



COMPREHENSIVE MIDWIFERY CARE FOR Mrs. A 21 YEARS OLD G2P1A0 37 WEEKS GESTATION WITH NORMAL PREGNANCY AT KEDUNGUNDU PUBLIC HEALTH CENTER TEMBALANG DISTRICT SEMARANG CITY

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ABSTRACT

Background: Comprehensive care which consists of a series of processes of pregnancy, childbirth, postpartum, BBL and family planning is a physiological process, not a few mothers experience health problems that can increase maternal mortality, In 2021, the number of maternal deaths in 2021 shows 1712 per 1000.000 Dead. this number shows an increase compared to 2020 of 305 per 100,000 deaths. **Objectives:** this study is to provide comprehensive midwifery care to Mrs. A 21 years old at the Kedungmundu Health Center, **Methods:** using a case study approach to the 7-step varney midwifery process and SOAP assessment conducted by looking at the results of subjective, objective and observational data. **Results:** the diagnosis obtained was Mrs. A, age 21, G2P1A0 at 37 weeks of gestation, there were no complaints, followed by physiological delivery, then physiologic postpartum and received appropriate treatment, history of newborn with weight: 3230 grams, PB: 50 cm, LD : 33 cm, LK: 34 cm male sex, there is no laceration in the birth canal, and the mother said she would use injectable contraception 3 months after the postpartum period, in the care there were no gaps in theory and practice smoothly and the mother and baby were 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 cases in the field.

Keywords: Comprehensive; Normal

1. INTRODUCTION

The World Health Organization or World Health Organization (WHO) The Infant Mortality Rate (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, namely from 47/1000 live births to 22/1000 live births in 2021. The World Health Organization (WHO) Maternal Mortality Rate (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).

The Infant Mortality Rate (IMR) in Indonesia in the data from the Ministry of Health in 2020 is around 11432 per 100,000 live births. Meanwhile, the IMR in 2021 is 10294 per 1,000 live births.

The Maternal Mortality Rate (MMR) in Indonesia in the data from the Ministry of Health in 2020 is around 305 per 100,000 live births. The maternal mortality rate in 2021 will be 1712 per 100,000 live births. The maternal mortality rate (MMR) in Central Java in 2020 is 76.93/100,000 live births, in 2021 it is 98.6/100,000 live births. The Infant Mortality Rate (IMR) in Central Java in 2020 is IMR: 8.24/1000 KH and in 2021 it is IMR: 7.79/1000 KH, 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.

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

The Maternal Mortality Rate (MMR) in Tembalang District in 2021 has increased



significantly when compared to 2020. In 2020, MMR is 150 cases, then MMR in 2021 is 210 cases. The maternal mortality rate in Sambiroto Village has decreased significantly. Where in 2020, AKI is 17 cases and in 2021 AKI is 14 cases. The Infant Mortality Rate (IMR) in Tembalang District in 2020, the IMR of 7.60 (102 cases), then the IMR in 2021 of 7.42 per 100,000 KH (105 cases). The infant mortality rate in Sambiroto Village has decreased significantly. Where in 2020 IMR is 167 cases, in 2021 IMR is 107 cases.

2. ISLAMIC METHOD

The method used to relieve pain in the 1st stage of labor can be given with 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.

3. PATIENT INFORMATION

Mrs. A 21 years old, G2P1A0, High school education, mother's occupation as a housewife, Address Mrs. A in Semarang

4. CLINICAL FINDING

General Condition Good, Composmentis Awareness, Vital Signs: BP: 100/70 mmHg, Pulse: 72 x/minute, Temperature: 36.5 C, RR: 20 x/minute, BW (before pregnancy and now): 54 kg /66 kg, TB : 155 cm, LILA : 26 cm, BMI : $(54 : (1,54)^2) = 22,77$ kg/m (Normal). Leopold I : TFU 3 fingers below px fundus palpable 1 soft part, less rounded, not bouncy, Leopold II : Right : Palpable 1 long part, hard like a board and there is resistance, Left : Palpable small broken parts. Leopold III: Palpable 1 round, hard, can not be shaken. Leopold IV: Divergent. TFU: 29 cm. TBJ : $(29-11) \times 155 = 2,790$ gr. Lower Extremity : Patellar Reflex : +2/+2. DJJ : 134x/minute.

5. TIMELINE

Mrs. A when he came to the hospital, he complained that he had been urinating since April 02, 2022 at 22.00 WIB, he had urinated regularly, mucus mixed with blood at 22.30 WIB, and the amniotic fluid had not yet come out. An internal examination was performed on Mrs. A. The results showed a calm vulva/vagina, soft cervix, thinning, 4 cm opening, 40% efficiency, amniotic skin + , palpable head, POD (Point of direction)

right front UUK, Moulage 0, Decreased lowest part Hodge II +, Other parts missing , STLD +. In the second stage of internal examination showed that the cervical dilatation was complete, the second stage of labor was included in the physiological category so that no problems occurred. Management carried out in the third stage of labor is placing the newborn on a clean cloth that has been prepared in the mother's lower abdomen and asking the mother or family to hold the baby, checking for the presence of a second fetus before injecting oxytocin 10 IU IM in the upper 1/3 of the thigh. the distal lateral part. Clamping the umbilical cord, the placenta was born after 10 minutes the baby was born, which is April 03, 2022 at 12:10 WIB, the placenta was born, his stomach felt bloated, he felt tired but happy.

The fourth stage of labor starts from the delivery of the placenta until 2 hours after delivery. Management of the IV stage in Mrs. A's case monitoring the IV stage every 15 minutes for the first 1 hour postpartum and every 30 minutes during the second postpartum hour, documenting all care and findings during the fourth stage of labor on the back of the partograph immediately after care is given or after the assessment is carried out, took anthropometric measurements of the baby, with the results of BB 3230 grams, PB 50 cm, LK 34 cm, LD 33 cm, Lila 10.5 cm.

6. 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, D. R. T. Asih, 2014). And recommends the technique of giving birth to Maryam's end-time treatment method (PAZ), with this technique 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, childbirth becomes easier, less painful, and without stitches.

7. FOLLOW UP AND OUTCOME

Midwifery care for pregnancy was carried out 5 times and during the care there were 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 starting 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.

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