

# Comprehensive Obstetric Care For Mrs. I G<sub>1</sub>P<sub>0</sub>A<sub>0</sub> Gestational Age 28 Weeks 4 Days Of Delivery, Postpartum, Newborn And Family Planning At Pratama Kita Berastagi Clinic In 2022

Eka Permatasari Purba

Sekolah Tinggi Ilmu Kesehatan Arta Kabanjahe

E-mail: [ekapermatasari@purba@gmail.com](mailto:ekapermatasari@purba@gmail.com)

---

## Keywords

Comprehensive  
Obstetric Care,  
Primigravida,  
Childbirth,  
Postpartum, Newborn,  
Family Planning.

**Abstract.** This study focused on comprehensive obstetric care provided to Mrs. I, a primigravida (G<sub>1</sub>P<sub>0</sub>A<sub>0</sub>) with a gestational age of 28 weeks 4 days, ranging from childbirth, postpartum, newborn care, to family planning counseling. The research location is Pratama Kita Berastagi Clinic in 2022. Through the case study method and qualitative approach, this research seeks to understand Mrs. I's experience and special needs in each phase she went through. The results showed that comprehensive midwifery care played an important role in improving the well-being of Mrs. I and her baby. The interventions provided during labor guarantee a smooth delivery process and minimize the risk of complications. During the postpartum, emotional support and education about self-care and newborns are crucial. Family planning counseling after childbirth also helped Mrs. I and her husband make the best decisions for their family's future. This study recommends the importance of a comprehensive approach in midwifery care to ensure the best quality of care for pregnant women, newborns, and family planning. These findings are expected to be a reference for clinics and other health practitioners in providing holistic midwifery care.

---

## 1. INTRODUCTION

Antenatal Care (ANC) Pregnancy Care is a service provided by nurses to women during pregnancy, for example by monitoring physical, psychological health, including fetal growth and development and preparing for labor and birth so that mothers are ready to face new roles as parents (Wagiyo & Putrono, 2016). Intranatal Care (INC) childbirth care The process of removing birth results from conception that can live outside the uterus through the vagina to the outside world that occurs in full-term pregnancy (37.42 weeks) with marked uterine contractions that cause thinning, dilation of the cervix, and push the fetus out through the birth canal with a percentage of the back of the head without tools or assistance (spontaneous birth) and there are no complications in the mother and fetus (Indah & Firdayanti, 2019).

Puerperium Postnatal Care (PNC) begins 2 hours after placental birth until 6 weeks (42 days) after that. So puerperium period after giving birth to a baby is a period of recovery, starting from labor is complete until the uterine devices return like pre-pregnancy. about 50% of maternal deaths occur in the first 24 hours post partum so that quality postpartum services must be held at that time to meet the needs of mothers and babies (Susilo, Feti, 2016). Newborn or Neonatal is the period of life of the first neonate outside the womb until the age of 28 days where there is a very large change from life inside the womb to outside the womb. At this time there is organ maturation in almost all systems (Cunningham, 2012).

Family Planning (KB) is an effort to regulate child birth, distance, and ideal age of childbirth, regulate pregnancy, through promotion, protection and assistance in accordance with reproductive rights to realize a quality family. Regulation of pregnancy is carried out by means of contraceptive devices, devices and drugs. The implementation of contraceptive services is carried out in a way that can be accounted for in terms of religion, norms, culture, ethics, and health aspects (Ministry of Health RI, 2014).

Maternal Mortality Rate (MMR) and Infant Mortality Rate (AKB) are one of the indicators that describe welfare in a country. According to World Health Organization (WHO) data, 99% of maternal deaths occur in developing countries. MMR still shows a fairly high number, starting from 2015 based on WHO data the worldwide maternal mortality rate is estimated at 216/100,000 live births and the Neonatal Mortality Rate fell by 47% between 1990-2015, from 36/1,000 live births to 19/1000 live births in 2015 (WHO 2015).

According to WHO, maternal and infant mortality rates have decreased. The maternal mortality rate during childbirth fell from 4,912 cases in 2016 while until 2017 there were 1,712 maternal deaths during childbirth. And the number of infant mortality cases decreased from 33,278 cases in 2017 recorded as many as 10,294 cases of infant deaths (WHO, 2017). According to the World Health Organization (WHO), every day in 2017 around 810 women died, by the end of the year reaching 295,000 people out of 94% of them in developing countries (WHO 2019). In 2018 the newborn mortality rate was about 18 deaths per 1,000 live births. The high maternal mortality rate (MMR) and infant mortality rate (AKB) are caused by complications in pregnancy and childbirth (UNICEF 2019).

According to WHO, the number of MMRs in Indonesia is very high. In Indonesia, the achievement of MMR 2015 is 305 per 100,000 KH, AKB is 223 per 1,000 KH while the target of MMR Sustainable Development Goals (SDGs) 2030 is to reduce MMR by 70 per 100,000 KH, AKB to 12 per 1,000 KH so in Indonesia MMR and AKB in 2015 have not met the target so it still requires hard work from all components to achieve the target (Ministry of Health RI 2017). According to the Indonesian Ministry of Health (2018), the Maternal Mortality Rate in general has decreased from 390 to 305 per 100,000 live births, although it has tended to decline but has not succeeded in achieving the MDGs (Millennium Development Goals) target. In 2015, the MDGs target a maternal mortality rate of 110 deaths per 100,000 births.

Efforts to accelerate the reduction of MMR and AKB the government has made policies so that every mother is able to access quality health services, pregnant women get quality and integrated Antenatal Care (10T) services and are given childbirth planning and complication prevention (P4K) programs (Ministry of Health RI, 2017). maternity mothers are given maternity care in accordance with Normal Maternity Care (APN) standards based on five Red Threads. Efforts to reduce MMR in postpartum mothers by providing care in accordance with the standards carried out 3 times the schedule of postpartum visits (KF), namely KF 1, KF 2 and KF 3 postpartum. Efforts to reduce infant mortality (AKB) by providing care in accordance with care standards carried out 3 times Neonatal (KN) visit schedules, namely KN 1, KN 2, KN 3 after birth, in addition to preventing an increase in MMR and AKB the government also provides PONEK hospitals for patients who experience emergencies (Ministry of Health RI, 2017).

Service standards that meet the 10 T's include:

- a. Weight measurement
- b. Blood pressure measurement
- c. Upper arm circumference measurement (LILA)
- d. Measurement of uterine peak height (fundus uteri)
- e. Determination of fetal presentation and fetal heart rate (DJJ)
- f. Immunization according to immunization status
- g. Giving blood added tablets at least 90 tablets
- h. Laboratory tests
- i. Case management / handling
- j. Speech meeting (counseling)

Treatment of MMR (Maternal Mortality Rate) which consists of the causes of complications, anemia, pregnant women suffering from diabetes, malaria hypertension and 4 too (too young <20 years and too many children >3 years). In improving public health status, the indicator to be achieved is to reduce the Maternal Mortality Rate (MMR) from 359 per 100,000 live births in the 2012 IDHS to 306 per 100,000 live births in 2019 (Ministry of Health 2019).

Head of the North Sumatra Health Office Alwi Mustitch Hasibuan explained that throughout 2019 the achievement of health indicators in North Sumatra began to improve. This can be seen from the maternal mortality rate (MMR) which continues to decline. In 2019, MMR was 179 out of 302,555 live births or 59.16 per 100,000 live births, this figure decreased compared to MMR in 2018, which was 186 out of 305,935 live births or 60.79 per 100,000 live births. Performance achievements of the North Sumatra Provincial Health Office in 2020 Maternal Mortality Rate (MMR) target 75.1/100.00 KH, realization of 62.50/100,000 KH. While the Infant Mortality Rate (AKB) target is 4.3/1,000 KH, the realization is 2.39/1,000 KH. (Dinkes Sumut, 2020).

One of the risk factors for maternal death and illness is the absence of red flags during pregnancy due to irregular ANC visits. The coverage of health services for visits to K1 and K4 pregnant women at the Berastagi Health Center has not reached the target set by the Karo District Health Office (Dara Raeshita, 2020). Based on a survey conducted on 2 pregnant women at the Pratama Kita Berastagi clinic, information was obtained that from some pregnant women who did not check their pregnancies, said pregnancy is a common thing faced by every woman so there is no need for special examination. These pregnant women do not know the danger signs of pregnancy and signs of labor. As a result, these mothers are lazy to check pregnancy (ANC) to the Village Midwife or come to BPM (Survey in the field). Midwives provide sustainable midwifery services that focus on aspects of prevention, promotion and based on partnerships and community empowerment together with other health workers to always be ready to serve anyone in need.

## 2. METHOD

Descriptive qualitative research aimed at describing the comprehensive midwifery care provided to Mrs. I during pregnancy, childbirth, postpartum, as well as newborn care and family planning. The research was conducted at Pratama Kita Berastagi Clinic in 2022. The main subject in this study was Mrs. I with a gestational age of 28 weeks 4 days. In addition, midwives and medical personnel who provided care to Mrs. I during the period will also be interviewed.

### Data Collection Techniques

1. Observation: Direct observation of obstetric care provided to Mrs. I during pregnancy, childbirth, and postpartum.
2. Interview: An in-depth interview with Mrs. I to gain her perception and experience during midwifery care. Interviews were also conducted with medical personnel to gain insight into procedures and considerations in providing care.
3. Documentation: Review medical records and other relevant documents to obtain objective data on the care provided to Mrs. I.

The data obtained will be analyzed using content analysis techniques. Key themes will be identified from observations, interviews, and documentation. Furthermore, the interpretation and presentation of data is carried out in narrative form. To improve the validity of the data, researchers will use source triangulation by combining data from observations, interviews, and documentation. In addition, member checking will also be carried out by providing opportunities for Mrs. I and related medical personnel to review and provide feedback on the initial findings of researchers.

## 3. RESULTS AND DISCUSSION

Based on the care carried out by the author to Mrs. I from October 25, 2021 to March 23, 2022 or since the pregnancy period of Mrs. I aged 28 weeks 4 days, childbirth, up to 6 weeks post partum and newborn care 0-6 weeks at the Pratama Kita Berastagi clinic.

### Gestation Period

The obstetric care that has been given to Mrs. I at the age of 28 weeks 4 days of pregnancy is a review of data ranging from history about biodata, marital status, main complaints, maternal and family medical history, daily life patterns. In theory, services for pregnant women are carried out in accordance with service standards of at least 14 T, but those provided by the author include measuring weight and height, measuring blood pressure, measuring fundus uterine height, breast care, speech / counseling, and pregnancy exercises.

There are several services that are not provided by the author, including the administration of Fe tablets as much as 90 tablets during pregnancy, not given because it has been obtained in pregnancy TM II giving Fe tablets (Prelamin) to Mrs. I. TT immunization is not given because from the results of maternal studies it is found that mothers have received TT, but the author has provided counseling on the importance of TT immunization to be able to reduce infant mortality due to tetanus infection, TT immunization is carried out 2 times during pregnancy. HB examination is not done because of diet, diet, and physical examination of the mother within normal limits.

From the review, clients conducted ANC examinations during pregnancy 7 times, namely on TM I 2 times, TM II 2 times, TM III 3 times. This is in accordance with the theory of the Indonesian Ministry of Health in 2020, namely during pregnancy at least 6 visits, namely in TM I 2 times, TM II 1 time, and TM III 3 times. Mothers feel fetal movement at 16-18 weeks gestation in *multigravida* mothers and 18-20 weeks in *primivrafida* mothers (Susanto & Fitriani, 2015). During pregnancy, the mother gains weight by increasing 12 kg with a pre-pregnancy weight of 57 kg and after pregnancy at 40 weeks gestation, the mother's weight becomes 69 kg and Body Mass Index (BMI) is also calculated based on the mother's weight and height and the results of the calculation BMI Normal mother.

During pregnancy, mothers do not experience special complaints but complaints such as low back pain, frequent urination, and insomnia. Low back pain experienced by the mother is not continuous but only when the mother's position is wrong to carry out activities, maternal complaints often occur because of normal things where every pregnant woman in TM III experiences changes in the urinary system where the uterus is enlarged and changes in the musculoskeletal (lordosis position) can cause pressure on the mother's bladder causing the mother to urinate frequently. The third maternal complaint is difficulty sleeping due to frequent urination at night. The author has recommended that mothers reduce consumption of water or other searches in the afternoon or before going to bed at night. Recommend to mothers to meet body fluids by increasing drinking water in the morning or afternoon and at the same time does not affect the pattern of maternal rest. Mother said that during pregnancy the mother routinely does pregnancy exercises at home. During the antenatal care to Mrs.I was carried out well and the husband was comparative so that the care provided ran smoothly and there were no difficulties during the care.

### **Delivery Period**

Childbirth is the process of moving out the fetus, placenta, and membrane from the uterus through the birth canal (Marisah 2014). Childbirth is considered normal if the process occurs at full-term gestation without complicating it.

#### **KALA I**

An early sign of labor is that HIS comes stronger followed by mucus mixed with blood which indicates that the birth canal is starting to open and mules. Mother came to the clinic on January 11, 2022 with a gestational age of 39 weeks 6 days. The midwife conducted an examination and found the results of the examination that Mrs. I had indeed experienced the labor process. Deep examination is carried out every 2 hours. Prevention of infection during childbirth, especially during internal examination, according to theory, is using DTT / sterile handscone, while in the clinic handscone is used to perform examinations using the same handscone or handscone used repeatedly. Here there is a gap between theory and practice. When carrying out normal labor care, the preparation of the tools needed must be prepared, when I start from the opening of the cervix until it becomes complete where this process is divided into 2 phases, namely the latent phase lasts for 6-8 hours, the cervix opens up to 3 cm and the active phase lasts for 7 hours, the cervix opens 4 cm to 10 cm, contractions are stronger and frequent. When Mrs. I came to the clinic a deep examination was carried out and obtained the results of moist vaginal walls, portio opened, cervical opening 6 cm, flaccid consistency, membranes have not broken fetal head presentation, lowest part decrease: Hodge II-IV and found no signs of complicating kala I.

#### **KALA II**

When II labor lasted for 30 minutes, this is in accordance with the theory that says that when II in Primigravida lasted no more than 1 hour deep examination at 12:30 WIB the opening was complete and spontaneously ruptured, Mrs. I said there was a strong urge and wanted to strain. The head already appears on the vulva with a diameter of 5-6 cm and the mother feels the urge to squeeze. Kala II takes 30 minutes, the baby is born at 01.00 WIB, the baby immediately cries strongly, female gender, BB 3000 grams and PB 50 cm from the results of the initial assessment examination of the baby can be fit baby where the baby immediately cries strongly, the baby's skin is reddish, and muscle tone is active.

### **KALA III**

Spontaneous removal of the placenta without complication, with signs of an elongated umbilical cord, sudden bursts of blood and changes in fundal height when III lasts for 30 minutes. The placenta is born complete with membranes. From the results of the examination can be Membrane: Intact, Insertion: Lateralis, Diameter: 18 cm, Thickness: 2 cm, Cotyledons: 20, Umbilical cord length: 51 cm, Umbilical cord diameter: 1 cm, Weight: 500 gr. No gaps were found in kala III.

### **KALA IV**

At the time of IV starting from the placenta birth to 2 hours postpartum until now there are no complications. Blood pressure 110/80 mmHg blood discharge within normal limits. In IV time the mother is recommended to mass the fundus which was previously taught first to monitor contraction and prevent postpartum hemorrhage. Therefore, monitoring is carried out every 15 minutes in the first 1 hour after labor in 30 minutes in the second hour.

### **Postpartum Period**

The puerperium is a phase after the mother gives birth with a span of approximately 6 weeks. The *puerperium period begins* after the placenta comes out until the uterine organs return to normal as before pregnancy (Asih & Risneni, 2016). At the postpartum visit 6 hours post partum was carried out vital signs examination with TD results: 110/80 mmHg, N: 80 times / minute, S: 36 °C, RR: 20 times / minute. Mothers can urinate, mothers can breastfeed their babies well.

At the 6-day postpartum visit, the mother said there were no complaints, the general condition was good, TD: 110/80 mmHg, N: 80 times/minute, S: 36°C, RR: 20 times/minute, the breast was painless, and the milk came out smoothly, the mother could breastfeed her baby well, teach how to care for the umbilical cord to keep it clean and dry, keep the baby warm, and eat foods that contain adequate nutrition and balanced nutrition and adequate rest mothers.

At the 2-week post partum visit, the mother said there were no complaints, the general condition was good, TD: 120/80 mmHg, N: 80 times/minute, S: 37°C, RR: 20 times/minute, breast no pain and milk came out smoothly, the mother could breastfeed her baby well. At the 6-week visit TTV examination, namely TD: 120/80 mmHg, N: 80 times/minute, S: 36°C, RR: 20 times/minute, no more vaginal discharge, then counseling about birth control, and asking if there is any disease that the mother or baby is experiencing.

### **Newborn**

Normal Newborn (BBL) is a baby born from 37 weeks to 42 weeks of pregnancy and a birth weight of 2500 grams to 4000 grams and without signs of asphyxia and other comorbidities (Noordinati, 2018). Newborns are also the result of conception of ova and *spermatozoon* with gestation allowing life outside the womb. The stages of newborns, namely the age of 0 to 7 days are called early neonatal and the age of 8 to 28 days is called advanced neonatal (Maternity, Anjany & Evrianasari, 2018). Bayi Ny. I lahir pada usia kehamilan 40 minggu pada tanggal 12 januari 2022, pada pukul 01.00 wib, secara spontan, menangis kuat, warna kulit kemerahan, tidak ada cacat bawaan, jenis kelamin perempuan dengan BB=3000 gram, PB=50 cm, LK=33cm, hal ini sesuai dengan teori dan tidak ada kesenjangan.

### **Family Planning (KB)**

Family Planning is an effort that regulates the number of births in such a way that for the mother and her baby and for the father and his family or the community concerned will not cause harm as a result of the birth (Priyatni & Rahayu, 2016). Based on the results of data history, mothers are 20 years old and mothers want to minimize their children. In the plan to delay pregnancy, the mother chose to use 3-month injectable birth control because she did not want to affect milk production and could breastfeed well.

## **4. CONCLUSION**

Antennal care given to Mrs. I since 28 weeks 4 days gestation, visits were made 4 times, at the first visit the author did a good assessment and found no problems during the study. At this visit, the mother complains of low back pain but can be resolved by doing pregnancy exercises and doing the recommendations that have been given by the midwife. At the second visit the mother complained of

frequent urination, the author explained that what the mother experienced was normal and the author explained how to increase the frequency of urination that affects the mother's rest pattern. At the third visit, no problems were found in the mother, the author only recommended to the mother to continue doing pregnancy exercises. The fourth visit of the mother complained of a disorder of the pattern of istirahat, the author taught to reduce drinking in the afternoon and when you want to sleep at night. Intranatal care was carried out on 25-10-2021, from the results of the study it was found that the mother entered with inpartu during the active phase I. Kala I runs normally, complete equipment preparation, kala II lasts for 30 minutes. The mother can strain well, master the breathing techniques taught by the midwife, kala III lasts for 30 minutes and there are no abnormalities and danger signs at the time of placental birth, when IV goes well by monitoring contractions and bleeding and no abnormalities are found during labor. Postpartum care is carried out 4 times. At the first visit there are no abnormalities where contractions are adequate, there is no abnormal bleeding, and teach the mother to always do vulvar hygiene. During the postpartum care, there were no problems or complications during the puerperium. Newborn care in Mrs.I 4 times to prevent, detect problems in BBL. Contraceptive counseling care is recommended to mothers after the puerperium period to help mothers manage the spacing of their pregnancies and speed up the postpartum recovery process and explain to mothers the effectiveness of contraceptives.

#### REFERENCE

- Asih Yusari & Risneni. (2016). *Buku Ajar Asuhan Kebidanan Nifas dan Menyusui*. Jakarta: CV. Trans Info media.
- Gavi (2015) *Buku Ajar Kesehatan Ibu dan Anak Pusat Pendidikan dan Pelatihan Tenaga I*, Jakarta ; EGC Handayani, Sri(2010). *Buku Ajar Pelayanan Keluarga Berencana*.
- Indah, Fridayanti & Nadyah. (2019). *Manajemen Asuhan Kebidanan Intranatal pada Ny” N “ dengan usia kehamilan perterm di RSUD Syekh Yusuf Gowa tanggal 01 juli 1018* . *Jurnal Midwifery, I(I), 1-14*
- Kemendes RI. 2013 . *Rencana Aksi Pelayanan Keluaraga berencana Tahun 2014 -2015* . Jakarta Kemendes RI.
- Maternity, D, Anjani, AD dan Evrianasari, N.(2018) *Asuhan Neonatus, Bayi, Balita, dan Anak Prasekolah*. Yogyakarta: ANDI, pp, 16,17,26-30.
- Noordiati, 2018 *Asuhan Kebidanan Neonatus, Bayi, Balita, Dan Anak Pra Sekolah*. Malang: Wineka Media.
- Oktarina, Mika. 2016. *Buku Ajar Asuhan Kebidanan Persalinan dan Bayi Baru Lahir*. Ed. 1.cet.1. Yogyakarta: Deepublish
- Pritjani, I dan Rahayu, S (2016). *Kesehatan reproduksi dan Keluarga Berencana*. Jakarta: Kemendes RI
- Rini, Susilo & Kumala, Feti 2017 *Panduan Asuhan Nifas & Evidence Klinis*. Jakarta : Erlangga
- Unicef. Neonatal Mortality. <https://data.unicef.org/topic/child-survival/neonatal-mortality/>. Published September 2019.
- Wagiyo, & Putrono. (2016). *Asuhan Keperawatan Antenatal, Intranal dan Bayi Baru Lahir, Fisiologis dan patologis*. Yogyakarta: Andi Publisher
- Walyani, E.S (2015). *Asuhan Kebidanan pada kehamilan*. Yogyakarta: Pustaka Baru
- Widatiningsih, & Dewi, C.H.T (2017). *Praktik Terbaik Asuhan Kehamilan*, Yogyakarta: Trans Medika
- World Heald Organization (2015). *Angka Kematian Ibu (AKI) dan Angka kematian Bayi* . (Diakses 20 Maret 2018). Diunduh dari URL : [https://www.unicef.org/indonesia/id/A5\\_B\\_Ringkasan\\_Kajian\\_Kesehatan\\_REV.Pdf](https://www.unicef.org/indonesia/id/A5_B_Ringkasan_Kajian_Kesehatan_REV.Pdf)
- Walyani, E S, dan Puwoastuti, E, (2017) *Asuhan Kebidanna Masa Nifas dan Menyusui*. Yogyakarta : Pustaka Baru press.