
**SUSTAINABLE MIDWIFERY MANAGEMENT CARE CONTINUITY of CARE
(CoC) IN NY.I AT PRATAMA CLINIC ROSNI ALIZAR
MEDAN CITY YEAR 2022**

Wilan Ayu Prastika ¹, Rosmani Sinaga ², Ingka Kristina Pangaribuan ³, Retno Wulandari ⁴
¹²³⁴ STIKes Mitra Husada Medan
Email: wilanayu7@gmail.com

ABSTRACT

Background: The indicator for reducing mortality in neonates aged (six to forty eight) hours after birth is carrying out an initial visit called KN1. KN1 includes counseling for newborns on how to care for the umbilical cord, exclusive breastfeeding and administration of vitamin K1 and giving Hepatitis B0 injections.

Method: The method used for comprehensive care for Mrs. I uses descriptive case studies which systematically describe a phenomenon with the type of data used, namely observational case studies to obtain an overview of health phenomena or cases related to life, especially at the boundaries of context and unclear phenomenon. In this case, the author wants to describe the midwifery care of Mrs. I.

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

Conclusion: Continuous care is provided starting from pregnancy, childbirth, postpartum, newborns, and family planning using Yarney's 7 steps and Soap documentation. Gestation 37 weeks 1 day, live fetus, singleton, precept, intrauterine with TM 3 discomfort, managed according to plan. Monitoring of the postpartum period is normal without any danger signs with monitoring of data monitored from 6 hours to 6 weeks post-partum. Evaluations obtained from the results of Pregnancy, Childbirth, Postpartum, BBI, and Family planning visits are in accordance with the midwifery care that has been determined regarding visits.

Keywords: Pregnancy, Childbirth, Postpartum, Family Planning, Family Planning

STIKes Mitra Husada Medan

INTRODUCTION

The aim of the maternal health program is measured through the maternal mortality index or KIA with the maternal mortality indicator being concluded as all deaths during pregnancy, childbirth and postpartum not due to the cause but rather as an accident or incident. It can be concluded that the total maternal mortality rate (MMR) is all deaths in the room. scope with a total of 100,000 live births (2020 Health Profile). Efforts to progress battery reduction can be carried out by every mother gaining access to quality health services, such as health services for pregnant women and birth assistance by

competent health workers as well as care for women in labor and babies, referrals will be made if there are problems and services for family planning including post partum (Goals, 2019). The indicator for reducing mortality in neonates aged (six to forty eight) hours after birth is carrying out an initial visit called KN1.

KN1 includes counseling for newborns on how to care for the umbilical cord, exclusive breastfeeding and administration of vitamin K1 and giving Hepatitis B0 injections . From one of the sustainable development goals, sustainable development goals (SDGS) are to maintain increased economic prosperity for the



entire community, such as the entire social life of the community, which maintains the quality of life by ensuring justice and implementing better quality improvements from one generation to the next . According to WHO (World Health Organization , 2019) there are 303,000 people in the world . Then the maternal mortality (accumulator) rate in ASEAN is 235 per 100,000 live births. in 2000 to 2007 it became 259 per 1000 live births in 2007 to 2012. The maternal mortality rate decreased to 305 per 100,000 in 2012 to 2015 live births and the number of maternal deaths in Indonesia in 2019 was 4,221 cases (Permenkes RI, 2021). Based on the battery in North Sumatra, there were 299 live births (RI Ministry of Health, 2022). According to indicators throughout the world in 2017 as many as 7000 babies were stillborn every day, whereas in 2018 there were 37.1 per 1000 births increasing every day (Mastikana et al., 2021). Then in 2017, from the discovery of the SDKI (Indonesian demographic and health survey, IMR was 24 per 1,000 live births (Ministry of Health, 2017). Based on district reports in North Sumatra, IMR population survey was 119 cases (Indonesian Ministry of Health, 2022). MMR and IMR were caused by bleeding. , hypertension, circulatory system disorders and infections. Meanwhile, the infant mortality rate in 2020 was 72.0% (20,266 deaths) of 28 infant deaths, including birth weight (LBW), asphyxia, congenital abnormalities, neonatal tetanus (Ministry of Health, 2021)Deli Serdang Regency, the infant mortality rate of 119 continues to decrease from year to year. In 2020, the number of infant deaths out of the total number of under-five deaths was 49. The

cause of death was 10 people due to LBW and 10 people were asphyxia, 1 person was sepsis, diarrhea was found. 1 person, 2 people with fever and 5 others.

Continuous midwifery care, namely continuity of care (COC), is providing services starting from pregnancy, childbirth, postpartum and newborn care as well as family planning. This COC aims to assess and provide health services as early as possible in order to identify any complications that can be found in order to improve the overall long-term welfare of babies and mothers and aims to reduce cases of complications for pregnant women, childbirth, BBL, postpartum and neonates. According to the Minister of Health's regulation number 21 of 2021 concerning health services during pre-pregnancy during pregnancy, the birth period and the post-natal period, contraceptive services and social health services are announced in the 2021 State Gazette of the Republic of Indonesia number 853. You can get services at health facilities. grouped according to gestational age from the first trimester to the third trimester, services will be provided in accordance with the 10 T standard, namely weighing blood pressure, measuring Lila, measuring TFU, and determining TT immunization status, administering a minimum of 10 Fe tablets during pregnancy, determining presentation. and DJJ, conducting guest talks, laboratory test services, case management according to indications . Services for pregnant women must meet the frequency of at least 6 times in the first trimester of age (0-12 weeks), many of which are two visits to the midwife and ob-gyn specialist, both ages (13-28 weeks), many of which are 1 visit to the midwife and in the first trimester.

three ages (29-40 weeks) (two visits), (once) to a midwife and once to an ob-gyn specialist.

Health services at Inc are carried out at least 4 times with the mother and baby being born at the same time, for the first visit (6 hours to two days), second visit (3-7 days), third visit (8-28 days), and other visits. fourth (29-42 days) after delivery. After the postpartum visit is carried out, a neonatal visit service will be carried out calculated from the age (0-28 days), the first visit at age (6-48 hours), and the second visit at age (3-7 days), and the third visit (8-28 days) for the baby. born.

Based on a survey conducted at the Pratama Roni Alizar maternity clinic, the clinic provides services in the form of ante-natal care services to standard family planning services, providing and carrying out quality service tasks for the community so that they feel comfortable and safe in receiving services.

In North Sumatra there are still a lot of maternal deaths, there are 199 cases and 299 cases of infant deaths, so the author conducted a survey at the Rosni Alizar clinic, precisely in Percut Sei Tua.

Then the author asked permission from the head of the clinic, Rosni Alizar , to conduct research at the clinic. After conducting a survey perIn 2022, the author found that the number of pregnant women who visited ANC in 2022 was 292 people.

There were 140 birth mothers, and 140 postpartum mothers, 140 newborns and 60 who used different contraceptives so that in between one client becoming a continuous patient in working on the Final Assignment report by providing Continuity Of Care care which I

implemented at the Pratama Rosni Alizar Clinic in 2022 .

METHOD

The method used for comprehensive care for Mrs. I uses descriptive case studies which systematically describe a phenomenon with the type of data used, namely observational case studies to obtain a picture of health phenomena or cases related to life, especially at the boundaries of the context and phenomena involved. unclear. In this case, the author wants to describe the midwifery care of Mrs. I. Data collection methods can be obtained in various settings, various sources, and various ways to collect as observations of midwifery care (Sugiyono, 2017). Data collection on Mrs. I was carried out using a formal assessment method at each visit.

Location is the place that we will use to look for cases in this research which was carried out at the Rosni Alizar clinic, precisely on J l.P ercut S ei T uanstartedfrom December 5, 2022 to February 21, 2023 .

RESULTS AND DISCUSSION

Pregnancy

According to (Indrayani, 2019) pregnancy is the process of forming a fetus starting from conception to the birth process. Pregnancy is full term if (280 days/9 months) starts from the last menstruation. To Mrs. I G2P1A0 37 weeks' gestation is a full-term pregnancy. During pregnancy Mrs. I came for pregnancy checks 6 times, 2 times in the first trimester, 2 times in the second trimester and 2 times in the third trimester.

On the fifth visit in Trimester III on 05 December 2022 with gestational age (32 weeks 4 days), with resultsblood

pressure examination 110/80 mmHg, pulse 87x/I, RR 20x/I and temp 36.40C, TFU 34 cm. mother said her waist hurts, and she often urinates at night. To overcome the back pain that is being experienced, Health Care has been given, namely doing massage in the back area, when sitting, it is recommended that the mother use a pillow, advise the mother not to stand for too long, avoid wearing high heels, advise the mother to do pregnancy exercises.

The sixth visit on January 6 2023 by carrying out an examination showed that BP was 120/80 MmHg, pulse 87x/I, RR 20x/I and temperature 36.50C, flow 31 cm, DJJ: 145x/m, and uterine fundus height 34 cm with 37 weeks of gestation and the mother was able to overcome her complaints at a previous gestational age.

Based on the results of the assessment and examination carried out on Mrs. I, it was found that her pregnancy complaints were physiological. The assessment starts from collecting data with an anamnesis starting from examining the general condition and complaints experienced, checking vital signs, weight gain, carrying out a physical examination, and Leopold's aim is to determine the percentage of the fetus' head and heart rate, all of which are ensured to be normal. According to (Indonesian Health Profile, 2021) there are 10 ANC service standards, namely weighing and measuring height, blood pressure measurement, measurement of Upper Arm Circumference (LILA), measurement of TFU Uterine Fundis Height, Determination of tetanus immunization status, administration of at least 90 blood supplement tablets during pregnancy, determination of the percentage of fetuses and fetal heart rate (DJJ), holding

interviews, laboratory examinations and case management according to indications.

To Mrs. I had my weight measured with results of 65 kg and height 163 cm. then determining the nutritional status of the mother, the BMI was 24.46 (normal category). The mother's nutritional status before pregnancy and during pregnancy greatly influences the growth and development of the fetus in the womb. If the mother's nutritional status is normal before pregnancy and during pregnancy, it is likely that the baby will be born healthy without any complications. full term and normal weight. In accordance with Mrs. I's case during pregnancy until delivery, Mrs. I's gestational age where the pregnancy is 37 weeks (full term) and is healthy without any complications with the interpretation of the fetus's weight being 3,565 grams. According to (Tando, 2021) A normal newborn is a baby born at the age of 37-40 weeks and the normal weight of a newborn is 2,500 grams to 4,000 grams.

Labor

Stage I (Opening)

On January 7, 2023, with a gestational age of 37 weeks and 1 day, the mother said that back pain had spread to the lower abdomen since 00.05 WIB accompanied by mucus mixed with blood coming out through the birth canal at 00.10 WIB. In the Active Phase, Stage I at 04.00 WIB, the mother said that the abdominal pain in the lower part was getting stronger and the stomach was constantly tight, mucus mixed with blood from the birth canal was carried out physically, general condition was good, BP 110/70 mmHg, RR 20 x/minute, S: 36.0C, HR 84 x/minute, FHR: 140 x/I with gestational age 37 weeks 1 day, his hys is

getting stronger, 5 x/10'/50", an internal examination was carried out, namely 6 cm

Second Stage (Fetal Expulsion)

In Stage II, January 7 2023 at 06.55 WIB, the mother said she wanted to defecate and the pain became more frequent and the mother couldn't stand it any longer. Mother said she wanted to drink. with opening 10 cm with his 5x/10'/50", DJJ 150 x/i. In Here the midwife provides care by providing psychological support to support the birth process running smoothly.

Stage III (Expulsion of the Placenta)

In the third stage on January 7 2023 at 07.05 WIB, the mother said that her stomach was feeling sore, and the mother's general condition was good, uterine contractions were good, the TFU was at the level of the center, the stomach was round, the umbilical cord was getting longer and a sudden gush of blood came out, so the expulsion of the placenta was successful.

Stage IV (Monitoring)

In the fourth stage, January 7 2023 at 09.05 WIB, the mother was happy because she had given birth well and normally, CM was conscious, bladder was empty, uterine contractions were good, TFU was 2 fingers below the center, blood \pm 80 cc, BP 120/70 mmHg, pulse 82x/minute, temperature 36.0C, RR 20x/minute.

Postpartum

On the postpartum date, January 7 2023 at 09.05 WIB, the mother felt tired after giving birth, ate one meal with 1 portion of rice and 1 glass of drink, could not defecate and could go to the bathroom to urinate. can sleep well waking up only occasionally. And the mother's condition is good, BP 100/80 mmHg, temperature 36.7

° c, pulse: 80 x/minute, breathing: 20 x/minute. Postpartum Visit (I), (6) six hours on 07 January 2023 at 12.05 WIB the mother said she had not defecated, she had defecated. Postpartum visit II, 6 days after the first visit 6 hours. on January 13 2023 at 10.00 WIB the mother stated that she was not experiencing any problems, she underwent a KU examination: composmentis, BP 120/80mmHg, N80x/minute, S: 36.50C, RR: 18 times/minute, Examination of the facial area was not swollen yellow, and was not pale, white sclera, pink conjunctiva, swollen breasts, raised nipples, breast milk comes out (Colostrum).

Postpartum visit III, 14 days after the second visit 6 days. On January 21 2023 at 14.00 WIB, the mother said there were no complaints, and the baby was breastfeeding well. 6 week IV postpartum visit on February 21 2023 at 09.30 WIB, the mother said she wanted to check her condition and the condition of her baby and wanted to use natural contraception (MAL).

Newborn baby

On January 7 2023 at 09.05 WIB, 2 hours later the new baby was born, the mother delivered her second baby to the Pratama Rosni Alizar Clinic on January 7 2023 at 07.00 WIB the baby was born spontaneously and immediately cried, gender female. An anthropometer examination was carried out, namely TTV within normal limits, FJ 140x/I, RR 46x/I, S36.4 ° C, weight 3,300 grams, LK 31 cm, LD 32 cm, LP 30 cm. Visit I, 6 hours on 07 January 2023 at 12.05 WIB, a new baby was born, the mother said the child was breastfeeding well, the baby had defecated once and urinated twice. Visit II, 6 days on January 13 2023 at 10.00 WIB,

the child is sucking breast milk well, The navel looks dry and faded. Visit III on the 14th day after visit II on the 21st January 21 2023 at 14.00 WIB, the mother said there were no complaints, and the baby is breastfeeding well.

Family planning

On February 21 2023 at 13.00 WIB a visit was made to the DO client's house: general condition was very good, Yes 110/70 mmHg, pulse 78 times/min, temp 36.6 C, body weight 65 kg. To find out what type of birth control will be used and if the mother says she wants to use contraception, researchers explain the types of birth control and the indications and contraindications for each birth control. On February 21 2023, the mother chose to use natural contraception, namely MAL contraception with exclusive breast milk for 6 months.

CONCLUSION

Continuous care is provided starting from pregnancy, labor, postpartum, newborn baby, and KB using Y Arney's 7 steps and Soap documentation. In cases where there is no gap in theory and practice with the care that has been carried out. When the author provided family planning care, the mother chose to use natural contraception (MAL).

The assessment used subjective and objective data and received a diagnosis of Mrs. I G2P1A0 Gestation 37 weeks 1 days, live fetus, single, precept, Intrauterine discomfort with TM 3 is managed according to plan.

In labor, 58 steps of APN assistance were carried out with spontaneous vaginal birth on January 7 2023 at 07.00 WIB without any signs of

complications/complications occurring. Delivery takes place in a clinic that meets or anticipates complications that may arise at any time.

BBL midwifery care through assessment and examination of babies has been given vit. K 1mg, Hb0 and eye ointment from the initial visit until 28 days did not reveal any danger signs for the newborn.

Monitoring of the postpartum period is normal without any danger signs by assessing the data monitored from 6 hours to 6 weeks post partum.

Family planning care by Mrs. I was informed from counseling to selecting various types of contraception and the patient preferred natural methods or MAL for 6 months, there was no gap between theory and practice.

Evaluation obtained from the results of Pregnancy, Childbirth, Postpartum, BBL and Family visits planned in accordance with the midwifery care that has been determined regarding visits

Already did its documentation of the care given to Mrs. I in the third trimester to family planning at the Pratama Rosni Alizar clinic.

REFERENCES

- Abdul Bari Saifuddin. (2010). Midwifery Science, 4th edition. Sarwono Prawirohardjo, Ambarwati & Wulandari. (2022). Postpartum Midwifery Care. Nuha Medika 8.
- Endita Putri, Ni Wayan. (2022). midwifery care for "MD" primigravida pregnant women from 30 weeks to 42 days of the postpartum period. Midwifery.
- Goals, S.D. (2019). Progress in Implementation of the 2030 SDGs Population, Family Planning and Family Development Program. 65.



- Handayani, S. (2021). Service Textbook Family Planned. Rihama Library.
- Handayani, S. (2022). Textbook of Family Planning Services. Rihama Library.
- Hatijar, S.ST., MK, Irma Suryani Saleh S.ST., MK, & Lilis Candra Yanti S.St., MK (2020). TEXTBOOK OF MIDWIFERY CARE IN PREGNANCY. CV Printing. BRILLIANT STARLIGHT.
- Heryati, R. (2017). midwifery care for postpartum and breastfeeding mothers. CV. Trans media info.
- Indrayani. (2019). pregnancy care textbook. trans media info.
- Jannah, N. (2018). Askeb II Competency Based Childbirth. EGC Medical Book.
- Jannah, N. (2019). midwifery care textbook. Andy.
- Ministry of Health. (2021). 2021 health profile.
- MINISTRY OF HEALTH. (2022). The Influence of Nutritional Problems on Pregnant Women.
- Indonesian Ministry of Health. (2022). Indonesia Health Profile 2021. In Pusdatin.Kemendes.Go.Id. Minister of Health Decree. (2021). Indonesian Health Profile. 2021.
- Lyndon Saputra. (2019). Neonatal Care, Baby, And Toddlers. Binarupa Literacy.
- Mangkuji, B. (2020). Midwifery Care 7 Steps Soap. EGC Medical Book.
- Marni, Rahardjo is strong. (2018). care for neonates, infants, toddlers and preschool children. Student library.
- Mastikana, I., Mutiara, S., Fariningsih, E., Hartini Janet Laga, F., & Nurillah, S. (2021). Counseling about the importance of pregnancy exercise and breast care for pregnant women in the first trimester . Prima: Community Service Research and Innovation Portal, 1(1), 69–78. <https://doi.org/10.55047/prima.v1i1.34> .
- Notoatmodjo, S. (2020). research methods. Rineka Cipta. Provincial Government.
- (2021). reduce maternal and newborn mortality rates.
- RI Minister of Health Regulation, N. 2. (2021). Pmk 21 of 2021. Midwifery Care Concerning Health Services for the Pre-Pregnancy Period, Pregnancy, Childbirth and the Post-Birth Period, Providing Contraception Services, and Sexual Health Services, 1–184.
- Romauli, S. (2022). midwifery care textbook for childbirth.
- Rosyati, H., Km, M., & Introduction, K. (2017). Normal Childbirth Care.
- Rusmini. (2021). family planning and reproductive health services. Trans info media Jakarta.
- Sugiyono. (2017). Quantitative, Qualitative, and R&D Research Methods. Alfabet,
- Suryati Romauli. (2018). Textbook of Midwifery Care I. Nuha Medika.
- S usilo rini, feti kumala. (2016). Postpartum Care Guide and Evidence Based Practice. deepublish rini.
- Widyastuti. (2021). Midwifery Care for Childbirth and Newborns. Indonesian Science Media.
- Yanti, N. (2022). Factors That Influence Pregnant Women's Anxiety Regarding Preparations For Birth During The Covid-19 Pandemic In The Working Area Of The Hutabargot Puskesmas District . Christmas Mandailing. Diploma Thesis.
- Yusri Dwi Lestari, & Sulis Winarsih. (2022). Pregnant Women's Knowledge About Signs of a Pregnancy Emergency and Compliance with Antenatal Care Examinations in the Glagah Community Health Center Work Area. Healthmas: Scientific Journal of Public Health, 1(3), 279–286. <https://doi.org/10.55123/sehatmas.v1i3.591> .