CONTINUITY OF MIDWIFERY CARE IN PREGNANCY, LABOUR AND POSTPARTUM PERIOD IN PBM SITI MARLINA, AMd.Keb NGUNUT BOJONEGORO

Nur Azizah[1], Sri Luluk[2] Wiwik Muhidayati[3], Ni'matus Sholihah[4]
[1-4]Profession of Midwifery Study Program, STIKes Rajekwesi Bojonegoro

ABSTRACT

Good management during the womb, during labor, after birth and monitoring subsequent growth and development will produce a healthy baby. The research was to apply Sustainable Midwifery Care to Ny. R from pregnancy to the puerperium. This Final Report is in the form of a case study using the midwifery management approach and documented in the SOAP format. The subject of this research was Ny. R GIIP0A1 32-33 weeks gestational age. The results of the study were obtained that the care of a pregnancy that was initially a pregnancy with Chronic Energy Less and the end result of the pregnancy was physiological. In childbirth care at PBM Siti Marlina, AMd, Keb., Ngunut Village, Dander District, Bojonegoro Regency, time: 05.10 WIB, the baby was born spontaneously.. The postpartum midwifery care has been carried out in accordance with the postpartum service standards that is carried out 4 times home visit. Midwifery care for postpartum contraception services is done (21 days after giving birth to a baby), with the result that the mother has not yet decided on the contraceptive to be used because she has never used contraception before and after receiving an explanation of the various contraceptive contraceptive methods Ny. R used 3-month injection contraception. It is expected that health workers will play an active role in providing quality midwifery services for mothers from pregnancy to family planning both physiologically and pathologically according to midwifery service standards so as to reduce the increase in MMR and IMR.

Keywords: *Continuity of midwifery Care, third trimester*

Received : Jun 9, 2023 Received in revised form : Jun 28, 2023 Accepted : 30 Jun, 2023

INTRODUCTION

Pregnancy is the growth and development of the intrauterine fetus starting from conception and ending until the onset of labour (Manuaba IBG, 2010 : 38). Chronic lack of energy during pregnancy risks bleeding during labor (Sutanto dan Fitriana, 2017: 90). Good management during pregnancy, childbirth and after delivery and monitoring of subsequent growth and development will

Correspondence :. Nur Azizah. Profession of Midwifery Study Program. STIKes Rajekwesi Bojonegoro. aziezahmaulana@gmail.com.

produce a healthy baby (Saifuddin, 2010: 133). Postpartum care begins at 6 hours, 6 days, 6 weeks and 6 months to determine critical times for recognition, fulfillment of needs, and prevention of complications (Prawirohardjo, 2011: 364).

Indonesia in 2017 the number of pregnant women who are at risk of CED is 82.83% (Kemenkes, RI., 2018). Meanwhile, the frequency of abortion in Indonesia is estimated at 10% -15% of the 5 million pregnancies each year (Kustiyani, 2017). Meanwhile in East Java Province in 2017, the number of pregnant women at risk of CED in East Java was 84.88% (Kemenkes, RI., 2018).

Based on data from the Bojonegoro Health Office in 2017, out of 18,527 pregnant women it is estimated that 3,705 pregnant women experience high risk/complications (20% target pregnant women), while 2,478 babies were born with high risk/complications, while 2,200 pregnant women (11.87%) experienced CED, and as many as 1,395 pregnant women (7.53%) had experienced an abortion in 2017. In the working area of the Dander Health Center in 2017, out of 619 pregnant women, 138 (111.47%) were pregnant, while 51 (82.90%) of the 83 newborns with high risk/complications handled, while as many as 87 pregnant women (14.05%) experienced CED and as many as 59 pregnant women (9.53%) had experienced abortion in 2017 (Dinas Kesehatan Bojonegoro, 2018).

Based on data from PBM Siti Marlina, Amd, Keb., Ngunut Village, Dander District, Bojonegoro Regency, out of 207 pregnant women, 125 pregnant women (60.39%) experienced high risk, where as many as 12 pregnant women (5.80%) experienced CED and as many as 18 pregnant women (8.70%) had abortions in 2016 (Cohort Register of Mothers PBM Siti Marlina, Amd, Keb., 2016). In 2017, out of 231 pregnant women, it was found that 168 pregnant women (72.73%) experienced high risk, and as many as 26 pregnant women (11.26%) experienced CED, as many as 31 pregnant women (13.42%) had experienced an abortion (PBM Cohort Register Siti Marlina, Amd, Keb., 2017). In 2018, out of 310 pregnant women, 166 pregnant women (53.55%) experienced high risk, and as many as 36 pregnant women (11.61%) experienced KEK, as many as 23 pregnant women (7.42%) had experienced abortion (Cohort Register of Mothers PBM Siti Marlina, Amd, Keb., 2018). Based on the results of the initial assessment on Ny. R, known to be 22 years old, weight before pregnancy 45 kg,

Correspondence :. Nur Azizah. Profession of Midwifery Study Program. STIKes Rajekwesi Bojonegoro. aziezahmaulana@gmail.com.

weight at the time of examination was 54 kg, LiLA 23 cm, and height 156 cm, HB 13.1, GDA 122, urine protein (-), urine reduction (-), Mrs. R also said that he had experienced failure to get pregnant, things in show that Mrs. R is a GIIP0AI pregnant woman who has the potential for obstetric emergency with a score of 6 due to Bad Obstetric History (ROJ), namely abortion which was performed by curettage.

Chronic Energy Deficiency (CED) is one of the risks that can cause problems for pregnant women. CED in pregnant women can cause risks and complications for the mother including anemia, bleeding, the mother's weight is not increasing normally, and have an infectious disease. The effect of CED on the delivery process can result in difficult and long labor, premature (premature) labor, bleeding after childbirth, as well as delivery by surgery tends to increase. Chronic lack of energy in pregnant women can affect the growth process of the fetus and can cause miscarriage. abortion, stillbirth, neonatal death, birth defects, anemia in infants, intra partum asphyxia (dead in the womb), birth with low birth weight (BBLR). If BBLR babies have a risk of death, malnutrition, growth disorders, and child development disorders (Sandjaja, 2009). A history of abortion is also a risk factor that can increase the risk of abortion in pregnant women (Putri, 2018). Risk factors for pregnant women can cause risks or dangers that may cause labor complications. Risk factors can also be a link in a chain that can result in death, illness, disability, discomfort and dissatisfaction in the mother and fetus. (Prawirohardjo, 2011: 29).

Efforts to prevent the risk of CED in pregnant women before pregnancy, women of childbearing age must have good nutrition, for example with LILA not less than 23.5 cm. If the mother's LILA before pregnancy is less than this number, the pregnancy should be postponed so that there is no risk of giving birth BBLR (Sandjaja, 2009). In order to reduce MMR, the Bojonegoro Health Office carried out the "JASA SI MAMA" activity. Mama's Services is a strategy to reduce MMR which consists of Cooperation, Skills, Management, and Community Empowerment. Collaborative efforts are carried out with cross-program and cross-sectoral activities including the implementation of integrated ANC, coordination of health facilities-referrals, GSI, formation of Risti and GEBRAK Alert Teams. Improvement of skills (Skills) is carried out through training

Correspondence :. Nur Azizah. Profession of Midwifery Study Program. STIKes Rajekwesi Bojonegoro. aziezahmaulana@gmail.com.

activities for health workers, Implementation of Midwives Study Groups (KEJAR Midwives), refreshing, reviewing and simulating skills (Dinkes Bojonegoro, 2018 : 20).

MATERIAL AND METHOD

This was a case study. The subjects of this study were G2P0A1 pregnant women aged 32-33 weeks with left Chronic Energy Deficiency (CED). Midwifery care provided is third trimester pregnancy care, maternity, postpartum, newborns (0-28 days) and postpartum contraception services using Varney's midwifery management approach and documented in the form of SOAP. Midwifery care is carried out on an ongoing basis at Ny. R began in the third trimester of pregnancy, childbirth, childbirth, neonates and postnatal family planning at PBM Siti Marlina, AMd., Keb. Ngunut Village, Dander District, Bojonegoro Regency

RESULT

Midwifery care for Mrs. R 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. R, baby Mrs. R 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. R and her husband have received explanations about the types of contraceptives that are suitable for postpartum and breastfeeding mothers, Mrs. R and her husband agreed to use injectable birth control 3 months after the postpartum period was over.

DISCUSSION

Third trimester of pregnancy

Midwifery care for third trimester pregnancy by researchers was carried out from 24 – 10 – 2018, Mrs. R G2P0A1, 32-33 weeks of gestation, complained of low back pain. This pregnancy is one year after the abortion and Mrs. R is 22 years old. Abortion is the termination of pregnancy by expulsion of the products of conception before the fetus can live outside the womb with a gestational age of less than 20 weeks and a fetus weighing less than 500 grams

Correspondence :. Nur Azizah. Profession of Midwifery Study Program. STIKes Rajekwesi Bojonegoro. aziezahmaulana@gmail.com.

(Maryunani, 2016: 87). History of abortion is included in the high-risk pregnancy group with a score of 6, which allows abortion in the next pregnancy (Rochjati P, 2011: 130). However, this did not happen in the second pregnancy because Mrs. R listening to his advice made mothers more careful in maintaining their pregnancies and managing their nutrition and rest patterns properly, the support, attention and closeness to parents, husband and family makes the mother more calm in facing her pregnancy and focuses on caring for and maintaining her pregnancy until the delivery process, until the gestational age of 32 weeks of pregnancy is still running normally without having recurrent abortionsLILA size Mrs. "R" 23 cm. Chronic Energy Deficiency (CED) is a condition where the Upper Arm Circumference (LILA) is less than 23.5 cm (Supariasa, 2009 : 49). Pregnant women with CED can cause risks and complications for the mother, including: Anemia, and exposure to infectious diseases. This is not in accordance with the opinion (Rahmadhani, 2012). Based on this, a gap was found between facts and theory.

Labor

Based on the results of midwifery care on December 21 2018 at 20.00 WIB, mucus and blood were released, the waters had not broken, then they were taken to the midwife at around 21.00 WIB. At 22.00 WIB the waters broke and the mother complained of tightness, opening 2 cm, eff. 25%, amniotic fluid (+), Hodge I, HIS 2 times in 10 minutes 25 seconds long, active fetal movement, There is discharge of mucus and blood. So that the midwife diagnosed GIIP0A1 at 39-40 weeks of gestation, latent stage 1 in labor. The first stage or the opening stage lasts from zero opening (0 cm) to complete opening (10 cm). The process at stage I is divided into 2 phases, each of which is not the same length of time. *The latent phase* lasts 8 hours, in this phase it takes only 3 cm. The first stage is marked by strong uterine contractions and the longer the frequency is getting more frequent (Yongky et al, 2012: 47). Based on this, no gap was found between facts and theory because monitoring of the first stage of labor was monitored every 15 minutes. Mrs. R on December 22 2018, at 05.00 entered the second stage of labor which was marked by the mother saying she often had heartburn and wanted to push and at the time of VT it was known that the opening was 10 cm, Eff: 100%,

Correspondence :. Nur Azizah. Profession of Midwifery Study Program. STIKes Rajekwesi Bojonegoro. aziezahmaulana@gmail.com.

ruptured membranes, fetal presentation: location of the back of the head, front left UUK, lowering of the head on Hodge IV, no molasses, no protruding umbilical cord. The second stage begins with complete dilation (10 cm) until the fetus is born, this process depends on multiparous or primiparous delivery. The duration of the second stage is 1-2 hours (Yongky, et al., 2012: 48). Based on the above, there is no gap between facts and theory At the time of III Mrs. R or at 05.15 WIB said that his stomach still felt mules, there was bleeding ± 150 cc, first degree lacerations, lochia rubra, TFU 1 finger below the center, hard uterus, good contractions. According to (Sondakh, 2013 : 7), Stage III lasts no more than 30 minutes. Based on facts and theory, there is no theoretical gap because the process of stage III Ny. S for + 10 minutes.

At the time Mrs. R entered the fourth stage at 05.30 WIB, Mrs. R said he was happy because his baby had been born safely, and felt pain in his birth canal. Blood pressure 120/80 mmHg, temperature 36.60C, pulse 88 x/minute, breathing 20 x/minute, face still looks pale, eye conjunctiva anemic (looks lack of sleep). Management of the fourth stage aims to make observations because postpartum hemorrhage most often occurs in the first 2 hours. Blood loss in labor is usually caused by injuries during the release of the placenta and tears in the cervix and perineum (Sondakh, 2013: 7). Based on the case above, there is no gap between facts and theory, where stage IV runs normally

Postpartum

Based on the anamnesis at 11.00 WIB on December 22 2019, or 6 hours post partum, Mrs. R said he was still a little tired and sleepy, felt pain in the genital area, the spontaneous birth mother said she was relieved to give birth to her first child assisted by a midwife, at 05.10 WIB, a baby girl, born spontaneously, immediately cried. BB 3600 kg, PB 50 cm, no abnormalities. At 05.17 the placenta was born spontaneously, complete, bleeding + 150 cc. On physical examination, it was found that BP: 110/70 mmHg, N: 84 x/min, R: 20 x/min, S: 360C, TFU 2 fingers below the center, TFU 2 fingers below the navel, good contractions, uterus feels hard, there is bleeding, lochea rubra, clean and still wet, no signs of infection. Meanwhile, according to Marmi (2015 : 181), in normal puerperium vital signs that need to be known are normal temperature 36.40C to 37.40C, normal breathing 16-20 x/minute, normal pulse 80-100 x/minute,

Correspondence :. Nur Azizah. Profession of Midwifery Study Program. STIKes Rajekwesi Bojonegoro. aziezahmaulana@gmail.com.

normal blood pressure 120/80 mmHg. TFU 2 fingers below the center after delivery of the placenta (Saleha, 2009 : 55). Based on the results of the study of midwifery care, there was no gap between theory and the case of the postpartum period of 6-8 hours postpartum. S under normal circumstances. Visit II, 6 days post partum the mother said that she had yellowish red discharge (lokea sanguelenta). Midwifery care is carried out by explaining the results of examinations to the mother that the mother's general condition is good. Discuss with the mother the importance of adequate rest according to the baby's sleep pattern. Encourage mothers to consume a balanced nutritious diet. Cleanliness of self and genitals, namely bathing 2 x a day, and washing from front to back, and changing softex after every defecation or urination. Explain the danger signs in the puerperium, including fever, swollen breasts, bleeding, smelly lochia. Advise mothers to give exclusive breastfeeding, namely giving only breast milk for 6 months. On visit II, 6 days post partum according to Saifuddin (2009 : 231) is to assess for signs of fever, infection or abnormal bleeding, ensure the mother gets enough food, fluids and rest, ensure the mother breastfeeds well (Saleha, S, 2010). The results of the examination on Mrs. R found the height of the uterine fundus midway between the center and the symphysis, good uterine contractions, good uterine consistency, lochia sanguinolenta discharge and no signs of infection, from monitoring results there was no gap between theory.

On home visit III, 2 weeks post partum on January 4 2019, Mrs. R said it was still giving off a yellow liquid. Blood pressure 120/80 mmHg, pulse 80 x/min, temperature 36.80C, breathing 21 x/min. TFU is not palpable above the symphysis, in genitalia it still exudes lochea serous, clean, and there are no signs of infection. Visit III, 2 weeks postpartum is to assess for signs of fever, infection or abnormal bleeding, memastikan ibu mendapat cukup makanan, fluids and rest, ensuring that the mother breastfeeds properly (Saifuddin, 2009). The results of the examination on Mrs. R is the height of the uterine fundus at 2 weeks post partum, it is no longer palpable from the monitoring results, there is no gap with theory.

The 4th postpartum service on February 4 2019, Mrs. R said there were no complications during childbirth, blood pressure 110/70 mmHg, pulse 80 x/min, temperature 36.50C, breath 20 x/min. At this 4th visit the midwifery care provided

Correspondence :. Nur Azizah. Profession of Midwifery Study Program. STIKes Rajekwesi Bojonegoro. aziezahmaulana@gmail.com.

was to provide family planning counseling which included understanding, types of contraception, indications for each contraceptive method, and Mrs. R is willing to use the 3-month injection of Depogestin as recommended by the midwife. According to Saifuddin (2009) during this visit the midwife asks the mother about the complications the mother or baby is experiencing, provides counseling for early family planning (Saleha, S, 2010). The results of the examination on Mrs. R, no signs of infection and provide information about family planning. The results of monitoring carried out are in accordance with the theory

Newborn

Baby Mrs. R was born full term with a gestational age of 39-40 weeks, was born spotlessly on December 22 2018 at 05.10 WIB, Apgar score 9-10, immediately cried, clear amniotic fluid, BB 3,600 kg, PB 50 cm, chest circumference 34 cm, upper arm circumference 11 cm, head circumference 34 cm. Midwifery care is done by drying the baby's body and wrapping it in a dry cloth, so that the baby does not lose body heat, the baby is wrapped in a clean and dry cloth. Perform cord care. giving 1% oxytetricycline eye ointment in both eyes of the baby for prophylactic antibiotics. Inject 1 mg of vitamin K in the left thigh IM, to prevent umbilical cord bleeding. According to Wahyuni (2013 : 1), Normal BBL is a newborn at term of pregnancy (from 37-42 weeks of gestation), and according to Maryunani (2010 : 121) a healthy newborn baby is red in color, immediately after birth the crying is strong, the baby's movements are there, the muscle tone is supple and stocky. Based on this, between facts and theory there is no gap between facts and theory. Based on midwifery care for Ny. R was born with a body weight of 3600 grams, body length from head to toe, namely 50 cm, upper arm circumference 11 cm, head circumference 34 cm. On vital signs known temperature 370C, heart rate 128 x/minute, and respiration 52 x/minute. According to Dewi (2014: 2-3), the physical characteristics of a normal newborn are born at term between 37-42 weeks, weight 2500-4000 grams, PB 48-52 cm, chest circumference 30-38 cm, head circumference 33-35 cm, arm circumference 11-12 cm, heart rate 120-160 x/minute, breathing ± 40-60 x/minute. Based on these facts, there is a gap between facts and theory, because the baby's birth weight is within normal limits, there are no records. At 1 hour of

Correspondence :. Nur Azizah. Profession of Midwifery Study Program. STIKes Rajekwesi Bojonegoro. aziezahmaulana@gmail.com.

care for newborns and neonatal visit II, 6 hours of BBL, the authors assessed the baby, temperature 36.80C, pulse 134 x/minute, weight 3600 gr, PB 50 cm, general condition good, not pale, skin color pink, complete with the results obtained at the time of examination, BAK (+) clear color, liquid, characteristic odor, defecation (+) yellow, thick, seen with seeds. In midwifery care for BBL, the management of infants is the same as midwifery care for newborns normally and no problems are found in the baby's mother. In carrying out care for the baby, Mrs. R in accordance with the theory that is done quickly and precisely. On the third visit (6 days old baby) the client's baby looks healthy, the umbilical cord is detached and the condition is clean and dry, there are no signs of infection and jaundice. Good general condition, composmental awareness, temperature 36.80C, HR 136 x/minute, BB 3800 gr, PB 50 cm, skin color pink, baby looks active, baby cries loudly, BAK (+) liquid, yellow, smelly typical and defecation (+) yellow, looks seedless, has a characteristic odor. From three neonatal visits, it was found that the condition of the baby was healthy, there were no complications in his care and he was experiencing good development.

CONCLUSION

Midwifery care during pregnancy did not find complications or abnormalities in the mother or fetus and the pregnancy proceeded normally, Mrs. R with a history of abortion experienced chronic energy deficiency so as to prevent complications during delivery, he was examined for TFU, fetal presentation and fetal heart rate (DJJ) which aims to determine abnormalities in fetal growth and prevent recurrent abortion. Midwifery care during childbirth Mrs. R runs normally. There were no complications in stage I, stage II there was a grade I perineal tear, stage III delivery, stage IV delivery had no complications and was handled properly by health workers. Postpartum midwifery care Mrs. R, at 6 hours postpartum, at 6 days postpartum, 2 weeks to 6 weeks postpartum, while monitoring the puerperal period, went well and there were no complications during the puerperium.

Correspondence :. Nur Azizah. Profession of Midwifery Study Program. STIKes Rajekwesi Bojonegoro. aziezahmaulana@gmail.com.

REFERENCES

Dinas Kesehatan Kabupaten Bojonegoro. 2018. *Data Ibu Hamil KEK Tahun 2016 dan Tahun 2018*.

_____. 2018. *Jumlah Kasus Riwayat Abortus Tahun 2017*.

_____. 2018. *Profil Kesehatan Kabupaten Bojonegoro Tahun 2017*. Bojonegoro : Dinas Kesehatan Kabupaten Bojonegoro.

Dinas Kesehatan Provinsi Jawa Timur. 2018. *Profil Kesehatan Provinsi Jawa Timur tahun 2017*. Diakses dari www.depkes. go.id/resources/download/ profil/.pdf. Tanggal 29 September 2018.

_____. 2018. *Profil Kesehatan Indonesia Tahun 2017*. Diakses dari www.depkes.go.id/.../profil-kesehatan-indonesia/Profil-Kesehatan-Indonesia-2016.pdf. Tanggal 29 September 2018.

Kustiyani. 2017. *Faktor-Faktor Yang Mempengaruhi Kejadian Abortus Di RSUD Sleman Yogyakarta tahun 2017*. Diambil dari http://elibrary.almaata. ac.id/751/1/Nikmatun%20Kustiyani .pdf. Tanggal 29 September 2018.

Manuaba, IBG. 2012. *Ilmu Kebidanan, Penyakit Kandungan, dan KB; Untuk Pendidikan Bidan*. Jakarta : EGC.

Maryunani, A. 2016. *Buku Praktis Kehamilan dan Persalinan Patologis (Risiko Tinggi dan Komplikasi) dalam Kebidanan*. Jakarta : Transinfo Medika.

Muslihatun. 2010. *Asuhan Neonatus Bayi dan Balita.* Yogyakarta : Fitramaya.

PBM Siti Marlina, Amd, Keb., 2018. *Register Kohort Ibu Tahun 2016 dan Tahun 2017*.

Prawirohardjo, S. 2011. *Ilmu Kebidanan*. Jakarta : Yayasan Bina Pustaka Sarwono Prawirohardjo.

Putri. 2018. *Hubungan Usia, Jumlah Kehamilan, Dan Riwayat Abortus Spontan Pada Ibu Hamil Dengan Kejadian Abortus Spontan*. Diakses dari http://eprints. ums.ac.id/ 58164/14/ naskah%20publikasi.pdf. Tanggal 03 Oktober 2018.

Rahmadhani. 2012. *Kekurangan Energi Kronis Pada Ibu Hamil*. http://sendy female.blogspot.co.id/2012/06/html. Diakses 09 November 2018.

Rochjati, P. 2011. *Skrining Antenatal Pada Ibu Hamil*. Surabaya : Airlangga University Press.

Saifuddin, AB. 2010. *Buku Acuan Nasional Pelayanan Kesehatan Maternal Dan* Neonata. Jakarta : Yayasan Bina Pustaka Sarwono Prawiroharjo.

Sandjaja. 2009. *Risiko Kurang Energi Kronis (KEK) Pada Ibu Hamil Di Indonesia*. http://download.portalgaruda.org/article.php?article=527354&val=10794&title. Diakses 19 Oktober 2018.

Supariasa. 2009. *Penilaian Status Gizi*. Jakarta : EGC.

Sutanto dan Fitriana. 2017. *Asuhan Pada Kehamilan (Panduan Lengkap Asuhan Selama Kehamilan Bagi Praktisi Kebidanan)*. Yogyakarta : Pustaka Baru Press.

Vivian, N. 2014. *Asuhan Neonatus Bayi dan Anak Balita*. Jakarta : Salemba Medika.

Wahyuni. 2018. *Asuhan Kebidanan Komunitas*. Jakarta : Badan

Correspondence :. Nur Azizah. Profession of Midwifery Study Program. STIKes Rajekwesi Bojonegoro. aziezahmaulana@gmail.com.

Pengembangan dan Pemberdayaan Sumber Daya Manusia Kesehatan Kementerian Kesehatan Republik Indonesia.

Yongky, dkk. 2012. *Asuhan Pertumbuhan Kehamilan, Persalinan, Neonatus, Bayi dan Balita*. Yogyakarta : Nuha Medika

Correspondence :. Nur Azizah. Profession of Midwifery Study Program. STIKes Rajekwesi Bojonegoro. aziezahmaulana@gmail.com.