



COMPREHENSIVE MIDWIFERY CARE OF MRS. S THE AGE IS 27 YEARS OLD AT KARANGMALANG HEALTH CENTER

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ABSTRACT

Background is Maternal and perinatal mortality is a measure of the success of health services and family planning in a country. In Semarang the maternal deaths decreased from 2017 - 2019 from 23 cases in 2017 to 19 cases in 2018 and 18 cases in 2019. Meanwhile, in 2020 there were 17 cases of maternal death for the cause of death, namely hypertension in pregnancy of 25.5%, bleeding 17.5%, circulatory system disorders 5.7%, infection 4.2%, and metabolic disorders 1.9%. The **objective** of this article aims to provide comprehensive care from pregnancy to the postpartum period for Ny. S 27 years old G2P1A0 at Karangmalang Health Center. **Research** design used is descriptive and the type of research is case study. Guidelines for observations, interviews and documentation studies in the form of a Midwifery Care format starting from the period of pregnancy, childbirth, newborns, postpartum and family planning. **Results** of the care provided to Mrs. S aged 27 years G2P1A0 starting from pregnancy, childbirth, postpartum, newborn and family planning went smoothly and the mother and baby were in normal condition. Based on the results of comprehensive midwifery care that has been carried out on Mrs. **Conclusion** it is hoped that the client can apply the counseling that has been given during midwifery care so that the condition of the mother and baby remains good and can prevent complications and death.

Keywords: *comprehensive, normal, midwife.*

1. INTRODUCTION

An indicator of the success of a country's health and family planning services is the maternal and infant mortality rate. The number of maternal deaths compiled from the recording of family health programs at the Ministry of Health in 2020 shows 4,627 deaths in Indonesia. This number shows an increase compared to 2019 of 4,221 deaths (Beyer, Lenz and Kuhn, 2006).

Based on the health profile of Semarang, the maternal deaths decreased from 2017 - 2019 from 23 cases in 2017 to 19 cases in 2018 and 18 cases in 2019. Meanwhile, in 2020 there were 17 cases of maternal death in the Semarang for the cause of death. Namely hypertension in pregnancy by 25.5%, bleeding by 17.5%, circulatory system disorders by 5.7%, infection by 4.2%, and metabolic disorders by 1.9% (Semarang City Health Office, 2020).

Karangmalang Public Health Center contributed 1 case of maternal death in 2020 in Semarang, from 2017 until 2019 the maternal deaths at the Karangmalang Public Health

Center was 0 cases (Semarang City Health Office, 2020). Efforts that have been made by the Semarang city government include SAN PIISAN (Saving and Supporting Mothers & Children in SemarANG), namely the Health Program is carried out from upstream to downstream which is carried out comprehensively to create superior human resources with mentoring ranging from teenagers, prospective brides, pregnant women, childbirth, post-natal, infant to toddler. This service has a service oriented paradigm, namely a service that prioritizes services according to needs by #moving together involving various Stakeholders. The SAN PIISAN program innovation is able to decide the causes of maternal and infant mortality caused by 4 too (too old pregnant >35 years, too young <20 years, too many children more than 4, too close the distance of the previous pregnancy was less than 2 years) and 3 too late (late decision, too late to get health services, too late to refer) (Semarang City Health Office, 2020).

To reduce MMR and IMR, it is suggested that health workers are expected to prevent obstetric



and neonatal complications, such as asphyxia, congenital abnormalities, other comorbidities in infants and hypertension in pregnancy and the puerperium. Pregnant women are monitored closely, namely by carrying out Antenatal Care (ANC) on time and completely (Semarang City Health Office, 2020). The importance of this research is because there is a maternal mortality rate that occurs at the Karangmalang Health Center. It is hoped that this research will serve as a motivation to reduce maternal and infant mortality. This is because there are still many mothers who are late in making the right decisions for childbirth (Podungge, 2020).

2. RESEARCH METHODS

The method in this study is descriptive research with a case study (Case Study). The research was conducted in Karangmalang health center, from February to March 2022. The sample of this study was Mrs. S aged 27 years. The instruments used are observation guidelines, interviews, and documentation studies in the form of Varney's 7-Step Obstetric Care format and SOAP, starting from the period of pregnancy, childbirth, newborns, puerperium, and birth control.

3. RESULTS AND DISCUSSION

3.1 Midwife care of pregnancy

Mrs. S is 27 years old, G2P1A0 at the Karangmalang Health Center according to the standard of midwifery care. The results of the assessment carried out on February 4, 2022, Mrs. S came with complaints of lower abdominal and back pain. Overall examination was carried out, namely general examination, examination of vital signs, anthropometric examination, and physical examination within normal limits. Efforts are being made to educate about the discomfort they experience, which is a physiological thing in the third trimester of pregnancy. The midwife provides counseling that the discomfort experienced by the mother, namely lower abdominal pain, is normal for pregnant women, this is because the mother's stomach has grown and also the baby's head has started to find a way. Adequate rest and sleep, namely 1-2 hours of rest during the day and 6-8 hours at night. In addition, midwives provide

counseling to implement good and correct personal hygiene behavior.

3.2 Midwifery care delivery

Performed at term gestational age of 39-40 weeks. On January 10, 2022 at 18.30 WIB, Mrs S began to feel abdominal pain up to the waist accompanied by the release of mucus and blood. The care given during contractions is to teach breathing relaxation techniques and provide counseling to husbands and families to provide support and support, providing prayer, motivation and reducing pain by giving a light massage on the waist. Encourage the patient to eat and drink to have energy when pushing. The first stage of labor lasts for \pm 5 hours, the second stage lasts for \pm 1 hour, the third stage lasts for 10 minutes and the fourth stage is monitored for 2 hours. Mother gave birth normally without any complications and complications for mother and baby. The care provided is in accordance with the standard of Normal Childbirth Care (APN).

3.3 Midwifery care for newborns

The care provided is to dry the baby's body while making a cursory assessment of skin color, breathing and movement. Followed by cutting the umbilical cord and Early Initiation of Breastfeeding (IMD). After monitoring the fourth stage and IMD, care for the newborn was carried out in the form of anthropometric examination, physical examination, administration of eye ointment, injection of vit. K and immunization Hb 0. Male sex, weight 3.300 grams, body length 50 cm, head circumference 33 cm, chest circumference 34 cm, arm circumference 12 cm, there were no signs of congenital defects and abnormalities in infants. Neonatal visits were carried out three times, namely the first visit (K1) providing counseling on newborn care, umbilical cord care, and providing support for mothers to give exclusive breastfeeding. K2's visit reminded Mrs. S to give exclusive breastfeeding to the baby. The K3 visit recommends going to the Posyandu to get immunizations and monitor the growth and development of the baby. During neonatal care, the baby was in normal condition, the umbilical cord was released on the fifth day.



3.4 Midwifery care during the puerperium

According to the standard of midwifery care. At 6 hours postpartum, the mother complains of feeling a little pain in the perineum, it is recommended to wash the perineum with clean water and change pads and underwear frequently. Subsequent monitoring, home visits and vital sign examinations, monitoring of involution through examination of uterine fundal height, contractions and lochia, then continued with counseling on patterns of fulfillment of nutrition, fluids, rest, elimination, personal hygiene, exclusive breastfeeding, postpartum gymnastics, and family planning. KB). During the visit, there were no complications or complications experienced by Mrs. S. Uterine involution proceeds normally without any accompanying complications during the puerperium, contractions are good, there is no abnormal bleeding, milk comes out smoothly, lochia is normal.

3.5 Midwifery care at family planning

The midwife gave an IEC about non-hormonal and toolless birth control, but in the end, Mrs. S chose 3-Month Injectable Birth Control according to the agreement with her husband. On Mrs. S the care given is by the standards of obstetric care. Mrs. S decided to use the 3 Month Birth Control Injection so as not to affect her milk and had an agreement with her husband. The care given is to give the Mother an IEC about injecting 3 Months of birth control, how it works, and side effects, with a dose of 3ml, injected im in one-third of the mother's strategy.

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