



COMPREHENSIVE MIDWIFERY CARE FOR MRS. W 19 YEARS OLD G1P0A0 AT PMB TRI WIJAYATI, S.ST.KEB GROBOGAN REGENCY

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ABSTRACT

Health sector in Indonesia is a sector that still problematic so it requires special attention from various parties. Midwives as health workers related to mothers and babies who have a role to carry out comprehensive care, so they can do early detection optimally if there are complications or things that can occur in maternal or neonatal. **The purpose** of this research is providing comprehensive care to Mrs. W G1P0A0 19 years old at PMB Tri Wijayati, S.ST.Keb, Grobogan Regency starting from pregnancy, childbirth, postpartum, newborn, and family planning/birth control. The research design used is case study research and descriptive research with a qualitative approach. **Data** were taken using Varney's 7-step midwifery care method and SOAP documentation, it was also accompanied by in-depth interviews, observations and documentation. **The result** of the care given to Mrs. W 19 years old G1P0A0 starting from pregnancy, childbirth, postpartum, newborn and family planning/birth control run smoothly, mother and her baby were within normal limits. **In the implementation** of comprehensive midwifery care, there is a gap in pregnancy care, Antenatal Care should be done twice in the 1st and 3rd trimesters, but respondent only done it once in the 1st trimester. This is where the gap is found between theory and practice of midwifery care in the field. **The importance** of comprehensive care carried out by midwives for mothers from pregnancy to family planning services after labor is an effort to prevent or detect early complications that can occur in the mother so that they can be avoided or treated early.

Keywords : *Comprehensive; Normal*

INTRODUCTION

Based on the WHO (World Health Organization), the Maternal Mortality Rate is the number of maternal deaths resulting from the process of pregnancy, childbirth, and postpartum which is used as an indicator of women's health status. The Maternal Mortality Rate (MMR) is one of the global targets for the Sustainable Development Goals (SDGs) in reducing the maternal mortality rate (MMR) to 70 per 100,000 live births by 2030 (WHO, 2019).

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 (Indonesian Health Profile 2020). 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 disorders of the circulatory system as many as 230 cases (Kemenkes, 2019).

Achievement of health services for pregnant women can be assessed using K1 and K4 coverage indicators. From 2006 to 2006 the coverage of health services for K4 pregnant women tended to increase. When compared with the 2018 Ministry of Health Strategic Plan (Rienstra) target of 78%, the 2018 achievement has reached the target of 88.03% (Ministry of Health, 2019).

According to performance achievement data, 64.18 percent of maternal deaths in Central Java Province occurred during the puerperium, 25.72 percent during pregnancy, and 10.10 percent occurred during childbirth. Achievements by district/city with the highest number of maternal mortality cases were Brebes Regency with 37 cases, followed by Grobogan with 36 cases, and Banjarnegara with 22 cases (Central Java Provincial Statistics Agency, 2020).

The Maternal Mortality Rate (MMR) in Grobogan Regency has decreased by 166.98 per 100,000 KH in 2019 and 145.71 per 100,000 KH in 2020 (Health, 2020). Maternal deaths are caused by bleeding, high blood pressure during pregnancy (eclampsia),



infection, obstructed labor, and complications of miscarriage (Heryani, 2019). The Infant Mortality Rate (IMR) in Grobogan Regency increased from 13.17 per 1,000 KH in 2019 to 13.76 per 1,000 KH in 2020 (Health, 2020).

According to (Central Java Provincial Statistics Agency, 2020), the Neonatal Mortality Rate (AKN) in Central Java in 2019 was 5.8 per 1,000 live births. By district/city with the highest Neonatal Mortality Rate is Rembang at 11.7 per 1,000 live births, followed by Grobogan (9.6 per 1,000 live births) and Temanggung (9.0 per 1,000 live births). According to Heryani, (2019) several factors cause infant mortality, namely, premature babies, low birth weight babies (LBW), lack of oxygen (asphyxia), socio-economic factors, cultural factors, and family factors.

The government's efforts to reduce mortality and morbidity of infants under five are improving the quality of health services and government health services, improving the nutritional status of the community, increasing community participation, and improving health management. Family Planning (KB) is also one of the strategies to reduce maternal mortality, especially for mothers with 4T conditions, namely too young to give birth (under the age of 20 years), too often giving birth, or too close to giving birth, and too old to give birth (above 35 years old). (Central Java Provincial Statistics Agency, 2020).

According to Ningsih, D. A. (2021) in his research, it shows that the variables that affect the use of contraception in women of childbearing age (WUS) are starting from the level of education ($p = 0.023$), area of residence ($p = 0.000$). While the factor that is not related to the choice of contraception is the age factor (p -value = 0.303). In this study, it was found that the level of education and area of residence can affect the use of contraception in women of childbearing age.

Grobogan Regency itself for the percentage of the most used contraceptive method is an injection, which is 80.9%. For the second order, namely condoms with a figure of 6.8%. The method that was least used by new family planning participants in Grobogan Regency in 2015 was the Male Operation Method (MOP) at 0.1%, then the second was the Female Operation Method (MOW) at 1.5% and the third was the Female Operation Method (MOW). Implants with a figure of 3.3% (Grobogan District Health Office, 2015).

In a preliminary study at PMB Tri Wijayati, S.ST.Keb from the month of Aril-May, data on visits from pregnant women in both trimesters 1,2 and 3 were 95 in a month, 15 normal birthing mothers in a month, home visits for postpartum mothers 12 8 times, 8

neonatal visits, for pregnant women who have a high risk in childbirth are referred to a health facility that can handle further so that the efforts that have been made can be one of the efforts to reduce MMR and IMR. Based on this, the background of the author is interested in conducting research in the form of continuous care or Continuity of Care in NY. W which was carried out starting from the third trimester of pregnancy from 36 weeks pregnant, childbirth, newborns, postpartum, and family planning at PMB Tri Wijayati, S.ST.Keb, Grobogan Regency.

RESULT AND DISCUSSION

1.1 Midwifery care for Mrs. W is 19 years old, G1P0A0 at PMB Tri Wijayati, S.ST.Keb has complied with the standards of midwifery care. The results of the study conducted on May 18, 2022, Mrs. W has complaints of frequent urination at night. The overall examination was carried out, namely general examination, examination of vital signs, anthropometric examination, and physical examination within normal limits. Delivering IEC about the danger signs of pregnancy in the third trimester, providing counseling to reduce drinking at night and increasing it during the day, providing counseling for adequate rest and sleep, i.e. 1-2 hours of rest during the day, and 6-8 hours at night. So that nutritional needs are met, encourage the mother to reduce foods containing carbohydrates, and fats and eat foods high in protein. Continue to take Fe and calcium tablets that have been given to reduce bleeding during labor and also for bone formation and to avoid fetal defects. Don't forget to tell the mother to do morning walks and do pregnancy exercises that are useful to facilitate the delivery process, tell the mother to prepare for her delivery.

1.2 Normal delivery midwifery care was carried out at the gestational age of Mrs. W 37 weeks and 6 days. On May 31, 2022, at 00.30 WIB, Mrs. W began to feel abdominal pain up to the waist accompanied by the release of mucus and blood and felt anxious about the delivery process. Examination in the opening 7 cm, intact membranes, decreased head 2/5, blood mixed with mucus. The care provided is during contractions, teaches breathing relaxation techniques, and provides counseling to husbands and families to provide support and support, namely providing prayer, motivation, encouraging the mother to tilt to the left with the



right leg bent, left leg straightened to position the mother comfortably and to reduce pain. Instruct the patient to eat and drink to have energy while mending. At 01.00 WIB Mother said she wanted to squeeze, and complained of pain, and contractions. More and more frequent examinations were carried out at 10 cm opening, clear amniotic fluid, no molasses, 0/5 head drop, and blood mixed with mucus in the birth canal. The first stage of labor lasted for \pm 30 minutes, the second stage lasted for 1 hour and 30 minutes, the third stage lasted for 5 minutes and the fourth stage was supervised for 2 hours. The mother gave birth spontaneously without any complications and complications for the mother and baby. The care provided is following the standard of Normal Childbirth Care (APN).

- 1.3 Newborn midwifery care for Mrs. W the baby was born at 02.30 WIB, newborn care was carried out, namely drying the baby's body while doing a cursory assessment of skin color, breathing and movement, keeping the baby warm, Early Initiation of Breastfeeding (IMD) for 1 hour, cutting and care of the umbilical cord. After successful supervision of the IV and IMD stages, care for the newborn was carried out in the form of anthropometric examination, physical examination, administration of eye ointment, injection of vitamin K and Hb O immunization. Female gender, weight 3,000 grams, body length 49 cm, head circumference 32 cm, chest circumference 31 cm, the baby's vital signs were within normal limits, there were no signs of congenital defects and abnormalities in the baby. The results of normal physical examination, rooting reflex, suckling reflex, and Moro reflex in the newborn Mrs. W are positive.
- 1.4 Midwifery care for postpartum mothers is carried out according to midwifery care standards. During the postpartum visit (KF 1) 6 hours postpartum, the mother complained that the stitches still hurt, so she was given IEC for suture treatment, the importance of personal hygiene, and early mobilization. Subsequent monitoring, a postpartum visit (KF 2) 6 days after giving birth at the patient's home, TTV examination was carried out, uterine involution monitoring was carried out through examination of uterine fundal height, contractions, lochia, and examination of the extremities followed by counseling on patterns of the fulfillment of nutrition, fluids, rest, personal hygiene, exclusive breastfeeding,

postpartum gymnastics or light exercise, and postnatal family planning (KB). At the postpartum visit (KF 3) 12 days after giving birth, the mother received counseling about contraception that was safe to use for breastfeeding mothers, including 3 months of KB injections, the mother wanted to use 3 months of KB injections so as not to affect her milk production. During the postpartum visit, Mrs. W found no complications and complications. Uterine involution proceeds normally without any accompanying complications during the puerperium, good contractions, no abnormal bleeding, milk comes out smoothly, and lochea discharge is normal.

- 1.5 Midwifery care at the service of neonatal visits to NY. W was carried out three times, namely Neonatal visit I was carried out at 6 hours (KN 1) providing care for the baby's physical examination, giving eye ointment, vitamin K injection, HB0 immunization, counseling about newborn care, and umbilical cord care, maintaining warmth, and provide support so that mothers give exclusive breastfeeding. The umbilical cord falls off after 6 days. The 2nd Neonatal visit (KN 2) was carried out on the 6th day of care that had been given reminiscent of Mrs. W to give exclusive breastfeeding to the baby, drying the baby in the morning for 15-20 minutes, not more than 30 minutes. The Neonatal Visit (KN3) carried out on the 12th day recommends mothers to come to the Puskesmas or PMB when the baby is 1 month old to receive BCG immunization and to get other further immunization education information according to the MCH handbook, encourage mothers to always come to Posyandu until the child is 5 years old by always carrying the MCH handbook to monitor the growth and development of the child, telling the mother to continue giving exclusive breastfeeding for 6 months and then continuing with MP-ASI until the age of 2 this is intended so that the child gets good health services.
- 1.6 Midwifery care in family planning services is carried out according to midwifery care standards. Mrs. W has received counseling on various contraceptives that do not interfere with breast milk production. Mrs. W wants to use a 3-month injection of birth control after the postpartum period which will not interfere with breastfeeding until the baby is 6 months old. The care that has been given is to give KIE to the



mother after about 3 months of family planning injections, how it works, and its side effects. Then recommend the mother after 6 weeks of postpartum to come to the health center or to PMB to get a 3-month injection of family planning. Mother is willing to do injections for 3 months after the puerperium is finished.

AUTHORS' CONTRIBUTIONS

The title "COMPREHENSIVE MIDWIFERY CARE FOR MRS. W 19 YEARS OLD G1P0A0 AT PMB TRI WIJAYATI, S.ST.Keb, GROBOGAN REGENCY"

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