 78x/i temp: 36.5°C DJJ: 140xi LILA: 26 cm TB: 155cm BB: 58kg TFU: 26 cm, TBBJ: 2,015gr mother complained of frequent urination at night so that it disturbed the mother's rest time, the second visit was carried out on November 19, 2023, at 33 weeks 6 days of gestation the results of the examination: K / U is good, consciousness composmentis, TTV: BP: 110/90 mmhg RR: 20x/i RR: 82x/i temp: 36.6°C Weight 60 kg, TB 155 cm TFU: 28cm, TBBJ: 2,325 gr DJJ: 145x/i at this visit the mother just wanted to know her health status and the health status of her baby, at the third visit was carried out on December 17, 2023 the gestational age was 35 weeks 6 days the results of the K / U examination of the mother were good, composmentis consciousness, TTV: BP: 120/80 mmhg RR: 23x/i RR: 78x/m temp: 36.5°C BW 58 kg, TB 155 cm TFU: 32 cm, TBBJ: 2,945 gr DJJ: 146x/i At this third visit, the mother said she often urinated at night.

## 2. Labor

On December 23, 2023 at 17.05 Wib Mrs. M came to the Midwife Independent Practice Pera with her husband the mother said mucus mixed with blood from the vagina and pain from the abdomen to the waist since 11.30 wib from the results of the examination obtained BP: 120/80 mmhg, HR: 88x/i, RR: 20x/i, Temp: 36.9°C, DJJ: 146x/i, TFU: 33cm, TBBJ: 3,410 gr HIS 3x/10/30" empty bladder. Results of internal examination Opening: 4cm, Head Fall: 2/5 in Hodge II, Amniotic fluid is intact and there is no prominent umbilical cord. The mother said she was anxious about facing her labor. The care given was to encourage the mother to mobilize so as to help accelerate the opening Support from husband or family. At 23.00 WIB the mother said the pain was getting stronger and regular and there was a feeling of wanting to defecate The results of the TTV examination: BP: 130/80 mmhg, HR: 88x/i, RR: 20x/i, Temp: 36.9°C, DJJ: 146x/i, HIS 4x/10/45", empty bladder the opening is complete and the amniotic fluid has broken spontaneously with a clear color and distinctive odor, On December 23, 2023 at 23.25 wib The baby was born spontaneously pervagina in labor proceeded normally and without complications but there was a grade I birth canal laceration starting from the posterior commissure - vaginal mucosa - to the perineal skin but the hecting has been done using the mattress technique (dotted).

## 3. Postpartum

Monitoring of the puerperium On December 24, 2023 at: 06.20 WIB the mother said she was worried because she had little milk and felt nausea in the abdomen: K/U mother is good, consciousness composmentis. vital signs within normal limits. TD: 110/80 mmHg, N: 80x/i, temp: 36.80 C, RR: 20xi, TFU: 2 fingers below the center and lochea lubra, hard uterine contractions. The midwifery care provided is to perform breast care with oxytocin massage and fulfillment of nutrition by encouraging the family to give the mother food and drink.

## 4. Newborn

Visit data on December 24, 2023 at: 00. 40 wib the mother said there were no complaints about her baby as a result of the examination: General Condition: Good, Muscle Tonus: Active, BW: 3,500 gr, PB: 50 cm, JK: Male, Reflex: (+) Obstetric care is to breastfeed the baby as often as possible, keep the baby warm and care for the umbilical cord.

## 5. Family Planning

Results of visit on date: February 10, 2024 at: 10.00 Wib the mother said she wanted to use natural birth control and wanted to space her pregnancies The results of the examination: KU: good consciousness: composmentis Weight: 59 kg TB: 155Cm Vital signs examination: BP: 110/80 mmHg, Pulse: 80 x/i, RR: 20 x/i, Temperature: 36,2C. The midwifery care provided is to explain to the mother the types of birth control and explain the advantages and disadvantages of each birth control, the mother decided to use MAL birth control.

## CONCLUSION

The author draws conclusions from a case study entitled Continuous Midwifery Care for Mrs. M aged 25 years at Midwife Independent Practice Pera Kec. Medan Tuntungan Medan City in 2024, namely:

1. Midwifery care for pregnant women Mrs.M age 25 years has been carried out subjective, objective data assessment and data interpretation obtained obstetric diagnosis Mrs.M age 25 years G1P0A0 UK 32 weeks 3 days, live fetus, single, head percentage, Intrauterine with discomfort disorder Trimester III. Management has been carried out according to plan.

2. Midwifery care in the delivery mother Mrs.M the author of the assessment results and delivery assistance according to 58 APN steps. The baby was born spontaneously pervagina on December 23, 2023 at 23.25 wib the delivery went normally and without complications but there was a grade I birth canal laceration starting from the posterior commissure - vaginal mucosa - to the perineal skin but the hecting has been done using the mattress technique (dotted).
3. Midwifery care for newborn Mrs.M has been assessed and the diagnosis was successfully established through the results of the assessment and examination. The baby has been given eye ointment, Vitamin K1 1 mg and has been given HBO Immunization at the age of 1 day and at the time of examination and monitoring the baby's condition is normal with no complications or danger signs found.
4. Assessment of subjective and objective data on Mrs. M postpartum has been carried out and the author is able to provide care 6 hours post partum to 14 days post partum, during monitoring of the puerperium progressed normally, no danger signs or complications were found, the mother's condition was healthy.
5. Family planning midwifery care on Mrs.M has been carried out starting from family planning counseling to the selection of natural contraception with the MAL method and no gaps were found between theory and practice.

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