



COMPREHENSIVE CARE FOR MRS. M G2P1A0 AGE 31 AT PMB EKA SETYOWATI, S.TR.KEB SEMARANG CITY

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ABSTRACT

Background: Based on data from the Indonesian Demographic Health Survey (IDHS) in 2017, the Infant Mortality Rate (IMR) is 24/1000 KH, while the target for the Sustainable Development Goals (SDGs) in 2030 is for the MMR to reach 70/100,000 KH, while the IMR is 12/1000 KH. 1000 KH. MMR from 76.93 per 100,000 live births or 417 deaths in 2019, to 98.60 per 100,000 live births or 530 deaths in 2020. In 2021, until the third quarter, 2,851 cases have been recorded. IMR is an indicator to see the health and welfare of the community in an area or country. In addition, the SDGs target has not been achieved. Objective: To carry out comprehensive midwifery care for pregnant women, maternity mothers, postpartum mothers and family planning and BBL services. Methods: Using Varney's 7-step case study approach and SOAP, the study was carried out by looking at the results of subjective, objective and observational data. Results: The diagnosis "Mrs. M aged 31 years G2P1A0 gestational age 38⁺2 weeks" had no complaints, followed by physiological delivery, then physiological postpartum and received appropriate treatment, Newborn with Weight: 2600 grams, PB: 46 cm, LD : 32 cm, LK : 33 cm gender is male and the mother said she would use injectable contraception 3 months after the puerperium period was over. in this care there is no gap between theory and practice smoothly and mother and baby are in normal condition. Conclusion: 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 practice in the field.

Keywords: *comprehensive, normal.*

INTRODUCTION

MMR in 2020 recorded around 830 women worldwide die every day due to complications related to pregnancy and childbirth and as many as 99% of them are in developing countries. In 2021 the world is estimated to be 216/100,000 live births and the death rate will fall by 47% between 1990-2021, from 36/1000 live births to 19/1000 live births in 2021 (WHO, 2021).

IMR in 2020 recorded that around 750 babies worldwide die every day, in 2021 in the world it is estimated that 216/100,000 live births and the neonatal mortality rate will fall between 1990-2021, from 47/1000 live births to 22/1000 live births in 2020. 2021.

The 2017 Indonesian Demographic and Health Survey (IDHS) totals 151,200 cases of infant mortality (IMR) caused by low birth weight (LBW)

and asphyxia infants and the maternal mortality rate (MMR) of 14,623 cases (Ministry of Health RI, 2017).

MMR in Central Java in 2020 will be 76.93/100,000 live births, in 2021 it will be 98.6/100,000 live births, in 2021 it will be 98.6/100,000 live births. The IMR in Central Java in 2020 is 8.24/1000 live births and in 2021 the IMR is 7.79/1000 live births. IMR is an indicator to see the health and welfare of the community in an area or country. In addition, the SDGs target has not been achieved (Central Java Health Office, 2021).

MMR in Semarang City has decreased significantly. Where in 2020, AKI was 3,142 cases and in 2021 it fell to 1,900 cases from the previous total cases. The MMR in the city of Semarang in 2020 is 121.5/100,000 live births, while the MMR in 2021 is 88.3/100,000 live births, a decrease from



the previous year (Central Java Health Office, 2021).

METHODS

The method used in this research is management research with the case study method according to Helm Varney including subjective and objective assessment, identification of problem diagnoses, identification of potential diagnoses, identification of immediate needs, planning (intervention) implementation (implementation) evaluation in the form of SOAP .

CARE

Based on the results of the study, it was found that a mother named Mrs. M age 31 years G2P1A0 38+2 weeks pregnant is a normal pregnancy and there are no risk factors. During pregnancy, fetal movements are active and there are no danger signs. In the case management of the first visit, the author focused on assessing the data and physical examination of Mrs. M. The care provided by the author is counseling for childbirth preparation in the form of things that need to be prepared during labor, signs of labor, and mental preparations like what the mother should do when the signs begin to appear. 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, it was found that mothers who complained of frequent urination, the presence of linea nigra and striae gravidarum on the mother's abdomen, and uncomfortable feelings such as easy back pain were normal things that happened to pregnant women.

CHILDBIRTH CARE

The assessment was carried out on 21-05-2022/08.30 WIB on Ny. M aged 31 years G2P1A0 38+4 weeks pregnant, the results showed signs of the second stage of labor, namely frequent and regular heartburn. At the time of II Mrs. M lasted for 20 minutes. The care provided during the second stage of labor refers to the delivery of 60 steps of normal delivery care. The third stage after the baby was born was given oxytocin 10 IU via IM in the outer 1/3 of the thigh, performed IMD, reducing bleeding and increasing contractions. In the fourth stage, a ruptured grade 1 perineum was sutured. In the fourth stage of care, the mother is cleaned by cleaning the mother, cleaning tools and places, and changing the mother's clothes with

clean clothes. Initial breast milk is given to the baby immediately after newborn care is carried out, with the result that the baby sucks strongly. The maternity care that has been given to Mrs. M overall is good. Care that has been given to Mrs. M overall is good and there is no gap between theory and practice in the field.

Postpartum Care

Assessment of the postpartum period at KF I (6 hours post partum), it was found that Mrs. M still feels heartburn and pain in the perineal wound. The care provided at KF I is to teach mothers and families how to massage the fundus in a circular manner, teach mothers how to breastfeed and encourage mothers to breastfeed their babies, encourage mothers to keep their babies warm, and explain perineal wound care, encourage mothers to eat balanced nutritious foods by consuming high protein plant foods. KF II was carried out on 5 days post partum and on the results of the assessment Mrs. M, it was found that the mother's complaint of breast milk had not come out smoothly. The care provided at KF II is to evaluate how to breastfeed mothers, encourage mothers to breastfeed on demand, encourage mothers to continue to fulfill nutrition and get enough rest, teach their husbands to do oxytocin massage, and provide initial information about family planning for breastfeeding mothers and Mrs. M was taught how to care for the breasts to prevent breast milk damming. At the end of the counseling the author helps the mother to determine the type of contraception that will be Mrs. M

NEWBORN BABY CARE

By. Mrs. M was born on 21-05-2022 at 09.16 WIB at 38+4 weeks of gestation, there is no history of complications during pregnancy or childbirth. After the baby is born, the baby does IMD. On the results of the KN I examination on By. Ny. M is the same as at birth. The baby's age is 6 hours, the baby's nutritional pattern is already drinking breast milk and not vomiting, the baby is defecating but not yet defecating, the baby is moving actively, the baby is sleeping, and there are no signs of complications. The care provided is to provide counseling on how to keep the baby warm and explain how to maintain the baby's warmth which has been done by experts using the kangaroo method, namely attaching the baby to the mother's/husband's skin the same as at birth for 20-30 minutes and covering the baby, The author explains using everyday language for easy understanding, explains how to care for the



umbilical cord and recommends mothers to breastfeed on demand so that the baby's weight gains quickly. KN II is carried out when the baby is 5 days old. The care provided by KN II encourages mothers to continue breastfeeding on demand and encourages mothers to stay close to the baby and keep the baby warm. The visit of KN I to KN

III which was carried out by the author, was in accordance with theory and needs, so that there was no gap between theory and practice in the field of

Family Planning Midwifery Care

to breast milk, reduces the risk of endometrial cancer, can reduce the risk of pelvic inflammatory disease and its disadvantages are changes in menstrual patterns (irregular or prolonged menstruation in the first 3 months, infrequent menstruation, no menstruation in 1 year), headaches, weight gain, decreased desire sex, mood swings. Informing Mrs. M not to forget the date of return for re-injection and if the mother feels complaints it is recommended to come to PMB

CONCLUSION

Midwifery care for pregnancy has 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 midwifery care standards. During monitoring, no complications, complications and danger signs were found in the baby. Midwifery care during the puerperium was carried out from 6 hours to 2 weeks postpartum, the postpartum period went smoothly, involution occurred normally, there were no complications and the mother looked healthy and the patient chose to use an implant contraceptive as a contraceptive device. 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.

INFORMED CONSENT

done *Informed consent* on 18.05.2022 and the mother agreed to be a respondent

AUTHORS' CONTRIBUTION

All authors contributed to the study. Ida Nurhalimah carries out research and investigation processes, particularly experiments or data and evidence collection. Maria Ulfah Kurnia Dewi

carried out the idea of formulating the overall research objectives or goals. Siti Nurjanah performs management activities to detect and improve data as well as research data management. Lia Mulyati performed other formal techniques to analyze the study data.

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