IMPLEMENTATION OF CONTINUOUS MIDWIFERY CARE ASSISTANCE IN PREGNANCY, LABOR, POSTPARTUM, NEWBORN, AND FAMILY PLANNING SERVICES

Nur Azizah1[1], Wiwik Muhidayati[2], Nina Purnamasari[3]
Program of Study Bachelor of Midwifery Rajekwesi Bojonegoro

ABSTRACT

Pregnancy and birth are normal events in life. Excessive weight gain during pregnancy, at risk of causing pre-eclampsia, can also cause miscarriages and diabetic militus. The purpose of this study was to carry out ongoing obstetric care which included Third Trimester pregnancy, childbirth, postpartum, newborns and postpartum family planning.method uses documentation of the SOAP method. The subjects of this study were pregnant women in the third trimester, followed by childbirth, postpartum until the mother could decide on the method of birth control, and in the newborn. Data collection was carried out with anamnesa, physical examination, supporting examination, then analyzed according to the diagnosis of midwifery care. The results of the study showed that pregnancy care was given focus on pregnancy with more weight and physiological end result of pregnancy. At the first stage of childbirth care was obtained regarding the problem of anxiety that continued in the second stage due to the effective implementation. So that the end result of labor is known that the mother is in physiological labor. Postpartum care from 6 hours to 2 weeks, the mother is in physiological postpartum and the mother has decided the method of contraception. In the handling of newborns there is no gap, counseling provided by midwives by including family members so that neonatal care from 1 hour to 2 weeks the baby's condition looks healthy. Implementation of ongoing midwifery care must be maintained in order to improve the level of maternal and child health services.

***Keywords** : Midwifery care, pregnancy, parturition, neonatal, postpartum*

Received : June 18, 2021 Received in revised form : July 20, 2021 Accepted : July 24, 2021

INTRODUCTION

Pregnancy and birth are normal events in life, but the potential for complications in women and babies remains, and all pregnant women have a risk or potential for complications.[2]

Excessive weight gain during pregnancy is at risk of causing pre-eclampsia, besides that it can cause miscarriage.[1] Macrosomia is a large baby or the baby's weight exceeds 4000 grams as a result of the mother being overweight during pregnancy, so the baby needs close

Correspondence : Nur Azizah. Program of Study Bachelor of Midwifery Rajekwesi Bojonegoro. 085646030616. aziezahmaulana@gmail.com

monitoring to determine the transition period of his life so that it goes well.[2]

Based on the 2016 Indonesian Health Profile, from 1,072,277 pregnant women with complications, 848,477 (79.13%) pregnant women received treatment, and from 733,673 neonatal complications who received treatment, 377,100 (51.37%).[3] Meanwhile, in East Java Province, from 638,168 pregnant women in East Java Province, it is estimated that 127,634 pregnant women experienced complications, and 121,894 (95.50%) received obstetric care.[4]

Based on the 2016 Bojonegoro Health Profile, it is estimated that as many as 3,749 pregnant women experience high risk/complications (20% of pregnant women target), and those found and treated are 3,738 or 99.71%. Meanwhile, in 2017 out of 365 pregnant women, as many as 58 (15.89%) pregnant women with excess weight, anemia as many as 124 (33.97%) pregnant women, SEZ as many as 46 (12.60%) pregnant women.[5]

Pregnancy is considered normal if there are no complications, but currently, there are many pregnancies accompanied by complications, one of which is pregnancy caused by changes in the weight of pregnant women, the incidence of complications with preeclampsia, so many are caused by obese pregnant women with a body mass index > 29 which increase There is a fourfold risk of preeclampsia, besides that pregnant woman who has excessive weight gain will be at risk of pregnancy complications such as gestational diabetes, and the occurrence of macrosomia babies. Pre-eclampsia as a result of being overweight or obese can also cause placental failure and eclampsia can cause seizures, coma, and sometimes even death.[6]

Nutrition management in pregnant women is one of the right efforts to achieve balanced nutritional status so that mothers can undergo pregnancy safely, give birth to babies with good physical and mental potential. Babies to be born and the course of disease in pregnant women need to get more attention.[7]

Monitoring of weight gain and blood pressure measurement is standard antenatal care that must be carried out routinely with the aim of early detection of the three symptoms of pre-eclampsia.[6] Pregnancy check-ups are an important way to monitor and support the health of pregnant women.[8] Midwives are a very important link, because of their position as the spearhead in efforts to improve human resources through their ability to

Correspondence : Nur Azizah. Program of Study Bachelor of Midwifery Rajekwesi Bojonegoro. 085646030616. aziezahmaulana@gmail.com

supervise, assist and supervise neonates and postpartum mothers.[9]

CASE REPORT

The method used was continuous midwifery care using the Varney midwifery management approach and documented in the form of SOAP, where the respondent of this case study is a pregnant woman G2P1A0 at 34 weeks of gestation, who is assisted and given continuous midwifery care from pregnancy to the puerperium and family planning services by carrying out the stages of care, including assessing/collecting basic data, identifying problems and establishing a diagnosis, anticipating potential problems, identifying immediate needs, conducting interventions, implementation and evaluation of the care provided and the process experienced by respondents. The study was conducted from January to July 2020 in the village of Sumbertlaseh, Dander District, Bojonegoro Regency.

During her pregnancy, Mrs. S routinely checked her pregnancy with the midwife, 6 times. The results of the BMI examination Mrs. S is 34.92. At the gestational age of 40-41 weeks, Mrs.S's HB level is 9.8 grams %. According to (Alam KD, 2012) the classification of HB levels is Hb 11 g% = no anemia, Hb 9-10 g% = mild anemia, Hb 7-8 g% = moderate anemia, Hb < 7 g% = severe anemia. Based on the case review and theory there is a gap because from the results of the examination the mother's HB level is 9.8 gram%.

In the first stage, based on the facts of the internal examination, it was found that at 12.30 WIB, Mrs. S at opening 1 cm, eff. 25%, HI head, intact membranes. At 15.30 WIB the opening 5 cm, eff. 50%, HII head, intact membranes, and at 17.30 WIB at opening 10 cm, eff. 100%, HIV head, ruptured membranes.

At the time of II, Mrs. S lasts for 42 minutes, starting from the full opening at 17.30 WIB until 18.12 WIB. The baby was born at 18.12 WIB, female gender, immediately cried, BB 2900 gr, PB 47 cm, LK 32 cm, A-S 8-9. On the first visit (7 hours postpartum) the mother said there were no complaints, had urinated, general condition was good, composmentis awareness, blood pressure 120/80 mmHg, pulse 84 x/min, respiration 20 x/min, temperature 36.0 C, TFU 2 fingers below the center, good

Correspondence : Nur Azizah. Program of Study Bachelor of Midwifery Rajekwesi Bojonegoro. 085646030616. aziezahmaulana@gmail.com

contractions, bleeding + 2 sanitary napkins the mother has breastfed her baby but the colostrum has come out contractions.

On the second visit (7 days postpartum) the mother said that she had yellowish-red fluid, had defecated, had no difficulties in breastfeeding her baby, and had no specific dietary restrictions. General condition was good, composmentis consciousness, blood pressure 120/70 mmHg, pulse 88 x/min, temperature 36.00C, and breath 22 x/min, breast milk came out smoothly, mid-central and symphysis TFU, there was lochia sanguinolenta discharge. At the third visit (14 days postpartum), Mrs. S said there were no complaints, had defecated, and did not abstain from eating certain foods, examination results were within normal limits, TFU: not palpable above the symphysis, vital signs were within normal limits. On the visit, the mother said there were no complaints, general condition was good, composmentis consciousness, vital signs were within normal limits, breast milk came out smoothly, TFU was not palpable above the symphysis, there was no mass. Lochia: alba (white fluid consisting of leukocytes and cells). Mothers are advised to get enough rest, consume nutritious food. Explain about KB. Advise the mother to control 1 month if there are complaints. Baby Mrs. S who was born spontaneously, cried loudly and was active, female gender, no abnormalities, weight 2900 grams, body length 47cm. APGAR 8-9.

DISCUSSION

The standard of midwifery services, 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), twice visits during the third trimester (between weeks 29-40 and after week 40). This shows that there is no gap between facts and theory because the mother has made regular visits.[8] The obstetric care provided to Mrs. S is normal pregnancy care because, during the pregnancy of her second child, Mrs. S said there were no complaints, although Mrs. S's pregnancy was a risky pregnancy-related to having experienced an abortion, and no other problems were found. The implementation of midwifery care based on the role of the midwife is independent, collaborative, psychological doctors, nutritionists, physiotherapists, and internal

Correspondence : Nur Azizah. Program of Study Bachelor of Midwifery Rajekwesi Bojonegoro. 085646030616. aziezahmaulana@gmail.com

medicine doctors and referrers.[10] Based on the case report above, no gaps were found because Mrs. S gets maximum midwifery care and is monitored by health workers.

The BMI threshold for Indonesia is thin (17-18.4), normal (18.5-25), fat (>25). Based on the case review, there is a gap between theory and fact, namely BMI is in the obese category but there are no signs of risk of pregnancy danger at the time of examination. The weight gain of Mrs. S is 16 kg i.e. from 64 kg to 80 kg. The normal weight gain of a mother during pregnancy is between 6.5 kg to 16 kg. Based on the theoretical review and case review, there are no gaps because the mother's nutritional needs are met.[6,11]

The duration of the first stage in primigravida is 12 hours while in multigravida it lasts about 8 hours. Based on the Friedman curve, the opening in primigravida is 1 cm/hour and multigravida is 2 cm/hour. Based on the facts and theory, there is no theoretical gap because of the length of the first period in Mrs. S for + 5 hours. The length of the second stage for primigravida is 50 minutes and multigravida is 30 minutes.[9]

In normal postpartum, the vital signs that need to be known are normal temperature 36.40C to 37.40C, normal breath 16-20 x/minute, normal pulse 80-100 x/minute, normal blood pressure 120/minute. 80 mmHg TFU of 2 fingers below the center after the placenta is born. in normal postpartum, the vital signs that need to be known are normal temperature 36.4^0C to 37.4^0C, normal breath 16-20 x/minute, normal pulse 80-100 x/minute, normal blood pressure 120/minute. 80 mmHg. Symmetrical breast shape or not, protruding nipples or colostrum discharge. Mid-central TFU with symphysis after 7 days postpartum.[12-13] Based on the results of the assessment of midwifery care above, the authors did not find a gap between the theory and the case of the 1 week postpartum period of Mrs. S is normal.

Normal BBL are babies who have just been born at term (from 37-42 weeks of gestation) and have a birth weight of 2500 grams to 4000 grams and without signs of asphyxia and other comorbidities.[14] Mrs. S chose to use 3-month injectable contraception because it did not affect breast milk.

The neonatal visit consisted of 3 visits consisting of the neonatal visit I (6-48 hours after birth), neonatal visit II (3-7 days after birth), neonatal visit III

Correspondence : Nur Azizah. Program of Study Bachelor of Midwifery Rajekwesi Bojonegoro. 085646030616. aziezahmaulana@gmail.com

(8-28 days after birth) according to the theory.[11]

The first neonatal visit, carried out an assessment of the baby and carried out IMD for 1 hour and carried out further care to maintain warmth in the baby by placing the baby in an infant warmer, recommending to breastfeed the baby in the correct way of breastfeeding. In infants the author's client gives Vitamin K 1 mg IM on the baby's left thigh and eye ointment as a prophylactic, namely 1% tetracycline ointment. Basic neonatal health services include exclusive breastfeeding, infection prevention in the form of eye care, umbilical cord care, administration of vitamin K1 injection if not given at birth, hepatitis B1 immunization if not given at birth and integrated management of young infants.[11]

In the implementation of care for the baby, Mrs. S, following the theory and there are no gaps because it is done quickly and precisely.Kunjungan ke II (3 hari), bayi klien terlihat sehat, bayi menetek dengan kuat, nadi 134 x/menit, suhu 36,7^{0}C, tali pusat belum lepas dan keadaan bersih dan masih basah, tidak ada tanda-tanda infeksi dan ikterus. Baby Mrs. S aktif setelah dilakukan observasi tanda-tanda vital tidak ada tanda-tanda kelainan pada bayi.

Neonatal visit III (3 weeks) baby Mrs. S is sure to get enough breast milk without being given complimentary milk or formula milk. Good general condition, composmentis consciousness, normal vital signs. From the 3rd neonatal visit, it was found that the condition of the baby was healthy and had good development. Based on the facts of visits to I, II, III, and theory, there were no gaps because neonatal care and visits were carried out and the baby's condition was normal.

The length of the second stage for primigravida is 50 minutes and multigravida is 30 minutes.[9] Based on the facts and theory there is no gap because of the length of the second period in Mrs. S occurred for 42 minutes and went normally. At the third time, Mrs. S lasts + 5 minutes after the baby is born, the umbilical cord lengthens, and there is a sudden burst of blood. the placenta was born spontaneously at 18.17 WIB, central cord insertion, umbilical cord weight + 400 g, umbilical cord length 45 cm, diameter 16 cm, no abnormalities in the umbilical cord, complete cotyledons. The third stage lasts no more than 30 minutes. The placental process can be estimated by maintaining the signs of the uterus being

Correspondence : Nur Azizah. Program of Study Bachelor of Midwifery Rajekwesi Bojonegoro. 085646030616. aziezahmaulana@gmail.com

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.[15] Based on the facts and theory, there is no theoretical gap because of the third stage process in Mrs. S for + 5 minutes.

The fourth stage was observed 2 hours postpartum on Mrs. The results showed that the mother said she was still tired and still feeling sick to her stomach, general condition was good, composmentis consciousness, normal vital signs, good uterine contractions, empty bladder, in genitalia there was a grade 2 perineal laceration, bleeding ± 150 cc. The fourth stage starts from the birth of the placenta until 2 hours postpartum. This time aims to make observations because postpartum hemorrhage most often occurs in the first 2 hours. Blood loss in labor is usually caused by tears in the cervix and perineum.[15] The average amount of bleeding that is said to be normal is 250 cc, usually 100-300 cc. If bleeding > 500 cc, then it is considered abnormal, thus the cause must be sought. Based on the case review and the fourth stage theory review on Mrs. S is following the theory so that there is no gap because the management of the fourth stage is carried out to avoid an emergency.

Postpartum visits were carried out 4 times in theory and were advised to exclusively breastfeed until the baby was 6 months old. Based on the facts and theory there are no gaps because the results of the examination on Mrs. S are within normal limits and Mrs. S understands the explanation of family planning problems.

The neonatal visit consisted of 3 visits consisting of the neonatal visit I (6-48 hours after birth), neonatal visit II (3-7 days after birth), neonatal visit III (8-28 days after birth) according to the theory.[11] The first neonatal visit carried out an assessment of the baby and carried out early initiation of breastfeeding for 1 hour and carried out subsequent care to maintain warmth in the baby by placing the baby in an infant warmer, recommending to breastfeed the baby in the correct way of breastfeeding. In the baby's client, the author gave vitamin K 1 mg IM on the baby's left thigh and eye ointment as a prophylactic, namely 1% tetracycline ointment. Basic neonatal health services include exclusive breastfeeding, infection prevention in the form of eye care, umbilical cord care, administration of vitamin K1 injection if not given at birth,

Correspondence : Nur Azizah. Program of Study Bachelor of Midwifery Rajekwesi Bojonegoro. 085646030616. aziezahmaulana@gmail.com

hepatitis B1 immunization if not given at birth and integrated management of young infants.[11] In the implementation of care for the baby, Mrs. S, following the theory and there are no gaps because it is done quickly and precisely.

On the second visit (3 days), the client's baby looks healthy, the baby is sucking strongly, the pulse is 134 x/minute, the temperature is 36.7 Celsius, the umbilical cord has not been separated and the condition is clean and still wet, there are no signs of infection and jaundice. by. Mrs. S is active after observing vital signs, there are no signs of abnormalities in the baby.

Neonatal visit III (3 weeks) baby Mrs. S is sure to get enough breast milk without being given complimentary milk or formula milk. Good general condition, compliments consciousness, normal vital signs. From the 3rd neonatal visit, it was found that the condition of the baby was healthy and had good development. Based on the facts of visits to I, II, III, and theory, there were no gaps because neonatal care and visits were carried out and the baby's condition was normal.

3-month injection of family planning has advantages such as being very effective at 0.3 pregnancies per 100 women in the first year, preventing long-term pregnancy, having no effect on marital relations, not containing estrogen so it has no serious impact. against heart disease and blood clotting disorders, does not affect breast milk, has few side effects, can be used by women aged > 35 years until perimenopause, helps prevent endometrial cancer and ectopic pregnancy, reduces the incidence of benign breast disease, prevents some causes of pelvic inflammatory disease, reduces crises sickle cell anemia.[16] In this discussion, the implementation given by Mrs. S is according to the plan and in the end, the client is willing to choose 3 months injectable contraception.

CONCLUSION

Continuous midwifery care was carried out according to Varney's 7-step midwifery management, in carrying out midwifery care it was found that the response had a Body mass index of 34.92 and was in the overweight category. However, during pregnancy, there were no pregnancy complications. Likewise, care for childbirth, postpartum, newborns is also carried out according to minimum standards of care and there are no complications.

Correspondence : Nur Azizah. Program of Study Bachelor of Midwifery Rajekwesi Bojonegoro. 085646030616. aziezahmaulana@gmail.com

The existence of a continuous mentoring process makes pregnant women comfortable and calm in dealing with pregnancy, childbirth, and postpartum and able to make clinical decisions in determining contraceptives and avoid complications.

REFERENCES

1. Hackley, dkk., 2014 : 135. *Buku ajar Bidan, Pelayanan Kesehatan Prim*er. Volume 1. Jakarta : EGC.
2. Muslihatun. 2010. *Asuhan Neonatus Bayi dan Balita.* Yogyakarta : Fitramaya.
3. Dinkes Provinsi Jawa Timur. 2015. *Profil Kesehatan Propinsi Jawa Timur*. Surabaya : Dinas Kesehatan Propinsi Jawa Timur.
4. Kemenkes, RI. 2017. *Profil Kesehatan Indonesia Tahun 2016.* Jakarta : DepKes RI.
5. Dinas Kesehatan Kabupaten Bojonegoro. 2016. *Profil Kesehatan Bojonegoro Tahun 2016*. Bojonegoro : Dinas Kesehatan Bojonegoro.
6. Walyani, 2015 : 90. *Asuhan Kebidanan Pada Kehamilan*. Yogyakarta : Pustaka Baru.
7. Purwoastuti. 2015. *Panduan Kesehatan Reproduksi dan Keluarga Berencana*. Yogyakarta : Pustaka Baru Press.
8. Saifuddin, AB. 2010. *Buku Acuan Nasional Pelayanan Kesehatan Maternal Dan Neonatal.* Jakarta : Yayasan Bina Pustaka Sarwono Prawiroharjo.
9. Manuaba, IBG. 2012. *Ilmu Kebidanan, Penyakit Kandungan, dan KB; Untuk Pendidikan Bidan*. Jakarta : EGC.
10. Sulistyawati. 2009. *Asuhan Kebidanan Pada Masa Kehamilan*. Jakarta : Salemba Medika
11. Depkes, RI. 2010. *Panduan Pelayanan Kesehatan Bayi Baru Lahir Berbasis Perlindungan Anak*. Jakarta : Direktorat Kesehatan Anak Khusus Departemen Kesehatan RI.
12. Marmi. 2015. *Asuhan Kebidanan Pada Masa Nifas*. Yogyakarta : Pustaka Pelajar.
13. Saleha. 2009. *Asuhan Kebidanan pada Masa Nifas*. Jakarta : Salemba Medika
14. Wahyuni. 2013. *Asuhan Neonatus, Bayi, & Balita*. Jakarta : EGC.
15. Sondakh. 2013. *Asuhan Persalinan Dan Bayi Baru Lahir*. Jakarta : Erlangga.
16. BKKBN dan Depkes, RI. 2012. *Pedoman Pelayanan Keluarga Berencana Pasca Persalinan Di Fasilitas Kesehatan*. Jakarta : Kementerian Kesehatan RI.

Correspondence : Nur Azizah. Program of Study Bachelor of Midwifery Rajekwesi Bojonegoro. 085646030616. aziezahmaulana@gmail.com