



COMPREHENSIVE MIDWIFERY CARE OF MRS.T 26 YEARS OLD AT PUSKESMAS ROWOSARI

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ABSTRACT

Background : Comprehensive care is a series of processes of pregnancy, childbirth, postpartum, newborn baby and family planning are physiological processes, many mothers experience health problems that can increase maternal mortality. In 2020, the number of maternal deaths in 2020 showed 4,627 deaths in Indonesia. this number shows an increase compared to 2019 with 4,221 deaths. **Objective:** This study aims to provide comprehensive midwifery care to pregnant women at the Rowosari Health Center, using a case study approach that is subjective, objective and observational. **Results:** The result showed that the first pregnancy with a gestational age of 40 weeks 4 days there were no complaints, with physiological delivery, then physiological postpartum and received appropriate treatment, with normal anthropometric examination results both body weight, height, head circumference and arm circumference, perineal laceration in grade II, during the puerperium using the lactation amenorrhea method, in the care there are no gaps in theory and practice smoothly and the mother and baby are in normal condition. **Conclusion:** This study concludes that in the application of comprehensive care, the care provided is in accordance with what is given to the patient, so there is no gap between theory and cases in the field.

Keywords: *Midwifery Care, Comprehensive, Pregnant mother.*

INTRODUCTION

According to WHO (2019) the maternal mortality rate (MMR) in the world is 303,000 people. The maternal mortality rate (MMR) in ASEAN is 235 per 100,000 live births (ASEAN secretariat, 2020). Since most of the 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. and the number of infant deaths (IMR) in 2020 shows the number 20,266 deaths (Kemenkes RI, 2020)

In 2020, the number of maternal deaths in 2020 showed 4,627 deaths in Indonesia. this number shows an increase compared to 2019 of 4,221 death (Kemenkes RI, 2020)

Based on the health profile of the province of Central Java, the MMR in 2021 is 98.6/100,000 live births, the IMR in 2021 is 7.79/1000 live births, although this figure is much beTetanus than the national target (MMR: 226/100,000 live births, IMR: 24 /1,000 live births). Based on the maternal mortality rate (MMR) in the city of Semarang in 2021 as many as 17 cases out of 23,825 live births or around 71.35 per 100,000 live births. The

maternal mortality rate (MMR) has decreased from 2020, which is 75.8 per 100,000 live births (RIKESDA, 2021).

Comprehensive care is care provided by midwives starting from pregnancy, childbirth, newborns, postpartum, and the use of family planning which aims to provide quality services to prevent maternal and child mortality. The role of midwives in comprehensive care is to accompany women during the life cycle starting from providing quality antenatal care services to early detect complications in pregnant women, providing safe normal delivery care services that function to prevent maternal death, providing newborn baby care to prevent infant mortality and complications that occur in infants, provide postpartum care to prevent bleeding after childbirth, provide counseling on family planning and services for the use of contraceptives to improve a prosperous family (Kepmenkes No. 938, 2007).

RESEARCH METHODS

This research used management method with the case study according to helen varney includes



subjective and objective assessments, identification of problem diagnoses, identification of potential diagnoses, identification of immediate needs, planning (intervention) implementation (implementation) evaluation in the form of SOAP (Simple Object Access Protocol).

RESULTS AND DISCUSSION

1.1 Pregnancy midwifery care

Mrs. T is 26 years old, G1P0A0 at the Rowosari Health Center. Comprehensive care for Mrs. T started on April 2, 2022 at the Rowosari Health Center. At the ANC examination on Mrs. M experienced weight gain during pregnancy which was 9 kg. Mrs. Never had an increase in blood pressure. Measurement of Upper Arm Circumference of Mrs. T which is 25 cm or normal. The Uterine fundal height measurement is 2 fingers below the center, the head has entered the pelvic inlet, the FHR is positive and the fetal weight interpretation is based on the height of the uterine fundus, which is 2.635 grams of estimated fetal weight (EFW). Mrs. T had Tetanus immunization 2x when he was tired, during his first pregnancy. Mrs. T has taken 100 tablets of blood. The results of the mother's hb laboratory test were found to be normal and not anemic. Comprehensive care for Mrs. T which started on April 2, 2022 at the Rowosari Health Center. Midwifery care is normal pregnant women in the third trimester with a gestational age of 36-40 weeks without complications and without complications. in pregnancy Mrs. T made a total of 16 pregnancy visits, this means Mrs. M has made a good visit based on subjective and objective data that the author has obtained, there are no abnormalities on physical examination. The ANC examination that has been carried out on Mrs. T has been counseled about pregnancy, childbirth, puerperium, newborn baby, family planning to exclusive breastfeeding and immunization. While carrying out the ANC visit that has been carried out on Mrs. Based on the results of the examination that has been carried out, no abnormalities were found so that it does not require treatment or treatment (Pantikawati, 2016).

According to the World Health Organization (WHO), antenatal care is to detect early occurrence of high risks of pregnancy and childbirth and can reduce maternal mortality

and monitor the condition of the fetus (Winkjosastro in Damayanti, 2009).

Antenatal care is a health service provided by professional health workers to improve the health status of pregnant women and the fetus they contain. Antenatal services that are carried out regularly and comprehensively can detect early abnormalities and risks that may arise during pregnancy, so that these abnormalities and risks can be addressed quickly and appropriately (Hardianti, 2013).

1.2 Midwifery care for labor was carried out at term, which was 40 weeks and 4 days. On May 20, 2022 at 01.30 WIB, Mrs. T began to feel tightness and release of mucus and blood and felt anxious about the delivery process. The first stage of labor lasted for \pm 4 hours 45 minutes, the second stage lasted for 5 minutes spontaneously with a second degree laceration, the third stage lasted for 10 minutes and the fourth stage was monitored for 2 hours. Mother gave birth normally without any complications for mother and baby.

In the discussion of childbirth, it will be explained about the suitability of theory and reality in Mrs. T's delivery care. The first stage of management carried out is to prepare the delivery room, equipment, equipment, materials and medicines needed, referral in case of complications, providing emotional support by recommending husband to accompany the mother during labor because the support provided by the husband can make the mother more calm in dealing with pain due to contractions. The management of the second stage is carried out in accordance with the Normal Childbirth Care (NCC). Management carried out in the third stage of labor is placing the newborn on a clean cloth that has been prepared on the mother's lower abdomen and asking the mother or family to hold the baby, checking the presence of a second fetus before injecting oxytocin 10 IU IM in the upper 1/3 of the distal lateral thigh, clamping and cut the umbilical cord, performed Early Initiation of Breastfeeding with Controlled umbilical cord tension (PTT). Management of the fourth stage is to ensure the uterus contracts properly, clean the mother of residual blood and amniotic fluid, help the mother change clean and dry clothes and pads, teach the mother and family how to massage



the uterus and assess contractions. During 2 hours of monitoring the IV stage, the vital signs of Mrs. A is within normal limits, Uterine fundal height is 2 fingers below the center, uterine contractions are hard, bladder is empty, the amount of bleeding is 10 cc (Rohani, 2016). Complications of childbirth in mothers and newborns as a factor causing the high maternal mortality rate (MMR) and infant mortality rate (IMR), in childbirth assistance with Normal Childbirth Care. Normal Childbirth Care is a clean and safe delivery care starting from the first stage to the fourth stage. (Suparti, 2021) During the delivery process, the mother must be able to withstand the sensation of pain and must be able to adapt in order to reduce her anxiety. If the mother is unable to adapt, it can result in both physical and psychological problems. (Hernawati, 2018)

- 1.3 Midwifery care during the puerperium was carried out by assessing midwifery care. Complaints felt by Mrs. T in the puerperium period starting from 6 hours post partum to 14 days postpartum. Mrs T is in good condition and there are no complaints, postpartum is running normally, at 6 hours of postpartum the mother complains of nausea, this is a physiological condition because the reproductive organs return to their original shape, so that the uterus contracts and causes a feeling of heartburn. Mrs. T has urinated, since the first 6 hours post partum, defecation on 6 days post partum, on the 25th day the urination and defecation have been smooth, this is physiological, the process of elimination. Mrs. T's breast milk has come out smoothly, there is no dam, no abnormal mass. Uterine involution that occurs in the first 6 hours postpartum Uterine fundal height is palpable 2 fingers below the center, uterine contractions are good, at 6 days post partum TFU is palpable between the center and the symphysis and at 14 days post partum TFU is not palpable according to the theory of ensuring normal uterine involution, uterine contractions, fundus below the umbilicus. At 6 hours postpartum, the mother complained that her stomach still felt heartburn and felt blood coming out of the laceration, the midwife advised the mother to wash the perineum with clean water and change sanitary napkins and underwear

frequently, explained to the mother the danger signs during the postpartum period and advised her to eat nutritious food. and nutritionally balanced so that the mother can recover quickly, then the next monitoring at the Postpartum visit 2 visits, home visits and vital sign examinations, involution monitoring through examination of uterine fundal height, contractions and lochia with the results of all physical examinations and vital signs in normal condition, suturing both have started to dry up, mid-central uterine fundal height and symphysis and lochea sanguiolenta discharge, then continued with counseling on the pattern of nutrition, fluids, rest, elimination, personal hygiene, laceration care and exclusive breastfeeding. At the next Postpartum visit 3, vital signs and physical examination were carried out with the results all normal, the Uterine fundal height was not palpable and the discharge of lochea saerosa with a brownish yellow color was then given Communication, Information and Education about nutrition patterns and rest patterns, then explained to the mother about family planning (KB) . During the visit, there were no complications or complications experienced by Mrs. T. Uterine involution is proceeding normally without any accompanying complications during the puerperium, good contractions, no abnormal bleeding, milk comes out smoothly, lochea discharge is normal (Sukarni, 2016). They believe that the culture of maternal care after childbirth can have a positive and beneficial impact on them. This is evident from a study conducted by Andhra Pradesh on 100 postpartum mothers in the Tirupati area. (Endriyani, 2020) The post partum or postpartum period after delivery begins a few hours after the birth of the placenta until 6 weeks after delivery. The puerperium begins after delivery of the placenta and ends when the tools last approximately 6 weeks. (Astuti, 2020)

- 1.4 Midwifery care for newborns obtained subjective data from the assessment at the age of 6 hours, Mrs. T's baby has defecated and defecated, this has shown that the elimination process of Mrs. T's baby is physiological. After that the nutrition was given, Mrs. T's baby was breastfeeding at the time of the Early Initiation of Breastfeeding after birth,



breastfeeding was given every 2 hours, i.e. 8 times for 24 hours every baby wanted breast milk, based on the above Mrs T's baby nutrition had been fulfilled. Objective data obtained from the assessment results, the vital signs of Mrs. T's baby at the time of providing midwifery care are heart rate 138 x/minute, breathing 52 x/minute, temperature 36.6°C, results of examination of the baby's father Mrs. T normal, anthropometric examination with the results of the baby's weight Mrs. T 3060 grams, baby's body length 50 cm, baby's chest circumference 33 cm, baby's head circumference 31 cm. Midwifery care for newborns is drying the baby's body except for the extremities while making a cursory assessment of skin color, breathing and movement. Followed by cutting the umbilical cord and Early Initiation of Breastfeeding. After the supervision of the IV stage and Early Initiation of Breastfeeding was successful, care for the newborn was carried out in the form of anthropometric examination, physical examination, administration of eye ointment, injection of vit. K and Hb O immunization. Neonatal visits were carried out three times, namely visit I (K1) providing counseling on newborn care, bathing babies, umbilical cord care, and providing support so that mothers give exclusive breastfeeding. The visit (K2) reminded me of Mrs. T to give exclusive breastfeeding to the baby. The visit (K3) recommends going to the Puskesmas to get immunizations and monitor the growth and development of babies. During neonatal care, the baby was in normal condition and there was an increase in body weight (K2), the sixth day of the umbilical cord (Anik, 2018). The birth of a baby is a challenge for the family, and motherhood will create instability that demands self-improvement behavior to become a mother. During the postpartum period, new duties and responsibilities emerge and old habits will change or be added to new roles as parents. (Yanik, 2021) Due to the fact that currently occurs, there is still high morbidity and mortality in infants, especially newborns. One of the causes of newborn deaths can be caused by improper care. The inhibiting factor in carrying out proper newborn care is the lack of public knowledge and improper care methods. (Rizqi, 2016)

1.5 Midwifery care in family planning services will be explained about the compatibility between theory and facts in family planning care for Ny.T In the discussion related to midwifery care in family planning, the following data can be obtained after receiving an explanation of the various types of family planning information provided by the midwife, the mother does not want to use contraception, the mother also follows her husband's advice not to use contraception and Mother said so far there have been no complaints. In the discussion related to midwifery care in family planning, the following data can be obtained after receiving an explanation of the various types of family planning information provided by the midwife, the mother does not want to use contraception, The mother also followed her husband's advice not to use contraception and the mother said so far there had been no complaints (Handayani, 2014) The Family Planning Program (KB) is one of the overcoming population problems that has the aim of improving the health status, welfare of mothers and children and creating a family. happy and prosperous children through birth control and population growth in Indonesia. (Ruwayda, 2014) Post-delivery family planning (KBPP) is a family planning installation that is carried out immediately after the mother gives birth. The type of delivery, both vaginal delivery and sectio caesarea (SC), both can be installed with KBPP. By using KBPP, a mother who gives birth has used family planning or as a family planning acceptor when she leaves the hospital. Thus, the mother has made pregnancy thinning for at least the next two years. Thus the possibility of unwanted pregnancy (KTD) can be avoided. (Ivanna, 2021)

CONCLUSION

Pregnancy midwifery care was carried out 1 time visit starting from 36 weeks 7 days and during midwifery care there were no complications and complications. Midwifery care for childbirth is to provide assistance according to the standard of normal delivery care (APN) so that all stages are free of complications and complications. Midwifery care for newborns is carried out according to the standard of midwifery care and there are no complications. During monitoring, no



complications, complications and danger signs were found in the baby. Midwifery care during the puerperium was carried out starting from 6 hours to 14 days postpartum, namely visits, the postpartum period went smoothly, involution occurred normally, there were no complications and the mother looked healthy and the patient chose to use contraception for 3 months. Midwives should provide comprehensive midwifery care services, on an ongoing basis, starting from pregnancy, childbirth, newborns, postpartum and family planning in order to reduce morbidity and mortality rates for mothers and babies.

AUTHOR'S CONTRIBUTION

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