



MIDWIFERY CARE FOR MOTHERS IN LABOR WITH PREMATURE MEMBRANES RUPTURE AT TUGUREJO HOSPITAL SEMARANG

Faradila¹, Sherkia Ichtiarsi Prakasiwi², Umi Khasanah³, Fitriani Nur Damayanti⁴

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

Bachelor of Midwifery Department, Faculty of Nursing and Health, University of Muhammadiyah Semarang⁴

Email: faradila.amdkeb@gmail.com

ABSTRACT

Background: According to the Health Profile data, the number of maternal deaths in 2018-2019 decreased from 4,226 to 4,221 maternal deaths in Indonesia based on the report. In 2019, the most common causes of maternal death were bleeding 1,280 cases (50.14%), hypertension in pregnancy 1,066 cases (41.75%), infection 207 cases (8.11%). (Ministry of Health RI, 2019). Premature rupture of membranes (PROM) is the rupture of the membranes before the time of delivery / before the signs of labor, which can occur at the end of pregnancy or long before the time of delivery. If premature rupture of membranes occurs at 37 weeks of gestation, it is called term premature rupture of membranes and if premature rupture of membranes occurs at < 37 weeks of gestation, it is called preterm premature rupture of membranes. **Objective:** To be able to carry out midwifery care for pregnant women with KPD using 7 Varney steps. **Methods:** The writing method used by the author is to collect data by means of interviews, physical examinations, observations, literature studies, and documentation. **Conclusion:** in the application of care, the care provided is in accordance with that given to the patient, so there is no gap between theory and practice in the field

Keywords: *Prom*

INTRODUCTION

According to the Health Profile data, the number of maternal deaths in 2018-2019 decreased from 4,226 to 4,221 maternal deaths in Indonesia based on the report. In 2019, the most common causes of maternal death were bleeding 1,280 cases (50.14%), hypertension in pregnancy 1,066 cases (41.75%), infection 207 cases (8.11%). (Ministry of Health RI, 2019). Premature rupture of membranes (PROM) is the rupture of the membranes before the time of delivery / before the signs of labor, which can occur at the end of pregnancy or long before the time of delivery. If premature rupture of membranes occurs at 37 weeks of gestation, it is called term premature rupture of membranes and if premature rupture of membranes occurs at < 37 weeks of gestation, it is called preterm premature rupture of membranes.

1.1. Research purposes

The writing method used by the author is to collect data by means of interviews, physical examinations, observations, literature studies, and documentation.

1.2. Significance

Able to carry out midwifery care for mothers in labor with KPD using 7 Varney steps

METHOD

This study used interviews, physical examinations, observations, literature studies, and documentation to collect the data.

DISCUSSION

Based on the results of the case of midwifery care carried out on Ms. E 33 years old G2P1A0 39 weeks gestation with premature rupture of membranes 5 hours in Tugurejo Hospital there are several factors that cause premature rupture of membranes in the mother. Premature rupture of membranes or premature rupture of the membranes is not known with certainty, but it is associated with uterine hypermotility, thin membranes, infection, multipara, maternal age, fetal position, and previous history of premature rupture of membranes. This is in accordance with research conducted by Novita Sari & Rahayu (2017) in their research which revealed that the causes of premature rupture of membranes include multiparity, age 20-35 years, gestational age 37 weeks, normal uterine enlargement, and fetal head presentation. In this case, from the anamnesis and examination carried out on Ms. E belongs to the age group that is prone to premature rupture of membranes, namely 33 years which is included in the age category of 20-35 years, then Mrs.



E has also given birth once, gestational age 37 weeks, and on Leopold's examination the uterine enlargement is normal and the position of the fetus is cephalic.

In the management carried out on Mrs. E, namely by explaining that at this time the mother is experiencing premature rupture of membranes or premature rupture of the membranes with a gestational age of 39 weeks, but if there are indications that the mother's opening is progressing, medication will be administered to induce labor by softening the cervix, making it easier to acceleration of cervical dilation. Then the care that is carried out is maternal care, namely meeting the nutritional needs of patients such as eating and drinking, maintaining mother's privacy and positioning the mother in a left tilted position. Teach the mother relaxation techniques if the mother feels pain when her comes, that is by taking a deep breath in through the nose and exhaling slowly through the mouth. Monitor the patient's condition and progress of labor from the delivery process as well as monitor the welfare of the fetus. In addition to providing independent midwifery care, he also collaborates with Sp. OG doctors to be given therapy during the active period, namely by installing 500 ml RL infusion in 8tpm + 10 IU oxytocin drip. The patient is then observed for FHR, uterine contractions, pulse and complaints every half hour.

After that, the complete opening was at 13:50 WIB and the vaginal delivery was smooth and the baby was born 10 minutes after the complete opening, the baby was born vaginally and immediately started crying. In theory, patients with PROM can be treated with conservative and active measures, on Ms. E is carried out actively, namely by terminating pregnancy where the termination action will assess the pelvic score more than 5 by induction of oxytocin 10 units of oxytocin in 500ml of Lactate Ringer's fluid, through infusion with the first drop of 8tpm and every 30 minutes add 4 tpm until the optimal dose for his Once adequate is achieved, the maximum dose of oxytocin is 20 mU/min.

AUTHOR CONTRIBUTIONS

Faradila, Sherkia Ichtiarsi Prakasiwi, Umi Khasanah, Fitriani Nur Damayanti.

ACKNOWLEDGMENTS

We would like to thank the patient, Mrs. E, who was willing to become a respondent, Tugurejo Hospital, who had allowed her to become a research site, UNIMUS, had facilitated the research.

REFERENCES

- Arma, N; Karlinah, Nelly; dan Yanti, E. (2018) *Bahan Ajar Obstetri Fisiologi*. Edited by E. Arma, N; Karlinah, Nelly; dan Yanti. Bahan Ajar Obstetri Fisiologi.
- ASEAN Secretariat (2020) *Maternal mortality rate*. Edited by ASEAN Secretariat.
- Dinas Keshetan Jawa Tengah (2021) *Profil kesehatan provinsi Jawa Tengah*. Edited by Dinas Keshetan Jawa Tengah. Profil Kesehatan jawa tengah.
- Dinkes Kota Semarang (2021) *Pofil Kesehatan Semarang*. Edited by Dinkes Kota Semarang. Profil Kesehatan Semarang.
- Handono (2020) 'hubungan antara kejadian ketuban pecah dini (KPD)'.
- Kemenkes RI (2019) *Maternal Mortality Rate*. Edited by Kemenkes.
- Kusumawardani N (2019) 'Intranatal care asuhan kebidanan pada perslinan'.
- Maharani (2018) 'Hubungan usia paritas dengan ketuban pecah dini'.
- Murni Lestari (2021) 'Hubungan umur dan paritas dengan kejadian ketuban pecah dini', *Indonesia Midwifery Journal*, 5.
- Norma Nita, Dewi Mustika (2013) *No Title*. Edited by Dwi Mustika Norma Nita. Nuha Medika.
- Nugroho (2018) *Patologi Kebidanan*. Edited by Nugroho. patologi kebinan ketuban pecah dini.
- Pudiasuti, R. D. (2012) *Asuhan Kebidanan Ibu Bersalin Patologi*. Edited by R. D. Pudiasuti. Nuhamedika.
- Rinata, E. 2018 (2020) 'Karakteristik ibu usia paritas dan dukungan keluarga dengan kecemasan ibu hamil trimester III', *Jurnal ilmiah ilmu-ilmu kesehatan*.
- Sakriawati M (2020) 'Resiko Usia dan Paritas Ibu Hamil terhadap kejadian Ketuban Pecah Dini'.
- Tanto (2019) *Kapita selekta kedokteran*. Edited by Tanto. kapita selekta kedokteran.
- WHO (2019) *Maternal Mortality Rate*. World Health Organization.