



COMPREHENSIVE MIDWIFE CARE OF MRS. S AGE 33 YEARS G2P1A0 AT BLADO II HEALTH CENTER, BLADO DISTRICT, BATANG REGENCY

Lina Lutfiatul Aulia¹, Indri Astuti Purwanti², Dian Nintyasari Mustika³, Sherkia
Ichettiarsi Prakasiwi⁴

*Diploma Midwifery Department, Faculty of Nursing and Health, University of Muhammadiyah Semarang^{1,3}
Midwife Professional Education Department, Faculty of Nursing and Health, University of Muhammadiyah
Semarang^{2,4}*

Email : liinaalutfiatul@gmail.com

ABSTRACT

Maternal and child health is one of the efforts to improve the health status of Indonesia's Sustainable Development Goals (SDGs) in 2030. The physiological condition of the mother during pregnancy is expected to continue until the postpartum period ends. This condition will be achieved if the healthcare for the mothers is sufficient and of good quality. The purpose of this study is to provide comprehensive midwifery care to Mrs. S aged 33 years G2P1A0 at the Blado II Health Center, Blado District, Batang Regency starting from the period of pregnancy, labor, postpartum, newborn, and birth control (KB). This research uses a comprehensive midwifery care case type of study. Data were collected by observation, physical examination, interviews, and data in the KIA handbook. The results of comprehensive midwifery care for Mrs. S aged 33 years G2P1A0 in pregnancy, labor, postpartum, newborn, to birth control are without any complications. Services are performed in accordance with the standards of midwifery care. With comprehensive care for mothers from pregnancy to birth control services, it is expected to reduce maternal and infant mortality by detecting possible complications that could be avoided and handled appropriately.

Keywords: *Midwifery Pregnancy Care, labor, Postpartum, BBL, birth control.*

1. INTRODUCTION

Based on data from the World Health Organization (WHO), in 2018, the maternal mortality rate (MMR) in 2018 was 216 maternal deaths per 100,000 live births. The Infant Mortality Rate (IMR) in 2018 reached 19 per 1,000 live births. The SDGs (Sustainable Development Goals) target in 2030 is a decline in the MMR of less than 70 per 100,000 live births while the infant mortality rate (IMR) is less than 12 per 1,000 live births (WHO, 2018). The number of maternal deaths compiled from the records 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. Based on the causes, the majority of maternal deaths in 2020 were caused by bleeding as many as 1,330 cases, hypertension in pregnancy as many as 1,110 cases, and circulatory system disorders as many as 230 cases (Indonesia health profile in 2020). Maternal Mortality Rate (MMR) is one of the indicators to see the success of maternal health efforts. Maternal Mortality Rate is the ratio of maternal deaths during pregnancy, labor and the postpartum caused by pregnancy, labor, and the

postpartum or its management but not due to other causes such as accidents or falls in every 100,000 live births.

In addition to assessing maternal health programs, this indicator is also able to assess the degree of public health, because of its sensitivity to improving healthcare, both in terms of accessibility and quality. In general, there was a decline in maternal mortality during the 2016-2019 period, but in 2020 it seems to have increased again from 76,9 to 98,6 per 100.000 live births, although lower compared to 2016 (Central Java health profile 2020). According to the Batang Regency Health Office performance achievement data in 2019, the maternal mortality rate in Batang Regency is 98,84 per 100.000 mothers, and the infant mortality rate is 112.08 per 1,000 live births (Batang District Health Office, 2019). Based on data from the Blado II health center, there is an increase in maternal mortality rates in 2021 by 2 deaths, and an increase in infant mortality rates per year in 2020 by 6 deaths to 15 cases of infant mortality in 2021 with 5 IUFD cases, 8 congenital abnormalities, 1 asphyxia and 1 diarrhea



(MMR and IMR data recapitulation report of at the Blado II Health Center 2021).

Based on the description above, the author is interested in conducting comprehensive midwifery care for Mrs. S because, Mrs. S is a pregnant woman from the working area of the Blado II Public Health Center where there has been an increase in MMR and IMR in the past year.

2. RESULTS AND DISCUSSION

2.1. Midwifery Care of pregnancy

Midwifery care for Mrs. S aged 33 years G2P1A0, at the Blado II Public Health Center has complied with the standards of midwifery care. The results of the study conducted on February 26, 2022, Mrs. S wanted to check her pregnancy and said that she doesn't have any complaints. Overall examination was carried out, namely general examination, vital signs examination, anthropometric examination, and physical examination within normal limits. The midwife provides counseling to Mrs. S regarding the danger signs in the 3rd trimester and advice to immediately come to a health facility if experiencing any of the danger signs in the 3rd trimester. Get enough rest and sleep, i.e. 1 to 2 hours of rest during the day and 6-8 hours at night. Fulfilling nutritional needs with balanced nutrition.

In the third trimester visit, Mrs. S has made 3 examination visits, the care provided is the completeness of data derived from the mother (anamnesis), medical history of past obstetric history, current pregnancy history, contraceptive history, current and past maternal and past medical history and socioeconomic history), general examination, physical examination (head to toe), and obstetric/special examination, supporting examinations, laboratories.

she had made Antenatal Care (ANC) visits 6 times, in the first trimester 1 visit, in the second trimester 3 visits, In the third trimester, 2 visits were made at the Blado II Health Center. According to the Indonesian Ministry of Health, (2020) quality antenatal care (ANC) in normal pregnancy is a minimum of 6 visits with details of 2x in Trimester 1, 1x in Trimester 2, and 3x in Trimester 3. And according to Restu & Sartika (2021)

2.2 Midwifery Care of Childbirth

Performed at the gestational age of 38 weeks March 12, 2022 at 09.50, Mrs. S began to feel abdominal pain up to the waist with the release of mucus and blood and felt anxious about the delivery process. The care provided is during contractions,

teaches breathing relaxation techniques and provides counseling to husband and family to give support and encouragement, such as 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 straining and pay attention to personal hygiene. The first stage of labor lasted for \pm 1 hour, the second stage lasted for 10 minutes, the third stage lasted for 10 minutes and the fourth stage was supervised for 2 hours. Mother gave birth normally without any complications and troubles for them and the baby. The care provided is in accordance with the standard 60 steps of Normal Childbirth Care (APN).

According to Fitriana's theory (2017), the first stage for primigravida lasts 12 hours while in multigravida it is about 8 hours, the second stage for primigravida is 50 minutes and multigravida is 30 minutes, the third stage is no more than 30 minutes, uterine contractions stop for about 5-10 minutes. The fourth stage was observed for postpartum hemorrhage.

2.3. Midwifery Care of Puerperium

Performed according to obstetric care standards. At 6 hours postpartum, the mother complained that she still felt nauseous in her stomach, often washed the perineum with clean water and changed pads and underwear frequently. The next monitoring is done by home visits and vital sign examinations, monitoring of involution through uterine fundal height examination, contractions and lochia, then continued with counseling on the pattern of fulfilling adequate nutrition, fluids, rest, elimination, personal hygiene, exclusive breastfeeding, postpartum exercise, and family planning (KB). During the visit, there were no complications and troubles experienced by Mrs. S. Uterine involution proceeded normally without any accompanying complications during the postpartum, contractions were good, there was no abnormal bleeding, breast milk came out smoothly, and lochia was released normally.

Rahayu (2017), the first visit was 6 hours postpartum, the researcher checked vital signs with the blood pressure results of 110/80 mmHg, 78 x/m pulse, 20 x/m respiration, TFU 2 fingers under the center, hard uterine contractions, lochea rubra, normal bleeding, the mother is able to urinate, the breast milk has come out gradually, the mother has been breastfeeding her baby well, teaches the mother how to massage the uterus, joins in.

2.4. Newborn of Midwifery Care

Drying the baby's body while making a cursory assessment of skin color, respiratory and movement.



Followed by cutting the umbilical cord and Early Initiation of Breastfeeding (IMD). After the IV stage supervision and IMD was successful, care for the newborn was conducted in the form of anthropometric examination, physical examination, administration of eye ointment, injection of vit. K and Hb O immunization. The baby was born with enough age at 38 weeks, was born spontaneously at 09.50 WIB, female sex, weight 2,600 grams, body length 47 cm, head circumference 32 cm, no congenital defects, Anus (+), Apgar Score 9, a normal baby that has no signs of congenital defects and abnormalities in the newborn. Neonatal visits were conducted three times, providing counseling on newborn care, bathing the baby, umbilical cord care, and providing support so that the mother gave exclusive breastfeeding on the first visit (K1). Reminded Mrs. S to give exclusive breastfeeding to the baby on the K2's visit. Recommended to visit the Posyandu to get immunizations and monitor the growth and development of the baby on the K3 visit. During neonatal care, the baby is in normal condition, the umbilical cord is on the fourth day.

Keeping the baby warm, performing umbilical cord care by clamping and cutting the umbilical cord after the baby is born, then tying the umbilical cord without putting anything on, doing IMD, the baby is given 1% Chloramphenicol eye ointment, the eye ointment aims to prevent infection in the baby's eyes, single dose of vitamin K 1 mg can be given intramuscularly at birth; this prevents bleeding due to vitamin K deficiency in infants, and provided 0.5% dose of HB 0 immunization intramuscularly in the right thigh. According to Indrayani (2016), Early initiation of breastfeeding or the start of early breastfeeding is that the baby begins to suckle on its own immediately after birth. Contact between the baby's skin with the mother's skin is left for at least an hour immediately after birth, then the baby will search for the mother's breast on its own. The way babies do IMD is called the breast crawl or crawling searching for the breast. According to the research results of Anti Wasilah, et al (2019), Comprehensive Midwifery Care for Mrs. E and her baby in the Midwife R's Independent Practice, Tanjung Pinang City. stated that care for newborns such as giving vitamin K to prevent bleeding, and eye ointment to prevent infection when the baby passes through the birth canal. According to Heryani Reni's theory, (2019) that hepatitis B immunization is used to prevent hepatitis B. For this reason, HB 0

immunization should be given within 6-12 hours after birth.

2.5. Family Planning of Midwifery Care

The midwife gave an In birth control (KB) care, the author provides an explanation of various types of birth control such as progestin pill contraceptives, injections, implants, IUDs. With the condition of Mrs. S who is still giving exclusive breastfeeding, it is necessary to use contraception that does not affect the exclusive breastfeeding to his baby. The end, Knowing the types of contraception and knowing long-term contraception Mrs. S decided to use the KB Implant and installed the KB implant on May 24, 2022 post partum on the 73rd day. Setyorini, (2016) Contraceptive implants are contraceptives that can be used by all mothers of reproductive age and do not affect lactation. Mothers want to use KB implants because they do not affect breast milk production and they want to give exclusive breastfeeding for 6 months. As stated by Allah SWT in the Qur'an, the period of breastfeeding in Islam is two years. The word of Allah SWT, "Mothers should breastfeed their children for two whole years, namely for those who want to perfect breastfeeding," (Surah al-Baqarah [2]: 233).

AUTHORS CONTRIBUTIONS

Writer 1: Lina Lutfiatul Aulia a Students of the Diploma III Midwifery Department, University of Muhammadiyah Semarang.

Writer 2: Indri Astuti Purwati, S.ST, M.Kes a Lecturer of University of Muhammadiyah Semarang.

Writer 3: Dian Nintyasari Mustika, S.ST.M.Kes a Lecturer of University of Muhammadiyah Semarang.

Writer 4: Sherkia Ichtarsi Prakasiwi, S.ST.M.Keb a Lecturer of University of Muhammadiyah Semarang.

ACKNOWLEDGMENTS

Thank you for Mrs. S as a respondent in this study, Joko Utomo SKM as head of the Blado II Health Center, Blado District, Batang Regency, and University of Muhammadiyah Semarang

REFERENCES

- [1] Aisyah D.R, dkk. 2017. Evaluasi Pelaksanaan Standar 10 T dalam Pelayanan Antenatal Terpadu. Jurnal Kebidanan (Online), Vol IX, No.01.
- [2] Ambarwati dan Wulandari. 2019. Asuhan kebidanan nifas. Yogyakarta: Nuha Medika



- [3] Anggraini, Y. 2018. Asuhan Kebidanan Masa Nifas. Yogyakarta: Pustaka Rihama.
- [4] Anti Wassilah, dkk (2019). ASUHAN KEBIDANAN KOMPREHENSIF PADA NY. E DAN BAYI. E DI BIDAN PRAKTIK MANDIRI BIDAN R KOTA TANJUNGPINANG. Cakrawala Kesehatan : Kumpulan Jurnal Kesehatan, 10(1).
- [5] Dinas Kesehatan Kabupaten Batang 2019. Capaian kerja Dinas Kesehatan Kabupaten Batang Tahun 2019. Diakses secara online (<https://dinkes.batangkab.go.id/wp-content/uploads/2020/03/Hasil-Capaian-Kinerja-IKU-Dinas-Kesehatan-Kab.-Batang-Th-2019.pdf>)
- [6] Dinas Kesehatan Provinsi Jawa Tengah.2020.*Profil Kesehatan Provinsi Jawa Tengah 2020* . www.dinkesjatengprov.go.id
- [7] Fitriana. (2015-2017) buku ajar asuhan kebidanan persalinan. Jakarta Tahun 2017
- [8] Heryani, R 2019, Buku Ajar Asuhan Kebidanan Neonatus, Bayi, Balita dan Anak Pra Sekolah. CV. Trans Info Media: Jakarta
- [9] Jannah, N dan Rahayu, S. 2019. Kesehatan Reproduksi Dan Keluarga Berencana. Jakarta: EGC
- [10] Jateng D. Jateng Gayeng Nginceng Wong Meteng : Selamatkan Ibu dan Anak. Semarang:.
<https://dinkesjatengprov.go.id/v2018/%205NG>.
- [11] Kementerian Kesehatan Republik Indonesia. (2019). Profil Kesehatan Republik Indonesia. (<http://www.kemendes.go.id>.)
- [12] Kementerian Kesehatan Republik Indonesia. (2019). Undang-Undang Tentang Kebidanan No 4 Tahun 2019. In *Kementerian Kesehatan Republik Indonesia* (Issue 004078).
- [13] Kementerian Kesehatan Republik Indonesia. Buku Kesehatan Ibu dan Anak. (2016). Kementerian Kesehatan, RI : Jakarta
- [14] Laporan Rekapitulasi AKI & AKB Puskesmas Blado II. TU Puskesmas Blado II (23 Mei 2022)
- [15] Mandriwati dkk. 2019. Asuhan Kebidanan Kehamilan Berbasis Kompetensi. Jakarta: EGC
- [16] Mastiningsih, P. 2019. Buku Ajar Program Pelayanan Keluarga Berencana. Bogor: In Media
- [17] Mulyani, N. 2019. Keluarga Berencana Dan Alat Kontrasepsi. Yogyakarta: Nuha Medika
- [18] Mutmainnah, A, Johan, H, Liyod, S, dkk. 2017. Asuhan Persalinan Normal dan Bayi Baru Lahir. CV. Andi Offset: Yogyakarta
- [19] Nurwiandani, W. 2018. Dokumentasi Kebidanan Konsep Dan Aplikasi Dokumentasi Kebidanan. Pustakabarupress: Yogyakarta
- [20] Prawirohardjo, S. 2018. Ilmu Kebidanan. Jakarta: PT. BinaPustaka
- [21] Setyorini, A. 2016. Kesehatan Reproduksi Dan Pelayanan Keluarga Berencana. Bogor: IN MEDIA
- [22] Tando. 2016. Asuhan kebidanan Neonatus, Bayi, dan Balita, Jakarta: EGC
- [23] WHO. (2019). Angka Kematian Ibu Melahirkan (AKI) dan AKB 2018. (Online) (<https://www.who.int/maternalchildadolescent/document/Levelstrend>)
- [24] schil dmortalitas2019/en)
- [25] Yanti. 2018. Asuhan Kebidanan Persalinan. Yogyakarta: Rihama.