



COMPREHENSIVE OBSTETRICS FOR MRS. W, 23 YEARS OLD WITH NORMAL PREGNANCY IN THE WORKING AREA OF TOROH 1 HEALTH CENTER GROBOGAN

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ABSTRACT

Background : Maternal mortality rate is a measure that reflects the obstetric risk faced by a woman every time she becomes pregnant. This risk increases as the number of pregnancies experienced increases. The high maternal mortality rate in developing countries is mostly related to political and social problems, especially problems of poverty and the status of women. The process of pregnancy, childbirth and the puerperium is a physiological process. In this process, many mothers experience health problems that can increase the amount of maternal and infant morbidity and mortality. MMR and IMR in Grobogan Regency from 2019 to 2021 have increased and decreased. The MMR in Grobogan Regency has increased and decreased from the previous year, namely 166.50 per 100,000 KH in 2019 and 145.71 per 100.000 KH in 2020 to 418.85 per 100,000 KH in 2021. IMR in Grobogan Regency tends to decrease and increase, recorded as much as 13.17 per 1,000 KH in 2019 and 13.77 per 1,000 KH in 2020 to 12, 42 per 1000 KH. Maternal health can be improved through comprehensive midwifery care.

Destination : Writing this Final Project comprehensively examines midwifery care in the form of a case study on Mrs. W aged 23 years, 40 weeks pregnant, in the working area of Toroh I Public Health Center, Grobogan Regency. **Method :** This final project writing method uses Varney's 7 step midwifery process approach and SOAP. The assessment was carried out by looking at the results of subjective and objective data and observing each visit. **Results :** In this final project, the diagnosis was obtained G2P1A0 at 42 physiological weeks of gestation with normal complaints, a history of physiological delivery followed by a physiological puerperium no complaints, 3 months injectable family planning. BBL history. Babies born with BB 3,100 gr, PB 51 cm, LIKA 31 cm, healthy babies. In the comprehensive midwifery care provided to Mrs. W, there was no gap between theory and facts in the field. **Conclusion :** In the application of midwifery care, there is no gap between the theory and facts of midwifery care in the field.

Keywords : *Comprehensive midwifery care, Pregnancy, Childbirth, Postpartum, Newborn.*

PRELIMINARY

The maternal mortality rate in developing countries is 20 times higher than the maternal mortality rate in developed countries, namely 239 per 100,000 live births, while in developed countries it is only 12 per 100,000 live births (WHO, 2019). The MMR in Central Java in 2020 is 98.6 per 100,000 live births and the IMR is 7.79 per 1000 live births (Dinas Kesehatan Provinsi Jateng, 2020). In Grobogan Regency, the MMR in 2021 will increase by 418.85 per 100,000 live births or as many as 84 cases, in 2020 166.50 per 100,000 live births or as many as 31 cases. IMR in 2021 is 12.42 per 1000 live deaths or as many as 249 cases, while in 2020 it is 13.77 per 1000 live births or as many as 293 cases. The main causes of maternal death are bleeding (30.3%), Hypertension in Pregnancy (HDK) (27.1%),

infection (7.3%), prolonged/obstructed parturition (0%). MMR and IMR are indicators to see the health and welfare of the community in an area/country. In addition, the SDGs target has not been achieved (end of 2030 <70) (Dinkes Grobogan, 2021).

RESEARCH PURPOSES

The purpose of this study was to carry out midwifery care using a midwifery management approach to pregnant women, maternity mothers, postpartum mothers and comprehensive family planning and BBL services.

BENEFIT

With the implementation of comprehensive midwifery care, it is hoped that midwifery science can develop in accordance with the midwifery



and evidence-based management approach in midwifery practice.

METHOD

The writing of this case study report was compiled in the form of a continuity of care case study, aimed at providing comprehensive midwifery care to Mrs. W ranging from pregnancy, childbirth, newborns, postpartum, neonates, to the implementation of contraceptive services. Data research methods commonly used in a study are observation, and interviews.

DISCUSSION

1. Pregnancy Midwifery

From the results of the study, it was found that the respondent, Mrs. W Age 23 years G2P1A0 Age 36+1 weeks gestation, normal pregnancy and no risk factors. During pregnancy there are no danger signs and active fetal movements. In the first visit conducted by the author, the focus was on assessing the data and physical examination of Mrs. W. The care provided by the author is counseling regarding childbirth preparation and things that need to be prepared for delivery. Antenatal examination is an effort made to prevent the occurrence of adverse pregnancy risks such as maternal death, abnormalities and miscarriage (Dharmayanti et al., 2019). The obstetric care provided to Mrs. M has been in accordance with theory and there is no gap with practice in the field. As for the results of the examination, the mother had complaints of nausea in the first trimester and cough and cold in the third trimester.

Table 1 Distribution of Subjective and Objective Data from Variable ANC Ny. W at Toroh 1 Health Center, Kec. Toroh, Kab. Grobogan

date ANC	UK	Histo-ry	TD	BB (kg)	Abdo men	TFU, Therap eutic fetal positio n	Coun selor
10/11 /2022	13+ 6 wee k	naus eous	130/ 80	73	3 finge rs down symp hysis	Balls (+)	Eat little but often, Integr ated ANC

18/12 /2022	19+ 1 wee k	Not	134/ 86	71	3 finge r down cente r	Balls (+)	Salt diet, balan ced nutriti on
10/2/ 2022	26+ 5 wee k	Not	130/ 80	73	17 cm	Balls (+)	Integr ated ANC
12/3/ 2022	31+ wee k	Not	110/ 70	73	19 cm	Head, puki, BM	KIE dange r signs TM III
28/3/ 2022	33+ 2 wee k	Not	110/ 80	75	31 cm	Presce p, BM	Routi ne ANC
20/4/ 2022	37+ 1 wee k	Coug h and coul d	130/ 80	73	31 cm	Presce pt, Puka, BM	KIE is a sign of early labor, sunba thing in the morni ng
11/5/ 2022	40 wee k	Not	120/ 70	78	33cm	Presce p, BM	Integr ated ANC

2. Midwifery care

The study was conducted on Mrs, W, 23 years of age, 42 weeks pregnant. The results showed that there were signs of the second stage of labor, namely Mrs. W felt the urge to push along with the contractions. The second stage of labor, Mrs. W lasts for 15 minutes. The care provided during the second stage of labor refers to the 60-step normal delivery care. At the end of the first and second stages, Mrs. W said she felt pain. The source of pain at the end of Stage I and Stage II comes from the lower genital tract, including the perineum, anus, vulva, and clitoris. Pain impulses are transmitted via the pedal nerves to S4, S3 and S2. Pain that is felt especially in the vulva area and its surroundings as well as the waist area (Rejeki, 2018) The third stage after the baby was born was given oxytocin 10 IU via Intramuscular in 1/3 of the outer thigh, controlled stretching of the umbilical cord (PTT), and IMD. In the fourth stage, uterine contractions, bleeding, pulse, uterine fundal height, bladder were monitored, 3rd degree pyrenal suturing was carried out in collaboration with the doctor on



duty at the Toroh 1 Public Health Center, in the first hour monitoring was carried out every 15 minutes and in the second hour labor was monitored every 30 minutes. In the fourth stage of care, the mother is cleaned, namely by cleaning, cleaning tools and places, changing the mother's clothes with clean and comfortable clothes. The maternity care that has been given to Mrs. W is good and there is no gap between theory and practice in the field.

3. Postpartum midwifery care

Postpartum visits were carried out 4 times, namely 6-8 hours, 6 days, 2 weeks, and 6 weeks. Based on the facts, Mrs. W on monitoring 6 hours post partum the mother complained of pain in the pyrenium on 5 days-28 days the mother had no complaints. Provided care in the form of pyrenium care, namely by caring for and keeping the pyrenium clean and dry and cleaning the genitals from front to back will make the healing process wounds heal quickly. Pyrenium care through personal hygiene aims to prevent infection. According to (Yuliana & Hakim, 2020). The postpartum period (Post Partum) is the period that begins after the birth of the placenta and ends when the uterus returns to its original state as before pregnancy, which lasts for 6 weeks or 42 days.

4. Midwifery Care for Newborns (BBL)

by. Mrs. W was born on 21-05-2022 at 01.45 WIB at 42 weeks of gestation without any complications during pregnancy or childbirth. After the baby was born, IMD was performed. The results of the KN I examination on By Mrs W were the same as after birth. Baby's age is 6 hours, the baby's nutritional pattern is already drinking breast milk. The baby is moving actively, there is no sign of complications, he has urinated but has not defecated, the baby is sleeping. The care given is to keep the baby's body warm. KN II visits were carried out on infants aged 6 days. The KN III visit was carried out when the baby was 9 days old. The author provided care so that the mother continued to breastfeed on demand, advised the mother to stay near the baby and keep the baby warm. The mechanism for regulating body temperature in infants is not functioning perfectly (Ribek et al., 2018). The KN I-III visits carried out by the author were in accordance with the theory and

there was no gap between theory and practice in the field.

5. Family planning midwifery care

A woman's ability to choose to conceive and when to conceive has a direct impact on her health and well-being. Family planning prevents unwanted pregnancies, including older women who face increased risks associated with pregnancy (Matahari et al., 2018). Based on the facts, at 28 days postpartum, Mrs. W had no complaints, and planned to inject 3 months of contraception. The mother's condition is within normal limits, progestin injections are suitable for breastfeeding mothers.

CONCLUSION

Midwifery care for Mrs. W has been carried out starting at 37 weeks of gestation until family planning.

1. Midwifery care for Mrs. W G2P1A0's pregnancy with a normal pregnancy.
2. Midwifery care for Mrs. W G2P1A0 with normal delivery.
3. Postpartum midwifery care for Mrs. W P2A0 with normal postpartum.
4. BBL midwifery care for Mrs. W P2A0 baby with normal puerperium.
5. Midwifery care for family planning for Mrs. W P2A0, a 3 month injection family planning acceptor.

In the application of midwifery care, there is no gap between the theory and facts of midwifery care in the field.

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