



PROCEEDING
THE INTERNATIONAL CONFERENCE ON
PRACTICE AND INNOVATION IN MIDWIFERY
“Career of Midwife in Present and Future Time”

Universitas Muhammadiyah Semarang
Central of Java, Indonesia
AUGUST 18TH, 2022





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Fitriani Nur Damayanti | Siti Istiana | Erna Kusumawati | Lia Mulyanti |
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COMPREHENSIVE MIDWIFERY CARE OF MRS. S THE AGE IS 27 YEARS OLD AT KARANGMALANG HEALTH CENTER

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ABSTRACT

Background is Maternal and perinatal mortality is a measure of the success of health services and family planning in a country. In Semarang the maternal deaths decreased from 2017 - 2019 from 23 cases in 2017 to 19 cases in 2018 and 18 cases in 2019. Meanwhile, in 2020 there were 17 cases of maternal death for the cause of death, namely hypertension in pregnancy of 25.5%, bleeding 17.5%, circulatory system disorders 5.7%, infection 4.2%, and metabolic disorders 1.9%. The **objective** of this article aims to provide comprehensive care from pregnancy to the postpartum period for Ny. S 27 years old G2P1A0 at Karangmalang Health Center. **Research** design used is descriptive and the type of research is case study. Guidelines for observations, interviews and documentation studies in the form of a Midwifery Care format starting from the period of pregnancy, childbirth, newborns, postpartum and family planning. **Results** of the care provided to Mrs. S aged 27 years G2P1A0 starting from pregnancy, childbirth, postpartum, newborn and family planning went smoothly and the mother and baby were in normal condition. Based on the results of comprehensive midwifery care that has been carried out on Mrs. **Conclusion** it is hoped that the client can apply the counseling that has been given during midwifery care so that the condition of the mother and baby remains good and can prevent complications and death.

Keywords: *comprehensive, normal, midwife.*

1. INTRODUCTION

An indicator of the success of a country's health and family planning services is the maternal and infant mortality rate. The number of maternal deaths compiled from the recording of family health programs at the Ministry of Health in 2020 shows 4,627 deaths in Indonesia. This number shows an increase compared to 2019 of 4,221 deaths (Beyer, Lenz and Kuhn, 2006).

Based on the health profile of Semarang, the maternal deaths decreased from 2017 - 2019 from 23 cases in 2017 to 19 cases in 2018 and 18 cases in 2019. Meanwhile, in 2020 there were 17 cases of maternal death in the Semarang for the cause of death. Namely hypertension in pregnancy by 25.5%, bleeding by 17.5%, circulatory system disorders by 5.7%, infection by 4.2%, and metabolic disorders by 1.9% (Semarang City Health Office, 2020).

Karangmalang Public Health Center contributed 1 case of maternal death in 2020 in Semarang, from 2017 until 2019 the maternal deaths at the Karangmalang Public Health

Center was 0 cases (Semarang City Health Office, 2020). Efforts that have been made by the Semarang city government include SAN PIISAN (Saving and Supporting Mothers & Children in SemarANG), namely the Health Program is carried out from upstream to downstream which is carried out comprehensively to create superior human resources with mentoring ranging from teenagers, prospective brides, pregnant women, childbirth, post-natal, infant to toddler. This service has a service oriented paradigm, namely a service that prioritizes services according to needs by #moving together involving various Stakeholders. The SAN PIISAN program innovation is able to decide the causes of maternal and infant mortality caused by 4 too (too old pregnant >35 years, too young <20 years, too many children more than 4, too close the distance of the previous pregnancy was less than 2 years) and 3 too late (late decision, too late to get health services, too late to refer) (Semarang City Health Office, 2020).

To reduce MMR and IMR, it is suggested that health workers are expected to prevent obstetric



and neonatal complications, such as asphyxia, congenital abnormalities, other comorbidities in infants and hypertension in pregnancy and the puerperium. Pregnant women are monitored closely, namely by carrying out Antenatal Care (ANC) on time and completely (Semarang City Health Office, 2020). The importance of this research is because there is a maternal mortality rate that occurs at the Karangmalang Health Center. It is hoped that this research will serve as a motivation to reduce maternal and infant mortality. This is because there are still many mothers who are late in making the right decisions for childbirth (Podungge, 2020).

2. RESEARCH METHODS

The method in this study is descriptive research with a case study (Case Study). The research was conducted in Karangmalang health center, from February to March 2022. The sample of this study was Mrs. S aged 27 years. The instruments used are observation guidelines, interviews, and documentation studies in the form of Varney's 7-Step Obstetric Care format and SOAP, starting from the period of pregnancy, childbirth, newborns, puerperium, and birth control.

3. RESULTS AND DISCUSSION

3.1 Midwife care of pregnancy

Mrs. S is 27 years old, G2P1A0 at the Karangmalang Health Center according to the standard of midwifery care. The results of the assessment carried out on February 4, 2022, Mrs. S came with complaints of lower abdominal and back pain. Overall examination was carried out, namely general examination, examination of vital signs, anthropometric examination, and physical examination within normal limits. Efforts are being made to educate about the discomfort they experience, which is a physiological thing in the third trimester of pregnancy. The midwife provides counseling that the discomfort experienced by the mother, namely lower abdominal pain, is normal for pregnant women, this is because the mother's stomach has grown and also the baby's head has started to find a way. Adequate rest and sleep, namely 1-2 hours of rest during the day and 6-8 hours at night. In addition, midwives provide

counseling to implement good and correct personal hygiene behavior.

3.2 Midwifery care delivery

Performed at term gestational age of 39-40 weeks. On January 10, 2022 at 18.30 WIB, Mrs S began to feel abdominal pain up to the waist accompanied by the release of mucus and blood. The care given during contractions is to teach breathing relaxation techniques and provide counseling to husbands and families to provide support and support, providing prayer, motivation and reducing pain by giving a light massage on the waist. Encourage the patient to eat and drink to have energy when pushing. The first stage of labor lasts for \pm 5 hours, the second stage lasts for \pm 1 hour, the third stage lasts for 10 minutes and the fourth stage is monitored for 2 hours. Mother gave birth normally without any complications and complications for mother and baby. The care provided is in accordance with the standard of Normal Childbirth Care (APN).

3.3 Midwifery care for newborns

The care provided is to dry the baby's body while making a cursory assessment of skin color, breathing and movement. Followed by cutting the umbilical cord and Early Initiation of Breastfeeding (IMD). After monitoring the fourth stage and IMD, care for the newborn was carried out in the form of anthropometric examination, physical examination, administration of eye ointment, injection of vit. K and immunization Hb 0. Male sex, weight 3.300 grams, body length 50 cm, head circumference 33 cm, chest circumference 34 cm, arm circumference 12 cm, there were no signs of congenital defects and abnormalities in infants. Neonatal visits were carried out three times, namely the first visit (K1) providing counseling on newborn care, umbilical cord care, and providing support for mothers to give exclusive breastfeeding. K2's visit reminded Mrs. S to give exclusive breastfeeding to the baby. The K3 visit recommends going to the Posyandu to get immunizations and monitor the growth and development of the baby. During neonatal care, the baby was in normal condition, the umbilical cord was released on the fifth day.



3.4 Midwifery care during the puerperium

According to the standard of midwifery care. At 6 hours postpartum, the mother complains of feeling a little pain in the perineum, it is recommended to wash the perineum with clean water and change pads and underwear frequently. Subsequent monitoring, home visits and vital sign examinations, monitoring of involution through examination of uterine fundal height, contractions and lochia, then continued with counseling on patterns of fulfillment of nutrition, fluids, rest, elimination, personal hygiene, exclusive breastfeeding, postpartum gymnastics, and family planning. KB). During the visit, there were no complications or complications experienced by Mrs. S. Uterine involution proceeds normally without any accompanying complications during the puerperium, contractions are good, there is no abnormal bleeding, milk comes out smoothly, lochia is normal.

3.5 Midwifery care at family planning

The midwife gave an IEC about non-hormonal and toolless birth control, but in the end, Mrs. S chose 3-Month Injectable Birth Control according to the agreement with her husband. On Mrs. S the care given is by the standards of obstetric care. Mrs. S decided to use the 3 Month Birth Control Injection so as not to affect her milk and had an agreement with her husband. The care given is to give the Mother an IEC about injecting 3 Months of birth control, how it works, and side effects, with a dose of 3ml, injected im in one-third of the mother's strategy.

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COMPREHENSIVE MIDWIFERY CARE TO MRS. S 17 YEARS OLD WITH MILD ANEMIA, PREMATURE RUPTURE OF MEMBRANES AND PRETERM LABOR WITH VACUUM ECTRACTION IN ROEMANI'S HOSPITAL

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ABSTRACT

According to the Health Profile Data of Central Java Province, the maternal death rate was 76.9 per 100,000 live births in 2019 and would rise to 98.6 per 100,000 live births in 2020. In contrast, the rate of infant mortality decreased to 7.8 per 1000 live births in 2020 from 8.24 per 1000 live births in 2019. Based on information from Roemani Hospital's Maternal Mortality Rate in 2022, there was a single instance of maternal mortality brought on by cardiac arrest and labor obstruction. The reasons of 6 instances in the Infant Mortality Rate data were severe asphyxia, neonates delivered by caesarean section, intestinal blockage, delayed fetal development, and singletons. The goal of this study is to provide comprehensive midwifery care starting with pregnancy, childbirth, newborns, postpartum, and family planning services in the form of a case study on Ny. S is a 17-year-old woman who experienced a premature rupture of the membranes and delivered her baby at Roemani Hospital using a vacuum extraction technique. The outcomes of midwifery care provided to Mrs. S, a 17 year old G1P0A0 who was 35 weeks and 5 days pregnant, had premature membranes, had a history of labor involving vacuum extraction, and had a healthy postpartum period without any complaints. Family planning care was also provided, including KIE family planning for breastfeeding mothers. In accordance with the BBL history, the woman is in good health, and the baby was delivered weighing 2,750 grams and measuring 48 cm. Additionally, there is a gap in the usage of PPE when assisting with delivery. The application of midwifery care has led researchers to the conclusion that there is a disconnect between the field's theory and the practice of midwifery care.

Keywords: *anemia, premature rupture of membranes, preterm, vacuum ectraction.*

1. INTRODUCTION

Data from the Indonesian Demographic and Health Survey (IDHS) show that 4,627 maternal fatalities occurred in Indonesia in 2020, up from 4,221 in 2019. In 2020, hemorrhage accounted for 1,330 incidents of maternal mortality, pregnancy-related hypertension for 1,110 cases, and circulatory system abnormalities for 230 cases (Kemenkes RI, 2020).

Maternal fatalities increased from 76.9 per 100,000 live births in 2019 to 98.6 per 100,000 live births in 2020, according to the Health Profile Data of Central Java Province in 2020. MMR increased by as much as 61.3 percent during the puerperium in the region of Central Java, by 26.6 percent during pregnancy, and by 12.1 percent during delivery. The causes of maternal death in Central Java Province in 2020 include hypertension in pregnancy up to 25.5%,

hemorrhage up to 17.5%, circulatory system diseases up to 5.7%, infection up to 4.2%, and metabolic disorders up to 1.9%, with the remaining 45.3% being other factors (Dinkes Prov Jateng, 2020).

In 2020, the infant mortality rate will drop to 7.8 per 1000 live births from 8.24 in 2019. Low birth weight caused 25.0% of newborn deaths in the province of Central Java, followed by asphyxia 16.7%, pneumonia 16.7%, congenital abnormalities 9.4%, diarrhea 2.2%, and sepsis 1.6%, as well as gastrointestinal diseases 0.5% and neurological disorders 0.3% (Dinkes Prov Jateng, 2020).

In contrast to the coverage in 2019, which was 98.41 percent, the coverage for postpartum care in the Central Java Province was lower in 2020 at 94.36 percent. EFA is among those taking part in postpartum family planning. In Central Java, the post-delivery family planning participation rate in



2020 was 28.6%, which is an improvement above the 26.8% coverage in 2019. In Central Java, the post-delivery family planning participation rate in 2020 was 28.6%, which is an improvement above the 26.8% coverage in 2019 (Dinkes Prov Jateng, 2020).

According to Roemani Hospital's yearly records, there will be 1 case of maternal mortality from cardiac arrest and obstructed labor in 2022. And there were six infant deaths at Roemani Hospital, with the causes being severe suffocation, caesarean-delivery babies, intestinal obstructions, sluggish fetal development, and singelton (Data Rekam Medik RS Roemani, 2022).

Giving devoted moms the right to obtain continuity of care contributes to efforts to lower maternal and newborn mortality. Every woman is expected to have access to high-quality maternal health services, including family planning, prenatal care, skilled labor help provided in medical facilities, postpartum care for mothers and newborns, specialized treatment, and referrals in the event of problems (Kemenkes RI, 2020)

Thus, the author's decision to provide ongoing midwifery care for Ny. S at the Roemani Muhammadiyah Hospital in Semarang may be supported by the facts and action plan shown above. The goal of the study is to lower the rates of maternal and newborn mortality.

2. METHOD

Case study research is conducted by looking at actual examples through single-unit challenges that already exist. From May 25 to June 25, 2022, the study was conducted at Roemani Hospital. Mrs. S, who is 17 years old, was the sample used in this investigation. Observation, interviews, and documentation studies of midwifery care, including the stages of pregnancy, labor, new-born care, postpartum, and family planning, are the instruments employed. The equipment and supplies used during the examination follow standard midwifery care practices.

3. RESULT

The Roemani Hospital provided Mrs. S, a 17-year-old G1P0A0, with midwifery care that complies with industry requirements. According to the assessment's findings from May 25, 2022, the mother's membranes had prematurely ruptured and she had a slight case of anemia. The overall examination, which included a general examination,

vital sign examination, anthropometric examination, physical examination, and laboratory examinations, was completed. The results of the ultrasound examination, however, revealed a single head presentation alive with reduced amniotic fluid (fluid index), gestational age 35–36 weeks, and amnion 7). The interventions included telling the mother's relatives and friends about her illness, providing her with emotional support, urging her to relax, and having her sleep on her left side.

Mrs. S. was delivered using midwifery care at a premature gestational age of 36 weeks. At 12.30 WIB on May 27, 2022, Mrs. S started to have nausea and a mucus and blood discharge, and her mother started to worry about his condition. When the patient has been brought into the birth room, the care given is to encourage the family to bring refreshments. Support the mother fully, support her, and lightly massage her waist. Encourage the mother to continue sleeping on her left side and teach her relaxation methods as she takes a deep breath through her nose before gently exhaling through her mouth. The duration of the first stage of labor is around four hours, followed by intervals of one hour, fifteen minutes, and two hours of observation until the fourth stage. Because she was exhausted and the baby needed to be delivered right away, the mother naturally gave birth with the aid of vacuum extraction. The treatment is in line with the requirements of Normal Childbirth Care.

Because infants do not cry loudly, midwives first dry the baby's body and then quickly examine the baby's skin tone, respiration, and movement before doing suction. IMD is done after which the cord is severed. The fourth stage of care for infants included anthropometric assessments, physical examinations, the use of eye ointments, vitamin K injections, and Hb 0 vaccination. Female, 2.750 grams, 48 cm in height, 33 cm in girth, and three visits to neonates were made: KN 1 for newborns younger than 6 hours, KN 2 for those younger than 6 days, and KN 3 for those younger than 2 weeks. The baby's health appeared to be in fine shape, and his or her vital signs were within normal ranges, but an inspection of the baby's head at 4 days old revealed that the succedaneum's head was still missing. The assistance offered includes advise on exclusively breastfeeding, vaccination, and reassurance to moms to keep their infants warm at all times.

Midwifery care is provided during the puerperium in accordance with midwifery care guidelines. Four postpartum visits were made; the first one was made between six hours and six weeks



after the birth. Vital indicators were within normal ranges, and the physical examination of the mother turned up positive results for her overall condition. The care given is to explain that it is normal for the mother's uterus to shrink. counseling on the dietary requirements of new mothers, advice on maintaining personal cleanliness, instruction on breast care, warning signals for new moms and BBL, and a reminder to return. The care given includes reassuring the mother that the discomfort she is experiencing is still normal, reminding her to maintain personal hygiene, counseling for nutritional needs of postpartum mothers, counseling on danger signs for postpartum mothers and BBL, advising them to perform postpartum exercises at home, and reminding them for follow-up visits. urging the mother to utilize family planning right now, and take her to the nearest medical center.

During the third postpartum visit, Mrs. S received family planning midwifery care, including advice about contraceptives because she had chosen to utilize KB implants. The mother chooses to utilize the KB implant, with the husband's consent. Mrs. S presently plans her family by wearing a condom when she has sex with her husband and wife.

4. DISCUSSION

1. Pregnancy care from a midwife

The mother's hemoglobin test results showed that it was 10.8 g/dl at the time of the evaluation at the Roemani Hospital. According to Nugroho in the magazine (Hidayah, 2021) and the Indonesian Ministry of Health in the book, moms have moderate anemia if the Hb level is below 11 g/dl (Reni Yuli .A dan Dewi Artiana, 2018). Abortion, intrauterine mortality, premature delivery, low birth weight, congenital abnormalities, and susceptibility to infection are some of the impacts of anemia on the fetus. However, in pregnant women, it can result in abortion, early birth, the risk of cardiac decompensation, and premature membrane rupture (I. D. A. Nurjanah, 2021). This demonstrates a connection between the findings of the analysis of moms who had preterm membrane rupture. Premature membrane rupture during pregnancy is characterized by the leakage of amniotic fluid that leaks from the vagina (Annisa et al., 2018). The age of the mother during pregnancy is one of the elements that influences the amount of risk of pregnancy and childbirth, including the incidence of preterm rupture of membranes, in accordance with Wiknjastro's 2005 hypothesis published in the journal (A.

Nurjanah, 2021). Because the reproductive organs are in peak condition between the ages of 20 and 35, this is the best time for women to become pregnant. When a woman falls pregnant before the age of 20, her reproductive organs are not prepared for pregnancy, which causes an improper amniotic membrane to develop, and the pregnancy is regarded as high-risk.

The treatment provided to Mrs. S included consultation with Sp. OG physicians, medical advice provided by administering 500 ml (16 tpm) of RL infusion, 500 mg of amoxillin administered orally three times per day, ultrasound examination, labor induction, and attentive observation. If the pregnancy is carried on, the mother and fetus may get an infection (Mohd. Andalas dkk, 2019). The author describes the mother's illness, offers emotional support, and requests that her family always be with her.

2. Initial labor care provided by a midwife

Was completed on May 27, 2022, at 8:00 WIB, and documented in the partograph sheet. Because they can swiftly make clinical judgments and track the progression of labor and the wellbeing of the mother and fetus, the partograph facilitates midwives' ability to provide delivery care. First-stage midwifery treatment consisted of message effleurage and breath relaxation. Message effleurage will aid breathing during labor and lessen back discomfort in the mother. It will also enhance blood circulation and minimize muscular tension and pain (Fitriana & Vidayanti, 2019)

At 11.30 WIB, the second stage of labor began. A doctor with specialization in obstetrics oversaw the birth. According to the examination findings at 12:20 PM, labor had not progressed and the woman reported feeling exhausted. A vacuum extraction is carried out by the doctor with the family's approval. The following requirements must be met before performing a vacuum extraction: full opening, back of the head presentation, term fetus, and HODGE III-IV head descent (RSUD SYAMRABU BANGKALAN, 2016). In the meanwhile, vacuum extraction labor can be carried out at a preterm gestational age of 34-36 weeks conservatively in preterm labor, according to (Katarina Berg, Mikael Norman, 2018). According to study (Siti Qomariyah, 2018), there are a number of reasons why labor has to be ended by vacuum extraction, including primiparous parity, a mother's first pregnancy, a narrower birth canal, and a mother's lack of prior delivery experience. According to the scenario that



the author researched, Mrs. S was expecting her first child when the second stage of labor stalled due to Mrs. S's exhaustion. At 12.30 WIB, the baby was delivered. In primiparas, the second stage lasts an hour, according to (Martina, 2019).

Controlled uterine fundus massage and cord stretching were conducted during the third stage of labor. Postpartum hemorrhage is thought to be preventable by active care of the third stage (Irdayanti dkk, 2021). The placenta was delivered at 12.30 and 12.45 WIB, along with a uterine massage and an examination of the umbilical cord's integrity. On Mrs. S, Stage III lasts for 15 minutes. The third stage, according to (Martina, 2019), doesn't go on for more than 30 minutes.

Two hours after birth, the fourth stage of labor began. Vital signs are within normal ranges, the TFU is 2 fingers below the center, there are forceful contractions, and the PPV is less than 50 cc, according to the examination results. A rip in the vaginal mucosa, perineal skin, and perineal muscle necessitated heating the perineum using the subcutis method. In delivering prenatal care, it adheres to the APN guideline of 60 stages as stated in (Nurjasmii, 2016).

3. Newborn baby care provided by midwives

According to By Ny, Mrs. S newborn care has been provided in compliance with (Kurniarum, 2016) newborn essential services. Following birth, the baby's airway was cleaned, he or she was dried off with a dry cloth, early breastfeeding was started, the umbilical cord was cut and then clamped, 1 percent tetracycline antibiotic ointment was applied to both eyes, a vitamin K injection was given intramuscularly (IM) on the left anterolateral thigh, 0.5 ml of Hb 0 immunization was given in the anterolateral right. The baby was born spontaneously using a vacuum extraction device on May 27, 2022, at 12.30 a.m., weighing 2.750 grams, measuring 48 cm in length, 33 cm in width, 30 cm in depth, and 31 cm in height. The baby's heart rate was 120 beats per minute, and its spontaneous breathing rate was 40 breaths per minute. Its temperature was 36.5 °C. The midwifery care given entails keeping the infant warm at all times as well as giving advice on how to care for the umbilical cord and newborn danger indications.

According to (Anjani dan Evrianasari, 2018), the characteristics of normal newborns include weight between 2500 and 4000 grams, birth length between 48 and 52 cm, head circumference between 33 and 35 cm, chest circumference between 30 and 38 cm, heart sounds between 120 and 160 breaths per minute,

breathing between 40 and 60 breaths per minute, and skin that is smooth and red due to tissue and vernix caseosa. Lanugo hair is visible, head hair usually looks perfect, nails are a little long and loose, sucking and swallowing reflexes have been formed well, the morrow reflex or hugging movement when startled is good, the grasping or grasping reflex is good, genitalia if the female labia majora has covered the labia minora, while the male testicles have descended and the scrotum is present, good elimination if urine and meconium have passed within 24 hours.

Neonatal visits were performed three times; the anamnesis results showed that the baby was in good health, that his vital signs were within normal ranges, that he appeared healthy physically, and that the head of the succedaneum had vanished by the fourth postpartum day. However, by the time the baby was six days old, he had developed facial jaundice. The midwifery care given consists of keeping the infant warm at all times and encouraging moms to nurse exclusively for six months without giving the child any additional food because breast milk may satisfy a baby's nutritional and energy demands for four to six months (Ade Devrianzy dkk, 2018). The author states that babies in their first week of life have a normal metabolism of bilirubin when the baby exhibits jaundice. Elevated amounts of neonatal erythrocytes, a shorter erythrocyte age, and immature liver function are the causes of high bilirubin levels on the first day of a baby's life (Triyani, 2018). The midwifery care is to inform the mother that the baby is still in a normal condition, the mother does not need to worry about the complaint, the yellow baby on the fourth day is still normal, and the mother only needs to dry the baby in the morning sun at 07.00–09.00 WIB for 15 minutes and give the baby enough nutrition, particularly breast milk to meet the nutrition because the fourth day yellow baby will disappear if accompanied by yellow breast milk on the baby's face. The author advises and urges women to immunize their infants after one month at the closest puskesmas and to return on the timetable that the midwife has provided. Remind moms to participate in posyandu activities and to keep the infant warm so that they don't get hypothermic (Murni Tania, 2020).

4. Puerperium-specific midwifery treatment

There were 4 visits conducted in the postpartum period. First visit was made six hours after delivery, second visit six days later, third visit two weeks later, and fourth visit six weeks later (Kemenkes R.I, 2018). According to the author's background, the



mother is in good health, her vital signs are within the usual range, and her physical examination appears to be positive.

According to (Kemenkes R.I, 2021), postpartum mothers receive midwifery care that includes explaining to them the process of uterine involution, exclusively breastfeeding counseling, encouraging them to eat nutrient-dense foods and drink nine glasses of water per day, and counseling for personal and breast care. cleanliness and advice on babies' and postpartum moms' risk indicators. And youtube may be used to teach postpartum gymnastics to mothers. According to study, postpartum gymnastics is beneficial for uterine involution, blood circulation, muscular tone, and regaining the mother's physical form (Ika Nur Saputri dkk, 2020). The mother received midwifery care during her two-week postpartum appointment, which included an explanation of how the mother's lack of sleep was the root of her disorientation. Educate mothers on the need of family planning after puberty. Inquiries on the mother's challenges with childrearing and family planning advice were supplied at the fourth visit during the puerperium.

5. Attention to family planning

Mrs. S stated during a visit to a family planning service that there are currently no intentions to utilize contraception. The author of family planning care describes the definition of family planning, the goal of the family planning program, various postnatal contraceptive techniques, and various family planning kinds. For the postpartum contraceptive technique, it is the use of contraception to prevent conception within the first six weeks following birth, especially in the first one to two years postpartum (Patadungan, 2021).

The author provides information about IUD and implant contraceptives, including how long they may be used. Additionally, it was mentioned that this approach has a number of advantages, including the fact that it is quite safe for married women of reproductive age to use as a contraceptive and that it does not affect breastfeeding moms' ability to produce breast milk (BKKBN, 2021)

According to Mrs. S, who wishes to utilize birth control implants, the author's reasoning makes sense. But Mrs. S will bring it up once more with her husband. Mrs. S opted to utilize KB implants after some deliberation. With the husband's consent, the mother may utilize the KB implant at her discretion. The mother currently wears condoms for short periods of time when having sex with her husband

and wife. According to the author, Mrs. S's idea and choice to have an implant, KB, is the best option for spacing out pregnancies since it does not affect the production of breast milk or fertility and may be utilized in the long run.

5. CONCLUSION

The author has offered full-service midwifery care, including everything from family planning services through obstetric care during pregnancy. Due to the mother's preterm rupture of membranes at 35 weeks and 5 days of pregnancy and her need for childbirth care, Roemani Hospital provided the necessary treatment. S had a little case of anemia. A midwife aided vacuum extraction was used to deliver the baby at 36 weeks of gestation since the mother was exhausted and the baby needed to be delivered right away. Three neonatal visits were conducted by a midwife in line with the standard of essential care for infants; there were no difficulties throughout the visits. The puerperium was treated by a midwife four times, from the first visit at six hours after delivery until the fourth appointment at six weeks. Mrs. S is doing OK; her general health is good; her vital signs are within normal ranges; and she is in good physical shape.

We may draw the conclusion that comprehensive care, when delivered by skilled midwives, can reduce maternal and newborn mortality. According to the author's research, pregnancy in a person under the age of 20 increases the likelihood of difficulties. Therefore, it is hoped that this research would inspire the public to support efforts to avoid early pregnancy, such as promoting the existence of youth posyandu activities and government initiatives to do so.

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COMPREHENSIVE MIDWIFE CARE OF MRS. S AGE 33 YEARS G2P1A0 AT BLADO II HEALTH CENTER, BLADO DISTRICT, BATANG REGENCY

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ABSTRACT

Maternal and child health is one of the efforts to improve the health status of Indonesia's Sustainable Development Goals (SDGs) in 2030. The physiological condition of the mother during pregnancy is expected to continue until the postpartum period ends. This condition will be achieved if the healthcare for the mothers is sufficient and of good quality. The purpose of this study is to provide comprehensive midwifery care to Mrs. S aged 33 years G2P1A0 at the Blado II Health Center, Blado District, Batang Regency starting from the period of pregnancy, labor, postpartum, newborn, and birth control (KB). This research uses a comprehensive midwifery care case type of study. Data were collected by observation, physical examination, interviews, and data in the KIA handbook. The results of comprehensive midwifery care for Mrs. S aged 33 years G2P1A0 in pregnancy, labor, postpartum, newborn, to birth control are without any complications. Services are performed in accordance with the standards of midwifery care. With comprehensive care for mothers from pregnancy to birth control services, it is expected to reduce maternal and infant mortality by detecting possible complications that could be avoided and handled appropriately.

Keywords: *Midwifery Pregnancy Care, labor, Postpartum, BBL, birth control.*

1. INTRODUCTION

Based on data from the World Health Organization (WHO), in 2018, the maternal mortality rate (MMR) in 2018 was 216 maternal deaths per 100,000 live births. The Infant Mortality Rate (IMR) in 2018 reached 19 per 1,000 live births. The SDGs (Sustainable Development Goals) target in 2030 is a decline in the MMR of less than 70 per 100,000 live births while the infant mortality rate (IMR) is less than 12 per 1,000 live births (WHO, 2018). The number of maternal deaths compiled from the records of family health programs at the Ministry of Health in 2020 shows 4.627 deaths in Indonesia. This number shows an increase compared to 2019 of 4.221 deaths. Based on the causes, the majority of maternal deaths in 2020 were caused by bleeding as many as 1,330 cases, hypertension in pregnancy as many as 1,110 cases, and circulatory system disorders as many as 230 cases (Indonesia health profile in 2020). Maternal Mortality Rate (MMR) is one of the indicators to see the success of maternal health efforts. Maternal Mortality Rate is the ratio of maternal deaths during pregnancy, labor and the postpartum caused by pregnancy, labor, and the

postpartum or its management but not due to other causes such as accidents or falls in every 100,000 live births.

In addition to assessing maternal health programs, this indicator is also able to assess the degree of public health, because of its sensitivity to improving healthcare, both in terms of accessibility and quality. In general, there was a decline in maternal mortality during the 2016-2019 period, but in 2020 it seems to have increased again from 76,9 to 98,6 per 100.000 live births, although lower compared to 2016 (Central Java health profile 2020). According to the Batang Regency Health Office performance achievement data in 2019, the maternal mortality rate in Batang Regency is 98,84 per 100.000 mothers, and the infant mortality rate is 112.08 per 1,000 live births (Batang District Health Office, 2019). Based on data from the Blado II health center, there is an increase in maternal mortality rates in 2021 by 2 deaths, and an increase in infant mortality rates per year in 2020 by 6 deaths to 15 cases of infant mortality in 2021 with 5 IUFD cases, 8 congenital abnormalities, 1 asphyxia and 1 diarrhea



(MMR and IMR data recapitulation report of at the Blado II Health Center 2021).

Based on the description above, the author is interested in conducting comprehensive midwifery care for Mrs. S because, Mrs. S is a pregnant woman from the working area of the Blado II Public Health Center where there has been an increase in MMR and IMR in the past year.

2. RESULTS AND DISCUSSION

2.1. Midwifery Care of pregnancy

Midwifery care for Mrs. S aged 33 years G2P1A0, at the Blado II Public Health Center has complied with the standards of midwifery care. The results of the study conducted on February 26, 2022, Mrs. S wanted to check her pregnancy and said that she doesn't have any complaints. Overall examination was carried out, namely general examination, vital signs examination, anthropometric examination, and physical examination within normal limits. The midwife provides counseling to Mrs. S regarding the danger signs in the 3rd trimester and advice to immediately come to a health facility if experiencing any of the danger signs in the 3rd trimester. Get enough rest and sleep, i.e. 1 to 2 hours of rest during the day and 6-8 hours at night. Fulfilling nutritional needs with balanced nutrition.

In the third trimester visit, Mrs. S has made 3 examination visits, the care provided is the completeness of data derived from the mother (anamnesis), medical history of past obstetric history, current pregnancy history, contraceptive history, current and past maternal and past medical history and socioeconomic history), general examination, physical examination (head to toe), and obstetric/special examination, supporting examinations, laboratories.

she had made Antenatal Care (ANC) visits 6 times, in the first trimester 1 visit, in the second trimester 3 visits, In the third trimester, 2 visits were made at the Blado II Health Center. According to the Indonesian Ministry of Health, (2020) quality antenatal care (ANC) in normal pregnancy is a minimum of 6 visits with details of 2x in Trimester 1, 1x in Trimester 2, and 3x in Trimester 3. And according to Restu & Sartika (2021)

2.2 Midwifery Care of Childbirth

Performed at the gestational age of 38 weeks March 12, 2022 at 09.50, Mrs. S began to feel abdominal pain up to the waist with the release of mucus and blood and felt anxious about the delivery process. The care provided is during contractions,

teaches breathing relaxation techniques and provides counseling to husband and family to give support and encouragement, such as providing prayer, motivation and reducing pain by giving a light massage on the waist. Encourage the patient to eat and drink to have energy when straining and pay attention to personal hygiene. The first stage of labor lasted for \pm 1 hour, the second stage lasted for 10 minutes, the third stage lasted for 10 minutes and the fourth stage was supervised for 2 hours. Mother gave birth normally without any complications and troubles for them and the baby. The care provided is in accordance with the standard 60 steps of Normal Childbirth Care (APN).

According to Fitriana's theory (2017), the first stage for primigravida lasts 12 hours while in multigravida it is about 8 hours, the second stage for primigravida is 50 minutes and multigravida is 30 minutes, the third stage is no more than 30 minutes, uterine contractions stop for about 5-10 minutes. The fourth stage was observed for postpartum hemorrhage.

2.3. Midwifery Care of Puerperium

Performed according to obstetric care standards. At 6 hours postpartum, the mother complained that she still felt nauseous in her stomach, often washed the perineum with clean water and changed pads and underwear frequently. The next monitoring is done by home visits and vital sign examinations, monitoring of involution through uterine fundal height examination, contractions and lochia, then continued with counseling on the pattern of fulfilling adequate nutrition, fluids, rest, elimination, personal hygiene, exclusive breastfeeding, postpartum exercise, and family planning (KB). During the visit, there were no complications and troubles experienced by Mrs. S. Uterine involution proceeded normally without any accompanying complications during the postpartum, contractions were good, there was no abnormal bleeding, breast milk came out smoothly, and lochia was released normally.

Rahayu (2017), the first visit was 6 hours postpartum, the researcher checked vital signs with the blood pressure results of 110/80 mmHg, 78 x/m pulse, 20 x/m respiration, TFU 2 fingers under the center, hard uterine contractions, lochea rubra, normal bleeding, the mother is able to urinate, the breast milk has come out gradually, the mother has been breastfeeding her baby well, teaches the mother how to massage the uterus, joins in.

2.4. Newborn of Midwifery Care

Drying the baby's body while making a cursory assessment of skin color, respiratory and movement.



Followed by cutting the umbilical cord and Early Initiation of Breastfeeding (IMD). After the IV stage supervision and IMD was successful, care for the newborn was conducted in the form of anthropometric examination, physical examination, administration of eye ointment, injection of vit. K and Hb O immunization. The baby was born with enough age at 38 weeks, was born spontaneously at 09.50 WIB, female sex, weight 2,600 grams, body length 47 cm, head circumference 32 cm, no congenital defects, Anus (+), Apgar Score 9, a normal baby that has no signs of congenital defects and abnormalities in the newborn. Neonatal visits were conducted three times, providing counseling on newborn care, bathing the baby, umbilical cord care, and providing support so that the mother gave exclusive breastfeeding on the first visit (K1). Reminded Mrs. S to give exclusive breastfeeding to the baby on the K2's visit. Recommended to visit the Posyandu to get immunizations and monitor the growth and development of the baby on the K3 visit. During neonatal care, the baby is in normal condition, the umbilical cord is on the fourth day.

Keeping the baby warm, performing umbilical cord care by clamping and cutting the umbilical cord after the baby is born, then tying the umbilical cord without putting anything on, doing IMD, the baby is given 1% Chloramphenicol eye ointment, the eye ointment aims to prevent infection in the baby's eyes, single dose of vitamin K 1 mg can be given intramuscularly at birth; this prevents bleeding due to vitamin K deficiency in infants, and provided 0.5% dose of HB 0 immunization intramuscularly in the right thigh. According to Indrayani (2016), Early initiation of breastfeeding or the start of early breastfeeding is that the baby begins to suckle on its own immediately after birth. Contact between the baby's skin with the mother's skin is left for at least an hour immediately after birth, then the baby will search for the mother's breast on its own. The way babies do IMD is called the breast crawl or crawling searching for the breast. According to the research results of Anti Wasilah, et al (2019), Comprehensive Midwifery Care for Mrs. E and her baby in the Midwife R's Independent Practice, Tanjung Pinang City. stated that care for newborns such as giving vitamin K to prevent bleeding, and eye ointment to prevent infection when the baby passes through the birth canal. According to Heryani Reni's theory, (2019) that hepatitis B immunization is used to prevent hepatitis B. For this reason, HB 0

immunization should be given within 6-12 hours after birth.

2.5. Family Planning of Midwifery Care

The midwife gave an In birth control (KB) care, the author provides an explanation of various types of birth control such as progestin pill contraceptives, injections, implants, IUDs. With the condition of Mrs. S who is still giving exclusive breastfeeding, it is necessary to use contraception that does not affect the exclusive breastfeeding to his baby. The end, Knowing the types of contraception and knowing long-term contraception Mrs. S decided to use the KB Implant and installed the KB implant on May 24, 2022 post partum on the 73rd day. Setyorini, (2016) Contraceptive implants are contraceptives that can be used by all mothers of reproductive age and do not affect lactation. Mothers want to use KB implants because they do not affect breast milk production and they want to give exclusive breastfeeding for 6 months. As stated by Allah SWT in the Qur'an, the period of breastfeeding in Islam is two years. The word of Allah SWT, "Mothers should breastfeed their children for two whole years, namely for those who want to perfect breastfeeding," (Surah al-Baqarah [2]: 233).

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CASE REPORT OF MIDWIFE CARE IN 19 YEARS OLD NY "M" WITH POSTPARTUM BLEEDING DUE TO PERINEUM RUPTURE DEGREES III AT ROEMANI MUHAMMADIYAH HOSPITAL, SEMARANG

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ABSTRACT

Postpartum hemorrhage is one of the important problems because it is related to maternal health which can cause death. One of the factors that influence the occurrence of postpartum hemorrhage is uterine atony, retained placenta, birth canal laceration, and blood clotting disease (Ani Kristenningsih, 2019). The method used in compiling this final report is a case study method with a midwifery management approach and documentation through SOAP. Data were obtained by means of interviews, physical examination, observation and literature study. The results of the study obtained subjective data that Mrs "M" was 19 years old, gave birth to her first child 1 hour ago. The placenta was born spontaneously 15 minutes later, after giving birth the mother experienced profuse bleeding. The results of the TTV examination are: BP: 100/65 mmHg, N: 85x/minute, S: 36.3C, RR: 21x/minute, but the akral feels cold, the conjunctiva is pale, TFU 1 finger below the center, good contractions, looks like a tear in the vaginal mucosa, posterior commissure, perineal skin, and perineal muscles. The management provided was to provide oral informed consent, conduct exploration to identify bleeding, irrigate the wound site and clean it with antiseptic, stop the source of bleeding, prepare the device, anesthetic lidocaine 1%, position the mother comfortably, perform suturing, observe TTV, contractions and bleeding.

Keywords: *Postpartum haemorrhage, Perineal Rupture.*

PRELIMINARY

According to the World Health Organization (WHO 2019) the maternal mortality rate (MMR) in the world is 303,000 people. MMR in ASEAN is 235 per 100,000 live births (ASEAN Secretariat, 2020). According to the Indonesian Demographic and Health Survey (IDHS) data, the MMR in Indonesia increased from 228 per 100,000 live births in 2002 – 2007 to 359 per 100,000 live births in 2007 – 2012. MMR decreased in 2012 – 2015 to 305 per 100,000 births. life and the number of MMR in Indonesia in 2019 as many as 4,221 cases (Kemenkes RI, 2019).

The Indonesia Health Profile 2018 states that the five biggest causes of maternal death are bleeding, hypertension, infection, prolonged/obstructed labor and abortion. Postpartum hemorrhage is the main cause of maternal death in Indonesia. Postpartum haemorrhage caused, among others, uterine atony (50%), rupture of the birth canal (23%), retained placenta (16%), retained placenta (7%), blood disorders (4%). Postpartum bleeding with a well-contracted uterus is usually caused by the cervix or vagina (Kemenkes RI, 2019).

In Asia, perineal rupture is quite a problem in society, 50% of the incidence of perineal rupture in

the world occurs in Asia (Aisya, 2018). Tear of the birth canal is the second cause of postpartum hemorrhage. Postpartum bleeding with good uterine contractions is generally caused by a tear in the birth canal (rupture of the perineum of the vaginal wall and tearing of the cervix). This can be defined by performing a careful and thorough examination of the birth canal (Cunningham, F. Gary., Leveno., 2018).

Perennial rupture is a tear that occurs when the baby is born, either spontaneously or by using a tool or action. Rupture of the perineum is divided into 4 levels, namely rupture of the perineum grades I, II, III, IV. Perineal rupture generally also occurs in labor if the fetal head is born too quickly, labor is not led properly, perineal scarring and shoulder dystonia (Proverawati A and Siti A, 2017).

METHOD

In the study of case reports, midwifery care was carried out using a midwifery management approach and documentation through SOAP. Data were obtained by means of interviews, physical examination, observation, and literature study.



INFORMATION ABOUT PATIENT

In this case the patient named Mrs "M" 19 years old, female gender, Javanese ethnicity, IRT occupation. The main complaint: the mother said she felt weak because a lot of blood was coming out of the birth canal.

Mother said that no one in her family suffers from chronic, hereditary and infectious diseases. Mother also said that her family was very supportive of her current pregnancy. The lifestyle that is lived is also normal and there are no bad habits such as smoking, drinking alcohol and so on.

CLINICAL FINDINGS

The results of the physical examination showed that the general condition of the mother: adequate, consciousness: composmentis, BTV: BP: 100/65mmHg, N: 85x/minute, S: 36.3C, RR: 21x/minute. TFU: 1 finger below the center, good uterine contractions, there is a third degree perineal rupture, bleeding \pm 650 cc.

TIMELINE

Mother said that when she came to the emergency room at Roemani Muhammadiyah Hospital, Semarang at 14.30 WIB, she began to feel heartburn accompanied by mucus mixed with blood. In the ER, 20 tpm of RL infusion was installed. At 15.00 WIB, they were transferred to Ayyub 1 room and performed VT with an opening result of 7, FHR : 148x/minute, His : 4x in 10 minutes, 35 seconds long and placed in the surveillance room. At 17.30 WIB, a repeat VT was carried out with the results of the complete opening and being immediately transferred to the VK room. At 16.20 WIB the baby was born spontaneously, immediately started crying, male gender, weight 3600 grams, body length 50 cm, head circumference 34 cm, chest circumference 35 cm, LILA 11 cm assisted by the midwife. The placenta was born completely within 10 minutes later, after the placenta was born the mother experienced profuse bleeding.

DIAGNOSTIC CHECK

Diagnostic examination in this case was carried out by supporting examinations, namely from laboratory results: Hb: 10gr/dl, GDS: 90, HBsAg: negative, urine protein: negative, Platelets: 340000/mm, Leukocytes: 8850/mm, Hematocrit: 30%. There is no problem in the diagnostic examination.

THERAPY ACTION

The management provided was to provide oral informed consent, conduct exploration to identify bleeding, irrigate the wound site and clean it with antiseptic, stop the source of bleeding, prepare the device, anesthetic lidocaine 1%, position the mother comfortably, perform suturing, observe TTV, contractions and bleeding.

FOLLOW-UP AND RESULT

The follow-up carried out in this case was to monitor blood loss, uterine contractions, maternal TTV and repeated laboratory checks.

DISCUSSION

In the results of the study of the case study of midwifery care on Mrs. "M" it was found that Mrs. "M" was 19 years old, in this subjective data age was a risk factor for postpartum hemorrhage. At the age of >35 years the myometrium and muscle tone weaken which causes the possibility of no pressure on the blood vessels at the placental implantation site, resulting in postpartum hemorrhage, while at the age of <20 years the reproductive function has not fully developed (Sofian, 2012). Research conducted by Pubu et al (2021) stated that maternal age >35 will increase the risk of postpartum hemorrhage by 0.96 times. The older the mother, the higher the postpartum haemorrhage, because with the increasing age of the mother, it will cause a decrease in the elasticity of the birth canal and the worsening of uterine contractions.

In this case, it was also found that the rupture of the perineum occurred because the pressing technique carried out by Mrs. "M" was not appropriate or not good. The theory says that the pressing technique is one way to reduce the occurrence of tears in the perineum. Research conducted by Sri Handayani et al in 2016 with the title Relationship of the Straining Position with the Rupture of the Perineum in Maternity Mothers found that the pushing position between the non-sitting and half-sitting positions was the same (50%). The incidence of rupture of the perineum is more common in women with a non-sitting position (56%).

In this case, it was also found that the mother's hemoglobin was less than normal at 10 g/dl. Patients with anemia can also cause blood thinning so that it will affect the body's resistance, making the mother's condition weak, causing weakness of the uterine



muscles to contract (uterine atony), this triggers bleeding after childbirth (Yusriana, 2017).

The results of this study are in accordance with research (Yekti Satriyandari, Nena Riski Hariyati 2017) which states that women who experience anemia in childbirth with hemoglobin levels <11 g/dl will be quickly disturbed by their condition if there is even a slight loss of blood.

Conditions in labor make it difficult to determine the amount of bleeding that occurs, so the limit on the amount of bleeding is stated as bleeding that is more than normal and has caused changes in vital signs, among others, the patient complains of weakness, unsteadiness, cold sweats, systolic pressure <90, pulse > 100x/ minutes, Hb level < 8 g/dl.

PATIENT PERSPECTIVE

In this case the patient did not share any experiences because this was the first pregnancy and delivery.

INFORMED CONSENT

In this case, informed consent was given orally.

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CASE REPORT OF MIDWIFE CARE IN PREGNANT MOTHERS MRS "M" AGE 37 G3P2A0 WITH 31 WEEKS OF PREGNANCY WITH GESTATIONAL HYPERTENSION IN SENDANGGUWO SHIELD COMMUNITY

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ABSTRACT

Background : Hypertension is blood pressure above the normal limit, which is $> 140/90$ mmHg. Hypertension is one of the global problems that hit the world. Factors that influence the occurrence of hypertension in pregnancy are age too young or too old, heredity, occupation, lifestyle, obesity, parity, physical activity of the child. (Sinambela & Sari, 2018). Risk factors if pregnant mothers have hypertension, one of which is premature birth. **Method:** This study used case study method with a midwifery management approach and documentation through SOAP. Data were collected by means of physical examination interviews, observation and literature study. **Result:** The results of the study showed that subjective data Mrs. M aged 37 years, third child pregnancy, gave birth 2 times, last child 5 years apart. The results of the examination showed BP 140/80 mmHg, pulse 82 x/minute, temperature 36.4°C, RR 20 x/minute, weight 92.8 kg, TB 157 cm, general condition was good, mid-central TFU and px (27 cm). **Conclusion :** Mrs. M age 37 years G3P2A0 gestational age 31 weeks single fetus, alive, intra uteri, longitude, head presentation, puki, has not entered the pelvic inlet, convergent with gestational hypertension.

Keywords : *Chronic hypertension, pregnant mothers*

INTRODUCTION

Hypertension is blood pressure above the normal limit, which is $> 140/90$ mmHg. Hypertension is one of the global problems that hit the world. According to WHO (World Health Organization) (2018), pregnancy hypertension is a cause of morbidity and mortality worldwide for both mother and fetus. Globally, 75% of maternal deaths that are classified as direct causes of maternal death are caused by bleeding, hypertension in pregnancy, abortion, and the rest are caused by chronic conditions such as heart disease and diabetes (WHO, 2018).

Maternal Mortality Rate (MMR) which is one indicator to see the health status of women. According to the Indonesian Ministry of Health, the number of maternal deaths in 2020 showed 4,627 deaths in Indonesia. This number shows an increase compared to 2019 as many as 4,221 deaths. Based on the cause of maternal death caused by bleeding as many as 1,330 cases, hypertension in pregnancy as many as 1,110 cases, and disorders of the circulatory system as many as 230 cases (Ministry of Health RI, 2020). The maternal mortality rate in Central Java is 1,011 cases and in Semarang the number of maternal deaths is 21 cases (Central Java Health Office, 2021).

According to the Central Java Provincial Health Office, Semarang City as the capital city of Central Java province should be an example and center of attention in successfully handling cases. However, data from the Semarang City Health Office shows that in 2020, 1.36% of pregnant mothers still have hypertension and in January 2021 as many as 5.65% of pregnant mothers still have hypertension (Central Java Health Office, 2021). Risk factors if pregnant mothers have hypertension, one of which is premature birth (ACOG, 2019).

Early management of hypertension in pregnancy in the community if the midwife finds early any increase in blood pressure in pregnancy and recognizes other signs and symptoms of preeclampsia, and takes appropriate treatment to refer it in the hope that pregnant mothers with signs of preeclampsia receive adequate and timely treatment, so that they can reduce morbidity and mortality due to preeclampsia (GJ Tombokan et al., 2016).

Gestational hypertension is high blood pressure $> 140/90$ mmHg that occurs after 20 weeks of gestation without proteinuria, gestational hypertension can usually be detected after delivery and hypertension disappears 3 months after delivery (ACOG, 2019).



CASE SELECTION METHOD

In the study of case reports, midwifery care was carried out using a midwifery management approach and documentation through SOAP. Data were collected through interviews, physical examination, observation, and literature review.

INFORMATION ABOUT PATIENT

In this case, the patient named Mrs. "M" aged 37 years, female gender, Javanese ethnicity, a housewives. Chief Complaint: Mother said she did not have any complaints.

Mother said that no one in her family suffers from chronic, hereditary and infectious diseases. Mother also said that her family is very supportive of her current pregnancy, this is her third pregnancy and has given birth 2 times, the last child is 10 years old. At 31 weeks of gestation, the patient's family planning history was using the pill for 2.5 years, but after that, he used family planning because he felt uncomfortable using family planning, such as frequent dizziness, irregular menstruation, sometimes no menstruation. The lifestyle they live is also normal, the diet they eat is eating rice, vegetables, chicken, meat, eggs, fast food and drinking water, tea, for the seasonings used by the mother, she prefers to eat slightly salty foods, the usual portion of salt used is half a spoon. there is no habit in the mother but the husband smokes, the husband smokes sometimes smokes in the house.

CLINICAL FINDINGS

On physical examination, it was found that the general condition of the mother: adequate, consciousness: composmentis, BTV: BP: 140/80 mmHg, N: 82 x/minute, S: 36.4°C, RR: 20 x/minute, weight 92.8 kg, TB 157 cm. TFU : mid center and px, left back, head presentation, converge. Supportive examination with results of HB 14.3 g/dL, urine protein negative.

TIMELINE

Mother said this morning she had checked herself at the Kedungmundu Public Health Center. Mother said that the pain in the wrist, the results found during the examination at the health center were that at the beginning of the 5-week pregnancy checkup, she had experienced high blood pressure, 140/90 mmHg with negative urine protein, then in

the second trimester the patient's blood pressure was normal, then when In the third trimester, the mother's blood pressure increased again, 140/80 mmHg, temperature 36.5°C, pulse 80 x/minute, RR 20 x/minute, weight 92.8 kg, TB 157 cm. The management given at the puskesmas is enough with the mother getting enough rest, it is recommended that the mother monitor the mother's blood pressure every day at health facilities (Public Health Center/ Integrated Service Post /cadres). On June 7, 2022, the mother gave birth at the hospital and said that the patient's blood pressure 1 day after giving birth returned to normal.

DIAGNOSTIC EXAMINATION

Diagnostic examination in this case was carried out by supporting examinations, from laboratory results: Hb: 14.3 g/dl, GDS: 142, HBsAg: negative, urine protein: negative, HIV negative, syphilis negative. For problems at the examination that the mother felt anxious over herself.

THERAPY TREATMENT

The treatment provided only provides counseling to the mother about balanced nutrition for pregnant mothers with hypertension and obesity, danger signs in the third trimester, maternal mental support, and adequate rest. Treatment with treatments cannot be carried out in the community because therapeutic measures can only be given in adequate facilities.

FOLLOW-UP TREATMENTS AND RESULTS

The follow-up given in this case is monitoring vital signs, weight, re-checking the laboratory

DISCUSSION

In the results of the case study of midwifery care for Mrs. "M" it was found that Mrs. "M" was 37 years old, in this subjective data age was a risk factor for preeclampsia, bleeding or prolonged labor. According to research, age >35 years old is very risky for pregnant mothers because age >35 years, the function of the reproductive organs has decreased so that they cannot work optimally (Sinambela & Sari, 2018). At the age of 35 years or more where at that age there are changes in the tissues and organs of the womb and the birth canal is no longer flexible, at that age there tends to be other diseases in the body of pregnant mothers, one of which is hypertension and eclampsia (Pratiwi et al., 2022).



In this case it was found that the diet that is eaten is eating rice, vegetables, chicken, meat, eggs, fast food. This shows that the patient is still eating fast food. That's because the use of salt as a food flavoring. According to research, this is because high sodium consumption can cause the body to retain fluids which can increase blood volume. High sodium consumption can also shrink the diameter of the arteries, as a result the heart has to pump hard to push the volume of blood through increasingly narrow spaces, so that blood pressure rises and causes hypertension. (Basri et al., 2018). Excess sodium will cause poisoning which in acute conditions causes edema and hypertension. WHO recommends that the recommended salt intake is no more than 6 grams / day equivalent to 110 mmol sodium (Widiyanto et al., 2016).

In this case, it was also found in one family who smoked, Mrs. "M"'s husband. According to Arikah et al's research in 2020, pregnant mothers who are exposed to cigarette smoke are 3.5 times more likely to suffer from hypertension compared to pregnant mothers who are not exposed to cigarette smoke. Exposure to cigarette smoke during pregnancy is a strong determinant of fetal growth and the risk of low birth weight (LBW). Nicotine contained in cigarette smoke is a vasoconstrictor substance that will cause vasoconstriction of blood vessels and increase heart contreatment, so that it can increase blood pressure.to pregnant mothers (Arikah et al., 2020).

In this case, it was also found that the body weight of 92.8 kg, the nutritional status of pregnant mothers can be seen from the mother's body mass index (BMI) which is 37.7 which means that the body mass index category of pregnant mothers is classified as obese. According to research that risk factors for hypertension in pregnancy are obesity, obesity improves endothelial function and promotes the inflammatory response associated with atherosclerosis. (Kazemian et al., 2021)

In this case it was also found that the blood pressure was 140 mmHg, the results of urine protein support were negative. According to research, the blood pressure of pregnant mothers should not reach 140/90 mmHg (Ningtyas, 2021). From the results obtained blood pressure 140/90 mmHg and no urine protein, 31 weeks gestation is one of the signs and symptoms of chronic hypertension. The theory states that the symptoms of chronic hypertension are an increase in blood pressure > 140/90 mmHg, this can

occur before 20 weeks of gestation without urine protein. (Pratiwi et al., 2022).

Early screening of pregnant mothers is an important step in early diagnosis and treatment of pregnant mothers with hypertension, especially in pregnant mothers who have high risk factors. (Good et al., 2020).

The diagnosis of the pregnant woman was gestational hypertension. It can be seen from the signs and symptoms of gestational hypertension, :high blood pressure >140/90 mmHg that occurs after 20 weeks of gestation in the absence of proteinuria, gestational hypertension can usually be detected after delivery and hypertension disappears 3 months after delivery ACOG, 2019)

PATIENT PERSPECTIVE

In this case the patient did not share any experience because this was the first time the mother had hypertension in her pregnancy.

INFORMED CONSENT

In this case, informed consent was given orally.

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CASE REPORT OF ADOLESCENT MIDWIFE CARE MS. A 17 YEARS OLD G1P0A0 WITH 12 WEEKS OF PREGNANCY WITH ABORTUS IMMINENS AT ROEMANI MUHAMMADIYAH HOSPITAL SEMARANG

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ABSTRACT

The maternal mortality rate is still very high. Approximately 99% of maternal deaths occur in developing countries. One of the direct causes of MMR is abortion. Abortion is the expulsion of the products of conception before the fetus is able to live outside the womb. In general, the exact cause of abortion is not known, but several risk factors for abortion include age, genetics, hormonal, immunological and environmental factors. Maternal age is the strongest risk factor for causing abortion, where the incidence of abortion increases in mothers aged 20 years or 35 years. Based on the anamnesis results obtained a history of sexual intercourse by the patient with a partner.

Keywords: *Adolescent, Pregnant, Abortion Imminens.*

INTRODUCTION

The maternal mortality rate is still very high. Approximately 99% of maternal deaths occur in developing countries. This mortality rate is still a problem in many developing countries, including Indonesia. Around 830 women die from complications of pregnancy or childbirth worldwide every day. Young adolescents face a higher risk of complications and death from pregnancy than other women. The risk of maternal death is highest for adolescent girls under 15 years of age and complications in pregnancy and childbirth are the leading cause of death among adolescent girls in developing countries. [1].

Sustainable Development Goals (SDGs) targets the maternal mortality ratio to decrease to 70 per 100,000 live births by 2030. In 2020, MMR in Indonesia showed as many as 4,627 cases, this number showed an increase compared to the previous year. [2]. The main complications that cause almost 75% of all maternal deaths are severe bleeding, infection, high blood pressure during pregnancy (preeclampsia and eclampsia), complications from childbirth and unsafe abortion. The rest are caused by diseases related to diseases such as malaria and others [1].

One of the direct causes of MMR is abortion. WHO has determined that abortion is a reproductive health problem that needs attention and is a cause of suffering for women around the world. The problem of abortion has received important attention in public health because it affects maternal morbidity and mortality [1].

Abortion is the expulsion of the products of conception before the fetus is able to live outside the womb [3]. It is estimated that at least 30% of all pregnancies and 10-15% of clinically recognized pregnancies end in miscarriage [4]. In 2018, there were 619,591 abortion cases taken from 49 countries. It is estimated that the abortion rate in 2018 reached 11.3 per 1000 women aged 15-44 years and the abortion ratio was 189 abortions compared to 1000 live births. [5].

In general, the exact cause of abortion is not known, but several risk factors for abortion include age, genetics, hormonal, immunological and environmental factors. Maternal age is the strongest risk factor for causing abortion, where the incidence of abortion increases in mothers aged 20 years or 35 years. [6]. This is in accordance with the results of research conducted by [7] which states that there is a significant relationship between



maternal age and the incidence of abortion. Where based on bivariate analysis, it was found that the risk of abortion was 3 times greater at the age of 20 years and 35 years (OR 3,115 and 95% confidence interval). This is because the reproductive organs at the age of adolescence are not yet fully mature.

METHOD

This study uses a qualitative descriptive case report methodology. In July 2022, the research was carried out at the Roemani Muhammadiyah Hospital, Semarang. The research sample is Ms. A 17 year old with abortion imminens. Interview guidelines, physical examination observations and documentation studies are in the form of pregnancy midwifery care formats.

PATIENT IDENTITY

The patient named Ms. A is 17 years old, her last education is junior high school, works as a housewife, the address is Genuk Baru, Semarang City.

The main complaints come out of spots from the birth canal and stomach feels sick, a history of sexual intercourse with a partner. First pregnant and never had a miscarriage before. HPHT 2 May 2022.

FOCUS DATA

General condition: good, consciousness: Composmentis, TTV: BP: 123/77mmHg, N: 77x/min, S:36.7oC, RR : 20x/minute. TB : 145cm, pre-pregnancy weight: 53 kg, current weight 56 kg, Lila: 24 cm, TFU: 3 fingers above the symphysis, FHR has not been heard. On genetic examination there are spots on the pads.

TIMELINE

date and o'clock	Subjective	Objective	Analysis	Planning
25.07.22	Spots come out from the birth canal and stomach h feels	Blood pressure:123/77 mmHg, Pulse:77x/minute, Temperature:36.7°C, Respiration:20x/min	Ms. A 17 years old G1P0A 0 12 weeks pregnant with abortion	l. Advise patient to bed rest l. Nutritional IEC l. KIE personal hygiene l. Bleeding observation l. Therapy continues

date and o'clock	Subjective	Objective	Analysis	Planning
	sore, history of sexual intercourse last night	ute TFU: 3 fingers above the symphysis, FHR not heard Gentalia examination there are spots on the pads	n Imminens ns not heard Gentalia examination there are spots on the pads	l. Bleeding observation l. Collaboration with SpOG doctors in providing therapy
26.07.22 09.00	The spots are still coming out of the birth canal, the stomach still feels sore	Blood pressure: 117/82 mmHg, Pulse: 89x/minute, Temperature: 36.7°C, Respiration: 20x/minute Palpation: TFU 3 fingers above the symphysis Inspection: spots (+)	Ms. A 17 years old G1P0A 0 12 weeks pregnant with abortion Imminens ns	l. Advise patient to bed rest l. Nutritional IEC l. KIE personal hygiene l. Bleeding observation l. Therapy continues
27.07.22 15.00	Reduced flecks and nausea	Blood pressure: 120/79 mmHg, Pulse: 91x/minute, Temperature: 36.7°C, Respiration: 20x/minute Palpation: TFU 3 fingers above the symphysis	Ms. A 17 years old G1P0A 0 12 weeks pregnant with abortion Imminens ns	l. Advise patient to bed rest l. Nutritional IEC l. KIE personal hygiene l. Bleeding observation l. Therapy continues



date and o'clock	Subjective	Objective	Analysis	Planning
		Inspection: spots (+), the number is reduced		
28.07.2022	The spots stop, the stomach doesn't get sore	Blood pressure: 118/88 mmHg, Pulse: 86x/minute, Temperature: 36.6°C, Respiration: 20x/minute, Palpation: TFU 3 fingers above the symphysis, Inspection: spots (-)	Ms. A. 17 years old G1P0A 0 12 weeks pregnant with abortion, Imminent	.. Explain the results of the examination !. KIE activity pattern !. Nutritional IEC !. KIE personal hygiene !. KIE pattern of sexual intercourse !. Patient can go home

DIAGNOSTIC CHECK

Investigation HB: 11.5 g/dL, glucose at 115 mg/dL, HBsAg negative, USG: gestational sac seen.

The type and duration of bleeding determine the prognosis of pregnancy. The prognosis is poor if the bleeding lasts for a long time, abdominal pain accompanied by effacement and cervical dilatation(8)

INTERVENTION THERAPY

The intervention therapy carried out was in accordance with the advice of the SpOG doctor, : RL 20 tpm infusion, Utragestan 100 mg 2x1, Tranexamic Acid 500 mg 3x1 followed by KIE nutrition, personal hygiene, activity and observation of bleeding.

DATA DEVELOPMENT

Monitoring was carried out in the Ayyub 1 room of the Roemani Muhammadiyah Hospital on July 26, 2022-July 28 2022 by conducting assessments and direct observations on patients. With the results of complaints can be resolved and pregnancy can be maintained.

DISCUSSION

Sexual intercourse in early pregnancy is one of the risk factors for abortion. This is because at the time of sexual intercourse, the hormone prostaglandin contained in semen can stimulate contractions and accelerate cervical ripening which can lead to the threat of miscarriage. [8,9].

Another risk factor that causes abortion is age. Where age <20 years is one of the risk factors for abortion. This is in line with research conducted by [7]which states that there is a significant relationship between maternal age and the incidence of abortion. Where based on bivariate analysis, it was found that the risk of abortion was 3 times greater at the age of 20 years and 35 years (OR 3,115 and 95% confidence interval). This is because the reproductive organs at the age of adolescence are not yet fully mature. Research conducted [6]also revealed that mothers with a young age of 20 years had a 15.8% risk of having an abortion. Research result [10]also showed that the incidence of abortion imminens 31% occurred at the age at risk. Maternal mortality in pregnant women and childbirth at the age of under 20 years was 2-5 times higher than at the age of 20-29 years, maternal mortality increased again after the age of 30-35 years.

The management given in cases of imminent abortion is by:bed rest, observation of bleeding and collaboration with doctors Sp.OG. In the case of imminent abortion, the treatment given is to do bed rest until the bleeding stops [11]. Collaboration with SpOG doctors needs to be done in providing therapy in cases of imminent abortion. The results of the Sp.OG doctor's advice, the therapy given was, bed rest, observation of bleeding, installation of RL 20 tpm infusion, Tranexamic Acid 3x500mg and Utrogestan 100mg 2x1. Utrogestan is a drug that contains the hormone progesterone which is commonly used to strengthen the uterus. In research [12]explained that the administration of drugs containing the hormone progesterone was effective for the threat of miscarriage.

CONCLUSION

The care provided in cases of imminent abortion is bed rest, collaboration with SpOG doctors in providing therapy and monitoring bleeding.



INFORMED CONSENT

Informed consent was done on July 25, 2022 and the patient was willing to be a respondent.

AUTHORS' CONTRIBUTION

All authors contribute to research observation, research writing, editing, and review of submissions

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COMPREHENSIVE MIDWIFE CARE ON MRS. I, 29 YEARS OLD G2P1A0 IN PMB PUTRI FATHMA

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ABSTRACT

Background: Comprehensive Midwifery Care includes four continuous examination activities including obstetric care for pregnancy (Antenatal Care), midwifery care for childbirth (Intranatal Care), midwifery care during the puerperium (Postnatal Care), newborn care (Neonatal Care), and postnatal care. and KB (Continuity Of Care) acceptors. Data obtained from the Cluwak Health Center in 2020 experienced an increase in infant mortality with 2 cases of BBLR cases, and 4 cases of congenital abnormalities. In 2021 there were infant deaths with 2 cases of BBLR, 7 cases of IUFD, 1 case of Fetal Distress, 1 case of mother with covid-19, 1 case of heart failure, and 1 postpartum maternal death due to exposure to the covid-19 virus. **Objective:** To provide comprehensive midwifery care from pregnancy to the puerperium to Mrs. I am 29 years old G2P1A0 at PMB Putri Fathma, S.Keb, Bd. **Research Methods:** Using midwifery management methods based on 7 steps Varney and SOAP. **Results:** Pregnancy care was carried out with 5 antenatal visits during pregnancy. In the third trimester with complaints of pain in the waist and has been resolved by the mother so that during pregnancy Mrs. "I" is in good condition and normal. Maternity care on 10 June 2022 Mrs. I gave birth normally, assisted by a midwife and according to APN, the baby was born spontaneously, female gender, BBL: 4000 grams, PB: 52 cm. Postpartum care for Mrs. I went smoothly and there were no complications for the mother and baby. During the postpartum, the mother was given IEC regarding perineal care and the danger signs of postpartum, and decided to use 3-month injectable KB after the postpartum period was over. **Conclusion:** Care for Mrs. I have carried out comprehensively from pregnancy, childbirth, postpartum and newborn so that the condition of the mother and baby does not experience complications.

Keywords : *comprehensive, normal.*

INTRODUCTION

MMR is one indicator to see the success of maternal health efforts. AKI is the ratio of maternal deaths during pregnancy, childbirth and the puerperium caused by pregnancy, childbirth, and the puerperium or its management but not due to other causes such as accidents or falls in every 100,000 live births. Meanwhile, the IMR shows the number of deaths of infants aged 0 years from every 1000 live births in a certain year or it can be said as the probability of a baby dying before reaching the age of one year expressed by per 1000 live births. (Alvaro, 2021).

MMR in Central Java experienced a significant decline from 2014 to 2020 from 126.55/100,000 KH, decreased to 76.93/100,000 KH, then increased in 2020 to 98.6/100,000 KH. This is due to the Covid-19 pandemic, which has resulted in major changes

in health facilities and community services. Maternal deaths in 2020 were 530 cases, the most in Brebes Regency (62 cases), Grobogan (31 cases) and Tegal Regency (28 cases). Meanwhile, the lowest death cases were in Magelang (2 cases), Salatiga (3 cases) and Tegal (5 cases).

Based on data obtained from the Cluwak Health Center in 2020 there was an increase in infant mortality with 2 cases of LBW cases, and 4 cases of congenital abnormalities. In 2021 there were infant deaths with 2 cases of LBW, 7 cases of IUFD, 1 case of Fetal Distress, 1 case of mother with Covid-19, 1 case of heart failure, and 1 postpartum maternal death due to exposure to the covid-19 virus.

Data on PMB Fathma located in Cluwak District, Pati Regency, the number of mothers who checked antenatal care was 500 pregnant women in 2020, 580 pregnant women in 2021,



and 354 pregnant women from January to May 2022. Data on mothers giving birth at Fathma PMB 268 in 2020, 312 in 2021, and 98 mothers gave birth from January to May 2022.

Comprehensive obstetric care (Continuity of Care / CoC) can optimize detection of high maternal and neonatal risks. This effort can involve various sectors to carry out assistance to pregnant women as a promotive and preventive effort starting from the discovery of pregnant women until the postpartum period ends through counseling, information and education (KIE) and the ability to identify risks for pregnant women so that they are able to make referrals (Yanti, 2015).

RESEARCH METHOD

This type of research uses comprehensive descriptive research methods from pregnancy, childbirth, postpartum, newborn, family planning programs. The research subjects were normal pregnant women in the third trimester, namely Mrs. I Age 29 years old, G2P1A0 at PMB Fathma, Pati Regency

RESEARCH RESULTS AND DISCUSSION

3.1 Midwifery care in pregnancy

Midwifery care for pregnancy in Mrs. I was 29 years old, G2P1A0 at PMB PUTRI FATHMA, S.Keb, Bd was in accordance with the standards of midwifery care. The results of the study conducted on June 6, 2022, Ny. I experience discomfort feeling aches in the waist area. Overall examination was carried out, namely general examination, examination of vital signs, anthropometric examination, and physical examination within normal limits. Efforts are being made to educate about the discomfort they experience, which is a physiological thing in the third trimester of pregnancy. Midwives provide counseling to teach prenatal yoga is a sport that is specifically for pregnant women. During the antenatal care examination, Mrs. I complained of feeling aches in my back which caused the mother to have difficulty sleeping (Insomnia). In accordance with research journals conducted by Yasi, in general, low back pain that occurs in pregnant women is influenced by several factors, namely increased body weight and spinal physiology (Yasi Anggasari, Ika Mardiyanti, 2021)

Drastic increase in body weight causes pregnant women to feel tired quickly, have difficulty sleeping, shortness of breath, edematous feet and hands. The increase in the height of the uterine fundus, which is accompanied by an enlarged abdomen, makes the body load more forward. In an effort to adjust to excessive body weight so that the spine pushes back, forming a lordosis posture. This causes the mother to feel sore back, varicose veins and leg cramps. (Silvana, Kiki Megasari, 2022)

These complaints can be resolved by providing a method, Pregnancy exercise is a form of sport or structured exercise. Physiologically, this relaxation exercise will cause a relaxing effect involving the parasympathetic nerves in the central nervous system. Where one of the functions of the parasympathetic nervous system is to decrease the production of the hormone adrenaline or epinephrine (stress hormone) and increase the secretion of the hormone noradrenaline or norepinephrine (relaxing hormone) so that there is a decrease in anxiety and tension in pregnant women, which causes pregnant women to become more relaxed and calm. (2006). Thus pregnant women can sleep easily and comfortably. (Wahyuni, Layinatun Nikmah, 2013)

3.2 Midwifery care in childbirth

Midwifery care is carried out at term, which is 39-40 weeks. On June 10, 2022 at 10.00 WIB, Mrs I began to feel abdominal pain up to the waist accompanied by mucus and blood discharge and felt anxious about the delivery process. The care provided is during contractions, teaches breathing relaxation techniques and provides counseling to husbands and families to provide *support* and support, namely providing prayer, motivation and reducing pain by giving a light massage on the waist. Encourage the patient to eat and drink to have energy when pushing and pay attention to personal hygiene. The first stage of labor lasted for 3 hours, the second stage lasted for 1 hour, the third stage lasted 05 minutes and the fourth stage was supervised for 2 hours. Mother gave birth normally without any



complications and complications for mother and baby. The care provided is in accordance with the standard of Normal Childbirth Care (APN).

The care given to Mrs. I with the first stage of labor, such as breathing relaxation techniques, namely asking the mother to take a deep breath through the nose and exhale slowly through the mouth. This is done when the mother feels contraction pain. The care provided is to recommend that either the husband or the patient's family accompany him by providing support to the mother. Husband's assistance is one form of direct support in order to mentally prepare the mother during the delivery process.

Research conducted on third trimester pregnant women reported that 96% of mothers who gave birth were accompanied by their husbands during delivery. Three mothers who gave birth with assistance were also reported to have a small risk of childbirth complications so that medical action could be reduced. Mentoring the husband during the mother's delivery is very important because it will affect the mother's emotional and mental state, so that she feels more prepared to face the birth process. (NMR Sumawati, IMA Wirawan, IWWeta, 2018)

The second stage lasted for 1 hour. There is a gap in the theory explained according to the theory from research journals of stages or stages in labor including the first stage (opening stage), second stage (exposure stage), third stage (uri stage), IV stage (observation or supervision stage). In primigravida the second stage of labor usually lasts < 1 hour while in multigravida it usually lasts < 30 minutes. (Yona Desni Sagita, 2018) The third stage lasts for 5 minutes, starting from the baby being born at 13.00 WIB to 13.05 WIB. The time for the release and expulsion of the placenta is also known as the uri period (when the placenta and membranes are expelled). After the baby is born and the uterus retracts, the uterus feels firm with the uterine fundus slightly above the center. A few minutes later the uterus contracts again to release the placenta from its walls. Usually the placenta separates within 6 to 15 minutes after the baby is born and comes out spontaneously or with pressure on the uterine fundus (Paramitha Amelia. K and Cholifah, 2019).

This is the same as the results of studies on

intramuscular administration of 10 IU oxytocin after the baby is born and when there is no second fetus in the anterolateral right thigh and performing umbilical cord clipping, Controlled Cord Tension (PTT) or Controlled Cord Traction (CCT) after a contraction. so that there are signs of placental separation, namely blood spurts, globular uterus, elongated umbilical cord and fundal massage after delivery. The result was a complete delivery of the placenta and the care carried out in accordance with the theory. (Euis Sisca Alviani, Merry Wijaya, Irna Kurnia, 2018) In the fourth stage, uterine contractions, bleeding, pulse, uterine fundal height, uterine contractions, bladder were monitored in the first 1 hour every 15 minutes and in the second hour labor was monitored every 30 minutes.

The duration of Mrs. I starting from the first stage to the fourth stage, which is ± 5 hours, this time is quite short during delivery, because during pregnancy the mother is taught and recommended routinely to do pregnancy exercises. Where the movements carried out in prenatal yoga are much simpler and easier to practice which are adapted to the condition of pregnant women compared to the previous yoga movements.

3.3 Midwifery care for newborns

Midwifery care for newborns is drying the baby's body while making a cursory assessment of skin color, breathing and movement. Followed by cutting the umbilical cord and Early Initiation of Breastfeeding (IMD). After successful supervision of the IV and IMD stages, care for the newborn was carried out in the form of anthropometric examination, physical examination, administration of eye ointment, injection of vit. K and Hb O immunization. Female gender, weight 4,000 grams, body length 52 cm, head circumference 34 cm, there are no signs of congenital defects and abnormalities in infants. Neonatal visits were carried out three times, namely visit I (K1) providing counseling on newborn care, bathing babies, umbilical cord care, and providing support so that mothers give exclusive breastfeeding. K2's visit reminded Mrs. I to give exclusive breastfeeding to her baby. The K3 visit recommends going to the



Posyandu to get immunizations and monitor the baby's growth and development. During neonatal care, the baby was in normal condition, the umbilical cord was released on the eighth day.

The main care for newborns is to keep the baby's body warm, by drying the baby from the remnants of the amniotic fluid, starting from the head, the whole body and the baby's extremities. Then do the APGAR assessment, namely appearance color (skin color), whole body redness, pulse (heart rate) > 100 x/minute, Grimace (reaction to stimulation), crying, activity (muscle tone), active movement, respiration (breathing effort). , slow to cry. (Saadah, 2022).

After assessing that, cut the umbilical cord followed by Early Initiation of Breastfeeding (IMD) for 1 hour. The presence of the hormone oxytocin which is stimulated through the nipples exerts a contraction effect on smooth muscles so that the uterus changes back to normal (Roesli, 2012).

3.4. Midwifery care during the puerperium

Midwifery care during the puerperium is carried out according to the standards of midwifery care. At 6 hours postpartum, the mother complained of feeling a little pain in the perineum, it was recommended to do Kaegel exercises, wash the perineum with clean water and change pads and underwear frequently. Subsequent monitoring, home visits and vital sign examinations, monitoring of involution through examination of uterine fundal height, contractions and lochia, then continued with counseling on the pattern of nutrition, fluids, rest, elimination, personal hygiene, exclusive breastfeeding, and family planning (KB). During the visit, there were no complications or complications experienced by Mrs. I. Uterine involution proceeds normally without any accompanying complications during the puerperium, contractions are good, there is no abnormal bleeding, milk comes out smoothly, and *lochia* is normal.

The postpartum visit was carried out 4 times, the postpartum visit (KF) was carried out according to the postpartum visit schedule (Erna Mulati, 2020).

According to the postpartum care book KF 2 and KF 3 The care provided was to ensure that uterine involution was running normally uterus contracted, fundus below the umbilicus, there is no abnormal bleeding, there is no odor, and caring for the baby on a daily basis. KF 4 The care provided is 1. asking the mother about the difficulties she or the baby is experiencing 2. Providing counseling for family planning early. (Nurliana Mansyur, A. Kasrinda Dahlan, 2014)

3.5. Midwifery care for family planning

Midwifery care in family planning services is carried out according to midwifery care standards. Mrs. I decided to use 3-month injectable KB on July 24, 2022. Mother wants to use 3-month injectable KB because it doesn't interfere with breast milk production. The care provided is to give KIE to the mother about 3-month birth control injections, how it works and side effects. The choice of a 3-month injectable contraceptive is because it does not interfere with breast milk production. Depo Medroxyprogesterone Acetate (Depoprovera) contains 150 mgDMPA. It is given every 3 months by way of intramuscular (IM) injection in the buttocks (Rusmini et al., 2017).

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CASE REPORT OF WIDFERY CARE IN MRS. “R” 36 YEARS POST SC 2 HOURS WITH SEVERE PREECLAMPSIA AT ROEMANI MUHAMMADIYAH HOSPITAL SEMARANG

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ABSTRACT

The postpartum period is the period that begins after the birth of the placenta and ends when the uterus returns to its original state as before pregnancy, which lasts for 6 weeks or 42 days. During the recovery period, the She will experience many physical changes that are physiological and provide a lot of discomfort in the early postpartum, which does not rule out the possibility of becoming pathological if it is not followed by good care. The method used in study is a case study method with a midwifery management approach and documentation through SOAP. Data were obtained by means of interviews, physical examination, observation and literature study. The results of the study showed that Mrs. "R" was 36 years old, gave birth to her fourth child 2 hours ago by cesarean section. The results of the TTV examination were: BP: 160/115 mmHg, N: 85x/minute, S: 36.3C, RR: 21x/minute, TFU 2 fingers below the center, good contractions, there were SC scars. The management provided is to provide informed consent, inform the She of the results of the examination, teach the She to do early mobilization, collaborate with the SpOG doctor to administer RL, MgSO4 infusion therapy, dopamet and observe TTV.

Keywords: Midwifery management, Postpartum, Preeclampsia

INTRODUCTION

Severe preeclampsia and its complications (eclampsia) are also one of the main causes of maternal death. Preeclampsia is a blood pressure of at least 140/90 mmHg on two examinations 4-6 hours apart in women who were previously normotensive after 20 weeks of gestation or in the early postpartum period accompanied by proteinuria. Proteinurin at least positive 1 or quantitative protein examination results > 300 mg per 24 hours (Sutiati Bardja, 2020).

The prevalence of preeclampsia in developed countries is 1.3% – 6% while in developing countries it is 1.8%–18%. The latest WHO report estimates that preeclampsia accounts for 70,000 maternal deaths annually in the world. In addition to maternal mortality and morbidity, preeclampsia also accounts for 500,000 infant deaths every year (Muzalfah, Santik and Wahyuningsih, 2018)

The Sustainable Development Goals (SDGs) target the maternal mortality ratio to decrease to 70 per 100,000 live births in 2030. In 2020, MMR in Indonesia showed 4,627 cases, this number showed an increase compared to the previous year, the causes of maternal death were still

dominated by three causes The main causes are bleeding, hypertension in pregnancy and infection. Bleeding reached 30.3%, hypertension in pregnancy reached 27.1% and infection reached 7.3% (KEMENKES RI, 2021).

Preeclampsia is a specific condition in pregnancy which is characterized by placental dysfunction and maternal response to systemic inflammation with endothelial and coagulation activity. found in women with normal pregnancies (POGI, 2016)

CASE PICKING METHOD

In the study of case reports, midwifery care was carried out using a midwifery management approach and documentation through SOAP. Data were obtained by means of interviews, physical examination, observation, and literature study.

INFORMATION ABOUT PATIENT

In this case the patient named Mrs "R" 36 years old, female gender, Javanese ethnicity, work housewife. Main complaint: She said she felt dizzy and nauseous.



She said that no one in her family suffers from chronic, hereditary and infectious diseases. She also said that her family was very supportive of her current pregnancy. The pattern of life that is lived is also normal and there are no bad habits such as smoking, drinking alcohol and so on.

CLINICAL FINDINGS

On physical examination, it was found that the general condition of the She: adequate, consciousness: composmentis, BTV: BP: 160/115mmHg, N: 85x/minute, S: 36.3C, RR: 21x/minute. TFU: 2 fingers below the center, good uterine contractions, there are SC scars.

TIMELINE

She said that when she came to the emergency room at Roemani Muhammadiyah Hospital Semarang at 14.30 WIB, she began to feel dizzy and nauseous. In the ER, 20 tpm of RL infusion was installed. At 15.00 WIB, he was transferred to the Ayyub 1 room and an examination was carried out with the results, DJJ: 148x/minute, His: not yet available and was placed in the surveillance room and the SC plan was to be carried out the next day. At 07.00 WIB, the SC process was carried out. At 09: 00 WIB, TTV was observed with the results of BP: 160/115 mmHg, N: 85x/minute, S: 36.3C, RR: 21x/minute. TFU: 2 fingers below the center, good uterine contractions, there are SC scars.

DIAGNOSTIC CHECK

Diagnostic examination in this case was carried out by supporting examinations, namely from laboratory results: Hb: 9.6gr/dl, GDS: 70, HBsAg: negative, urine protein: positive 3, Platelets: 347000/mm, Leukocytes: 8400/mm, Hematocrit: 30.1 %. There is no problem in the diagnostic examination.

THERAPY ACTION

The management provided is to provide informed consent, inform the She of the results of the examination, teach the She to do early mobilization, collaborate with the SpOG doctor for administration of RL, MgSO₄ infusion therapy, dopamet and observe TTV.

FOLLOW-UP AND RESULT

The follow-up in this case was to monitor blood loss, uterine contractions, and maternal TTV.

DISCUSSION

In the results of the study of the case study of midwifery care on Mrs. "R" it was found that Mrs. "R" was 36 years old, in this subjective data age is a risk factor for the occurrence of preeclampsia. Age is one of the factors that influence the occurrence of potential obstetric emergencies. Age is a risk factor for preeclampsia. Maternal age more than 35 years is said to increase the risk of preeclampsia. In this study, based on the age group the most were at the age of 20-35 years (72.1%) (Hinelo et al., 2022).

Study conducted by Zhu et al., (2021) showed that maternal age was associated with decreased cardiac systolic function and cardiac output which is a potential preeclampsia. In this study, there was a significant decrease in diastolic function in Shes over 35 years of age with normal left ventricular ejection fraction, indicating the susceptibility of diastolic function to the heart.

In this case also found A multiparous woman with no history of preeclampsia developed preeclampsia during her last pregnancy, the pregnant woman had critical risk factors for preeclampsia, including chronic kidney disease and hypertension, and was not given aspirin. In contrast, parity with a history of severe preeclampsia and receiving adequate medication will experience recurrent preeclampsia and deliver live newborns. (Maeda et al., 2021).

PATIENT PERSPECTIVE

In this case the patient did not share any experiences because this was the first pregnancy and delivery.

INFORMED CONSENT

In this case, informed consent was given orally.

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COMPREHENSIVE MIDWIFERY CARE FOR 28-YEAR-OLD MRS. N AT PMB TATI HERYANTI, S.ST JEPARA

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ABSTRACT

In Indonesia, health issues continue to require special attention from multiple stakeholders. Midwives are known as health workers who are always present with the mother; hence, midwives are needed to deliver continuous/comprehensive services (Continuity Of Care) to maximize early diagnosis of maternal and newborn problems. The goal of this study was to give Mrs. N, a 28-year-old woman at PMB Tati Heryanti, S.ST comprehensive midwifery care, including pregnancy, labor, newborns, postpartum, neonatal, and family planning services. Case study research and descriptive research with a qualitative approach comprise the research strategy. Interviews, observations, physical examinations, and documentation studies guided by the framework of Midwifery Care were used to collect data. The outcomes of midwifery care for Mrs. N, age 28, G₃P₂A₀ normal pregnancy with complaints of leg cramps, physiological birth with 60 steps of APN therapy followed by a physiological postpartum period, and the mother's decision to inject contraception for three months. BBL history had a birth weight of 3,500 grams, a PB of 50 centimeters, and an umbilical cord loss when the baby was 3 days old. There were no discrepancies between the theory and practice of caregiving in the field. There were no discrepancies between the theory and practice of caregiving in the field. Midwives must give comprehensive care to mothers during pregnancy and family planning services after childbirth as a means of early detection of issues that may arise in the mother so that they can be avoided or addressed promptly.

Keywords: *Comprehensive Midwifery Care, BBL, postpartum, KB*

INTRODUCTION

In Indonesia, health issues continue to require special attention from multiple stakeholders. Several indicators can be used to determine the level of public health. The Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) characterize one of them [17]. Due to its sensitivity to the improvement of health services in terms of both accessibility and quality, this indicator can also be used to evaluate the level of public health. This indicator defines maternal mortality as all deaths during pregnancy, childbirth, and the puerperium caused by pregnancy, childbirth, and the puerperium or their management and not owing to other causes, such as accidents or incidents [12].

In 2020, the documentation of family health programs at the Ministry of Health reveals 4,627 deaths in Indonesia due to MMR. This number represents an increase of 4,221 fatalities compared to 2019. The MMR rate in Central Java increased from 76.9 per 100,000 live births in 2019 to 98.6 per 100,000 births in 2020 [18]. In 2020, the MMR rate in Jepara Regency is projected to increase relative

to 2019, beginning with a jump from 13 to 15 per live birth [7,8]. According to the causes, the majority of maternal deaths in 2020 were due to bleeding (1,330 instances), hypertension in pregnancy (1,110 cases), and circulatory system problems (230 cases) [12].

In 2020, there were 28,158 infant mortality rates in Indonesia, of which 72% (20,266 deaths) occurred in the neonatal period [12]. From 2016 to 2020, the number of IMR in Central Java Province continues to fall. Comparing 2020 to 2019, the number of IMRs began to fall from 8.2 to 7.8 per 1,000 live births [8]. The number of infant deaths in Jepara Regency in 2020 was 4.3 per 1,000 live births, a drop from the number of IMR of 4.7 per 1,000 live births in Jepara Regency in 2019, which places Jepara Regency in the top five districts in Central Java Province with the lowest number of IMR [7]. The leading cause of infant mortality is the low birth weight (LBW). Asphyxia, infection, congenital defects, newborn tetanus, and other causes of mortality are also prevalent [12].

Pregnancy, childbirth, newborns, postpartum, and neonates constitute a physiological conditions



that can endanger the lives of the mother and child to the point of causing their demise. To expedite the fall in MMR and IMR, the government has enacted laws to ensure that every mother has access to quality health services for pregnant women. The Indonesian government ensures that every mother has access to quality maternal health services [12]. Midwives are known as health workers who are always with the mother; therefore, midwives are required to provide continuous services (Continuity Of Care) beginning with ANC, INC, BBL Care, Postpartum Care, Neonate Care, and quality family planning services to optimize early detection of complications/emergencies on maternal and neonatal health [3].

The decreasing IMR in Jepara Regency and the rising MMR necessitate efforts in the form of improving the clinical skills of field officers and involving multi-stakeholders in the implementation of the MCH program by implementing Comprehensive Midwifery Care that is provided comprehensively from pregnancy, childbirth, postpartum, BBL, and family planning, as well as provincial facilitation support to districts both in terms of program management and program implementation [7]

To support attempts to speed the reduction of MMR and IMR, one of the authors will provide Continuity of Care. When there is continuous contact between a woman and a midwife, continuity of care is provided. Continuous care was provided at PMB Tati Heryanti, S.ST Jepara, beginning with the third trimester of pregnancy, or 36 weeks pregnant, and continuing through birthing, newborn care, and postpartum planning.

METHODS OF RESEARCH

This study employs a qualitative, descriptive case study methodology. From April to June of 2022, the research was conducted at PMB Tati Heryanti, S.ST Jepara. This study's sample is Mrs. N, who is 28 years old. Interview guides, observations, physical examinations, and documentation studies in the form of midwifery care formats beginning with pregnancy, labor, newborns, postpartum, neonates, and family planning were utilized as research instruments. In compliance with midwifery care procedures, the examination employs instruments and materials that are suitable for the task.

RESULT OF RESEARCH

3. 1 Pregnancy Midwifery

Mrs. N, age 28, G₃P₂A₀ at PMB Tati Heryanti S.ST has received midwifery care in compliance with midwifery care standards. According to an evaluation completed on May 4, 2022, the mother frequently had leg cramps. The care provided is KIE, a dangerous sign of third-trimester pregnancy, explaining that cramps in the legs are normal for third-trimester pregnant women and that they can relieve cramps by taking a warm bath before bed or soaking their feet in warm water, and by fulfilling nutritional needs by reducing food intake. including carbohydrates, lipids, and meals high in protein and calcium, discussing labor preparation and labor signs to the mother, and urging mothers to take a morning walk to alleviate discomfort and facilitate labor.

3. 2 Midwifery Childbirth Care

Normal delivery At 39 weeks and 2 days gestation, Mrs. N received midwifery care by the guideline for Normal Childbirth Care. At 39 weeks and two days of pregnancy, Mrs. N displayed signs of labor on May 7, 2022, at 7:00 a.m. WIB. The mother felt discomfort in her stomach radiating to her waist and believed that her amniotic fluid had been expelled. The mother is worried about giving delivery. The care provided teaches mothers breathing relaxation techniques and provides counseling to husbands and families accompanying mothers. It also teaches mothers how to reduce pain by giving waist counterpressure massage, encourages mothers to drink or eat so they do not run out of energy, and provides a comfortable position as desired by the mother. The first stage of labor lasted \pm 4 hours and 45 minutes, the second stage lasted \pm 15 minutes, the third stage lasted \pm 6 minutes, and the fourth stage was monitored for 15 minutes in the first hour and every 30 minutes in the second hour. The mother gave birth without any problems or complications for either mother or child.

3. 3 Newborn Midwifery Care

Mrs. N will receive newborn midwifery care, including keeping the baby warm, facilitating skin-to-skin contact between mother and child, initiating breastfeeding (IMD) for 1 hour, and cutting and caring for the umbilical cord. After



the IV stage and IMD supervision were completed successfully, newborn care consisted of anthropometric and physical tests, vitamin K injections, and eye ointments. The baby is a girl, weighs 3,500 grams, and has the following measurements: PB 50 cm, LK 33 cm, LD 33 cm, and LP 32 cm. The baby's vital signs are within normal limits, the results of physical examination are normal, there are no congenital abnormalities, no signs of prematurity or serotonin syndrome, and newborn reflexes are positive.

3.4 Postpartum Midwifery Care

Postpartum midwifery care is administered in compliance with midwifery care standards. During the first postpartum visit (KF 1), six hours after delivery, the mother reported that the sutures still hurt. As a result, information was provided regarding personal cleanliness and suture wound care, and early mobilization was recommended. Subsequently, home postpartum visits and TTV examinations, uterine involution monitoring via TFU examination, contractions, lochia, and examination of the extremities were performed, followed by counseling on nutrition, fluids, rest, personal hygiene, exclusive breastfeeding, postpartum gymnastics or light exercise, and postpartum family planning counseling. At her fourth postpartum checkup (KF 4), the mother opted to utilize a contraceptive injection with a three-month duration so that it would not interfere with her milk production. During the postpartum visit, Mrs. A's uterine involution was normal, there was no abdominal bleeding, breast milk came out easily, and there were no difficulties with lochia expenditure.

3.5 Neonatal Midwifery

Mrs. N received three visits from a midwife for neonatal care, including a physical examination, HB0 vaccine, advice on umbilical cord care, keeping the infant warm, and exclusive breastfeeding during the first visit, which was conducted at 6 hours. The baby's umbilical cord fell off on the third day, KN 2 was performed on the seventh day, and the care provided consisted of encouraging the mother to dry her baby in the morning for 10 to 15 minutes and reminding the mother to breastfeed exclusively, and KN 3 was performed on the fifteenth day and recommended going to the gym. Posyandu is administered every month for the first five years of a child's life to

monitor growth and development and provide health services.

3.6 Midwifery Services Family Planning

In family planning services, midwifery care is administered by midwifery care standards. Three months after having her third child, Mrs. N chose to utilize injectable contraception. Mothers desire it since it does not inhibit milk production until six months after birth. The care delivered included providing the mother with an IEC explaining the 3-month birth control injection, how it works, and its side effects, as well as administering an intramuscular injection of 3 ml of Depo Medroxyprogesterone Acetate (DMPA) into one-third of the mother's side. Inform the mother of the return visit's time. The mother did not experience any side effects and there were no difficulties following the injection.

DISCUSSION

4.1 Pregnancy Midwifery

Mrs. N complains of regular leg cramps at the time of her prenatal care evaluation. Cramps in the legs are a normal pregnancy symptom that typically occurs in the second and third trimesters and can be caused by the fact that the fetus's head holds and compresses the blood vessels, thereby impeding blood circulation and exerting pressure on the nerves in the legs, as well as low calcium levels. can also result in leg muscle spasms [1].

These problems can be alleviated by having a warm bath before bed or soaking the feet in warm water, as well as by meeting nutritional demands, such as limiting carbohydrate and fat intake and increasing protein and calcium consumption. Candra W. (2016) found that bathing the feet in warm water at 38°C for 30 minutes can alleviate muscle tension and boost the creation of brain glands, resulting in a calmer, more relaxed body that can relieve pain.

In addition, by encouraging mothers to take a morning stroll about the home to alleviate discomfort and expedite labor, the process might be streamlined. During the third trimester, regular walking helps pregnant women prepare physically for childbirth. This is because the rhythmic and coordinated movements of the pelvic muscles have the effect of flexing and strengthening the pelvic muscles [24].



According to research conducted by Hidayati (2018), travel during the third trimester of pregnancy can assist in the delivery and shorten the duration of labor. The balance between strength, muscle elasticity, thrust (his), and the energetic state of the laboring mother shortens the duration of labor.

4.2 Midwifery delivery care

Since 07:00 WIB, the mother had been complaining of abdominal to back-of-waist pain and was apprehensive about giving birth. The results of the physical examination were normal, and blood and mucus were present in the vaginal discharge. The mother's complaints are indicative of labor, which is characterized by the commencement of abdominal pain that radiates to the waist, mucus mixed with blood, and a flattening of the cervix. Blood is produced by the rupture of capillaries around the cervical canal when the cervix expands and flattens [14].

Care provided to Mrs. N during the initial stage of labor includes a breathing relaxation technique for moms, counseling for husbands and relatives accompanying mothers, and instruction on how to relieve pain using waist counterpressure massage. According to Septiani's research (2021), the application of deep breathing relaxation techniques to laboring mothers was able to reduce the intensity of labor pain in the first stage and the duration of the first stage of labor; therefore, the researchers suggested applying deep breathing relaxation techniques to laboring mothers to reduce pain. So that moms can give birth properly, increase a sense of security and comfort, and make delivery easier so that mothers and babies are healthy and prosperous.

Mrs. N is always attended to by her husband during childbirth. The presence of a companion during childbirth can have a good influence on labor in that it can alleviate discomfort and shorten the duration of labor. Additionally, the presence of a delivery attendant can offer moms a sense of comfort, security, excitement, emotional support, and motivation [16].

According to research by Muldaniyah (2022), the counterpressure massage technique provides comfort, reduces pain, and lessens the degree of pain in pregnant women. This technique concentrates on the origin of the pain point felt by

the laboring mother during the early phase of labor. By administering a massage utilizing a counterpressure technique, these pain impulses can be suppressed and the sense of discomfort in the waist region can be diminished. According to the study, when this massage technique is performed by the husband while the mother experiences waist discomfort, the mother's pain, and worry lessen. The duration of the first stage of labor during the active phase \pm 4 hours and 45 minutes. The primigravida opening is 1 cm per hour and the multigravida opening is 2 cm per hour, according to the Friedman Curve theory [25].

The duration of the second stage of labor was \pm 15 minutes, and there were no issues or problems for the mother or newborn. Sulistyawati (2010) states that the second stage of labor lasts 50 minutes for primigravida and 30 minutes for multigravida. At 12:00 WIB, Mrs. N had indications of placental separation, including an extended umbilical cord and a bloody vaginal effusion. The detachment of the placenta can be predicted by observing the signs of the uterus becoming round, the uterus being pushed up as the placenta is released into the lower uterine segment, and the lengthening of the umbilical cord, and the onset of bleeding. The placenta is delivered with a light push on the uterine fundus [14]. According to the idea of Manuaba (2010), the time for placental separation after the second stage lasts between 5 and 10 minutes. The duration of the third stage of labor during delivery of the placenta is 6 minutes without complications.

The fourth stage was observed for 15 minutes in the first hour and every 30 minutes in the second hour. Observations of patient consciousness, TTV, uterine contractions, and vaginal bleeding were made, and IMD was performed successfully in stage IV. According to Sulistyawati's (2010) theory, postpartum hemorrhage was detected more frequently within the first two hours of the fourth stage. The mother gave birth without any problems or complications for either mother or child.

Early nursing will stimulate the release of oxytocin, hence preventing any bleeding. This hormone can be stimulated naturally because breastfeeding newborns encourage the release of the hormone oxytocin, causing the mother to feel



elated after the birth of her child. So that oxytocin production can rise and postpartum bleeding can be decreased [21].

4.3 Newborns' midwifery care

As part of newborn care, the baby is kept warm by removing any remaining amniotic fluid and providing blankets and head coverings, followed by cutting and caring for the umbilical cord and initiating nursing (IMD) for one hour. Newborns are more susceptible and unstable in their ability to regulate body temperature, resulting in heat loss.

IMD is a simple intervention that can significantly improve neonatal outcomes, including reducing the risk of neonatal death, increasing affection, extending the duration of breastfeeding, stabilizing body temperature, breathing, pulse, and blood glucose of infants, and increasing the duration of breastfeeding (Arhamnah, S. 2022). According to Kusuma W's (2019) research, the skin-to-skin method during IMD involves placing the baby face down on the mother's chest so that the newborn receives warmth through direct skin contact with the mother. The mother's skin is capable of adjusting its temperature to meet the needs of the infant (Thermoregulator Thermal Synchrony).

HB₀ immunization was administered 6 hours postpartum to Mrs. N's infant according to PMB's practice of administering the vaccine after the patient is allowed to go home, which was 1 hour after the vitamin K injection. According to Permenkes No. 53 of 2014 about Essential Neonatal Health Services from the Indonesian Ministry of Health, the initial Hepatitis B immunization (HB 0) is administered intramuscularly 0-7 days after Vitamin K1 or 1-2 hours after Vitamin K1. Immunization against Hepatitis B is beneficial for avoiding Hepatitis B infection in babies, particularly through the mother-to-infant transmission route.

The monovalent hepatitis B vaccine, ideally administered to newborns within 24 hours postpartum, can provide 85 to 95 percent protection, but can still be administered up to 7 days postpartum to prevent transmission of the hepatitis B virus and chronicity from mother to child [28].

4.4 Midwifery care throughout the postpartum period

Mrs. N received postpartum visit services four times by the theory and standards established by the Ministry of Health (2020) in the MCH book, namely services provided 6-8 hours after delivery, 3-7 days after delivery, 8-28 days after delivery, and 29-42 days after delivery, with home health monitoring for postpartum mothers.

Six hours after birth, on the first postpartum appointment, the mother complained that the sutures were still sore. The care provided is KIE-maintained personal hygiene and betadine-treated gauze for suture care. Theoretically, perineal wound care can be accomplished by applying ice compresses to the wound, administering antiseptic fluids such as povidone-iodine, and performing Kegel exercises. In addition, mothers should increase their nutritional intake and get sufficient rest to expedite the perineal healing process [11].

Subsequently, home postpartum visits and vital sign examinations, uterine involution monitoring via TFU examination, contractions, lochia, and examination of the extremities were performed, followed by counseling on nutrition, fluids, rest, personal hygiene, and ensuring that mothers breastfeed correctly and provide exclusive breastfeeding.

Breastfeeding accelerates the uterus's return to its natural form and decreases bleeding. This is because the hormone oxytocin is secreted by the pituitary gland in the brain in response to the baby's sucking on the breast. In addition to contracting the milk ducts in the mammary glands, oxytocin also increases the contraction of the uterus, hence increasing uterine involution [19].

Within 6-7 days postpartum, the perineal wound will begin to improve physiologically [18]. Protein intake has a significant effect on the perineal wound healing process, as the restoration of injured tissue requires protein for cell regeneration. Protein is responsible for the building blocks of muscles and bodily tissues, but it cannot be stored in the body, thus daily protein consumption is required for wound healing [11].

At the fourth postpartum visit, the mother received postpartum family planning counseling and elected to utilize injectable contraception with a three-month duration so as not to damage her milk production.



4.5 Midwifery care for neonates

Midwifery care for neonates consisted of three visits; neonatal visits were essential since the neonate period, the first month of life for the age group with the highest risk of developing health problems, was characterized by rapid growth and development. The first neonatal visit included teaching the mother how to care for the umbilical cord using clean, dry, and uncovered approaches.

The action for infants is to keep the umbilical cord clean, dry, and open (don't wrap it) and not to offer any ingredients; if it is unclean, it is washed with sterile gauze and hot water [12].

The second neonatal visit was conducted at the patient's residence; on the third day, the infant's umbilical cord had fallen off and there were no signs of infection. According to research by Trijayanti W.R, et al. (2020), the quickest time to remove the umbilical cord using an open treatment technique with clean and dry principles was 90 hours (3 days 18 hours), and the longest period was 109 hours (4 days 13 hours). According to Cunningham (2013), an umbilical cord handled by leaving it open will dry and come off more quickly, reducing the risk of infection.

At the second neonatal visit, the author suggested moms dry their infants for 10 to 15 minutes in the morning. According to research conducted by Fatmawati Z, et al. (2022), 15 to 30 minutes of morning sun therapy helps prevent the accumulation of bilirubin in the blood; hence, morning sunlight is advised as an alternative for the prevention of neonatal jaundice. To break down bilirubin, morning sunlight is 6,5 times more efficient than phototherapy.

The author always encourages exclusive nursing for every newborn visit, Mrs. N's weekly weight gain is 100 grams, and the baby's weight gain is influenced by nutrient intake, specifically breast milk. According to research conducted by Desi Siswanti (2019), exclusive nursing for infants has a greater impact on their growth or weight than does not-exclusive breastfeeding. 0 to 6 months of age Exclusive Breastfeeding is necessary because the digestive system is not fully developed; therefore, only breast milk is the best food for him. Feeding infants aged 6 months anything other than breast milk can cause allergies or diseases such as diarrhea; this is because the baby's digestive system is not mature

enough to handle other foods. Breast milk contains all the nutrients required for growth and energy provision in the proper sequence. Breast milk does not strain the digestive tract and kidneys of newborns, which are not functioning optimally, and promotes optimal physical growth. According to this study, exclusively breastfed infants have a healthy nutritional status.

The care provided was to recommend monthly visits to the posyandu throughout the first five years of the child's life to monitor his or her growth and development and to obtain health treatments.

4.6 Maternity Care In-Service KB

Mrs. N decided to utilize 3-month injectable contraception at the time of her visit to the family planning agency so as not to interfere with milk production until the baby was 6 months old. It is not suggested for breastfeeding moms to take injectable contraceptives containing estrogen or estradiol cypionate, as this can lower milk production and impede the smooth ejection of breast milk during lactation. Contraceptives with high estrogen levels can inhibit FSH, causing the anterior pituitary lobe to release luteinizing hormone. The synthesis of the luteinizing hormone can cause the hypothalamus to release dopamine, also known as a prolactin-inhibiting factor (PIF). Dopamine can lower prolactin release by a factor of 10. When prolactin secretion is stopped, breast alveolar cells stop producing milk. Inability to produce milk hinders the generation of breast milk. Non-hormonal contraceptive methods and hormonal methods containing only progesterone are examples of contraceptives that do not influence breast milk production and expenditure [20].

Binngan (2019) found that Depo Medroxyprogesterone Acetate (DMPA), which is administered every three months, has a powerful and highly effective progesterone impact. The investigations conducted did not demonstrate any interference with breast milk supply or adverse effects on breastfed infants of moms who got the injections. This method is recommended as a family planning instrument for mothers on family planning.



CONCLUSION

There are no gaps in theory or practice in the provision of midwifery care to Mrs. N, age 28, at PMB Tati Heryanti S.ST Jepara, beginning with pregnancy, birthing, newborns, postpartum, neonates, and family planning services that run properly. It may be concluded that it is vital for midwives to give comprehensive care to mothers during pregnancy and family planning services after childbirth as a means of early detection of issues that may arise in the mother so that they can be avoided or addressed promptly.

AUTHORS' CONTRIBUTIONS

All authors contributed to research observation, research writing, editing, and review of submissions.

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COMPREHENSIVE MIDWIFERY CARE OF MRS.T 26 YEARS OLD AT PUSKESMAS ROWOSARI

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ABSTRACT

Background : Comprehensive care is a series of processes of pregnancy, childbirth, postpartum, newborn baby and family planning are physiological processes, many mothers experience health problems that can increase maternal mortality. In 2020, the number of maternal deaths in 2020 showed 4,627 deaths in Indonesia. this number shows an increase compared to 2019 with 4,221 deaths. **Objective:** This study aims to provide comprehensive midwifery care to pregnant women at the Rowosari Health Center, using a case study approach that is subjective, objective and observational. **Results:** The result showed that the first pregnancy with a gestational age of 40 weeks 4 days there were no complaints, with physiological delivery, then physiological postpartum and received appropriate treatment, with normal anthropometric examination results both body weight, height, head circumference and arm circumference, perineal laceration in grade II, during the puerperium using the lactation amenorrhea method, in the care there are no gaps in theory and practice smoothly and the mother and baby are in normal condition. **Conclusion:** This study concludes that in the application of comprehensive care, the care provided is in accordance with what is given to the patient, so there is no gap between theory and cases in the field.

Keywords: *Midwifery Care, Comprehensive, Pregnant mother.*

INTRODUCTION

According to WHO (2019) the maternal mortality rate (MMR) in the world is 303,000 people. The maternal mortality rate (MMR) in ASEAN is 235 per 100,000 live births (ASEAN secretariat, 2020). Since most of the maternal deaths in 2020 were caused by bleeding as many as 1,330 cases, hypertension in pregnancy as many as 1,110 cases and circulatory system disorders as many as 230 cases. and the number of infant deaths (IMR) in 2020 shows the number 20,266 deaths (Kemenkes RI, 2020)

In 2020, the number of maternal deaths in 2020 showed 4,627 deaths in Indonesia. this number shows an increase compared to 2019 of 4,221 death (Kemenkes RI, 2020)

Based on the health profile of the province of Central Java, the MMR in 2021 is 98.6/100,000 live births, the IMR in 2021 is 7.79/1000 live births, although this figure is much beTetanus than the national target (MMR: 226/100,000 live births, IMR: 24 /1,000 live births). Based on the maternal mortality rate (MMR) in the city of Semarang in 2021 as many as 17 cases out of 23,825 live births or around 71.35 per 100,000 live births. The

maternal mortality rate (MMR) has decreased from 2020, which is 75.8 per 100,000 live births (RIKESDA, 2021).

Comprehensive care is care provided by midwives starting from pregnancy, childbirth, newborns, postpartum, and the use of family planning which aims to provide quality services to prevent maternal and child mortality. The role of midwives in comprehensive care is to accompany women during the life cycle starting from providing quality antenatal care services to early detect complications in pregnant women, providing safe normal delivery care services that function to prevent maternal death, providing newborn baby care to prevent infant mortality and complications that occur in infants, provide postpartum care to prevent bleeding after childbirth, provide counseling on family planning and services for the use of contraceptives to improve a prosperous family (Kepmenkes No. 938, 2007).

RESEARCH METHODS

This research used management method with the case study according to helen varney includes



subjective and objective assessments, identification of problem diagnoses, identification of potential diagnoses, identification of immediate needs, planning (intervention) implementation (implementation) evaluation in the form of SOAP (Simple Object Access Protocol).

RESULTS AND DISCUSSION

1.1 Pregnancy midwifery care

Mrs. T is 26 years old, G1P0A0 at the Rowosari Health Center. Comprehensive care for Mrs. T started on April 2, 2022 at the Rowosari Health Center. At the ANC examination on Mrs. M experienced weight gain during pregnancy which was 9 kg. Mrs. Never had an increase in blood pressure. Measurement of Upper Arm Circumference of Mrs. T which is 25 cm or normal. The Uterine fundal height measurement is 2 fingers below the center, the head has entered the pelvic inlet, the FHR is positive and the fetal weight interpretation is based on the height of the uterine fundus, which is 2.635 grams of estimated fetal weight (EFW). Mrs. T had Tetanus immunization 2x when he was tired, during his first pregnancy. Mrs. T has taken 100 tablets of blood. The results of the mother's hb laboratory test were found to be normal and not anemic. Comprehensive care for Mrs. T which started on April 2, 2022 at the Rowosari Health Center. Midwifery care is normal pregnant women in the third trimester with a gestational age of 36-40 weeks without complications and without complications. in pregnancy Mrs. T made a total of 16 pregnancy visits, this means Mrs. M has made a good visit based on subjective and obvetive data that the author has obtained, there are no abnormalities on physical examination. The ANC examination that has been carried out on Mrs. T has been counseled about. pregnancy, childbirth, puerperium, newborn baby, family planning to exclusive breastfeeding and immunization. While carrying out the ANC visit that has been carried out on Mrs. Based on the results of the examination that has been carried out, no abnormalities were found so that it does not require treatment or treatment (Pantikawati, 2016).

According to the World Health Organization (WHO), antenatal care is to detect early occurrence of high risks of pregnancy and childbirth and can reduce maternal mortality

and monitor the condition of the fetus (Winkjosastro in Damayanti, 2009).

Antenatal care is a health service provided by professional health workers to improve the health status of pregnant women and the fetus they contain. Antenatal services that are carried out regularly and comprehensively can detect early abnormalities and risks that may arise during pregnancy, so that these abnormalities and risks can be addressed quickly and appropriately (Hardianti, 2013).

1.2 Midwifery care for labor was carried out at term, which was 40 weeks and 4 days. On May 20, 2022 at 01.30 WIB, Mrs. T began to feel tightness and release of mucus and blood and felt anxious about the delivery process. The first stage of labor lasted for \pm 4 hours 45 minutes, the second stage lasted for 5 minutes spontaneously with a second degree laceration, the third stage lasted for 10 minutes and the fourth stage was monitored for 2 hours. Mother gave birth normally without any complications for mother and baby.

In the discussion of childbirth, it will be explained about the suitability of theory and reality in Mrs. T's delivery care. The first stage of management carried out is to prepare the delivery room, equipment, equipment, materials and medicines needed, referral in case of complications, providing emotional support by recommending husband to accompany the mother during labor because the support provided by the husband can make the mother more calm in dealing with pain due to contractions. The management of the second stage is carried out in accordance with the Normal Childbirth Care (NCC). Management carried out in the third stage of labor is placing the newborn on a clean cloth that has been prepared on the mother's lower abdomen and asking the mother or family to hold the baby, checking the presence of a second fetus before injecting oxytocin 10 IU IM in the upper 1/3 of the distal lateral thigh, clamping and cut the umbilical cord, performed Early Initiation of Breastfeeding with Controlled umbilical cord tension (PTT). Management of the fourth stage is to ensure the uterus contracts properly, clean the mother of residual blood and amniotic fluid, help the mother change clean and dry clothes and pads, teach the mother and family how to massage



the uterus and assess contractions. During 2 hours of monitoring the IV stage, the vital signs of Mrs. A is within normal limits, Uterine fundal height is 2 fingers below the center, uterine contractions are hard, bladder is empty, the amount of bleeding is 10 cc (Rohani, 2016). Complications of childbirth in mothers and newborns as a factor causing the high maternal mortality rate (MMR) and infant mortality rate (IMR), in childbirth assistance with Normal Childbirth Care. Normal Childbirth Care is a clean and safe delivery care starting from the first stage to the fourth stage. (Suparti, 2021) During the delivery process, the mother must be able to withstand the sensation of pain and must be able to adapt in order to reduce her anxiety. If the mother is unable to adapt, it can result in both physical and psychological problems. (Hernawati, 2018)

- 1.3 Midwifery care during the puerperium was carried out by assessing midwifery care. Complaints felt by Mrs. T in the puerperium period starting from 6 hours post partum to 14 days postpartum. Mrs T is in good condition and there are no complaints, postpartum is running normally, at 6 hours of postpartum the mother complains of nausea, this is a physiological condition because the reproductive organs return to their original shape, so that the uterus contracts and causes a feeling of heartburn. Mrs. T has urinated, since the first 6 hours post partum, defecation on 6 days post partum, on the 25th day the urination and defecation have been smooth, this is physiological, the process of elimination. Mrs. T's breast milk has come out smoothly, there is no dam, no abnormal mass. Uterine involution that occurs in the first 6 hours postpartum Uterine fundal height is palpable 2 fingers below the center, uterine contractions are good, at 6 days post partum TFU is palpable between the center and the symphysis and at 14 days post partum TFU is not palpable according to the theory of ensuring normal uterine involution, uterine contractions, fundus below the umbilicus. At 6 hours postpartum, the mother complained that her stomach still felt heartburn and felt blood coming out of the laceration, the midwife advised the mother to wash the perineum with clean water and change sanitary napkins and underwear

frequently, explained to the mother the danger signs during the postpartum period and advised her to eat nutritious food. and nutritionally balanced so that the mother can recover quickly, then the next monitoring at the Postpartum visit 2 visits, home visits and vital sign examinations, involution monitoring through examination of uterine fundal height, contractions and lochia with the results of all physical examinations and vital signs in normal condition, suturing both have started to dry up, mid-central uterine fundal height and symphysis and lochea sanguiolenta discharge, then continued with counseling on the pattern of nutrition, fluids, rest, elimination, personal hygiene, laceration care and exclusive breastfeeding. At the next Postpartum visit 3, vital signs and physical examination were carried out with the results all normal, the Uterine fundal height was not palpable and the discharge of lochea saerosa with a brownish yellow color was then given Communication, Information and Education about nutrition patterns and rest patterns, then explained to the mother about family planning (KB) . During the visit, there were no complications or complications experienced by Mrs. T. Uterine involution is proceeding normally without any accompanying complications during the puerperium, good contractions, no abnormal bleeding, milk comes out smoothly, lochea discharge is normal (Sukarni, 2016). They believe that the culture of maternal care after childbirth can have a positive and beneficial impact on them. This is evident from a study conducted by Andhra Pradesh on 100 postpartum mothers in the Tirupati area. (Endriyani, 2020) The post partum or postpartum period after delivery begins a few hours after the birth of the placenta until 6 weeks after delivery. The puerperium begins after delivery of the placenta and ends when the tools last approximately 6 weeks. (Astuti, 2020)

- 1.4 Midwifery care for newborns obtained subjective data from the assessment at the age of 6 hours, Mrs. T's baby has defecated and defecated, this has shown that the elimination process of Mrs. T's baby is physiological. After that the nutrition was given, Mrs. T's baby was breastfeeding at the time of the Early Initiation of Breastfeeding after birth,



breastfeeding was given every 2 hours, i.e. 8 times for 24 hours every baby wanted breast milk, based on the above Mrs T's baby nutrition had been fulfilled. Objective data obtained from the assessment results, the vital signs of Mrs. T's baby at the time of providing midwifery care are heart rate 138 x/minute, breathing 52 x/minute, temperature 36.6°C, results of examination of the baby's father Mrs. T normal, anthropometric examination with the results of the baby's weight Mrs. T 3060 grams, baby's body length 50 cm, baby's chest circumference 33 cm, baby's head circumference 31 cm. Midwifery care for newborns is drying the baby's body except for the extremities while making a cursory assessment of skin color, breathing and movement. Followed by cutting the umbilical cord and Early Initiation of Breastfeeding. After the supervision of the IV stage and Early Initiation of Breastfeeding was successful, care for the newborn was carried out in the form of anthropometric examination, physical examination, administration of eye ointment, injection of vit. K and Hb O immunization. Neonatal visits were carried out three times, namely visit I (K1) providing counseling on newborn care, bathing babies, umbilical cord care, and providing support so that mothers give exclusive breastfeeding. The visit (K2) reminded me of Mrs. T to give exclusive breastfeeding to the baby. The visit (K3) recommends going to the Puskesmas to get immunizations and monitor the growth and development of babies. During neonatal care, the baby was in normal condition and there was an increase in body weight (K2), the sixth day of the umbilical cord (Anik, 2018). The birth of a baby is a challenge for the family, and motherhood will create instability that demands self-improvement behavior to become a mother. During the postpartum period, new duties and responsibilities emerge and old habits will change or be added to new roles as parents. (Yanik, 2021) Due to the fact that currently occurs, there is still high morbidity and mortality in infants, especially newborns. One of the causes of newborn deaths can be caused by improper care. The inhibiting factor in carrying out proper newborn care is the lack of public knowledge and improper care methods. (Rizqi, 2016)

1.5 Midwifery care in family planning services will be explained about the compatibility between theory and facts in family planning care for Ny.T In the discussion related to midwifery care in family planning, the following data can be obtained after receiving an explanation of the various types of family planning information provided by the midwife, the mother does not want to use contraception, the mother also follows her husband's advice not to use contraception and Mother said so far there have been no complaints. In the discussion related to midwifery care in family planning, the following data can be obtained after receiving an explanation of the various types of family planning information provided by the midwife, the mother does not want to use contraception, The mother also followed her husband's advice not to use contraception and the mother said so far there had been no complaints (Handayani, 2014) The Family Planning Program (KB) is one of the overcoming population problems that has the aim of improving the health status, welfare of mothers and children and creating a family. happy and prosperous children through birth control and population growth in Indonesia. (Ruwayda, 2014) Post-delivery family planning (KBPP) is a family planning installation that is carried out immediately after the mother gives birth. The type of delivery, both vaginal delivery and sectio caesarea (SC), both can be installed with KBPP. By using KBPP, a mother who gives birth has used family planning or as a family planning acceptor when she leaves the hospital. Thus, the mother has made pregnancy thinning for at least the next two years. Thus the possibility of unwanted pregnancy (KTD) can be avoided. (Ivanna, 2021)

CONCLUSION

Pregnancy midwifery care was carried out 1 time visit starting from 36 weeks 7 days and during midwifery care there were no complications and complications. Midwifery care for childbirth is to provide assistance according to the standard of normal delivery care (APN) so that all stages are free of complications and complications. Midwifery care for newborns is carried out according to the standard of midwifery care and there are no complications. During monitoring, no



complications, complications and danger signs were found in the baby. Midwifery care during the puerperium was carried out starting from 6 hours to 14 days postpartum, namely visits, the postpartum period went smoothly, involution occurred normally, there were no complications and the mother looked healthy and the patient chose to use contraception for 3 months. Midwives should provide comprehensive midwifery care services, on an ongoing basis, starting from pregnancy, childbirth, newborns, postpartum and family planning in order to reduce morbidity and mortality rates for mothers and babies.

AUTHOR'S CONTRIBUTION

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MIDWIFE CARE IN NY. Y AGE 43 YEARS OLD PIIA0 OLD ACCEPTOR OF INTRA UTERINE DEVICE (IUD) WITH MENORRHAGIA AND MODERATE ANEMIA IN KEDUNGUNDU PUSKESMAS, SEMARANG CITY

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ABSTRACT

Intra Uterine Device(IUD) is a long-term contraceptive method that has high effectiveness. IUDs also have some side effects, one of which is menorrhagia. Menorrhagiamenstrual disorders are characterized by menstruation for more than 7 days and the amount of blood that comes out is more than 80 ml. The number of erythrocytes that come out during bleeding can cause anemia. At the Kedungmundu Health Center, it was found that out of 10 IUD family planning acceptors, 8 of them experienced menorrhagia and 2 had normal menstruation. The purpose of this study was to provide midwifery care for Intra Uterine Device (IUD) acceptors with Menorrhagia using a 7-step Varney approach. The method used in this research is a case study. The location of this case study was conducted at the Kedungmundu Health Center. The subjects of the case study here are IUD family planning acceptors who experience menorrhagia. The time of the implementation of this case study was carried out on 06 – 27 June 2022. Data collection techniques were from physical examination, interviews and observations, secondary data including documentation studies and literature studies. The care given in this case was the administration of tranexamic acid 500 mg 3x1 for 7 days to treat bleeding and 1x1 blood-added tablets to help overcome anemia in the mother, as well as providing moral support to reduce maternal anxiety. After being given care for 22 days, the results were good general condition, no potential problems appeared, the mother was not anxious and felt comfortable, the bleeding stopped, anemia was resolved, but the mother chose to remove the IUD and change the method of family planning. After being given midwifery care for 22 days, IUD family planning acceptors no longer experienced menorrhagia and moderate anemia. However, the mother chose to remove the IUD and replace the method of family planning with MOW.

Keywords: *IUD, Menorrhagia, Anemia*

INTRODUCTION

Based on data from the World Health Organization (WHO) in 2017 among 1.9 billion women of childbearing age (15-49 years), 1.1 billion of them have the need to use contraception, but currently 842 million use modern contraceptive methods and 80 million use traditional methods. , while another 190 million women choose not to use contraception. For long-term contraception, one of the recommended is an Intrauterine Contraceptive Device (IUD). In Indonesia, statistical data shows that 7.75 out of 100 women use contraception in the form of an IUD. From these data, there is still low data on IUD users in Indonesia, one of the reasons is the side effects caused by the IUD(WHO, 2021). The side effects caused are bleeding during menstruation,

uterine wall perforation, vaginal discharge and expulsion(Marmi, 2016).

Based on data from the IDHS (2017), users of modern family planning tools/methods have decreased from the 2012 IDHS of 60% to 57% (IDHS, 2017).

The number of family planning users in Central Java Province in 2019-2021, namely in 2019, the number of modern family planning participants was 4,884,608 (73.4%) from 6,652,248 couples of childbearing age (PUS). Active family planning participants who use the MKJP IUD are 446,327 (9.1%). In 2020, MKJP IUD KB users experienced an increase of 447,567 (9.4%) from 4,757,722 modern family planning participants. And in 2021, MKJP IUD KB users will decline again, namely 419,097 (9.3%) from 4,508,188 modern family



planning participants. From the data above, we can see that users of the MKJP IUD KB in 2021 have decreased by 1% from 2020 (Central Java Provincial Health Office, 2021).

The number of KB Semarang City users in 2019-2021, namely in 2019, the number of modern family planning participants was 199,001 (77.5%) out of 256,868 Couples of Childbearing Age (PUS). Active family planning participants who use the MKJP IUD are 21,385 (10.7%). In 2020, MKJP IUD KB users experienced an increase of 21,854 (11.2%) from 195,620 modern family planning participants. In 2021, MKJP IUD users experienced an increase of 22,591 (12.9%) from 175,603 modern family planning participants. From the data above, we can see that MKJP IUD KB users in Semarang City have increased by 1.7% from 2020 (Disdalduk, 2021).

The IUD increased by 21,854 (11.2%) from 195,620 modern family planning participants. In 2021, MKJP IUD users experienced an increase of 22,591 (12.9%) from 175,603 modern family planning participants. From the data above, we can see that MKJP IUD KB users in Semarang City have increased by 1.7% from 2020 (Disdalduk, 2021).

There are some side effects of using an IUD such as bleeding problems during menstruation, uterine wall perforation, and expulsion. For the use of the IUD, it is necessary to consider the side effects and the advantages and disadvantages. One of the side effects of the IUD is the occurrence of menorrhagia, which is an abnormal bleeding during menstruation. The causes of menorrhagia are hormonal imbalances, ovarian dysfunction, uterine fibroids, polyps, adenomyosis, use of IUDs, pregnancy complications, congenital bleeding disorders, drugs and other medical conditions (Hanafi, 2014).

The number of erythrocytes that come out during bleeding can cause anemia, or worsen the condition of patients who have been diagnosed with anemia. Anemia is a condition in which the hemoglobin level of the blood has decreased below the normal value that can be determined in a laboratory manner, and where the condition of the erythrocyte mass or the mass of scattered hemoglobin cannot fulfill its function as a provider of oxygen for body tissues. Women are said to be anemic if the hemoglobin (Hb) level is <12 or 13 mg/dL (Soebroto, 2015).

The results of research conducted by Ulfa (2021), Based on the bivariate analysis of the Chi-square test, it was found that the variables associated

with menorrhagia with hemoglobin levels in IUD acceptors (P.value 0.036 and OR 0.174) the results showed a relationship between menorrhagia and hemoglobin levels in IUD family planning acceptors in Wangun Harja Village, Bekasi Regency.

Based on a preliminary study conducted on April 11 – April 16, 2022 at the Kedungmundu Health Center with interviews with 10 Intra Uterine Device (IUD) acceptors, it was found that 8 acceptors experienced menstruation for more than 7 days and 2 acceptors experienced normal menstruation for 5-7 days. Based on this background description, the authors are interested in taking a case with the title "Midwifery Care for Intra Uterine Device (IUD) KB Acceptors with Menorrhagia at the Kedungmundu Health Center Semarang City".

METHOD

The method used in this research is a case study. The location of this case study was conducted at the Kedungmundu Health Center. The subjects of the case study here are IUD family planning acceptors who experience menorrhagia. The time of the implementation of this case study was carried out on 06 – 27 June 2022. Data collection techniques were from physical examination, interviews and observations, secondary data including documentation studies and literature studies.

PATIENT INFORMATION

Mrs. Y is 43 years old, PIIA0, last education S1, work as a kindergarten teacher, address is Jln Pisang I RT006/RW003, Semarang City.

CLINICAL FINDINGS

Based on the results of the case of midwifery care carried out on Ny. Y, 43 years old, P2A0 old acceptor of IUD family planning, clinical findings were obtained, namely 14 days the mother had continuous menstruation with large amounts of blood, in 1 day the mother changed pads 4-5 times. Mother is often dizzy, weak and dizzy and she feels afraid, anxious, and uncomfortable with her current situation. Based on the complaints that the mother felt and based on the results of the examination carried out, currently the mother is experiencing Menorrhagia and moderate anemia.

HISTORY OF DISEASE

Based on the results of the anamnesis, Mrs. Y has never suffered from inherited diseases such as



hypertension, DM and a history of infectious diseases such as hepatitis, tuberculosis and HIV/AIDS, and has no history of degenerative diseases such as tumors, cancer of the reproductive organs.

DIAGNOSTIC CHECK

Based on the anamnesis and clinical findings of the diagnostic examination carried out on Ny. Y is to perform a Haematological examination which includes hemoglobin, leukocytes, platelets, hematocites and erythrocytes. This diagnostic examination is carried out to determine whether the mother is anemic or not.

Based on the diagnostic tests that have been carried out, the following results were obtained:

Table 1. Haematology examination results

Inspection	Results	Referral value	Unit
Hemoglobin	8.3	12.0 - 16.0	g/dl
Leukocytes	5,500	5,000 - 10,000	/ul
Platelets	433	150 - 400	thousand/ ul
Hematocrit	21.8	37 - 43	%
Erythrocytes	3.28	4.0 – 5.0	million/m m

Based on the results of the hematological diagnostic examination above, it can be concluded that the mother has moderate anemia.

DIAGNOSIS

Based on subjective data and objective data, the diagnosis of Ny. Y age 43 years old P2A0 IUD family planning acceptor with menorrhagia and moderate anemia. Where there are problems of anxiety, worry, and discomfort in the mother due to long and heavy menstruation so that the mother is given the need to provide moral support.

In the case of Mrs. Y is 43 years old P2A0 old acceptor of IUD family planning with Menorrhagia and moderate anemia there is a potential diagnosis that is caused by the potential for severe anemia.

THERAPY INTERVENTION

Based on the diagnosis obtained, the treatment given to Mrs. Y is to give tranexamic acid therapy 500 mg 3x1 for 7 days to treat bleeding and 1x1 blood-added tablet to be taken at night before going to bed to help overcome anemia in the mother.

FOLLOW-UP

Based on the results of the case of midwifery care carried out on Ny. The follow-up given was by monitoring and re-examining HB, to determine the progress of the mother's condition.

DISCUSSION

Based on the main problem in the case of Midwifery Care for Ny. Y is 43 years old P2A0 Old Acceptor of IUD KB with Menorrhagia at Kedungmundu Health Center Semarang City, currently the mother is experiencing Menorrhagia and moderate anemia. Based on the case of the cause of Menorrhagia experienced by Mrs. Y is the duration of IUD use. In accordance with the theory of Purwoastuti and Walyani (2018), Menorrhagia can be caused by imbalanced hormones, ovarian cysts, polyps, ovarian dysfunction, IUD use, cancer and drugs.

According to Hartanto (2013), the cause of menorrhagia is at the time of insertion. IUD insertion causes an increase in the concentration of plasminogen activators (enzymes that break down proteins and activate dissolution of blood clots) in the endometrium, and these enzymes cause increased fibrinolytic activity and inhibit blood clotting. As a result, more bleeding occurs. Blood loss often doubles with the use of the CuT 380A IUD, this is because during menstruation, the endometrial wall sloughs off, and the CuT 380A type IUD works by creating inflammation in the endometrium and this process causes injury to the endometrial area, if the IUD If it hits the area, it will increase the length and volume of blood that comes out during menstruation, and may be so abundant as to cause iron-deficiency anemia. The number of erythrocytes that come out during bleeding can cause anemia, or worsen the condition of patients who have been diagnosed with anemia. Anemia is a condition in which the hemoglobin level of the blood has decreased below the normal value that can be determined in a laboratory manner, and where the condition of the erythrocyte mass or the mass of scattered hemoglobin cannot fulfill its function as a provider of oxygen for body tissues. Women are said to be anemic if the hemoglobin (Hb) level is <12 or 13 mg/dL. This is supported by Widyana's research (2018), which states that there is a relationship between the duration of using an Intrauterine Contraceptive Device (IUD) on hemoglobin levels. The results of this study are in line with research conducted by Ulfa (2021),



According to Soebroto (2015), people with anemia quickly experience physical conditions, such as frequent illness, decreased appetite, dizzy eyes, pale face, and feeling tired, tired, lethargic and weak. Sometimes it is difficult for them to carry out daily activities. As a result, their productivity and quality of life are disrupted. According to Revinovita (2020), frequent bleeding can cause side effects that can cause clients not to use or stop the IUD contraception and this is also a health risk for the user, it is feared that anemia will occur. Excessive bleeding during menstruation or in between which can allow the occurrence of anemia. Side effects often occur due to the use of the IUD with or without medication, namely increased menstrual blood volume per cycle. In addition to being uncomfortable for the user and a reason to discontinue use, this can also be a health risk for the user, especially in areas of endemic anemia. Most notably the increase in blood loss in IUD users without drugs, blood loss was evidenced by an increase from an average of 32 ml in women who were not using contraception to 52-72 ml in IUD users 24 months after insertion. This is supported by the research of Mohimani et al. (2017), who stated that expulsion and menorrhagia were the most common discontinuations among PVR/IUD users. The results of this study are in line with the research conducted by Trigueiro et al. (2020), which stated that IUD acceptors who discontinued use reported experiencing dysmenorrhea, menorrhagia, irregular bleeding, loss,

Based on the main problem, the management given to Mrs. Y age 43 years P2A0 Old acceptor of IUD contraception with menorrhagia and moderate anemia is to provide therapy with Tranexamic Acid 500 mg 3x1 to help stop bleeding and 1x1 blood boost tablet taken at night before going to bed and encourage the mother to consume foods that contain iron such as red meat, spinach etc., to prevent the mother from becoming anemic. According to Rosaint et al. (2016), Tranexamic acid is an anti-fibrinolytic agent that works by binding to the Lysine-binding site on the plasminogen molecule which inhibits the breakdown of fibrin polymer by plasmin, so that hemostasis can occur more effectively. According to Forbat et al (2020), tranexamic acid has been used since the 1970s to treat bleeding, intra and postoperative bleeding, menorrhagia, and to prevent bleeding in hemophilia patients undergoing tooth extraction. While blood-added tablets are used to treat anemia in mothers, this is in accordance with the theory of the Ministry of Health (2015), blood-added

tablets (TTD) are nutritional supplements containing 60 mg of elemental iron and 0.25 folic acid (according to WHO recommendations). Tablets add blood if taken regularly and according to the rules can prevent and overcome anemia. This is also supported by the theory of Waryono (2010), Efforts to prevent anemia from occurring are through supplementation of iron tablets and consuming foods that contain relatively high iron. There are two types of approaches that can be used to treat and prevent anemia. First, the medical approach, namely with supplementation. Second, food-based approach, namely by improving nutrition. The main benefit of iron is to form enzymes whose function is to change various chemical reactions in the body and the formation of the main components of red blood cells and muscle cells. Iron deficiency can result in difficulty swallowing, spoon-shaped nails, intestinal abnormalities, reduced performance, learning disorders. However, if there is excess iron, problems such as iron deposition, liver damage (cirrhosis), diabetes mellitus, and skin discoloration will arise. reduced performance with learning disabilities. However, if there is excess iron, problems such as iron deposition, liver damage (cirrhosis), diabetes mellitus, and skin discoloration will arise. reduced performance with learning disabilities. However, if there is excess iron, problems such as iron deposition, liver damage (cirrhosis), diabetes mellitus, and skin discoloration will arise.

CONCLUSION

After being given midwifery care for 22 days, IUD family planning acceptors no longer experienced menorrhagia and moderate anemia. However, the mother chose to remove the IUD and change the method of family planning.

SUGGESTION

Can provide integrated and comprehensive services in providing health services, especially for IUD family planning acceptors with Menorrhagia and moderate anemia.

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**MIDWIFERY CARE FOR INFANT MOTHERS WITH HYPERBILIRUBIN IN THE PERISTI
ROOM OF ROEMANI MUHAMMADIYAH HOSPITAL SEMARANG**

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ABSTRACT

Background: The most common complaint in neonates, Hyperbilirubin (12.8%), Sepsis (7.95%), Hypoxic Ischemic Encephalopathy (HIE) stage 2 – 3 (3.68%), Major Congenital Disorders (2.94%), Transient tachypnoea in newborn (2.89%), Respiratory Distress Syndrome (RDS) (2.78), Meconium aspiration (1.52 %), Persistent Pulmonary Hypertension of the Newborn (PPHN) (1.29%), Apnea (1.18%), and Necrotizing Enterocolitis (NEC), (0.63%). It can be seen that hyperbilirubin has the highest percentage of complaints in neonates. **Objective:** To be able to carry out midwifery care in infants with hyperbilirubin using 7 Varney steps **Method:** The writing method used by the author, by collecting data by interview, physical examination, observation, literature study, and documentation. **Conclusion:** in the application of midwifery care, the care provided is in accordance with that given to the patient, so there is no gap between theory and practice in the field.

Keywords: *Hyperbilirubin, neonates*

INTRODUCTION

The most common complaints that arise in neonates, Hyperbilirubin (12.8%), Sepsis (7.95%), Hypoxic Ischemic Encephalopathy (HIE) stages 2 – 3 (3.68%), Major Congenital Disorders (2.94%), Transient tachypnoea in newborns (2.89%), Respiratory Distress Syndrome (RDS) (2.78), Meconium aspiration (1.52%), Persistent Pulmonary Hypertension of the Newborn (PPHN) (1.29%), Apnea (1.17%), and Necrotizing Enterocolitis (NEC), (0.63%). It can be seen that hyperbilirubin has the highest percentage of complaints in neonates (Manish R. N, 2017).

1. RESEARCH OBJECTIVES

This research collect data through interviews, physical examinations, observations, literature studies, and documentation.

2. SIGNIFICANCE

Able to carry out midwifery care in infants with hyperbilirubin using the 7 steps of Varney

METHOD

The writing method used by the author is to collect data by means of interviews, physical examinations, observations, literature studies,

and documentation.

DISCUSSION

Based on the results of the study conducted on By Ms. D age 8 days obtained anamnesis yellow baby. and on the results of the objective examination, the results of the examination of the baby's head to thighs appeared yellow and from the supporting examination, the total bilirubin was 19.88 mg/dL. From the results of the examination above, it can be concluded that the baby has hyperbilirubin which causes his body to be yellow or icteric.

Neonatal jaundice is a yellow discoloration that occurs in neonates or newborns. This discoloration can be seen in the eyes, oral cavity, and skin. Neonatal jaundice can be physiological or normal in infants and pathological or abnormal in newborns and can be life threatening. In premature babies, there is an increase in the incidence of neonatal jaundice compared to term babies (Noorbaya, 2019). This problem is often caused by maternal factors such as ABO and Rh incompatibility, breastfeeding and other factors, preterm infants, gestational age, low birth weight, and perinatal (infection, hypoglycemia and type of delivery).

Based on the results of further anamnesis,



it was found that the mother's delivery was carried out at 36 weeks of gestation, which means that the pregnancy was preterm. According to Radis (2018), in infants with premature labor, hyperbilirubin occurs due to immaturity of liver function, premature babies have high iron levels in their red blood cells. The process of breaking down hemoglobin occurs at the end of the red blood cell age, which is 120 days, while premature babies have red blood cells whose lifespan is short, which is 80-90 days, therefore red blood cells must be replaced more quickly. This is in line with research (Anggraini, 2014) which states that there is a relationship between preterm labor and the incidence of hyperbilirubin.

Apart from maternal factors, hyperbilirubin is also influenced by breastfeeding. Based on the results of observations that have been made, babies are given breast milk and formula milk because the mother's milk is little. This is one factor in the occurrence of hyperbilirubin because colostrum in breast milk is a protective fluid that is rich in anti-infective substances and contains high protein that comes out from the first day to the 4th or 7th day after giving birth (Marni, 2012). Colostrum contains fat-soluble vitamins, immunoglobulins Ig A, Ig G and Ig M compared to mature milk, but has lower total energy. The amount of colostrum is still limited because it is still inhibited by high levels of estrogen (Marni, 2012). The use of formula milk will actually interfere with development and cause damage to the digestive tract (Dasnur, 2018). This theory is supported by research results (Sulendri, et al, 2020) which state that exclusive breastfeeding has a lower risk of hyperbilirubin than infants who are breastfed and formula-fed. Another cause is the blood type of parents who are different according to research conducted by Galuh Haryaninggar (2017) ABO incompatibility occurs in the mother who has blood type O and the fetus has blood type A, B or AB. This condition occurs in incompatible marriages where the blood of the mother and baby causes anti-substances from the mother's blood serum to meet the antigens of the baby's erythrocytes in the womb so that hemolytic processes can occur in the neonate's blood.

Management carried out in cases of

hyperbilirubin, phototherapy 2x24 hours and evaluation of bilirubin post phototherapy. The goal of phototherapy is to convert hyperbilirubin to yellow photoisomers and colorless oxidation products that are less lipophilic than bilirubin and do not require hepatic conjugation for excretion. Photoisomers are excreted mainly in bile and oxidation products mainly in urine. Based on the results of research (Labir, et al, 2012) stated that there is a relationship between the provision of phototherapy with a decrease in hyperbilirubin levels in the blood. The longer the phototherapy, the greater the decrease in bilirubin levels in the blood. This is in line with research (Dewi et al, 2016) which stated that the decrease in total bilirubin levels after phototherapy in 24 hours was 2.5 ± 0.8 mg/dL, decreased by 16.3% in 24 hours. In addition to photo therapy, the author also provides support and education to mothers and families to provide exclusive breastfeeding. Breast milk is the best nutrition for babies because it contains antibodies, protein, carbohydrates, fats, and vitamins. Some of the ingredients contained in breast milk, beta glucuronidase, will break down bilirubin into a fat-soluble form so that indirect bilirubin will increase and will then be reabsorbed by the intestines. Breastfeeding will increase intestinal motility and also cause the introduction of bacteria into the intestine. Based on research (Indanah, et al, 2019) stated that the average decrease in bilirubin levels of babies who were breastfed every 2 hours was 7.17 mg/dL. In infants who are breastfed every 3 hours, the average decrease in infant bilirubin levels is 7.01 mg/dl, This shows that breastfeeding every 2 hours is effective in reducing bilirubin levels in infants with hyperbilirubin. This study is in line with the results of other studies which state that the duration of phototherapy in breastfed infants is shorter than those given additional formula milk (Rahmah et al, 2012).

AUTHOR CONTRIBUTIONS

- a. Nurmina as researcher
- b. Dewi Puspitaningrum, S.SiT, M.Kes as academic supervisor
- c. Indri Astuti Purwanti, S. ST, M.Kes as one



- examiner
- d. Erna Kusumawati, S.ST, M.Kes as examiner two
 - e. Mrs. D since the baby is the respondent
 - f. Roemani Muhamadiyah Hospital Semarang as a research place
 - g. UNIMUS which has facilitated this research.

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COMMUNITY MIDWIFE CARE CASE REPORT ON MS. D 18 YEARS OLD G1P0A0 5 WEEKS OF PREGNANCY WITH UNWANTED PREGNANCY IN TANJUNG MAS

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ABSTRACT

Free sex is a problem that causes fidgetiness in society. 80% of women and 84% of men claim to having been in a relationship. The reason why teenagers having sex is that a male or female partner insists, thinks that they are ready, they want to be loved and they do not want to make fun of by their friends just because they are still virgin. The method used in compiling their final report is a case study method with a midwifery management approach and documentation through Varney. Data were obtained by means of interviews, physical examination, observation and literature study. The results of the study obtained subjective data from Ms. D is 18 years old, G1P0A0 5 weeks gestation, an unmarried teenage mother. Nn. D Complains that she does not want to take the vitamins given at health facilities, still feels nauseous, lack of appetite, uncomfortable sleep and urinate frequently. Management of Ms. D, which is given educated regarding physiological and pathological signs during pregnancy TM I, recommends continuing to take the pregnant vitamins, recommends checkup routine at adequate health facilities for pregnancy control until if there are any complaints.

Keywords: *Midwife, Community, Unwanted Pregnancy, Adolescents*

INTRODUCTION

The results of the 2020 population census, recorded a population in September 2020 of 270.20 million people, with a percentage of the productive age population of 70.72%, with details of adolescents aged 10-14 years as many as 23.7 million and adolescents aged 20-24. year as many as 22.9 million people. Ther shows that most of the population in Indonesia are teenagers, where teenagers are the capital of the country's future development (Central Statistics Intitutions, 2020).

Groups that are at risk of health problems, especially reproductive health, are teenagers (Wulandari et al., 2019). Adolescents experience changes in sexual interest where they are begin get to know the opposite sex and most of them lead to sexual behavior such as dating (IDHS, 2017).

In a study conducted by Oktriyanto (2019) using secondary data from the 2015 RPJMN Indicator Survey, there were 7.3% of male adolescents and 2.3% of female adolescents had premarital sex which resulted in unwanted

pregnancies leading to abortion. The 15-17 age group is the age group that started dating for the first time, there were 45% of women and 44% of men. Most of women and men admit that when dating they do various activities. Activities carried out include holding hands 64% of women and 75% of men, hugging 17% of women and 33% of men, kissing 30% of women and 50% of men, and touching 5% of women and 22% of men (Fauziyah, Frida Lina Tarigan , 2021).

According to the World Health Organization (WHO), 16 million girls in the world give birth every year, consisting of 12 million girls aged 15 to 19 years and at least 777,000 girls under 15 years old give birth in developing countries. Apart from deviant sexual behavior, teenage pregnancy is also caused by teenage marriage (Putri Nur Tamalla, 2022).

Based on data from the National Socio-Economic Survey (SUSENAS) in March 2018, the percentage of first marriages for women younger than 18 years in Indonesia is 11.21% (Ministry of PPPA, 2020). In Central Java province, the marital status of married girls is



52.86%. The percentage of teenagers in Semarang City who are married is 27.18%, there are still teenagers who get married at the age of 15 years or less (BPS Central Java Province, 2018). Teenage marriage can result in the risk of early pregnancy, frequent pregnancies and high-risk pregnancies. According to SUSENAS data, 63.08% of women who are married under 18 years old and 38.90% of them have experienced their first pregnancy with the largest percentage at the age of 17 years. (Ministry of PPPA, 2020).

Based on the 2018 Basic Health Research (Riskesdas) data, in Central Java Province, 10 up to 19 years old teenage had a history of pregnancy as many as 424 teenagers had been pregnant and 263 teenagers were pregnant (Kemenkes RI, 2018). Teenage pregnancies in Semarang City in 2020 were 885 cases. The coverage of the teenage health program in the Tanjung Mas area is quite low at 73.23%. Tanjung Mas sub-district has the highest juvenile cases in Semarang City, which are 108 cases of unwanted pregnancy and 4 cases of STI (Sexually Transmitted Infections) in 2018. Data in 2017 in Tanjungmas there were 106 cases of pregnancy under the age of 20 years. Furthermore, in 2018 there were 91 cases of pregnancy under the age of 20 years. In 2019, 1 case of KTD was recorded in adolescents. In reality, it could be that the KTD case in the area is more than recorded, because as a sensitive case, of course, not all KTD victims are willing to be open with others about their situation (Salawati, T., Larasaty, N. D., Demartoto, A., & Sulaeman, 2019).

The impact of teenage pregnancy is complications in pregnancy and increases the risk of maternal and child mortality (Ministry of PPPA, 2020). Based on the 2018 data of Riskesdas, in Central Java Province there were 6,870 cases of complications in pregnancy aged 10 to 19 years (Kemenkes RI, 2018).

The city of Semarang is the 4th with the number of cases of maternal mortality as many as 18 cases (Central Java Provincial Health Office, 2019).

The lack of proper education about sex causes various problems such as, venereal disease, abortion, early marriage, unwanted or unplanned pregnancies (unwanted or unintended pregnancy) and reproductive problems that cause death in mothers and babies.

The most dominant factors that cause pregnancy among adolescents are the lack of sex education and the influence of friends (Ismarwati & Utami, 2017). Pregnancy at an early age has a great risk for the mother (adolescent) and the baby. Mothers who give birth in their teens are at higher risk of eclampsia (seizures in pregnancy), puerperal endometritis and systemic infections and even higher risk of death compared to older mothers. (Mubasyaroh, 2016).

METHOD

In the study of midwifery care case reports was carried out using a midwifery management approach and documentation through SOAP. Data were obtained by means of interviews, physical examination, observation, and literature study.

RESULT

In the case the patient named Ms. D 18 years old, female gender, Javanese ethnicity, junior high school education, household work. The main complaints Ms.D does not want to take vitamins given at PMB and Puskesmas, still feeling nauseous, lacking appetite, uncomfortable sleeping and frequent urination.

Mother said that no one in her family suffers from chronic, hereditary and infectious diseases. Mother said at the beginning of her pregnancy her family did not accept her pregnancy, Ms. D admitted that she was surprised by her pregnancy.

On physical examination, it was found that the mother's general condition: good, consciousness: composmentis, TTV: BP: 100/70mmHg, N: 88x/minute, S: 36.6C, RR: 20x/minute. TB : 145cm, weight : 43kg, Lila : 22.1 cm, TFU : 2 so it's on symphysis, mobile presentation, djj : (-).

The follow-up carried out in the case was to provide counseling related to the complaints felt during pregnancy, counseling about the danger signs of TM I, recommending the mother to keep eating 3 times a day for the nutritional needs of the mother to the fetus, advising to continue consuming the pregnant vitamins given by the hospital, health facilities, providing psychological support to mother to be able to carry out her pregnancies in a calm and comfortable manner, encouraging mother to be able to carry out a healthy lifestyle, advocating for



routine pregnancy check-ups at PMB health facilities or Puskesmas according to the schedule.

DISCUSSION

The results of the midwifery care case study that had been carried out on May 12, 2022, it was known that the client named Ms. D is 18 years old. It is known that the last education of Ms. D is middle school. At her age, many teenage boys and girls already have dating relationships, but it is feared that at that age teenagers do not have adequate life skills, so they are at risk of having unhealthy dating behavior, including premarital sex. Active premarital sex in adolescents is at risk of teenage pregnancy and transmission of sexually transmitted diseases. Unplanned pregnancy in adolescent girls can lead to abortion and teen marriage. Both will have an impact on the future of the teenager, the fetus and her family (Lusiana Gultom, Hanna Sriyanti Saragih, 2022).

In her case, Ms. D honestly said that she had had sexual relations since she left school, which was the first time her ex-boyfriend had done it. Based on access to pornography, curiosity arises about the opposite sex so that their active sexual behavior will encourage adolescents to have premarital sexual relations, one of which is the impact of unwanted pregnancy on adolescents (Ismarwati & Utami, 2017). This phenomenon shows that premarital sexual behavior has been carried out since adolescence. They often rationalize their sexual behavior by telling themselves that they are in love. There is an opinion which states that sex before marriage is considered "right" if the people involved love each other or bond with each other. In certain cases, feelings of affection and love occur excessively so that they are willing to give anything to those they love or care about, including their virginity (Ratnasari & Rambi, 2019).

Ms. D explained that the reason she dropped out of school was the lack of attention from her parents. Where is Ms. D's mother worked as a singer in a karaoke (night club). Whenever her mother was working, Ms. D was entrusted by grandmother in Yogyakarta. But the grandmother was unable to pay for living and then Ms. D goes to Semarang and decides to work in a night club along with renting a boarding house as a place to live. There is where Ms. D openly brings

her partner to have sexual intercourse with range of about 2-3 days with or without using protection (condoms). KTD occurs because of the freedom to make friends, dating, promiscuity without parental control which causes teenagers to feel free to do whatever they want, so that children will do free sex acts which can lead to pregnancy before marriage and lack of knowledge according to Widyastuti (2019). Pregnancy out of wedlock is influenced by several factors including lack of sex education or knowledge about reproductive health, permissiveness in social circles, negative impacts of technological advances, influence of friends and parenting patterns (Ismarwati & Utami, 2017).

Response Ms. D when she found out that she was pregnant until now, it started from fear, confusion and shame, then she felt anxious and did not believe that she was pregnant, until she started to accept her pregnancy. There is also a response from the parents of Ms. D, who feels sad and angry with what happened to their daughter, plans to separate them when her child is born. Ms. D said that she wanted to take care of her own child, but her parents wanted the child to be cared for by them until they were brought to Yogyakarta. Unwanted pregnancy in adolescents can cause various things, such as: rejection from the surrounding environment, including parents; changes in the body of a pregnant woman that cause hormonal stress, if the pregnancy is maintained; and real threats to the future, such as not being allowed to go back to school. This is generally more severe for adolescent girls. As a result, adolescent girls are faced with complex traumatic events that affect their perspective on the world and daily activities (Erika Putri Wulandari, 2022). Based on a literature study from Ermiati (2021), there are 4 types of responses, namely psychological responses, social responses, self-acceptance responses, and responses to abortion. From the above case, Ms. D has entered 3 responses, namely a psychological response where she feels afraid, embarrassed, anxious, and confused because she is pregnant out of wedlock at a young age, the social response of Ms. D felt not ready with the response she would get if other people saw her current situation on the other hand people would think that Ms. D is not a "good girl" considering her job is in the nightlife, Ms. D also said that her relationship with her parents-in-law was not so



good as well as her husband and her parents because of the mistakes they made so that it had an effect on her social response which was more willing to interact with people in a small circle, and finally the response of self-acceptance where Ms. D prefers to do activities inside the house rather than outside if there is no urgent need.

The management given to Ms. D on April 19, 2022 at 16.25 WIB is to provide counseling regarding the period of pregnancy the same as pregnant women in general, but more emphasis is placed on the readiness of the self and the body of adolescents because at the age of <20 years, the reproductive organs of adolescents are not mature as >20 years. Pregnancy and childbirth at the age of adolescents less than 20 years can provide a risk of maternal and infant mortality 2-4 times higher than pregnancy at the age of 20-35 years. There is one of the priority problems of adolescent reproductive health in the world in general and Indonesia in particular. Reproductive health problems in adolescents in addition to having a physical impact, can also affect mental and emotional health, economic conditions and social welfare for adolescents themselves also have an impact on families, communities and nations (Mia Afritia, Risnawati, Tuti Susilowati, Nur Sri Atik, 2022).

CONCLUSION

Community Midwifery Care Case Report on Ms. D 18 Years old, G1P0A0 5 Weeks of pregnancy With Unwanted Pregnancy In Kelurahan Tanjung Mas.

In the subjective data of a patient named Ms. D 18 years old, female gender, Javanese ethnicity, junior high school education, household work. The main complaints she does not want to take vitamins given at PMB and Puskesmas, still feeling nauseous, lack of appetite, uncomfortable sleeping and frequent urination.

Physical examination objective data showed that the general condition of the mother: good, consciousness: composmentis, TTV: BP: 100/70mmHg, N: 88x/minute, S: 36.6C, RR: 20x/minute. TB: 145cm, weight: 43kg, Lila: 22.1 cm, TFU: 2 fingers on the symphysis, mobile presentation, dj: (-).

Data analysis obtained Ms. D 18 Years old, G1P0A0 5 Weeks of pregnancy With Unwanted Pregnancy in Tanjung Mas.

Case management by providing counseling related to complaints felt during pregnancy, counseling about Unwanted Pregnancy, encouraging mothers to keep eating 3 times a day for nutritional needs from mother to fetus, recommending to continue taking pregnant vitamins given at health facilities, providing support psychic for mothers to be able to carry out their pregnancy in a calm and comfortable manner, encourage mothers to be able to carry out a healthy lifestyle, recommend routine pregnancy check-up at health facilities according to the schedule.

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CASE REPORT ON NY. M G2P1A0 AGE 35 YEARS OF PREGNANCY 10 WEEK 4 DAYS WITH INCOMPLETE ABORTION AT ROEMANI MUHAMMADIYAH HOSPITAL SEMARANG

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ABSTRACT

More than 5000 women died mainly due to bleeding and hypertensive disorders. The fourth highest cause of AKI in Indonesia is abortion by 4.6%. There were 234 abortion cases, including incomplete abortion (62.4%), imminent abortion (35.9%) and missed abortion (1.7%). These data indicate that the incidence of incomplete abortion is still quite high when compared to the incidence of other types of abortion. The number of maternal deaths in Semarang City in 2020 was 23 cases, it is known that maternal deaths caused by bleeding were 17.65%. Abortion also contributes to MMR in Indonesia. Objective: To carry out midwifery care using a midwifery management approach to pregnant women, mothers in labor, postpartum mothers and comprehensive family planning, BBL, and pathological obstetrics services. Method : Using Varney's 7-step case study approach and SOAP, the study was carried out by looking at the results of subjective, objective and observational data. Result: The diagnosis "Mrs. M aged 35 years G2P1A0 gestational age 10+4 weeks" has complained since June 22, 2022, fresh blood is coming out of the birth canal and convulsions and is still bleeding. The results of the examination showed signs of incomplete abortion, namely the presence of vaginal discharge (fresh blood) and an open uterine os. Ultrasound examination was carried out on July 4, 2022 and the results showed that there were still remnants of conception. Laboratory investigations were also carried out on July 4, 2022 at 21:42 wib, with the results of HBsAg (-) and hemoglobin results (10.1), which means the mother is anemic.

Keywords: *Abortion, Incomplete*

PRELIMINARY

Maternal Mortality Rate (MMR) in the world is as many as 303,000 inhabitants. MMR in ASEAN is 235 per 100,000 live births. According to (Octria, 2022) in 2018, there were 619,591 abortions taken from 49 countries (US states, District of Columbia, and New York City). It is estimated that the abortion rate in 2018 reached 11.3 per 1000 women aged 15-44 years and the abortion ratio was 189 abortions compared to 1000 live births.

More than 5000 women died mainly due to bleeding and hypertensive disorders. The fourth highest cause of AKI in Indonesia is abortion by 4.6%. According to (Widya, 2018) as many as 234 abortion cases, including incomplete abortion (62.4%), imminent abortion (35.9%) and missed abortion (1.7%). These data indicate that the incidence of incomplete abortion is still quite high when compared to the incidence of other types of abortion.

Based on the Central Java Health Office report, there was an increase in maternal mortality between

2019-2020. The MMR in 2019 was 76.9 per 100,000 live births (KH), namely 416 cases to 98.6 per 100,000 KH, namely 530 cases. The district/city with the highest number of maternal mortality cases was Brebes Regency with 62 cases and the lowest number of maternal mortality cases was Magelang with 2 cases each. The city of Semarang is included in the 4 cities/districts with the most contribution to MMR, namely 25 cases (Central Java Provincial Health Office, 2020).

The number of maternal deaths in Semarang City in 2020 was 23 cases (Central Java Provincial Health Office, 2021). The MMR in Semarang City has decreased from 2018-2019. When viewed from the number of maternal deaths, there was a decrease in cases from 19 cases in 2018 to 18 cases in 2019 and again increased to 23 cases in 2020. It is known that maternal deaths caused by bleeding were 17.65% (Semarang City Health Office, 2021).

Abortion also contributes to MMR in Indonesia. Therefore, midwives as service providers who deal directly with pregnant women are expected to have a



good knowledge base and skills. Because correct management will contribute to the success of midwifery care for pregnant women with incomplete abortions (Astuti et al., 2017).

The results of a preliminary study at the Roemani Muhammadiyah Hospital Semarang in 2019 found that the number of abortions was 103 people, in 2020 the incidence of abortion cases was 124 people with the most abortions, namely incomplete abortions as many as 79. In 2021 the incidence of abortion again increased to 156 with the incidence rate. Most cases were incomplete abortion, 83 cases.

METHOD

This study uses a qualitative descriptive case report methodology. From June to July 2022, the research was carried out at the Muhammadiyah Hospital in Semarang. The sample of this research is Mrs. M who is 35 years old with an incomplete abortion. Guidelines for interviews, observations, physical examinations, and documentation studies in the form of a pathology midwifery care format.

PATIENT IDENTITY

The patient named Mrs. M age 35 years old High school education, working as IRT, address Jl. Central Turangga III/C-549, Pedurungan, Semarang. The main complaint is abdominal cramps and bleeding from the birth canal. Pregnant with 2nd child and never miscarried. Previous history of spontaneous delivery without complaints. HPHT: 21-04-2022.

FOCUS DATA

General Condition Good, Consciousness Composmentis, Vital Signs : BP : 118/84 mmHg, Pulse : 86 x/minute, Temperature : 36.5 C, RR : 20 x/minute, SPO2 : 98%, BW (before pregnancy and now) : 55 kg/57 kg, TB : 158 cm, LILA : 25 cm, Leopold I - IV : Not palpable. Genetalia: bleeding from the birth canal and open uterine os. Ultrasound examination: there are remnants of conception

TIMELINE

Date and time	Subjective	Objective	Analysis	Planning
05.07.2022 06.00	Mother said stomach cramps and bleeding	KU: OK Awareness: composmentis BP: 115/76 mmHg	Mrs. M G2P1A0 Age 35 years UK 10 weeks 4 days with	Provide support to mother and family by saying positive affirmations Preparing for Curettage

Date and time	Subjective	Objective	Analysis	Planning
06.07.2022 09.00	Mom said I still feel a little pain in the lower abdomen	KU: OK Awareness: composmentis BP : 111/73 mmHg N : 88 X/min RR : 20 X/min S : 36.6 OC Genetalia: Spots (+)	Mrs. M PIA1 Age 35 years post curettage 1 day	Explain to the mother and family the results of the mother's examination are normal. Provide support to mother and family by saying positive affirmations Taking off the mother's IV and saying that she can go home Giving home medicine, namely Amoxicilin 3x500mg, mefenamic acid tablets 3x500mg, metylergometrin maleate 3x1, Fe 1x1 and recommending the mother to control the obstetrician in 1 week
10.07.22 10.00	Mom says no complaints. Still	KU: OK Awareness: composmentis BP : 110/70 mmHg	Mrs. M PIA1 Age 35 years post curettage 5 days	Explain to the mother and family the results of the mother's examination are normal.



Date and time	Subjective	Objective	Analysis	Planning
	have spots	N : 84 X/min RR : 20 X/min S : 36.5 OC Genitalia: there is discharge, spots (+) brown		Provide support to mother and family by saying positive affirmations Asking the mother after this miscarriage whether she will immediately get pregnant or want to postpone it first, because in general, female fertility will return after 8 days post curettage Explain to the mother for the next pregnancy program in order to avoid things that trigger another miscarriage. In addition, things that need to be prepared for the next pregnancy program are nutritional, financial, psychological and physical preparations.

DIAGNOSTIC CHECK

The follow-up examinations carried out were: Ultrasound examination was carried out on July 4, 2022 and the results showed that there were still remnants of conception. Laboratory investigations were also carried out on July 4, 2022 at 21:42 wib, with the results of HBsAg (-) and hemoglobin results (10.1), which means that the mother is anemic. Anemia can cause incomplete abortion, because the oxygen supply from the mother to the fetus is reduced so that the oxygen demand of the fetus is not fulfilled.

The prognosis in this case is incomplete abortion. Prognosis of abortion depends on the cause of the abortion, the age of the patient and the results of the ultrasound examination. Based on the case above, the cause of abortion is coitus or intercourse at a young gestational age and anemia. Therefore, the

prevention of abortion is to limit sexual activity during the first trimester of pregnancy. This is in line with research (Fuchs et al., 2019) who explained that intercourse was associated with a reduced chance of miscarriage unless there was bleeding during intercourse, in which case, the chance of miscarriage was almost doubled. In addition, if any pregnancy pathology is diagnosed in the first trimester, sexual activity should be limited because it can interfere with the well-being of both the fetus and the mother.

INTERVENTION THERAPY

The management carried out are: a curettage procedure was performed in collaboration with the SpOG doctor. Then the medicine is given home, namely: 3x500mg, mefenamic acid tablets 3x500mg, metylergometrin maleate 3x1, Fe 1x1 and recommends the mother to go to the gynecology clinic for 1 week.

DATA DEVELOPMENT

The action plan given to handle cases of incomplete preeclampsia abortion in pregnant women, namely, provide psychological support to the mother and family, encourage the mother to pray according to her beliefs, monitor the amount of bleeding, monitor KU and TTV, recommend bed rest, collaborate with the SpOG doctor.

The implementation of the action is carried out in accordance with the Action plan, namely curettage. Evaluation of the final pregnancy outcome was carried out on July 5, 2022 with the results of the patient having performed curettage.

DISCUSSION

Management in cases of incomplete abortion is done by a curettage procedure. Based on research results (Kakinuma et al., 2020) stated that the management of incomplete abortion can be done with MVA, curettage and dilatation. This is in line with the theory according to Sari & Prabowo, 2018. Treatment of incomplete abortion can be done by curettage.

Supported by research results (T. Wulandari et al., 2019) which states that the treatment for incomplete abortion is curettage. In line with (Cooper & Menefee, 2022) stated that curettage is one of the most frequently performed procedures in the first trimester of pregnancy.

In another study, stated that severe anemia and high Hb concentrations before pregnancy were associated with an increased risk of spontaneous



abortion. Women with mild anemia before pregnancy have a lower risk of spontaneous abortion (Xu et al., 2020). This shows that Hb levels or anemia affect the incidence of abortion. From the results of the assessment of subjective and objective data, it was concluded that the obstetric diagnosis was as follows Mrs. M G2P1A0 35 years old, 10 weeks 4 days pregnant with incomplete abortion at Roemani Muhammadiyah Hospital Semarang.

In addition, the author also provides education to improve nutrition before the next pregnancy program. Given the mother's previous history of anemia. Providing education on the consumption of date fruit juice to improve hemoglobin (Hb) levels. Based on research results (Amaris et al., 2021) stated that dates can increase hemoglobin levels in anemic patients. Dates contain iron which plays a role in the formation of hemoglobin so that it can increase hemoglobin levels. In line with research results (Choirunissa et al., 2021) which states that dates can help increase Hb levels. Nutritional improvement before the next pregnancy program is carried out to prevent repeated abortions.

In addition to providing education to improve nutrition before the next pregnancy program. Researchers also provide education about post-miscarriage contraceptives that can be used. This is in line with research (Susila, 2021) providing post-miscarriage contraceptive education can increase knowledge and ability to deal with the problem of choosing the right contraceptive after miscarriage and minimize the risk of early pregnancy after abortion, hopefully there will be no unplanned pregnancy by the couple.

CONCLUSION

In the application of comprehensive care, the care provided is in accordance with that given to the patient, so there is no gap between theory and practice in the field.

INFORMED CONSENT

Informed consent has been done on 04.07.2022 and the patient is willing to be a respondent

AUTHORS' CONTRIBUTION

All authors contribute to research observation, research writing, editing, and review of submissions

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COMPREHENSIVE OBSTETRICS FOR MRS. W, 23 YEARS OLD WITH NORMAL PREGNANCY IN THE WORKING AREA OF TOROH 1 HEALTH CENTER GROBOGAN

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ABSTRACT

Background : Maternal mortality rate is a measure that reflects the obstetric risk faced by a woman every time she becomes pregnant. This risk increases as the number of pregnancies experienced increases. The high maternal mortality rate in developing countries is mostly related to political and social problems, especially problems of poverty and the status of women. The process of pregnancy, childbirth and the puerperium is a physiological process. In this process, many mothers experience health problems that can increase the amount of maternal and infant morbidity and mortality. MMR and IMR in Grobogan Regency from 2019 to 2021 have increased and decreased. The MMR in Grobogan Regency has increased and decreased from the previous year, namely 166.50 per 100,000 KH in 2019 and 145.71 per 100.000 KH in 2020 to 418.85 per 100,000 KH in 2021. IMR in Grobogan Regency tends to decrease and increase, recorded as much as 13.17 per 1,000 KH in 2019 and 13.77 per 1,000 KH in 2020 to 12, 42 per 1000 KH. Maternal health can be improved through comprehensive midwifery care.

Destination : Writing this Final Project comprehensively examines midwifery care in the form of a case study on Mrs. W aged 23 years, 40 weeks pregnant, in the working area of Toroh I Public Health Center, Grobogan Regency. **Method :** This final project writing method uses Varney's 7 step midwifery process approach and SOAP. The assessment was carried out by looking at the results of subjective and objective data and observing each visit. **Results :** In this final project, the diagnosis was obtained G2P1A0 at 42 physiological weeks of gestation with normal complaints, a history of physiological delivery followed by a physiological puerperium no complaints, 3 months injectable family planning. BBL history. Babies born with BB 3,100 gr, PB 51 cm, LIKA 31 cm, healthy babies. In the comprehensive midwifery care provided to Mrs. W, there was no gap between theory and facts in the field. **Conclusion :** In the application of midwifery care, there is no gap between the theory and facts of midwifery care in the field.

Keywords : *Comprehensive midwifery care, Pregnancy, Childbirth, Postpartum, Newborn.*

PRELIMINARY

The maternal mortality rate in developing countries is 20 times higher than the maternal mortality rate in developed countries, namely 239 per 100,000 live births, while in developed countries it is only 12 per 100,000 live births (WHO, 2019). The MMR in Central Java in 2020 is 98.6 per 100,000 live births and the IMR is 7.79 per 1000 live births (Dinas Kesehatan Provinsi Jateng, 2020). In Grobogan Regency, the MMR in 2021 will increase by 418.85 per 100,000 live births or as many as 84 cases, in 2020 166.50 per 100,000 live births or as many as 31 cases. IMR in 2021 is 12.42 per 1000 live deaths or as many as 249 cases, while in 2020 it is 13.77 per 1000 live births or as many as 293 cases. The main causes of maternal death are bleeding (30.3%), Hypertension in Pregnancy (HDK) (27.1%),

infection (7.3%), prolonged/obstructed parturition (0%). MMR and IMR are indicators to see the health and welfare of the community in an area/country. In addition, the SDGs target has not been achieved (end of 2030 <70) (Dinkes Grobogan, 2021).

RESEARCH PURPOSES

The purpose of this study was to carry out midwifery care using a midwifery management approach to pregnant women, maternity mothers, postpartum mothers and comprehensive family planning and BBL services.

BENEFIT

With the implementation of comprehensive midwifery care, it is hoped that midwifery science can develop in accordance with the midwifery



and evidence-based management approach in midwifery practice.

METHOD

The writing of this case study report was compiled in the form of a continuity of care case study, aimed at providing comprehensive midwifery care to Mrs. W ranging from pregnancy, childbirth, newborns, postpartum, neonates, to the implementation of contraceptive services. Data research methods commonly used in a study are observation, and interviews.

DISCUSSION

1. Pregnancy Midwifery

From the results of the study, it was found that the respondent, Mrs. W Age 23 years G2P1A0 Age 36+1 weeks gestation, normal pregnancy and no risk factors. During pregnancy there are no danger signs and active fetal movements. In the first visit conducted by the author, the focus was on assessing the data and physical examination of Mrs. W. The care provided by the author is counseling regarding childbirth preparation and things that need to be prepared for delivery. Antenatal examination is an effort made to prevent the occurrence of adverse pregnancy risks such as maternal death, abnormalities and miscarriage (Dharmayanti et al., 2019). The obstetric care provided to Mrs. M has been in accordance with theory and there is no gap with practice in the field. As for the results of the examination, the mother had complaints of nausea in the first trimester and cough and cold in the third trimester.

Table 1 Distribution of Subjective and Objective Data from Variable ANC Ny. W at Toroh 1 Health Center, Kec. Toroh, Kab. Grobogan

date ANC	UK	History	TD	BB (kg)	Abdomen	TFU, Therapeutic fetal position	Counselor
10/11/2022	13+6 week	nauseous	130/80	73	3 fingers down symphysis	Balls (+)	Eat little but often, Integrated ANC

18/12/2022	19+1 week	Not	134/86	71	3 fingers down center	Balls (+)	Salt diet, balanced nutrition
10/2/2022	26+5 week	Not	130/80	73	17 cm	Balls (+)	Integrated ANC
12/3/2022	31+ week	Not	110/70	73	19 cm	Head, puki, BM	KIE danger signs TM III
28/3/2022	33+2 week	Not	110/80	75	31 cm	Presc p, BM	Routine ANC
20/4/2022	37+1 week	Cough and cold	130/80	73	31 cm	Presc pt, Puka, BM	KIE is a sign of early labor, sunbathing in the morning
11/5/2022	40 week	Not	120/70	78	33cm	Presc p, BM	Integrated ANC

2. Midwifery care

The study was conducted on Mrs, W, 23 years of age, 42 weeks pregnant. The results showed that there were signs of the second stage of labor, namely Mrs. W felt the urge to push along with the contractions. The second stage of labor, Mrs. W lasts for 15 minutes. The care provided during the second stage of labor refers to the 60-step normal delivery care. At the end of the first and second stages, Mrs. W said she felt pain. The source of pain at the end of Stage I and Stage II comes from the lower genital tract, including the perineum, anus, vulva, and clitoris. Pain impulses are transmitted via the pedal nerves to S4, S3 and S2. Pain that is felt especially in the vulva area and its surroundings as well as the waist area (Rejeki, 2018) The third stage after the baby was born was given oxytocin 10 IU via Intramuscular in 1/3 of the outer thigh, controlled stretching of the umbilical cord (PTT), and IMD. In the fourth stage, uterine contractions, bleeding, pulse, uterine fundal height, bladder were monitored, 3rd degree pyrenal suturing was carried out in collaboration with the doctor on



duty at the Toroh 1 Public Health Center, in the first hour monitoring was carried out every 15 minutes and in the second hour labor was monitored every 30 minutes. In the fourth stage of care, the mother is cleaned, namely by cleaning, cleaning tools and places, changing the mother's clothes with clean and comfortable clothes. The maternity care that has been given to Mrs. W is good and there is no gap between theory and practice in the field.

3. Postpartum midwifery care

Postpartum visits were carried out 4 times, namely 6-8 hours, 6 days, 2 weeks, and 6 weeks. Based on the facts, Mrs. W on monitoring 6 hours post partum the mother complained of pain in the pyrenium on 5 days-28 days the mother had no complaints. Provided care in the form of pyrenium care, namely by caring for and keeping the pyrenium clean and dry and cleaning the genitals from front to back will make the healing process wounds heal quickly. Pyrenium care through personal hygiene aims to prevent infection. According to (Yuliana & Hakim, 2020). The postpartum period (Post Partum) is the period that begins after the birth of the placenta and ends when the uterus returns to its original state as before pregnancy, which lasts for 6 weeks or 42 days.

4. Midwifery Care for Newborns (BBL)

by. Mrs. W was born on 21-05-2022 at 01.45 WIB at 42 weeks of gestation without any complications during pregnancy or childbirth. After the baby was born, IMD was performed. The results of the KN I examination on By Mrs W were the same as after birth. Baby's age is 6 hours, the baby's nutritional pattern is already drinking breast milk. The baby is moving actively, there is no sign of complications, he has urinated but has not defecated, the baby is sleeping. The care given is to keep the baby's body warm. KN II visits were carried out on infants aged 6 days. The KN III visit was carried out when the baby was 9 days old. The author provided care so that the mother continued to breastfeed on demand, advised the mother to stay near the baby and keep the baby warm. The mechanism for regulating body temperature in infants is not functioning perfectly (Ribek et al., 2018). The KN I-III visits carried out by the author were in accordance with the theory and

there was no gap between theory and practice in the field.

5. Family planning midwifery care

A woman's ability to choose to conceive and when to conceive has a direct impact on her health and well-being. Family planning prevents unwanted pregnancies, including older women who face increased risks associated with pregnancy (Matahari et al., 2018). Based on the facts, at 28 days postpartum, Mrs. W had no complaints, and planned to inject 3 months of contraception. The mother's condition is within normal limits, progestin injections are suitable for breastfeeding mothers.

CONCLUSION

Midwifery care for Mrs. W has been carried out starting at 37 weeks of gestation until family planning.

1. Midwifery care for Mrs. W G2P1A0's pregnancy with a normal pregnancy.
2. Midwifery care for Mrs. W G2P1A0 with normal delivery.
3. Postpartum midwifery care for Mrs. W P2A0 with normal postpartum.
4. BBL midwifery care for Mrs. W P2A0 baby with normal puerperium.
5. Midwifery care for family planning for Mrs. W P2A0, a 3 month injection family planning acceptor.

In the application of midwifery care, there is no gap between the theory and facts of midwifery care in the field.

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COMPREHENSIVE CARE FOR MRS. M G2P1A0 AGE 31 AT PMB EKA SETYOWATI, S.TR.KEB SEMARANG CITY

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ABSTRACT

Background: Based on data from the Indonesian Demographic Health Survey (IDHS) in 2017, the Infant Mortality Rate (IMR) is 24/1000 KH, while the target for the Sustainable Development Goals (SDGs) in 2030 is for the MMR to reach 70/100,000 KH, while the IMR is 12/1000 KH. 1000 KH. MMR from 76.93 per 100,000 live births or 417 deaths in 2019, to 98.60 per 100,000 live births or 530 deaths in 2020. In 2021, until the third quarter, 2,851 cases have been recorded. IMR is an indicator to see the health and welfare of the community in an area or country. In addition, the SDGs target has not been achieved. Objective: To carry out comprehensive midwifery care for pregnant women, maternity mothers, postpartum mothers and family planning and BBL services. Methods: Using Varney's 7-step case study approach and SOAP, the study was carried out by looking at the results of subjective, objective and observational data. Results: The diagnosis "Mrs. M aged 31 years G2P1A0 gestational age 38⁺2 weeks" had no complaints, followed by physiological delivery, then physiological postpartum and received appropriate treatment, Newborn with Weight: 2600 grams, PB: 46 cm, LD : 32 cm, LK : 33 cm gender is male and the mother said she would use injectable contraception 3 months after the puerperium period was over. in this care there is no gap between theory and practice smoothly and mother and baby are in normal condition. Conclusion: in the application of comprehensive care, the care provided is in accordance with what is given to the patient, so there is no gap between theory and practice in the field.

Keywords: *comprehensive, normal.*

INTRODUCTION

MMR in 2020 recorded around 830 women worldwide die every day due to complications related to pregnancy and childbirth and as many as 99% of them are in developing countries. In 2021 the world is estimated to be 216/100,000 live births and the death rate will fall by 47% between 1990-2021, from 36/1000 live births to 19/1000 live births in 2021 (WHO, 2021).

IMR in 2020 recorded that around 750 babies worldwide die every day, in 2021 in the world it is estimated that 216/100,000 live births and the neonatal mortality rate will fall between 1990-2021, from 47/1000 live births to 22/1000 live births in 2020. 2021.

The 2017 Indonesian Demographic and Health Survey (IDHS) totals 151,200 cases of infant mortality (IMR) caused by low birth weight (LBW)

and asphyxia infants and the maternal mortality rate (MMR) of 14,623 cases (Ministry of Health RI, 2017).

MMR in Central Java in 2020 will be 76.93/100,000 live births, in 2021 it will be 98.6/100,000 live births, in 2021 it will be 98.6/100,000 live births. The IMR in Central Java in 2020 is 8.24/1000 live births and in 2021 the IMR is 7.79/1000 live births. IMR is an indicator to see the health and welfare of the community in an area or country. In addition, the SDGs target has not been achieved (Central Java Health Office, 2021).

MMR in Semarang City has decreased significantly. Where in 2020, AKI was 3,142 cases and in 2021 it fell to 1,900 cases from the previous total cases. The MMR in the city of Semarang in 2020 is 121.5/100,000 live births, while the MMR in 2021 is 88.3/100,000 live births, a decrease from



the previous year (Central Java Health Office, 2021).

METHODS

The method used in this research is management research with the case study method according to Helm Varney including subjective and objective assessment, identification of problem diagnoses, identification of potential diagnoses, identification of immediate needs, planning (intervention) implementation (implementation) evaluation in the form of SOAP .

CARE

Based on the results of the study, it was found that a mother named Mrs. M age 31 years G2P1A0 38+2 weeks pregnant is a normal pregnancy and there are no risk factors. During pregnancy, fetal movements are active and there are no danger signs. In the case management of the first visit, the author focused on assessing the data and physical examination of Mrs. M. The care provided by the author is counseling for childbirth preparation in the form of things that need to be prepared during labor, signs of labor, and mental preparations like what the mother should do when the signs begin to appear. The obstetric care provided to Mrs. M has been in accordance with theory and there is no gap with practice in the field. As for the results of the examination, it was found that mothers who complained of frequent urination, the presence of linea nigra and striae gravidarum on the mother's abdomen, and uncomfortable feelings such as easy back pain were normal things that happened to pregnant women.

CHILDBIRTH CARE

The assessment was carried out on 21-05-2022/08.30 WIB on Ny. M aged 31 years G2P1A0 38+4 weeks pregnant, the results showed signs of the second stage of labor, namely frequent and regular heartburn. At the time of II Mrs. M lasted for 20 minutes. The care provided during the second stage of labor refers to the delivery of 60 steps of normal delivery care. The third stage after the baby was born was given oxytocin 10 IU via IM in the outer 1/3 of the thigh, performed IMD, reducing bleeding and increasing contractions. In the fourth stage, a ruptured grade 1 perineum was sutured. In the fourth stage of care, the mother is cleaned by cleaning the mother, cleaning tools and places, and changing the mother's clothes with

clean clothes. Initial breast milk is given to the baby immediately after newborn care is carried out, with the result that the baby sucks strongly. The maternity care that has been given to Mrs. M overall is good. Care that has been given to Mrs. M overall is good and there is no gap between theory and practice in the field.

Postpartum Care

Assessment of the postpartum period at KF I (6 hours post partum), it was found that Mrs. M still feels heartburn and pain in the perineal wound. The care provided at KF I is to teach mothers and families how to massage the fundus in a circular manner, teach mothers how to breastfeed and encourage mothers to breastfeed their babies, encourage mothers to keep their babies warm, and explain perineal wound care, encourage mothers to eat balanced nutritious foods by consuming high protein plant foods. KF II was carried out on 5 days post partum and on the results of the assessment Mrs. M, it was found that the mother's complaint of breast milk had not come out smoothly. The care provided at KF II is to evaluate how to breastfeed mothers, encourage mothers to breastfeed on demand, encourage mothers to continue to fulfill nutrition and get enough rest, teach their husbands to do oxytocin massage, and provide initial information about family planning for breastfeeding mothers and Mrs. M was taught how to care for the breasts to prevent breast milk damming. At the end of the counseling the author helps the mother to determine the type of contraception that will be Mrs. M

NEWBORN BABY CARE

By. Mrs. M was born on 21-05-2022 at 09.16 WIB at 38+4 weeks of gestation, there is no history of complications during pregnancy or childbirth. After the baby is born, the baby does IMD. On the results of the KN I examination on By. Ny. M is the same as at birth. The baby's age is 6 hours, the baby's nutritional pattern is already drinking breast milk and not vomiting, the baby is defecating but not yet defecating, the baby is moving actively, the baby is sleeping, and there are no signs of complications. The care provided is to provide counseling on how to keep the baby warm and explain how to maintain the baby's warmth which has been done by experts using the kangaroo method, namely attaching the baby to the mother's/husband's skin the same as at birth for 20-30 minutes and covering the baby, The author explains using everyday language for easy understanding, explains how to care for the



umbilical cord and recommends mothers to breastfeed on demand so that the baby's weight gains quickly. KN II is carried out when the baby is 5 days old. The care provided by KN II encourages mothers to continue breastfeeding on demand and encourages mothers to stay close to the baby and keep the baby warm. The visit of KN I to KN

III which was carried out by the author, was in accordance with theory and needs, so that there was no gap between theory and practice in the field of

Family Planning Midwifery Care

to breast milk, reduces the risk of endometrial cancer, can reduce the risk of pelvic inflammatory disease and its disadvantages are changes in menstrual patterns (irregular or prolonged menstruation in the first 3 months, infrequent menstruation, no menstruation in 1 year), headaches, weight gain, decreased desire sex, mood swings. Informing Mrs. M not to forget the date of return for re-injection and if the mother feels complaints it is recommended to come to PMB

CONCLUSION

Midwifery care for pregnancy has no complications and complications. Midwifery care for childbirth is to provide assistance according to the standard of normal delivery care (APN) so that all stages are free of complications and complications. Midwifery care for newborns is carried out according to midwifery care standards. During monitoring, no complications, complications and danger signs were found in the baby. Midwifery care during the puerperium was carried out from 6 hours to 2 weeks postpartum, the postpartum period went smoothly, involution occurred normally, there were no complications and the mother looked healthy and the patient chose to use an implant contraceptive as a contraceptive device. Midwives should provide comprehensive midwifery care services, on an ongoing basis, starting from pregnancy, childbirth, newborns, postpartum and family planning in order to reduce morbidity and mortality rates for mothers and babies.

INFORMED CONSENT

done *Informed consent* on 18.05.2022 and the mother agreed to be a respondent

AUTHORS' CONTRIBUTION

All authors contributed to the study. Ida Nurhalimah carries out research and investigation processes, particularly experiments or data and evidence collection. Maria Ulfah Kurnia Dewi

carried out the idea of formulating the overall research objectives or goals. Siti Nurjanah performs management activities to detect and improve data as well as research data management. Lia Mulyati performed other formal techniques to analyze the study data.

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COMPREHENSIVE MIDWIFE CARE IN NY.S AGE OF 23 YEARS AT LEBDOSARI PUSKESMAS SEMARANG

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ABSTRACT

The number of maternal deaths in Indonesia compiled from the recording of family health programs at the Ministry of Health in 2020 shows 4,627 deaths. The IMR in Central Java in 2021 is 7.87 per 100,000 KH. Data on infant mortality shows that there are 3,977 cases of infant mortality in Central Java Province. One of the ways to help accelerate the decline in MMR and IMR is to carry out continuous care or Continuity of Care. The purpose of this study was to provide comprehensive care for pregnant women, maternity, Newborn (BBL), postpartum, and family planning (KB), according to midwifery service standards through a varnay midwifery management approach and SOAP management. This study uses a case study review method using a qualitative research design. observation guide, interviews and documentation studies in the form of Midwifery Care format starting from the period of pregnancy, childbirth, newborn, postpartum and family planning. The results of the care given to Mrs. S aged 23 years starting from pregnancy, childbirth, postpartum, newborn and family planning went smoothly. Comprehensive midwifery care needs to be carried out by midwives to assist efforts to accelerate the decline in MMR and IMR.

Keywords: *care, midwifery, comprehensiv.*

INTRODUCTION

The number of maternal deaths in Indonesia compiled from the recording of family health programs at the Ministry of Health in 2020 shows 4,627 deaths. This number shows an increase compared to 2019 of 4,221 deaths. Based on the causes, the majority of maternal deaths in 2020 were caused by bleeding as many as 1,330 cases, hypertension in pregnancy as many as 1,110 cases, and circulatory system disorders as many as 230 cases. (1)

The IMR in Central Java in 2021 is 7.87 per 100,000 KH. Infant mortality data shows that there are 3,977 cases of infant mortality in Central Java Province (2).

Based on the results of reports on health service facilities activities, in 2021 the number of infant deaths that occurred in Semarang City was 133 out of 22,030 live births, while in 2020 the infant mortality rate was 112 out of 18,193 live births. So there is an increase in the infant mortality rate in Semarang City in 2021(3)

Increasing access to quality health services for every stage of life is carried out with a continuum of care approach.(4)

Implement and provide comprehensive midwifery care to Mrs. Y started in the third trimester of pregnancy, childbirth, postpartum, newborns,

neonates with BCG, DPT, Polio and family planning immunizations. It is expected that patients are able to carry out early detection of high risk and the authors apply midwifery comprehensively according to the theory and standards of the midwife profession (5)

Therefore, the author is interested in conducting research to help accelerate the reduction of MMR and IMR at the Lebdosari Health Center, one of which is the author of implementing continuous care or Continuity of Care. Continuity of Care is a service that is achieved when there is a continuous relationship between a woman and a midwife. Continuous care related to health professionals, midwifery services are carried out starting from the third trimester of pregnancy from 36 weeks pregnant, childbirth, newborns for 2 weeks and 2 weeks postpartum to family planning planning at the Lebdosari Health Center Semarang.

METHODS

The method used in this research is a case study study using a qualitative research design. The research was carried out at the Lebdosari Health Center Semarang, from May to July 2022. The sample of this study was Mrs. S is 23 years old. Collecting data using observation data collection methods, interviews and



documentation studies on pregnancy care, postpartum care, BBL and family planning, while in labor care using primary data collection through interviews with midwives and patients. The tools and materials used in the examination are in accordance with midwifery care procedures.

RESULT

3.1 Pregnancy Midwifery Care

Midwifery care for Mrs. S aged 23 years G1P0A0 at the Lebdosari Health Center Semarang has been carried out in accordance with the standards of maternity midwifery care. Based on the results of the pregnancy examination on Mrs. S aged 23 years G1P0A0 37 weeks gestation at the Lebdosari Health Center Semarang, which was carried out on May 16, 2022, it was found that Mrs. S experienced low back pain discomfort. The care provided is body mechanics and gives understanding to the mother that the perceived back pain is normal because the mother's stomach is getting bigger so that the burden felt by the mother is getting heavier and causes the mother's waist to feel pain. On May 21, 2022, an assessment was carried out on Mrs. S aged 23 years G1P0A0, 39 weeks of gestation, who came to the Puskesmas with complaints of vaginal discharge in the form of spots.

3.2 Childbirth Midwifery Care

Midwifery care taken from primary data through interviews, on May 23, 2022 at 16.00 WIB, Mrs. S came to PMB Midwife T with complaints of a tight stomach. An internal examination was performed with the results of an opening of 4 cm, a decrease in the head in HII. and given additional care in the form of deep breathing relaxation and back massage. At 19:45 WIB, the mother complained that the urges were getting stronger, more frequent and regular, the mother also said she wanted to defecate and wanted to push, did a re-examination with the result that the 10 cm opening of the amniotic membrane was not palpable. The active phase of labor lasts for \pm 3 hours 55 minutes, the second stage lasts \pm 30 minutes, the third stage lasts 8 minutes and the fourth stage is monitored for 2 hours. Mother gave birth normally without any complications and complications for mother and baby. The care provided is in accordance with the standard of Normal Childbirth Care (APN).

3.3 Postpartum Midwifery Care

Postpartum midwifery care, Postpartum visit to Mrs. S was carried out 3 times, namely on May 24, 2022, KF I (6 hours post partum) took data with the

primary method by interviewing, while the postpartum visit II (6 days post partum) was on May 29, 2022 and postpartum visit III (14 days) post partum) on June 6, 2022, primary data collection was carried out by observation and examination. The first postpartum visit which was conducted on May 24, 2022 at 02.25 WIB was examined with the results of TTV in normal condition, stitches still painful, hard contractions, TFU 2 fingers below the center, lochia rubra, blackish red color, perineal sutures are still wet. The second postpartum visit was on May 29, 2022 at 11.00 WIB after the examination, the results showed that the mother's condition was normal. TFU examination on Mrs. S obtained hard contraction results, mid-central and symphysis TFU. The third postpartum visit TFU is not palpable. The care given to postpartum mothers is checking vital signs (blood pressure, pulse, breath, and temperature); examination of the height of the top of the uterus (fundus uteri); examination of lochia and other vaginal fluids; breast examination and exclusive breastfeeding advice; providing communication, information, and education (KIE) on maternal and newborn health, including family planning; postnatal family planning services. examination of lochia and other vaginal fluids; breast examination and exclusive breastfeeding advice; providing communication, information, and education (KIE) on maternal and newborn health, including family planning; postnatal family planning services. examination of lochia and other vaginal fluids; breast examination and exclusive breastfeeding advice; providing communication, information, and education (KIE) on maternal and newborn health, including family planning; postnatal family planning services.

3.4 Midwifery Care for Newborns and Neonates

Midwifery care for newborns is drying the baby's body while making a cursory assessment of skin color, breathing and movement. Followed by cutting the umbilical cord and Early Initiation of Breastfeeding (IMD). After the supervision of the IV stage and IMD was successful, care for the newborn was carried out in the form of anthropometric examination, physical examination, administration of eye ointment, injection of vit. K and Hb O immunization. Male gender, weight 3,000 grams, body length 49 cm, head circumference 34 cm, there are no signs of congenital defects and abnormalities in infants. Neonatal visits were carried out three times, namely the first visit (K1) providing counseling on newborn care, bathing the baby, umbilical cord care, and providing support so that the mother gave exclusive breastfeeding. K2's visit



reminded Mrs. A to provide exclusive breastfeeding to the baby. The K3 visit recommends going to the Posyandu to get immunizations and monitor the growth and development of the baby.

3.5 Family Planning Midwifery Care

Family planning care for Mrs. S was given on July 1, 2022, based on the results of the assessment, the mother and husband had decided to use the IUD/IUD contraception. The care provided is IEC, the advantages and disadvantages of IUD family planning and IUD installation. After the IUD is inserted, tell the mother how to check the IUD thread.

DISCUSSION

4.1 Pregnancy Midwifery Care

Based on the results of the pregnancy examination, Mrs. S aged 23 years G1P0A0 37 weeks gestation at the Lebdosari Health Center Semarang, complained of low back pain. During pregnancy, back pain will occur due to changes in the mother's body both physically and psychologically. Back pain can occur because the load is getting heavier so that there is a stretch in the lower abdominal muscles (6).

On May 21, 2022, an assessment was carried out on Mrs. S aged 23 years G1P0A0, 39 weeks pregnant, who came to the health center complaining that there would be vaginal discharge in the form of spots. Signs of labor include: his strength is becoming more frequent and regular with shorter distances of contractions, there are signs of labor such as discharge of mucus and/or mucus mixed with blood, may be accompanied by rupture of membranes, an urge to push, the patient looks restless, physically there is physical discomfort and diarrhea, recurring contractions that come and go, lower back pain. In this case, there is no gap between theory and theory (6).

a. Childbirth Midwifery Care

The first stage lasted for \pm 3 hours 55 minutes. The first stage for primigravida lasts 12 hours, for the active phase normally it lasts for 6 hours in primigravida, while the length of the first stage lasts for multigravida is 8 hours.(7)

The second stage lasts for 30 minutes from complete dilatation to the newborn. The delivery process is carried out with 60 steps of APN and the baby is born at 20.25 WIB on 23 May 2022. The second stage begins when the cervix is fully dilated (10 cm) and ends with the birth of the baby. The second stage is also known as the stage of expulsion of the baby(8).

The duration of the second stage in primigravida lasts for 2 hours while in multigravida it lasts for 1 hour (8)

Stage III lasts for 9 minutes. Usually the placenta separates within 6-15 minutes after the baby is born and comes out spontaneously or with pressure on the uterine fundus (9). The duration of the third stage is shorter, the amount of bleeding is reduced so that it can prevent postpartum hemorrhage, this is because active management of the third stage is carried out according to the theory, namely giving oxytocin or uterotonics as soon as possible, doing controlled umbilical cord tension (PTT), tactile stimulation of the uterine wall or fundus. Uterus (Walyani, ES, and Purwoastuti, 2016). The result is a complete delivery of the placenta and care carried out according to theory

Stage IV is a monitoring process 2 hours after the baby and placenta are born. Monitoring was carried out for 2 hours, in the first 1-hour monitoring was carried out every 15 minutes and in the second 1 hour it was carried out every 30 minutes. The fourth stage begins after the placenta is born until 2 hours after the birth of the placenta, the fourth stage is also called the observation or monitoring stage. Observations were made, namely checking vital signs, monitoring the height of the uterine fundus, monitoring uterine contractions, ensuring the bladder and monitoring the occurrence of bleeding (11).

4.2 Postpartum Midwifery Care

Postpartum visits were carried out 3 times. Postpartum maternal health services are health services for postpartum mothers according to standards, which are carried out at least three times according to the recommended schedule, i.e. from six hours to three days after delivery, on the fourth day to the 28th day after delivery, and on day 29 to day 42 after delivery (2).

The types of postpartum maternal health services provided consist of checking vital signs (blood pressure, pulse, breathing, and temperature); examination of the height of the top of the uterus (fundus uteri); examination of lochia and other vaginal fluids; breast examination and exclusive breastfeeding advice; providing communication, information, and education (KIE) on maternal and newborn health, including family planning; postnatal family planning services (2).

4.3 Newborn Midwifery Care

Midwifery care for newborns is drying the baby's body while making a cursory assessment of skin color, breathing and movement. Followed by cutting the



umbilical cord and Early Initiation of Breastfeeding (IMD). After the supervision of the IV stage and IMD was successful, care for the newborn was carried out in the form of anthropometric examination, physical examination, administration of eye ointment, injection of vit. K and Hb O immunization (12).

Neonatal visits were carried out 3 times. Neonatal visits should ideally be carried out 3 times, namely at the age of 6-48 hours, at the age of 3-7 days, and at the age of 8-28 days (1)

4.4 Family Planning Midwifery Care

Family planning care for Mrs. S is given on July 1, 2022 with the aim that mothers can know the type of contraception to be used. From the results of the assessment, the mother and husband have decided to use the IUD/IUD contraception. The IUD is a very effective contraceptive compared to other contraceptives, the effectiveness of the use of the IUD is up to 99.4% and the failure rate is very low so that the IUD can reduce maternal mortality and population growth rates, it can be used for a period of 3-5 years (hormone type).) and 5-10 years (copper type) (13).

CONCLUSION

Midwifery care for pregnancy was carried out 10 times and during the care there were no complications and complications. Midwifery care for childbirth is to provide assistance according to the standard of normal delivery care (APN) so that all stages are free of complications and complications. Midwifery care for newborns is carried out according to midwifery care standards. During monitoring, no complications, complications and danger signs were found in the baby. Midwifery care during the puerperium was carried out starting from 6 hours to 14 days postpartum, the postpartum period went smoothly, involution occurred normally, there were no complications and the mother looked healthy and the patient chose to use an implant contraceptive as a contraceptive device.

Midwives provide continuity of care services or comprehensive midwifery care, on an ongoing basis, starting from pregnancy, childbirth, newborns, postpartum and family planning in order to reduce morbidity and mortality rates for mothers and babies.

By doing comprehensive care by midwives so that it can help accelerate efforts to reduce MMR and IMR as well as for early detection of high risks.

AUTHORS' CONTRIBUTION

In this research and writing, all the authors have contributed well and worked according to their duties.

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DHIKR RELAXATION TO IMPROVE MOTHER'S READINESS DEALING WITH LABOR AND PREVENTING CHILDBIRTH COMPLICATIONS

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ABSTRACT

Objective: The development of pregnancy until before delivery causes anxiety in the majority of pregnant women. Anxiety increases the risk of miscarriage, premature birth and can continue to the mother's unpreparedness for childbirth, as well as childbirth complications that are at risk of death. The maternal mortality rate in Indonesia is relatively high, and has not yet met the 3rd SDGs target. Appropriate care is needed to help provide psychological calm for pregnant women, namely dhikr relaxation, which combines relaxation response techniques with individual belief systems. Relaxation techniques combine relaxation of muscles, breath, and mind with a spiritual approach according to the patient's beliefs. The purpose of the study was to determine the effect of dhikr relaxation techniques in increasing maternal readiness for childbirth and preventing complications during childbirth. **Material and methods:** The research design was a One-Group Pretest-Posttest Design, using one group of dhikr relaxation treatment. The subjects of the study were pregnant women in the third trimester, 28-34 weeks of gestation, a total of 20 pregnant women. **The results** were tested with the assumptions of Saphiro-Wilk and Kolmogorov-Smirnov. The results of the non-parametric Wilcoxon test obtained a z-count value of -2.025 with a significance of 0.043 <0.050 on the variable of maternal readiness to face labor and a z-value of -2.174 with a significance of 0.030 <0.050 on the variable of labor complications. **Conclusions:** It was concluded that the relaxation of dhikr can increase the mother's readiness to face childbirth and reduce the risk of childbirth complications.

Keywords: dhikr relaxation, pregnancy, readiness, labor complications.

1. INTRODUCTION

The midwife's professional philosophy states that pregnancy and childbirth are normal and natural processes. Although the mother experienced extraordinary changes both physically and psychologically. Pregnant women who experience the development of pregnancy until delivery feel physical changes, which directly affect their psychological changes and cause anxiety. Anxiety during pregnancy will affect the physical and psychological well-being of the mother and fetus, for example resulting in physical disability and a decline in the potential for intelligence and mental emotional aspects. Mother's feelings of anxiety when thinking about the process of giving birth and the condition of

the baby to be born are common for most pregnant women (1).

Pregnant women who experience anxiety, if not treated seriously will have an impact and influence on the physical and psychological, both for the mother and the fetus, because it will affect the hypothalamus to stimulate the endocrine glands that regulate the pituitary gland. This reaction causes an increase in the production of stress hormones. Pregnant women who experience high levels of anxiety can increase the risk of giving birth to premature babies and even miscarriages, and can continue to be unprepared for mothers to face childbirth and childbirth complications. Meanwhile, childbirth complications can increase the risk of maternal death (1)(2).



Pregnant women who experience anxiety, if not treated seriously will have an impact and influence on the physical and psychological, both for the mother and the fetus, because it will affect the hypothalamus to stimulate the endocrine glands that regulate the pituitary gland. This reaction causes an increase in the production of stress hormones. Pregnant women who experience high levels of anxiety can increase the risk of giving birth to premature babies and even miscarriages, and can continue to be unprepared for mothers to face childbirth and childbirth complications. Meanwhile, childbirth complications can increase the risk of maternal death (3).

The maternal mortality rate is one of the three targets of the Sustainable Development Goals (SDGs), which is to ensure a healthy life and promote well-being for all people of all age groups. According to Indonesia's health profile In 2015 the Maternal Mortality Rate in Indonesia was 305/100,000 live births (Survey Results Intercensus Population). Efforts should be made to help pregnant women be better prepared for childbirth and to prevent the risk of childbirth complications, namely by relaxing dhikr (4).

Dhikr relaxation is a combination of relaxation response techniques with individual belief systems or what is also known as the faith factor. This concept is a unity that contains two spiritual things, namely meditation and a religious belief or philosophy that is firmly held. The relaxation response that involves the beliefs held will accelerate the occurrence of a relaxed state. In other words, the combination of the relaxation response that involves belief will multiply the benefits derived from the relaxation response. This technique is safe to do because it does not use drugs and tools, and there is minimal risk to the mother and fetus (5).

The purpose of this study was to determine the effectiveness of the dhikr relaxation technique in increasing maternal readiness for childbirth and preventing complications during childbirth. This research is important because it helps the government in efforts to reduce maternal mortality, with treatment without side effects and risks.

2. MATERIAL AND METHODS

The research method used is Pre-Experimental Design. Research design with One-Group Pretest-Posttest Design.

2.1. Sampel

The subjects of this study were pregnant women in the third trimester with a gestational age

between 27-36 weeks, a total of 20 pregnant women. The study was conducted in the class of pregnant women at PMB Wulan Kartosuro and PMB Subiyati Gemolong, Central Java, Indonesia

2.2. Administrasi of relaxation dhikr

Research subjects were trained on how to do Dhikr relaxation. Then pregnant women do dhikr relaxation exercises independently at home for at least 1 week or until delivery. Mother was given a video recording to be used as a tool for relaxation dhikr.

2.3. Measurement of the mother's readiness to face childbirth

The instrument used to measure the mother's readiness to face childbirth is a questionnaire adopted from a published journal. The validity and reliability tests for this instrument have been carried out by previous researchers, namely Putranti (6). The validity test carried out was the item validity test and it was found that 18 statements were valid. While the reliability test using Cronbach's alpha on the instrument of readiness to face childbirth, the results of r count (0.805) > 0.600, so that the instrument is declared reliable.

2.4. Measurement of risk of complications during childbirth

The instrument used to assess whether there were labor complications in the respondent was a checklist sheet. Delivery data is known by observing Maternal and Child Health (KIA) books.

2.5. Ethics

This research has passed the research ethics test from the institutional ethics committee of Aisyiyah University Surakarta, Central Java, Indonesia. Research Ethics Committee Universitas Aisyiyah Surakarta No. 014/IV/AUEC/2022.

2.6. Statistical analysis

Data were presented in terms of mean standard deviation and analyzed by Wilcoxon test. Statistical analysis using the SPSS for Windows version 14.0 statistical package. The p value < 0.05 was statistically significant.

3. RESULTS

3.1. Characteristics of respondent's age

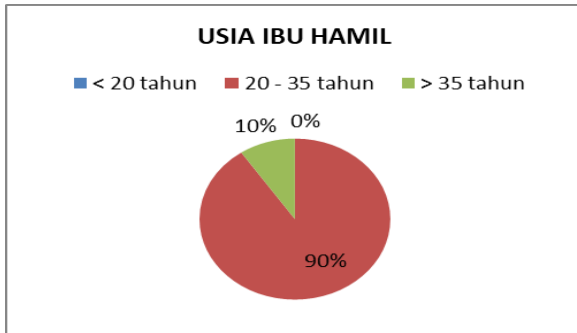
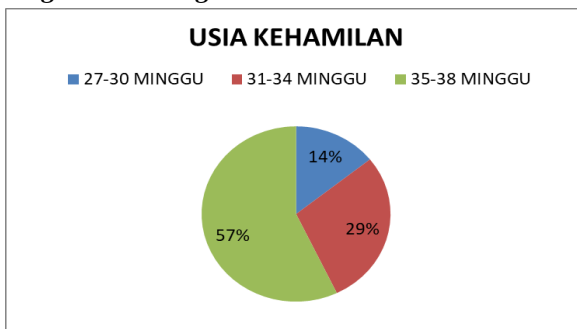


Figure 1. Frequency distribution of respondent's age based on mother's age

3.2. Characteristics of the respondent's gestational age



3.4. Preparedness of pregnant women in the face of childbirth

Table 1. Frequency distribution of respondents based on readiness to face childbirth

Mom's Prep	Pre test		Post test	
	Freq	Percent	Freq	Percent
Good (score 55-72)	8	40	13	65
Enough (score 37-54)	9	45	7	35
Not enough (score 18-36)	3	15		

The normality assumption test was carried out using the Saphiro-Wilk test. Meanwhile, the assumption of homogeneity of variance was tested using the Kolmogorov-Smirnov test. Furthermore, to determine the effectiveness of dhikr relaxation in increasing mother's readiness to face childbirth using a non-parametric test, namely Wilcoxon. The results of the Wilcoxon test showed a z-count value of -2.025 with a significance of 0.043 < 0.050, so it can be said to be of significant significance, that is, there is a significant difference between the results of pre- and post-treatment readiness scores. With an

Figure 2. Frequency distribution of respondents by gestational age

3.3. Characteristics of the number of respondents parity

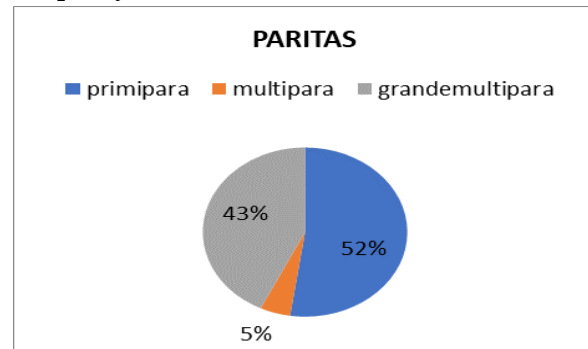


Figure 3. Frequency distribution of respondents based on parity

average pretest of 51.43 and post-test of 56.30, it can be said that the category of the group treated was better than the untreated group.

3.5. Respondent's type of delivery

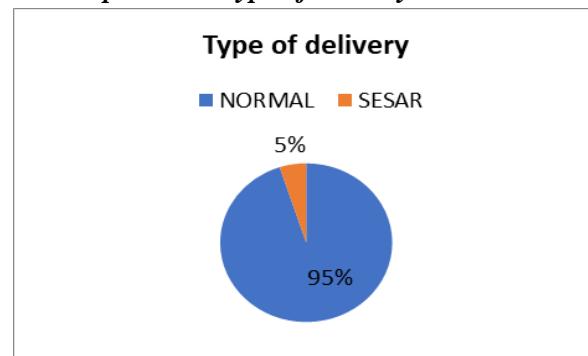


Figure 4. Frequency distribution of respondents based on type of delivery

Based on the observation data, 95% of deliveries were normal, and 5% of deliveries were by cesarean section. So it was concluded that the majority of mothers gave birth normally. Relaxation of dhikr can reduce the risk of childbirth with medical measures.



3.6. Respondent's risk of complications

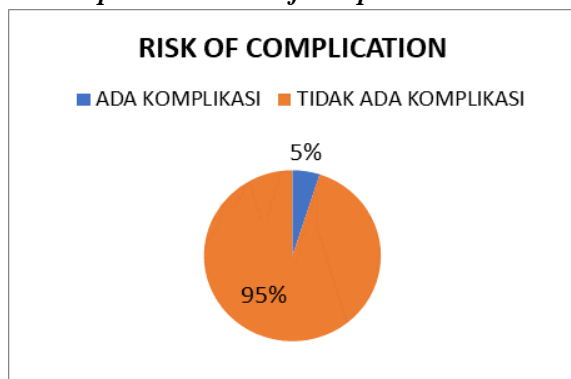


Figure 5. Frequency distribution of respondents based on risk of complication

Based on the results of observational data, it was found that 95% had uncomplicated deliveries, and 5% had labor complications. So it was concluded that the majority of mothers did not experience the risk of childbirth complications. Relaxation of dhikr can reduce the risk of childbirth complications.

4. DISCUSSION

The results of this study are supported by several studies that explain maternal anxiety has a significant impact on infant birth weight. Prenatal stress can lead to low birth weight for gestational age, early delivery, hypertension, and changes in physical outcomes such as an increased risk of asthma

Dhikr is remembering the favors of God. Furthermore, dhikr includes the notion of mentioning dhikr pronunciations and remembering Allah at all times, fearing and hoping only for God, feeling confident that humans are always under the will of Allah in all matters and their affairs (7). The dhikr procedure goes through the following stages: ablution, looking for a calm atmosphere and sitting relaxed, doing deep breathing techniques, stretching muscles, then saying a few sentences of dhikr both orally and qolbu (inside the heart) and ending with the reading of Alhamdulillah. In carrying out the relaxation of dhikr, it can actually be carried out at any time and there is no time limit. According to research conducted by Retnowati (8) the implementation of relaxation dhikr to reduce patient anxiety is carried out for 25 minutes with dhikr "subhanalloh" (7).

The third trimester of pregnancy or when you are already in preparation for birth, this period is

full of anticipation but also vigilance. A mother will definitely feel anxiety such as pain or a sense of losing control when giving birth, or worrying about the condition of the baby to be born (9). Before the birth, a mother will feel psychological changes such as a sense of dependence on others and confusion with the transition of her role in the family. In addition, in the period leading up to the birth of a mother, she will feel herself worse and more introverted (9). There are several efforts that can be used to overcome maternal anxiety before giving birth, including increasing knowledge in pregnancy and childbirth, providing psychological support and carrying out psychological treatment (10). One of the preventive treatments carried out in this study, namely relaxation of dhikr, is proven to be able to provide readiness for mothers before giving birth and prevent complications in childbirth.

Based on the results of the Wilcoxon test, the value of z count is -2.174 with a significance of $0.030 < 0.050$, so the results of the analysis can be said to be significant. There was a significant difference between the pre and post groups. With an average pretest of 48.81 and post-test of 56.38, it can be said that the group category that was given the treatment in the form of dhikr relaxation had better conditions than those who were not given the intervention.

The combination of relaxation and dhikr intervention is an alternative therapy that has proven to be effective based on the data analysis conducted in this study. Dhikr relaxation is a combination of relaxation response techniques with individual belief systems or what is also known as the faith factor. This concept is a unity that contains two spiritual things, namely meditation and a religious belief or philosophy that is firmly held. The relaxation response that involves the beliefs held will accelerate the occurrence of a relaxed state. In other words, the combination of the relaxation response involving belief will multiply the benefits derived from the relaxation response (5). Several previous studies also showed the same results as this study, namely the effectiveness of dhikr relaxation in dealing with various psychological disorders and reducing symptoms of physical illness (11), (12), (13), (14).

In relation to the conditions of pregnancy and childbirth, relaxation has also been shown to reduce anxiety in women who are pregnant and close to giving birth. As in research Oktaviani &



Angraini (15) which show that relaxation can reduce anxiety in pregnant women who have a high risk, relaxation can also reduce pain during labor (16). Religious therapy has also proven effective in dealing with various psychological disorders in pregnant women, one of which is dhikr. Dhikr will affect a person's psychological condition such as always feeling close to Allah SWT, being in His care and protection, so that later it will generate confidence, strength, feelings of security, peace and happiness (17). This is certainly in accordance with the condition of pregnant women giving birth who need calm and reduce anxiety. Based on previous research, dhikr has been shown to reduce anxiety in pregnant women (18), (19), (20). In addition, dhikr is also effective in reducing pain in childbirth (21).

5. CONCLUSION

Relaxation of dhikr can increase the mother's readiness to face childbirth and reduce the risk of complications during childbirth.

6. STATEMENT OF CONFLICT OF INTEREST

The author declares that there is no conflict of interest in the research or publication of this article.

7. AUTHORS' CONTRIBUTIONS

The title "AUTHORS' CONTRIBUTIONS" should be in all caps.

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THE EFFECTIVENESS OF COUNSELING WITH THE MEDIA LEAFLET AND AUDIO VISUAL ON MOTHER'S KNOWLEDGE ABOUT DENTAL AND MOUTH CARE TODDLERS

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ABSTRACT

Dental and oral health care needs to be applied to children from an early age. The participation of maternal knowledge is needed in supporting the health of children's teeth and mouth. Based on the results of the researcher's preliminary study, ten out of fourteen mothers in Klidang Wetan village who have toddlers still lack knowledge about the correct tooth brushing time. The mother's lack of knowledge about the child's dental and oral health care will have an impact on the child's dental and oral health. Knowledge can be improved through health promotion. Leaflet and audio-visual media are health promotion media that can be used to help increase maternal knowledge. **Objective:** Knowing the effectiveness of counseling with leaflet and audio-visual media on maternal knowledge about dental and oral care in toddlers in Klidang Wetan Batang Village. A type of pseudo-experimental research using a *nonequivalent control group design*. The samples in the study were 66 mothers in Klidang Wetan Village who had toddler children, filled out Counseling using audio-visual media and leaflets obtained a sig value. (2-tailed) of (0.006 and 0.010) < 0.05, meaning there is a difference. Counseling with audio-visual media shows a *sum of ranks* or *mean rank* value higher than counseling using leaflet media. Counseling with audio-visual media is more effective than leaflet media on maternal knowledge about dental and oral care in toddlers.

Keywords: Promotion of children's oral health, Leaflets, Audio Visual

1. INTRODUCTION

Dental and oral health efforts are a way that can be done in preventing dental and oral problems such as caries. The World Health Organization says that the problem of caries in children reaches 60-90% [19]. In Indonesia, based on the results of the 2018 Basic Health Research, 57.6% of cases of dental and oral health problems were found [8]. In Central Java province, the number of dental cases recorded was 1,307,722, spread from various regencies/cities and Batang which is one of the districts in Central Java province found 23,251 dental cases [5]. From the results of preliminary research conducted in Klidang Wetan Batang village, ten out of fourteen mothers who have toddler children still lack knowledge about the correct brushing time.

Regular dental and oral health care is necessary to achieve good dental and oral health [13]. The role of parents, especially mothers, is very meaningful so that providing education to mothers about dental and oral care is necessary so that children can recognize methods of maintaining oral and dental health correctly [1].

Health promotion is one of the efforts to influence individuals, groups and communities with the aim that they carry out the expected instructions from health promotion actors. Media that can be used as an intermediary or useful for facilitating the health promotion process include leaflet and audio-visual media [11].

To support efforts to increase maternal knowledge about dental and oral care in toddlers, researchers will conduct counseling with leaflet and audio-visual media as well as to compare the effectiveness of the two media against maternal knowledge in Klidang Wetan Batang village.

2. METHODS OF RESEARCH

This research is a type of experimental research with a pseudo-experimental group which was carried out in April 2022 at PAUD Permata Bunda and Posyandu Klidang Wetan Village. The study sample was 66 respondents who had children under five years old. The total respondents will be divided into 2 groups, namely the leaflet media group of 33 respondents and the audio-visual media group of 33 respondents. The



research instruments used are leaflet media, audio-visual media and dental and oral care

knowledge questionnaires made by the researcher himself [12].

3. RESULT OF RESEARCH

A. Univariate Analysis

1) Characteristics of Respondents

Table 1

Variable	Media Leaflet		Media Audio Visual	
	Sum	Percentage (%)	Sum	Percentage (%)
Characteristics of Maternal Age				
Late teens (17-25)	6	18,2	7	21,2
Early adulthood (26-35)	14	42,4	18	54,5
Late adult (36-45)	12	36,4	7	21,2
Early Elderly (46-55)	1	3,0	1	3,0
Characteristics of Maternal Education				
Elementary	7	21,2	2	6,1
JHS	10	30,3	13	39,4
SHS	15	45,5	9	27,3
Diploma (D3)	0	0,0	5	15,2
Bachelor (S1)	1	3,0	4	12,1
Characteristics of Mother's Work				
Housewife	23	69,7	23	69,7
Laborer	3	9,1	0	0,0
Private Employees	3	9,1	5	15,2
Trader	2	6,1	1	3,0
Teacher	1	3,0	0	0,0
Village Apparatus	1	3,0	0	0,0
Civil servants	0	0,0	2	6,1
Assistant Midwife	0	0	1	3,0
miscellaneous	0	0	1	3,0

Based on table (1), characteristics are obtained based on age, education and occupation. The characteristics of respondents based on age in 33 leaflet media respondents and 33 audio-visual media respondents were in the category of late teens to early elderly. From these results, it was found that the highest number of leaflet media respondents was in the early adult category with 14 respondents (42.4%) and the lowest in the early elderly category, namely 1

respondent (3%). Meanwhile, in audio-visual media respondents, the highest age category was also in early adulthood, namely 18 respondents (54.5%) and the lowest in the early elderly category, namely 1 respondent (3%).

When viewed from the characteristics of education, 33 respondents of the media leaflet were obtained the highest number in the SHS category, namely 15 respondents (45.5%)



then followed by the junior high school, elementary and bachelor (S1) categories. Meanwhile, in audio-visual media, a maximum of 13 respondents (39.4%) were obtained in the junior high school category and then followed by the SHS, diploma (D3), bachelor (S1) and elementary categories.

The job characteristics of the 33 leaflet media respondents had the highest number in the Housewife (IRT) category, namely 23

respondents (69.7%), followed by other categories, namely Labor, Private employees, Trader, Teachers and Village Officials. Meanwhile, audio-visual media found that the most respondents had jobs as Housewives (IRT) as many as 23 respondents (69.7%) followed by the categories of Private employees, Civil Servants, Trade, Midwife Assistants and others.

2) Description of Mother's Knowledge on Counseling with Leaflet Media

Table 2

Category	Before the Media Leaflet		After Media Leaflet	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Good	17	52%	20	61%
Moderate	15	45%	13	39%
Less	1	3%	0	0%
Total	33	100%	33	100%

Based on Table (2) it is known that there are differences in maternal knowledge about dental and oral care of toddlers before and after counseling using leaflet media. Before the counseling, the number of respondents with good knowledge was 17 respondents, moderate as

many as 15 respondents, and less as many as 1 respondent. After counseling, this number increased so that mothers with a good level of knowledge of dental and oral care for toddlers were 20 respondents and moderate 13 respondents.

1) Description of Mother's Knowledge on Counseling with Audio Visual Media

Table 3

Category	Before Audiovisual Media		After Audiovisual Media	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Good	20	61%	21	64%
Moderate	6	18%	12	36%
Less	7	21%	0	0%
Total	33	100%	33	100%

Based on Table (3) it is known that there are differences in maternal knowledge about dental and oral care of toddlers before and after counseling using audiovisual media. Before the counseling, there were 20 respondents who had a good level of knowledge, while the less respondents were 7 respondents. After

counseling, there were results that none of the respondents had insufficient knowledge in dental and oral care for toddlers. The number of respondents who have good knowledge of dental and oral care for toddlers increased to 21 respondents.

B. Bivariate Analysis

- 1) The Effectiveness of Counseling using Leaflets and Audio Visual Media on The Level of Mother's Knowledge about Dental and Oral Care



Table 4

Test Statistics ^a		
	leafletpost - leafletpre	audiopost - audiopre
Z	-4,178 ^b	-4,449 ^b
Asymp. Sig. (2-tailed)	,000	,000
a. Wilcoxon Signed Ranks Test		
b. Based on negative ranks.		

Based on the Wilcoxon Test in table (4), counseling using audio-visual media and leaflets has a Sig value. (2-tailed) of (0.000 and 0.000) < 0.05 with an overall Sig value of < 0.05, then as the basis for decision-making in the Wilcoxon test it can be concluded that H₀ is rejected and H_a is

accepted. With a significance level of 5%, it can be concluded that there are differences in counseling on leaflet and audio-visual media to maternal knowledge about dental and oral care in toddlers.

Table 5

Ranks				
		N	Mean Rank	Sum of Ranks
leafletpost - leafletpre	Negative Ranks	3 ^a	10,67	32,00
	Positive Ranks	27 ^b	16,04	433,00
	Ties	3 ^c		
	Total	33		
audiopost - audiopre	Negative Ranks	3 ^d	11,00	33,00
	Positive Ranks	30 ^e	17,60	528,00
	Ties	0 ^f		
	Total	33		
a. leafletpost < leafletpre				
b. leafletpost > leafletpre				
c. leafletpost = leafletpre				
d. audiopost < audiopre				
e. audiopost > audiopre				
f. audiopost = audiopre				

Based on Table (3), the mean rank and sum of rank values show the magnitude of the effectiveness of the counseling media, it appears that counseling using audio-visual media has a mean rank value of 11.00 and 17.60, while the sum of rank values are 33.00 and 528.00. Meanwhile, in counseling using leaflet media, it has a mean rank value of 10.67 and 16.04, while the sum of rank values are 32.00 and 433.00. Counseling using audio-visual media has a higher *sum of ranks* and *mean rank* value than counseling using leaflet media. This shows that

audio-visual media is more effective than leaflet media against mothers' knowledge of dental and oral care in toddlers.

4. DISCUSSION

The health of the child's teeth and mouth should be considered as early as possible by the mother. Factors such as sugary foods, low fluoride exposure, salivary deficiency, vulnerable dental anatomy and others should be considered by mothers to avoid the child from dental and oral problems. Efforts to invite children to avoid



causative factors, control plaque by brushing their teeth, using dental floss and fissure sealants can be done by mothers. Thus, the knowledge and role of the mother is needed in helping to take good care of the health of the teeth and mouth in children [9][17][18].

Knowledge is the result of knowing a person after receiving an object from the senses he possesses [11]. So that the knowledge gained from the stimulation of more senses, will be easier for a person to understand [6]. Audio-visual media is an information medium that includes audio and visual messages so that they can be received by the sense of sight and listener. The advantages of audio-visual media are that they can explain a process well, can be repeated and stopped as needed, and can attract attention with the play of colors, animations, sounds and moving images. While the disadvantage is that it costs relatively expensive production costs, requires tools and is skilled in its operation. In addition to audio-visual media, print media in the form of leaflets is also often used in health promotion. Leaflet media is one of the print media in the form of sheets of paper containing written information and images. Leaflets have the advantage that they can be stored for a long time, can be opened and re-read and can be easily duplicated. The weakness of leaflet media is that it is not friendly to people who cannot read or are illiterate and needs an interesting presentation so as to attract the interest of readers [16].

Based on the results of previous bivariate tests, it is stated that counseling using audio-visual media is more effective than leaflet media on maternal knowledge about dental and oral care in toddlers. These results are supported by several previous studies, including (Setiani & Warsini, 2020), (Jannah & Timiyatun, 2020), (Alini & Indrawati, 2018), and (Pratiwi, Afriyani, & Zulkarnain, 2019) which also compared the effectiveness of the two media [15][7][2][14]. The delivery of information through moving images at a certain speed involving hearing and vision through audio-visual media can foster maternal interest thereby accelerating comprehension and strengthening memory [10].

The results of the study that stated that audio-visual media is more effective than leaflets can be caused because audio-visual media can explain a process well, can be repeated and stopped as needed, and attract respondents' attention with the play of colors, animations and sounds displayed. During the study, the respondents also seemed to be more interested, focused and paid close attention to the information provided on the layer. This makes the atmosphere conducive and comfortable for respondents to absorb information.

The role of parents or mothers, which is one of the factors for the formation of children's behavior towards oral hygiene in daily life, makes education about preventive measures and dental and oral care need to be prepared before pregnancy to improve dental and oral health from an early age. With the increase in maternal knowledge in this study, it is hoped that there will be a sense of wanting to apply the information obtained to children so that good dental and oral health behaviors arise by children.

5. CONCLUSION

Based on the results of the study, it can be concluded that there are differences in the effectiveness of counseling with leaflet and audio-visual media to increase maternal knowledge about dental and oral care in toddlers. Counseling with leaflet and audio-visual media provides a change in mothers' knowledge about child dental and oral health care. However, compared to leaflet media, counseling using audio-visual media provides greater changes. Thus, between leaflet and audio-visual media, it was found that audio-visual media is more effective in maternal knowledge about dental and oral care in toddlers.

6. AUTHORS' CONTRIBUTIONS

All authors contributed to the study.

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CASE REPORT ON MRS. T AGE 28 YEARS OLD P2A0 ACCEPTANCE OF CONTRACEPTION FOR 3 MONTHS WITH MENORRHAGIA AND MILD ANEMIA IN KEDUNGUNDU PREMARY HEALTH CARE SEMARANG

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ABSTRACT

The main problem, the 3-month injectable contraceptive method has a percentage of side effects of menstrual disorders (2.9%), based on a preliminary study at the Kedungmundu Premary Health Care, 3 months injectable contraceptive acceptors (88.13%), experienced menstrual disorders (16.23%). One of the types of menstrual disorders is menorrhagia and as many as (0.78%). Respondents experienced continuous menstruation for 26 days and were often weak and lethargic. The problem in this case is Mrs. T, age 28 years P2A0, acceptor of 3-month injectable contraception with menorrhagia with mild anemia. Destination, for administering the 3 Months Injectable Contraceptive KB Acceptor with menorrhagia at the Kedungmundu Health Center. The scope is, the 3 month injection contraceptive acceptor with menorrhagia in the working area of the Kedungmundu Public Health Center. The method used is descriptive method, the type of final project report is a case study. The results after being given combined oral pill therapy, is a treatment for menorrhagia due to progesterone contraception, so that menorrhagia becomes significantly decreased and the menstrual cycle returns to normal, while in mild anemia, Fe tablets are given and recommend foods containing iron so that the first Hb level is 10.5 g /dL categorized as mild anemia rose to 12 g/dL and was not anemic.

Keywords: Contraception, DMPA, Menorrhagia.

1. INTRODUCTION

According to (World Health Organization, 2016) Family Planning is an action that helps individuals or married couples to avoid unwanted/planned births. Indonesia as one of the developing countries in the world which continues to experience an increase in the rate of population every year. The results of the estimation of the total population of Indonesia in 2020 are 271,066,366 people, consisting of 136,142,501 male residents and 134,923,865 female residents.

According to Data and Information (Central Java Provincial Health Office, 2019) the number of PUS is 6,652,451 pairs. Of all existing PUS, 73.5% are active family planning participants. In active family planning participants, most of them chose injectable contraceptives as much as 58.4%. The coverage of active family planning participants to EFA in the city of Semarang is 77.5%.

One of the most frequently used contraceptive methods is DMPA (Depo Medroxy Progesterone Acetate) which is derived from the natural hormone progesterone. DMPA is given every 3 months at a dose of 150 mg (Hartanto, 2018). The 3-month injectable contraceptive method has a percentage of side effects, namely menstrual disturbances (2.9%), weight gain (2.7%), bleeding (0.3%), weight loss (0.2%), and nausea (0.2%) (Affandi, 2012).

Based on a preliminary study at the Kedungmundu Public Health Center, Semarang from January to March 2022, there were 455 users of contraception acceptors. There were 401 people (88.13%), who experienced the side effects of menstrual disorders as many as 65 people (16.23%), one of which was menorrhagia as many as 3 people (0.78%). However, this condition still requires attention for its management.

One of the problems surrounding menstrual disorders is menorrhagia. Menorrhagia is the



medical term for excessive menstrual bleeding. If the bleeding lasts more than 7 days or is too heavy (more than 80 ml), it is categorized as menorrhagia or heavy menstruation (Sinaga, 2017). Causes of menorrhagia include hormonal imbalances, uterine fibroid tumors, cervical polyps, endometrial polyps, pelvic inflammation, or worse, cervical cancer, endometrial cancer, or blood clotting disorders. Another cause of menorrhagia is family planning services, including using hormonal contraception in the form of progestin injections (Nadia, 2021).

Results of research conducted (Alexander, 2019) that there is a relationship between the use of 3-month injectable contraceptives with menstrual disorders, that there are 1 person experiencing menorrhagia (2.9%). Menorrhagia (profuse bleeding) is caused by the body's response and hormonal imbalance in the use of 3-month injections that stimulate the hormone progesterone to produce more corpus luteum so that it can be a risk for menorrhagia.

2. DESTINATION

To carry out the management of 3 Months Injectable Contraceptive KB Acceptors with menorrhagia accompanied by mild anemia at the Kedungmundu Health Center.

3. METHOD

Which is used in this final project is a descriptive method, the type of final project report is a case study.

4. DISCUSSION

Respondents have used injectable contraception for 3 months for 1 year, with complaints I'm worried because I've been menstruating for 26 days, there's a lot of blood about half the pads and sometimes there are blood clots, so the mother often changes her pads 4-6 times a day, doesn't feel menstrual pain, since her menstruation continues, she feels more often weak and lethargic, and Mother feels disturbed to perform daily routine activities. This is in accordance with the theory (Nina, 2013) that on average, those who experience complaints due to side effects of 3-month injectable contraceptives are menstrual disorders, one of which is menorrhagia. Based on research results (Adawiyah, 2019) The mechanism of bleeding associated with DMPA use is not fully

understood. One such bleeding mechanism is thought to be due to continuous exposure of the endometrium to a constant dose of progesterone. Matrix metalloproteinase -9 (MMP-9) activity was increased in DMPA users.

On physical examination, the eyes were found to be symmetrical, clean, no secretions, pale conjunctiva (anemic), white sclera, pupil isocor, normal vision and supported by supporting examinations, the respondent's Hb level was 10.5 g/dL. In line with research results (Goddess, 2020) that the results of laboratory examinations before the procedure showed that the majority of patients (59.8%) had mild anemia with a hemoglobin level of 10.79 (± 2.40) mg/dL in the majority of patients with AUB (66.9%). Meanwhile, on genetic examination, it was found that the vulva was reddish, the mons pubis was evenly distributed, clean, there was fresh red blood discharge, watery, there were few blood clots, there was a smell that smelled like blood or a little metallic, and there were no signs of PMS. Based on research results (Wantania, 2018) that inspection of the genitalia is sufficient to confirm the diagnosis of menorrhagia in most patients.

The data analysis in this case is Mrs. T, 28 years old, P2A0, acceptor of 3-month injectable contraception with menorrhagia with mild anemia. Respondents used 3-month injectable contraception which means that Depo provera contains 150 mg, DMPA which is given every 3 months by way of intramuscular (IM) injection in the buttocks area (Rusmini, 2017). While categorized as menorrhagia can be seen from the signs according to: (Affandi, 2012) namely heavy bleeding and sometimes there are blood clots, needing to change pads > 6 times per day, menstrual duration > 6 days, interfering with daily routine activities and fatigue, weakness, or shortness of breath (symptoms of anemia). This theory is also in line with the results study (Adawiyah, 2019) that menorrhagia is defined as bleeding or spotting for eight or more days in a month.

For the management of this case, namely establishing the right diagnosis and regulating hormonal and Fe tablets early, it can provide a cure rate of up to 90% in young women, can be treated with good results. (Nadia, 2021). This is in line with the management that has been given in cases of menorrhagia due to hormonal imbalance



and given a low dose combination oral pill containing 30 mcg of ethinyl estradiol and levonorgestrel 150 mg to be given once a day in order to balance hormones in the body in order to stop continuous menstruation. and regular menstrual cycles return. As well as mild anemia given Fe tablets 1x1 30 tablets to increase Hb levels.

5. RESULTS

From the discussion starting from the assessment, determining the assessment and providing management in the case of menorrhagia, it is appropriate between theory and practice in the field. There is no significant gap in providing treatment for 3-month injectable contraceptive family planning services with Menorrhagia accompanied by mild anemia.

6. CONCLUSION

Management on Mrs. T, aged 28 years with menorrhagia accompanied by mild anemia at the Kedungmundu Health Center has been carried out according to the 7 steps of Varney and poured into SOAP. Haswas given a combination oral pill and Fe tablets so that the pathophysiology did not occur. Thus what was done was successful so that menorrhagia decreased significantly and the menstrual cycle returned to normal, and the Hb level rose to 12.2 g/dL. There are no differences or gaps in theory and practice in case reports 3 month injectable contraceptive KB acceptor with menorrhagia accompanied by mild anemia

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CASE REPORT OF PRE-ECLAMPSIA IN PREGNANT WOMEN AT THE GAYAMSARI HEALTH CENTER, SEMARANG CITY WITH THE SAN PIISAN PROGRAM

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ABSTRACT

Pre-eclampsia is a hypertensive disorder of pregnancy, considered one of the leading causes of maternal death in the world. Pre-eclampsia is a multisystemic disease characterized by the development of hypertension after 20 weeks of gestation, with or without urinary protein accompanied by symptoms suggestive of organ injury. The city of Semarang has a program in an effort to reduce MMR, namely SAN PIISAN (Love and Care for Mothers and Children in Semarang City). The SAN PIISAN program is a preventive effort in reducing MMR, namely doing homecare for pregnant women, postpartum mothers and babies. The aim of this program is to prevent the occurrence of 3 late. One of the public health center that runs the SAN PIISAN program and there is a maternal death due to preeclampsia is the Gayamsari Health Center. Based on the results of the assessment that was carried out during the SAN PIISAN visit, The main symptom in this case is an increase in maternal blood pressure to 174/101mmHg accompanied by edema in the mother's legs. Based on the results of the previous anamnesis, the mother had no history of hypertension. The mother explained that she had experienced an increase in blood pressure during her second pregnancy and after the baby was born, her blood pressure returned to normal. The diagnosis in this case was preeclampsia in pregnant women with initial treatment carried out during the SAN PIISAN visit, namely the administration of 250 mg of methyldopa and followed by referral to the hospital. Management of preeclampsia in pregnant women with preeclampsia with the SAN PIISAN program is carried out by home visits with the provision of therapy and followed by referrals and monitoring via online.

Keywords: management of preeclampsia, SAN PIISAN, preeclampsia

1. INTRODUCTION

The success of maternal health efforts, among others, can be seen from the MMR indicator. MMR is the number of maternal deaths during pregnancy, delivery and postpartum caused by pregnancy, childbirth, and postpartum or their management. According to the report of the World Health Organization (WHO) in 2020, the causes of maternal death in ASIA are caused by bleeding (34.9%), indirect maternal death (18.1%), direct disorders (15.9%), hypertension (10.8%). %, and others[1].

MMR in Indonesia decreased by 35% between 2000-2017. The most common causes of maternal death in Indonesia are bleeding (39.8%) and hypertension (27.6%), while the least cause of maternal death is HIV/AIDS at 0.1%.[1].

According to the Central Java Health Office report, there was an increase in maternal mortality between 2019-2020. The MMR in 2019 was 76.9 per 100,000 live births (KH), namely 416 cases to

98.6 per 100,000 KH, namely 530 cases. The city of Semarang is included in the 4 cities/districts with the most contribution to MMR, namely 25 cases[2]. The causes of maternal death include preeclampsia (36.80%), bleeding (22.60%), infection (5.20%) and others (35.40%)[3].

Semarang is an example in reducing MMR, IMR and stunting cases[4]. The SAN PIISAN program is a mentoring program from the Semarang City Health Office which has proven effective because it can reduce the MMR in Semarang City from 128 per 100,000 KH in 2015 to 71 per 100,000 KH in 2020. This assistance aims to detect and prevent high-risk pregnancies. In addition to homecare, assistance is also carried out online. So that pregnant women can do consultations easily and health workers can monitor them effectively[5].

However, the Semarang City Health Service Report in 2020 there were 17 cases of maternal deaths out of 23,825 live births (KH) or around 71.35 per 100,000 KH. The maternal mortality



rate (MMR) will increase in 2021 as many as 21 cases from 22,030 KH. it is known that the highest maternal mortality is caused by hypertension (41.18%), other causes are due to others (41.18%) and bleeding (17.65%)[6]. Preeclampsia belongs to a family of disorders referred to as hypertensive disorders of pregnancy. Patients who are initially diagnosed with gestational hypertension will eventually be diagnosed with preeclampsia[7].

Based on the data above, the authors are interested in studying the management of SAN PIISAN in preeclampsia pregnant women, considering that the highest cause of maternal death is due to hypertension in pregnancy or preeclampsia. SAN PIISAN management is carried out in all health centers in Semarang City. One of the public health center areas where maternal deaths occur due to preeclampsia is in the Gayamsari Health Center area[8].

1. METHOD

This study uses a qualitative descriptive case report methodology. From June to July 2022, the research was carried out at the Gayamsari Health Center, Semarang City. The sample of this

research is Mrs. R is 33 years old with preeclampsia. Guidelines for interviews, observations, physical examinations, and documentation studies in the form of a pregnancy midwifery care format with the SAN PIISAN program.

2. PATIENT INFORMATION

The patient named Mrs. R is 33 years old. His last education is high school, works as a private employee, address Kaligawe flats, Gayamsari, Semarang City.

The chief complaint was swollen feet for 1 week. Pregnant with 3rd child and never miscarried. Previous history of hypertension. HPHT: 25-10-2021

3. CLINICAL FINDING

General condition is good, Consciousness composmentis, Blood pressure: 172/104 mmHg, Respiration: 20 x/minute, Pulse: 101 x/minute, Temperature: 36.7oC, SPO2: 98%, TFU: 35 cm, head presentation, convergent, contractions: none, FHR: 140 x/min, edema of the lower extremities.

2. TIMELINE

Date and time	Subjective	Objective	Analysis	Planning
30.06.22 11.05	Swollen legs have been 1 week and sometimes headaches	Blood pressure: 172/104 mmHg, Respiration: 20 x/minute, Pulse: 101 x/minute, Temperature: 36.7oC, SPO2: 98%, TFU: 35 cm, head presentation, convergent, contraction: none, FHR: 140 x/minute, lower extremity edema,	Mrs. R G3P2A0 33 years of age 35 weeks pregnant, single fetus alive intra uteri, longitudinal position, cephalic presentation, right back, convergent with preeclampsia	The treatment of SAN PIISAN in cases of preeclampsia is: 1. Provides 250mg . methyl dopa 2. PE danger sign education 3. Nutritional education 4. Blood pressure evaluation 5. Recommendations to the ER using the referral letter that has been given
30.06.22 16.36	Mom has been to the hospital	Are not done	Mrs. R G3P2A0 33 years of age 35 weeks pregnant, single fetus alive intra uteri, longitudinal position, cephalic presentation,	Monitoring SAN PIISAN when patients are in hospital via online, namely: 1. Provide support to mother 2. Encourage mothers and families to obey the doctor



				right back, convergent with preeclampsia
02.07.22	Mother is	Are not done		Mrs. R G3P2A0
08.00	undergoing SC			Monitoring SAN PIISAN 33 years of age when patients are in 35 weeks hospital via online, pregnant, single namely: fetus alive intra 1. Monitoring the uteri, patient's condition with longitudinal the results of the patient position, and the baby being born cephalic healthy and safe presentation, 2. Congratulations right back, to mother and husband on convergent with the birth of their 3rd child preeclampsia

4. DIAGNOSTIC CHECK

Investigations performed were urine protein examination with negative results. The diagnosis of this case was preeclampsia. This diagnosis is supported by research results which state that [9] Preeclampsia is a hypertensive condition found at gestational age > 20 weeks with or without urine protein and accompanied by other organ disorders.

The prognosis in this case is preterm delivery. This is in line with Norwitz ER theory, Repke JT in [10] One of the prognosis for preeclampsia in pregnancy is the risk of complications to the mother and fetus, such as impaired fetal growth, preterm birth, placental abruption, and IUFD.

5. INTERVENTION THERAPY

The management carried out during the SAN PIISAN visit was to provide 250 mg methyl dopa therapy and re-evaluate blood pressure for 2x15 minutes. followed by counseling on foods that can lower blood pressure. counseling on the danger signs of preeclampsia, and finally referral to the hospital.

6. FOLLOW UP DAN OUTCOME

Monitoring after patients in the hospital was carried out by telehealth on 30 July 2022 and 02 July 2022. With the result, pregnancy termination was carried out at 35 weeks of gestation. It is known from online monitoring that the condition of the mother and baby is good.

7. DISCUSSION

According to [11] Preeclampsia treatment to regulate blood pressure by giving 250 mg methyl dopa tablets. Backed by research [12] which

states that methyldopa is the most commonly prescribed antihypertensive in monotherapy and combination, because it is safest during pregnancy.

Backed by research [13] who stated that the use of methyldopa changed sFlt-1 levels in 19 preeclampsia patients. In PEB patients, giving methyldopa at a dose of 250 mg and 500 mg can reduce sFlt-1 levels by 17.37% and 44.6%, respectively. It is known that sFlt-1 is mentioned as a mechanism underlying disease in both mother and fetus. Increased sFlt-1 decreases vascular endothelial levels [14].

In addition to drug therapy, the treatment given in cases of preeclampsia is the provision of nutritional IEC during pregnancy that can help lower the mother's blood pressure, such as the recommendation to consume Ambon banana. Based on research [15] The content of sodium and potassium in Ambon bananas is proven to reduce high blood pressure in pregnant women when consumed regularly and with the right dose.

The management of SAN PIISAN in cases of preeclampsia also provides referrals or recommendations to the hospital for further treatment with the patient's consent. Monitoring of patient progress is carried out by means of telehealth via online by whatsapp.

Telehealth as a telecommunications technology used to improve health information and health services. Telehealth, telemedicine, and telenursing service systems use the internet with video conferencing systems, SMS (Short Message System), e-mail, cellular/traditional phones, cameras, robotics, 3D sensors and WAP (Wireless Application Protocol) on communication networks between nurses and patients. Telehealth



is useful for pregnant women in terms of checking and preventing risky pregnancies[16].

8. CONCLUSION

Management of preeclampsia in pregnant women with preeclampsia with the SAN PIISAN program was carried out by home visits with therapy and continued with referrals and continued with monitoring via online.

9. INFORMED CONSENT

Informed consent has been done on 30.06.2022 and the patient is willing to be a respondent.

10. AUTHORS' CONTRIBUTION

All authors contribute to research observation, research writing, editing, and review of submissions

11. ACKNOWLEDGMENTS

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CASE REPORT OF MIDWIFE CARE IN PERIMENOPOUSE MOTHERS WITH UTERIAL MYOMA IN TUGUREJO HOSPITAL, SEMARANG

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ABSTRACT

Perimenopause is a transitional period between before menopause and after menopause. Perimenopause begins when menstruation starts to become irregular and there are complaints ranging from the age of 45 to 55 years. Women who enter the perimenopause period, decreased hormones related to reproduction, namely the hormones estrogen and progesterone. One of them is uterine myoma. Uterine fibroids are benign tumors of the uterine muscle and its connective tissue. Uterine fibroids are the most common benign tumor found, which is one in four women during the active reproductive period. The purpose of this study was to provide midwifery care for perimenopausal women with uterine myomas using the 7-step Varney method. The method used in this research is a case study. The location of this case study was conducted at Tugurejo Hospital, Semarang. As for the subject of the case study here is a mother who experienced uterine myoma. The time of the implementation of this case study was carried out on 28-31 July 2022. Data collection techniques were from physical examination, interviews and observations, secondary data including literature study. The care provided in this case was infusion with Ringer's lactak fluid with 20 tpm, 1.5 ml bactesyn injection, 500 mg tranexamic acid injection, profenid supp 1 therapy given after surgery, as well as providing moral support to help the mother recover, after being given care for 4 days, the results obtained that the mother's general condition was good, the mother felt comfortable, was able to move and was allowed to go home. After being given midwifery care for 4 days, the mother with uterine fibroids no longer felt pain and bleeding from the birth canal and a lump that grew on the uterine wall the size of a goose egg was removed.

Keywords: *Perimenopause, uterine myoma*

1. INTRODUCTION

Data from the World Health Organization (WHO) in Asian countries, in 2025 the number of menopausal women will increase from 107 million to 373 million. Menopausal syndrome is experienced by many women almost all over the world around 70-80% European women, 60% in America, 57% in Malaysia, 18% in China, 10% in Japan and also 10% in Indonesia (Fitriani, 2018). Based on statistical calculations, it is estimated that in 2020 the population of Indonesia will reach 262.6 million people with the number of women living in menopause age, which is between 45-55 years, is around 30.3 million people (Ruswanti, 2018).

Perimenopause begins when menstruation begins to become irregular and there are complaints ranging from the age of 45 years to 55 years. Women who enter the perimenopause

period, decreased hormones related to reproduction, namely the hormones estrogen and progesterone. As a result, various complaints arise which are often disturbing. Women's reproductive health problems, one of which is the occurrence of uterine fibroids whose prevalence continues to increase although until now, it is not yet known with certainty the incidence and prevalence of uterine myomas. It is estimated that the prevalence of uterine fibroids ranges from 5%–21% (Chiaffarino et al., 2017).

The prevalence of uterine fibroids is 44, 41% in women aged 31-40 years with the average age occurring in women aged 30-50 years. In Indonesia, uterine myomas are found 2.39%-11.7% in all gynecological patients who are treated and are most often found in women aged 35-45 years (approximately 25%) and rarely occur



in women aged 20 years and post-menopausal (Syahlani Ahmad). , 2016).

Symptoms of uterine fibroids are difficult to detect because not all uterine myomas give complaints and require surgery. Although most myomas appear asymptomatic, about 60% are found incidentally at pelvic laparotomy (Setiati, 2018).

Research conducted by Anwar (2019) stated that the most cases of uterine fibroids were in the 40-50 year age group, namely 63.3% and the least cases were in the age group over 60, namely 0.88%.10 Wiknjastro stated that the frequency The incidence of uterine fibroids is highest between the ages of 35-50 years, which is close to 40%, rarely found in those under 20 years of age. Dan said that the symptoms and complaints produced by uterine fibroids such as bleeding and size enlargement were complaints that were often encountered.

2. CLINICAL FINDINGS

Based on the results of the case of midwifery care carried out on Ny. A 42 years old

Based on the results of the diagnostic tests that have been carried out, the following results were obtained:

Inspection	results	Normal value	Unit
Hemoglobin	12.1	11.7-15.5	g/dL
Leukocytes	12.45	3.6-11	10 ³ /uL
Platelets	353	150-440	10 ³ /uL
Hematocrit	36.5	35-47	%
Erythrocytes	4.58	3.8-5.2	10 ⁶ /uL

Based on the results of the haematological diagnostic examination above, it can be concluded that the mother does not have anemia.

5. DIAGNOSIS

Based on subjective data and objective data, the diagnosis of Ny. A is 42 years old with uterine myoma. Where the emergence of anxiety problems and bleeding from the birth canal, so that they are given immediate treatment.

In the case of Mrs. A 42 years old P2A0 with uterine fibroids there is a potential diagnosis that is caused by the occurrence of pain and bleeding from the birth canal.

6. THERAPEUTIC INTERVENTION

Based on the diagnosis obtained, the treatment given to Mrs. A is to provide infusion therapy with

P2A0 with uterine fibroids, clinical findings were obtained, namely that the mother had experienced continuous bleeding outside of menstruation for 3 days with a large amount of blood which caused the mother to be afraid and anxious and uncomfortable with her current situation. Based on the complaints that the mother felt and based on the results of the examination carried out, the mother is currently experiencing uterine myoma.

3. HISTORY OF DISEASE

Based on the results of the anamnesis, Mrs. Y has never suffered from inherited diseases such as hypertension, DM and a history of infectious diseases such as hepatitis, tuberculosis and HIV/AIDS, and has no history of degenerative diseases such as tumors, cancer of the reproductive organs.

4. DIAGNOSTIC CHECK

Based on the anamnesis and clinical findings of the diagnostic examination carried out on Ny. A is to perform a Haematological examination which includes hemoglobin, leukocytes, platelets, hematocrit, erythrocytes.

Ringer's lactak fluid with 20 tpm, 1.5 ml bacesyn injection, 500 mg tranexamic acid injection, profenid supp 1 to treat maternal disease.

7. FOLLOW-UP

Based on the results of the case of midwifery care carried out on Ny. A follow-up provided is to perform postoperative monitoring.

8. DISCUSSION

Based on the main problem in the case of Midwifery Care for Ny. A 42 years old P2A0 with uterine myoma at Tugurejo Hospital Semarang. When the mother is experiencing uterine myoma. Based on the case of the cause of uterine myoma experienced by Mrs. A is the profuse bleeding from the birth canal. In accordance with the theory of Wiknjastro (2019) which states that the



symptoms and complaints produced by uterine fibroids such as bleeding and size enlargement are complaints that are often encountered.

According to Setiati (2018), uterine fibroids are well-defined and originate from smooth muscle of fibrous tissue so that uterine fibroids can have a solid consistency if the connective tissue is dominant and soft if the uterine muscle is dominant. Uterine fibroids are also known as uterine leiomyomas, uterine fibromas, fibroleiomiomas, fibroid myomas or simple fibroids. Supported by the results of other studies which state that bleeding is one of the common symptoms in uterine myomas. Although the type of bleeding may vary, it may result from significant distortion of the endometrial cavity by the underlying tumor (Hana & Freddy 2019).

Based on the main problem, the management given to Mrs. A 42 years old P2A0 with uterine fibroids is to provide infusion therapy with Ringer's lactak fluid with 20 tpm, 1.5 ml of bactesyn injection, 500 mg tranexamic acid injection, profenid supp 1.

9. CONCLUSION

After being given midwifery care for 4 days, the mother with uterine fibroids immediately improved and was able to carry out activities as usual.

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LITERATURE REVIEW : RELATIONSHIP OF MENORRHAGIA AND ANEMIA IN IUD KB ACCEPTERS

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ABSTRACT

The IUD has several side effects, one of which is menorrhagia. Menorrhagia is menstrual bleeding that is heavy and longer than normal, ie > 7 days and changing pads 5-6 times per day and 60-80cc of blood issued. The number of erythrocytes that come out during menstruation can cause anemia. The purpose of this study was to determine the relationship between menorrhagia and anemia in IUD family planning acceptors. This article uses a literature review study method from scientific journals with the keywords IUD, menorrhagia, anemia as a guide. There were 5 scientific journals selected from research journals related to the research topic, namely the relationship between menorrhagia and anemia in IUD family planning acceptors. From the results of the literature review that has been presented, all articles explain the results of the study of the relationship between menorrhagia and anemia in IUD family planning acceptors. The insertion of an Intra Uterine Device (IUD) can cause an increase in the concentration of plasminogen activators (enzymes that break down proteins and activate the dissolution of blood clots) in the endometrium, and these enzymes cause increased fibrinolytic activity and inhibit blood clotting, resulting in more bleeding and bleeding. cause anemia. Based on the results of the literature review, it can be concluded that there is a relationship between menorrhagia and anemia in IUD family planning acceptors

Keywords: IUD, Menorrhagia, Anemia

1. INTRODUCTION

Based on data from the World Health Organization (WHO) in 2017 among 1.9 billion women of childbearing age (15-49 years), 1.1 billion of them have a need to use contraception, but currently, 842 million use modern contraceptive methods and 80 million use traditional methods. While another 190 million women choose not to use contraception. For long-term contraception, one of the recommended is an Intrauterine Contraceptive Device (IUD).

In Indonesia, statistical data shows that 7.75 out of 100 women used contraception in the form of an IUD. According to this data, there is still low data on IUD users in Indonesia, one of the causes is the side effects caused by IUD (WHO, 2021). The side effects caused are bleeding during menstruation, uterine wall perforation, vaginal discharge, and expulsion (2).

Based on data from SDKI (2018), users of modern KB tools/methods have decreased from SDKI 2012 by 60% to 57%. The number of KB users in Indonesia for the 2018-2020 period was in 2018 from the total number of modern KB

participants, only 17.8% of them use KB MKJP, while the other 82.2% are non-MKJP KB users. In 2019 saw an increase for MKJP KB users of 22.5% and for non-MKJP users of 77.5%. In 2020, MKJP KB users fell by another 20.2%, while non-MKJP users fell by 79.8%. We can see from the data above that MKJP family planning users in 2020 decreased by 2.3% from 2019. The pattern for choosing the type of contraceptives in 2020 showed that most acceptors chose to use the injectable method by 72.9%, followed by pills at 19.4%. In terms of effectiveness, both types of devices are short-term contraceptive methods so that the level of effectiveness in pregnancy control is lower than other types of contraceptives. This pattern occurs every year, where more participants prefer short-term contraceptive methods to long-term contraceptive methods (IUD, implant, MOW, and MOP) (4).

The pill, implants, intrauterine devices (IUD), and stable birth control are some of the birth control methods in use. Menorrhagia is one of the effects of using an IUD for contraception later in life (increased menstrual bleeding). The non-



hormonal IUD has an average of 50-100% more menstrual blood than before insertion, and the hormone-bearing IUD has an increase of 20-50%, and this bleeding can also last a long time. The cause of more menstrual bleeding (menorrhagia) is during installation. Installation of the IUD leads to an increase in the concentration of plasminogen activators (enzymes that break down proteins and activate thrombolysis) in the lining of the uterus. This enzyme causes an increase in fibrinolytic activity and inhibits blood clotting, causing more blood to come out. The use of IUD CuT 380 A can cause more bleeding so that it can cause iron deficiency anemia (5).

The use of an IUD can have several negative effects, including discharge, uterine perforation, and issues with menstrual bleeding. It's important to consider the negative effects, as well as the advantages and disadvantages of using an IUD. Menorrhagia, or unusual bleeding during menstruation, is one of the side effects of the IUD. Menorrhagia brought on by hormonal imbalance, ovarian dysfunction, uterine fibroids, polyps,

adenomyosis, use of an IUD, pregnancy complications, congenital bleeding issues, and medication for various disease (6).

Anemia can be brought on by the number of red blood cells lost during bleeding, or it can worsen the condition of people who already have it. Anemia is a condition in which hemoglobin levels in the blood fall below normal level that can be determined by laboratory means, and the number of red blood cells or the scattered amount of hemoglobin cannot perform its function as an oxygen provider. body tissues. Anemia in women if hemoglobin (Hb) levels < 12 or 13 mg / dL (7).

2. METHODS

The method used in writing this article is Literature Review. Pubmed and Google Scholar are used as search sources. Search for this article using the keyword "IUD, menorrhagia, and anemia" were the search terms for this article." The number of articles used is 5 from 2017-2022.

3. RESULTS

Table 1 Summary of reviewed articles

Title	Country	Researchers	Journal	Research methods	Data analysis	Research results
Hemoglobin Level In IUD KB Acceptor	Indonesia	Widyana, Yudianti and Widarin, (2018)	Maternal And Neonatal Health Journal	The design of this study was correlation analytics with a cross-sectional approach. The population was 49. The total sample was 33 respondents. Sampling using stratified random sampling.	Data collection used observation sheets and hemoglobin level examination using Easy Touch GCHb digital sticks through home visits. Data analysis of this study used Spearman Rank Correlation.	Based on statistical tests with $\alpha = 0.05$, a calculated r value of -0.531 with a value of ρ value of 0.023 ($\rho < 0.05$) was obtained, which means that H_0 was rejected meaning that there was a relationship between the duration of use of Intrauterine Contraceptives (IUD) to Hemoglobin Levels
Relationship of Menorrhagia with Hemoglobin Levels In Acceptor of IUD KB in Wangun Harja Village in 2019	Indonesia	Medika and Suherman, (2019)	Jurnal kebidanan	The research method used is a quantitative analytical method using a cross-sectional research design. Total sampling is the method used in this sampling.	Chi-Square Test	Based on the bivariate analysis of the Chi-square Test, the results were obtained that the variables associated with menorrhagia and hemoglobin levels in the kb IUD acceptor (P.value 0.036 and OR 0.174)



Title	Country	Researchers	Journal	Research methods	Data analysis	Research results
The Relationship of Long Use of Intrauterine Devices with Hemoglobin Levels in Acceptors IUD Family Planning in the Bangko Health Center Work Area in 2020	Indonesia	Revinovita, (2020)	Jurnal Kebidanan dan Keperawatan	Analytical quantitative research using a cross-sectional approach, the population in this study was 117 people with sampling techniques used accidental sampling	Chi-Square Test	The results of the statistical test using the Chi-Square test obtained X^2 count > X^2 tables, namely $7,397 > 3,841$. Thus, it can be concluded that there is a long relationship between the use of IUD and Hb levels in the acceptor of kb IUD in the working area of puskesmas Bangko in 2020.
The Relationship between Menstruation Length and Hb Levels in KB-IUD Acceptors of Tanjung Uma Village, Lubuk Baja District.	Indonesia	Novianti, F., & Sari, (2018)	Zona Keperawatan	Observational analytics design with a cross-sectional approach	Uji <i>Chi-Square</i> . Chi-Square Test	The results of the bivariate analysis with the chi-square test obtained a p-value = 0.003 (<0.05), meaning that H ₀ was rejected, then there was a relationship between the length of menstruation and the HB level in the acceptor's KB-IUD.
Percentage of Menorrhagia That Cause Iron Deficiency Anemia in Non-Hormonal Intrauterine Users	Pakistan	Jaffery <i>et al.</i> , (2021)	PJMHS	Descriptive case series	Chi-Square Test	In this study, the average age \pm elementary school was 31.85 ± 5.05 years. The frequency of menorrhagia was positive only in 41 (19.52%) patients. Similarly, anemia was present in 57 (27.15%) patients.

4. DISCUSSION

From the results of the literature review that has been presented, all articles explain the results of the study on the relationship between menorrhagia and anemia in acceptors of birth control IUD. Menorrhagia is a lot of menstrual bleeding and longer than normal, which is > 7 days and change pads 5-6 times per day and 60-80 cc of blood removed (13). All articles explained the results of research on the relationship of menorrhagia with anemia in acceptors of birth control IUD. So that it can be used as a basis for reviewing research journals. Four of the five journals used for the review were analytical, and one was descriptive.

The results of the study average acceptor of kb IUD experienced menorrhagia and anemia. There

are several side effects of using IUD such as bleeding problems during menstruation, perforation of the uterine wall, and expulsion. For the use of the IUD, it is necessary to consider the side effects and the advantages and disadvantages. One of the side effects of the IUD is the occurrence of menorrhagia, which is an abnormal bleeding during menstruation. The causes of menorrhagia are hormonal imbalances, ovarian dysfunction, uterine fibroids, polyps, adenomyosis, use of IUDs, pregnancy complications, congenital bleeding disorders, drugs and other medical conditions (6).

Intra Uterine Device (IUD) insertion can cause an increased concentration of plasminogen activators (enzymes that break down proteins and activate dissolution of blood clots) in the



endometrium, and these enzymes cause increased fibrinolytic activity as well as block blood clotting, as a result of which more bleeding arises. Blood loss often doubles with the use of the CuT 380 A Intra Uterine Device (IUD), and may be so high that it causes iron deficiency anemia (5).

The large number of erythrocytes that come out during menstruation can cause anemia, or worsen the condition of patients who have been diagnosed with anemia. Anemia is a condition where blood hemoglobin levels decrease below normal values that can be determined laboratory, and where the state of the erythrocyte mass or scattered hemoglobin mass cannot fulfill its function as an oxygen provider for body tissues. Women are said to be anemic if hemoglobin (Hb) levels <12 or 13 mg / dL (7).

5. CONCLUSION AND SUGGESTIONS

Based on the results of the literature review from five articles, it can be concluded that there is a relationship between menorrhagia and anemia in IUD KB acceptor.

Suggestions that can be given for the implementation of the next literature review are that more databases should be used so that they can get more complete and better articles, and the year limit for searching articles with the specified keywords is the last five years so that the literature is more updated.

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CHILDBIRTH IN MOTHER WITH COVID-19 (A CASE STUDY AT RSUD KRMT WONGSONEGORO)

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ABSTRACT

Coronavirus Disease 2019 (COVID-19) is an acute respiratory disease caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). This coronavirus initially infected the elderly. However, recently, it has infected all age groups, from people in productive age, adolescents, toddlers, babies, and mothers during pregnancy and childbirth. Mothers in pregnancy and childbirth are at higher risk of infection due to the physiological change and the immune response mechanism in the body. The respiratory infection during childbirth would increase the risk of obstetric complications. This research was to describe the process of childbirth in mothers with covid-19. It was a descriptive quantitative research with mothers in the childbirth process from January to August 2021. The sample was taken by using the total sampling technique. The results showed that mothers with covid-19 who went through vaginal delivery were 67.2%, mothers with Caesarean delivery was 17.5%, mothers who received conservative treatment were 11.9%, and mothers with abortion were 3.5%. In the case of severity of the covid-19 infection, the percentage of mild infection was 67%, moderate infection 14.8%, and severe infection was 15.4%. The effect of covid-19 during the childbirth process was in the form of Perinatal asphyxia at 37.9%, premature delivery at 20.3%, severe preeclampsia at 16.9%, Premature rupture of membranes (PROM) at 12.4%, while 12.4% was without any side effect. The neonatal mortality rate in mothers with covid-19 was 15.3%, with 84.7% live birth. Meanwhile, the maternal mortality during childbirth due to covid-19 was 15.8%, with 84.2% surviving mothers.

Keywords: case, childbirth, covid 19

1. INTRODUCTION

Coronavirus Disease 2019 (COVID-19) is an acute respiratory disease caused by Severe Acute Respiratory Syndrome. Coronavirus 2 (SARS-CoV-2) was first found in Wuhan, Hubei Province of China, in December 2019 and immediately spread worldwide. In Indonesia, the morbidity and mortality rate keep on rising. Up to April 2020, the mortality rate due to Covid-19 in Indonesia reached 784 people, while the morbidity rate reached 9771 people confirmed with covid-19 and 1391 recovered from covid-19.

The coronavirus initially only attacked the elderly, but eventually infected people in all age groups, starting from people of productive age, adolescents, babies, also pregnant mothers.

In Indonesia, maternal and neonatal mortality is still a big challenge that needs more attention, especially during the covid-19 pandemic. Based on data by COVID-19 Response Acceleration Task Force on September 14th, 2020, there were 4.9% pregnant mothers confirmed with covid-19

from the total 1483 confirmed cases with the accompanying condition. This data shows that during their prenatal, perinatal, and postnatal periods, mothers are at a high risk of COVID-19 infection and the possibility of increased maternal and neonatal morbidity and mortality rate.

2. METHODS

The data were analyzed by describing the obtained data without any intention to make a general conclusion.

3. FINDING AND DISCUSSION

3.1 Delivery method

Table 1. The Table of Delivery Methods

	F	%
Normal	119	67.2
C-Section	31	17.5
Conservative	21	11.9
Abortion	6	3.4
Total	177	100



The results showed that mothers with covid-19 who went through vaginal delivery were 67.2% or 119 cases, mothers with Cesarean delivery was 17.5% or 31 cases, mothers who received conservative treatment was 11.9% or 21, and mothers with abortions were 3.5% or 6 cases. Risnawati (2021) conducted a research entitled “Gambaran Jenis Persalinan Pada Ibu Bersalin dengan Corona Virus Disease 19 di Rumah Sakit Umum Daerah Wangaya Denpasar”. It was mentioned that 30 from the total 86 covid-19 suspected mothers went through Cesarean delivery. It was 80% higher than mothers who went through vaginal delivery, which was only 20%. Meanwhile, among the 56 covid-19 positive mothers, the cesarean delivery was still higher at 64% than the vaginal delivery, which was 36%. It's better to decide the method of delivery based on the individual assessment (per case), family counselling by considering the obstetric condition and family demand. It doesn't count in case of the mother needs immediate SC surgery due to respiratory disorder. Labor induction and Cesarean delivery are done based on the medical or obstetrical condition of the mother and fetus. In this case, the covid-19 infection doesn't always indicate Cesarean delivery.

Besides, the process of choosing a delivery method should also consider the availability of the hospital's resources and facility (including the availability of Negative Pressure Operating Room), management, human resource, and the risk of exposure toward medical workers and other patients (POGI, 2020). Cesarean delivery minimizes the infection or the virus transmission from the patient to the medical workers. They help the delivery process, compared to the normal vaginal delivery of which the mother will push and the possibility of the mother screaming and producing droplets as the media of covid-19 transmission to either medical workers or the newborn.

(<https://www.kompas.com/sains/read/2020/06/19/130300023/ini-prosedur-melahirkan-untuk-ibu-hamil-positif-covid-19>). Therefore, Cesarean delivery would be performed if the mother is confirmed with covid-19. It is different from the WHO statement that the pregnant mother who is a suspect or confirmed positive with covid-19 does not need Cesarean delivery. WHO recommends Cesarean delivery only when it is medically approved. The method of baby delivery

should be decided individually based on the mother's demand and the obstetric indication. (<https://www.who.int/indonesia/news/novel-coronavirus/qa/qa-during-pregnancy>)

3.2 Severity

Table 2. The Table of the Level of Severity

	F	%
	122	68.9
Moderate	27	15.3
Severe	28	15.8
Total	177	100

It was found that the covid-19 severity level of the pregnant mothers was 67% or 122 cases of mild infection, 15.3% or 27 cases of moderate infection, and 15.4% or 28 cases of severe infection. This research was in line with Wardhana (2021) that the covid-19 level of severity in pregnant mothers were 68.8% or 75 cases without symptoms, 11% or 12 cases with mild symptoms, 10.1% or 11 cases with moderate symptoms, and 10.1% or 11 cases with severe symptoms. Meanwhile, pregnant mothers with covid-19 could be categorized into three classifications based on the clinical description. The classifications were based on the severity of the respiratory tract infection. The classifications were clinically mild, moderate, and severe. The classification helps the medical workers plan the immediate and accurate action and treatment by considering the degree of Covid-19 severity in the mother. Besides the clinical degree, the American Thoracic Society and Infectious Diseases Society of America also add the CURB (Confusion, Urea, Respiratory Rate, Blood pressure) score as the consideration to assess the severity of the patient's clinical symptoms. The mild clinical symptoms experienced during pregnancy are usually fever, dyspnea, and gastrointestinal disorder. The moderate clinical symptoms in adults usually include cough, dyspnea, an increase of respiratory rate, and no sign of severe pneumonia. The severe clinical symptoms were indicated with pneumonia and one of the following criteria: more than 30 breaths per minute, severe respiratory distress, and < 90% SpO₂ in room temperature. Meanwhile, the critical condition is indicated by acute respiratory distress, sepsis, septic shock, and other complications such as acute pulmonary embolism, acute coronary syndrome, and delirium. According to the National Institutes of



Health, the clinical symptom of Covid-19 is divided into asymptomatic, mild, moderate, and severe clinical symptoms, also critical conditions. Asymptomatic indicates that the patient does not show any clinical symptoms, but the examination indicates that the patient is infected with SARS-CoV-2 (Mackenzie & David, 2020). Windra (2020) reported in her research entitled "Karakteristik Gejala Klinis Kehamilan dengan Coronavirus Disease (Covid 19)" that pregnant mothers confirmed with covid-19 have no higher susceptibility developing into severe clinical symptoms and serious complications. However, the pregnant mother would experience physiological adaptation change on the cardiovascular system, respiratory system, and coagulation on the hematology system, increasing the risk of morbidity.

3.3 COVID-19 in Childbirth

Tabel 3. The Table of Covid-19 Effects to the Childbirth

	F	%
Preterm delivery	36	20.3
PROM	22	12.4
Asphyxia	67	37.9
Preeclampsia	30	16.9
No effect	22	12.4
Total	177	100

It was found that the side effect of covid-19 during the delivery process were in the form of Perinatal asphyxia at 37.9% or 67 cases, premature delivery at 20.3% or 36 cases, severe preeclampsia at 16.9% or 30 cases, and Premature rupture of membranes (PROM) at 12.4% or 22 cases, while 12.4% or 22 cases were without any side effect. From the cases mentioned above, there was a maternal and neonatal emergency risk, which fatally led to death. For example, premature delivery and asphyxia could increase neonates' morbidity and mortality rates. A case of PROM could increase the risk of intrauterine infection. Besides, severe preeclampsia could increase the risk of maternal and neonatal mortality rates. Meanwhile, from the asphyxia case, the case of asphyxia was considered mild to moderate with APGAR score ranging from 7 – 10 (mild) and 4 – 6 (moderate). The finding of the CDC's research showed that pregnant mother with covid-19 has 1.82 times higher risk of preterm childbirth than pregnant mothers without covid-19. Meanwhile,

covid-19 confirmed pregnant mother with symptoms has a 2.29 times higher risk of preterm childbirth compared to those covid-19 confirmed pregnant mother with no symptom. A study conducted by Vilar entitled "Maternal and Neonatal Morbidity and Mortality Among Pregnant Women with and without Covid 19 Infection. The Intercovid Multinational Cohort Study" involved 18 countries, including Indonesia, with 2130 pregnant mothers. The research found that covid-19 increased maternal morbidity and mortality rate, increased the risk of preterm birth by 1.5 times, the risk of preeclampsia by 1.7 times, the risk of fetal distress by 1.7 times, the risk of ICU admission by five times, length of time in ICU by 3.7 times, the risk of maternal death by 22 times, and the risk of cesarean delivery by 1.2 times. It was also reported that the case of premature delivery in pregnant mothers with covid-19, but it was not defined whether the delivery was iatrogenic or spontaneous. Iatrogenic delivery is caused by the existed maternal condition related to the virus, despite the fetal weakening and PROM. Premature delivery and C-section are mainly decided in pregnant mothers diagnosed with covid-19. Besides, recent research confirmed the possibility of maternal-fetal intrauterine transmission by positive-genetic test and IgM in newborns right after the delivery. Mother's exhaustion and the sign of hypoxia during the second stage of labor could be the consideration to conduct paravaginal operation to speed up stage 2. In terms of covid-19 in pregnant mothers increases the risk of preeclampsia, it is in line with Aris et al.'s study entitled "Pre-Eclampsia and Covid 19 Result Form. The Intercovid Prospective Longitudinal Study" that the case of covid-19 in pregnant mothers could increase the risk of either symptomatic or asymptomatic preeclampsia by 62%, with symptoms varied from raised blood pressure to HELLP syndrome. This preeclampsia caused maternal vascular malperfusion, leading to disturbed fetal oxygenation and bad fetal outcomes such as asphyxia. The data obtained from four hospitals in Indonesia also supported this research. The data were about 1338 cases of covid-19 in pregnant mothers from the beginning of the pandemic to June 2021. It was found that the average maternal mortality was 4.9% (the most cases reported were in Bandung with 10.7%). The average neonatal



mortality was 5.15% (the most reported cases were in Surabaya with 9.2%). The average severe preeclampsia was 18.8% (the most reported cases were in Surabaya with 26.2%). Meanwhile, the average case of covid-19 in pregnancy experienced by mother with full-term pregnancy around 39 weeks pregnancy.

3.4 Neonatal Mortality from Mother with Covid-19

Table 4. The Table of Neonatal Mortality from Mother with Covid-19

	F	%
Live birth	150	84.7
Death	27	15.3
Total	177	100

It could be seen that the rate of neonatal mortality from mothers with covid-19 is 15.3% or 27 cases, while the rate of live birth is 84.7% or 150 cases. The case of neonatal mortality due to asphyxia were 13 cases, low weight birth was 8 cases, IUFD was 2 cases, and covid-19 infection were 2 cases. According to United Nations (UN), almost two million neonatal mortality is reported each year, with one newborn death every 16 seconds. UN warns that the covid-19 pandemic could add another 200,000 death to the report above. The report showed that covid-19 triggered neonatal mortality by 200 thousand cases. David's study entitled "Second Trimester Miscarriage in Pregnant Women with SARS Covid Infection" and Mengmeng's study entitled "The SARS Covid Reseptor ACE2 Expression of Maternal-Fetal Interface and Fetal Organs by Single-Cell Transcriptome Study" found that there was no significant correlation about the possibility of covid-19 infected newborn from vertical transmission during the first 12 hours 24 hours 48 hours, or during the delivery process. A case of preterm delivery in covid-19 confirmed pregnancy could also increase the rate of neonatal mortality. The newborn could not survive from the immature lung development in that period. Slone Epidemiology Center's research for Boston University and Centers for Disease Control and Prevention (CDC) stated that pregnant women who got fever before or during the first trimester are more likely to have genetically defected newborns than those who never got fever. This

condition could increase the rate of morbidity in the newborn.

3.5 Maternal Mortality

Table 5. The Table of Maternal Mortality due to Covid-19 Infection during Childbirth

	F	%
Alive	149	84.2
Died	28	15.8
Total	177	100

The maternal mortality of mothers with covid-19 during labor is 15.8% or 28 cases, while the alive mothers are 84.2% or 149 cases. From all the cases above, the mothers died due to covid-19. The other risk factors supporting the death were obesity, diabetes, more than 40 years old pregnant mothers, and low social and economic condition. The death was mostly reported from June to July 2021. Pregnant women with covid-19 had a higher risk of worsening symptoms, more difficulty of resuscitation during cardiac arrest, and the risk of ventilator installation. The finding from MMWR (Morbidity and Mortality Weekly Report) research showed that pregnant mothers with covid-19 had a 1.5 higher risk of going through ICU treatment. The risk of using a ventilator was also raised by 1.7 times compared to the covid-19 patient without pregnancy, although the death risk from covid-19 is the same whether the patient is pregnant or not. The research conducted in Dr. Soetomo Hospital showed an increase in mothers with covid-19 during pregnancy and childbirth. In 2020, there were 42 cases, while in 2021, there were 72 cases (during the second wave of covid-19). Wardhana (2021) also reported that in 9 months, there were 109 cases with a mortality rate of 6.4% or 7 cases. Pregnant women in the third trimester were at the highest rate of critical conditions which require intensive treatment. Covid-19 is worse in pregnant mothers who often receive treatment in the intensive care unit or those who need mechanic ventilators compared to Covid-19 patients without pregnancy. Brazilian researchers developing a survey about women health reported five deaths due to covid-19 included within the 1947 deaths, while in Iran, two maternal mortality were reported from the total 3800 deaths.



4. CONCLUSION

1. The severity level was mainly mild, with 67%, although the severe case was 15.4%.
2. The case of covid-19 during childbirth was dominated by normal vaginal delivery at 67.2% and Caesarean delivery at 17.5%.
3. The effect of covid-19 during the delivery process was in the form of Perinatal asphyxia at 37.9%, premature delivery at 20.3%, severe preeclampsia at 16.9%, Premature rupture of membranes (PROM) at 12.4%, while 12.4% was without any side effect.
4. The case of neonatal mortality due to asphyxia were 13 cases, low weight birth was 8 cases, IUFD was 2 cases, and covid-19 infection were 2 cases.
5. The maternal mortality of mothers with covid-19 during labor is 15.8%, or 28 cases. From all the cases above, the mothers died due to covid-19.

5. AUTHORS' CONTRIBUTIONS

In this study all researchers carry out their duties well. Researcher one and researcher two carry out their duties according to their duties.

6. ACKNOWLEDGMENTS

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THE EFFECT OF PSYCOEDUCATION REGARDING STUNTING IN PREVENTING STUNTING IN TODDLERS

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ABSTRACT

The problem of stunting needs to be a concern because stunting can interfere with intelligence, metabolism in the body, and physical growth. The stunting prevalence rate in Indonesia is still far above the limit set by the WHO, which is below 20%, this shows that the stunting problem in Indonesia is classified as a chronic problem. Psychoeducation in the form of providing information about stunting can help prevent stunting in children. The method used in this study is a literature review study. The database used in the source search is Google Scholar. The search for articles was carried out by collecting themes about the effect of psychoeducation on stunting in preventing stunting in toddlers. Psychoeducation about stunting is effective in increasing parents' knowledge about stunting and is also needed not only for housewives or married women but also for late teens who have not yet entered the marriage phase as a provision for them when having and raising children.

Keywords: psychoeducation, stunting, toddlers

1. INTRODUCTION

Stunting or often called stunted or short is a condition of failure to thrive in children under five years old (toddlers) due to chronic malnutrition and repeated infections, especially in the first 1,000 days of life (HPK), from fetus to child aged 23 months. Children are classified as stunting if their length or height is below minus two standard deviations of length or height of children their age. The problem of stunting needs to be a concern because stunting can interfere with intelligence, metabolism in the body, and physical growth. In addition, stunting can also cause obstacles to cognitive abilities and achievement at school, can also interfere with immunity, and cause other diseases such as diabetes, heart disease, stroke, and even cancer (Rachmah *et al.*, 2022).

Based on the results of the Indonesian Nutrition Status Study (SSGI) of the Ministry of Health, the prevalence of stunting under five years old is 24.4% in 2021. This means that almost a quarter of Indonesian children under five experienced stunting last year. However, this figure is lower than 2020 which is estimated to reach 26.9%. The stunting prevalence rate in

Indonesia is still far above the limit set by the WHO, which is below 20%, this shows that the stunting problem in Indonesia is classified as a chronic problem. The government has set a target to reduce stunting to 14% by 2024 (Ministry of National Development Planning/Bappenas, 2021). Stunting can be caused by several factors, namely parental height, food intake, and birth weight (Puspitasari, 2020). The impact of babies who have low birth weight will continue from generation to generation, children with low birth weight will have fewer anthropometric measurements in their development (Koetaan *et al.*, 2018). In addition, parenting in terms of children's health can have an impact on the incidence of stunting in children. This is because parents have different backgrounds both in terms of education, work, family nutrition, and the number of family members (Apriluana & Fikawati, 2018).

Stunting can be corrected if it occurs in the first two years of a child's age, but after that, it will be difficult to correct. Parenting in feeding children according to several studies has the potential to cause stunting and there is a proven relationship between the two. Feeding for children



aged 6-24 months must be considered both in quality and quantity because at this time the stages and types of food are also implanted (Anita Dyah, 2020) Preventing and overcoming stunting can be done by providing education on parenting patterns related to child nutrition, including the amount of nutritional intake and the quality of the food to be given. Rahmandiani et al., 2019) stated that nutrition is very important for the process of growth and development of children. Adequate nutrition can be obtained by consuming a variety of foods, so a mother's knowledge about nutrition is very important for the prevention and treatment of stunting. Parents need to understand the nutrition and nutrients that should be given to children, including in terms of food hygiene and environmental hygiene as well as good use of health facilities to overcome problems that occur in children, especially about child nutrition (Noorhasanah, E. 2021). Psychoeducation in the form of providing information about stunting can help prevent stunting in children and help the community better understand the material for increasing knowledge and support for self-protection (Dewi et al., 2021). And it can change the parenting pattern of parents who often emphasize eating so that it has an impact on children's eating behavior that is different from other children in normal conditions (Fadillah, 2021).

2. METHODS OF RESEARCH

The method used in this study is a literature review study that aims to explore the effect of psychoeducation on stunting in preventing stunting in toddlers. The review process begins with identifying journal articles that are relevant to the research topic. The database used in the source search is Google Scholar. The topic in this study is the effect of psychoeducation on stunting on parents in preventing stunting in toddlers. The inclusion criteria for searching for literature sources are the year of publication of the article used starting from 2018 to 2022, in Indonesian and English, and the full article. The search keywords were psychoeducation, stunting, and toddlers.

3. RESULT OF RESEARCH

A literature search through an electronic database yielded 108 articles that could potentially be reviewed. After identifying abstracts from 26 articles, 10 articles were selected. Further identification is carried out in more detail to determine which articles are relevant and meet the inclusion criteria in this literature review. From this identification, 4 articles will be reviewed in this study. The articles selected for review in this study are research related to the research topic. A summary of the articles reviewed in the study can be seen in table 1.1 below:

Table 1.1 Summary of articles

Writer	Country	Research Title	Research methods	Results
Rachmah, DN <i>et al.</i> (2022).	Indonesia	Psychoeducation about stunting in children and the role of parenting to increase knowledge about stunting		Psychoeducation through this webinar is very useful and provides new knowledge for participants. Eighty-eight participants (100%) felt that this psychoeducation activity increased knowledge about stunting.
Siswanti, DN, <i>et al.</i> (2022)	Indonesia	Prevention of Stunting Through Psychoeducation To Adolescents.	Quasi-experiment	The results of the psychoeducational webinar activity for adolescents showed an increase in participants' knowledge about stunting prevention.
Dewi, EMP <i>et al.</i> (2021)	Indonesia	Online Psychoeducation as an Effort to Prevent Stunting Through Good Eating in Children.	Psychoeducation online	Psychoeducation with the method The online seminar showed an increase in participants' knowledge about stunting prevention using good eating for children (maternal feeding), views on the impact of



Writer	Country	Research Title	Research methods	Results
				stunting, and the BKKBN strategy in dealing with stunting.
Yuniati, E., & Narullita, D. (2020)	Indonesia	Implementation of Family Psychoeducation Therapy to Additional Height in Stunting Children	Quasi-experimental	The results showed that in the control group there was also an increase but not significant. Even though the control group did not get intervention, the presence of respondents in one village led to the possibility of communication among them

4. DISCUSSION

Stunting is a condition of failure to thrive in children characterized by height that is not appropriate for their age, especially during the first 1000 days of life (HPK) which can cause the child's brain to be less intelligent and sick easily. Nutrition is very important for the process of growth and development of children. The effectiveness of psychoeducational activities in research (Rachmah *et al.*, 2022) shows an increase in knowledge about factors that cause stunting in addition to nutritional factors, including environmental hygiene factors, facilities, and infrastructure that support children's physical growth, as well as maternal diet during pregnancy and diet. wrong child. In addition, they also become more aware that parenting methods, especially regarding eating problems, contribute to whether or not children experience stunting. The results of this service also broaden the target, namely unmarried teenagers. Efforts to understand stunting and appropriate parenting to prevent and overcome stunting are also needed not only for parents who already have early childhood but also for teenagers who will start their new life caring for and caring for children when entering the marriage phase.

This is to the statement of Siswanti, D. N et al (2021) which states that to prevent the increase in stunting rates, efforts can be made through adolescents who are prospective mothers in the future. This means that it is necessary to provide sufficient knowledge to adolescents about nutrition in children to prevent stunting. In addition, adolescents can also begin to recognize various other factors that can cause stunting in children, such as parenting by parents and the age of marriage that must be avoided so as not to cause

children to experience stunting (Noviasty, et al. 2020). This is by what was stated by Khusna & Nuryanto (2017) that early marriage age tends to have an impact on the incidence of stunting in children.

Another factor needed to increase the knowledge of mothers or prospective mothers is to pay attention to the level of education and skills. This is because the level of education and skills will also support the mother's knowledge in preventing stunting in children. A mother's knowledge indirectly also affects the health status of the mother, the fetus is conceived, and the quality of the baby to be born. So far, efforts to improve nutrition have been carried out when the mother is pregnant, so that nutritional education, especially in preventing stunting, is carried out when the mother is not pregnant and will prepare for her pregnancy (Kirana, R. et al. 2022).

Komalasari et al. (2020) state that the higher the education, knowledge, and skills of the mother, the higher the level of family food security will be, and the better the childcare pattern will be. Mothers will understand more about exclusive breastfeeding and the impact of malnutrition on children. Psychoeducation on stunting can support nutritional intervention activities that have been proven to prevent stunting in 1000 HPK (Hafid et al., 2021). The results of the research by Dewi, et al (2021) showed that psychoeducation with the online seminar method could increase participants' knowledge about stunting prevention by eating well in children (maternal feeding), views on the impact of stunting, and the BKKBN strategy in dealing with stunting. Adequate nutrition can be obtained by consuming a variety of foods, so a mother's knowledge about nutrition is very



important for prevention and treatment. Nutritional status is a measure of the fulfillment of nutritional needs obtained from food and drink intake by the body. Adequate nutrition is needed in the early stages of children's growth to ensure healthy growth, proper functioning of body organs, strong immune system, and brain and cognitive development.

According to Yuniati E (2020) Family, psychoeducation therapy can increase stunting children's height. This therapy consists of 5 sessions conducted for 45-50 minutes to increase family knowledge about stunting related to family involvement. One of the causes of stunting is related to nutritional intake which depends on the ability of the family to provide it. Knowledge and economic conditions influence the provision of nutrition by mothers in the first 1000 days of life to increase the height of stunting children. In line with this research, family psychoeducation therapy affects knowledge about good nutrition. Mothers must pay attention to the fulfillment of children's nutrition such as consuming additional food while pregnant, giving exclusive breastfeeding, giving MPASI for babies over 6 months old, giving immunizations and vitamin A, monitoring the growth and development of toddlers at the posyandu and healthy living habits. Family support is important in maintaining adaptive social responses for sick family members so that the negative impact caused by maladaptive can be minimized (Sari, D. 2020).

The implementation of psychoeducation by emphasizing the problem of stunting and the role of parenting in children such as this activity needs to be done so that there is a change in participants' knowledge. Dewi et al. (2021) stated that mothers play an important role in providing intake and developing children's eating behavior. Consumption of nutritious food for the physical development and health of children is strongly influenced by the practice of giving healthy food to mothers. Methods that are expected to be effective in addition to psychoeducational webinars are to form a forum for youth associations, create WhatsApp groups for sharing (Noviasty et al., 2020), or conduct counseling at village halls, counseling Muslim women and door-to-door counseling. (Dewi & Auliyah, 2020). Besides

5. CONCLUSION

Stunting is a condition of failure to thrive in children characterized by height that is not appropriate for their age, especially during the first 1000 days of life (HPK) which can cause the child's brain to be less intelligent and sick easily. Psychoeducation about stunting is effective in increasing parents' knowledge about stunting and is also needed not only for housewives or married women but also for late teens who have not yet entered the marriage phase as a provision for them when having and raising children.

6. AUTHORS' CONTRIBUTIONS

All authors contributed to identification articles, review articles, research writing, editing, and review of submissions.

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MIDWIFE KNOWLEDGE ABOUT REPRODUCTIVE RIGHTS IN MIDWIFERY SERVICES IN THE COMMUNITY

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ABSTRACT

Background: Midwives are at the forefront of women's reproductive health services in the community. Its role is very important in reducing maternal and infant mortality rates. Reproductive rights are the rights of every individual, everyone has the right to determine their reproductive life and is free from discrimination and coercion from any party. The government is targeting the death rate to be 183 AKI / 100000 KH, while the infant mortality rate is targeted to be 16 AKB / 1000 KH. Meanwhile, based on 2015 SUPAS data, MMR was recorded as 305/100000 KH and AKB 24/1000 AKB (IDHS, 2017). Meanwhile, the total fertility rate according to SKAP in 2019 is 2.45 and the prevalence of infertility is still high, around 36% (Risksedas, 2018).

Research Objectives: To determine of knowledge of midwives about reproductive rights in midwifery services in the community. The research used was a descriptive study with the population of all midwives attending the international midwifery seminar. The sample used is 45 respondents by means of sample random sampling. The research instrument used a questionnaire. The variable studied was the level of knowledge of midwives about reproductive rights. The results showed that knowledge of midwives about reproductive rights in midwifery services in a community with sufficient knowledge of 23 people (51%), good knowledge of 17 people (38%) and less knowledge of 5 people (11%).

Keywords: *Knowledge, Midwives, Reproductive Rights*

1. PRELIMINARY

The International Conference on Population and Development (ICPD), in Cairo, Egypt, in 1994, stated that reproductive health received special attention globally. fertility reduction is an approach that focuses on reproductive health and efforts to fulfill reproductive rights (Eldawaty, 2017).

Many cases that occur are related to violations of reproductive rights, it can be seen by the many cases of rape, including in marriage, forced matchmaking, prohibition of abortion, sexual harassment, torture, coercion of the use of contraceptives. However, the problem that occurs is the lack of access to information on reproductive issues, and many forms of discrimination that occur regardless of the important position of a woman. Many studies have focused on the issue of women's rights. The facts show that the fate of women in more developed Western countries is not much different from that in other countries. This condition is also found in Indonesia. (Hadi, 2007).

Reproductive health problems in Indonesia still occur and should be a special concern for health workers. The government is targeting the death rate to be 183 AKI/100000 KH, while the infant mortality rate is targeted to be 16 IMR/1000 KH. Meanwhile, based on 2015 SUPAS data, MMR was recorded at 305/100000 KH and IMR 24/1000 IMR (IDHS, 2017). Meanwhile, the total fertility rate according to the 2019 SKAP is 2.45 and the prevalence of infertility is still high at around 36% (Risksedas, 2018). Problems in children are also still high, such as the stunting rate of 27.7 (SSGBI, 2019). The incidence of anemia in women is still high at 23.9% while in pregnant women it is 48.9% (Risksedas, 2018).

Midwives as providers of health services, educators, drivers of community participation, empowerment of women and community involvement for health and decision makers. The higher a person's level of knowledge, it will affect one's mindset and attitude so that it will grow a positive attitude as well (Notoatmodjo 2010, p.48). this becomes an important issue how



midwives as service providers know about reproductive rights.

2. RESEARCH METHODS

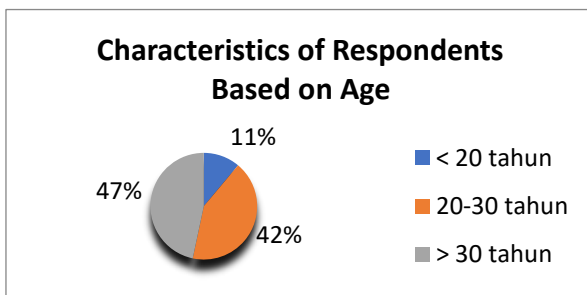
The research used is a descriptive study with the population being all midwives who attended an international seminar organized by the UNIMUS Midwifery Department. The sample used is 45 respondents by means of random sampling. The research instrument used a questionnaire. The variable studied was the level of knowledge of the midwife about reproductive rights.

3. RESULTS AND DISCUSSION

1. Characteristics of Respondents

Characteristics of Respondents Based on Age

Frequency distribution chart of respondents based on age at the UNIMUS International Seminar on Midwifery Department.

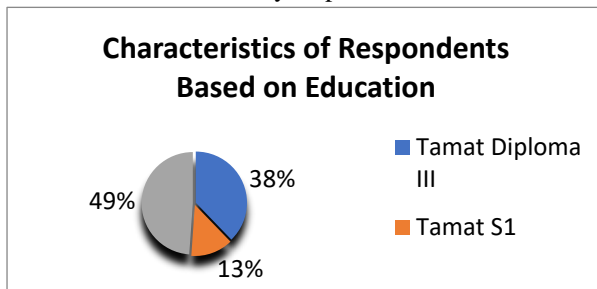


Source: Primary Data

The diagram above shows that the majority of respondents are aged >30 years, namely 21 people (47%) and those aged 20-30 years are 19 people (42%) and those aged <20 years are only 5 people (11%).

a. Characteristics of Respondents Based on Education

Frequency distribution chart of respondents based on education at the UNIMUS International Seminar on Midwifery Department

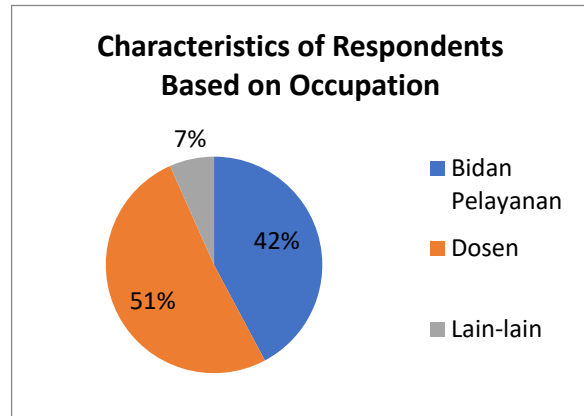


Source: Primary Data

The education level of the respondents in this study was the majority who graduated from S2, namely 22 people (49%), then 17 people graduated from Diploma III (38%) and 6 people graduated from S1 (13%)

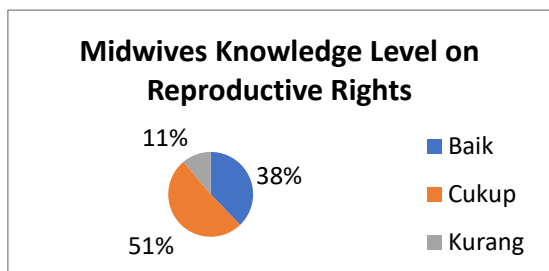
b. Characteristics of Respondents Based on Occupation

Table of frequency distribution of respondents by occupation at the UNIMUS International Seminar on Midwifery Department



The majority of respondents work as lecturers as many as 23 people (51%), work as midwives in services as many as 19 people (42%) and others as many as 3 people (7%).

1. Frequency Distribution Chart Midwives Knowledge Level on Reproductive Rights



Source: Primary Data

The diagram above shows that the level of knowledge of midwives about reproductive rights is mostly moderate, namely 23 people (51%), 17 people have good knowledge (38%) and 5 people have less knowledge (11%).

2. Midwife's Knowledge Level of Reproductive Rights Based on Characteristics of Age, Education, Occupation

a. Midwife's Knowledge Level of Reproductive Rights Based on Age Characteristics



		Midwife's Knowledge Level of Reproductive Rights			
		Well	Enough	Not enough	Total
Education	Graduated Diploma III	3	0	2	5
	Graduated Bachelor	2	10	1	13
	Graduated Master	15	12	0	27
	Total	20	22	3	45

		Midwife's Knowledge Level of Reproductive Rights			
		Well	Enough	Not enough	Total
Age	< 20 years	1	0	1	2
	20-30 years	19	11	1	31
	>30 years	3	9	0	12
	Total	23	20	2	45

The results of the cross tabulation of the level of knowledge of midwives about reproductive rights based on age characteristics showed that at the age level <20 respondents had less knowledge, namely 1 person, at the age of 20-30 years the majority had good knowledge, namely 19 people, and those aged >30 years the majority had good knowledge, namely 23 people

b. Midwife's Knowledge Level of Reproductive Rights Based on Educational Characteristics

The results of the cross tabulation of the level of knowledge of midwives on reproductive rights

based on educational characteristics showed that at the level of education graduated from Diploma III, the respondents had good knowledge, namely 3 people, at the education level, the majority of them graduated from S1 and had sufficient knowledge, namely 10 people, and the majority of those who graduated from S2 had good knowledge, namely 15 person.

a. Midwife's Knowledge Level of Reproductive Rights Based on Occupational Characteristics

		Midwife's Knowledge Level of Reproductive Rights			
		Well	Enough	Not enough	Total
Work	Service Midwife	15	1	0	16
	Lecturer	15	9	1	25
	Etc	0	1	3	4
	Total	31	7	7	45

The cross tabulation table shows that the majority of respondents who have jobs as civil servants have good knowledge, namely 15 people, 1 person has sufficient knowledge, and none has less knowledge. The majority of respondents who

work privately have good knowledge of 15 people, 9 people are sufficient, and 1 person is less. Respondents who have a Labor job have a level of less knowledge as many as 4 people, only 3 people and none of them have less knowledge.



Respondents using condoms in this study were 4 people. And all of them have good knowledge, here the respondents have been exposed to condoms because they use the contraception themselves. So they understand what are the benefits of using condoms, how they work, their effectiveness, etc., so that the level of knowledge of the respondents has reached evaluation resistance, so that they can assess condom contraception. This condom user can also motivate other respondents who have not used condoms, which can be informed about the benefits of condoms that have multiple functions, namely in addition to preventing the meeting of sperm and ovum, condoms can also prevent STI-HIV/AIDS.

There is no MOP contraceptive user respondent here. For husbands who do not use contraception but wives who use good knowledge of 21 people, 12 people are enough, and less than 7 people, and whose husband and wife do not use any contraception only 1 person has enough knowledge. This is because the respondents have never used condom contraception themselves, so the respondents do not understand how condoms are. They only know from the information circulating.

4. CONCLUSION

Respondents who use condoms have a good level of knowledge, all of which are 4 people. None of the respondents used MOP contraception. For respondents whose husbands do not use contraception but wives who use them, the majority are knowledgeable, 21 people are good enough, 12 people are enough, and 7 people are less. Meanwhile, 1 respondent whose husband and wife do not use any contraception, and the respondent has sufficient knowledge.

5. AUTHORS' CONTRIBUTIONS

Concept & Research Question	Sherkia Prakasiwi
Conducting Research	Sherkia Prakasiwi, Nuke Indrawati, Ariyani Lutfitasari, Indri Purwanti
Statistical Analysis	Sherkia Prakasiwi, Ariyani Lutfitasari

Concept & Research Question	Sherkia Prakasiwi
Report Writing	Sherkia Prakasiwi, Nuke Indrawati, Ariyani Lutfitasari, Indri Purwanti

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COMPREHENSIVE MIDWIFERY CARE FOR MRS. W 19 YEARS OLD G1P0A0 AT PMB TRI WIJAYATI, S.ST.KEB GROBOGAN REGENCY

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ABSTRACT

Health sector in Indonesia is a sector that still problematic so it requires special attention from various parties. Midwives as health workers related to mothers and babies who have a role to carry out comprehensive care, so they can do early detection optimally if there are complications or things that can occur in maternal or neonatal. **The purpose** of this research is providing comprehensive care to Mrs. W G1P0A0 19 years old at PMB Tri Wijayati, S.ST.Keb, Grobogan Regency starting from pregnancy, childbirth, postpartum, newborn, and family planning/birth control. The research design used is case study research and descriptive research with a qualitative approach. **Data** were taken using Varney's 7-step midwifery care method and SOAP documentation, it was also accompanied by in-depth interviews, observations and documentation. **The result** of the care given to Mrs. W 19 years old G1P0A0 starting from pregnancy, childbirth, postpartum, newborn and family planning/birth control run smoothly, mother and her baby were within normal limits. **In the implementation** of comprehensive midwifery care, there is a gap in pregnancy care, Antenatal Care should be done twice in the 1st and 3rd trimesters, but respondent only done it once in the 1st trimester. This is where the gap is found between theory and practice of midwifery care in the field. **The importance** of comprehensive care carried out by midwives for mothers from pregnancy to family planning services after labor is an effort to prevent or detect early complications that can occur in the mother so that they can be avoided or treated early.

Keywords : *Comprehensive; Normal*

INTRODUCTION

Based on the WHO (World Health Organization), the Maternal Mortality Rate is the number of maternal deaths resulting from the process of pregnancy, childbirth, and postpartum which is used as an indicator of women's health status. The Maternal Mortality Rate (MMR) is one of the global targets for the Sustainable Development Goals (SDGs) in reducing the maternal mortality rate (MMR) to 70 per 100,000 live births by 2030 (WHO, 2019).

The number of maternal deaths compiled from the recording of family health programs at the Ministry of Health in 2020 shows 4,627 deaths in Indonesia. This number shows an increase compared to 2019 of 4,221 deaths (Indonesian Health Profile 2020). Based on the causes, the majority of maternal deaths in 2020 were caused by bleeding as many as 1,330 cases, hypertension in pregnancy as many as 1,110 cases, and disorders of the circulatory system as many as 230 cases (Kemenkes, 2019).

Achievement of health services for pregnant women can be assessed using K1 and K4 coverage indicators. From 2006 to 2006 the coverage of health services for K4 pregnant women tended to increase. When compared with the 2018 Ministry of Health Strategic Plan (Rienstra) target of 78%, the 2018 achievement has reached the target of 88.03% (Ministry of Health, 2019).

According to performance achievement data, 64.18 percent of maternal deaths in Central Java Province occurred during the puerperium, 25.72 percent during pregnancy, and 10.10 percent occurred during childbirth. Achievements by district/city with the highest number of maternal mortality cases were Brebes Regency with 37 cases, followed by Grobogan with 36 cases, and Banjarnegara with 22 cases (Central Java Provincial Statistics Agency, 2020).

The Maternal Mortality Rate (MMR) in Grobogan Regency has decreased by 166.98 per 100,000 KH in 2019 and 145.71 per 100,000 KH in 2020 (Health, 2020). Maternal deaths are caused by bleeding, high blood pressure during pregnancy (eclampsia),



infection, obstructed labor, and complications of miscarriage (Heryani, 2019). The Infant Mortality Rate (IMR) in Grobogan Regency increased from 13.17 per 1,000 KH in 2019 to 13.76 per 1,000 KH in 2020 (Health, 2020).

According to (Central Java Provincial Statistics Agency, 2020), the Neonatal Mortality Rate (AKN) in Central Java in 2019 was 5.8 per 1,000 live births. By district/city with the highest Neonatal Mortality Rate is Rembang at 11.7 per 1,000 live births, followed by Grobogan (9.6 per 1,000 live births) and Temanggung (9.0 per 1,000 live births). According to Heryani, (2019) several factors cause infant mortality, namely, premature babies, low birth weight babies (LBW), lack of oxygen (asphyxia), socio-economic factors, cultural factors, and family factors.

The government's efforts to reduce mortality and morbidity of infants under five are improving the quality of health services and government health services, improving the nutritional status of the community, increasing community participation, and improving health management. Family Planning (KB) is also one of the strategies to reduce maternal mortality, especially for mothers with 4T conditions, namely too young to give birth (under the age of 20 years), too often giving birth, or too close to giving birth, and too old to give birth (above 35 years old).) (Central Java Provincial Statistics Agency, 2020).

According to Ningsih, D. A. (2021) in his research, it shows that the variables that affect the use of contraception in women of childbearing age (WUS) are starting from the level of education ($p = 0.023$), area of residence ($p = 0.000$). While the factor that is not related to the choice of contraception is the age factor (p -value = 0.303). In this study, it was found that the level of education and area of residence can affect the use of contraception in women of childbearing age.

Grobogan Regency itself for the percentage of the most used contraceptive method is an injection, which is 80.9%. For the second order, namely condoms with a figure of 6.8%. The method that was least used by new family planning participants in Grobogan Regency in 2015 was the Male Operation Method (MOP) at 0.1%, then the second was the Female Operation Method (MOW) at 1.5% and the third was the Female Operation Method (MOW). Implants with a figure of 3.3% (Grobogan District Health Office, 2015).

In a preliminary study at PMB Tri Wijayati, S.ST.Keb from the month of Aril-May, data on visits from pregnant women in both trimesters 1,2 and 3 were 95 in a month, 15 normal birthing mothers in a month, home visits for postpartum mothers 12 8 times, 8

neonatal visits, for pregnant women who have a high risk in childbirth are referred to a health facility that can handle further so that the efforts that have been made can be one of the efforts to reduce MMR and IMR. Based on this, the background of the author is interested in conducting research in the form of continuous care or Continuity of Care in NY. W which was carried out starting from the third trimester of pregnancy from 36 weeks pregnant, childbirth, newborns, postpartum, and family planning at PMB Tri Wijayati, S.ST.Keb, Grobogan Regency.

RESULT AND DISCUSSION

- 1.1 Midwifery care for Mrs. W is 19 years old, G1P0A0 at PMB Tri Wijayati, S.ST.Keb has complied with the standards of midwifery care. The results of the study conducted on May 18, 2022, Mrs. W has complaints of frequent urination at night. The overall examination was carried out, namely general examination, examination of vital signs, anthropometric examination, and physical examination within normal limits. Delivering IEC about the danger signs of pregnancy in the third trimester, providing counseling to reduce drinking at night and increasing it during the day, providing counseling for adequate rest and sleep, i.e. 1-2 hours of rest during the day, and 6-8 hours at night. So that nutritional needs are met, encourage the mother to reduce foods containing carbohydrates, and fats and eat foods high in protein. Continue to take Fe and calcium tablets that have been given to reduce bleeding during labor and also for bone formation and to avoid fetal defects. Don't forget to tell the mother to do morning walks and do pregnancy exercises that are useful to facilitate the delivery process, tell the mother to prepare for her delivery.
- 1.2 Normal delivery midwifery care was carried out at the gestational age of Mrs. W 37 weeks and 6 days. On May 31, 2022, at 00.30 WIB, Mrs. W began to feel abdominal pain up to the waist accompanied by the release of mucus and blood and felt anxious about the delivery process. Examination in the opening 7 cm, intact membranes, decreased head 2/5, blood mixed with mucus. The care provided is during contractions, teaches breathing relaxation techniques, and provides counseling to husbands and families to provide support and support, namely providing prayer, motivation, encouraging the mother to tilt to the left with the



right leg bent, left leg straightened to position the mother comfortably and to reduce pain. Instruct the patient to eat and drink to have energy while mending. At 01.00 WIB Mother said she wanted to squeeze, and complained of pain, and contractions. More and more frequent examinations were carried out at 10 cm opening, clear amniotic fluid, no molasses, 0/5 head drop, and blood mixed with mucus in the birth canal. The first stage of labor lasted for \pm 30 minutes, the second stage lasted for 1 hour and 30 minutes, the third stage lasted for 5 minutes and the fourth stage was supervised for 2 hours. The mother gave birth spontaneously without any complications and complications for the mother and baby. The care provided is following the standard of Normal Childbirth Care (APN).

- 1.3 Newborn midwifery care for Mrs. W the baby was born at 02.30 WIB, newborn care was carried out, namely drying the baby's body while doing a cursory assessment of skin color, breathing and movement, keeping the baby warm, Early Initiation of Breastfeeding (IMD) for 1 hour, cutting and care of the umbilical cord. After successful supervision of the IV and IMD stages, care for the newborn was carried out in the form of anthropometric examination, physical examination, administration of eye ointment, injection of vitamin K and Hb O immunization. Female gender, weight 3,000 grams, body length 49 cm, head circumference 32 cm, chest circumference 31 cm, the baby's vital signs were within normal limits, there were no signs of congenital defects and abnormalities in the baby. The results of normal physical examination, rooting reflex, suckling reflex, and Moro reflex in the newborn Mrs. W are positive.
- 1.4 Midwifery care for postpartum mothers is carried out according to midwifery care standards. During the postpartum visit (KF 1) 6 hours postpartum, the mother complained that the stitches still hurt, so she was given IEC for suture treatment, the importance of personal hygiene, and early mobilization. Subsequent monitoring, a postpartum visit (KF 2) 6 days after giving birth at the patient's home, TTV examination was carried out, uterine involution monitoring was carried out through examination of uterine fundal height, contractions, lochia, and examination of the extremities followed by counseling on patterns of the fulfillment of nutrition, fluids, rest, personal hygiene, exclusive breastfeeding,

postpartum gymnastics or light exercise, and postnatal family planning (KB). At the postpartum visit (KF 3) 12 days after giving birth, the mother received counseling about contraception that was safe to use for breastfeeding mothers, including 3 months of KB injections, the mother wanted to use 3 months of KB injections so as not to affect her milk production. During the postpartum visit, Mrs. W found no complications and complications. Uterine involution proceeds normally without any accompanying complications during the puerperium, good contractions, no abnormal bleeding, milk comes out smoothly, and lochea discharge is normal.

- 1.5 Midwifery care at the service of neonatal visits to NY. W was carried out three times, namely Neonatal visit I was carried out at 6 hours (KN 1) providing care for the baby's physical examination, giving eye ointment, vitamin K injection, HB0 immunization, counseling about newborn care, and umbilical cord care, maintaining warmth, and provide support so that mothers give exclusive breastfeeding. The umbilical cord falls off after 6 days. The 2nd Neonatal visit (KN 2) was carried out on the 6th day of care that had been given reminiscent of Mrs. W to give exclusive breastfeeding to the baby, drying the baby in the morning for 15-20 minutes, not more than 30 minutes. The Neonatal Visit (KN3) carried out on the 12th day recommends mothers to come to the Puskesmas or PMB when the baby is 1 month old to receive BCG immunization and to get other further immunization education information according to the MCH handbook, encourage mothers to always come to Posyandu until the child is 5 years old by always carrying the MCH handbook to monitor the growth and development of the child, telling the mother to continue giving exclusive breastfeeding for 6 months and then continuing with MP-ASI until the age of 2 this is intended so that the child gets good health services.
- 1.6 Midwifery care in family planning services is carried out according to midwifery care standards. Mrs. W has received counseling on various contraceptives that do not interfere with breast milk production. Mrs. W wants to use a 3-month injection of birth control after the postpartum period which will not interfere with breastfeeding until the baby is 6 months old. The care that has been given is to give KIE to the



mother after about 3 months of family planning injections, how it works, and its side effects. Then recommend the mother after 6 weeks of postpartum to come to the health center or to PMB to get a 3-month injection of family planning. Mother is willing to do injections for 3 months after the puerperium is finished.

AUTHORS' CONTRIBUTIONS

The title "COMPREHENSIVE MIDWIFERY CARE FOR MRS. W 19 YEARS OLD G1P0A0 AT PMB TRI WIJAYATI, S.ST.Keb, GROBOGAN REGENCY"

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CASE REPORT OF MIDWIFERY CARE IN ADOLESCENTS WITH DYSMENORRHEA AT DR. ADHYATMA HOSPITAL, MPH SEMARANG

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ABSTRACT

Background: The World Health Organization (WHO) reported in 2018 that the incidence of dysmenorrhea was 90% in women and 10-15% of them experienced severe dysmenorrhea. In 2019 the incidence of dysmenorrhea was 55% among productive age, of which 15% complained of limited activity due to dysmenorrhea. In Indonesia, around 45-95% of women of productive age experience dysmenorrhea. In 2020 the incidence rate in Central Java was 56% experiencing primary dysmenorrhea and 44% experiencing secondary dysmenorrhea. The prevalence of dysmenorrhea that occurs in adolescents in Semarang City is 87.8% experiencing dysmenorrhea. Objective: To be able to carry out midwifery care in adolescents with dysmenorrhea using the 7 steps of Varney. Methods: The writing method used by the author, by collecting data by interview, physical examination, observation, literature study, and documentation. Conclusion: in the application of care, the care provided is in accordance with that given to the patient, so there is no gap between theory and practice in the field.

Keywords: adolescent, dysmenorrhea

INTRODUCTION

The World Health Organization (WHO) reported in 2018 that the incidence of dysmenorrhea was 90% in women and 10-15% of them experienced severe dysmenorrhea. In 2019 the incidence of dysmenorrhea was 55% among productive age, of which 15% complained of limited activity due to dysmenorrhea. In Indonesia, around 45-95% of women of productive age experience dysmenorrhea. In 2020 the incidence rate in Central Java was 56% experiencing primary dysmenorrhea and 44% experiencing secondary dysmenorrhea. The prevalence of dysmenorrhea that occurs in adolescents in the city of Semarang is 87.8% experiencing dysmenorrhea. Dysmenorrhea is pain during menstruation, usually characterized by a feeling of cramps centered in the lower abdomen. Complaints associated with menstrual pain can vary from mild to severe. The severity of menstrual pain is directly related to the length of menstruation and the amount of blood during menstruation, menstruation is almost always accompanied by heartburn or pain.

AIMED

The writing method used by the author, by collecting data by interview, physical examination, observation, literature study, and documentation.

BENEFIT

Able to carry out midwifery care in adolescents with dysmenorrhea using the 7 steps of Varney.

METHOD

In the study of case reports, midwifery care was carried out using a midwifery management approach and documentation through SOAP. Data were obtained by means of interviews, physical examination, observation, and literature study.

PATIENT INFORMATION

Based on the results of the case of midwifery care carried out on Ms. S aged 18 years with primary dysmenorrhea at Dr. Adhyatma Hospital, MPH Semarang, the main problem was that she was on the 2nd day of menstruation complaining of lower abdominal pain, soreness in the waist, dizziness, nausea, and vomiting, vomiting and feeling weak and uncomfortable with the current situation. Based on the complaints felt by Ms. S experienced primary dysmenorrhea with a pain scale of 7-9 (severe pain) in the study (Yuniza, Novayanti and Suzana, 2021) according to Ms. S, pain radiates to the waist, thighs or back, no appetite, nausea, weakness, unable to move, unable to concentrate on studying.

CLINICAL FINDING (FOCUS DATA)

On physical examination, it was found that general condition: good, consciousness: mcomposmentis, BTv: BP: 110/80 mmHg, N: 82x/minute, S: 36.8oC, RR: 19x/minute. Height : 155cm, Weight 49 kg on the



2nd day of menstruation complaining of lower abdominal pain, soreness in the waist, headache, nausea, wanting to vomit and feeling weak and uncomfortable with his current situation. Based on the complaints felt by Ms. S has primary dysmenorrhea with a pain scale of 7-9 (severe pain).

TIMELINE

The patient came to the Emergency room of Dr. Adhyatma Hospital, MPH Semarang at 16.00 WIB complaining of lower abdominal pain, soreness in the waist, headache, nausea, wanting to vomit and feeling weak and uncomfortable with his current situation. Therapy has given to Ms. S 18 years old given injection of 1 ampoule of ketorolac, 1 ampoule of ranitidine and 3x1 mefenamic acid therapy, 1x1 Fe tablet.

DIAGNOSTIC ASSESTENT

Ms.S aged 18 years with primary dysmenorrhea.

THERAPEUTIC INTERVENTION

The management provided is to make informed choice and informed consent, encourage patients to maintain a healthy diet, get enough rest, sports such as walking, warm compresses on the waist, relax by inhaling aromatherapy and listening to music. The drug therapy given to Ms. S, aged 18, was given 1 ampoule of ketorolac injection, 1 ampoule of ranitidine and 3x1 mefenamic acid therapy, 1x1 Fe tablet to take home.

FOLLOW UP AND OUTCOME (PROGRESS DATA)

On 05-08-2022, Ms.S felt she was still in pain and continued to take the medication and was given care to avoid stress that causes anxiety, having a regular diet, getting enough rest, exercising regularly, reducing seafood consumption and consuming fatty foods can increase prostaglandin hormone that can cause pain in the lower abdomen or dysmenorrhea. Evaluation: Ms. S is willing to do it.

On 06-08-2022 made a return visit and Ms. S said the pain had reduced.

DISCUSSIONS

The management given to Ms. S 18 years old given injection of 1 ampoule of ketorolac, 1 ampoule of ranitidine and 3x1 mefenamic acid therapy, 1x1 Fe tablet. Based on research of (Febriana et al., 2021) that ketorolac is a class of drugs that has analgesic (pain reliever), antipyretic (fever-reducing), and anti-inflammatory.

The dysmenorrhea experienced by Ms.S is pain from the lower abdomen to the waist that occurs because Ms.S does not exercise, often eats junk food, and sleeps irregularly. This is the same as the results of research (Cetin, 2020) macroscopic pelvic pathology. Usually, it occurs within the first few weeks after menarche. In primary dysmenorrhea, the pain is usually localized in the suprapubic area in the form of cramps or spasms. Pain begins with menstruation and ends in 48-72 hours. The incidence of dysmenorrhea will increase in women who do not exercise enough, so that when women experience dysmenorrhea, oxygen cannot be delivered to the blood vessels of the reproductive organs at which time vasoconstriction occurs. Menstruation duration is more than normal, causing uterine contractions, occurring longer resulting in the uterus contracting more often and more prostaglandins being secreted. Another factor that can also cause primary dysmenorrhea is the consumption of fast food. Students have a diet that tends to prefer to buy junk food that is cheaper, delicious, and easy to get without thinking about the nutrients contained in the food.

PATIENT PERSPECTIVE

In this case the patient did not share any experience because this is the first experience of dysmenorrhea.

INFORMED CONSENT

In this case, informed consent was given orally.

AUTHORS' CONTRIBUTIONS

Study conception and design by arbainur Indahriani, data collection by arbainur Indahriani, analysis and interpretation of result by Dewi puspitaningrum, nuke devi indrawati, indri astusi purwanti manuscript preparation by arbainur Indahria ni.

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MIDWIFERY CARE FOR MOTHERS IN LABOR WITH PREMATURE MEMBRANES RUPTURE AT TUGUREJO HOSPITAL SEMARANG

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ABSTRACT

Background: According to the Health Profile data, the number of maternal deaths in 2018-2019 decreased from 4,226 to 4,221 maternal deaths in Indonesia based on the report. In 2019, the most common causes of maternal death were bleeding 1,280 cases (50.14%), hypertension in pregnancy 1,066 cases (41.75%), infection 207 cases (8.11%). (Ministry of Health RI, 2019). Premature rupture of membranes (PROM) is the rupture of the membranes before the time of delivery / before the signs of labor, which can occur at the end of pregnancy or long before the time of delivery. If premature rupture of membranes occurs at 37 weeks of gestation, it is called term premature rupture of membranes and if premature rupture of membranes occurs at < 37 weeks of gestation, it is called preterm premature rupture of membranes. **Objective:** To be able to carry out midwifery care for pregnant women with KPD using 7 Varney steps. **Methods:** The writing method used by the author is to collect data by means of interviews, physical examinations, observations, literature studies, and documentation. **Conclusion:** in the application of care, the care provided is in accordance with that given to the patient, so there is no gap between theory and practice in the field

Keywords: *Prom*

INTRODUCTION

According to the Health Profile data, the number of maternal deaths in 2018-2019 decreased from 4,226 to 4,221 maternal deaths in Indonesia based on the report. In 2019, the most common causes of maternal death were bleeding 1,280 cases (50.14%), hypertension in pregnancy 1,066 cases (41.75%), infection 207 cases (8.11%). (Ministry of Health RI, 2019). Premature rupture of membranes (PROM) is the rupture of the membranes before the time of delivery / before the signs of labor, which can occur at the end of pregnancy or long before the time of delivery. If premature rupture of membranes occurs at 37 weeks of gestation, it is called term premature rupture of membranes and if premature rupture of membranes occurs at < 37 weeks of gestation, it is called preterm premature rupture of membranes.

1.1. Research purposes

The writing method used by the author is to collect data by means of interviews, physical examinations, observations, literature studies, and documentation.

1.2. Significance

Able to carry out midwifery care for mothers in labor with KPD using 7 Varney steps

METHOD

This study used interviews, physical examinations, observations, literature studies, and documentation to collect the data.

DISCUSSION

Based on the results of the case of midwifery care carried out on Ms. E 33 years old G2P1A0 39 weeks gestation with premature rupture of membranes 5 hours in Tugurejo Hospital there are several factors that cause premature rupture of membranes in the mother. Premature rupture of membranes or premature rupture of the membranes is not known with certainty, but it is associated with uterine hypermotility, thin membranes, infection, multipara, maternal age, fetal position, and previous history of premature rupture of membranes. This is in accordance with research conducted by Novita Sari & Rahayu (2017) in their research which revealed that the causes of premature rupture of membranes include multiparity, age 20-35 years, gestational age 37 weeks, normal uterine enlargement, and fetal head presentation. In this case, from the anamnesis and examination carried out on Ms. E belongs to the age group that is prone to premature rupture of membranes, namely 33 years which is included in the age category of 20-35 years, then Mrs.



E has also given birth once, gestational age 37 weeks, and on Leopold's examination the uterine enlargement is normal and the position of the fetus is cephalic.

In the management carried out on Mrs. E, namely by explaining that at this time the mother is experiencing premature rupture of membranes or premature rupture of the membranes with a gestational age of 39 weeks, but if there are indications that the mother's opening is progressing, medication will be administered to induce labor by softening the cervix, making it easier to acceleration of cervical dilation. Then the care that is carried out is maternal care, namely meeting the nutritional needs of patients such as eating and drinking, maintaining mother's privacy and positioning the mother in a left tilted position. Teach the mother relaxation techniques if the mother feels pain when her comes, that is by taking a deep breath in through the nose and exhaling slowly through the mouth. Monitor the patient's condition and progress of labor from the delivery process as well as monitor the welfare of the fetus. In addition to providing independent midwifery care, he also collaborates with Sp. OG doctors to be given therapy during the active period, namely by installing 500 ml RL infusion in 8tpm + 10 IU oxytocin drip. The patient is then observed for FHR, uterine contractions, pulse and complaints every half hour.

After that, the complete opening was at 13:50 WIB and the vaginal delivery was smooth and the baby was born 10 minutes after the complete opening, the baby was born vaginally and immediately started crying. In theory, patients with PROM can be treated with conservative and active measures, on Ms. E is carried out actively, namely by terminating pregnancy where the termination action will assess the pelvic score more than 5 by induction of oxytocin 10 units of oxytocin in 500ml of Lactate Ringer's fluid, through infusion with the first drop of 8tpm and every 30 minutes add 4 tpm until the optimal dose for his Once adequate is achieved, the maximum dose of oxytocin is 20 mU/min.

AUTHOR CONTRIBUTIONS

Faradila, Sherkia Ichtiarsi Prakasiwi, Umi Khasanah, Fitriani Nur Damayanti.

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COMPREHENSIVE MIDWIFERY CARE OF MRS. C AT THE AGE OF 32 YEARS OLD AT PUSKESMAS LEBDOSARI SEMARANG

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ABSTRACT

Background: A case of maternal mortality and neonatal mortality in Semarang is raised within these two years. The maternal mortality rate was 17 people in 2020 and 21 people in 2021. Meanwhile, the neonatal mortality rate increased from 112 in 2020 up to 133 in 2021. In Puskesmas Lebdosari, there was no maternal mortality during pregnancy, delivery, and post delivery. However, neonatal mortality was found in 2021 with 3 neonatal mortalities. The midwife is a medical worker who always accompanies mothers during their pregnancy, Childbirth, Puerperium, Newborn, and Family Planning period; also, the family planning program is given continually and healthcare comprehensive as early detection of maternal and neonatal complications. **Research Objective:** To perform comprehensive midwifery care of Mrs. C, at the age of 32 years old, at Puskesmas Lebdosari Semarang. **Methods:** It was a comprehensive case study that descriptively employed 7 steps of Varney and SOAP. The analysis was performed through an interview, physical check-up, and observation. **Finding:** Mrs. C, at the age of 32 years old, G1 P0 A0 pregnancy, childbirth, puerperium, newborn, and family planning ran well. **Conclusion:** Comprehensive midwifery care is a very important form of early detection of either maternal or neonatal symptoms to reduce maternal mortality and neonatal mortality rate.

Keywords: comprehensive, midwifery care.

1. INTRODUCTION

The maternal mortality rate (MMR) in Indonesia was recorded at 177 deaths per 100 thousand live births in 2017. That ratio is already better than the previous dozen years of more than 200 deaths per 100 thousand live births. However, Indonesia's MMR is still the third highest in Southeast Asia. (World Bank, (Lidwina, 2021)). AKI and AKB in Semarang City have increased in the last two years, namely from 2020 to 2021 from 17 AKI people to 21 people, and as many as 112 AKB numbers have increased to 133 [Semarang City Health Profile]. Based on the data obtained from the Lebdosari Health Center, there are no deaths in pregnant, maternity, and puerperal women. However, there have been 3 deaths of babies in the last one year, namely in 2021 (Puskesmas Lebdosari 2022). Continuous upbringing in the author's study related to obstetric services was carried out starting from the III trimester pregnancy from a minimum of 36 weeks of gestational age, childbirth, newborns for 2 weeks, and postpartum 2 weeks until Family Planning at Puskesmas Lebdosari Semarang.

2. RESEARCH METHODS

The method used in this study is descriptive research with a case study (Case Study). The research was conducted in Puskesmas Lebdosari, from May to June 2022. The sample of this study was Mrs. C aged 32 years. The instruments used are observation guidelines, interviews, and documentation studies in the form of Varney's 7-Step Obstetric Care format and SOAP, starting from the period of pregnancy, childbirth, newborns, puerperium, and birth control.

3. RESULTS AND DISCUSSION

1.1. Midwifery Care of Pregnancy

Mrs. C aged 32 years, G1 P0 A0 at the Lebdosari Health Center in Semarang is by the standards of midwifery care. The results of the study conducted on May 18, 2022, Mrs. C experienced discomfort, namely frequent urination, thus making it difficult for mothers to sleep. The overall examination is carried out, namely general examinations, vital signs, and physical examinations, within normal limits. The effort made is to educate them about the discomfort she experiences is physiological in the III trimester pregnancy. The midwife provides



counseling because the head of the fetus has begun to urge the uterus and encourages the mother to do kegel gymnastics. Providing drug therapy plus blood and how to take it. Recommends Adequate rest and sleep, that is, a day's rest of 1-2 hours and at night 6-8 hours. Then explain about the signs of childbirth.

In the third trimester visit, Mrs. C has made 3 examination visits, the care provided is the completeness of data derived from the mother (anamnesis), medical history of past obstetric history, current pregnancy history, contraceptive history, current and past maternal and past medical history and socioeconomic history), general examination, physical examination (head to toe), and obstetric/special examination, supporting examinations, laboratories.

At the time of the study during the III trimester of pregnancy care, Mrs. C complained of frequent urination, especially at night. This is a normal complaint for pregnant women in the III trimester. The care given by the Midwife is to teach how to do kegel gymnastics correctly. This is in line with the results of research from Ziya, H., & Damayanti, I. P. (2021), namely kegel gymnastics can help overcome frequent BAK at night. Kegrel gymnastics can be done in as many as 3-4 sets, where in 1 set 10 contractions are carried out and held 10 seconds for each contraction then done every day (Wahyu, 2018). In addition, physiologically Mrs. C's complaints are often BAK as well as the head of the fetus that begins to decrease in pressing on the uterus.

1.2. Midwifery Care of Childbirth

Performed at the gestational age of 40 weeks. On May 31, 2022, at 04.30 WIB Mrs. C began to feel abdominal pain to the waist accompanied by the release of mucus and blood and felt anxious about the delivery process. The care provided is at the time of contraction teaches breathing relaxation techniques and encourages the husband to provide support and support, namely providing prayer, motivation, and reducing pain by giving a light massage to the waist. Encourage mothers to eat and drink to have energy when straining. Childbirth when I last for 11 hours and 30 minutes, when II lasts for 20 minutes, when III lasts for 5 minutes and Kala IV is supervised for 2 hours. The mother gives birth normally without

any complications and complications in the mother and baby. Degree 2 Laceration, The care provided is by the standards of Normal Childbirth Care (APN).

In obtaining the results of the physical examination within normal limits, there is the production of pervaginam in the form of blood and mucus, the presence of pelvic pressure, and the onset of his childbirth (Nurhayati, 2019). The upbringing given is at the time of contractions teaches breathing relaxation techniques. The upbringing given is that at the time of contraction teaches breathing relaxation techniques. Based on research (Nurmaharani, 2020) it was found that there was an influence of the LAMAZE (Respiratory Relaxation) technique on inpartu maternal pain during the active phase I. Encouraging the husband to provide support and support, namely providing prayers, and motivation to reduce anxiety (Sari, W. N. I. (2019) after giving a light massage to the waist with the counterpressure technique, this is in line with research from (Satria, M. (2018) with the results of the study obtained the results of the average decrease in the pain scale after counterpressure massage in maternity mothers during the I active phase is 5.1 (moderate pain) with a standard deviation of 1,210 and a scale of pain minimum 3 (mild pain) as well as a maximum pain scale of 7 (severe pain), Massage direct form such as counterpressure is very effective for treating back pain during labor. Counterpressure can treat sharp pain and provide a pleasant sensation that fights discomfort at the time of contractions or between contractions. The mother gives birth normally in the absence of complications or infiltration.

1.3. Newborn of Midwifery Care

Drying the baby's body while conducting a cursory assessment of skin color, breathing, and movement. Followed by cutting the umbilical cord and Early Breastfeeding Initiation (IMD). After successful supervision of Kala IV and IMD, care was carried out on newborns in the form of anthropometric examinations, physical examinations, administration of eye ointments, injection of vit. K and HB O immunization. Male sex, body weight 4300 grams, body length 50 cm, head circumference 36 cm, chest circumference 37cm, there are no signs of congenital defects and airworthiness in babies. Neonates visits were carried out three times, namely visit I (K1)



providing counseling about newborn care, umbilical cord care, and providing support so that mothers provide exclusive breastfeeding. K2's visit reminded Mrs. C of giving exclusive breastfeeding to her baby. K3's visit recommends going to the health center to obtain immunizations and monitor the growth and development of the baby. During the upbringing of neonates, the baby is in a normal state, and the umbilical cord on the 9th day is already detached.

IMD was successfully performed. After 1 hour IMD is given a dose of 1% eye ointment, Vitamin K, as well as the administration of injecting HB0 30 minutes after giving Vitamin K. this is in line with the recommendations of (IDAI 2017) namely the first HB vaccine (monovalent) is best given within 12 hours after birth and preceded by the administration of vitamin K1 injections at least 30 minutes before. The schedule for administering monovalent HB vaccines is 0.1, and 6 months of age. Another study said that mothers who have a positive attitude but give birth to babies with more weight, namely with a body weight of 4300 grams, this is because the mother's weight gain also increases a lot during pregnancy. After all, the food consumed by the mother is not controlled (Aisyah, 2018).

Followed by neonatal visits as many as 3 times, namely at 6 hours, days 6, and 2 weeks with the results of good general conditions, active movements, babies crying strongly, encouraging mothers to give exclusive breastfeeding, umbilical cords are released on the day too, drying the baby in the morning for 10-15 minutes, encouraging mothers to monitor the growth and development of the baby using each immunization schedule to the puskesmas or posyandu.

A normal newborn is a newborn at an even gestational age of 37-41 weeks, with a presentation of the back of the head or the location of the breach that passes through the vagina without wearing a device. (Tando, Naomy Marie, 2016). According to (Tando, 2016) Characteristics of Normal Newborns, namely Weight 2,500-4,000 grams, Body length 48-52, Chest circumference 30-38, Head circumference 33-35, Heart frequency 120-160 times/minute, Breathing \pm 40-60 times/minute, Skin is reddish and less because the subcutaneous tissue is sufficient, Lanugo hair is not visible, the head hair has been perfect, Nails are rather long and limp, Genitalia : in women labia, Majora already covers

the labia minora, and in males, the testicles are already down and the scrotum is already there, the suction and swallowing reflexes are well formed, the Moro Reflex or hugging motion if startled is good, the grasp or grasping reflex is good. While on By. Mrs. C was born with a body weight of more than 4300grams.

1.4. Midwifery Care of Puerperium

Performed according to obstetric care standards. At 6 hours postpartum, the mother complains of feeling a little pain and weakness after giving birth to her baby, the care provided is to advise the mother to stay in the most comfortable and rested position and recommend not to move much first. Subsequent monitoring, carried out home visits or to health centers and vital sign examinations, involution supervision through high examination of uterine fundus, contractions, and lochea then continued with counseling on patterns of fulfilling nutrition, fluids, rest, elimination, personal hygiene, exclusive breastfeeding, puerperal gymnastics, and family planning (KB). During the visit, no complications and complications were found, Mrs. C. Uterine's involution proceeded normally without any accompanying complications during the puerperium, good contractions, no abnormal bleeding, breast milk came out smoothly, lochea discharge was normal.

According to Mothe (2020), There is a linear relationship between early activity and perineal wound healing. Good initial activity leads to better healing of the perineal, but poor activity leads to poor healing of perineal wounds. Based on research from Fauzi, S. (2021) with the results that there is a relationship between cultural factors and perineal wound healing during childbirth, there is a relationship between personal hygiene and wound healing in the perineum in the puerperium, and there is a relationship between nutrition and perineal wound healing in the puerperium.

Suksesty (2018) stated that there is a relationship between personal hygiene and the wound healing process that occurs in the mother's body with poor personal hygiene is 6 times more likely to experience perineal scarring compared to mothers with good personal hygiene, in other words, mothers who lack personal hygiene are at risk of experiencing episiotomy scars longer.



1.5. Family Planning of Midwifery Care

The midwife gave an IEC about non-hormonal and toolless birth control, but in the end, Mrs. C chose 3-Month Injectable Birth Control according to the agreement with her husband. On Mrs. C the care given is by the standards of obstetric care. Mrs. C decided to use the 3 Month Birth Control Injection so as not to affect her milk and had an agreement with her husband. The care given is to give the Mother an IEC about injecting 3 Months of birth control, how it works, and side effects, with a dose of 3ml, injected im in one-third of the mother's strategy.

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COMPREHENSIVE MIDWIFERY CARE FOR MRS. M WAS 37 WEEKS PREGNANT AT THE ROWOSARI HEALTH CENTER IN SEMARANG CITY, TEMBALANG DISTRICT

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ABSTRACT

Comprehensive care is a series of processes of pregnancy, childbirth, postpartum, BBL and family planning are physiological processes, not a few mothers experience health problems that can increase maternal mortality. In 2020, the number of maternal deaths in 2020 showed 3,142 deaths in Indonesia. Objective: This study is to provide comprehensive midwifery care to Mrs. M, age 20 at the Rowosari Health Center, Method: using a case study approach to the Varney 7-step midwifery process and SOAP. The study was carried out by looking at the results of subjective, objective and observational data. Results: the diagnosis obtained by Mrs. M aged 20 years G2P1A0 39 weeks gestation, with complaints of tightness in the abdomen followed by physiological delivery, then physiological postpartum and received appropriate treatment, history of newborn with weight: 3230 grams, PB : 48 cm, LD : 32 cm, LK : 33 cm male gender, and the mother said she used lactation birth control pills, there was no gap between theory and practice in her care. Conclusion: in the application of comprehensive care, the care provided is in accordance with the standards of Midwifery Care, so there is no gap between theory and cases in the field.

Keywords: *Comprehensive; Normal*

1. PRELIMINARY

The World Health Organization or World Health Organization (WHO) Maternal Mortality Rate (MMR) in 2020 noted that around 830 women worldwide die every day due to complications related to pregnancy and childbirth and as many as 99% of them are in developing countries. In 2021 the world is estimated to be 216/100,000 live births and the death rate will fall by 47% between 1990-2021, from 36/1000 live births to 19/1000 live births in 2021.(WHO, 2021).

Number Infant mortality (IMR) in Indonesia according to the Ministry of Health data in 2020 is around 11432 per 100,000 live births. While the IMR in 2021 is 10294 per 1,000 live births (Ministry of Health, 2021). The maternal mortality rate in Semarang City has decreased significantly. Where in 2020, AKI was 3,142 cases and in 2021 it fell to 1,900 cases from the previous total cases. The MMR in the city of Semarang in 2020 is 121.5/100,000 live births, while the MMR in 2021 is 88.3/100,000 live

births, a decrease from the previous year.(Central Java Health Office, 2021).

Efforts made by the government to prevent the increase in MMR and IMR are to ensure that mothers and babies can access quality maternal and infant health services, such as pregnancy services, delivery assistance by trained medical personnel in health care facilities, postnatal maternal care for mothers and babies. , Special care and referrals in case of complications and family planning services including postnatal family planning (Kemenkes RI, 2020).

Data from the Central Statistics Agency (BPS), in Central Java Province, the percentage of women who gave birth in health facilities was 96.77%. A woman is actually in a healthy condition if she is able to get pregnant and give birth normally. in accordance with the message of the Indonesian Midwives Association (IBI) regarding pregnancy and childbirth which states "Pregnancy means a gift, for that it must be saved". The philosophy of midwifery care adheres to the concept of natural birth and the midwife acts as a protector of normal situations. In the



midwifery philosophy, it is stated that childbirth means a natural process, normal events but if not managed properly it can turn into abnormal. The data show the opposite, deliveries by cesarean section have been higher since the issuance of medical instructions for all deliveries in 1990.(BPS, 2019).

2. METHOD

The method used to relieve pain in the 1st stage of labor can be given by murottal Al-Qur'an and balanced by praying and chanting dhikr. That the intervention of giving murottal Al-Qur'an therapy is effective in reducing pain intensity.(Nurhayati & Nurjanah, 2020).

3. PATIENT INFORMATION

Mrs. M is 20 years old, G2P1A0, last education is junior high school, mother's occupation as a housewife, Mrs. M's address is in Meteseh RT 08 RW 01, Tembalang sub-district, Semarang City.

4. CLINICAL FINDING

The mother's general condition is good, the results of the examination of the mother's Vital Signs showed blood pressure: 116/80 mmHg, pulse: 80x/minute, temperature: 36.6°C, RR: 22X/minute, Lila 26 cm, TB: 155cm, followed by doing Leopold examination with results of Leopold I TFU 3 fingers below px, palpable fundus of the buttocks of the fetus, Leopold II palpable on the back on the right and on the left palpable fingers or fetal extremities, Leopold III palpable fetal head, Leopold IV divergent, palpable head 3 /5 parts, TBJ in the mother's womb is 3100 grams, this result is already above 2500 grams so there is no possibility of LBW. In addition, the results of the FHR examination obtained 143 x/minute, the maximum punctum is 1 in the lower right abdomen of the center.

5. TIMELINE

Mrs. M came to the hospital on April 30 at 22.00 WIB complaining loudly and there was bleeding mixed with mucus at 23.00 WIB. On May 1, an internal examination was performed and the result was that the opening was 4 cm and the membranes were intact. Mrs. M has entered the active phase of the first stage of labor. At 11.15 WIB, another examination was carried out and the results showed that there were signs of the

second stage, namely the opening was 10 cm and the membranes had ruptured, then delivery assistance was given to Mrs. M for 1 hour, at 12.45 WIB, the baby was born normally, no difficulties or problems, male sex strong crying and active movement.(Mine, 2018).

Then the third stage of labor was carried out to remove the placenta and cut the umbilical cord, the placenta was born 10 minutes after the baby was born at 13.00 WIB, the placenta was born intact and continued with cutting the umbilical cord, evaluating the bleeding and no lacerations. Monitoring of the fourth stage was carried out by examining the results of good uterine contractions, TFU of 2 fingers below the center, helping to clean the mother and helping the mother change clothes and pads, followed by examining the mother's vital signs and the results obtained were normal, recommending the mother to rest , eat and drink so that the mother's energy recovers.

6. DIAGNOSTIC ASSISTENT

Mrs M, 20 years old, G 2 P 1 A 0, 39 weeks pregnant, single live fetus, intrauterine, right back, back of head presentation, in physiologically active phase I labor.

7. THERAPEUTIC INTERVENTION

The therapy given is to encourage the mother to pray and chant dhikr to overcome the anxiety and pain that the mother is experiencing.(Handayani, R., D. Fajarsari, DRT Asih, 2014). And recommends the technique of giving birth to Maryam's end-time treatment method (PAZ), with this technique it is considered to be able to help mothers with minimal injury and less pain. The PAZ Maryam method has been developed by ustadz Haris Moedjahid and midwife Nuraini, they have applied this method at the Maternity Clinic and have proven that with the concept of giving birth to the PAZ Maryam technique, giving birth is easier, less painful, and without stitches.(Active et al., 2021).

8. FOLLOW UP AND OUTCOME

From the data on the development of the first stage to the fourth stage, normal results were obtained, there were no problems or complications experienced by the mother, starting from the first stage, physical examination was monitored every 4 hours, and contractions were



every 30 minutes, in the second stage the mother had entered the stage of the labor process. lasts 1 hour, in the third stage, assistance is given to deliver the placenta and cut the umbilical cord to the mother's baby, it lasts, the placenta is born 10 minutes after the baby is born and there is no abnormal bleeding, in the fourth stage development data is monitored after the mother, and the baby is born, the mother's uterine contractions contracted well, the baby was given vitamin K and eye ointment. Teach mothers how to breastfeed properly.

9. DISCUSSIONS

Complaints felt by Mrs. M when he came to the hospital, he felt nauseous, regular, discharge of mucus mixed with blood. Along with increasing the effectiveness of contractions, the cervix changes shape to become thinner and open, causing the mucous membranes contained in the cervical canal to detach and rupture causing the discharge of blood mucus. From the examination of vital signs, the match between the case and the theory was obtained. In the case there is no gap with the theory, namely in helping the delivery process, in the case of Mrs. M, the third stage of labor is physiological so that no problems are found.

Determination of this diagnosis based on the results of the history and physical examination of Mrs. M The management carried out in the third stage of labor is related to active management of the third stage, namely by injecting oxytocin 10 IU IM in the upper 1/3 of the distal lateral thigh, controlled umbilical cord tension and continued by clamping and cutting the umbilical cord \pm 2 minutes after the baby born. Labor in the fourth stage starts from the birth of the placenta until 2 hours after delivery. The management of the fourth stage in Mrs. M's case is to ensure the uterus contracts properly, clean the mother of residual blood and amniotic fluid, help the mother change clean and dry clothes and pads. Mrs. vital signs. M within normal limits, TFU 2 fingers below the center, hard uterine contractions, empty bladder, the amount of bleeding 50 cc. controlled umbilical cord tension and continued by clamping and cutting the umbilical cord \pm 2 minutes after the baby was born. Labor in the fourth stage starts from the birth of the placenta until 2 hours after delivery.

The management of the fourth stage in Mrs. M's case is to ensure the uterus contracts properly, clean the mother of residual blood and amniotic fluid, help the mother change clean and dry clothes and pads. Mrs. vital signs. M within normal limits, TFU 2 fingers below the center, hard uterine contractions, empty bladder, the amount of bleeding 50 cc. controlled umbilical cord tension and continued by clamping and cutting the umbilical cord \pm 2 minutes after the baby was born. Labor in the fourth stage starts from the birth of the placenta until 2 hours after delivery. The management of the fourth stage in Mrs. M's case is to ensure the uterus contracts properly, clean the mother of residual blood and amniotic fluid, help the mother change clean and dry clothes and pads. Mrs. vital signs. M within normal limits, TFU 2 fingers below the center, hard uterine contractions, empty bladder, the amount of bleeding 50 cc. cleans the mother of residual blood and amniotic fluid, helps the mother to change clothes and sanitary napkins that are clean and dry.

Mrs. vital signs. M within normal limits, TFU 2 fingers below the center, hard uterine contractions, empty bladder, the amount of bleeding 50 cc. cleans the mother of residual blood and amniotic fluid, helps the mother to change clothes and sanitary napkins that are clean and dry. Mrs. vital signs. M within normal limits, TFU 2 fingers below the center, hard uterine contractions, empty bladder, the amount of bleeding 50 cc. (Simkin, 2018).

Approaching the process of giving birth or giving birth makes both husband and wife feel pounding, energy and thoughts are really drained to prepare for this momentum. The wife feels pain after feeling the birthmarks, feels great pain. This must be balanced with praying and chanting the remembrance that is sunnah and exemplified by Rosululloh Shallallaahu 'alayhi wassalam when his daughter, Fatimah, was about to give birth. Ibn Sunni narrated with a dhaif sanad: That Fatimah Radiyallaahu'anha when she was nearing the time of giving birth, Rosululloh Shallallaahu 'alayhi wassalam ordered Umm Salamah and Zainab bint Jahsy to come and read the verse of the chair, Surah Al-A'raf verse 7, Surah Yunus verse surah Al-Falaq and Surat An-Naas. (Octofrezi, 2020).

10. AUTHORS' CONTRIBUTIONS



I as the author of this article say that the results of the research conducted were obtained from patients and carried out at the Semarang City Health Center, the data obtained from the results of interviews, observations, and examinations of patients.

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COMPREHENSIVE MIDWIFERY CARE FOR Mrs. A 21 YEARS OLD G2P1A0 37 WEEKS GESTATION WITH NORMAL PREGNANCY AT KEDUNGUNDU PUBLIC HEALTH CENTER TEMBALANG DISTRICT SEMARANG CITY

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ABSTRACT

Background: Comprehensive care which consists of a series of processes of pregnancy, childbirth, postpartum, BBL and family planning is a physiological process, not a few mothers experience health problems that can increase maternal mortality, In 2021, the number of maternal deaths in 2021 shows 1712 per 1000.000 Dead. this number shows an increase compared to 2020 of 305 per 100,000 deaths. **Objectives:** this study is to provide comprehensive midwifery care to Mrs. A 21 years old at the Kedungmundu Health Center, **Methods:** using a case study approach to the 7-step varney midwifery process and SOAP assessment conducted by looking at the results of subjective, objective and observational data. **Results:** the diagnosis obtained was Mrs. A, age 21, G2P1A0 at 37 weeks of gestation, there were no complaints, followed by physiological delivery, then physiologic postpartum and received appropriate treatment, history of newborn with weight: 3230 grams, PB: 50 cm, LD : 33 cm, LK: 34 cm male sex, there is no laceration in the birth canal, and the mother said she would use injectable contraception 3 months after the postpartum period, in the care there were no gaps in theory and practice smoothly and the mother and baby were in normal condition . **Conclusion:** in the application of comprehensive care, the care provided is in accordance with what is given to the patient, so there is no gap between theory and cases in the field.

Keywords: Comprehensive; Normal

1. INTRODUCTION

The World Health Organization or World Health Organization (WHO) The Infant Mortality Rate (IMR) in 2020 recorded that around 750 babies worldwide die every day, in 2021 in the world it is estimated that 216/100,000 live births and the neonatal mortality rate will fall between 1990-2021, namely from 47/1000 live births to 22/1000 live births in 2021. The World Health Organization (WHO) Maternal Mortality Rate (MMR) in 2020 recorded around 830 women worldwide die every day due to complications related to pregnancy and childbirth and as many as 99% of them are in developing countries. In 2021 the world is estimated to be 216/100,000 live births and the death rate will fall by 47% between 1990-2021, from 36/1000 live births to 19/1000 live births in 2021 (WHO, 2021).

The Infant Mortality Rate (IMR) in Indonesia in the data from the Ministry of Health in 2020 is around 11432 per 100,000 live births. Meanwhile, the IMR in 2021 is 10294 per 1,000 live births.

The Maternal Mortality Rate (MMR) in Indonesia in the data from the Ministry of Health in 2020 is around 305 per 100,000 live births. The maternal mortality rate in 2021 will be 1712 per 100,000 live births. The maternal mortality rate (MMR) in Central Java in 2020 is 76.93/100,000 live births, in 2021 it is 98.6/100,000 live births. The Infant Mortality Rate (IMR) in Central Java in 2020 is IMR: 8.24/1000 KH and in 2021 it is IMR: 7.79/1000 KH, MMR and IMR are indicators to see the health and welfare of the community in an area/country. In addition, the SDGs target has not been achieved.

The maternal mortality rate in Semarang City has decreased significantly. Where in 2020, AKI was 3,142 cases and in 2021 it fell to 1,900 cases from the previous total cases. The MMR in the city of Semarang in 2020 is 121.5/100,000 live births, while the MMR in 2021 is 88.3/100,000 live births, a decrease from the previous year

The Maternal Mortality Rate (MMR) in Tembalang District in 2021 has increased



significantly when compared to 2020. In 2020, MMR is 150 cases, then MMR in 2021 is 210 cases. The maternal mortality rate in Sambiroto Village has decreased significantly. Where in 2020, AKI is 17 cases and in 2021 AKI is 14 cases. The Infant Mortality Rate (IMR) in Tembalang District in 2020, the IMR of 7.60 (102 cases), then the IMR in 2021 of 7.42 per 100,000 KH (105 cases). The infant mortality rate in Sambiroto Village has decreased significantly. Where in 2020 IMR is 167 cases, in 2021 IMR is 107 cases.

2. ISLAMIC METHOD

The method used to relieve pain in the 1st stage of labor can be given with murottal Al-Qur'an and balanced by praying and chanting dhikr. That the intervention of giving murottal Al-Qur'an therapy is effective in reducing pain intensity.

3. PATIENT INFORMATION

Mrs. A 21 years old, G2P1A0, High school education, mother's occupation as a housewife, Address Mrs. A in Semarang

4. CLINICAL FINDING

General Condition Good, Composmentis Awareness, Vital Signs: BP: 100/70 mmHg, Pulse: 72 x/minute, Temperature: 36.5 C, RR: 20 x/minute, BW (before pregnancy and now): 54 kg /66 kg, TB : 155 cm, LILA : 26 cm, BMI : $(54 : (1,54)^2) = 22,77$ kg/m (Normal). Leopold I : TFU 3 fingers below px fundus palpable 1 soft part, less rounded, not bouncy, Leopold II : Right : Palpable 1 long part, hard like a board and there is resistance, Left : Palpable small broken parts. Leopold III: Palpable 1 round, hard, can not be shaken. Leopold IV: Divergent. TFU: 29 cm. TBJ : $(29-11) \times 155 = 2,790$ gr. Lower Extremity : Patellar Reflex : +2/+2. DJJ : 134x/minute.

5. TIMELINE

Mrs. A when he came to the hospital, he complained that he had been urinating since April 02, 2022 at 22.00 WIB, he had urinated regularly, mucus mixed with blood at 22.30 WIB, and the amniotic fluid had not yet come out. An internal examination was performed on Mrs. A. The results showed a calm vulva/vagina, soft cervix, thinning, 4 cm opening, 40% efficiency, amniotic skin + , palpable head, POD (Point of direction)

right front UUK, Moulage 0, Decreased lowest part Hodge II +, Other parts missing , STLD +. In the second stage of internal examination showed that the cervical dilatation was complete, the second stage of labor was included in the physiological category so that no problems occurred. Management carried out in the third stage of labor is placing the newborn on a clean cloth that has been prepared in the mother's lower abdomen and asking the mother or family to hold the baby, checking for the presence of a second fetus before injecting oxytocin 10 IU IM in the upper 1/3 of the thigh. the distal lateral part. Clamping the umbilical cord, the placenta was born after 10 minutes the baby was born, which is April 03, 2022 at 12:10 WIB, the placenta was born, his stomach felt bloated, he felt tired but happy.

The fourth stage of labor starts from the delivery of the placenta until 2 hours after delivery. Management of the IV stage in Mrs. A's case monitoring the IV stage every 15 minutes for the first 1 hour postpartum and every 30 minutes during the second postpartum hour, documenting all care and findings during the fourth stage of labor on the back of the partograph immediately after care is given or after the assessment is carried out, took anthropometric measurements of the baby, with the results of BB 3230 grams, PB 50 cm, LK 34 cm, LD 33 cm, Lila 10.5 cm.

6. THERAPEUTIC INTERVENTION

The therapy given is to encourage the mother to pray and chant dhikr to overcome the anxiety and pain that the mother is experiencing. (Handayani, R., D. Fajarsari, D. R. T. Asih, 2014). And recommends the technique of giving birth to Maryam's end-time treatment method (PAZ), with this technique considered to be able to help mothers with minimal injury and less pain. The PAZ Maryam method has been developed by ustadz Haris Moedjahid and midwife Nuraini, they have applied this method at the Maternity Clinic and have proven that with the concept of giving birth to the PAZ Maryam technique, childbirth becomes easier, less painful, and without stitches.

7. FOLLOW UP AND OUTCOME

Midwifery care for pregnancy was carried out 5 times and during the care there were no complications and complications. Midwifery care



for childbirth is to provide assistance according to the standard of normal delivery care (APN) so that all stages are free of complications and complications. Midwifery care for newborns is carried out according to midwifery care standards. During monitoring, no complications, complications and danger signs were found in the baby. Midwifery care during the puerperium was carried out starting from 6 hours to 2 weeks postpartum, the postpartum period went smoothly, involution occurred normally, there were no complications and the mother looked healthy and the patient chose to use an implant contraceptive as a contraceptive device. Midwives should provide comprehensive midwifery care services, on an ongoing basis, starting from pregnancy, childbirth, newborns, postpartum and family planning in order to reduce morbidity and mortality rates for mothers and babies.

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OBSTETRIC CARE IN ADOLESCENTS WITH UNWANTED PREGNANCY

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ABSTRACT

Background : incidence of unwanted pregnancies has increased globally in 2018, namely there are 208 million pregnancies in the world and 185 million of them occur in developing countries, then 86 million (41%) of unwanted pregnancies. Unwanted pregnancies in developed countries were (20%) and in developing countries were higher by (29%). The highest unwanted pregnancy is found in Asian countries (54%). **Objective:** Able to carry out obstetric care in Infants with Hyperbilirubin using 7 steps varney. **Method:** This type of research is meta-analysis research with the literature review method, writing method used with the author, by collecting data with wawancara, physical examination, observation, literature study, and documentation. **Conclusion :** in the application of upbringing, the care given is in accordance with what is given to the patient, so that there is no gap between theory and practice in the future.

Keywords : unwanted pregnancy, adolescents

1. INTRODUCTION

Pregnancy in adolescence becomes the beginning of an unwanted pregnancy. Unwanted pregnancy (KTD) is a pregnancy that occurs due to a cause so that its existence is not desired by one or both prospective parents of the baby. Unwanted pregnancy (KTD) in adolescents will have a negative impact both in terms of physical, psychological, social, and spiritual. The physical impact will harm the mother and the fetus she is carrying or the mother will try to have an abortion which can lead to death. The impact of the psychological side, the mother will try to escape responsibility, or continue her pregnancy with compulsion, while judging from the social impact, society will ridicule and also excommunicate (Ismawati, 2017).

The incidence of unwanted pregnancies has increased globally in 2018, namely there are 208 million pregnancies in the world and 185 million million of them occur in developing countries, then 86 million (41%) of unwanted pregnancies. Unwanted pregnancies in developed countries were (20%) and in developing countries were higher by (29%). The highest unwanted

pregnancy is found in Asian countries (54%) (Guspaneza, 2019).

According to (who, 2020) especially in developing countries it is estimated that 21 Million girls between the ages of 15-19 are pregnant and about 10 million are experiencing unwanted pregnancies. In premarital sexual behavior there are several sexual activities, where sexual activity is defined as an activity carried out to satisfy sexual desires or an act of obtaining pleasure from the genitals or sexual organs through various behaviors.

According to the results of the Indonesian Demographic and Health Survy in 2018, it is stated that unwanted pregnancies reached (19.7%) that occurred in Indonesia (Rahayu, Suciawati and Indrayani, 2021). According to the Population and Family Planning Agency (BBKBN) this unwanted pregnancy accounts for 75% of maternal mortality (Kharisma, 2020).

Based on data obtained by PILAR PKBI Central Java, cases of unwanted pregnancy (KTD) in adolescents that occurred as a result of premarital sexual behavior were 64 cases in 2013 where 26 cases of KTD came from the city of Semarang. Meanwhile, the number of cases in



2018-2019 has increased, namely to 91 cases for the Semarang city area itself (PILAR PKBI Central Java, 2019)

Teenage pregnancy in Semarang City in 2020 was 885 cases. The distribution of cases is highest in the working area of the Gayamsari Health Center. The impact of adolescent pregnancy is complications in pregnancy and increases the risk of maternal and child mortality (Ministry of PPPA, 2020).

Based on the results of a preliminary study conducted at the Bulu Lor Health Center, the data of unwanted pregnancies in June there were 3 cases, July 2 cases, August 2 cases therefore investigators were interested in taking Midwifery Care in Adolescents With Unwanted Pregnancies in Adolescents.

Teenage pregnancy also gives rise to quite severe psychological consequences (Alifah, Apsari and Taftazani, 2021). Getting pregnant out of wedlock is influenced by several factors that include lack of sex education or knowledge around reproductive health, permissive attitudes in the social environment, negative impacts of technological advances, influence of friends and parental parenting (Alifah, Apsari and Taftazani, 2021).

The social impact received by adolescents who become pregnant out of wedlock is to get negative stigma or ridicule by the surrounding environment. They also received treatment such as being ostracized or even expelled.

2. 2. BENEFIT

Able to carry out obstetric care in Infants with Hyperbilirubin using these 7 varney steps appropriately if you encounter obstacles in implementing the program.

Psychologically, adolescents who become pregnant out of wedlock will experience confusion and feelings of guilt, become more mature and have difficulty adapting to the environment (Fathin, 2017).

Research conducted by (Nawati, 2018). The impact of unwanted pregnancy on this study identified 3 themes, namely: Theme 1. Psychosocial Problems Impact of Unwanted Pregnancy, Theme 2 Rejection of Pregnancy and Theme 3 Lack of Pregnancy Care. Meanwhile, the impact of unwanted pregnancy on the care of the baby identified 1 theme, namely: It Takes Time to Receive a Baby.

Research conducted by (Salahudin Liputo, 2019) found results that the incidence of unwanted pregnancy will definitely have an impact on the psychology of everyone who experiences it. This happens because of several factors including: the fear factor of family reactions, the fear factor of future damage and the fear of social penalties obtained.

Research conducted by (Tinarti, 2020) states that the age of parents has an effect on the form of parenting applied to their child. The older the father' age, the more mature the development that will be stimulated to their children. Mothers who tend to be young are less aware of the development of their child.

Based on the background above, the author is interested in taking a case study with the title Midwifery Care in Adolescents With Unwanted Pregnancies?

3. RESEARCH OBJECTIVES

The writing method used by authorizing by collecting data with interview, physical examination, observation, literature study, and documentation.

4. METHOD

The writing method used with the author by collecting data by interview, physical examination, observation, literature studies, and documentation.

5. DISCUSSION

Based on the results of the obstetric care case carried out on Ms. S aged 16 years G1POA0 week gestational age with unwanted pregnancy at the Bulur Lor Health Center the main problem is that Ms. S is anxious about her pregnancy and tries to abort her pregnancy, Ms. S even wants to kill herself because no one supports her pregnancy and the parents do not accept her pregnancy. according to the theory of Cahya Rosyida (2021) the impact of unwanted pregnancy, namely The medical risk of unsafe abortion contributes to the death of health disorders . Psychological Guilt, Depression, Anger, Adolescents or future mothers feel unwilling and unprepared . Psychosocial Pressure from society that denounces and rejects the situation, Excommunicated from the community environment and loses confidence. supported by research conducted by Fathin (2017). The social impact received by adolescents



who become pregnant out of wedlock is to get negative stigma or ridicule by the surrounding environment. They also received treatment such as being ostracized or even expelled. Psychologically, adolescents who become pregnant out of wedlock will experience confusion and feelings of guilt, become more mature and have difficulty adapting to the environment.

Research conducted by Salahudin Liputo (2019) found results that the incidence of unwanted pregnancy will definitely have an impact on the psychology of everyone who experiences it. This happens because of several factors including: the factor of fear of family reactions, the factor of fear of future damage and fear of social sanctions obtained. as for the research conducted by Nawati (2018). The impact of unwanted pregnancy on this study identified 3 themes, namely: Theme of Psychosocial Problems The Impact of Unwanted Pregnancy, Theme of Rejection of Pregnancy and Theme of Lack of Pregnancy Care. Meanwhile, the impact of unwanted pregnancy on the care of the baby was identified the theme, namely: It Takes Time to Receive a Baby.

There are several causal factors that cause unwanted pregnancies in Ms.S, namely Economic Factors, education, parenting. This is in accordance with research conducted by Ismawati (2017) in his research revealed that low knowledge of reproductive health encourages the occurrence of KTD, *permissive-indifferent* parenting patterns tend to let adolescents in association so that adolescents are easily affected in promiscuity. supported by research conducted by Lesterina (2021) Research shows that the causes of unwanted pregnancy in adolescents are lack of knowledge about reproductive health and sexuality, access to information media about pornography, parental treatment of adolescents.

In the management carried out on Ms. S, namely by Explaining to Ms.E about the results of the examination, explaining about the abortion, explaining the impact of abortion, explaining to Ms.E that she can still choose what kind of future she wants to achieve, Give Ms.E emotional support, Explain to the patient that with an incident like this it can be resolved with a family, Explain the patient that from the puskesmas will provide assistance to explain to explain to family, Recommend to consume nutritious food, Make a

referral to the Dr for psychological treatment, Recommend the patient for a re-visit tomorrow to be given counseling by Dr . according to Muchlisiana's theory (2021) unwanted pregnancy management, namely Resolved as a family, Immediately get married, Counseling for religion, planning, Ownership examination, If there is a psychiatric disorder, refer to a psychiatrist, If there is a high risk of pregnancy, refer to SpOG.

6. AUTHOR CONTRIBUTIONS

Nindi Mubarakatun Nafisah, Maria Ulfah Kurnia Dewi , Indri Astuti Purwanti, Nuke Devi Indrwati.

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CASE REPORT PREECLAMPSIA IN PREGNANT WOMEN IN WORK AREA KISMANTORO HEALTH CENTER WONOGIRI WITH DASH METHOD

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ABSTRACT

Preeclampsia is one of the causes of the high maternal mortality rate seen on a national and regional scale and is usually characterized by symptoms such as hypertension, edema, proteinuria. In 2021 there were 23 cases of preeclampsia and 11 cases with preeclampsia referred. The results of interviews with 2 mothers who experienced preeclampsia were a history of hypertension before pregnancy and the mother's age was > 35 years with multipara. DASH (Dietary Approaches to Stop Hypertension) is an effective diet method for people with hypertension. The DASH diet approach can be used as a non-pharmacological therapy and as a substitute for drugs. The results of the study showed that participants had complaints of dizziness and heartburn for 3 days, pregnant women at the age of > 35 years and had a history of high blood pressure before pregnancy. Objective data showed high blood pressure 150/100, edema in the right and left legs, positive urine protein. The diagnosis in this case was preeclampsia with initial treatment in collaboration with doctors for further examination and treatment and recommending participants to adopt a DASH diet every day at home. Notes of development in the first week, participants were no longer dizzy and heartburn and edema were reduced. The results of the second week, participants did not experience edema and decreased blood pressure. Treatment of preeclampsia with the DASH diet method can lower blood pressure when properly applied every day.

Keywords: Preeclampsia, DASH, Pregnancy

1. INTRODUCTION

Preeclampsia is a contributor to the high maternal mortality rate is preeclampsia. Preeclampsia or eclampsia is a complication that is often experienced by pregnant women. Viewed on a national and regional scale, preeclampsia or eclampsia is a major cause of maternal death, namely bleeding, preeclampsia, and infection [Elsanti, 2020].

Preeclampsia is a collection of symptoms that occur in pregnant women, childbirth, and the puerperium consisting of hypertension, edema, and proteinuria that appear at 20 weeks gestation until the end of the first week after delivery. Preeclampsia is a serious problem and has a fairly high level of complexity. The magnitude of this problem is not only because preeclampsia affects the mother during pregnancy and childbirth, but also causes postpartum problems, such as the risk of cardiometabolic disease and other complications [Muzalfah et al., 2018].

According to the World Health Organization (2019), the maternal mortality rate in the world is 303,000 people. The Maternal Mortality Rate in Association of Southeast Asian Nations is 235 per 100,000 live births (ASEAN Secretariat, 2020). According to the Indonesian Demographic and Health Survey Data, the Maternal Mortality Rate in Indonesia increased from 228 per 100,000 live births in 2002-2007 to 359 per 100,000 live births in 2007-2012. MMR decreased in 2012-2015 to 305 per 100,000 live births and the number of maternal deaths in Indonesia in 2019 was 4,221 cases [Kemenkes RI, 2021].

According to the Ministry of Health in Indonesia, the maternal mortality rate is 1712 per 100,000 live births. Meanwhile, the IMR in 2017 was 10294 per 1,000 live births [Kemenkes RI, 2021].

MMR achievement in 2020 is 98.6/100,000 life birth; IMR: 7.79/1000 life birth and infant mortality rate 8.99/1000 life birth) although this figure is much better than the national target



(MMR: 226/100,000 live birth; IMR: 24/1,000 live birth) however, the MMR achievement is lower than the MMR achievement in 2019 (AKI 76.93/100,000 KH; IMR: 8.24/1000 KH and AKABA 9.65/1000 KH [Dinas Kesehatan Provinsi Jawa Tengah, 2021].

The MMR in 2020 is 111.45 per 100,000 live births, this has increased again compared to 2019 which was 73.87 per 100,000 births. The most common causes of maternal death in Wonogiri Regency in 2020 were bleeding 5 people, severe pre-eclampsia (PEB) 3, broncho pneumonia 1 person, hyperthyroidism 1 person, heart disease 1 person, amniotic fluid embolism 1 person [Dinas Kesehatan Wonogiri, 2021].

The results of the study [Wijaya, 2021] with the title Management of Preeclampsia in Pregnant Women at PMB Siti Azizah Wijaya, S.ST., Bd showed that participants 1 and 2 had complaints of swollen feet accompanied by headaches. On examination of vital signs, participants 1 and 2 showed high blood pressure results. After being given implementation in the form of observing blood pressure, recommending bed rest, implementing a diet with the DASH diet and soaking the feet using warm water mixed with salt, it was found that participant 1 was resolved at week 3 and participant 2 was resolved at week 4. This occurs because participant 2 is more cooperative than participant 1.

Based on the results of a preliminary study at the Kismantoro Wonogiri Health Center, the number of cases of preeclampsia has increased from 2020 to 2021. In 2020 the number of pregnant women with preeclampsia was 11 cases and preeclampsia were referred as many as 7 cases. Meanwhile, in 2021 there were 23 cases of preeclampsia and 11 cases with preeclampsia who were referred. The results of interviews with 2 mothers who experienced preeclampsia were a history of hypertension before pregnancy and the mother's age was over thirty five years with multipara.

Based on (Hapsari, 2016) One way to control hypertension, especially in pregnancy, is to adjust the diet using the DASH method. Since the publication of the results of the DASH diet research in 1997, the DASH diet has been widely recommended to prevent and treat hypertension. The Dietary Approaches to Stop Hypertension (DASH) diet study states that a diet high in vegetables, fruit, and low-fat dairy products that

are low in saturated fat and total fat and high in potassium, calcium, and magnesium can lower systolic blood pressure by 6-11 mmHg. and diastolic blood pressure of 3-6 mmHg [Rahadiyanti et al., 2015] .

The DASH diet approach is not only used as a non-pharmacological therapy but can be used as a substitute for drugs [Fitriyana & Wirawati, 2022]. To anticipate the occurrence of unwanted things in pregnant women with symptoms that lead to preeclampsia, it is recommended to carry out routine and regular antenatal checks. This is useful for early detection if the mother's body finds signs and symptoms of preeclampsia, so that the mother can immediately get treatment. In addition, patients can also do bed rest early and apply a good diet so that their condition does not worsen and is expected to be more stable than the previous condition.

Therefore, in helping efforts to accelerate the decline in MMR and IMR, one of the authors is implementing continuous care or Continuity of Care. Continuity of Care in midwifery is a series of continuous and comprehensive service activities starting from pregnancy, childbirth, postpartum, newborn care and family planning services that link women's particular health needs and individual circumstances (Homer et al., 2014).

2. PATIENT IDENTITY

The patient named Mrs. S, 36 years old. His last education was junior high school, he worked to take care of the household, address Gesing Kismantoro.

The main complaints are dizziness and heartburn for 3 days. Pregnant with 2nd child and never miscarried. History of disease, namely having had hypertension in the first pregnancy.

3. CLINICAL FINDINGS

Good general condition, Compos mentis consciousness, Blood pressure: 150/100mmHg, Respiration: 20 x/min, Pulse: 80 x/min, Temperature: 36.5oC, TFU: 28 cm, head presentation, convergent, contractions: none, FHR : 142 x/minute, right and left lower extremely edema.



4. TIMELINE

Time	Subjective	Objective	Assessment	Planning
07.07.22 10.00	Dizziness and heartburn for 3 days	Blood pressure: 150/100 mmHg, Respiration: 20 x/minute, Pulse: 80 x/minute, Temperature: 36.5oC, TFU: 28 cm, head presentation, convergent, contraction: none, FHR: 142 x/minute, lower extremity edema.	Mrs. S G2P1A0 36 years old 34 weeks pregnant single fetus live intra uteri, longitudinal position, cephalic presentation, puca, convergent with preeclampsia	1. Explain to the mother about the current state of her pregnancy 2. Explain to the mother about preeclampsia 3. Observation of KU, vital signs, especially blood pressure, and ask the mother to tilt to the left while sleeping. 4. Advise the mother to bed rest and soak the feet in warm water 5. Give moral support to mother 6. Give KIE to the mother regarding the management of preeclampsia with the DASH method 7. Collaborate with doctors for further examination 8. Advise mother to visit again in 1 week
14.07.22 09.00	Mom is no longer dizzy and no pain in the pit of the heart	Blood pressure: 150/95 mmHg, Respiration: 20 x/minute, Pulse: 80 x/minute, Temperature: 36.5oC, TFU: 28 cm, head presentation, convergent, contraction: none, FHR: 142 x/minute, lower extremities slightly edematous	Mrs. S G2P1A0 36 years of age 35 weeks pregnant, single live intrauterine fetus, longitudinal position, cephalic presentation, puca, convergent with preeclampsia	1. Explaining the results of the examination to the mother that the mother's condition has improved such as the mother is no longer dizzy and has heartburn, reduced blood pressure, reduced edema 2. Encourage mothers to continue implementing the DASH diet at home, namely a diet rich in fruits, vegetables, whole grains, nuts, fish, and low-fat milk. These foods are high in important nutrients, such as potassium, magnesium, calcium, fiber, and protein. 3. Advise the mother to rest enough during the day 1-2 hours and 7-8 hours at night 4. Advise the mother to continue to take vitamins from the doctor 5. Advise control mother for 1 more week to monitor general condition and vital sign
21.07.22 08.00	Mom has no complaints, just wants to check her pregnancy	Blood pressure: 146/90 mmHg, Respiration: 20 x/minute, Pulse: 80 x/minute, Temperature: 36.5oC, TFU: 29 cm, head presentation, convergent, contraction: none, FHR: 150x/minute, extremities no edema	Mrs. S G2P1A0 36 years of age 36 weeks pregnant, single live intrauterine fetus, longitudinal position, cephalic presentation, puca, convergent with preeclampsia	1. Explain the results of the examination to the mother that her condition has improved, blood pressure has decreased, there is no edema, positive urine protein 2. Encourage mothers to continue implementing the DASH diet at home, namely a diet rich in fruits, vegetables, whole grains, nuts, fish, and low-fat milk. 3. Advise the mother to rest enough during the day 1-2 hours and 7-8 hours at night 4. Giving counseling to mothers with danger signs in pregnancy such as severe dizziness, blurred vision, heartburn, bleeding, seizures 5. Giving counseling to the mother for signs of labor such as urinating in the lower abdomen, removing blood mucus, removing fluid/amniotic fluid from the birth canal 6. Provide counseling to mothers regarding preparation for childbirth 7. Advise the mother to continue to take vitamins from the doctor 8. Instruct the mother for control in 1 week to monitor general condition, vital sign and signs of labor.

5. DIAGNOSTIC CHECK

Investigations carried out were urine protein examination with positive results. The diagnosis of this case was preeclampsia. This diagnosis is supported by research results which state that (Peres et al., 2018) Preeclampsia is a hypertensive condition found at gestational age over twenty

weeks with or without urine protein and accompanied by other organ disorders.

The prognosis in this case is preterm delivery. This is in line with the theory Norwitz ER, Repke JT in Hidayati et al., 2018 One of the prognosis for preeclampsia in pregnancy is the risk of complications to the mother and fetus, such as



impaired fetal growth, preterm birth, placental abruption, and Intra Uterin Fetal Death.

6. INTERVENTION THERAPY

The intervention carried out during the visit was to encourage mothers to apply the DASH method, namely a diet high in important nutrients, such as potassium, magnesium, calcium, fiber, and protein. (Nurhayati, 2021). Based on research (Porouw & Yulianingsih, 2019) The content of sodium and potassium in Ambon bananas is proven to be able to reduce high blood pressure in pregnant women when consumed regularly and with the right dose.

The next implementation is to encourage mothers to do bed rest (Novitasari et al., 2018), In addition, it is recommended that mothers soak their feet in warm water (Sabattani et. al., 2016).

Management in cases of preeclampsia also provides referrals or recommendations to the hospital for further examination and treatment with the patient's consent.

7. FOLLOW UP AND RESULT

Monitoring is carried out every 1 week, by conducting home visits, at the first visit there is a development of the mother's condition, namely complaints of dizziness and heartburn have disappeared, reduced leg edema, there is a decrease in diastolic blood pressure of 5 mm Hg. The second visit showed progress with a decrease in systolic blood pressure of 4 mm Hg and diastolic 5 mm Hg, no edema, urine protein was still positive.

8. CONCLUSION

Treatment of preeclampsia with the DASH method can lower blood pressure if applied every day properly. Collaboration with doctors is also very necessary for further examination and therapy.

9. INFORMED CONSENT

Informed consent has been done on July 7, 2022 and the patient is willing to be a respondent.

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CASE REPORT MEDICAL DELIVERY CARE IN NY. M G1P0A0 AGE 26 YEARS OF PREGNANCY AGE 41 WEEKS WITH PREMATURE RUPTURE OF MEMBRANES (PROM) AT ROEMANI MUHAMMADIYAH HOSPITAL SEMARANG

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ABSTRACT

Childbirth is a process of expulsion of the products of conception. This phase takes place when the fetus is mature to live outside the womb. Normal or spontaneous labor usually lasts for 18 hours without complications. The cause of maternal death in Indonesia is caused by one of them, namely premature rupture of membranes (PROM). Premature rupture of membranes is the spontaneous rupture of the membranes before entering the labor phase. Premature rupture of membranes can be caused by weakening of the amniotic membrane accompanied by continuous uterine contractions. The purpose of this study was to provide midwifery care for mothers with premature rupture of membranes (PROM) using the 7-step Varney approach. The method used in this research is a case study. The location of this case study was conducted at Roemani Muhammadiyah Hospital, Semarang. As for the subject of the case study is the mother who experienced PROM. The time of the implementation of this case study was carried out on July 28, 2022. The technique of collecting data was from physical examination, interviews and observations (Observation), Secondary data included literature study. The care provided in this case is the administration of Ringer Lactate infusion as much as 20tpm and providing moral support to reduce maternal anxiety. After being given 2 days of care, the result is that the mother's general condition is good and the baby has been born safely. After being given midwifery care for 2 days, the mother has given birth safely.

Keywords: Labor, KPD

1. INTRODUCTION

According to data from the World Health Organization (WHO), the maternal mortality rate (MMR) in the world in 2017 was 211 per 100,000 live births (KH) or an estimated number of maternal deaths was 295,000 deaths per year. The maternal mortality rate (MMR) is an important indicator to see the importance of the health status of a nation and is one of the components of the development index and quality of life index (Sumarmi, S., 2017).

In 2015 the target of AKA and IMR will be achieved. The causes of death were low birth weight (29%), asphyxia (27%), problems giving water (10%), hematological disorders (6%), infection (5%), and other causes (13%) (Setiawati, Y, Nurafni ;A, 2019).

Neonatal health services include coverage of the first neonatal visit or KN1 which is an indicator that describes health efforts made to reduce the risk of death in the neonatal period, namely 6-48 hours after birth which includes

visits using an integrated management approach for young children (MTBM) including infant care counseling, newborns, exclusive breastfeeding, administration of vitamin K1 injection and hepatitis B0 injection if it has not been given.

RI government regulation number 87 of 2014 concerning population development and family development, family planning, and family information systems states that the family planning program (KB). In its implementation, the target of implementing the family planning program is that couples of childbearing age (PUS) are married couples who are involved in a legal marriage, whose wives are between 15 and 49 years old (Indonesian Health Profile 2017).

Based on a preliminary study conducted on 30 June – 28 July 2022 at Roemani Muhammadiyah Hospital Semarang, it was found that mothers gave birth with KPD.



2. CLINICAL FINDINGS

Based on the results of the case of MEDICAL CARE FOR DELIVERY IN NY. M G1P0A0 AGE 26 YEARS OF PREGNANCY 41 WEEKS WITH Premature Rupture of membranes (PROM) clinical findings were obtained, namely pregnant women who wanted to give birth at 41 weeks of age complained of premature rupture of the membranes. Based on the complaints that the mother felt and based on the results of the examination carried out, the mother is currently experiencing premature rupture of membranes (PROM).

3. HISTORY OF DISEASE

Based on the results of the anamnesis, Mrs. M has never suffered from inherited diseases such as hypertension, DM and a history of infectious diseases such as hepatitis, tuberculosis and HIV/AIDS, and has no history of degenerative diseases such as tumors, cancer of the reproductive organs.

4. DIAGNOSTIC CHECK

Based on the anamnesis and clinical findings of the diagnostic examination carried out on Ny. M is to perform a Haematological examination which includes hemoglobin, leukocytes, platelets, hematocites and erythrocytes. This diagnostic examination is carried out to determine whether the mother has anemia or not.

Based on the diagnostic tests that have been carried out, the following results were obtained:

Table 1. Haematology examination results

Inspection	Results	Referral value	Unit
Hemoglobin	12.8	13.0 - 18.0	g/dl

5. DIAGNOSIS

Based on subjective data and objective data, the diagnosis of Ny. M age 26 years P1A0 41 weeks gestational age single fetus live intra uterine longitudinal position PUKA preskep with PROM.

6. THERAPY INTERVENTION

Based on the diagnosis obtained, the treatment given to Mrs. M is to give Ringer Lactate infusion therapy

7. FOLLOW-UP

Based on the results of the case of midwifery care carried out on Ny. The follow-up that was given was to give birth immediately.

8. DISCUSSION

Based on the results of the subjective data assessment, the mother said that the water came out of the birth canal on 28.07.2022 at 02.20WIB. Mother said her pregnancy had passed the interpretation of childbirth. Mother's HPHT is 14.10.2021. At term gestational age, the risk of PROM is higher because the intrauterine pressure increases so that it presses on the membranes, causing premature rupture of the membranes. This statement is in line with the research results (Handiani, 2021) which states that there is a significant relationship between gestational age and the incidence of PROM.

Supported by the results of other studies which state that mothers with gestational age at term are 3,300 times more likely to experience premature rupture of membranes compared to preterm and postterm gestational ages. (Maria & Sari, 2017). This is in line with the research results (Nurfianto et al., 2019) which states that PROM can occur at all gestational ages, namely preterm, term and postterm.

The results of the assessment of objective data showed that there was clear fluid in the genitalia and the results of the litmus test were positive. This is in line with the theory according to (Metti, 2021) which states how to diagnose PROM can be done with the nitrazine test or a test using litmus paper. Mothers experience PROM if the test results change color from pink to blue. Based on the results of the assessment of subjective and objective data, it can be concluded that the mother has PROM.

The handling of the PROM case at the Roemani Muhammadiyah Hospital, Semarang, was induction of labor using RL infusion and 5 IU of oxytocin. This statement is in accordance with the results of the study (Sinaga, 2020) which states that one of the indications for labor induction is KPD.

According to research (Kulhan & Kulhan, 2019) induction using oxytocin is more effective than using dinoprostone. This is in line with research (Hasriani, 2017) which stated that there was an effect of giving oxytocin on cervical opening in a variety of labor cases. the average



acceleration of cervical dilatation in labor cases was PROM (23.4%), serotinus (21.60%), uterine inertia (18.30%), preeclampsia (13.30%), average cervical dilatation failure rate in cases of PROM (1.70%), serotinus (3.30%), uterine inertia (6.70%), and preeclampsia (11.70%). Which means, giving oxytocin in cases of PROM is the right way to handle these cases.

According to other research conducted (Covinos et al., 2019) stated that there was no difference in labor induction using misoprostol and oxytocin in the duration of the latent phase, active phase, duration of fetal labor, placental delivery, fetal distress, type of labor termination and Apgar at I or 5 minutes. There was a significant difference for complications during expulsion, the rate of postpartum hemorrhage, uterine hypotonia, and a longer expulsive period were higher in the misoprostol group while for oxytocin the most frequent complication was retained placenta. Thus, it can be concluded that the use of oxytocin is safer to use for labor induction. In line with research results (Reni & Sunarsih, 2017) stated that oxytocin is effective given intravenously in women giving birth with indications of KPD.

9. CONCLUSION

After being given care for 2 days, mothers giving birth with KPD can be handled.

10. SUGGESTION

Can provide integrated and comprehensive services in providing health services, especially for mothers in labor with KPD.

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EMERGENCY CASE STUDY IN 20 YEARS OLD NY E P1A0 ACCEPTOR OLD CONTRACEPTION MKJP IMPLANT WITH FAILURE (PREGNANT) AT KEDUNGUMUNDU PUBLIC HEALTH CENTER

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ABSTRACT

The main problem In making the final project, many theories state that the effectiveness of implant contraceptives is high between 97-99%, according to data reported by BKKBN in one research journal, there are 2 implant contraceptive acceptors who fail. This can be reviewed, one of which is in terms of the services of health workers. Destinationthesis,applyemergency midwifery care for Mrs. E aged 20 years P1A0 old acceptor of MKJP implant contraception with failure (pregnancy) at the Kedungmundu Public Health Center. Scopenameily implant contraceptive acceptors in the working area of the Kedungmundu Health Center. The final project report method is a descriptive method, the type of the final project report is a case study. Results from the discussion of this final projectconducted from April 11, 2022 to June 10, 2022, that foundthere is a gap between theory and practice, where the actions taken by puskesmas officers when placing implants in family planning safari activities, namely directly installing implant capsules,without doing a PP test or making sure the prospective acceptor is not pregnant first, this is behaviorwhich is not in accordance with the SOP of the Kedungmundu Health Center and several previous research journals. In conclusion, after the author conducted a case study, it can be concluded that the author can applyEmergency Case Study on Mrs. E, Age 20 Years Old P1A0 Acceptor of MKJP Implant Contraception with Failure (Pregnant) at Kedungmundu Health Center

Keywords: Failure, MKJP, Implant, Pregnancy

1. INTRODUCTION

Of the total 237,690 PUS in 2021 reported by the Semarang City Health Office, 175,603 pairs are active family planning participants. Meanwhile, Semarang City KB participants in 2021 mostly chose hormonal KB, namely injectable KB which was recorded to reach 84,799 participants, then in the third place, namely implant contraception, it reached 11,008 KB participants in 2021(BKKBN, 2021). Active family planning participants are family planning participants who are currently using contraceptives to space pregnancies or terminate fertility. Based on data from the Ministry of Health, in 2019 active family planning participants or contraceptive implant acceptors in Semarang City reached 5.5% then increased in 2020 to 5.6% and increased again in 2021 reaching 6.3%(Ministry of Health RI, 2019).

According to data reported in the family planning cohort, users of MKJP, especially implants at the Kedungmundu Health Center in 2019 reached 5%, then decreased in 2020 to 4.8% and continued to decline in 2021 to 4.7%. After a

survey was conducted, the average WUS was reluctant to use MKJP, this could be seen in terms of the services of health workers, in terms of equipment availability, in terms of delivering or communicating educational information (KIE) and cultural barriers (BKKBN, 2021).

In research journals(Sari et al., 2020)It has been reported that the MKJP failure rate is 2/1000 users. Although according to the theory the effectiveness of implant contraceptives is high, in fact, according to data reported by the BKKBN in related research journals, there are 2 implant contraceptive acceptors who failed. Therefore, the authors feel the need to conduct a deeper study to find out the causes of the failure of the contraceptive and also provide emergency obstetric care for long contraceptive acceptors, MKJP implants with failure (pregnancy) at the Kedungmundu Public Health Center.

2. METHOD

This research usesdescriptive method with the type of final project report is a case study (case study).



3. PATIENT INFORMATION

Mrs. E, 20 years old, Islamic religion, Javanese ethnicity/nation, high school education, household work, address Jln Jangli RT 03 / RW 02, Sub-District Kedungmundu, District Kedungmundu, Semarang

4. CLINICAL FINDING

General condition: good, consciousness: composmentis, vital signs, blood pressure: 113/79 mmHg, temperature: 37.1 C, pulse: 80 x/minute, RR: 20 x/minute, current weight: 48 kg, body weight before birth control : 45 kg.

Physical examination breast inspection: symmetrical, clean, hyperpigmentation of the areola and papillae, nipple protruding, palpation: no tenderness, no discharge, inspection abdomen: symmetrical, no postoperative wound, uterine enlargement and no striae gravidarum, palpation leopold I: palpable round and soft ie buttocks, TFU one finger below the center, lepold II: palpable long hard on the right and there is resistance that is the back of the fetus, and on the left palpable small parts of the extremities of the fetus, leopold III: thard and bouncy round touch, namely fetal head, Leopold IV: Can still be shaken or has not entered PAP (convergent), TFU Mc. D: 15 cm, above the symphysis, auscultation: FHR 135x/minute, TBJ: 620 grams.

Investigations: ultrasound on 10 April 2022 there was a gestational sac, estimated UK 23+3 weeks and HPL 04th August 2022.

5. TIMELINE

From the results of the study conducted by the author, from April 11, 2022 to June 10, 2022, regarding the emergency of Mrs. E, aged 20 years, PIA0 acceptor of long contraception, MKJP implant with failure (pregnancy) at the Kedungmundu Public Health Center.

Problems were found, including:

- a. Negligence of health workers in inserting implant capsules
- b. Patient age 20 years
- c. Patient detected pregnant
- d. Patients feel anxious and worried

6. THERAPEUTIC INTERVESION

- a. *Negligence of health workers in inserting implant capsules*

Health workers in placing implanted capsules in family planning safari activities do not carry out PP tests or ensure that prospective acceptors are not pregnant first and do not carry out in-depth assessments regarding the last time of menstruation. This action is inversely proportional to one international research journal(G, 2018)in the United States at a rate of 52 per 1000 women. Among US women, nearly half of unwanted pregnancies are due to inappropriate or inconsistent use of contraceptive methods. Long-acting reversible contraceptives (LARC) including intrauterine devices and subdermal implants.

b. *Patient age 20 years*

The patient's current age is 20 years and married at the age of 18 years, including one of the factors that women are at risk, including those that trigger family planning failure, this sentence is based on a research journal.(Diasanti & Sutiawan, 2018)explained the incidence of unwanted pregnancy in women of risk age (≤ 20 years and 35 years) in Indonesia by 18%. It is necessary to improve the quality of family planning counseling services and health promotion regarding contraceptives by contraceptive service officers, especially for young couples, so as to reduce the rate of family planning failure.

c. *Patient detected pregnant*

The patient was detected pregnant through ultrasound on April 10, 2022 and found UK 23+3 weeks with the implant capsule still attached to the left arm, so it is necessary to monitor the mother's condition to suppress the occurrence of implant contraceptive complications that may occur, such as premature birth or sepsis. These complications are supported by research journals(Tufa et al., 2022)which states that contraceptives are categorized as drugs that are contraindicated for women who are or have the possibility to become pregnant, because they can trigger premature birth, sepsis, miscarriage and ectopic pregnancy. Research journals (Muktar et al., 2020) also explain that the prognosis of pregnant women with implanted contraceptives is more likely to increase the risk of giving birth to babies with low birth weights, inhibiting fetal growth and development, asphyxia, poor nutrition, reduced duration or duration of breastfeeding. and get sick more often.



d. Patients feel anxious and worried

The patient said that he began to feel anxious and worried about his condition, as for one of the research journals that explained non-pharmacological ways to help reduce anxiety in pregnant women, namely the research journal. (Faithful & Official, 2020) also stated that one way to deal with anxiety with non-pharmacological therapy in handling anxiety for pregnant women in the COVID-19 pandemic era could be done with social support, Murottal Al-Qur'an therapy, yoga for pregnant women and motivational interviewing.

7. FOLLOW UP AND OUTCOME

a. Development Data I

Day, Date: Saturday, April 16, 2022, Time: 16.00 WIB at the patient's house.

Mother complained that she still felt pain in her left arm after the extraction and for the last 5 days she had not done any heavy work.

The author provides counseling:

Explained that the complaint he experienced, namely pain in the left arm after retraction, the complaint was still within normal limits. The other side effects after the extraction are swelling in the area around the extraction to bruising.

b. Development Data II

Day, Date: Sunday, May 22, 2022, Time: 08.00 WIB, via whatsapp

Via whatsapp media. The patient said that his complaints at the last visit had decreased.

c. Development Data III

Day, Date: Wednesday, June 8, 2022, Time: 09.00 WIB, at the patient's house

Mother said that there were no complaints either in the wound from the removal of the implant capsule or in her pregnancy

The author provides counseling:

Advise the mother to occasionally do an ultrasound examination and consult with an obstetrician to ensure the condition of her

pregnancy in order to avoid complications of implant contraception as previously described, namely premature birth or sepsis.

d. Development Data IV

Day, Date: Friday, June 10, 2022, Time: 10.00 WIB, at RB Citra Insani

Mother said that at this time she wanted to check her pregnancy using ultrasound.

Ultrasound results with Dr Obsgyn:

Ultrasound on 10 June 2022: single live fetus, intrauterine, lowest fetal head, PUKA, FHR (+), placenta in fundus, sufficient AK, estimated UK 32 +2 weeks and HPL August 04 2022.

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PREGNANT MOTHER'S ASSESSMENT ON HEALTH PROTOCOLS IMPLEMENTATION DURING COVID-19 PANDEMIC

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ABSTRACT

Implementing health protocols during the COVID-19 pandemic is crucial for pregnant women and midwives to protect mothers and their fetuses from the risk of COVID-19 infection. However, several studies showed a low proportion of people who implemented adequate preventive behavior. The study aimed to determine pregnant women's implementation of health protocols and assess midwives' health protocols. The methodology used is quantitative research with descriptive analysis. Primary data were collected through interviews using a questionnaire of 156 respondents selected by a simple random sampling method. Data collection was carried out in November 2020 in Sunggal Subdistrict and Hamparan Perak Subdistrict, Deli Serdang Regency, North Sumatra Province. The study results show that most pregnant women were 21-35 years were pregnant in the third trimester. The pregnant women were also educated in secondary school, had health insurance, and were not working. The implementation of Health protocols for pregnant women during health checks was 85.5 percent categorized as poor in terms of making no appointment before accessing ANC services and not conducting online consultations. The health protocol assessment performed by midwives is categorized as good (81.4 percent) which can be seen in the use of masks, using hand sanitizers, maintaining distance during services, not shaking hands, available hand washing facilities with soap (CTPS), and using PPE. Recommendations for Midwives are always expected to provide Information Communication and Education (counseling) to pregnant women regarding the importance of complying with the COVID-19 health protocol to break the transmission of the COVID-19 virus.

Keywords: Antenatal care, COVID-19, Health Protocol, Pregnancy

1. INTRODUCTION

Among the ASEAN countries, Indonesia shows the highest confirmed cases of COVID-19 infection [1]. During the COVID-19 pandemic, there were many restrictions on almost all routine services, including maternal and neonatal health services. For example, pregnant women are reluctant to go to primary health care (*Puskemas*) or other health service facilities for fear of infection. Moreover, there are recommendations for postponing pregnancy check-ups and classes for pregnant women, followed by insufficient resources in terms of personnel and health infrastructure, including personal protective equipment [2].

Pregnancy is a moment that all mothers-to-be eagerly await. However, a literature review indicated that during the COVID-19 pandemic,

pregnant women experienced concerns about the health of mothers and their children, including concerns about whether prenatal care was being met and feelings of isolation due to restrictions on activities outside the home [3]. As a part of health worker providing care for mothers and children, A midwife must be able to provide appropriate assistance, counseling, and even education so that expectant mothers can pass their pregnancy in peace. Education is given to prospective mothers and fathers, so they are always alert when accompanying their wives. Especially during the COVID-19 pandemic at that time, the health of pregnant women must be adequately maintained, so education related to preventing COVID-19 transmission needs to be given appropriately by competent health workers [4].



Furthermore, midwives must also be capable of informing pregnant women of reduced visits during a pandemic as long as there are no symptoms of an emergency. Exposure to COVID-19 during pregnancy can affect the growth and development of the fetus, although direct transmission from mother to fetus has not been proven by [5]. Furthermore, contracting disease or infection during pregnancy places pregnant women at an increased risk of abortion; this is due to decreased levels of oxygen that are transmitted through the placenta by the mother to the fetus, in addition to pregnant women who have comorbidities such as asthma, diabetes and hypertension are more at risk of having a premature birth in their fetus [5].

UNFPA, as an international organization in the field of reproductive health, emphasizes the use of personal protective equipment (PPE) by midwives as the frontline of services in the community. Health services for pregnant women, maternity, postpartum mothers & their babies, and even contraception services must be completed. Home visits are also one of the strategies for approaching services to women or mothers. Even though the service can be done online, in-visit service must be performed with a standardized PPE protection [5].

Studies indicated that anxiety about COVID-19 does not reflect on implementing health protocols [6,7]. A Study in Yogyakarta showed that the effort of COVID-19 prevention reflected low compliance with health protocols, with only 43% of people studied performing COVID-19 prevention in a suitable category [8]. Previous research in the Deli Serdang Regency area also showed that only 21- 41% of respondents had good knowledge of the COVID-19 prevention [9]. Furthermore, based on the data on the monitoring report on compliance with health protocols in Deli Serdang Regency from August 5 - August 11th of, 2020, shows that there are still 29% of people who do not use masks and 33.6% of people who do not keep their distance (remain in crowds) [10]. Data of the COVID-19 Handling Task Force updated by 25th October 2020, among 62,649 confirmed COVID-19 cases in Indonesia, 12,562 was found in North Sumatera Province, and 3,828 cases were found in Deli Serdang Regency [11]. Given the importance of implementing health protocols to prevent disease transmission during a pandemic, it is necessary to study the implementation of

health protocols during ANC visits conducted by pregnant mothers and health providers and to study mothers' assessment of provider behavior of health protocols.

2. METHODS

This study implemented a cross-sectional design using primary source data. Data collection was performed in November 2020 using a questionnaire in Sub-district Sunggal and Sub-District Hamparan Perak, Deli Serdang Regency. The number of respondents was 156 pregnant women, taken using a simple random sampling method. All the pregnant women who participated in the study gave their consent before the interviews, and the health protocol [using a face mask, 2-meter distance, and no physical contact] was applied during the interview.

The variable analyzed in this study is the behavior of implementing health protocols by DECREE OF THE MINISTER OF HEALTH OF THE REPUBLIC OF INDONESIA NUMBER HK.01.07/MENKES.382/2020 CONCERNING HEALTH PROTOCOL FOR THE COMMUNITY IN PLACE AND PUBLIC FACILITIES IN THE FRAMEWORK OF CORONAVIRUS DISEASE PREVENTION AND CONTROL OF CORONA VIRUS DISEASE 2019 (COVID-19) [12]. The behavior of implementing health protocols by pregnant women studied consisted of implementing health protocols during antenatal care (ANC), online ANC counseling, and making appointments before the ANC visit. Meanwhile, the assessment of health protocols carried out by antenatal care providers was measured based on the assessment of pregnant women on the question of whether, during the ANC examination, the provider staff wore masks, the officers used alcohol-based antiseptic liquid/hand sanitizer; there are hand washing facilities with soap at ANC locations, officers maintain physical distance, officers maintain minimal physical contact (by not shaking hands) and do officers use PPE during ANC checks.

The demographic variables in this study were the age of pregnant women, education, employment status, family income, health insurance, and the implementation of health protocols by the mother during ANC. Age was grouped as ideal age (21-35 years) and not ideal (age < 20 years or 36 years or older). Education is



grouped into upper secondary education (senior high school/equivalent and academy/college) and lower secondary education (not attending school, primary school, and junior high school/equivalent). Family income is grouped based on the UMR of Deli Serdang Regency in 2020. The implementation of health protocols is categorized as good ($\geq 76\%$ of the total score) and less ($<76\%$ of the total score).

3. RESULTS AND DISCUSSION

Table 1. Characteristics of the participants

Variable	Frequency (f)	Percentage (%)
Age		
21 - 35	126	80.8
≤ 20 or ≥ 36	30	19.2
Term of Pregnancy		
trimester 1	17	10.9
trimester 2	61	39.1
trimester 3	78	50.0
Education		
Lower education	59	37.8
Secondary education	97	62.2
Employment		
Working	32	20.5
Housewife	124	79.5
Health Insurance		
Yes	106	67.9
No	50	32.1
Place of ANC		
Obstetrician	6	3.8
Midwives	130	83.3
Primary health care	13	8.3
Hospital	7	4.5
Household Income		
$\leq 3.000.000$	124	79.5
$> 3.000.000$	32	20.5
Mode of Transportation		
Public Transport	0	0
Personal vehicle	156	100

The study found that as many as 80.8 percent of respondents who are pregnant women are aged 21-35 years, which means that they are included in the ideal age for women to get pregnant. Only 19.2 percent of respondents are pregnant at the age younger than 21 years and 36 years and over. Half of the respondents were pregnant in the third term; 39.1 percent were pregnant in the second trimester, and 19.9 percent in the first term. More

than half of the pregnant women (62.2 percent) were educated secondary, namely, high school and university or vocational education, while around are 38.2 percent educated primary or not attending school. Education contributes to a person's essential ability to think for decision-making, including prenatal care. Because knowledge will be obtained through formal education, it also changes the behavior for checking pregnancy even during the COVID-19 pandemic. Most respondents claim to be housewives (79.5 %) with a family income of less than or equal to three million rupiahs (79.5%). When checking their pregnancy, all respondents used their transportation, and 67.9 percent of respondents had health care insurance. 83% of respondents performed ANC visits at a midwife service; this is in line with the result of a previous study which found that the provision of antenatal care to pregnant women performed by midwives (85%) is much higher compared to other health service providers (15%) [13].

Table 2. Pregnant women's implementation of Health Protocols during ANC visit

Variable	Frequency (f)	Percentage (%)
Comply with health procedures during an ANC examination		
Always	132	84.6
Sometimes	17	10.9
Never	7	4.5
Make an appointment before an ANC visit		
Always	13	8.3
Sometimes	5	3.2
Never	138	88.5
Accessing online consultation		
Always	6	3.8
Sometimes	4	2.6
Never	146	93.6
Implementation of health protocols		
Good	22	14.1
Poor	134	85.9

During the COVID-19 pandemic, most pregnant women (84.6 %) claim to implement health protocols following the promoted behavior consistently; around 10.9 percent of pregnant women admit to sometimes practicing the health protocol, and 4.1 percent say they never practice



health protocol. The sanitation facilities provided at the ANC provider are vital in supporting pregnant women's behavior in practicing health protocol. Moreover, a safe and standardized practice, especially during the COVID-19 pandemic, enhance the safety of women, the healthcare provider, and another patient around the healthcare. Provision of supporting facilities under standardized procedure enhances the provider to improve the quality of ANC services for pregnant women, contributing to a quality service [2].

Most of the respondents (88.5 %) stated that they never made an appointment with the healthcare provider before the pregnancy check-up, meaning that pregnant women immediately came to the service center. Only 8.3 percent and 3.2 percent have followed the procedure for a pregnancy check following the recommendations for maternal services during the COVID-19 pandemic. Remote registration is via communication media (phone call/message) to register an appointment/remote registration. In contrast, research on ANC found that during the COVID-19 pandemic, most of the time, pregnant women are required to make online registration before the appointment.

Furthermore, the study indicated that online registration via communication media/ phone also plays a role in anamnesis screening to look for risk factors and symptoms of COVID-19. Online screening also helps health care providers to administer referral for a swab or advance test if the result of the online screening indicates a suspected infection [14]. The government also encourages in-patients consultation and examination with the preceded healthcare workers' agreement [15].

The study also shows a tiny percentage of pregnant women who had an online pregnancy consultation, with 93.6 percent of women claiming never to have had an online pregnancy consultation. This means that while performing individual health protocols, such as wearing masks and practicing adequate handwashing, pregnant women lack media utilization regarding telemedicine service. Meanwhile, the government recommended that pregnant women's pregnancy consultations and class education are encouraged to be accessed using telemedicine applications (e.g., *Sehati tele-CTG*, *Halodoc*, *Alodoc*, *Teman bumil*, etc.) and continuing education through

SMS Bunda [15]. The class for pregnant women is carried out by utilizing telemedicine (including education about COVID-19 for pregnant women and the risks of low birth weight, breast care for successful breastfeeding, etc.) and applying the principles of hand hygiene and physical distancing [16]

Overall, around 86% of pregnant women practicing lack health protocols in the ANC setting; therefore, promoting mobile platforms of online registration and online consultation is further needed. In contrast, the study of the application of health protocols in preventing the transmission of COVID-19 to pregnant women found that most pregnant women performed an excellent health protocol [17]. As ANC providers, midwives, and other healthcare workers play a vital role in health protocol implementation [18]. Midwives are expected to consistently counsel the public regarding the importance of complying with the health protocol to break the COVID-19 transmission [19].

The proportion of ANC providers' behavior in implementing health protocols during the COVID-19 pandemic is shown on Table.3. Based on pregnant women's assessment, 81% of ANC providers practice an excellent health protocol. Furthermore, it is found that wearing masks is the health protocol that is most often carried out, with 93.6 percent of respondents stating that ANC providers always wear masks when performing ANC. Meanwhile, using PPE is the most often neglected protocol, with only 37% of respondents claiming that ANC providers always wear PPE. In comparison, almost 47% of respondents stated that the ANC provider never wears PPE. The study also finds that a small number of ANC providers never wear masks during ANC visits. Referring to the guidelines provided by the COVID-19 task force, healthcare workers were required to be able to use personal protective equipment correctly and obediently according to the place; and to have the ability to provide health education to the client's family in the community [15].

Tabel 3. Assessment of Pregnant Women on the Implementation of Health Protocols by ANC worker



Variable	frequency	percentage
ANC worker wore mask		(%)
Always	146	93.6
Sometimes	7	4.5
Never	3	1.9
ANC worker used handsanitizer		
Always	134	85.9
Sometimes	15	9.6
Never	7	4.5
ANC worker practice no-handshake		
Always	113	72.4
Sometimes	30	19.2
Never	13	8.3
ANC workers keep a safe distance		
Always	156	81.4
Sometimes	127	18.6
Never	0	0
ANC worker use PPE		
Always	58	37.1
Sometimes	22	14.1
Never	76	48.7
Handwashing facility available		
Always	146	93.6
Sometimes	7	4.5
Never	3	1.9
Health protocol implementation		
Good	127	81.4
Lacking	29	18.6

Personal protective equipment (PPE) is one of the effective methods of preventing transmission if its use is rational. Based on the assessment of pregnant women, only 37% of ANC workers use PPE. Still, this low percentage was likely influenced by respondents' perception of PPE because more than 90 percent of respondents stated that ANC providers always wear a mask. PPE components include gloves, face masks, protective goggles or face shields, and long-sleeved non-sterile gowns. Personal protective equipment will be effective if it is supported by administrative controls and environmental and technical controls [20] In providing health services, efforts to provide COVID-19 health protocol facilities include wearing masks, hand

washing, social distancing, hand sanitizer, and identifying rooms/objects around the environment [19]. Previous studies have shown that using masks during the pandemic is a practical step in preventing the transmission of infectious diseases, including preventing the transmission of coronavirus infections [21]. However, it is essential to remember that using masks to prevent COVID-19 must be supported by other health protocols, including maintaining distance, avoiding crowds, and maintaining hand hygiene [22].

The government encouraged healthy living behavior before the COVID-19 pandemic hit Indonesia through the CPTS program (adequate handwashing using soap under running water). During the COVID-19 pandemic, Hand sanitizer is very effective when there is no facility for handwashing, when it is difficult to find clean water, and when traveling [23]. Under the Ministry of Health's direction, a hand washing facility must be provided, including a sink with running water and liquid soap so that every visitor/patient washes their hands with soap (CTPS) when coming and going home from the health center [24]. COVID-19 affects all aspects of life, including the provision of health services and community and individual behavior. 72% of mothers considered that the midwife had made a habit of not shaking hands. This is done to minimize physical contact. When the covid-19 pandemic occurred, the habit of shaking hands and kissing the cheek started to be avoided to minimize the spread of the virus. Therefore, instead, people will show the movement of clasping both hands on the chest as a sign of greeting [25].

Minimal physical contact was also performed by maintaining a safe distance between the health worker and the pregnant woman. 81.4 percent of pregnant mothers perceive that ANC providers must maintain a safe distance during ANC services. Midwives maintaining a safe distance is believed to be effective in suppressing the spread of COVID-19. Doing physical distancing means not gathering in crowds, not having direct physical contact, and keeping a distance when meeting other people [25].

The implementation of Health protocols carried out by midwives according to the assessment of pregnant women was categorized as good at 81.4 percent. Midwives have carried out



several health protocols in services for pregnant women. Trained health workers carry out optimal and integrated antenatal care to minimize complications during the COVID-19 pandemic. Increase awareness of pregnant women to carry out regular and integrated pregnancy checks in health services and pay attention to health protocols [26]. Prevention and mitigation are crucial to health and community services implementation. Some of the most effective preventive measures in the community include practicing hand sanitizer with hand sanitizer when hands don't look dirty, washing hands with soap when hands look dirty and avoiding eye, nose, and mouth contact. Wear a medical mask for respiratory problems and practice hand hygiene after removing the mask. Keep a distance (at least 1 m) from people with respiratory problems [15].

4. CONCLUSION

The study found that among pregnant women during the COVID-19 pandemic, most women are 21-35 years, pregnant in the third trimester, have had secondary education, and are not working. While most pregnant women comply with individual health protocols at the time of antenatal checks, 85.5 percent of the pregnant women were categorized as lacking in implementing ANC protocols, particularly in terms of not making an appointment at the time of service and not conducting online consultations. Meanwhile, based on pregnant women's assessment, 81.4% of ANC workers can be categorized as good. However, a small percentage of mother perceives the inadequate practice of a comprehensive health protocol. This is implemented using masks, hand sanitizers, maintaining distance during services, not shaking hands, handwashing facilities, and using PPE. Recommendations for Midwives are always expected to provide Information Communication and Education (counseling) to pregnant women regarding the importance of complying with the COVID-19 health protocol to break the transmission of the COVID-19 virus.

5. AUTHORS' CONTRIBUTIONS

SS and EFH wrote the original draft; MAS conceptualized the study and created the methodology; EFH wrote, reviewed, and edited the manuscript. MAS, DNAN, UTW, EFH, and SS wrote the final manuscript.

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CASE REPORT ON BY MRS. D AGE 0 DAYS WITH MODERATE ASPHYXIA AT ROEMANI MUHAMMADIYAH HOSPITAL SEMARANG

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ABSTRACT

Asphyxia neonatorum is a condition that occurs when a baby does not get enough oxygen during the birth process. Asphyxia neonatorum is a condition in which the baby cannot breathe spontaneously and regularly, so it can reduce O₂ and increasing CO₂ which has bad consequences in further life. Many theories state that the neonatal mortality rate reflects the level of health development of a country and the quality of life of the community. One of the causes of infant mortality is asphyxia by 22.7%. In one research journal, Asphyxia is caused by fetal hypoxia in the uterus. Fetal hypoxia occurs due to disruption of the exchange and transportation of oxygen from mother to fetus so that oxygen supply to the fetus decreases and carbon dioxide levels increase so that asphyxia in neonates can cause organ system dysfunction. Based on the results of the assessment that has been done, the complaint Infants born spontaneously, term babies, weak KU, moaning, unable to breathe spontaneously, inactive movements, red body and blue extremities, the baby is hypothermic with a temperature of 35.2^oC. Based on the results of the previous history, the mother gave birth with a history of Premature rupture of membranes. The diagnosis in this case was Moderate Asphyxia with initial treatment of live saving and initial management (warm up, adjust position, inhale mucus, dry and tactile stimulation, adjust position, perform assessment), perform Positive Pressure Ventilation and administer O₂. After treatment Moderate Asphyxia Management at Roemani Semarang Hospital was continued with home visits on July 20, 2022 for newborns for monitoring and providing counseling.

Keywords: *Asphyxia, Neonate*

1. INTRODUCTION

According to the World Health Organization[1]The neonatal mortality rate in Southeast Asian countries is far below the 2030 SDG's target of 12 per 1000 live births, except in Indonesia, which is slightly off 12.4/1000 live births). Indonesia's has decreased by 61% since 1990-2019. More than 60,000 newborns die due to prematurity, asphyxia, and infection. The cause of infant mortality was mostly due to prematurity 34.7%, asphyxia 22.7% and the least caused by measles.

Neonatal Mortality Rate is still a priority in Central Java. The achievement of the target for the Java province in the last 4 years has decreased, namely 6.5 per 1,000 Live Birth in 2017, 6.1 per 1,000 Live Birth 2018. 5.8 per 1,000 Live Birth in 2019 and 5.7 per 1,000 Live Birth in 2015, although this figure is much better than the national target of 24.1/1,000 Live Birth. However, the SDGs target neonatal mortality has not been achieved, namely 12 per 1000 Live Birth [2].

Based on the results of the health service facility activity report, in 2020 the number of

infant deaths that occurred in Semarang City was 145 out of 23,825 live births, so that the Infant Mortality Rate (IMR) was 6.1 per 1,000 Live Birth. Infant mortality will decrease in 2021 to 133 of 21,840 live births. Most neonatal deaths in Semarang are caused by low birth weight 39%, asphyxia 18% and the least due to congenital abnormalities 17%[3].

According to a study conducted by[4], neonates with asphyxia have an increased risk of neonatal death caused by fetal hypoxia in the womb. Fetal hypoxia occurs due to impaired exchange and transport of oxygen from the mother to the fetus, so that the oxygen supply to the fetus decreases and carbon dioxide levels increase. Asphyxia in neonates can cause organ system dysfunction.

Based on the results of a preliminary study conducted at the Roemani Muhammadiyah Hospital in Semarang, there are additions and subtractions every year. In the last 5 years, the incidence of asphyxia in 2016 was 49 cases, 2017 was 48 cases, 2018 was 51 cases, 2019 was 49 cases, and 2021 was 54 cases[5].



2. PATIENT INFORMATION

By Mrs. D, age 0 hours, date of birth July 13, 2022, 17:45 WIB, male gender. Mother's name Mrs. D, age 24 years old, Islam, Javanese ethnicity/nation, high school education, household work, address Jl. Agasthis RT 10/08. Plamongan Indah

3. CLINICAL FINDING

General Condition: Good, Consciousness: Composmentis, HR: 100x/minute, SpO₂: 95%, temperature: 35.20C, BW: 3,200 grams, Apgar score 5-6-8. Physical examination : Nose: Attached O₂, symmetrical, no nostril breathing, Mouth: symmetrical lips, no cyanosis, moist, no labioskisis or labiopalatoskisis abnormalities, clean mouth and tongue. Chest: symmetrical, no clavicle fracture, no crackles or wheezing, chest retraction. Extremities: warm acral, no sidatyl or polydactyl abnormalities Reflexes: Moro: Weak, Root: Weak, Sucking: Weak, Grasping: Weak, Babynsky: Weak, tonic neck: Weak. Supporting examination: When Blood Sugar 116mg/dL.

4. TIMELINE

Progress Data I

Wednesday/13 July 2022, 18:43 WIB

Apgar Score: 5-6-8, monitoring the general condition of the baby such as breathing, movement, crying or not, cyanotic skin or not, evaluation: the baby is in normal condition, monitoring the administration of O₂, evaluation: has been monitored giving O₂ SpO₂ 97% and providing care normal newborn, evaluation: injection of vitamin k 1 mg, eye ointment, umbilical cord care, monitoring of bowel movements and baby gram photos have been carried out.

Progress Data II

Thursday/July 14 2022, at 07.10 WIB

GDS supporting examination: 116mg/dL, monitoring the administration of O₂, evaluation: monitoring the administration of O₂ SpO₂ 98%, monitoring body temperature until stable, evaluation: baby's body temperature 36.5 oC, monitoring HR and RR, evaluation: HR: 123 x/minute RR: 49x/minute, monitor for signs of hyperthermia and hypothermia, maintain baby's personal hygiene by cleaning defecation and urination using cotton swabs and DTT water and changing the umbilical cord every time it is

wet/humid, evaluation: personal hygiene has been maintained in infants, evaluation: sucking (+) , educate how to breastfeed, evaluate: Mother understands with the midwife's explanation and the mother has direct practice with babies, explains umbilical cord care, evaluation: mother understand umbilical cord care.

Progress Data III

Wednesday, July 20, 2022, at 16:10 WIB

When Blood Sugar supporting examination: 116mg/dL, recommends mothers to give exclusive breastfeeding or without giving anything including water for ± 6 months, only breast milk, evaluation: mothers are willing to give exclusive breastfeeding for ± 6 months, recommends mothers to dry their babies in the morning between 07.00 – 09.00 am for ± 10 minutes with the whole body open only using a pamper and eye protection, evaluation: the mother understands the explanation given and the mother is willing to dry her baby, recommends the mother to keep the baby's umbilical cord clean by changing the gauze after every bath or when the gauze is dirty, evaluate: Mother is willing to keep the baby's umbilical cord clean.

5. DIAGNOSTIC CHECK

The supporting examination carried out was a When Blood Sugar examination with a result of 116 g/dL. The diagnosis of this case is Moderate Asphyxia.

The prognosis in this case is good. Journal[6] explained that resuscitation should be started immediately before the 1st minute was counted, efforts to end asphyxia is to resuscitate and provide adequate oxygenation This is in line with the theory[7] Asphyxia baby's prognosis who has been carried out is at risk for experiencing worsening of the respiratory system and even death.

6. THERAPEUTIC INTERVENTION

Perform the haikal technique, namely warm the baby, adjust the position of the baby's head in semi-extension, suck mucus, dry the baby, adjust the position of the baby's head in semi-extension and do a cursory assessment.

Give O₂ to the baby as much as 1 liter times / minute to help the baby breathe. Perform positive pressure ventilation for 20 x 30 seconds with a depth of 20 cm/water to restore the baby's



breathing (after the first 30 seconds the baby cries loudly and moves actively).

7. FOLLOW UP DAN OUTCOME

Management carried out during home visits is to encourage mothers to give exclusive breastfeeding, encourage mothers to dry their babies in the morning between 07.00 - 09.00 am for \pm 10 minutes, teach mothers how to store breast milk correctly and explain to mothers about complete basic immunizations for babies.

8. DISCUSSION

Based on the results of care for newborn cases in the Peristi Room of Roemani Hospital, Semarang, there were cases of spontaneous newborns with a history of PROM delivery with the main problem, namely the baby had moderate asphyxia, the Apgar score was 5-6-8. In addition, the results of the assessment of the baby's temperature obtained a value of 35.2OC, this result indicates that the baby is hypothermic.

Asphyxia in cases by Mrs. D 0 days old PROM is in line with a research journal which stated that of the 40 respondents there were asphyxia babies with a history of premature rupture of membranes at term as many as 27 babies (67.5%) and asphyxia babies with a history of premature rupture of membranes at term as many as 13 babies (32.5%). The results of this study indicate that there is a relationship between PROM (premature rupture of membranes) and the incidence of asphyxia in newborns[8].

The incidence of asphyxia in newborns is also related to the incidence of hypothermia which states that asphyxia can cause an imbalance in body temperature resulting in hypothermia. Hypothermia can occur because the fetus is deprived of oxygen and carbon dioxide levels increase so that the oxygen supply in the blood decreases which causes the risk of body temperature imbalance (hypothermia).[9]

9. CONCLUSION

Management of Moderate Asphyxia in newborns is done by doing VTP (Positive Pressure Ventilation) and giving O₂ and followed by repeat visits.

10. INFORMED CONSENT

Informed consent has been done on 13.07.2022 and the mother of the patient is willing to be a respondent.

11. AUTHORS' CONTRIBUTION

All authors contributed to the creation of the case report. Rika Maria carries out research and investigation processes, especially experiments or data/evidence collection. Maria Ulfah Kurnia Dewi formulates ideas, formulations or overall research goals and objectives. Lia Mulyanti performs management activities to annotate, detect and improve data and research data management. Nuke Devi Indrawati applies statistics, mathematics, computing or other formal techniques to analyze study data.

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CASE REPORT ON NUTRITIONAL MOTHER'S MIDWIFE IN MRS “E” AGE 22 YEARS POST SC IUD WITH SEVERE PRE ECLAMPSIA AT TUGUREJO HOSPITAL, SEMARANG

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ABSTRACT

Postpartum preeclampsia is a rare condition characterized by an increase in blood pressure of 140/90 mmHg or higher, protein in the urine, blurred vision, headaches and swelling of the face and limbs. The risk factors for preeclampsia are having a family history of hypertension, reproductive age that is too young or old, primigravida, pregnancy more than 2 times, diabetes mellitus, kidney disorders, hypertension since before pregnancy, excess weight gain during pregnancy (> 1 kg/week). (Prawirohardjo, 2012). The method used in compiling this final report is a case study method with a midwifery management approach and documentation through SOAP. Data were obtained by means of interviews, physical examination, observation and literature study. The results of the study obtained subjective data of Ny. E, aged 22 years, in the Bougenville room of the Tugurejo General Hospital, the main problems were found, namely the two legs could not be moved, the stomach felt sore, the pain of the surgical wound was like a cut in the lower abdomen on a scale of 5, it came and went. Based on the complaints that the mother felt and based on the results of the examination carried out, currently the mother is experiencing postoperative caesarean section + IUD on day 0 for indications of severe pre-eclampsia. The management provided is to provide verbal informed consent, inform the mother about the results of the examination that has been carried out, collaborate with the doctor to provide therapy and the actions to be taken, provide therapy according to the doctor's advice, observe KU, TTV and PPV, teach the mother the technique deep breath relaxation so that it feels more relaxed and pain is reduced by taking a deep breath through the nose and then exhaling through the mouth, encourage your husband or family to provide encouragement, motivation and prayer to the mother.

Keywords: Postpartum, post SC, Pre-Eclampsia

1. INTRODUCTION

Maternal Mortality Rate (MMR) is one indicator to measure health status. Maternal mortality is a health problem that is of concern to the World Health Organization (WHO). Facts show that more than 350,000 worldwide die every year due to complications of pregnancy and childbirth. In 2016, WHO stated that Indonesia is one of the largest contributors to MMR in the world and in Southeast Asia (WHO, 2020). According to the World Health Organization (WHO), the Maternal Mortality Rate (MMR) is still very high, around 810 women die from complications related to pregnancy or childbirth worldwide every day, and about 295 000 women die during and after pregnancy and childbirth. The maternal mortality rate in developing countries reaches 462/100,000 live births, while in

developed countries it is 11/100,000 live births (WHO, 2020).

Based on the results of the Indonesia Demographic Health Survey in 2017, the maternal mortality rate in Indonesia recorded a significant increase, namely 359/100,000 live births. In 2018, the MMR was 228/100,000 live births. In 2019, the MMR was 352/100,000 live births. Many factors cause maternal death including puerperal bleeding around 26.9%, preeclampsia during childbirth 23%, infection 11%, puerperal complications 8%, obstetric trauma 5%, obstetric embolism 8%, abortion 8% and others 10.9 % (Depkes RI, 2019).

In Central Java Province the number of AKI cases during the 2015-2019 period from 111.16 to 76.9 per 100,000 live births, with the cause of death of 29.6% due to hypertension in pregnancy, 24.5% due to bleeding, and 27.6% due to other



causes. These data indicate that hypertension in pregnancy is still the leading cause of maternal mortality in Central Java. (Health Profile of Central Java Province, 2019). While in the city of Semarang Maternal Mortality in the 2018 period there were 55 cases, and in 2019 it increased to 58 cases, this number made the city of Semarang ranked 4th highest maternal mortality in Central Java (Central Java Provincial Health Office, 2019).

The Tugurejo Regional General Hospital (RSUD) is one of the referral hospitals for maternal emergency cases in the city of Semarang, especially the West Semarang area. Based on medical record data at Tugurejo Hospital Semarang in 2020, the number of postpartum mothers who experienced preeclampsia was 97 cases (10.9%) and in 2021 the number of postpartum mothers 521 who experienced pre-eclampsia were 54 cases (10.4%).

Postpartum preeclampsia is a rare condition characterized by an increase in blood pressure of 140/90 mmHg or higher, protein in the urine, blurred vision, headaches and swelling of the face and limbs. The risk factors for preeclampsia are having a family history of hypertension, reproductive age that is too young or old, primigravida, pregnancy more than 2 times, diabetes mellitus, kidney disorders, hypertension since before pregnancy, excess weight gain during pregnancy (> 1 kg/week). (Prawirohardjo, 2012).

The cause of preeclampsia in pregnant women is not known with certainty, but in general it is caused by (arteriolar vasospasm). Other factors that are expected to influence the onset of preeclampsia include: primigravida, multiple pregnancy, hydramnios, molahidatidosa, multigravida, severe malnutrition, maternal age less than 18 years or more than 35 years and anemia (Maryunani, 2016). Predisposing factors for preeclampsia are age, parity, socioeconomic status, genetics, obtsetrik complications and pre-existing medical conditions (Yogi et al, 2014). Maternal risk factors in preeclampsia are age, gravidity and BMI (Rohmani, 2015).

An increased risk of preeclampsia/eclampsia can occur in mothers who have a history of chronic hypertension, diabetes, and a previous history of preeclampsia/eclampsia. Predisposing factors for preeclampsia include: Nullipara in their teens, poor patients with little or no antenatal

care and poor nutrition, especially with a protein-poor diet, have a family history of preeclampsia/eclampsia, have previous hypertensive vascular disease and pregnancy-pregnancy with excessive trophoblast plus chorionic villi (multiple pregnancy, hydatidiform mole, diabetes mellitus, hydrops fetalis) (Eka Fauzia Laila, 2019).

Preeclampsia is initially a mild disease throughout pregnancy, but at the end of pregnancy there is a risk of seizures known as eclampsia. If eclampsia is not treated quickly and appropriately, heart failure, kidney failure and brain hemorrhage can occur which end in death (Fatkhayah, 2018). Preeclampsia is a serious problem and has a high level of complexity. The magnitude of this problem is not only because preeclampsia affects the mother during pregnancy and childbirth, but also causes postpartum problems due to endothelial dysfunction in various organs, such as the risk of cardiometabolic disease and other complications (Maryunani, 2016).

The government program is to minimize the occurrence of postpartum complications as well as efforts to reduce maternal mortality, with the government's policy of making visits during the postpartum period at least three visits, so that there is interaction between postpartum mothers and health workers. The postpartum program aims to assess the health condition of the mother and baby, in addition to preventing possible health problems for the postpartum mother and her baby, early detecting complications or problems that occur during the puerperium and dealing with complications or problems that arise and interfere with the health of the postpartum mother and child. the baby (Marliandiani, 2015).

Another effort by the Central Java Provincial government is to carry out a program, one of which is Central Java Goyeng Nginceng Wong Meteng (5NG). The Central Java Goyeng Nginceng Wong Meteng program aims to determine the condition of pregnant and postpartum women in their area, by conducting examinations starting from early pregnancy until the postpartum period. The hope is that with this program postpartum mothers who experience complications in this case preeclampsia can be detected early (Central Java Provincial Health Office, 2017).

Based on this preliminary study, it shows that the case of postpartum mothers with pre-



eclampsia is still quite high, so the authors are interested in writing a case report entitled "Midwifery Care for postpartum mothers with pre-eclampsia at Tugurejo Hospital Semarang".

2. PATIENT INFORMATION

In this case, the patient named Mrs. "E" aged 22 years, female gender, Javanese ethnicity, work IRT. Chief Complaint: Postoperative caesarean section + IUD on day 0 for indication of severe pre-eclampsia. I can't move my legs, my stomach feels queasy, the pain of the surgical wound is like being cut in the lower abdomen on a scale of 5, coming and going.

Mother said that she had never suffered from inherited diseases such as hypertension, DM and a history of infectious diseases such as hepatitis, tuberculosis and HIV/AIDS, and had no history of degenerative diseases such as tumors, cancer of the reproductive organs.

3. CLINICAL FINDING

On physical examination, it was found that the general condition of the mother: adequate, consciousness: composmentis, BTV: BP: 165/110 mmHg, N: 88 x/minute, S: 36.7 C, RR: 20 x/minute. There are post-SC surgery scars, strong uterine contractions TFU 2 fingers below the center.

4. TIMELINE

Mother said that I couldn't move my legs, my stomach felt queasy, the pain of the surgical wound was like being cut in the lower abdomen on a scale of 5, coming and going. My mother said that after caesarean section + IUD was indicated for severe pre-eclampsia. The general condition is good composmentis consciousness. TTV : BP: 165/110 mmHg, N: 88 x/minute, S: 36.7 C, RR: 20 x/minute. There are post-SC surgery scars, strong uterine contractions TFU 2 fingers below the center. RL infusion smoothly drips 20 tpm, urinary catheter is attached 200 cc, surgical wound dressing is clean, there is no blood seepage, uterine contractions are strong, and PPV: Lochia Rubra.

5. DIAGNOSTIC CHECK

Diagnostic examination in this case was carried out by supporting examinations, namely from laboratory results: Hb: 11.3 g/dl, GDS: 65, HBsAg: negative, urine protein: positive 3,

Platelets: 190000/mm, Leukocytes: 12.61/mm, Hematocrit : 33.6%.

6. THERAPEUTIC INTERVENTION

The management provided is to provide verbal informed consent, inform the mother about the results of the examination that has been carried out, collaborate with the doctor to provide therapy and the actions to be taken, provide therapy according to the doctor's advice, observe KU, TTV and PPV, teach the mother the technique deep breath relaxation to feel more relaxed and the pain is reduced by taking a deep breath through the nose and then exhaling through the mouth, encourage your husband or family to provide encouragement, motivation and prayer to the mother

7. FOLLOW UP AND OUTCOME

The follow-up carried out in this case was conducting KU, TTV and PPV observations.

8. DISCUSSION

Based on the results of the case of midwifery care carried out on July 26, 2022 on Ny. E, aged 22 years, in the Bougenville room of the Tugurejo General Hospital, the main problems were found, namely the two legs could not be moved, the stomach felt sore, the pain of the surgical wound was like a cut in the lower abdomen on a scale of 5, it came and went. Based on the complaints that the mother felt and based on the results of the examinations carried out, the mother is currently experiencing postoperative caesarean section + IUD for indications of severe pre-eclampsia.

Preeclampsia is an acute complication of pregnancy and can occur ante, intra, and postpartum. From the clinical symptoms of preeclampsia can be divided into mild and severe preeclampsia. The division of preeclampsia into severe and mild does not mean that there are two distinctly different diseases, because it is often found that patients with mild preeclampsia can suddenly experience seizures and fall into a coma (Prawirohardjo, 2012). Patients who experience hypertension in pregnancy need optimal management, namely by being observed to detect any symptoms or signs so that the diagnosis can be made immediately and the patient can be immediately given appropriate management, such as considerations for determining the optimal time of birth for the safety of the mother and fetus



(Roberts et al. al., 2013). One thing that can be done is by giving magnesium sulfate (MgSO₄) (POGI, 2016).

Comprehensive management is carried out by providing education on rest and salt restriction, low-dose aspirin therapy, antihypertensive therapy, calcium supplementation, antioxidant supplementation, and active management of preeclampsia treatment. Primary care in the form of preventing preeclampsia-eclampsia can be done by giving MgSO₄ (Wibowo, Nuryono, et al., 2016).

Based on the main problems above, the management given to Mrs. E mother had an increase in blood pressure of 165/110, so it was included in the classification of severe preeclampsia. The therapy given in this case is giving RL + oxytocin 20 IU 12 drops/minute (2 bottles 1), inserting a catheter, Syring pump MgSO₄ 20% 1 gram/hour for 24 hours (up to 27 July 2022 at 10.30), Ketorolac injection 30 mg/8 hours., Bactesyn injection 1 x 1.5 grams/24 hours., Kalnex injection 3 x 500 mg., Metoclopramide injection 3 x 1 amp, and Oral drugs: Eminenton 1 x 1 caplet, Vit A 200,000 IU/24 hours, nifedifine 3x10mg (if BP 160/100 mmHg).

This is in accordance with the POGI theory (2016) that the administration of magnesium sulfate is significant in preventing seizures and recurrent seizures. Administration of magnesium sulfate for preeclampsia and eclampsia in pregnant women is considered to be better in preventing seizures or recurrent seizures than other anticonvulsants (POGI, 2016). Its mechanism of action is to cause vasodilation through relaxation of smooth muscle, including smooth muscle in peripheral blood vessels and the uterus. Apart from being an anticonvulsant, magnesium sulfate is also useful as an antihypertensive and tocolytic. MgSO₄ also plays a role in inhibiting N-methyl-D-aspartate (NMDA) receptors in the brain. Activated NMDA receptors will cause asphyxia and cell damage resulting in seizures (POGI, 2016). In line with other studies, the anticonvulsant mechanism of MgSO₄ is not fully known with certainty, but the peripheral resistance-reducing property of MgSO₄ is known as one of the mechanisms. This property counteracts vasospasm induced by vasoconstrictor substances, and can act on most types of calcium channels in vascular smooth muscle so that it is expected to reduce intracellular

calcium. Low intracellular calcium will result in myosin light chain kinase activity being inactive and a decrease in contraction, causing arterial relaxation and can further reduce cerebral and peripheral vascular resistance, relieve vasospasm, and reduce arterial blood pressure (Oliveira CA, Moreira De Sa RA, Zamprogno KV, Gutierrez Da Matta F, Do Vale Araújo F., 2017). After being given antihypertensive drugs, Mrs. E dropped from 172/116 mmHg to 165/110 mmHg.

The recommended use of magnesium sulfate for the prevention and management of eclampsia is intravenously or intramuscularly (WHO, 2011). But in Indonesia, intramuscular use has been reduced because it causes pain (POGI, 2016). The administration of MgSO₄ is carried out at a dose of 4 grams of 40% MgSO₄ in 10 cc for 15-30 minutes at the beginning of the seizure. Then give the maintenance dose by infusion of 6 grams in lactated Ringer's solution and monitored within 4-6 hours. The administration is continued until 24 hours postpartum or the last seizure (Prawirohardjo, 2016). Before administering MgSO₄, an antidote for MgSO₄ must be available to anticipate in the event of intoxication, namely 10% calcium gluconate in 10 cc, which is 1 gram (Prawirohardjo, 2016). Give calcium gluconate intravenously for 3 minutes until breathing improves. Monitoring for possible intoxication is carried out by observing the patient's respiratory rate of at least 16 times per minute, positive patellar reflexes, and urine of at least 30 ml/hour in the last 4 hours (Pascoal et al., 2019). Administration of MgSO₄ was discontinued if there were signs of intoxication (Smith et al., 2013).

9. CONCLUSION

In this case the patient did not share any experiences because this was the first pregnancy and delivery.

10. INFORMED CONSENT

In this case, informed consent was given orally.

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CASE REPORT PREGNANT MOTHER WITH SEVERE PRE ECLAMPSIA

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ABSTRACT

Preeclampsia is a problem that has a high level of complexity, and contributes to the cause of maternal death. The problem of preeclampsia not only affects to the mother during pregnancy and childbirth, but also causes postpartum problems due to endothelial dysfunction of various organs. The main goals of treating preeclampsia are to prevent eclampsia, give birth to babies without asphyxia, and prevent maternal and perinatal mortality. To find out how to perform midwifery care for pregnant women with severe preeclampsia. Using a case study method and located in Tugurejo Hospital, Semarang. Pregnant women who had severe pre-eclampsia. The case study was conducted on July 30, 2022. The data collection techniques by interviews, physical examinations, observations, secondary data including documentation studies and literature studies. Based on the main problem in Mrs. N The care carried out is by doing expectatif therapy, recommending patients to reduce strenuous physical activity, which can cause fatigue. KIE to mothers regarding the management of PEB patients according to doctor's advice, and providing therapy according to doctor's advice, namely the administration of MgSO₄, antihypertensives and corticosteroids for lung maturation. Conclusion: after midwifery care on Ny. N 41 years 33 weeks pregnant with severe preeclampsia, placenta previa totalis, the general condition was good, better blood pressure, eclampsia did not occur, the patient had pregnancy termination at 35 weeks 5 days of gestation with sectio caesarea.

Keywords: severe preeclampsia, pregnant women, management of preeclampsia

1. INTRODUCTION

Health development in Indonesia still prioritizes effort to improve the degree of maternal and child health, especially in vulnerable groups to health, namely pregnant women, maternity mothers, and babies in the perinatal period. This priority is caused by the high number of Maternal Mortality Rate (MMR). In 2020 the MMR reached 230/100,000 live births. The main causes of such maternal death are approximately 75% due to bleeding, infection, preeclampsia, old partus and unsafe abortions.

Maternal mortality rate in Central Java during 015-2019 period decreased from 111.16/100,000 live births to 76.9/100,000 live births, of which 29.6% were caused by gestational hypertension, 24.5% due to bleeding, and 27.6% due to other diseases.

Meanwhile, in Semarang city, maternal death for the 2020 period were 17 cases, and in 2021 increased to 21 cases, a number that puts Semarang City in the 4th rank of the city with the highest maternal death in Central Java. (Dinas Kesehatan Kota Semarang, 2022).

Preeclampsia is a problem that has a high level of complexity and contributes to the cause of maternal death. It affects not only to the mother during pregnancy and childbirth, but also causes postpartum problems due to endothelial dysfunction in various organs. Long-term impact on a baby born to mother with preeclampsia is the baby will be born prematurely, disrupting all organs of the baby's growth (POGI, 2016).

The cause of preeclampsia is not known for sure until now, preeclampsia is also called the disease of theoris. Some of the risk factors that form the basis for the development of preeclampsia cases are age, primigravida, multigravida, distance between pregnancies, large fetuses and pregnancies with more than one fetus. The main objectives of preeclampsia treatment are preventing the occurrence of eclampsia, giving birth to babies without asphyxia, and preventing maternal and perinatal mortality.

One of the efforts that can be done to prevent worsening preeclampsia patient is screening the risk of preeclampsia for every pregnant woman



during ANC (Antenatal Care) in order to detect early preeclampsia, prevent the occurrence of complications and accelerate referrals to reduce morbidity and mortality in pregnant women.

Based on data obtained by the author, in 2021, there were 283 pregnant women with complications in hospitals of Semarang city. 34 patients of which were pregnant women with pre-eclampsia and 3 patients with eclampsia. Meanwhile, in January-April 2022 there were 91 cases of pregnant women with complications. 7 patients of which were pregnant women with pre-eclampsia and 2 cases of pregnant women with eclampsia.

As One of helping efforts from the author to accelerate the reduction of MMR is carrying out Obstetric Care in pregnant women patients with severe pre-eclampsia using a 7-step varney approach.

2. PATIENT IDENTITY

The patient is Mrs. N, age 41 years old. She has a bachelor degree, works as a teacher and lives in Gesing Kismantoro.

The main symptoms she often feels are sudden dizziness and swelling in both legs. This is her 3rd pregnancy, her first child is 15 years old. She has a history of miscarriage, has no hereditary diseases such as hypertension and DM, and has no infectious diseases such as hepatitis, tuberculosis and HIV/AIDS.

3. CLINICAL FINDINGS

Her general condition is good, awareness composmentis, Blood Pressure 165/110 mmHg, Respiratory Rate 20x/min, temperature 36.5 °C, Pulse 102x/min, TB: 160 cm, BB: 98.4 kg, LILA: 36cm, there are oedems on both right and left legs, patellar reflexes are positive, fetal palpation results have not entered PAP, TFU 26cm.

4. TIMELINE

Date and Time	Subjektif	Objektif	Assessment	Planning
30.06.22 09.20	Headache and both off leg are swollen	Blood pressure: 165/110 mmHg, Respiration: 20 x/min, Pulse: 102 x/min, Temperature: 36.5oC, TFU: 26 cm, head presentation, convergence, contractions: none, DJJ: 148 x/min, odema lower extremity.	Mrs. N 41 years old G3P1A1 gestational 33 weeks, single fetus, live, intrauterine, longitudinal location, presbo, puka with Severe Preeclampsia, Placenta Previa Totalis	<ol style="list-style-type: none"> 1. Informing the results of the examination to the mother and family that the mother has severe pre-eclampsia and Placenta Previa Totalis. 2. Recommends the mother to reduce strenuous physical activity, which can lead to fatigue. 3. Recommends the husband or family to give encouragement, motivation and prayers to the mother 4. Collaborating with the SpOG doctor for the provision of therapi 5. Explaining to the mother about the management of PEB patients according to the doctor's advice and asking for approval to the mother and family 6. Providing therapy according to the doctor's advice
01.07.22 13.30	Mom says headache is reduced, legs are still swollen, Mother says fetal motion is active	Blood pressure: 154/90 mmHg, Respiration: 20 x/min, Pulse: 80 x/min, Temperature: 36.6oC, DJJ: 142 x/min, Foot oedema still present, Installed infusion RL + MgSO4 20% 1gr/h (Syring Pump) Urine Takar 650 cc, turbid yellow color.	Mrs. N 41 years old G3P1A1 gestational 33 weeks, single fetus, live, intrauterine, longitudinal location, presbo, puka with Severe Preeclampsia, Placenta Previa Totalis	<ol style="list-style-type: none"> 1. Observation of general conditions, vital signs and DJJ 2. Reminding mothers to stay at rest in alternating positions, supine, or tilted to the left 3. Provide moral support and motivation to the mother 4. Observing signs of eclampsia impending such as (blurred vision, nausea, vomiting, epigastric pain, severe headache and systolic > 200 mmHg) 5. Provide therapy according to the doctor's instructions
03.07.22 09.00	The mother says she is no longer dizzy, the fetal	Blood pressure: 142/90 mmHg, Respiration: 20 x/min, Pulse: 88	Mrs. N 41 years old G3P1A1 gestational 33	<ol style="list-style-type: none"> 1. Observation of the general state, vital signs and DJJ 2. Recommends to do low-salt diit, and the DASH (Dietary Approaches to Stop Hypertension) diit the



Date and Time	Subjektif	Objektif	Assessment	Planning
	movement is active and the mother says she wants to go home	x/min, Temperature: 36.5oC, contractions: none, DJJ: 144x/min, Oedema extremity is still present	weeks, single fetus, live, intrauterine, longitudinal location, presbo, puka with Severe Preeclampsia, Placenta Previa Totalis	DASH diet is a diet rich in fruits, vegetables, whole grains, nuts, fish, and low-fat milk. 3. Providing moral support and motivation to the mother 4. Providing therapy according to the doctor's instructions, the patient allowed to go home 5. Recommending the mother to control blood pressure every day to the nearest health worker to where the mother lives 6. Explaining the danger signs of pregnancy TM 3 such as: bleeding a lot of pervaginam accompanied by sudden abdominal pain, amniotic rupture prematurely, high heat accompanied by convulsions, fetal movement is absent or reduced, and blurred vision, continuous heavy headaches. 7. Recommend that mothers control another 1 week or at any time if there are complaints

5. DIAGNOSTIC EXAMINATION

The supporting examination carried out is a urine protein examination with postal results (3 +) / 300mg / dldan. The result of ultrasound examination: Placenta Previa Totalis. The diagnosis of this case is severe preeclampsia, Placenta Previa Totalis, this diagnosis is supported by the theory according to Rahmawati (2020), Pre eclampsia is blood pressure of at least 140/90 mmHg in 2 examinations that are 4-6 hours apart in women who were previously normotensive after 20 weeks of isolation or in the post-early saline period accompanied by proteinuria at least positive 1 or quantitative protein examination showing results of > 300 mg.

6. DIAGNOSTIC

Based on subjective data and objective data, a diagnosis of Mrs. N aged 41 years G3P1A1 was 33 weeks gestational, single fetus, alive, intrauterine, longitudinal location, presbo, puka with Severe Preeclampsia, Placenta Previa Totalis. Where the problem of severe Preeclampsia arises, Placenta Previa Totalis, so that patients need collaborative actions with SpOG doctors for the administration of therapy. In the case of Mrs. N, there is a potential diagnosis caused, namely the potential for eclampsia and HELP syndrome.

7. INTERVENTIONAL THERAPY

The Intervention Given To Mrs. N Was 33 Weeks Pregnant With Severe Preeclampsia And Placenta Previa Totalis Principled On Expectative Management, The Main Objective Of Expectative Management Was To Improve Perinatal Output

By Reducing Neonatal Morbidity And Prolonging Gestational Life Without Harm To The Mother. Management Is Given By Encouraging Mothers To Reduce Strenuous Physical Activity, Which Can Cause Fatigue, Collaborating With Spog Doctors For The Administration Of Therapies, Iec To Mothers About The Management Of Peb Patients According To Doctor's Advice, Asking For Approval From Mothers And Families, And Providing Therapy According To Doctor's Advice: Install An Infusion Of Rl 20 Tpm, Inj MgSO4 20% 4gr IV (Loading Dose), Mgso4 20% 1 gr/H (Syring Pump), Inj Dexamethasone 2 X 6gr (2 Days) IV, Methyldopa 500mg (Po), Nifedipine 10mg (Po), DC, Transfer Patient To Vk Room For Conservative Therapy.

Giving of magnesium sulfate to preeclampsia aims to prevent and reduce the incidence of eclampsia, the mechanism of action is to cause vasodilation through relaxation of smooth muscles, including peripheral blood vessels and the uterus, so that it can be useful as an anticonvulsant, antihypertensive and tocolytic (Didien Ika Setyarini & Suprapti, SST., 2016).

Antihypertensive Methyldopa 500mg (per oral) and Nifedipine 10 mg (per oral), this is in accordance with the theory from POGI, 2016, that antihypertensives are recommended in preeclampsia with a systolic blood pressure \geq 160 mmHg or diastolic \geq 110 mmHg. The results of a study conducted by Shafinaz Nabila (2018) showed that the most widely used antihypertensive drugs in severe preeclampsia patients were methyldopa (46%) and a combination of nifedipine and methyldopa (44%). Dosage regimention in accordance with



guidelines. The interaction occurred due to concomitant use of nifedipine and MgSO₄. The results of the therapy showed that 57% of patients had reached the target of therapy with systolic blood pressure <140 mmHg.

Corticosteroid is administered for pulmonary maturation, administered at \leq 34 weeks gestational age to lower the risk of RDS and fetal and neonatal mortality. In patient Mrs. N the corticosteroid given was dexamethasone at a dose of 2x6 gr, administered IV, in 2 days. According to POGI, in 2016, betamethasone administration provided a greater reduction in RDS than dexamethasone, but the drug was not available at Tugurejo Hospital so dexamethasone was used as a pulmonary maturation therapy.

8. FOLLOW-UP AND RESULTS

Mrs. N responses to the expectative therapy administered. This result can be seen in the progression records during treatment at the Hospital which show subjective data on reduced dizziness complaints, and objective data showing a decrease in systolic blood pressure < 160 mmHg and diastolic < 110 mmHg during the treatment period. Mrs. N is allowed to go home on the third day, then it is recommended to keep monitoring the tension at home and re-examine it once every 1 week. The doctor's decision to terminate the pregnancy at gestational age of 35 weeks and 5 days with the consideration that the mother had an increase in TD 189/118 mmHg, complained of dizziness and swollen legs, an estimated fetal weight of 2480 gr, and had previously been given corticosteroids for fetal lung maturation. Termination of pregnancy is done with SC because the mother has placenta previa which is a contra indication of spontaneous partus

9. CONCLUSION

The Obstetric Care given shows that a good general state, blood pressure drops, no eclampsia occurs, the patient has been carried out collaborative actions and termination of pregnancy with sectio caesarea.

10. INFORMED CONSENT

Informed consent had been done on June 30, 2022 and the patient is willing to be a respondent.

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CASE REPORT : MIDWIFE CARE OF MOMS IN DELIVERY WITH SEVERE PREECLAMPSIA IN THE DELIVERY ROOM AT TUGUREJO HOSPITAL SEMARANG

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ABSTRACT

Maternal mortality rate (MMR) is one indicator to determine the health status of a nation. Maternal mortality in Indonesia in 2021 was caused by 1,330 cases of bleeding, 1,110 cases of hypertension in pregnancy, and 230 cases of circulatory system disorders. Preeclampsia is a serious condition that is progressive, characterized by an increase in blood pressure 140/90 mmHg and protein in the urine ≥ 300 mg/24 hours. Tugurejo Hospital is a referral hospital, in 2021 there were cases of preeclampsia/eclampsia in maternity women of 20.85%, premature rupture of membranes (PROM) 19.82%, bleeding 11.46%. The purpose of this study was to provide midwifery care for pregnant women with severe pre-eclampsia using the 7-step Varney approach. The method used in this research is a case study. The location of this case study was conducted at Tugurejo Hospital, Semarang. As for the subject of the case study here are mothers who experience severe pre-eclampsia. This case study was conducted on July 22, 2022. Data collection techniques were interviews, physical examinations, observations, secondary data including documentation studies and literature studies. Result : The care provided in this case is to collaborate with doctors to provide therapy to patients, namely by administering magnesium sulfate to prevent seizures, nifedipine and methyldopa as antihypertensive drugs, conducting close supervision of labor and preparation for delivery. Conclusion: after midwifery care was carried out and an evaluation of the progress of labor was carried out, it turned out that there was no progress in labor so that the patient was delivered by cesarean section, to improve the condition of the mother and save the fetus.

Keywords: *Severe Preeclampsia, Childbirth, Sectio caesarea*

1. INTRODUCTION

The maternal mortality rate (MMR) is one of the indicators to determine the health status of a nation . The more developed a country, the lower the maternal mortality rate in that country. According to the World Health Organization (WHO), most of MMR (75%) in the world are caused by *hypertension* in pregnancy (preeclampsia/eclampsia), bleeding, infection, prolonged *labor* and *abortion* (WHO, 2019).

Based on data from the recording of family health programs at the Ministry of Health in 2021 the MMR in Indonesia was 6,865 , this number showed an increase compared to 2020 of 4,627 maternal deaths . Maternal deaths in 2021 were caused by bleeding as many as 1,330 cases, *hypertension* in pregnancy as many as 1,110 cases, and circulatory system disorders as many as 230 cases. (MOH RI, 2021).

In Indonesia , *preeclampsia* is the main cause of maternal death with a percentage of 23.9% followed by bleeding at 17.22% and infection at 4.04% (Saraswati, 2016) . To reduce IMR in women with severe *preeclampsia* (PEB) and *eclampsia* , early termination of pregnancy/delivery is carried out. This delivery is carried out regardless of *gestational age*, so the baby tends to be born *prematurely* or *prematurely* .

In Central Java Province, the number of AKI cases in 2020 was 98.6/100,000 KH, with the cause of death of 29.6% due to *preeclampsia/eclampsia* , 24.5% due to bleeding, and 27.6% due to other causes. These data indicate that *preeclampsia/eclampsia* is still the leading cause of maternal mortality in Central Java. (Health Profile of Central Java Province, 2021).



Preeclampsia is a multi-systemic disorder that occurs in pregnant women, which is characterized by *hypertension* and *edema*, and can be accompanied by *proteinuria*, usually occurs at 20 weeks of gestation or above or in the third trimester of pregnancy, most often at 37 weeks of gestation, or can occur immediately after delivery (Lalenoh, 2018).

According to Prawirohardjo (2014) the cause of *preeclampsia* is not clearly known, so it is referred to as the "*theory of disease*". there are several theories that can explain the causes of *preeclampsia*, namely, *primigravida*, *hyperplacensis*, for example: *hydatidiform mole*, multiple pregnancy, *diabetes mellitus*, *hydrops fetalis*, large baby, age, family history of *preeclampsia/eclampsia*, kidney disease and pre-existing hypertension. pregnant.

The principle of PEB management is to treat hypertension, prevent seizures, maintain fluid balance and platelet transfusion if thrombocytopenia occurs. according to POGI and HKFM (2016) that the administration of MgSO₄ as *anticonvulsant prophylaxis*, while *nifedipine* and *α-methyldopa* given as an *antihypertensive*.

Complications of PEB include the mother: *placental abruption*, *hypofibrinogenemia*, *hemolysis*, brain hemorrhage, pulmonary *edema*, Liver *necrosis*, HELPP syndrome, Fetal: IUGR, *Premature*, IUFD.

Based on the results of a preliminary study at the Tugurejo General Hospital, there was an incidence of *preeclampsia/eclampsia* in the Tugurejo Hospital in 2021 by 20.85% of women giving birth with PEB, premature rupture of membranes (PROM) 19.82%, bleeding 11.46% of all labor cases. Meanwhile, cases of maternal death due to direct causes (*preeclampsia/eclampsia*, bleeding and infection) during the COVID-19 pandemic did not exist. Based on this background description, the authors are interested in taking a case with the title "A Case Report of Severe *Preeclampsia* in Maternal Maternity at Tugurejo General Hospital Semarang."

2. CLINICAL FINDINGS

Based on the results of the case of midwifery care carried out on Ny. D, aged 21 years, 38 weeks 4 days pregnant, *clinical* findings were obtained, namely the mother had felt rattled since 03.00 WIB and had blood mucus coming out, then

the mother checked with the midwife and said the mother was going to give birth but the mother's blood pressure was very high. Based on the complaints that the mother felt and based on the results of the examination carried out, currently the mother has an *inpartu* with severe *preeclampsia*.

3. HISTORY OF DISEASE

Based on the results of the anamnesis, Mrs. D has never suffered from inherited diseases such as hypertension, DM and a history of infectious diseases such as hepatitis, tuberculosis and HIV/AIDS.

4. DIAGNOSIS

Based on *subjective* data and *objective* data, the *diagnosis* of Ny. D age 21 years G1 P0A0 38 weeks 4 days pregnant, *latent stage 1 labor* with severe *preeclampsia*, *IUGR*. Where there are problems with severe *preeclampsia* and *Inhibited Fetal Growth (IUGR)*, so patients need collaborative action with SpOG doctors for therapy.

In the case of Mrs. D There is a potential diagnosis that is caused, namely the potential for *eclampsia* and *HELP syndrome*.

5. THERAPY INTERVENTION AND FOLLOW UP

Based on the diagnosis obtained, the treatment given to Mrs. D is to give magnesium sulfate therapy to prevent seizures, giving *nifedipine* 3 x 10 mg, *methyldopa* 3 x 500 mg.

Based on the results of the case of midwifery care carried out on Ny. The follow-up provided is by monitoring the progress of labor and the mother's *vital* signs. From the day of monitoring for 4 hours, it turned out that there was no progress in labor so a *caesarean section* was performed.

6. DISCUSSION

Based on the main problem in the case of Midwifery Care for Ny. D age 21 years G1 P0A0 38 weeks 4 days pregnant, *latent stage 1 inpartu* with severe *preeclampsia* in the delivery room at Tugurejo Hospital, Semarang City, currently the mother is experiencing *labor and severe preeclampsia*. Based on the cause of severe *preeclampsia experienced by Mrs. D* is a *primigravida*. In accordance with the results of Dias Kurnia Armadani's research (2019), based on *statistical test analysis* with *chi square statistical*



test . The results of this study indicate that pregnant women who experience *preeclampsia* are more common in *primigravida women* , namely 22 (26.2%). Based on the results of the analysis using the *chi square statistical test*, it was found that $p\text{-value} = 0.027$ ($p\text{-value} < 0.05$) which means that H_1 is accepted. so it can be concluded that there is a relationship between *primigravida* with the incidence of *preeclampsia* .

For cases of IUGR, according to the results of Sri Martini's research (2020), regarding the relationship between pregnant women and severe *preeclampsia* (PEB) on the incidence of low birth weight (LBW), there were 14 pregnant women with PEB who gave birth to babies with low birth weight (LBW. %) and PEB pregnant women who gave birth to 3 (17.6%) non-LBW babies. This shows that there is a significant relationship between pregnant women and PEB on the incidence of LBW. Severe *preeclampsia* (PEB) in pregnant women affects the incidence of low birth weight (LBW).

According to Alfianty Dwi (2018), the results of the study showed that there were 30 respondents (29%) who experienced severe *preeclampsia* during delivery with *sectio caesarea* and 73 respondents (71%). The results of the *chi square test* obtained an Odds Ratio (OR) of 3.716 and a $p\text{ value of } 0.000 < 0.05$ was obtained. It can be concluded that there is a relationship between severe *preeclampsia* and *caesarean section* .

Based on the main problem, the management given to Mrs. D age 21 years G1 P0A0 38 weeks 4 days pregnant, *latent stage 1 inpartu* with severe *preeclampsia* , *IUGR* is by giving 20% *magnesium sulfate therapy* 1 gram/hour, giving oral nifedipine 3 x 10 mg combination of methyldopa 3 x 500 mg to reduce blood pressure.

According to Shafinaz Nabila (2018) showed that the most widely used *antihypertensive drugs in patients with severe preeclampsia* were methyldopa (46%) and the combination of nifedipine and methyldopa (44%). *Dosage regimen* according to guidelines. *The interaction* occurred due to the concurrent use of nifedipine and MgSO₄. The results of therapy showed that 57% of patients had achieved the target of therapy with systolic blood pressure <140 mmHg.

According to Farhana Fitri Amalia (2020) showed that *magnesium sulfate* can also reduce the use of *antihypertensives* in *preeclampsia*

patients, reduce mortality and act as a *neuroprotective agent* in premature infants.

The results of research conducted by KE Eddy et.al. (2021) showed that administration of MgSO₄ to women with *preeclampsia* halved their risk of developing *eclampsia* and more than half their risk of death. According to Sascha Dublin (2021) that nifedipine and methyldopa are the recommended drugs for the management of *hypertension* in patients with severe *preeclampsia* , however, the use of methyldopa may require additional consideration, especially when there is increased concern about the risk of fetal growth retardation.

7. CONCLUSION

After being given midwifery care, the results of the general condition were good, blood pressure dropped, *eclampsia did not occur*, the patient had *collaborative action* and termination of pregnancy with *sectio caesarea* . After *sectio caesarea* , the mother's condition improved and the baby's condition was good with LBW.

8. SUGGESTION

Can provide integrated and comprehensive services in providing health services, especially for women in labor with severe *preeclampsia* .

9. AUTHORS' CONTRIBUTIONS

All authors contributed to research observation, research writing, editing, and review of submissions.

10. ACKNOWLEDGMENTS

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THE CASE REPORTS ORPHANAGE OBSTETRICS MENOPAUSE WITH BLEEDING 2 MONTHS AT PREMARY HEALTH CARE NGESREP

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ABSTRACT

The world health organization (who) in asia , in 2025 number of women have menopause would rise from 107 million people being 373 million people. Suds menopause experienced by many women almost all the world around 70 - 80 % European women , 60 % in America , 57 % in Malaysia , 18 % in China , 10 % in Japan and also 10 % in Indonesia. According to the central bureau of statistics bps 2013 () years increase in life expectancy (UHH) in 2000 in indonesia is 64,5 years 7,18 % with the elderly population .This figure rose to 69,43 in in 2010 with the elderly population 7,56 % and in a year with the 2011 69,65 % 7,58 elderly population. With increasing life expectancy, is an increased occurrence of disease in women. old especially Women experiencing menopause, good, early menopause pre menopausal, perimenopause and post menopause general to experience symptoms of the top (climacteric) and transition or intermediate. Bleeding pascamenopause are complaints who was often experienced by women pascamenopause.Bleeding pascamenopause happens to about 4-11 % whose woman is menopause.10 % cases caused by the ferocity of, namely. endometrial cancer The highest insidensi endometrial cancer found in women pascamenopause aged 60-79 years.Case studies by the observational descriptive with the approach the case study method research conducted by means of research the problem through a case consisting of a single unit .This case study using the obstetrics care 7 varney from collecting a baseline data to evaluation and the development of using SOAP. Found the bleeding leading to pathology so done the act of collaboration with dr. SpOG for further examination . Examination laborat support , ultrasound and referred to the hospital. A woman can be said in menopause when the menstrual cycle stop for at least 12 months consecutive. After menopause, some women can still bleeding from the vagina called also as pascamenopause bleeding

Keywords : Menopause, pascamenopause bleeding

1. INTRODUCTION

Menopause is occurring in the natural every woman, and it is affected the different cultures and individual perception. To people in general, adult age having high appreciation than age esp women who had menopause.Menopause is a phenomenon in the life of women characterized by cessation the menstrual cycle within a the past years is undergo menstruation (Setyowati, 2018). The average age woman had menopause is 51 years, but can happen to age 40-45 years old and still normal category (Holland, 2015). In the before menopause, various complaints that will be experienced in women, menopause as irritable, fear, agitated, irritable, conflict heat (hot flushes), depression, headache, fast tired, difficult to concentrate, easily forgotten, less power, weight in, bone pain and muscles, sleep disorders, obstipasi, the beating heart.

The world health organization (WHO) in Asia, in 2025 the number of women menopause will increase from 107 million souls into 373 million people .Suds menopause for many women almost all the world around 70-80 % European women , 60 % in America , 57 % in Malaysia , 18 % in China , 10 % in Japan and also 10 % (Fitriani 2018). Based on the calculation of statistics in 2020 country s population is expected to reach 262,6 million inhabitants and the number of women who live in of your at between 45-55 years is about 30,3 ruswanti million people) 2018. According to the central bureau of statistics bps 2013 years increase in life expectancy (UHH) in 2000 in indonesia is 64,5 years 7,18 % with the elderly population .This figure rose to 69,43 in in 2010 with the elderly population 7,56 % and in a year with the 2011 69,65 % 7,58 elderly population .According to the distribution of the elderly.



Menopause is the end of the menstrual cycle routine permanently resulting from the loss of the activity of the ovary. Said to have a woman can menopause when the menstrual cycle berturut-turut stop for at least 12 months. This condition usually occurs in old lady 50-55 years. It is (Abramovitz 2020). Bleeding enough pascamenopause are complaints pascamenopause often experienced by women. Bleeding pascamenopause occurred at around 4-11 % woman is menopause. Although most cases are mild disease pascamenopause bleeding, 10 % cases caused by malignancy, the endometrial cancer. The highest insidensi endometrial cancer found in women aged 60 pascamenopause 79 years. It is (Abramovitz 2020).

2. METHOD

The kind of case study of writing is a case study by the observational descriptive with the approach the case study method research conducted by means of research the problem through a case consisting of a single unit (Notoatmodjo, 2010). This case study using the obstetrics care 7 varney from collecting a baseline data to evaluation and the development of using SOAP. The case study is the location where the case was conducted (Notoatmodjo, 2005). In the preparation of this case study authors take ngesrep locations in the. The case study subjects research that is a subject that intended for examination by researchers Arikunto (research or target, 2006). Subjects used in this case is Mrs. I P2A0 with hemorrhage Ngesrep 2 months in public health. This case study implemented beginning on the 21 to July 22 until finish. Instrumen used writer for data collection is format for the assessment the care of obstetrics by using 7 step management obstetrics Varney. The technique of the collection of data using primary data from anamnesa and physical examination.

3. RESULT AND DISCUSSION

In this case the assessment is based on subjective data of the state of Mrs. I experiencing complaints of brownish red blood discharge 2 during the month and there is a sense of heat from the face spread throughout the body, and followed by the onset of redness in the face and neck and sweating at night since 1 Week ago, objective data on Mrs. I mom's condition is anxious. Blood

pressure : 140/90 mmhg, Pulse : 80x / min ,
Temperature : 38,5 C, Respiration : 20x / min.

Midwifery care in Mrs. I with postmenopausal bleeding monitor the general condition and vital signs, as well as provide counseling about the changes that occur during menopause, recommends to exercise, recommends to consume nutritious foods containing Vitamin B complex such as green vegetables and side dishes namely tofu and tempeh, consume foods containing vitamin E such as wheat, beans, eel, fish oil, egg yolks, beans, lettuce, broccoli and sweet potatoes provide drug therapy clonidine 0.1 2 x A Day 6 tablets, vitamin B 10 tablets 1 x a day and FE 1 x Day 10 tablets. Further, a referral to dr.SpOG for further inspection.

4. CONCLUSION

Assessment of subjective and objective data carefully degan able to establish the correct diagnosis. for further treatment in accordance with the needs of the patient. the patient is confirmed to have menopause and abnormal bleeding leads to the occurrence of a disease. in primary facilities, collaboration actions can be carried out to secondary facilities.

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CASE REPORT ON BY S WITH LOW NEW BORN WEIGHT AT MIDWIFE INDEPENDENT PRACTICE (PMB) OKTA FITRIANA SEMARANG

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ABSTRACT

The World Health Organization (WHO) reports that in 2019 deaths occurring in children aged under 1 month still reached 2.5 million, which means that one child dies at every 55 births. In Indonesia, as many as 6.2% were born with BBLR conditions. In 2020, the incidence rate in central Java was 24,796 babies (4.6%) had BBLR. The prevalence of infant mortality in 2020 in Semarang City was 145 out of 23,825 live births. Able to carry out obstetric care for newborns with BBLR using 7 steps varney. Writing method used with the author, by collecting data by interview, physical examination, observation, literature study, and documentation. In the application of up bringing , the care provided is in accordance with that given to patients,so there is no gap between theory and practice in the land

Keywords: *obstetric care of newborns, low birth weight*

1. PRELIMINARY

The World Health Organization (WHO) reported that in 2019 deaths in children aged under 1 month still reached 2.5 million, which means that one child dies at every 55 births. In Indonesia, as many as 6.2% were born with BBLR conditions. In 2020, the incidence rate in central Java was 24,796 babies (4.6%) had low birth weight (BBLR). The prevalence of infant mortality in 2020 in Semarang City was 145 out of 23,825 live births. In 2020, 1 case of BBLR from 59 births was found in PMB Okta Fitriana and in 2021, there was 1 case of BBLR newborn from 67 birth rates. Infants born with low birth weight (BBLR) are one of the risk factors that contribute to infant mortality and are one of the neonatal emergencies that must be addressed immediately because it will cause other problems such as respiratory disorders and developmental disorders, the long-term impact of babies can be experienced.

1.1. Objectives

Writing method with literature, and collecting data by interview, physical examination, observation, literature study, and documentation.

1.2. Benefits

Able to carry out obstetric care for newborns with BBLR using 7 steps varney

2. PATIENT INFORMATION

Based on the results of a midwifery care case conducted at the age of 2 hours with BBLR at PMB Okta Fitriana Semarang, the main problem was that babies born with a low body weight or less than 2500 grams. Based on subjective data obtained from the mother of baby namely S, suffering from a mild anaemic disease with Hb level of 10.8 gr%dl, she deliver the baby with a gestational age of 40 weeks.

3. CLINICAL FINDING (DATA FOKUS)

In the results of physical examination, it was found that the general condition: good, awareness: Composmentis, N 125 x/min, RR 45 x/min, S 370 C, BB 2300 grams, PB 47 cm, Head circumference 29 cm, Chest circumference 30 cm with a history of complications during childbirth of mothers suffering from mild anemia with Hb level: 10.8 gr%dl

4. TIMELINE

The baby patient was born at 09.00 WIB at PMB Okta Fitriana with a birth weight of 2300 grams by being given an application to inform the mother to maintain the warmth of the baby by demonstrating the kangaroo method. The method has been studied can be a substitute for an incubator for newborns with low body weight and



pay attention to baby reactions such as breathing, skin color and baby crying.

5. DIAGNOSTIC CHECK

This step was conducted for newborns at the age of 2 hours during the sleep period with low new born weight.

6. THERAPEUTIC INTERVENTION

The management given were informed choice and consent, as well as informing the results that the baby is in good health but needs special care due to the low birth weight of the, Giving Vit K injections to prevent brain bleeding in babies and erlamycetin chloramphenicol eye prophylaxis to avoid infection of the eyes, Notifying mothers to keep the baby warm by demonstrating the kangaroo method, which has been studied, can be a substitute for an incubator for newborns with low weight and paying attention to the baby's reactions such as breathing, skin color and baby crying, notifying mothers to provide breast milk on demand, which is every 2 hours to maintain the baby's nutritional intake, Monitoring the danger signs of infants with BBLR to collaborate and refer them if there are indications, conducting documentation of care that has been done and observation of further exclusion.

7. FOLLOW UP DAN OUTCOME

On 29 07 2022, a visit baby called as S was given as an upbringing to encourage mothers to do central line treatment without opening the apapun on the taliu center, maintaining the baby's oxygenation, not bathing the baby by not soaking the baby, just wipe it with warm washcloth.

On 30 07 2022, a visit was made to return and baby called as S is in good health and may rest at home, tell the mother to fulfill her nutrition and not abstain from anything to help the baby's growth such as increasing protein, iron, and vitamins and other minerals in foods such as eggs, sea fish, oranges or others, spinach vegetables, soup or others so that the supply of breast milk is fulfilled and the mother is willing.

8. DISCUSSIONS

From the studies that have been carried out on baby called as S age 2 hours male, obtained from subjective data, namely this is the first child, UK 40 weeks During pregnancy the mother has never consumed alcohol or smoked. However, at the

time of delivery the mother will experience anemia yaki Hb: 10.8 gr%/dl. This factor causes BBLR in her baby. This factor causes BBLR in babies. Anemia in pregnancy can have adverse effects on both the mother and the fetus, which will cause interruption of oxygenation and nutrient supply from the mother to the fetus. As a result, the fetus will experience weight gain disorders resulting in BBLR.

According to Manuaba (2012), mild anemia will result in premature birth and BBLR, while severe anemia during pregnancy will increase the risk of mortality and morbidity both in the mother and in the fetus. This is also in accordance with the theory of Proverawati and Atikah (2010) which states that mothers who experience pregnancy complications, such as anemia, antepartum bleeding, severe preeclampsia, eclampsia, bladder infections are the cause of infants with low birth weight. Objective data obtained spontaneous newborns weighing 2300 grams, body length 47 cm, LK 30 cm, LD 29 cm, at birth the baby cries loudly, the skin is reddish, active movement, there are no congenital abnormalities in the baby.

Analysis baby called as S. at the age of 2 hours men with BBLR. The management given is to tell the results to the mother that the baby's condition, maintain the baby's warmth. Providing eye ointment for the prevention of infections in the baby's eyes and vit K injections and recommended breastfeeding every 2 hours. This is in accordance with the Indonesian Health Department (2009) stewardship of infants with BBLR, which is to clean the mucus adequately or if necessary, dry it with a dry and warm cloth, immediately give it to the mother for skin contact with the mother, immediately give breast milk early by caressing, prophylaxis with a single dose of vitamin K injection 1 mg, im on the anterolateral left thigh, antibiotic eye ointment and umbilical cord treatment: dry, clean, not covered by anything and open.

9. PATIENT PERSPECTIVE

In this case baby called as S mother. S did not share any experience as this was her first childbirth.



10. INFORMED CONCENT

In this case baby called as S mother. S did not share any experience as this was her first childbirth

11. AUTHORS' CONTRIBUTIONS

Study conception and desain : Okta Fitriana, data collection : Okta Fitriana, analysis and interpretation of result :Siti Nurjanah, Siti Istiana, Lia Mulyanti, manuscript preparation : Okta Fitriana

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MIDWIFE CARE OF REPRODUCTIVE SYSTEM DISORDERS IN NYK WITH M IOMA UTERUS AT SULTAN IMANUDDIN HOSPITALS PANGKALAN BUN

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ABSTRACT

Uterine fibroids are benign tumors of the uterus, in addition to being malignant, benign tumors of the uterus or uterine myomas are more common. There is not only one type of tumor. It can grow on the outer wall of the uterus, on the uterine muscles, or it can also grow on the inner wall of the uterus itself. This type of tumor is more commonly found. Average in women over the age of 30 years According to data from the health profile of the Sultan Imanudin Hospital Pangkalan Bun, it states that the most common gynecological disease sequence is 33 with cases of uterine myoma found in 2019, in 2021 as many as 45 patients and data obtained from January to May 2022 there are already as many as 57 patients with uterine myoma cases. The purpose of this study was to perform obstetric care for reproductive system disorders in Mrs. K with uterine fibroids with a documentation system for midwifery care management and case studies using Varney's 7-step approach. The method used in this research is a case study. The location of this case study was conducted at the Sultan Imanudin Hospital. The subject of the case study here is Mrs. K who has *uterine fibroids*. The time of the implementation of this case study was carried out in January-June 2022. Data collection techniques were from physical examination, interviews and observations, secondary data including documentation studies and literature studies. The care given in this case is uterine fibroid surgery with laparotomy, as well as providing moral support to reduce maternal anxiety. After being given 1 hour postoperative care and 4 hours postoperative care, the results were good general condition, no potential problems that arose, the mother was not anxious and felt comfortable with her current situation, but sometimes there is still pain in the former operation. After being given midwifery care for 1 hour and 4 days post-surgery, Mrs. K no longer feels comfortable with her condition, but still feels pain in her surgical scars.

Keywords : *uterine myoma, laparotomy, post operation*

1. INTRODUCTION

Women's reproductive health has a great influence and plays an important role in the continuation of the next generation for a country and is a parameter of the country's ability to provide health services to the community. (Manuaba, 2019)

One of the problems in women's reproductive health is the discovery of uterine myomas whose incidence continues to increase. Uterine fibroids are benign smooth muscle tumors consisting of smooth muscle tissue cells, fibroid connective tissue and collagen. Some terms for uterine fibroids include fibromyoma, myofibroma, leiomyofibroma, fibroleiomyoma, fibroma, and fibroid (Schwartz, 2018)

According to the World Health Organization (WHO) reported the cause of maternal mortality due to uterine myoma in 2016 as many as 22 cases (1.95%) and in 2017 as many as 21 cases (2.04%),

usually this disease is found accidentally on examination. routinely or while doing an annual medical *check-up* (WHO, 2019).

Based on the estimation results, the total population of Indonesia in 2020 is 271,066,366 people consisting of 136,142,501 male residents and 134,923,865 female residents. (Health Profile, 2020).

Nationally, as many as 5.3 % of women aged 30-50 years have undergone early detection of uterine myomas through ultrasound. With the highest coverage of early detection, West Sulawesi, followed by Kep. Bangka Belitung by 37.6 % , and South Sumatra by 32.1%. Meanwhile, the provinces with the lowest early detection coverage were Papua at 0.6%, North Maluku at 1.2%, and Southeast Sulawesi at 1.7%. (Ministry of Health RI, 2019) by Survey Democracy Health Indonesia number incident our ovary reach 37.2% and is most common in women



between the ages of 20-50 years and rarely at puberty. Studies Epidemiology states that several risk factors for ovarian cysts are nullipara, childbirth first time in age 35 year and woman which have family with history pregnancy first with age in under 25 years. (Health Profile, 2019)

Based on data from the Central Kalimantan Provincial Health Office, program reports from District or City Health Office originating from the year Hospital 2019, case disease myoma there is 1,789 sufferer including 331 women aged 50-60 years, aged 30-40 years around 1,458 people (Central Kalimantan Provincial Health Office, 2020).

According to data from the health profile of the Sultan Imanudin Hospital Pangkalan Bun, it states that the most common gynecological disease sequence is 33 with cases of uterine myoma found in 2019, in 2021 as many as 45 patients and data obtained from January to May 2022 there are already as many as 57 patients with uterine myoma cases.

Symptoms that arise in patients with uterine fibroids can vary, some are symptomatic, some are not, depending on the location and size of the myoma itself. Here are some symptoms that can appear in people with fibroids: such as long and heavy menstruation, constipation, frequent urination, pelvic pain. (Mayo clinic, 2019)

Uterine fibroids are not too dangerous, but uterine fibroids should not be taken lightly. Of course the presence of fibroids in the uterus can make you uncomfortable, even triggering anemia due to heavy bleeding. Several risk factors that can increase a person's risk of developing fibroids include: being over 40 years old, family history of fibroids, first menstruation before the age of 10 years, having never been pregnant before (women who have had children are less likely to experience fibroids), overweight or obesity, a diet high in red meat consumption, but low in green vegetables, **alcohol consumption** habits, smoking habits, use of hormonal contraceptives that are high in estrogen. (Mayo clinic, 2019)

And how to prevent it, there are things that can at least reduce or minimize the risk. One of them is by getting used to living a healthy life, maintaining a normal weight, and maintaining daily nutritional intake by consuming healthy foods. (Mayo clinic, 2019)

Remember danger which caused by wrong one case genecology that is uterine myoma soneed

handling by collaboration from officer health in prevention complications for lower number morbidity and female mortality consequence genetic malignancy in Indonesia.

Based on the data above, with an increase in cases of uterine myoma, the author wants to conduct a case study with the title " Obstetric Care for Reproductive System Disorders in Mrs. K with Uterine Myomas at Sultan Imanudin Hospital Pangkalan Bun "

2. CLINICAL FINDINGS

Based on the results of the case of midwifery care carried out on Ny. K 35 years old with uterine myoma The clinical findings were Mrs. K complained of lower left abdominal pain, pain penetrating to the back, the patient also complained of mucus coming out of the genitals since 2 weeks, nausea, headache and weakness. Based on the complaints that the mother felt and based on the results of the examination carried out, currently the mother is experiencing *uterine fibroids*.

3. HISTORY OF DISEASE

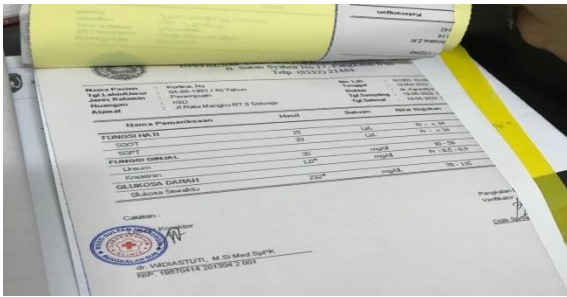
Based on the results of the anamnesis, Mrs. K has never suffered from inherited diseases such as hypertension, DM and a history of infectious diseases such as hepatitis, tuberculosis and HIV/AIDS, and has no history of degenerative diseases such as tumors, cancer of the reproductive organs.

4. DIAGNOSTIC CHECK

Based on the anamnesis and clinical findings of the diagnostic examination carried out on Ny . K is to do LAB examination and ultrasound.

Based on the diagnostic tests that have been carried out, the following results were obtained:
Figure 1 Results of laboratory examinations

TEST	RESULT	UNIT	REFERENCE RANGE
HEMOC	14.2	g/dl	12.0 - 16.0
HCT	42.0	%	37.0 - 47.0
HGB	14.2	g/dl	12.0 - 16.0
MCV	112.0	fL	84.0 - 106.0
MCH	126.0	pg	27.0 - 34.0
MCHC	112.0	g/dl	32.0 - 36.0
RDW	14.2	%	11.5 - 14.5
PLT	277	10 ⁹ /L	150 - 400
WBC	11.5	10 ⁹ /L	4.0 - 11.0
DIFF	27.7	%	21.0 - 29.0
APTT	28.0	sec	24.0 - 35.0



Based on the results of laboratory tests and ultrasound, it can be concluded that the mother has uterine fibroids.

5. DIAGNOSIS

Based on subjective data and objective data, the diagnosis of Ny . K is 35 years old with *uterine fibroids* . Where anxiety problems arise, and complains of pain in the lower left abdomen, pain penetrates to the back, the patient also complains of mucus coming out of the genitals since 2 weeks, nausea, headache and weakness.

In the case of Mrs. K aged 35 years with *uterine fibroids* , there is a potential diagnosis that is caused, namely the potential for anemia and bleeding.

6. THERAPY INTERVENTION

The action taken was uterine fibroid surgery with laparotomy. Mefenamic acid postoperative medication 3 x 1, cefixime 3 x 1, metronidazole

7. FOLLOW-UP

Based on the results of the case of midwifery care carried out on Ny. The follow up given is by monitoring and drug therapy.

8. DISCUSSION

In this chapter , we will discuss the gap between the literature review and case studies on the implementation of Midwifery Care Management for Mrs. "K" with Mioma Uteri at Sultan Imanudin Hospital Pangkalan Bun from 19 to 24 June 2022. To describe the relationship between theory and practice, then Midwifery care management approach is used which consists of 7 steps, namely basic data assessment/analysis, formulating actual diagnoses/problems, formulating diagnoses/potential problems, implementing immediate action/collaboration, action plans, implementing actions and evaluations, and documenting the results of midwifery care in SOAP form.

Identification of basic data is a midwifery care management process that is shown to collect information about both physical, psychosocial, and spiritual (Lubis, 2020). Data was collected through history taking, physical examination by inspection , palpation, percussion and auscultation, and according to (Nurafif & Hardhi, 2013) supporting examinations, namely laboratory and diagnostic examinations. According to previous research (Astuty, et al 2020) In collecting basic data on Mrs. "S" with uterine myoma, it was carried out by collecting subjective data obtained from interviews where the mother said she had pain in the lower abdomen and the stomach felt full/heavy, objective data obtained from a physical examination such as palpation of the abdomen found a mass / lump accompanied by tenderness. At this stage the author did not find any gaps. This is because the mother's response in providing information is very good as well as the family, midwives and doctors who treat so that the authors easily obtain the desired data. According to the existing theory that uterine fibroids measuring 5 cm should be removed surgically by laparotomy. **Laparotomy is a medical procedure that aims to open the abdominal wall in order to have access to the abdominal organs that require certain actions or as a diagnostic procedure. Laparotomy is done by making a large incision in the area around the patient's abdomen, which is preceded by anesthesia** (Lubis, 2020) . This surgical operation will cause the surgical wound area to be the result of the client's surgical removal of uterine myomas on June 20, 2022, so that what is described in the literature review and case studies seems to have similarities between the literature review and case studies.

In midwifery assessment and problems, it is carried out based on a midwifery care management approach that is supported and reviewed in several data, both subjectively and objectively obtained from the results of the assessment that has been carried out and based on a literature review are:

Based on the incidence of uterine myomas, there are a number of risk factors, including: race, age , sedentary lifestyle, diet and obesity factors, the influence of the menstrual cycle, and parity status and comorbid diseases. (Lubis, 2020)



1. Age
Age over 30 years increases the risk of uterine fibroids.
2. Female Nullipara
who have never been pregnant are at risk for uterine fibroids; associated with the influence of exposure to sex hormones, estrogen, and progesterone.
3. Stress
In stress, there is a release of cortisol and stimulation of the *hypothalamo-pituitary-adrenal gland axis* which will cause an increase in estrogen and progesterone.

From research conducted (Astuty, et al. 2020) Identification of the actual diagnosis or problem is carried out by collecting data carefully and accurately, so that a midwifery diagnosis is obtained in these patients with pain in the lower left abdomen, there is a mass / lump accompanied by anxiety in the mother. All of these factors can affect the client's coping mechanism in dealing with his condition so that anxiety is perceived. So that what was identified in Mrs. "K"'s client was postoperative uterine myoma, pain in the surgical wound and anxiety. Thus, the application of the literature review and the case study review of Mrs. "K" in general shows that there are similarities in the actual diagnoses that are enforced so that there is no gap between theory and practice.

Based on the literature review, midwifery care management is identifying potential problems, namely anticipating if possible and preparing for something that might happen. According to Lubis, 2020 complications of uterine fibroids are divided into 2 , namely:

1. Bleeding until anemia occurs
2. Malignant degeneration of uterine myoma which becomes Leiomyosarcoma or a rare type of cancer that attacks smooth muscle tissue. Most often occurs in the abdomen, but it is possible to attack other body parts, including the uterus, blood vessels, and skin found in only 0.32 -0.6% of all myomas.

As a result of the literature review, it was found that potential problems that could occur in disorders of the reproductive system with uterine myomas were abnormal bleeding, micturition disorders, and causing infertility. As in the form of things to prevent bleeding, midwives and health workers involved must ensure that the client's uterus is clean and the myoma tissues are still

attached to the uterus (Frisca Tresnawati, 2013: 192).

In accordance with the literature review, this myoma will bleed if no action/treatment is taken. Based on the data in the case study of Mrs. "K", a potential problem can be identified, namely the problem of infection. Thus, the application of literature review and midwifery care management in the case study of Mrs. "K" seems to have similarities.

Based on data that gives an indication of immediate action which must save the client's life, in the form of collaboration with more professional health workers with the situation experienced by the client or consultation with a doctor. According to research (Astuti, et al. 2020) The need for immediate action and collaboration with SpOG doctors for surgery and administration of drugs. Based on the literature review on postoperative uterine myoma, immediate action is taken if there is postoperative bleeding, but in the case study of Mrs. "K" with uterine myoma, there was no indication for immediate action or collaboration, considering the mother's condition did not experience bleeding. Thus, there are similarities between the literature review and the case study of the management of midwifery care Mrs. "K".

In midwifery care management, a comprehensive action plan is carried out on indications that arise based on the client's condition and its relationship to the problems experienced by the client and also includes anticipation by counseling the client, the action plan must be approved by the client and all actions taken must be based on relevant and recognized rationale. the truth. For Mrs. "K" with uterine myoma, the author plans midwifery care based on the diagnosis/actual problem and potential problems, namely observing vital signs, instructing the mother to get enough rest, instructing the mother to eat nutritious food, instructing the mother to mobilize early, giving an explanation about personal hygiene, namely changing pads and clothes when wet/dirty, explaining the cause of pain, observing the state of the wound, observing intravenous administration, observing urinary content, and administering antibiotics, analgesics, and vitamins. From the midwifery care plan that has been given in this case, there is a match between the theory and the existing case.



Based on the review of midwifery care management that implementing an educational action plan includes recommendations for periodic re-control in asymptomatic patients and those who want fertility sparing. General preventive measures in the form of diet and exercise settings. In addition, breastfeeding and smoking were found to inhibit tumorigenesis of uterine myomas. As long as there are no complaints, the patient is recommended to be checked every 6 months. If you have been through menopause and there is no tumor growth within a year then control is recommended only if symptoms appear. and collaborate with other health teams in accordance with the planned actions. In the case study of Mrs. "K" with uterine myoma, all planned actions can be carried out properly without any obstacles because of the good cooperation and acceptance from the client and the support from the family and health workers.

Evaluation is the final step of the midwifery care management process in evaluating the achievement of goals, determined criteria, deciding whether the goals have been achieved or not with the actions that have been implemented. Successful evaluations before and after include: dry incision/surgery, reduced pain in the surgical area, vital signs within normal limits, and no signs of infection such as redness, swelling, pain, and heat. Based on research (Darmawansyah, 2020) Evaluation of midwifery care given to Mrs "S" with a submucosal myoma that requires treatment according to the existing procedures can be successful because the patient does not feel lower abdominal pain, there is no lump in the stomach, and the mother does activities such as normal, no signs of infection found, vital signs within normal limits. In this case there is no gap between theory and real cases in the field. Based on the case study of Mrs. "K" with uterine myoma, there were no things that deviate from the evaluation of the literature review. Therefore, when compared to the literature review and the case study of Mrs. "K" in general there are similarities.

9. CONCLUSION

After being given midwifery care and surgery with laparotomy, the mother had no more complaints, only complaints of postoperative pain.

10. SUGGESTION

Can provide integrated and comprehensive services in providing health services, especially for patients with uterine myomas.

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THE DETERMINANTS OF ASSESSING ANTENATAL CARE SERVICE ON MIDWIVES DURING THE COVID-19 PANDEMIC

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ABSTRACT

The implementation of the Large-Scale Community Social Restriction (PSBB) policy during the COVID-19 pandemic aimed to limit the spread of the virus in the community, which resulted in the limited activities of the community, including pregnant women. The lack of information related to health care or antenatal care (ANC) faced by pregnant women results in decreased coverage of K1 and K4 visits. Deli Serdang Regency is one of the districts that experienced a declined antenatal care visit. Data from the Health Department in 2020 indicated a 1.53 per cent decrease in the K1 visit, while K4 was increased by 2.99 per cent. The purpose of the study was to analyze the factors related to antenatal care examinations during the COVID-19 pandemic in the Deli Serdang district. This research implemented a cross-sectional quantitative design using primary data. Data were collected through interviews using a questionnaire. Data collection was performed in November 2020 in Sunggal District and Hamparan Perak District, Deli Serdang Regency, North Sumatera Province. The number of respondents was 154 pregnant women, which were selected using a simple random sampling. The dependent variable is the ANC examination by the midwife. The independent variables include the age of pregnant women, age at first marriage, employment status, education, income, health insurance ownership, husband's age, and childbirth plans. Data were analyzed using simple logistic regression analysis, with $\alpha = 0.05$. The result showed that the sociodemographic characteristics of pregnant women who carry out ANC examinations by midwives are pregnant at an ideal age (age less than 35 years), married for the first time at the age of less than 24 years, not working, having a low level of education with income 3 million/month, not having health insurance and planning to have birth at the midwife. The analysis also showed that there is a smaller percentage of conducting ANC examinations in midwives among women with higher education. Based on the study's results, it was found that the variables that significantly related to conducting ANC examination in midwives were age, age at first marriage, have a spouse withing ideal age, and planning childbirth at the midwife.

Keywords: Antenatal care, COVID-19, Midwife, Pregnancy

1. INTRODUCTION

In early March 2020 the World Health Organization officially declared Corona Virus Disease 2019 or abbreviated COVID-19 as a pandemic. This means that almost all countries worldwide including Indonesia have infected by the spread of COVID-19. The government immediately implemented policies aimed at limiting the spread of the virus in the community through the Large-Scale Social Restriction (PSBB) policy. Policy implementation has impacted on limited community activities, including for pregnant women, because pregnant women are considered a population at greater risk

for exposure to infection [1]. As a result, during the COVID-19 pandemic, pregnant women faced a lack of information regarding antenatal care (ANC), they also felt socially isolated and had to performed pregnancy examinations without their partners [2].

In addition, there is a recommendation to postpone pregnancy check-ups and delayed pregnancy classes for pregnant women. Furthermore. Inadequate preparedness of services in terms of personnel and infrastructure, including personal protective equipment [PPE] for health service providers, results in an increasing uncertainty for pregnant women to access ANC



[3]. Studies indicated that COVID-19 results in a decline in pregnancy checks. A study in the United States found that nearly a third of pregnancy monitoring visits were changed, canceled, or rescheduled from mid-March to mid-May of 2020 [4]. A study in France even showed that one in five pregnant women did not have a pregnancy check during the COVID-19 pandemic [1].

Routine ANC checks benefit pregnant women and their babies because health screening within a certain period allows women to obtain information about the pregnancy [1]. In addition, conducting antenatal care examinations enhance women to obtain an explanation of the sign of pregnancy distress and any complications of pregnancy which leads to increased awareness and results in a lower occurrence of maternal morbidity and mortality [5,6].

Various research shows several factors associated with ANC examinations. A European study shows that living in urban areas, women's education, husband's education, and childbirth plans are significant for ANC examinations [7]. Meanwhile, studies in Africa enlighten other factors associated with ANC examination. For example, the average monthly family income and unplanned pregnancy contribute to ANC examinations in Ethiopia [8]. Furthermore, antenatal check in Guinea was associated with socio-demographic, financial factors, and exposure to the media [9]. During the COVID-19 pandemic, women's anxiety about COVID-19 infection was associated with assessing antenatal care [10]. In addition to individual factors, ANC examinations are also influenced by factors related to the service provider, namely the lack of trained health workers and the unfriendliness of health workers [11].

As experienced in another region, the coverage of ANC Deli Serdang Regency decreased during the COVID-19 pandemic. Based on data from the Health Department Office, during 2020, as many as 47,645 people accessed the first ANC examination (K1), while only 44,304 people accessed the fourth ANC visit (K4). This data reflects the 1.53 percent decrease in K1 visits, and a 2.99 percent increase in K4 visits [12]. Based on these conditions, the researchers were interested in examining what factors were related to antenatal care

examinations for pregnant women during the COVID-19 pandemic in Deli Serdang Regency.

2. METHODS

This study implemented a cross-sectional design using primary source data. Data collection was performed in November 2020 using a questionnaire in Sub-district Sunggal and Sub-District Hamparan Perak, Deli Serdang Regency. The number of respondents was 154 pregnant women, taken using a simple random sampling method. All the pregnant women who participated in the study gave their consent before the interviews, and the health protocol [using a face mask, 2-meter distance, and no physical contact] was applied during the interview.

The dependent variable of this study was antenatal care examination at the midwife's service. The independent variables of this study were age, age at first marriage, education, employment, household income, health insurance, spouse age, spouse education, and plan of childbirth. Age was classified into age ideal for pregnancy (21-35 years old) and unideal (20 years or less and 36 years or older). Age at first marriage was divided by ideal (24 years or more) and unideal (less than 24 years). Education was classified into low-level education (no education and primary school), middle-level education (junior high school and senior high school), and high-level education (vocational college/university). Household income was divided based on the regional minimum wage regulated by the local government of the Deli Sedang Regency of 2020.

Participants' characteristics were displayed descriptively using frequency and percentage. Bivariate association between the dependent variable and each independent variable was assessed using simple logistic regression analysis. The association between the sociodemographic variable and ANC provider was shown by the proportion of pregnant women assessing ANC examination at midwife's service, odds ratio, and p-value. A significant association was determined if a p-value of 0.05.

3. RESULTS AND DISCUSSION

Table 1 shows the characteristics of respondents based on socio-demographics. Of the 154 respondents, most pregnant women accessed ANC examination at a midwife service. More than



half respondents (78%) were aged under 35 years, with most of the women married for the first time at the age of > 24 years, having had secondary education and above. The pregnant women are mostly unemployed, and only 21 percent are working and have a household income of less than 3 million Rupiah. More than half of pregnant women have health insurance and having spouses aged within the ideal category and planning to give birth to a midwife service.

Table 2. Characteristics of the participants

<i>Variable</i>	<i>Frequenc y (f)</i>	<i>Percentage (%)</i>
ANC Services		
Midwife	128	83.0
Another ANC provider	26	17.0
Age		
≤ 35	120	78.0
≥ 36	34	22.0
Age at first marriage		
≤ 24	28	17.0
> 24	126	83.0
Employment		
Working	32	21.0
Housewife	122	79.0
Education		
Low level	26	17.0
Middle level	115	75.0
Upper level	13	8.0
Household Income		
>3.000.000	32	20.0
≤ 3.000.000	122	80.0
Health Insurance		
Yes	105	68.0
No	49	32.0
Spouse Age		
≤ 35	96	62.0
≥ 36	58	38.0
Planned childbirth service		
Midwife	86	56.0
Other service provider	68	44.0

The association between sociodemographic and pregnant women accessing ANC at midwife

service are shown in Table 2. Based on bivariate analysis, it is found that ANC examinations by midwives were mostly accessed by mothers with the ideal age for pregnancy (<35 years). About 87% of ideal-age mothers access ANC at midwives compared to 71% of unideal-age pregnant women. Reversely, the delivery of antenatal care services should be prioritized among the at-risk age group because of the increased level of vulnerability to pregnancy and the higher risk for pregnancy complications compared to the non-risk age group [13]. Pregnant women aged 20-35 years have a lower risk during pregnancy and childbirth because, at that age range, they already have maturity in terms of reproductive, mental, and financial health so that they are able and ready to accept the pregnancy and the birth of a baby. In comparison, pregnant women aged less than 20 years and 35 years or older have a higher chance of being at risk during pregnancy and childbirth due to physical, mental, and reproductive maturity conditions that are either too early for reproduction at a young age, or a decline in gestational on an older woman [14]. Research has also shown that giving birth to children at an older age has the potential for miscarriage [15]

The statistical test of the relationship between age and ANC examination at a midwives service shows a significant relationship between mother's age and ANC examination at midwives service, with pregnant women aged < 35 years being almost three times more likely to perform ANC examinations at midwives compared to mothers aged > 35 years (p-value = 0.031, OR = 2.708, 95% CI = 1.904-6.703). This finding is in line with previous research that maternal age is significant in the use of antenatal care [16–18] However, it is different from research in Banjar and Boalemo districts that age has no significant relationship with ANC visits [14,19].

Based on the age at first marriage, as many as 87% of pregnant women married at the age of 24 years or younger. Referring to the age limitation defined by the WHO, which defined that adolescents are at the age limit of 11 to 24 years, it means that most participants were married at a young age. Getting married at an early age has a wide impact, not only on women and their partners but also on society. The real impact is the low quality of the family due to the physical readiness of prospective teenage mothers to conceive and give birth to their babies. In addition, the young mothers are faced with household chores,



financial problems, and social issues such as social problems and gender inequality, which can lead to a continuous cycle of poverty, increasing illiteracy, poor health in future generations, and hampering the welfare of the wider community both in the short and long term [20]. Based on this impact, the BKKBN has promoted an ideal age limit for couples who are getting married which were over 21 years old for women and 25 years old for men, with the hope that

the prospective couple has reached physical maturity and has been prepared psychologically and financially. The statistical test shows that mothers who first married at the age of 24 years or younger were three times more likely to have an ANC examination by midwives compared to mothers who age at first marriage was older than 24 years (p-value = 0.021, OR = 3.037, 95% CI=1.182 -7.802).

Table 2. Association between Sociodemographic and ANC service

Variable	ANC at Midwife		N	p-value	OR	95% CI
	No	Yes				
Age Ideal for Pregnancy						
Yes	13%	87%	120	0.031*	2.708	1.904-6.703
No	29%	71%	34		ref	
Age at first marriage						
≤ 24	13%	87%	126	0.021*	3.037	1.182-7.802
>24	32%	68%	28		ref	
Employment						
Working	6%	94%	122	0.089	3.673	0.820-16.453
Housewife	28	31.5	32		ref	
Education						
Low level	12%	88%	26	0.415	0.584	0.160-2.127
Middle level	18%	82%	115	0.736	0.736	0.104-4.933
Upper level	15%	85%	13		ref	
Household Income						
> 3.000.000	13%	87%	32	0.46	1.450	0.490-4.838
≤ 3.000.000	18%	82%	122		ref	
Ownership of Health Insurance						
Yes	18%	82%	105	0.558	0.754	0.294-1.935
No	14%	84%	49		ref	
Spouse Age						
Ideal	11%	89%	96	0.024*	2.696	1.140-6.371
Unideal	26%	74%	58		ref	
Planned childbirth service						
Midwife	10%	90%	86	0.020*	2.852	1.180-6.890
Other service provider	25%	75%	68		ref	

According to employment status, 94 percent of pregnant women who performed ANC checks at midwives are housewives. However, womens' employment variable shows no significant

association with the behavior of antenatal care in midwives. The result of this research is in line with previous research, which indicated that there is no correlation between women who work and



ANC examinations. Furthermore, the research shows that working mothers also have a high awareness of carrying out pregnancy checks by making time and making appointments in midwife's services during the COVID-19 pandemic, so pregnant women who work can do regular ANC checks [17,21].

Based on the education variable, in general, pregnant women who underwent ANC examination at midwives service were at a low level of education (88%). However, the statistical test shows no significant relationship between education and ANC examination. In contrast, several previous studies has shown that education is related to ANC examination [7,16,17,22]. The results of this study are interesting, it turns out that pregnant women with higher education levels have the smallest percentage of conducting ANC examinations in midwives. This is reflected in the percentage of ANC examinations for mothers with low education, which are higher than middle and high. Ideally, the higher the education of pregnant women, the more rational they will behave in maintaining their health and pregnancy. On the other hand, someone with low education (elementary schools) tends to be less caring about ANC visits because of the lack of knowledge about ANC visits and everything related to ANC visits [14].

More than half of pregnant women who earn 3 million/month have their ANC checked by a midwife [88%]. Yet, there is no significant relationship between the income variable and ANC visit. In contrast, research in Ethiopia found that family income is associated with ANC checks; women with low monthly income will not have access to health care providers with complete facilities and vice versa [8].

Based on the health insurance ownership, 86 percent of pregnant women who checked ANC at the midwife appeared to have no health insurance. Also, health insurance ownership shows no relationship with ANC at midwife service. The results of this study are in line with several previous research which show that the ownership of health insurance does not have a significant relationship with the use of delivery assistance because the distance limits a woman's ability and willingness to seek services, especially if transportation availability is limited, communication is difficult, and no hospital facilities [13,23].

Spouse age also shows a significant association with accessing ANC at the midwife. Women who have a spouse aged 36 years or older are 2,696 times more likely to perform ANC examinations at midwives compared to mothers who have husbands of ideal age. 89 percent of pregnant women who had an ANC at the midwife stated that the husband's age was not ideal (p-value = 0.024, 95% CI = 1.140-6.371)

As many as 90 percent of pregnant women who get the ANC at the midwife are planning to have childbirth at the midwife. A statistical test shows that planning to have childbirth at a midwife is significantly associated with having antenatal care at the midwife (p-value = 0.020, 95% CI = 1.180-6.890). Pregnant women who plan to give birth at a midwife have a 2.851 chance of having an ANC examination at a midwife compared to pregnant women who do not plan to give birth at a midwife.

4. CONCLUSION

Among pregnant women studied, Pregnant women who perform ANC examinations at midwives have sociodemographic characteristics, including age not at risk [<35 years] to get pregnant or give birth, their first marriage age at <24 years old, not working, being at a low level of education with income 3 million/ month, does not have health insurance and planning to have birth at the midwife service. Interestingly, in this study, the higher the education of pregnant women, the smaller the percentage of conducting ANC examinations in midwives. It is found that variables related to ANC examination at midwives are age, age at first marriage, having a husband of ideal age and planning childbirth at the midwife.

5. AUTHORS' CONTRIBUTIONS

MAS conceptualized the study and created the methodology; DNAN, UTW, and EFH wrote the original draft; SS wrote, reviewed, and edited the manuscript. MAS, DNAN, UTW, EFH, and SS wrote the final manuscript.

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THE STATUS OF CED, ANEMIA IN PREGNANCY, AND LOW BIRTH WEIGHT IN PUSKESMAS PETARUKAN PEMALANG WORK AREA

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ABSTRACT

Low birth weight (LBW) is a term used to describe babies who are born weighing less than 2,500 grams and whose risk of morbidity and mortality are higher than babies with normal birth weight. The nutrition status of a pregnant mother with chronic energy deficiency (CED) and anemia affected health conditions and fetal growth. The prevalence of LBW around the Puskesmas Petarukan work area in 2020 was 3.27%. This study aimed to describe the status of CED, anemia in pregnancy, and LBW around the Puskesmas Petarukan Pemalang work area. It was descriptive quantitative research with a retrospective approach. The sample of the research was all of the newborns with LBW and mothers who gave birth to LBW with a total of 20 respondents. The univariate analysis obtained the average Mid Upper Arm Circumference (MUAC) of the pregnant mothers was 24.95 cm, the mean Hb level at 11.55 g/dl \pm 0.52 and the lowest birth weight was 1,700 grams. This study concluded that there are pregnant mothers with CED status, anemia, and LBW.

Keywords: Low birth weight (LBW), CED, Anemia

1. INTRODUCTION

World Health Organization (WHO) describes babies with Low Birth Weight (LBW) are babies born weighing less than 2,500 grams (Jayanti, Dharmawan, and Aruben, 2017). Low Birth Weight has a higher risk of morbidity and mortality compared to babies with normal birth weight. The delivery under 37 weeks of pregnancy may result in complications from the incomplete growth of the organ. The other possible problem is baby weight loss if the baby weighs under the normal weight, growth monitoring from week to week is needed after the baby is born (Hartiningrum and Fitriyah, 2019).

The prevalence of low birth weight in Central Java was 6.10% (Institute of Health Research and Development of Central Java, 2018). Based on the data from Public Health Department in 2020, the infant mortality rate in Pemalang was 5.14 deaths per 1,000 live births. This rate decreased from the previous year with 5.58 per 1,000 live births. In 2020, it was found that there were 802 LBW cases out of 25,488 with a percentage of 3.15%. The percentage shows a decrease from the 2019 percentage of 3.64% (Public Health Department of Pemalang, 2020). Infant mortality in Pemalang is mainly caused by asphyxia, LBW, and infection (Pemalang Government, 2019).

Nutrition status is the representation of the human body condition as the effect of food and nutrient consumption (Mardalena, 2017). A mother's good nutrition status before and after the pregnancy plays a big role in the infant's growth. Chronic energy deficiency (CED) and anemia could risk fetal growth and health. The prevalence of pregnant mothers with CED in Indonesia in 2018 was 17.3% and the prevalence of pregnant mothers with anemia was 48.9% (Ministry of Health Republic of Indonesia, 2018).

Pemalang has 25 Puskesmas (Community Health Center), such as Puskesmas Petarukan. The work area of Puskesmas Petarukan includes six villages which are Iser, Serang, Kalirandu, Bulu and Tegalmilati. The prevalence of Low Birth Weight in Puskesmas Petarukan during 2020 was 3.27% (Public Health Department of Pemalang, 2020).

The general objective of this research is to describe the status of CED and anemia in pregnancy, also the low birth weight in the Puskesmas Petarukan Pemalang work area.

2. RESEARCH METHODS

It was descriptive quantitative research with a retrospective approach. The sample of the research was babies with LBW and mothers who



gave birth to babies with LBW registered at Puskesmas Petarukan from January – October 2021 which were 20 respondents. The sample was taken by using non-random purposive sampling. The data used for the research was secondary data obtained from the KIA (Maternal and Child Health) book and cohort.

The inclusion criteria used were low birth weight <2500 grams registered at Puskesmas Petarukan Pematang and mothers living in

Petarukan District. The exclusion criteria were mothers with no KIA book and mothers who gave birth to normal birth weight.

The data obtained were then processed by using a computer program. Univariate analysis which was aimed to describe the characteristic of the studied variables (the status of CED and anemia in pregnancy, also LBW). The data was then presented in a frequency distribution table and the form of the percentage of each variable.

3. FINDING AND DISCUSSION

General Description of the Sample

Table 1
Frequency Distribution of the General Description of the Sample

Variable	Number	Percentage (%)
1. age		
<20	5	25
20 – 35	14	70
>35	1	5
Total	20	100
2. Parity		
Primipara (1 child)	13	65
Multipara (2 – 5 children)	7	35
Total	20	100
3. Education		
Elementary School	4	20
Junior High School	6	30
Senior High School	9	45
University	1	5
Total	20	100
4. Occupation		
Housewife	18	90
Private Sector Employee	1	5
Civil Servant	1	5
Total	20	100

Based on table 1, it could be seen that most of the respondents are 20 – 25 years old with 14 mothers (70%), the primiparous mother parity is 13 mothers (65%), and Senior High School background with 9 mothers (45%), and housewife with 18 mothers (90%).

Pregnant mothers whose age is under 20 years old have the risk of LBW related to unfulfilled nutrition needs. Pregnant mothers whose age is above 35 years old may have the risk of hypertension and diabetes mellitus which affect the process of fetal food intake through the placenta (Supriyanto, Paramashanti, and Astiti, 2017).

Research (Dwi Ertiana and Urrahmah, 2020) explained that multiparous mothers with 2 or 3

children don't have the risk of giving birth to LBW, meanwhile, the mother with 1 and >3 parity have a 26.594 higher risk of LBW case. In the case of a mother with >3 parity, the uterus wall might be damaged due to the multiple pregnancies which affect the fetal growth and birth weight.

Mothers' educational background affects their action intake the advantage of the health facility available and their diet patterns. The high educated mothers can well receive the obtained information, compared to the lower educated mothers. It is very important to deal with the implementation of a healthy lifestyle, which further affects the condition of the newborn baby (Nuryani and Rahmawati, 2017).



Based on the research conducted in Puskesmas Karang Intan I Banjar and Puskesmas Simpang Empat 2 Banjar work area showed that either working mothers or housewives can give birth to babies with low birth weight and normal birth weight in nearly the same number (Noor *et al.*, 2020).

a CED Status of Pregnant Mother

The description of CED status in the mother giving birth to babies with LBW based on the MUAC in the first trimester is categorized as follows:

Tabel 2
Frequency Distribution Based on the CED status of Pregnant Mother

CED Status	$\bar{x} \pm SD$	Number	Percentage (%)
Non-CED (≥ 23.5 cm)	26.84 \pm 2.44	13	65
CED (≤ 23.5 cm)	21.42 \pm 1.51	7	35
Total		20	100

Table 2 shows that out of the mothers who give birth to LBW, there are 13 pregnant mothers (65%) with no CED status in the first trimester of pregnancy. For the MUAC, the highest is 31 cm, and the lowest is 19 cm, with a mean of 24.95 cm and a standard deviation of 3.39.

Based on the research conducted at UPTD Puskesmas III Dinas Kesehatan Kecamatan Denpasar Utara, it was mentioned that pregnant mothers with CED status risk 3.333 times higher

of giving birth to LBW, compared to mothers with non-CED status (Sumiati, Suindri, and Mauliku, 2021).

b Anemia in Pregnancy

The result of the percentage distribution of mothers with anemia during the first trimester based on the Hb level as presented in table 6 is as follows:

Table 3
Frequency Distribution Based On Anemia Status in Pregnancy

Anemia Status In Pregnancy	$\bar{x} \pm SD$	Number	Percentage (%)
Non Anemia (>11 g/dl)	11.63 \pm 0,48	18	90
Anemia (8 – 11 g/dl)	10.80 \pm 0	2	10
Total		20	100

Based on table 3, it is described that most pregnant mothers don't have anemia status, with a total of 18 mothers (90%). The mean of the Hb level is 11.55g/dl \pm 0.52 with the lowest Hb level 10.80 g/dl and the highest 12.80 g/dl.

Research conducted in the Puskesmas Tanta Tabalong work area shows OR value of 9.19. It was concluded that mothers with anemia risk 9 times higher in the delivery process compared to mothers without anemia. The case of miscarriage, neonatal death, birth defect, anemia, and low birth weight is the effect of mothers with anemia during pregnancy (Suhartati, Hestinya, and Rahmawaty, 2017).

C Low Birth Weight

The research found that out of 20 babies, the lowest weight is 1700 grams and the highest is 2400 grams. The average low birth weight is 2105

grams \pm 208.31. The length of the baby with the lowest weight is 40 cm and the length of the baby with the highest weight is 48 cm. The average length of the full-term newborn baby is 44.30 cm and the standard deviation is 2.08.

Based on the research conducted in Sedayu District of Bantul Yogyakarta, it was described that out of 190 respondents, 46 babies (24.2%) were born with low birth weight, meanwhile, 144 babies (75.8%) were born with normal weight. A history of low birth weight could have 6.16 higher stunting risk compared to those with normal weight (Supriyanto, Paramashanti, and Astiti, 2017).

4. CONCLUSION

Related to the CED status, it is found that among mothers who give birth to low birth



weight, there were 13 mothers (65%) without CED status during the first trimester of pregnancy. On the other hand, for the anemia status, it is found that among mothers who give birth with low birth weight, there were 18 mothers (90%) without anemia during the first trimester of pregnancy.

5. SUGGESTION

It is expected that the medical workers in Puskesmas Petarukan could improve the education about nutrition in pregnant mothers to have a healthy pregnancy routine and give birth to a baby with normal weight.

Pregnant mothers are expected to regularly check their pregnancy in the available health care to prevent the case of low birth weight.

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