

ASUHAN KEBIDANAN BERKESINAMBUNGAN PADA NY D UMUR 36 TAHUN PRIMIGRAVIDA DI PMB MEI MUHARTATI DEPOK SLEMAN

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RINGKASAN

Latar Belakang : Salah satu faktor penyebab resiko kehamilan patologis yaitu faktor usia >35 tahun dan posisi janin dengan persentasi bokong. Apabila tidak segera ditangani dapat mengancam keselamatan bahkan dapat meningkatkan angka kematian ibu dan bayi. Beberapa upaya pemerintah untuk menurunkan AKI pada dasarnya mengacu kepada intervensi strategis Empat Pilar *Safe Motherhood*, salah satunya yaitu akses terhadap pelayanan pemeriksaan kehamilan yang mutunya masih perlu ditingkatkan terus.

Tujuan : Mampu melaksanakan asuhan kebidanan secara berkesinambungan pada Ny. D umur 36 tahun primigravida di PMB Mei Muhartati Depok Sleman

Hasil : Asuhan kebidanan berkesinambungan ini dimulai dari usia kehamilan Ny. D 34⁺¹ minggu sampai dengan kunjungan ke empat masa nifas dan kunjungan ketiga neonatus. Selama hamil Ny. D mengalami beberapa kali kenceng-kenceng tetapi tidak sering dan ditemukan pemeriksaan dengan hasil presentasi bokong sehingga pada saat persalinan dilakukan secara SC. Pada saat nifas ditemukan bahwa ASI Ny. D masih sedikit setelah dilakukan pijat oksitosin ASI sudah lancar. Pada asuhan neonatus tidak didapatkan masalah, bayi dalam keadaan baik dan sudah diberikan asuhan komplementer pijat bayi. Ny.D berencana menggunakan KB IUD namun harus menunggu setelah 6 minggu pasca salin jadi sementara menggunakan KB sederhana yaitu kondom.

Kesimpulan : Asuhan kehamilan dilakukan sebanyak 4 kali. Asuhan persalinan dilakukan di RS secara SC. Asuhan masa nifas dilakukan sebanyak 4 kali di RS dan di rumah Ny. D dan di berikan asuhan komplementer pijat oksitosin. Asuhan neonatus dilakukan sebanyak 3 kali di rumah sakit dan di rumah Ny.D dan diberikan asuhan komplementer pijat bayi

Kata Kunci : Asuhan berkesinambungan, Letak sungsang

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MIDWIFERY CONTINUITY OF CARE FOR MRS. D, A 36-YEAR-OLD PRIMIGRAVIDA, AT PMB MEI MUHARTATI, DEPOK, SLEMAN

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ABSTRACT

Background: One of the factors contributing to the risk of pathological pregnancy is maternal age >35 years and fetal presentation with breech position. If not promptly addressed, it can jeopardize the safety and even increase maternal and infant mortality rates. Several government efforts to reduce Maternal Mortality Ratio (MMR) fundamentally align with the strategic interventions of the Four Pillars of Safe Motherhood, one of which is access to antenatal care services, the quality of which still needs continuous improvement.

Objective: This research is conducted to implement midwifery continuity of care for Mrs. D, a 36-year-old primigravida, at PMB Mei Muhartati, Depok, Sleman.

Results: Midwifery continuity of care began during Mrs. D's pregnancy at 34⁺¹ weeks until the fourth postpartum and the third neonatal visits. During pregnancy, Mrs. D experienced occasional contractions, which were infrequent. Upon examination, a breech presentation was observed, leading to a cesarean section delivery. During the postpartum period, it was found that initially Mrs. D had insufficient breast milk. However, following oxytocin massage, she was able to achieve smooth breastmilk production. In addition, no issues were observed during neonatal care; the baby was in good condition and received complementary infant massage care. Mrs. D planned to use an IUD for contraception but had to wait until 6 weeks postpartum. Thus, in the meantime, she opted for simple contraception, specifically condoms.

Conclusion: Mrs. D received pregnancy care on four occasions. She underwent a cesarean section delivery at the hospital. Postpartum care was administered four times, both at the hospital and at Mrs. D's home, including complementary oxytocin massage therapy. Neonatal care was provided three times at the hospital and Mrs. D's home, along with complementary infant massage therapy.

Keywords: Midwifery continuity of care, Breech presentation

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