http://ejournal.seaninstitute.or.id/index.php/healt
Jurnal eduhealth, Volume 13, No 02, 2022
E-ISSN., P-ISSN. 2087-3271

Case Study: Comprehensive Midwifery Care of Mrs.I at RSU Bahagia Makassar

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ARTICLE INFO

Keywords:
Comprehensive,
Midwifery,
Care

ABSTRACT

The Maternity Maternal Mortality Rate (MMR)) and Infant Mortality Rate (IMR). Are still relatively high in Indonesia. The various effort made by the government, oneif wich is trough Comprehensife Midwifery Care which consists of integrated Midwife Care starting from Pregnancy, Maternity, Neonatus, Postpartum, Family Planning (KB). Written using the Midwifery Care Documentation (ASKEB) and SOAP methods in descriptive and narative form, and continous assesmnet is carried out (Continuity of care). The subject of this research is Mrs. I, 27 years old at RSU Bahagia Makassar, the study was carried out on March 7 2022 to May 16 2022. From the results of the study on pregnancies wich were carried out 3 times, Mrs I have a high risk of experiencing chronich energy ddeficiency (KEK) where the Upper Arm Circumference (LILA) is <23,5 cm. At Maternity Mother Care Mrs. I experienced labor with a long second stage. At BBL care the baby Mrs. I had Low Birth Weight (LBW), and at Family Planning Care (KB) there were no complications and the mother wanted to use implant contraception. The conclusion in this study is that the practice is in accordance with the theory and there is no motive. Suggestions from the studies that have been carried out are to continue efforts to provide midwifery services to prevent complitation.

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1. INTRODUCTION

Comprehensive Midwifery Care is an examination that is carried out in full with simple laboratory tests and counseling. Comprehensive midwifery care includes four continuous check-up activities. These examinations include midwifery care for pregnancy, childbirth, the puerperium, newborns (Varney, 2017).

In 2020 the maternal mortality rate is 2.4 million cases of infant death. IMR can be calculated from babies aged less than 1 year per 1000 live births. (WHO, 2019). Factors that affect KEK are age, environmental conditions, economic status, body weight, knowledge about nutrition and food, and activity (Rianti, 2012). Pregnancy with height <145 cm is a condition where pregnant women are classified as at high risk of pregnancy. The Height in pregnant women can predict the risk of obstructed labor because they are prone to having a narrow pelvis (Cephalopelvic Disproportion/ CPD).

Risk factors that may be experienced in pregnant women with height <145 cm are CPD, BBLR, KPD, breech position, prolonged labour, asfiksia, Sectio Caesarea, and abortion. (Saifuddin, 2013). The long labor kala 2 is a lobor process that occurs when the second stage is primipara where it takes more than 2 hours, while in multiparous pregnancies it lasts more than 1 hour. The long labor kala 2 is stage of the length if there are signs and symptoms including complete opening, the mother wants to push and after being led to push there is no progress in expelling the fetal head. (Winjosastro & et al, 2014). Asfiksia neonatorum is a condition in which the baby cannot breathe spontaneously and regularly, resulting in a decrease in oxygen levels and an increase in carbon dioxide levels in the body which will have a bad effect on the baby's life in the future if not treated immediately (Manuaba, 2013)

The government's efforts to reduce MMR and MMR are by providing comprehensive midwifery care. Primary care is expected to reduce Mortality Rate. Based on the conditions above, the authors are interested in helping prevent maternal and infant deaths based on high risk of pregnancy, one of which is with too many cases, by conducting an assessment on the Final Project Report using the OSOC (One Student One Client) system using the SOAP method.

2. METHOD

This research is structured in a descriptive form, namely a type of writing that aims to present a complete picture of an actual situation. Continuity of care (COC) is the provision of care in midwifery practice that is holistic and carried out on an ongoing basis to provide support services and establish mutual trust between midwives and clients. So that in writing this report using the SOAP method which was studied starting from the third trimester of pregnancy, , Labor, Newborn, childbirth, to the use of contraception carried out on Mrs. I from March 7 2022 to May 16 2022. The research location was at RSU Bahagia Makassar.

3. RESULTS AND DISCUSSION

In this case study, the author conducts a discussion of the comparison between theory and practice in RSU Bahagia Makassar, so that it can be seen whether there are gaps in the midwifery care provided. The assessment was carried out at 38 weeks 2 days of gestation at March 7, 2022 until the mother had family planning at May 16, 2022 in RSU Bahagia Makassar.

3.1 Pregnancy

The first study was carried out on March 7, 2022, at 38 weeks 2 days of gestation. From the results of the anamnesa, Mrs. I said that the HPHT was June 8 2021 so that the HPL was March 15 2022 and the gestational age was 38 weeks 2 days. Mrs. I said that her pre-pregnancy weight was 35 kg, she had controlling 8 times Antenatalcare (ANC), 2 times in the 1st trimester, 4 times in the 2nd trimester and 2 times in the 3rd trimester.

The Indonesian Ministry of Health (2019), states that Antenatalcare (ANC) visiting are carried out at least 6 times, namely 2 times in Trimester I (K1), 1 time in Trimester II (K2), and 3 times in Trimester III (K3). From the theory statement and ANC examination history above, there is no gap between practice and theory.

Mrs. I married at the age of 18 with a husband aged 28 years. The safe age range for reproductive women undergoing the pregnancy process is 20-35 years old (Priyanti & Syalfina, 2017). From the discussion above, the age of Mrs. I at the time of marriage did not match the safe age range for reproduction. On objective examination, the TTV examination results were normal. The body weight is 46 kg, so the mother's weight gain during pregnancy is 11 kg. The increase in weight for pregnant women from Trimester I to Trimester III is normally between 9-13.9 kg (Kemenkes 2015). While the results of calculating Body Mass Index (BMI) on Ny. I is 22.49. According to (Kemenkes RI, 2016) BMI categories are thin (severe level <17.0), thin (mild level 17.1-18.4), normal (18.5-25.0), fat (mild level 25 .1-27.0), and obesity (severity > 27.0). So that the increase in maternal weight is normal and BMI in Ny. I also normal, this is in accordance with the theory. The height measurement Mr.I results obtained were 143 cm. Pregnant women are categorized as at risk if the measurement results are <145cm (Walyani & Purwoastuti, 2015). Based on the results of the examination, Mrs. I was included in the category of at-risk pregnant women because the mother's height was <145 cm. The LILA measurement on Mrs.I obtained the results of the LILA measurement, which was 22 cm. The normal LILA measurement limit for pregnant women is at least 23.5 cm, if the LILA size is less than 23.5 then the pregnant woman is said to have Chronic Energy Deficiency (KEK). (Sari & et al, 2015).

The results of the LILA examination on Mrs. I does not meet the threshold for normal LILA and height Mrs.I is less. So Mrs. I is included in pregnant women with high risk, namely chronic energy deficiency and height less than 145 cm. The management provided includes nutritional KIE for mothers, encouraging mothers to eat high-protein foods and meeting nutritional needs, and providing biscuits in the form of additional food and encouraging mothers to consume them.

In the second study on March 8, 2022 at 10.00 WITA, gestational age was 38 weeks 3 days at RSU Bahagia Makassar. TTV objective examination results were normal, weight 46 kg. Obstetric and fetal examination results were normal. TFU 27 cm, TBJ 2,480 gram, FHR 135x/min, regular. From the results of the examination Mrs. I and her fetus are in a normal state and practice is in accordance with theory.

In the third study, it was carried out on March 16 2022 at RSU Bahagia Makassar, gestational age was 39 weeks 1 day. TTV objective examination results were normal, weight 48 kg. Laboratory test results, Hb 12.5gr/dl, negative urine protein, and negative rapid antigen covid-19 results. In pregnant women, the minimum Hb level is 11gr%. (Manuaba, 2013). This shows that Mrs. I is not anemic and the examination results are normal.

3.2 Labor

Kala 1

The study was conducted on March 24, 2022 at 07.00 WITA. Mrs. I, 20 years old G1P0A0, Gestational 39 weeks 4 days, came to the Hospital with complaints that her stomach had been rumbling since 02.00 WITA, regular urination since 05.00 WITA, and amniotic fluid came out of the birth canal at 06.00 WITA. Physical examination was carried out and TTV normal, TFU 29 cm, DJJ (+) 139 x/minute, uterine contractions (His) 2 times in 10 minutes for 20 seconds. Results : Vagina toucher (VT) 2 cm, amniotic membranes (Ketuban) (-), head presentation (no molasses/0), Hodge I, STLD (+). Rapid antigen covid-19 negative (-).The results of the examination were notified to the patient, gave informed consent to Mrs. I, provide motivation to the mother, position the mother comfortably, and teach the mother relaxation techniques to relieve pain.

Mother has entered the first stage (Kala 1) of the latent phase. The beginning of the first stage starts from opening one to complete (Marmi, 2016). In the study conducted on Mrs. I it lasted about 14 hours, from the mother she felt regular heartburn from 05.00 WITA until opening 10 hours 19.00 WITA. Based on monitoring on the partograph sheet did not cross the alert line. Based on the theory, that opening from 1-3 enters the latent phase for 8 hours and the active phase from 4-10 cm opening for 6 hours (Marmi, 2016). So that practice and theory are appropriate and there are no gaps.

Kala II

The second stage starts with the complete opening at 19.00 WITA until the baby is born. Subjective data obtained at 19.00 WITA Mother said that her stomach felt tighter, and she really wanted to push. Objective data on the genitalia shows signs of symptoms from stage II, namely there is pressure in the anus, protrusion of the perineum, the vulva opens. Then a good KU examination was carried out, FHR 137 x/minute and internal examination (VT) obtained the results of complete dilatation of 10 cm, amniotic membranes (-), head presentation, head down HIII, STLD (+). The management given was led by the mother to push if there was his, at 21.00 WITA, after 2 hours the mother was led to push but there was no progress, then a collaboration was carried out with the doctor. consult a doctor. Doctor's advice, infusion of 5% dextrose and oxytocin drips with the number of drops of 8 drops / minute, and then increased by 4 drops every 30 minutes if there is progress in labor.

Mrs I birth process is in accordance with the theory, explaining that in primigravida mothers the second stage of labor lasts 2 hours and 1 hour in multigravidas. Long second stage of labor is a labor process that occurs when the second stage lasts more than 2 hours in primary pregnancies, while in multiparous pregnancies it lasts more than 1 hour. (Marni 2016) Labor is said to be the second stage of labor if there are signs and symptoms including complete opening, the mother wants to push and after being led to push there is no progress in expelling the fetal head (Winjosastro & et al, 2014).

Mrs. I experienced labor with a long second stage, spontaneously gave birth to her baby on March 24, 2022 at 21.40 WITA at RSU Bahagia Makassar. Then Stage III lasted 5 minutes and stage IV was monitored for 2 hours.

3.3 Newborn Baby

At 21.40 WITA The baby was born spontaneously, single, alive, crying moaning, weak movements, weak muscle tone, body reddish bluish extremities, head, male sex, newborn care was carried out, namely drying the baby with a dry and clean towel, clamp and cut the umbilical cord, suck mucus, stimulate tactilely, perform cord care, keep the baby's temperature warm and identify the baby. APGAR score examination results in the first 1 minute 6/10 and in the first 5 minutes 8/10. Antopometric examination results, body weight 2,950 grams, body length 47 cm, head circumference 31 cm, chest circumference 32 cm. Medical collaboration with Doctor Sp.A, Advice doctor gives oxygen therapy, install D10% infusion 8 tpm/24 hours, give 1x50 mg Amikacin injection, 3x150 mg cefotaxim injection, 16 mg Aminopilin injection, install Orogastric Tube (OGT). Then give an injection of vitamin K 1 mg IM, give 1% oxytetracycline eye ointment and check the GDS 3 hours. Baby follow-up was treated in the perinatology room. The results of the examination of vital signs before the baby was transferred to the perinatology room, composmentis consciousness, temperature 36.2°C, pulse 146x/min, respiration 48x/min.

Based on the doctor's diagnosis, Mrs.I baby had moderate Asfiksia Neonatorum. Asfiksia Neonatorum is a condition in which the baby cannot breathe spontaneously and regularly, resulting in a decrease in oxygen levels and an increase in carbon dioxide levels in the body which will have a negative impact on the baby's life in the future if not treated immediately (Sari & et al, 2015).

3.4 Childbirth

The first study was carried out on March 25 2022 in RSU Bahagia Makassar at 10 hours postpartum. The results of the health condition objective examination were good, the TTV examination was normal. On normal obstetric examination. On examination of the TFU abdomen 2 fingers below the center, the uterine contractions are hard. Genetalia there are lacerations, lochia rubra, and bleeding ± 10 cc. From the results of the examination there were no problems or abnormalities in Mrs. I and normal examination results.

The 2nd study was carried out on April 6, 2022 at RSU Bahagia Makassar, 13 days postpartum. On objective examination TTV is normal. Normal physical examination Abdomen TFU palpable 3 fingers above the symphysis. Genetalia no edema, ppv ± 3 cc brownish yellow lochia alba. From the results of the examination there were no problems or abnormalities in Mrs. I and normal examination results.

The third study was carried out on April 21, 2022 at Mrs. I at 28 days postpartum. On objective examination the TTV is normal, the physical examination is normal. TFU not palpable. Genetalia no edema, ppv ± 1 cc, slightly brownish yellow, lochia alba yellowish. From the results of the examination there were no problems or abnormalities in Mrs. I and normal examination results.

3.5 Neonates

The first study was carried out on March 25 2022 at 07.30 WITA in the Perinatology Room of RSU Bahagia Makassar. Vital signs examination results Temperature 36.2 °C, Pulse 138x/m, RR 52 x/m, SpO2 98%. The baby has urination and bowel movements, GDS examination results are 133 mg/dl, Hb is 18 gr/dl, blood type is AB, Rapid antigen Covid-19 is negative. The position of the baby is semi-extension, nasal cannula oxygen and OGT are attached, there is no chest wall retraction, the baby is cyanotic. Doctor's diagnosis By. Mrs. I, 10 hours old, BBLS/CB/SMK with asfiksia. Doctor's advice continue therapy according to the program. Asfiksia neonatorum is a baby with a condition that cannot breathe spontaneously and regularly causing conditions to reduce O2 and increase CO3 which can result in bad conditions for the next life (Saifuddin, 2013).

The 2nd Neonatal study was carried out on March 29 2022 when the baby was 5 days old. The results of the examination obtained the baby's heart rate 131 x/minute, respiration 38 x/minute, temperature 36.4°C, PB: 48 cm, BB 3,100 grams, reddish skin color not icteric, umbilical cord was dry and no infection or bleeding .

The 3rd Neonatal study was carried out on April 21 2022 at 10.00 WITA at Ny. I in Galesong. On subjective examination it was found that the baby was 28 days old, and there were no complaints.

The results of the examination : normal TTV, PB 49 cm, BB 3,300 grams, reddish skin color, not jaundice, the umbilical cord had been detached. From the results of the baby's examination there were no problems or abnormalities.

3.6 KB Services (Keluarga Berencana)

The study was carried out on May 6 2022 at 09.00 WITA at RSU Bahagia Makassar on 42 days postpartum. Mother said she wanted to use a KB Implant. Mother has no history of disease that requires special attention. In the objective data obtained by examination of normal vital signs, weight 37 kg. Normal physical examination of smooth milk, discharge from the birth canal in the form of brown spots. Then a KB Implant is placed under the skin on the inside of the upper arm. Based on the theory, it explains that the KB Implant is placed under the skin on the upper arm and inserted under the inner skin (Manuaba 2013). This is in accordance with the theory and there are no gaps.

4. CONCLUSION

Midwifery care for pregnant women in Mrs.I performs ANC with a frequency of 8 times, regularly. The results of the LILA measurement were 22 cm, so the mother experienced KEK. Maternity Midwifery Care At 21.00 WITA with indications of prolonged second stage. Due to Kala II on Ny. I lasts more than 2 hours (primigravida).

Newborn Midwifery Care for Mrs.I, 1 hour old. Baby born on March 24 2022 at 21.40 WITA, crying moaning, male gender, no congenital defects, reddish skin of bluish extremities, weak movements medical collaboration with doctor Sp. A, Doctor's diagnosis By. Mrs. I BBLS/CB/SMK with moderate Asfiksia.

Postpartum Midwifery Care for Mrs. I was carried out 3 times, Neonatal Midwifery Care for Baby Mrs. P was carried out 3 times, 1st Visiting neonatus at 10 hours of age was carried out in the Perinatology Room of RSU Bagahia Makassar, the results of the examination of the baby were cyanosis, breathing was not normal, reflexes were weak . Midwifery Family Planning (KB) care for Ny.I was carried out at 42 days postpartum using a KB Implant.

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