

SUSTAINABLE MIDWIFERY CARE IN Mrs. "P" FROM PREGNANCY UNTIL THE POSTPARTUM PERIOD AT POLINDES SUKOREJO BOJONEGORO 2019

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ABSTRACT

Pregnancy with a distance of children <2 years is the distance between one pregnancy and the next less than 2 years. Pregnancy with a distance of children <2 years is one of the complications / causes of high cases of maternal and infant mortality. Pregnancy and childbirth require professional services by skilled health personnel. Solving maternal health problems needs to use an ongoing health care approach from before pregnancy, pregnancy, childbirth, childbirth, and contraception. This Final Project Report method uses varney management by documenting SOAP. The subjects of this study were third trimester pregnant women, labor, postpartum, contraception, and newborns (BBL). Data collection was carried out with history, physical examination, investigation, analyzed according to midwifery care diagnosis. The results of the study showed that the care given ended with physiological results. Care is given focus on trimester III pregnancy, care provided with a standard 10 T, delivery with 60 steps APN, childbirth with 4 visits, BBL with 3 visits, and midwifery care for postpartum contraception services with the results of mothers using postpartum contraception. There was no gaps in the application of midwifery care between the theory and practice of midwifery care that is on the ground, and must be maintained to improve the degree of maternal and child health services and be able to detect early complications that can reduce high maternal and infant mortality and morbidity

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INTRODUCTION

Pregnancy is defined as fertilization or union of spermatozoa and ovum and followed by nidation or implantation. A normal pregnancy will take place within 40 weeks. Pregnancy is divided into 3 trimesters, where the first trimester lasts 12 weeks, the second trimester 15 weeks (13th to 27th week), and the third 13 weeks (28th to 40th week).¹

High-risk pregnancy is a pregnancy with the possibility of danger/risk of complications during childbirth, which can cause death, illness, disability, dissatisfaction and discomfort (5K) for the mother or fetus/newborn of the high-risk pregnancies is a pregnancy with a spacing of children <2 years, a pregnancy with a spacing of children <2 years is a pregnant woman whose birth spacing with the smallest child is less than 2 years (Rochjati

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P, 2011: 60). The risks posed include bleeding after childbirth, babies born prematurely / born before 37 weeks, babies born with low weight (< 2500 gr).²

Childbirth is a process of expelling products of conception (fetus + uterus) that can live in the outside world, from the uterus through the birth canal or by other means (Sofian, 2011: 69). The postpartum period (puerperium) starts from the completion of labor until the uterine devices return to pre-pregnancy. This postpartum period lasts 6-8 weeks.³

According to WHO, the Maternal Mortality Rate (MMR) in the world is 289,000 people, while AKI in Southeast Asia is 16,000 people. Based on the 2017 Indonesian Health Profile, the Maternal Mortality Rate (MMR) related to pregnancy, childbirth and childbirth is 305 per 100,000 live births, while the Infant Mortality Rate (IMR) in 2017 is 24 per 1,000 live births.⁴

Meanwhile, in East Java Province, the 2017 East Java Maternal Mortality Rate (MMR) was 91.92 per 100,000 live births and the Infant Mortality Rate (IMR) was 23.1 of 1000 live birth.⁵

The number of MMR in Bojonegoro Regency in 2017 was 100.93 per 100,000 live births, while the number of IMR in Bojonegoro Regency was 154

cases or 8.76 per 1000 live births. (Bojonegoro District Health Office, 2017).

At the Bojonegoro Health Center in 2017, the total infant mortality rate was 8 babies, and the total maternal mortality rate was 3 people, out of 150 high-risk/complicated pregnant women, 140 or 93.58% were treated, and 100 high-risk/complicated neonatal events were handled as many as 78 babies or 68.8%.⁶

Based on data from PWS KIA Polindes Sukorejo, Bojonegoro District, Bojonegoro Regency, in 2017 out of 100 pregnant women there were 12 people (12%) with pregnancies with a child spacing of < 2 years (< 2 years). in 2018 out of 102 pregnant women, 15 people (14.7%) from this data it can be concluded that pregnancies with a spacing of children < 2 years experienced an increase of 2.7%.

Pregnancy with a spacing of children < 2 years is the distance between one pregnancy and the next less than 2 years (24 months), where the condition of the mother's uterus has not recovered, the mother has less time to breastfeed and care for the baby. Pregnancy with a spacing of children <2 years is one of the complications/riski causes of high cases of maternal mortality and morbidity.³ The dangers that can occur in pregnant women with a gestational age <2 years include

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bleeding after the baby is born because the mother is still weak, premature babies/birth is not full term (37 weeks), babies with low birth weight (LBW) < 2500 gr, miscarriage, anemia, congenital defects, and not optimal growth and development of toddlers.² This risk occurs because the condition of the mother's uterus has not recovered, it can result in complications in pregnancy and the mother has less time to breastfeed and care for the baby.⁷

In overcoming the problem of pregnancy with a child spacing of <2 years, early detection of signs and symptoms of danger during pregnancy is carried out to prevent serious interference with pregnancy or the safety of pregnant women.¹ Antenatal screening for early detection of high risk pregnant women using the Rochjati Poedji Score Card (KSPR) is useful for finding risk factors for pregnant women, determining risk groups for pregnant women, and as a means of recording the condition of pregnant women.² Maternal and neonatal health services must have comprehensive service capabilities (Prawirohardjo, 2009: 364). Obstetric and neonatal emergency services are needed, and the availability of skilled health workers as birth attendants (Prawirohardjo, 2009: 61).

Midwives are a very important link,

because of their position as spearheads in efforts to improve human resources through their ability to supervise, assist and supervise neonates, during maternal labor and the postpartum period.⁷ Midwives must be competent in knowledge and skills, must have extensive knowledge in all aspects, namely pregnancy, childbirth, postpartum, family planning, from couples of childbearing age because community midwives are partners of a woman in dealing with various life experiences.³

Based on the background of the problem, the authors are interested in making a case study "Continuous Midwifery Care for Mrs. Pregnancy to Postpartum Period at the Sukorejo Polindes, Bojonegoro District, Bojonegoro Regency in 2018

MATERIAL AND METHOD

This was a descriptive qualitative which describes a case study of continuing midwifery care in Mrs. P during pregnancy until the postpartum period at the Sukorejo Polindes, Bojonegoro District, Bojonegoro Regency in 2018. Care provided with varney management and SOAP midwifery documentation, namely S is subjective data, O is objective data, A is Analysis/Assessment and P is Planning.

RESULT

Midwifery care for Mrs. P G2P1A0 did not find any signs of danger or complications in stage I, stage II, stage III, or stage IV, and the delivery process proceeded normally and smoothly and no complications occurred, care was provided using 60 APN steps. Postpartum midwifery care for Mrs. P did not find signs of danger or complications during the puerperium and puerperium proceeded normally. Midwifery care for newborn Mrs. P, baby Mrs. P did not find any signs of danger or complications in the baby, the baby is in normal condition. Family planning midwifery care to Mrs. Mrs. P and her husband have received explanations about the types of contraceptives that are suitable for postpartum and breastfeeding mothers, Mrs. P and her husband agreed to use injectable birth control 3 months after the postpartum period was over.

DISCUSSION

Pregnancy of Mrs. P with children < 2 years apart. General examination Mrs. P obtained blood pressure within normal limits, namely 110/70 mmHg, weight before pregnancy 40 Kg, at the end of

pregnancy 45 Kg, there was an increase of 5 Kg. On laboratory examination, the results of Hb Mrs. P 10.2 gr%. The size of the TFU (High Fundus Uteri) in the third trimester of pregnancy at 30-31 weeks of gestation is mid-center – PX (26 cm), at 38-39 weeks of gestation the TFU is 3 fingers below PX (28 cm). There was a gap in Mrs.'s weight gain.

Based on the research results Mrs. "P" complained of loudly since November 10 2018 at 02.00 PM and had secreted bloody mucus and then brought it to the midwife on November 10, 2018 at 03.00 PM. at 04.30 PM on November 10, 2018, Mrs. P said he wanted to pass a bowel movement, his general condition was good, composmentis awareness, blood pressure 120/70 mmHg, pulse 85 x/minute, breath 20 x/min, his 5 x 45", DJJ 140 x/minute, VT had mucus, portio not palpable, Ø 10 cm, eff. 100%, amniotic fluid (-) head presentation, head drop Hodge IV. The delivery leader was carried out, then at 04.40 PM, the baby was born spontaneously, female sex and early initiation of breastfeeding was carried out. Childbirth when I Mrs. "P" proceeds normally, when II Mrs. "P" multigravida had no complications during the labor process, the third stage of labor Mrs. "P" with active management of stage

III, placental assessment was carried out, the placenta was delivered complete, there was a perineal laceration, the delivery stage IV Mrs. "P" lasts for ± 2 hours. TFU Mrs. "P" during the IV stage was 2 fingers below the center, uterine contractions were good and the bladder was empty, bleeding was ± 100 cc, Mrs. P goes on normally. there is a discrepancy because based on the theory of delivery at a distance of <2 years of pregnancy can cause placenta previa, his disturbances during labor and premature rupture of membranes in labor.⁷

In the first 6 hours post partum Mrs. "P" complained of pain in the suture wound of the birth canal, while on the 7th day there were no complaints, on the 14th day there were no complaints, and on the 40th day the mother had no complaints and the mother's condition was getting better. A little milk output at 2 hours post partum, already urinating at 6 hours post partum $\pm 1-2$ times, clear yellow color, defecation (-). Involution process.⁸

In the first 6 hours of TFU 2 fingers below the center, good contractions. On the 6th day post partum TFU mid center and symphysis, good uterine contractions. On the 14th day post partum TFU was palpable 3 fingers above the symphysis, uterine contractions were

good, on the 40th day post partum TFU was not palpable. Apart from the involution process, Mrs. "P" also underwent a process of change in the lochia or fluid that came out of the birth canal after giving birth, namely, in the first 6 hours post partum lochia rubra, on the 6th day lochia sanguinolenta, on the 14th day lochia serosa, on the 40th day lochia alba, uterine involution and puerperium Mrs. P takes place normally. There was a gap in Mrs. P because based on the theory of <2 years of pregnancy spacing can cause uterine involution disorders during the puerperium.⁷

Based on the facts, it was found that Mrs. "P" at the age of 6 hours had 2 times urination and had not defecated. urination is clear in color, liquid, has a characteristic odor, was already breastfeeding at the time of Early initiation of Breastfeeding. A general examination was carried out on Mrs. "P" includes: Weight: 3100 grams, Body length: 48 cm, Chest circumference: 33 cm, Upper arm circumference: 12 cm, Head circumference: 33 cm. Vital signs: Temperature: 36.5 oC, Pulse: 140 x/minute, Respiration: 42 x/minute. On physical examination, black hair, reddish skin, clean genitalia, no rash, baby girl, labia minora covered by labia majora,

perforated anus, no atresia ani. On a positive Moro reflex examination, the baby shows like hugging when there is a stimulus. Examination of positive graphs reflexes, the baby's toes will bend tightly when rubbing something on the soles of the baby's feet. Based on the above, there is a gap because based on theory, the interval between pregnancies < 2 years can cause babies to be born prematurely / born before 37 weeks, babies born with low weight (< 2500 gr).²

Entered 40 days post partum and has received an explanation of the types of birth control, the advantages of family planning, side effects of family planning, the use of family planning that is safe for breastfeeding mothers. Based on the explanation plans to use 3-month injectable birth control. Then a general inspection is carried out and special examinations and screening to ensure that Mrs. "P" is eligible to use 3 months of injectable contraception. After examining was given a statement of approval to become a 3-month injectable family planning acceptor, then a 3-month injection of KB was administered to the mother. Based on the facts and theory obtained, there is no gap, patient was received a 3-month injection of birth control which did not affect milk

production.⁸⁻⁹

CONCLUSION

Midwifery care was found several problems including patient with a gestational age <2 years and Anemia care provided with a standard of 10 T. It is hoped that the authors will be able to develop and implement midwifery care on an appropriate basis because sustainable midwifery care can increase the degree of maternal and child health services. For health centers It is hoped that the Polindes can implement midwifery care in an appropriate manner in an appropriate manner in carrying out midwifery services optimally and carry out immediate treatment if complications are detected in pregnant women so that they can improve the degree of maternal and child health services. And then For clients It is hoped that it can increase the client's knowledge about pregnancy, childbirth, postpartum, newborns, contraception and husbands and families can provide support and encouragement to mothers.

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