



COMPREHENSIVE MIDWIFERY CARE FOR MRS. M WAS 37 WEEKS PREGNANT AT THE ROWOSARI HEALTH CENTER IN SEMARANG CITY, TEMBALANG DISTRICT

Jamilah¹, Ariyani Lutfitasari², Erna Kusumawati³, Indri Astuti Purwanti⁴

Diploma Midwifery Department, Faculty of Nursing and Health, Universitas Muhammadiyah Semarang^{1,2,3}
Midwife Professional Education Department, Faculty of Nursing and Health, Universitas Muhammadiyah Semarang⁴

Email : jamilahpbun3@gmail.com

ABSTRACT

Comprehensive care is a series of processes of pregnancy, childbirth, postpartum, BBL and family planning are physiological processes, not a few mothers experience health problems that can increase maternal mortality. In 2020, the number of maternal deaths in 2020 showed 3,142 deaths in Indonesia. Objective: This study is to provide comprehensive midwifery care to Mrs. M, age 20 at the Rowosari Health Center, Method: using a case study approach to the Varney 7-step midwifery process and SOAP. The study was carried out by looking at the results of subjective, objective and observational data. Results: the diagnosis obtained by Mrs. M aged 20 years G2P1A0 39 weeks gestation, with complaints of tightness in the abdomen followed by physiological delivery, then physiological postpartum and received appropriate treatment, history of newborn with weight: 3230 grams, PB : 48 cm, LD : 32 cm, LK : 33 cm male gender, and the mother said she used lactation birth control pills, there was no gap between theory and practice in her care. Conclusion: in the application of comprehensive care, the care provided is in accordance with the standards of Midwifery Care, so there is no gap between theory and cases in the field.

Keywords: *Comprehensive; Normal*

1. PRELIMINARY

The World Health Organization or World Health Organization (WHO) Maternal Mortality Rate (MMR) in 2020 noted that 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).

Number Infant mortality (IMR) in Indonesia according to the Ministry of Health data in 2020 is around 11432 per 100,000 live births. While the IMR in 2021 is 10294 per 1,000 live births (Ministry of Health, 2021). The maternal mortality rate 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).

Efforts made by the government to prevent the increase in MMR and IMR are to ensure that mothers and babies can access quality maternal and infant health services, such as pregnancy services, delivery assistance by trained medical personnel in health care facilities, postnatal maternal care for mothers and babies. , Special care and referrals in case of complications and family planning services including postnatal family planning (Kemenkes RI, 2020).

Data from the Central Statistics Agency (BPS), in Central Java Province, the percentage of women who gave birth in health facilities was 96.77%. A woman is actually in a healthy condition if she is able to get pregnant and give birth normally. in accordance with the message of the Indonesian Midwives Association (IBI) regarding pregnancy and childbirth which states "Pregnancy means a gift, for that it must be saved". The philosophy of midwifery care adheres to the concept of natural birth and the midwife acts as a protector of normal situations. In the



midwifery philosophy, it is stated that childbirth means a natural process, normal events but if not managed properly it can turn into abnormal. The data show the opposite, deliveries by cesarean section have been higher since the issuance of medical instructions for all deliveries in 1990.(BPS, 2019).

2. METHOD

The method used to relieve pain in the 1st stage of labor can be given by murottal Al-Qur'an and balanced by praying and chanting dhikr. That the intervention of giving murottal Al-Qur'an therapy is effective in reducing pain intensity.(Nurhayati & Nurjanah, 2020).

3. PATIENT INFORMATION

Mrs. M is 20 years old, G2P1A0, last education is junior high school, mother's occupation as a housewife, Mrs. M's address is in Meteseh RT 08 RW 01, Tembalang sub-district, Semarang City.

4. CLINICAL FINDING

The mother's general condition is good, the results of the examination of the mother's Vital Signs showed blood pressure: 116/80 mmHg, pulse: 80x/minute, temperature: 36.6°C, RR: 22X/minute, Lila 26 cm, TB: 155cm, followed by doing Leopold examination with results of Leopold I TFU 3 fingers below px, palpable fundus of the buttocks of the fetus, Leopold II palpable on the back on the right and on the left palpable fingers or fetal extremities, Leopold III palpable fetal head, Leopold IV divergent, palpable head 3 /5 parts, TBJ in the mother's womb is 3100 grams, this result is already above 2500 grams so there is no possibility of LBW. In addition, the results of the FHR examination obtained 143 x/minute, the maximum punctum is 1 in the lower right abdomen of the center.

5. TIMELINE

Mrs. M came to the hospital on April 30 at 22.00 WIB complaining loudly and there was bleeding mixed with mucus at 23.00 WIB. On May 1, an internal examination was performed and the result was that the opening was 4 cm and the membranes were intact. Mrs. M has entered the active phase of the first stage of labor. At 11.15 WIB, another examination was carried out and the results showed that there were signs of the

second stage, namely the opening was 10 cm and the membranes had ruptured, then delivery assistance was given to Mrs. M for 1 hour, at 12.45 WIB, the baby was born normally, no difficulties or problems, male sex strong crying and active movement.(Mine, 2018).

Then the third stage of labor was carried out to remove the placenta and cut the umbilical cord, the placenta was born 10 minutes after the baby was born at 13.00 WIB, the placenta was born intact and continued with cutting the umbilical cord, evaluating the bleeding and no lacerations. Monitoring of the fourth stage was carried out by examining the results of good uterine contractions, TFU of 2 fingers below the center, helping to clean the mother and helping the mother change clothes and pads, followed by examining the mother's vital signs and the results obtained were normal, recommending the mother to rest , eat and drink so that the mother's energy recovers.

6. DIAGNOSTIC ASSISTENT

Mrs M, 20 years old, G 2 P 1 A 0, 39 weeks pregnant, single live fetus, intrauterine, right back, back of head presentation, in physiologically active phase I labor.

7. THERAPEUTIC INTERVENTION

The therapy given is to encourage the mother to pray and chant dhikr to overcome the anxiety and pain that the mother is experiencing.(Handayani, R., D. Fajarsari, DRT Asih, 2014). And recommends the technique of giving birth to Maryam's end-time treatment method (PAZ), with this technique it is considered to be able to help mothers with minimal injury and less pain. The PAZ Maryam method has been developed by ustadz Haris Moedjahid and midwife Nuraini, they have applied this method at the Maternity Clinic and have proven that with the concept of giving birth to the PAZ Maryam technique, giving birth is easier, less painful, and without stitches.(Active et al., 2021).

8. FOLLOW UP AND OUTCOME

From the data on the development of the first stage to the fourth stage, normal results were obtained, there were no problems or complications experienced by the mother, starting from the first stage, physical examination was monitored every 4 hours, and contractions were



every 30 minutes, in the second stage the mother had entered the stage of the labor process. lasts 1 hour, in the third stage, assistance is given to deliver the placenta and cut the umbilical cord to the mother's baby, it lasts, the placenta is born 10 minutes after the baby is born and there is no abnormal bleeding, in the fourth stage development data is monitored after the mother, and the baby is born, the mother's uterine contractions contracted well, the baby was given vitamin K and eye ointment. Teach mothers how to breastfeed properly.

9. DISCUSSIONS

Complaints felt by Mrs. M when he came to the hospital, he felt nauseous, regular, discharge of mucus mixed with blood. Along with increasing the effectiveness of contractions, the cervix changes shape to become thinner and open, causing the mucous membranes contained in the cervical canal to detach and rupture causing the discharge of blood mucus. From the examination of vital signs, the match between the case and the theory was obtained. In the case there is no gap with the theory, namely in helping the delivery process, in the case of Mrs. M, the third stage of labor is physiological so that no problems are found.

Determination of this diagnosis based on the results of the history and physical examination of Mrs. M The management carried out in the third stage of labor is related to active management of the third stage, namely by injecting oxytocin 10 IU IM in the upper 1/3 of the distal lateral thigh, controlled umbilical cord tension and continued by clamping and cutting the umbilical cord \pm 2 minutes after the baby born. Labor in the fourth stage starts from the birth of the placenta until 2 hours after delivery. The management of the fourth stage in Mrs. M's case 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. Mrs. vital signs. M within normal limits, TFU 2 fingers below the center, hard uterine contractions, empty bladder, the amount of bleeding 50 cc. controlled umbilical cord tension and continued by clamping and cutting the umbilical cord \pm 2 minutes after the baby was born. Labor in the fourth stage starts from the birth of the placenta until 2 hours after delivery.

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Approaching the process of giving birth or giving birth makes both husband and wife feel pounding, energy and thoughts are really drained to prepare for this momentum. The wife feels pain after feeling the birthmarks, feels great pain. This must be balanced with praying and chanting the remembrance that is sunnah and exemplified by Rosululloh Shallallaahu 'alayhi wassalam when his daughter, Fatimah, was about to give birth. Ibn Sunni narrated with a dhaif sanad: That Fatimah Radiyallaahu'anha when she was nearing the time of giving birth, Rosululloh Shallallaahu 'alayhi wassalam ordered Umm Salamah and Zainab bint Jahsy to come and read the verse of the chair, Surah Al-A'raf verse 7, Surah Yunus verse surah Al-Falaq and Surat An-Naas. (Octofrezi, 2020).

10. AUTHORS' CONTRIBUTIONS



I as the author of this article say that the results of the research conducted were obtained from patients and carried out at the Semarang City Health Center, the data obtained from the results of interviews, observations, and examinations of patients.

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