EVALUATION OF ASSISTANCE FOR PREGNANT WOMEN THROUGH CONTINUOUS MIDWIFERY CARE WITH PREECLAMPSIA CASES IN SUMODIKARAN VILLAGE, DANDER DISTRICT, BOJONEGORO REGENCY

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ABSTRACT

Pregnancy hypertension is a danger sign of pregnancy that significantly contributes to maternal and fetal morbidity and mortality. The purpose of the study was to evaluate the implementation of assistance for pregnant women through ongoing midwifery assistance in cases of hypertension during pregnancy to postpartum and family planning services. The research method uses a midwifery management approach and is documented in SOAP, the respondent is a pregnant woman $G_IP_0A_0$ 34 weeks of gestation, who is assisted and given midwifery care from pregnancy to family planning services in Sumodikaran Village, Dander District, Bojonegoro Regency. The results showed that midwifery care was carried out continuously and based on established standards of midwifery care. Pregnant women get services of at least 10 T, normal delivery care, postpartum and family planning services safely and in accordance with procedures. Mrs D as a respondent was given prenatal care according to a minimum standard of 10 T, during pregnancy NY D had hypertension but had already received treatment. Childbirth care was carried out at Aisyiyah Hospital, Bojonegoro, lasted 12 hours, the baby was born spontaneously at 9.30 p.m, cried strongly, reddish skin, active movement, good muscle tone, female, weight 3,000 g, body length 48 cm, Apgar Score: 8-9. Midwifery care during the puerperium was carried out 4 times (2 hours post partum while at Aisyiyah Hospital and 3 times home visits). Midwifery care for newborns is carried out immediately after the baby is born which is carried out at the hospital and carried out 3 times home visits. Midwifery care for post-partum contraceptive services is carried out on 40 days post partum. The mother plans to use a 3-month injectable family planning when her baby is 3 months old. In conclusion, evaluation of the implementation of assistance for pregnant women through continuous midwifery care in cases of hypertension during pregnancy to postpartum and family planning services after proper management is carried out, namely referral to health centers, pregnancy hypertension does not progress to preeclampsia. Maternity care, postpartum, newborn and family planning services are well implemented.

Keywords *: Evaluation of support; continuous midwifery care; hypertension; pregnancy; labor*

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INTRODUCTION

Continuous Midwifery care is an ongoing series of activities and comprehensive services ranging from pregnancy, childbirth, postpartum, newborn care and family planning

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services that connect healthcare needs of women in particular and the personal circumstances of each individual[1].

Pregnancy isfetal growth and development *intrauterine* start at conception and ends until the onset of labor is the expenditure of the fetus and placenta from the mother's womb[2]. In pregnancy there are several danger signs of pregnancy, one of which is hypertension. Hypertension in pregnancy significantly contributes to maternal and fetal morbidity and mortality[3].

The diagnosis of hypertension is based on history and physical examination with the classification of pre hypertension if the systolic blood pressure is 120-139 mmHg and diastolic blood pressure is 80-89 mmHg, stage 1 hypertension if the systolic blood pressure is 140-159 mmHg and diastolic blood pressure is 80-99 mmHg Hypertension stage -2 if systolic blood pressure 160 mmHg and diastolic blood pressure 100 mmHg[4].

Maternal Mortality Rate (MMR) is one indicator to see the success of maternal health efforts. Based on the 2018 Indonesian Health Profile, the Maternal Mortality Rate (MMR) is still relatively high at 305 per 100,000 live births, while maternal mortality in Indonesia due to hypertension in pregnancy (HDK) is 27.1%[5].

The number of MMR in East Java Province in 2018, was 91.45 per 100,000 live births, it is estimated that 126,607 people (20.00%) experienced complications and 122,976 (97.13%) people received obstetric complications, and from 575,485 It was estimated that as many as 86,323 (15.00%) neonatal experienced complications and who received treatment were 67,087 (77.7%)[6].

Hypertension in pregnancy is a major cause of maternal mortality, and has other serious effects during childbirth, so mothers who experience(PIH *pregnancy-induced hypertension*) need careful monitoring. Initial assessment can determine whether complications have occurred, including checking the condition of the mother and fetus[3].

Efforts for pregnant women with hypertension to avoid various pregnancy complications, pregnant women should check their pregnancy regularly, and check with a gynecologist for further examination to get the right dose of medication[7]

Midwives in early pregnancy must

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check BMI (*Body Mass Index)*, MAP (*Mean Arterial Pressure*), ROT (*Roll Over Test*) and anamnesis of previous pregnancy history andfactors hereditary, to look for the potential for preeclampsia. If there are two positive factors, a DVAUT (examination should be performed *Doppler Velocimetry Arteria Uterina)*, and if abnormal, give low-dose aspirin therapy[8].

Assistance of pregnant women through continuous midwifery care needs to be done properly so that it can be used as an effort so that pregnant women who experience complications can still be monitored and there are no more serious/severe complications. The government together with the community must also be responsible for ensuring that every mother has access to quality maternal health services, starting from pregnancy, delivery assistance by trained health workers, and post-natal care for mothers and babies, special care and referrals in case of complications. and obtain maternity and maternity leave and access to family planning[4].

MATERIAL AND METHOD

Method used is the Varney midwifery management approach and documented in the form of SOAP, the respondent is a pregnant woman $G_IP_0A_0$ gestational age 34 weeks, who is provided with ongoing midwifery care assistance from pregnancy to the postpartum period and family planning services by conducting The stages of care include: assessment / collection of basic data, identifying problems and establishing a diagnosis, Anticipating potential problems, Identifying immediate needs, conducting interventions, Implementation and Evaluation of the care provided and findings. The study was conducted from January to July 2020 in the village of Sumodikaran, Dander District, Bojonegoro Regency.

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RESULT

Research results in the form of evaluation of assistance for pregnant women through continuous midwifery care in cases of hypertension in pregnancy include:

Table.1 General Data for Pregnant

Women Mother's Name	Mrs.D
Age	19 years old
Ethnicity/nation	Javanese
Religion	Musleem
Education	High School
Profession	-
Addres	Sumodikaran village RT. 03 / Rw. 01 District Dander Regency Bojonegoro.
Gestaional age	34 weeks
The first day of the last menstruation period (LMP)	27 May 2019
Estimated Birth	02 March 2020

DISCUSSION

Pregnancy Care

Based on the results of midwifery care to Mrs. D, third trimester pregnancy on January 20, 2020, age 19 years, $G_IP_0A_0$, gestational age 34 weeks with no complaints, from the results of physical examination it is known that blood pressure is 120/70 mmHg, pulse 80 x/minute, respiratory 21 x/minute, temperature 36.8^{0}C, upper-arm circumference 24 cm, weight 55 kg, body height 156 cm, weight before pregnancy 46 kg, BMI 19, MAP 86.7, ROT 10 mmHg. At 35 weeks of gestation the blood pressure was 120/80 mmHg, at 37 weeks the blood pressure was 130/85 mmHg, and at 38 weeks the blood pressure was 130/80 mmHg. D said no complaints. In the third trimester of pregnancy, the blood pressure of Mrs. D is still within the normal range of[9].

Blood pressure is said to be high if it is more than 140/90 mmHg. If there is an increase in blood pressure, namely systolic 30 mmHg or more, and/or

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diastolic 15 mmHg or more, but in anticipation of potential problems that may arise, Mrs. D is instructed to conduct an examination at the Puskesmas to be given 100 mg aspirin therapy so that preeclampsia does not occur. The increase in the weight of Mrs. D, which is 11 kg, is still within normal limits for the BMI of Mrs. D is 19. The instructions for consuming balanced nutritious food are always carried out by Mrs. D. So that the weight gain remains within normal limits.

Mrs. D routinely checks her pregnancy with the midwife, namely checking 14 times, namely 2 times in the first trimester, 5 times in the second trimester, 7 times in the third trimester. *Antenatalcare* is a program that is planned in the form of observation, education and medical treatment to pregnant women, to obtain a process of pregnancy and childbirth safe and satisfactory[10]. Standard obstetric care, every pregnant woman requires a minimum of four visits during the antenatal period: one visit during the first trimester (before 12 weeks), one visit during the second trimester (between weeks 13-28), two visits during the third trimester (between 29-40 weeks and after the 40th week)[11].

Childbirth Care

Based on the results of maternity midwifery care on Mrs. D, March 2, 2020, 10.30 WIB, Mrs. D was pregnant with her first child, 40 weeks of gestation, the midwife referred to the Aisyiyah Hospital Bojonegoro with an indication of blood pressure of 140/80 mmHg and experiencing hypertension during childbirth. Monitoring the progress of labor showed that the results were 2 cm opening, 25% effacement, amniotic fluid (+), Hodge I, His 2 times in 10 minutes and 25 seconds, active fetal movement, mucus and blood, vaginal discharge. So the midwife diagnosed $G_1P_0A_0$ gestational age 40 weeks inpartu, stage 1 latent phase, live fetus/single pregnancy/head presentation with gestational hypertension.

Then at 11.35 WIB collaborated with the doctor, because there was no increase in his and Mrs. D felt tired and was advised to do misoprostol induction. At 18.00, a second misoprotol induction was performed, which was giving ¼ tablet vaginally. . Labor induction is an attempt to stimulate the uterus to initiate labor, while labor acceleration is an effort to increase the frequency, duration, and strength of uterine contractions in labor.

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The purpose of the action is to achieve his strength 3 times in 10 minutes and 40 seconds[11]. Based on the doctor's advice, do labor induction with 5 IU oxytocin drip. In this case, the management carried out is in accordance with the theory which states that one of the indications for induction of labor is chronic hypertension so that labor and delivery of the baby must be shortened in the hope that the mother's blood pressure can gradually return to normal or at least improve from before.

After being treated in the ER for 1 hour, the mother was transferred to the delivery room. Then at 21.30 WIB the second induction was given, then no induction was carried out until complete opening or the second stage of Mrs. D, which starts from the complete opening (10 cm), which is at 07.30 a complete opening has taken place.

During delivery, an amniotomy was performed with the findings of clear and odorless amniotic fluid. At the time of delivery, a mediolateral episiotomy was performed due to the rigid condition of the perineum, after ± 30 minutes of delivery, the baby was born spontaneously, not immediately strong, the baby's breath was irregular, muscle tone was less active and early initiation of breasfeeding was not performed in connection with immediate action to save the baby. The second stage lasts from the first stage of birth, that is, after complete dilation, until the birth of the baby. At the end of the first stage before the patient enters the second stage, uterine contractions become more frequent and are followed by the most intense pain during labor. The rupture of the membranes at the opening is almost complete followed by the urge to push. His is getting stronger, with 2-3 minute intervals, 50-10 seconds duration. The duration of the second stage for primigravida is 50 minutes and for multigravida is 30 minutes[12]. Based on the data above, it can be concluded that there is no gap between facts and opinions.

At. 9.30 p.m Mrs. D gave birth to a baby with a female gender and active management of the third stage was carried out until the placenta was born at 22.00 WIB. The placenta was delivered spontaneously and intake within 10 minutes. Based on the results of the examination are known blood pressure blood pressure 120/80 mm Hg, pulse 84 x / minute, temperature 36.8^{0}C, RR20 x / min, lochea rubra, Abdomen: fundal high as the center, an empty bladder, uterine contractions well, as fundal heigh center .

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Genetalia: There is bleeding on the vulva and the umbilical cord is seen sticking out with a clamped tip, bleeding ± 100 cc, 1st degree laceration. Abdomen is not bloated, there is no seepage in the wound. At the vulva there is bleeding and the umbilical cord is seen sticking out with the end clamped[13].

This third stage lasts no more than 30 minutes. The placental process can be estimated by maintaining the signs of the uterus being rounded. The uterus is pushed up because the placenta is released into the lower uterine segment. The umbilical cord is longer. There was a sudden burst of blood. Based on the facts and theory, there is no theoretical gap because the placenta delivery process in Mrs. D runs well and smoothly with no complications.

Postpartum Care

Based on the results of postpartum midwifery care for Mrs. D, at 11.30 p.m, Mrs. D P_1A_0, spontaneous post partum 2 hours during normal puerperium the mother said she still felt pain in the stitches on the perineum, the mother was still afraid to turn right and left, the mother gave birth to the midwife, at 9.30 p.m the baby was born a girl, weight 3000 kg, does not immediately cry, irregular breathing, less active movement. At 20.00 the placenta was born. The general state of good mother, blood presure: 120/80 mmHg, pulse: 82 x / min, Respiration: 20 x / min, temperature: 36.7^{0}C, TFU two fingers below the center, good contractions, complete, bleeding ± 250 cc, third degree laceration. in normal postpartum vital signs that need to be known are normal temperature 36.4^{0}C to 37.4^{0}C, normal breathing 16-20 x/minute, normal pulse 80-100 x/minute, normal blood pressure 120/80 mmHg . TFU 2 fingers down the center after delivery of the placenta[14] .

Based on the results of the examination on Mrs. D, at 2 hours postpartum there was a fresh red lochea rubra up to 2 days postpartum, lochea sanguelenta was yellowish red on 3 days postpartum. Lochea rubra contains fresh blood, decidual and chorion cells occur for 2 days postpartum, lochea sanguelenta is yellowish red filled with blood and mucus occurs on day 3 to 7 postpartum, lochea serous is yellow and this fluid does not bleed anymore occurs on 7 to 14 days postpartum, white discharge lochea alba occurs after 2 weeks postpartum[15].

Data analysis Mrs. D is at 2 hours

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postpartum P_2A_0 postpartum with a second degree perineal tear. On 6 days postpartum spontaneously with a normal postpartum period, on 12 days postpartum with a normal postpartum period, and on 15 days postpartum with a normal postpartum period.tears *Perineal* is one of the most frequent trauma suffered by women during delivery, even during delivery that are considered normal[13].

The causes *of perineal rupture* are the fetal head was born too soon, labor was not led properly, previouslyin the *perineum* there was a lot of tissue, in labor with shoulder dystocia[7]. In general,tears *perineal* occur in childbirth with trauma. The more manipulative and traumatic delivery assistance will facilitate the tearing of the birth canal and therefore it is avoided to lead labor when the cervix is not fully dilated[9]. Physiological postpartum is the period that begins after the placenta comes out and ends when theorgans uterinereturn to their pre-pregnancy state. The puerperal period lasts approximately 6 weeks in good condition without any complications or complications during the puerperium[15].

During the puerperium Mrs. D had no significant complaints, the perineal sutures were clean and there were no signs of infection. Mother mobilizes well since the first two hours after delivery. Maternal nutritional needs are met and there are no complaints of elimination. Mrs. D experienced good physical changes during the puerperium because there were no dietary restrictions, maintaining *personal hygiene,* and doing physical activities well. D with existing theory. According to the author, the postpartum period is the period after delivery is complete until the uterus returns to its normal state as before pregnancy. Monitoring during the puerperium is important to do, which aims to find out during the postpartum period in the mother there are problems or complications, and to prevent infection during the puerperium.

Newborn Care

Based on the results of newborn midwifery care for Mrs. D was born at term with a gestational age of 40 weeks, born spontaneously on March 2, 2020 at 21.30 WIB, Apgar score 7-8 in the first and fifth minutes, clear amniotic fluid, did not cry immediately, weight 3000 kg, body length 48 cm, chest circumference 33 cm, upper arm circumference 10 cm, head

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circumference 32 cm.

The obstetric care carried out was immediately lying down with the baby's head slightly extended, cleaning the head of the remaining amniotic fluid. Clean the mouth with gauze wrapped around the index finger. Sucking fluids from the mouth and nose. after the tactile stimulation, by rubbing the baby on the back upwards, and flicking the soles of the baby's feet. Mild asphyxia is a condition in newborns that are considered healthy and does not require any special action[16]

Signs and symptoms that often appear in mild asphyxia are the baby looks cyanosis, pale, the baby lacks activity, the intercostal retractions, the baby moans (*grunting*), the nostrils breathing. While the symptoms of infants with mild asphyxia are tachypnea with breaths of more than 60 breaths per minute and from auscultation examination results are positive ronchi, rales, and wheezing[17].

The results of the anthropometric examination revealed that the baby, Mrs. D was born with a weight of 3000 grams, body length from head to toe is 48 cm, chest circumference is 33 cm, upper arm circumference is 10 cm, head circumference is 32 cm. On vital signs, it is known that the temperature is 36.7^{0}C, heart rate is 102 x/minute, and respiration is 42 x/minute.

The physical characteristics of a normal newborn are born at term between 37-42 weeks, weight 2,500-4,000 grams, body length 48-52 cm, chest circumference 30-38 cm, head circumference 33-35 cm, arm circumference 11-12 cm, heart rate 120-160 x/minute, respiration ± 40-60 x/minute[17]

Based on the facts of the study, there is no gap between facts and theory, because the baby's birth weight, head circumference, body length, and baby's chest circumference, Mrs. D is normal. This is because during pregnancy. Mrs. D always checks her pregnancy regularly and gets medicine from the midwife as well as counseling about nutritious food which is always applied by Mrs. D when eating, namely consuming nutritious food, and not abstaining from certain foods.

Midwifery care for Mrs. D with mild asphyxia, the author performed midwifery care 3 times, the author performed midwifery care 2 hours after birth at Aisyiyah Hospital Bojonegoro Bojonegoro, when the baby was 6 days old and 14 days old at Mrs. D. Neonatal

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health services are health services according to standards provided by competent health workers to neonates at least 3 times, during the period 0 to 28 days after birth, both at health facilities and through home visits[18].

Family Planning Care

Based on the results of family planning midwifery care, Mrs. D, dated April 13, 2020 16:30 pm general condition good,awareness, *composmentis*blood pressure 130/70 mm Hg, pulse 88 beats / minute, temperature 36.8^{0}C, respiration 20 / min, the mother said it wants to use contraceptives inject. At the reproductive age of 20-30 years old, you can use 3-month injection hormone contraceptives. Based on the age of women <20 years, a woman's reproductive organs are immature. If there are too many hormones it will interfere with growth. while in those aged> 35 years of hormone will affect the health, because the whole organ function has begun to decline[11].

Effects that arise such as long-term use can slightly reduce bone density In the case of Mrs. G there is no gap between theory and case because Mrs. D is in the reproductive age of 26 years so that the 3-month injection family planning is suitable for the mother.

Based on the results of the physical examination, the general condition of Mrs. D good, composmentis consciousness, BP 110/80 mmHg, pulse 80 x/minute, temperature 36.5^{0}C, breathing 20 x/minute, weight 52 kg, height 144 cm. Progestin injection contraceptives are suitable for breastfeeding mothers, can be used by women with blood pressure <180/110 mmHg, reproductive age, nulliparous and who have had children, breastfeeding and need appropriate contraception, cannot use contraceptives containing estrogen, often forget to take pills contraceptives, those who are not allowed to use progestin injection contraceptives in pregnant women or suspected of being pregnant, vaginal bleeding for which the cause is not clear, cannot accept the occurrence of menstrual disorders, especially amenorrhoea, suffer from breast cancer or a history of breast cancer and diabetes mellitus. According to investigators, the state of all the mothers in the normal range, as well as the mother plans to choose injectables 3 months is effective because she did not want to use the long-term planning as well as 3-month injections did not affect milk production[11].

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In midwifery care for family planning acceptors, the author manages Ny. D as for acceptors of 3-month injection KB, because there was no problem that the mother was given KIE, normal side effects of 3-month injection KB, danger signs of 3-month injection KB and repeat visits. The 3-month injection KB has several advantages, including being very effective for the prevention of long-term pregnancy, has no effect on marital relations and has no effect on breastfeeding. According to the author with the participation of mothers in the program are already aware of the importance of controlling mother prevention of pregnancy[11].

CONCLUSION

Evaluation of the implementation of assistance to pregnant women through continuous midwifery care in cases of hypertension during pregnancy to postpartum and family planning services found pregnant women experiencing hypertension in pregnancy, but after proper management was carried out, namely referral to the puskesmas, pregnancy hypertension did not continue to become Preeclampsia. Maternity care, postpartum, newborn and family planning services were carried out well, without any significant obstacles or problems.

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