

**ASUHAN KEBIDANAN BERKESINAMBUNGAN PADA NY.T UMUR 33
TAHUN PRIMIPARA DI PMB TUTIK PURWANI, S.ST., Bdn,
NGAGLIK, SLEMAN**

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RINGKASAN

Latar belakang : Ibu primipara biasanya memiliki pengetahuan yang kurang maksimal sehingga membutuhkan pendampingan selama kehamilan, persalinan, nifas, bayi dan keluarga berencana. Selain itu, usia ibu mendekati masa rentan resiko tinggi kehamilan dan riwayat abortus imminens menjadi faktor pentingnya pemberian asuhan kebidanan berkesinambungan (*Continuity of Care*).

Tujuan : Mampu melaksanakan asuhan kebidanan berkesinambungan pada Ny “T” umur 36 tahun primipara di PMB Tutik Purwani, S.ST., Bdn, Ngaglik, Sleman

Hasil : Asuhan kehamilan dilakukan sebanyak 4 kali, usia kehamilan 35+5 minggu Ny.T mengalami nyeri pinggang diberikan asuhan kompres hangat, usia kehamilan 37+4 minggu kepala bayi belum masuk panggul diberikan asuhan *gymball* dan yoga, usia kehamilan 38+6 minggu diberikan asuhan pijat perineum sebagai upaya mengurangi robekan perineum. Persalinan kala I fase laten berlangsung 20 jam 30 menit dan fase aktif 1 jam 30 menit, Ny. T mengalami kenceng semakin sering diberikan asuhan *gymball*, pijat oksitosin dan konsumsi kurma. Kala II berlangsung 25 menit dengan asuhan persalinan normal, kala III berlangsung 32 menit dengan retensio plasenta dan dilakukan manual plasenta. Kala IV berlangsung selama 2 jam normal. Asuhan nifas dilakukan sebanyak 4 kali, pada KF-2 nifas hari ke-5 Ny.T mengeluh ASI sedikit, diberikan asuhan pijat oksitosin. Pada neonatus tidak memiliki keluhan, asuhan di berikan 3 kali di PMB dan 1 kali kunjungan rumah, diberikan asuhan pijat bayi. Ny.T diberikan asuhan keluarga berencana suntik 3 bulan pada 08 november 2023.

Kesimpulan : Asuhan Kebidanan berkesinambungan dilakukan sesuai standar pelayanan kebidanan dan dilakukan pendokumentasian.

Kata Kunci : Asuhan Berkesinambungan, Primipara

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**MIDWIFERY CONTINUITY OF CARE FOR MRS. T, 33 YEARS OLD
PRIMIPARA AT PMB TUTIK PURWANI, S.ST., Bdn,
NGAGLIK, SLEMAN**

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ABSTRACT

Background : Primiparous mothers usually have less than maximal knowledge, thus requiring assistance throughout pregnancy, maternity, postpartum, neonatal, and contraception. Additionally, the mother's age approaching the vulnerable period of high-risk pregnancy and a history of abortus imminent are important factors necessitating midwifery continuity of care.

Objective : This research is conducted to implement midwifery continuity of care for Mrs. T, 36-year-old primipara, at PMB Tutik Purwani, S.ST., Bdn.

Result : Pregnancy care was provided four times. At 35+5 weeks of pregnancy, Mrs. T experienced lower back pain and was given warm compress therapy. At 37+4 weeks, the baby's head hadn't engaged yet, care was provided through gymball exercises and yoga. At 38+6 weeks of pregnancy, perineal massage care was provided as an effort to reduce perineal tears. The first stage of labor, latent phase, lasted for 20 hours and 30 minutes, and the active phase for 1 hour and 30 minutes, Mrs. T experienced increasing contractions frequency and was provided care through gymball, oxytocin massage, and consumption of dates. The second stage lasted for 25 minutes with normal delivery care, the third stage lasted for 32 minutes with retained placenta, and manual placental removal was performed. The fourth stage lasted for 2 hours normally. Postpartum care was provided four times. On the second postpartum day, Mrs. T had insufficient breast milk; oxytocin massage care was provided. The neonatal was in good condition; care was provided three times at PMB and once during a home visit, received infant massage care. Mrs. T was given a three-month contraceptive injection on November 8, 2023.

Conclusion: Midwifery Continuity of care is conducted according to midwifery service standards and documented accordingly.

Keywords: Midwifery Continuity of Care, Primipara

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