
**SUSTAINABLE MIDWIFE MANAGEMENT CARE (Continuity Of Care) IN NY “D”
CLINIC PRATAMA NIAR KEC. MEDAN AMPLAS
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ABSTRACT

Introduction Comprehensive midwifery care is care provided by midwives to clients starting from pregnancy, childbirth, newborns, postpartum and contraception. The maternal mortality rate in Indonesia is still relatively high and a big problem as a developing country. One of the efforts to reduce the mortality rate is to provide antenatal care services for monitoring and detection during pregnancy, maternal care during childbirth, detection of bleeding, infection and hypertension. The purpose of this case study is to be able to provide Comprehensive Midwifery Care to Mrs D at the Niar Clinic. Method The case study method used is an observational case study using qualitative data, which was conducted at the Pratama Niar Clinic. 25 years G1P0A0 starts from pregnancy, childbirth, newborn, postpartum and contraception. The results of midwifery care carried out for Mrs “D” did not find any complications or complications accompanying Mrs “D” both during pregnancy, childbirth, childbirth, her baby and the use of contraception. Midwifery care during pregnancy was carried out in two visits, delivery for 4 hours, postpartum visits 4 visits, newborns 3 visits and the mother chooses to use a three-month contraceptive injection which does not interfere with milk production for three months. Conclusion Midwifery care for Mrs “D” at the Pratam Niar Clinic was carried out in accordance with midwifery care standards and there were no complications or complications during pregnancy, childbirth, childbirth, newborns and contraception.

Keywords: Sustainable, Midwife, Management, Care

INTRODUCTION

Efforts to reduce the Maternal Mortality Rate are by ensuring that all women can reach health facilities, which are very useful, for example, assistance for the safety of pregnant women, giving birth assistance assisted by health workers who are competent to provide services, conducting postpartum care for mothers and babies, carrying out intensive and referral if experiencing problems, namely treating family planning services, one of which is post partum family planning (Goals, 2019) . The maternal mortality rate according to WHO in the world is the source of 303,000 children. Maternal mortality according to ASEAN is 235 per 100,000 live births according to Indonesian health demographic data SDKI numbers maternal mortality in Indonesia increased by 305 per 100,000 live births and the number of maternal deaths in Indonesia was 4,221 cases (Ministry of Health Republic of Indonesia, 2019) . According to reports in districts in district cities the maternal mortality rate in North Sumatra province is 295 live births while the number of deaths Ibu Dei, Deli Serdang District, there were 12 live births that caused maternal death in Delserdang district, 12 live births. The most common cause of death in mothers was due to infection, there was one congenital case, amniotic fluid embolism and placenta previa. The maternal mortality rate in the world is 303,000 people. In ASEAN the maternal mortality rate is 23 per 100.00 live births (ASEAN 2022). Changes in surpy, Indonesian health and demographic data (SDKI) MMR increased in Indonesia from two

hundred and twenty eight (228) per 100,000 in 2002-2007 live births to 359 per 100,000 live births in 2007-2012 MMR decreased in 2012-2015 to around 305 per 100,000 live births in Indonesia in 2019, namely 4,221 cases (Ministry of Health, 2021) . Continuity Of Care (COC) is the provision of continuous services starting from pregnancy, childbirth, postpartum, newborn and family planning provided by midwives. Continuing midwifery care has the aim of assessing as early as possible the complications that have been found so that they can improve the welfare of the mother and baby as a whole in the long term which has an impact on reducing the number of cases of complications and deaths of pregnant women, postnatal newborns and family planning According to the regulation of the Minister of Health PMK number 21 of 2021 regarding prenatal, postpartum, family planning and sexual health services was announced in the State Gazette of the Republic of Indonesia for 2021. Health services for pregnant women can be carried out in health service facilities. Pregnant women can be grouped into health services according to gestational age and TM I, II and III, are health standard services, namely weighing and measuring height, after that it is carried out (TTV, vital signs), namely as follows: (BP, HR (Heart rate) RR, (Respiratory rate / respiratory rate .) measuring upper arm circumference (LILA) measuring fundus height determines fetal presentation and fetal heart rate, Administration of TT immunization (Tetanus Toksord) administration of FE tablets Minimum of ninety (90) tablets during pregnancy, laboratory

examination (HB URIN PROTEIN, URINE GLUCOSE) Case management, according to indications, counseling on the results of pregnancy examinations. Health services at least six visits twice to the ob-gyn doctor, in the first trimester one visit to the ob-gyn doctor once a midwife to make a visit, a visit in the second trimester is done one visit, in the third trimester three visits are made to the obgyn dukali to visit a midwife (Kemenkes RI , 2022) . There is a standard of midwifery care for normal delivery which can be assisted by normal health workers, doctors, midwives, nurses, after the delivery period there will be what is called the puerperium whose function is to restore the reproductive organs of the postpartum mother. Four visits aimed at detecting complications during the puerperium. The first visit was carried out six hours to three days postpartum, the second visit started from the fourth day to the seventh day after postpartum, the third visit started from the 8th day until the 2nd day recovered seven. Fourth visit from day 28 to day forty-two days later (Ministry of Health, 2021) . Neonatal visits are at least three visits six to day three, at the second neonatal visit from day four to day seven twenty-eight days. Family planning services (KB) in which in an effort to regulate the birth of children as well as regulate pregnancy, good age, give birth in realizing a quality family and one of the strategies in supporting the acceleration in reducing maternal mortality (MMR) through managing time in pregnancy spacing, preventing to minimizing a woman experienced complications during pregnancy, childbirth, kb (ida parijatani 2016) It was found that the number of deaths in Deli Serdang continued to decrease from 2015, after that in 2020, the number of maternal deaths in Deli Serdang district was 12 people per 44,298

live births (kh) the causes of death included 6 (six) cases of bleeding due to bleeding. As a result of infection in 1 (one) case of maternal death, and other consequences of 5 (five) cases such as congenital diseases, amniotic fluid embolism, placenta previa and suspect COVID – 19 in 2021. Data obtained for child mortality in 2018-2020 the infant mortality rate decreased in 2019 from 1.24 to 0.9 in 2022. In 2022 there will be 40 infant deaths the causes of these infant deaths are: 10 people with LBW (34.48%) LBW, 10 people with asphyxia (34.84%) , one person with sepsis (3.45%), one congenital abnormality (3.45%) and ETC as many as seven people (24.14%) (Ministry of Health, 2021) .

METHODS

The type of research used is an observational method by providing comprehensive midwifery care using qualitative data that deals directly with clients starting from midwifery care for pregnancy, childbirth, neonates, postpartum and family planning. The location of the research was carried out at the Pratama Niar Clinic, Medan Amplas sub-district, Deli Serdang district, starting from November to February. The subjects of the case study were respondents who were research targets by taking a client and following the progress of their care from the third trimester of pregnancy, childbirth, neonates, puerperium and birth control. The types of data used in this research are primary data and secondary data. Primary data obtained directly by interview techniques, physical examination, observation. While secondary data obtained from literature and documentation studies. Data obtained directly from the client, data analysis is carried out and presented in a narrative form based on the results of care that has been carried out in accordance with

midwifery care standards according to Kepmenkes No.938/Menkes/SK/VIII/2007 which starts with assessment. Formulation of midwifery diagnoses/or problems, planning, implementation, evaluation and recording of developmental midwifery care using SOAP. Based on the background which has been explained above the problem formulation in the case study is, which part of midwifery care in NY D comprehensively includes midwifery care, childbirth, newborns, to family planning at the Pratama Niar Deli Serdang North Sumatra clinic. Results Pregnancy

RESULTS

Trimester III First Visit Based on the results of the study on the client, information was obtained that Mrs. "D" was 25 years old, G1P1A0, HPHT April 20 2022, blood pressure 110/80 mmHg, pulse 82 x/m, body temperature 36.5oC, respiration 20 x/m, height 155 cm, weight 47 kg and weight gain during pregnancy which is 12 kg LILA obtained 28 cm. From the results of the examinations carried out, mothers are advised to continue to eat a balanced diet, encourage mothers to take part in pregnancy exercises, inform them about KIE regarding nutrient intake, recommend mothers to make repeated visits.

At the second pregnancy visit, the mother complained of symphysis pain and frequent micturition at night. The examination results were within normal limits, 34 cm TFU, right back, head presentation, DJJ 145 x/minute. The mother was given counseling regarding the causes of pain in the symphysis and how to deal with frequent micturition at night so that the mother understands how to deal with the problems experienced by Mrs. "D" as well as providing support to Ny"d"

so that she is enthusiastic about giving birth.

The anamnesa was conducted on January 29, 2023, at 01.00 WIB. Examination results obtained General condition:

Good, Composmentis awareness: 110/80 mmHg, pulse: 82x/minute, temperature: 36.6oC, respiration: 22x/minute, Dilatation 4 cm, Amniotic fluid intact, decreased moulase absent, contractions 3 times in 10 minutes long 25 seconds. Mothers are advised to adjust their left or right oblique positions, and take walks and encourage mothers to urinate if they have urination.

The anamnesa was conducted on January April 2023, at 14:30 WIB. Mother said there was a feeling of wanting to strain. Examination results obtained general condition: weak, composmentis consciousness, blood pressure: 110/80 mm Hg, pulse: 88 x/minute, breathing: 22 x/minute, opening: 10 cm, clear membranes, contractions 5 times in 10 minutes duration > 45 seconds, there is an urge to push, there is pressure on the anus, the perineum protrudes and the vulva opens. The management carried out includes ensuring that the mother gets maternal and child care, leading the mother in straining, ensuring that there is no entanglement of the umbilical cord and that the baby can be born safely. The baby was born and immediately started crying. The baby is immediately placed on the mother's chest for IMD. Then the mother is given an injection of oxytocin. Every progress of labor is recorded on the partograph.

On April 28, 2021 at 14.45 WIB, after there were signs of expulsion of the placenta and stretching the umbilical cord and doing clippings and giving birth to the complete placenta and doing massage.

After checking the lacerations, it was found that there were lacerations of degree

2 and heacted immediately to prevent bleeding.

On April 28, 2021, at: 14.52 WIB, Mother has been cleaned and has finished deacting. Examination results: general condition of the mother is weak, BP: 100/80 mmHg, Pulse: 82x/minute, Respiration: 22x/minute, S: 36.6o C, contractions: Good, TFU: 2 fingers below the center, bleeding: \pm 80 cc and bladder: empty. The mother is immediately monitored for 2 hours to ensure there is no bleeding and infection .

On January 29, 2023, Ny'd' baby was born spontaneously with male sex, with a birth weight of 2900 grams, body length 50 cm, heart rate 143 x/minute, respiration 46 x/minute, baby moves actively, sucking reflex and good swallowing, positive moro reflex. The results of the physical examination were all within normal limits. Clean cord.

During the postpartum period, Mrs "D" was given midwifery care in accordance with standards where visits were made for 4 visits. The results of the first visit found that the mother was in good general condition, TFU 2 fingers below the center, contractions (+), lochia rubra, no bleeding. Mothers are given counseling on how to give proper breastfeeding, exclusive breastfeeding, care for the umbilical cord, good nutrition, and counseling about danger signs during the puerperium. At the second visit, on January 5 2023, the general condition was good, BP: 110/80 mmHg, temperature: 36.5oC, pulse: 80x/minute, respiration: 21x/minute.

The breasts secrete a lot of milk, lochia sanguinolenta, TFU mid center and symphysis and

Perineal wound improved. Mothers are able to exclusively breastfeed , mothers seem able to perform self-care such as proper personal hygiene. At the third

visit, on 12 February 2023, the mother was found to be in good general condition, BP: 120/90 mmHg, temperature: 36.5oC, pulse: 81x/minute, respiration: 22x/minute. The breasts secrete a lot of milk, the TFU is no longer palpable. Mrs "d" said that all this time she had consumed a balanced nutritious diet and always maintained personal hygiene. On the fourth visit 912 March 2023 the results of the examination found that Mrs "D" was very independent in taking care of herself and her baby. Mother's general condition is good, emotionally stable. Examination: BP : 120/80 mmHg; Temperature : 36.7oC; pulse : 980x/minute;; Breathing: 22 x/minute. Mothers are given counseling about the use and selection of contraceptives.

The mother said she wanted to use the three-month suantik KB, because she wanted to provide exclusive breastfeeding In the discussion section, it describes results of the research that follows the sub-section on the results of the research.

From the results of the study we got on ny. D at the primary care clinic

By direct history and physical examination. At the time of data collection the patient was found to be very cooperative. Implementation is carried out or carried out in accordance with what has been made in the plan without harming the patient. In accordance with standard 10T care but there are gaps because TT immunization is not given as a result of the implementation of care, namely the increase in maternal weight is 12 kg, blood pressure is 110/80 mmHg, TFU is 30 cm, interviews are only held to provide counseling on preparation for childbirth, presentation of the fetus is the peak of the head and nutritional status of the mother in

the evaluation of the increase in maternal weight during pregnancy. The overall results are in accordance with the theory that has been included in chapter 1 on the discussion of pregnancy. Evaluation is carried out immediately after care is given so that there are no gaps.

Planning for delivery care in terms of the 60 steps of normal delivery care (APN) which are divided into 4 stages, namely the opening phase (stage I), the stage of expulsion of the baby (stage II), the stage of expulsion of the placenta (stage III), the period of maternal supervision (stage IV).

At the neonatal visit, no problems or gaps were found, where the first visit was carried out in the first 6 hours, the second visit was carried out at 6 days, the third visit was carried out 14 days after birth. The care provided is in accordance with the needs of the baby and there are no gaps in the care of Mrs. "D"'s baby.

Postpartum visits to Mrs "D" did not find any gaps or problems, the mother provided the information asked. Mother is also willing to do counseling care. The first postpartum visit was carried out at 6 hours post partum, the second visit was carried out 6 days post partum, the third visit was carried out 2 weeks and the fourth visit was carried out at 6 weeks postpartum.

During the Family Planning visit, no problems were found. Mother was very cooperative during the postpartum visit. Previously, the mother had been explained about the various types of family planning and the mother chose a three-month suantik family planning because she did not want to be complicated. There was no gap found in the postpartum visit of Mrs "D" aged 25 years.

CONCLUSION

The author has carried out midwifery care during pregnancy, childbirth,

childbirth, newborns, and family planning (KB) Ny "D" starting at practical time which is December 12 2022 until March 12 which can be concluded as follows:

Midwifery care in NYD has been carried out according to theory and has been documented with the Varney form, which in pregnancy care does not get risk factors for mothers aged 25 years, which is the first pregnancy in NYD and the mother experiences discomfort at TM III, namely NY D. Having low back pain and the mother urinating frequently and the care given to Mrs. D about discomfort in TM III and how to overcome it.

Midwifery care at the time of Mrs D's birth was adjusted according to theory and procedures in the field, and documented in the form of SOAP, NY D, which was carried out / underwent a normal delivery process without complications and replacement until management was carried out according to 58 steps APN .

Postpartum midwifery care for NY D has been carried out in accordance with theory and procedures in the field, accompanied by documentation in the form of SOAP. NY D is safely experiencing the postpartum period without complications and has received support from the family so that NY D can take good care of its baby and the mother is more enthusiastic in facing her puerperium and NY D can breastfeed her smell with exclusive breastfeeding

Midwifery care for newborns (BBL) has been carried out in theory and procedures in the field, as well as documented in the form of SOAP for NYD babies in good health and receiving management for BBL newborns.

Family planning midwifery care for family planning in NY D chose to use the postpartum mini pill contraceptive in accordance with the theory and

documentation in the form of SOAP kb mini pills consumed and NY D after receiving an explanation of the side effects of mini pills, weakness, discomfort, and how to consume mini birth control pills, and repeat visits.

Suggestion

Diploma three midwifery study program STIKes Mitra Husada Medan, which increases the number of reference sources in the library regarding midwifery care for pregnant women, parturition, postpartum, BBL, and family planning.

It is expected to improve services in MCH services.

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