

Comprehensive Midwifery Care Case Study in NY. N.I at Puskesmas Toto Utara, Bone Bolango

Magdalena M. Tompunuh¹ and Nur Inayah Adam^{1*}

¹Jurusan Kebidanan, Politeknik Kemenkes Gorontalo;

*Corresponding Author :

Nur Inayah Adam

Jurusan Kebidanan Poltekkes Kemenkes Gorontalo

nuradam@poltekkesgorontalo.ac.id

Abstract: World Health Organization (WHO) stated that in 2017 the number of maternal deaths in the world was around 295,000, with the mortality of young mothers being around one in 190 people. The Maternal Mortality Rate (MMR) in Indonesia in ASEAN countries is in the second highest position after Laos, namely 305 per 100,000 live births. In order to reduce the impact of these deaths, the government seeks to create programs with comprehensive services that include the provision of integrated services for mothers and babies from pregnancy to delivery, newborns and the post-natal period. In addition, one of the efforts to reduce MMR and IMR and also produce quality health services is to provide comprehensive care for pregnancy, childbirth, newborns and childbirth. The purpose of this case study is to provide comprehensive midwifery services to mothers from pregnancy to childbirth using a 7-step Varney approach and documentation through SOAP. Case Study Method with Case Study at North Toto Health Center, Bone Bolango District, at Mrs. NI, aged 22 years, from December 2019 to February 2020, using primary and secondary data, data collection techniques from interviews, observation, examination and documentation studies, data analysis in accordance with midwifery management. Case Report and Discussion The results of this case study obtained a diagnosis of G1P0A0 gestational age 37-38 weeks physiologically with physiological delivery, physiological puerperium, and physiological newborn babies.

Keywords: : *Maternity Care; Pregnancy; Childbirth; Newborn and Postpartum*

1. Introduction

World Health Organization (WHO) stated that in 2017 the number of maternal deaths in the world was around 295,000, with the mortality of young mothers being around one in 190 people. Every day an estimated 810 women in the world die due to pregnancy and childbirth. 94% of them occur in developing countries. The Maternal Mortality Rate (MMR) in Indonesia in ASEAN countries is in the second highest position after Laos, namely 305 per 100,000 live births (WHO, 2018).

MMR in Indonesia in ASEAN Countries according to the 2017 ASEAN MDGs is in the second highest position after Laos, namely 305 / 100,000 KH. The indicators of mortality rates related to children are the Neonatal Mortality Rate (IMR), the Infant Mortality Rate (IMR), and the Under-five Mortality Rate (AKABA). The results of the Indonesian Demographic and Health Survey (IDHS) in 2017 showed that the IMR was 15/1,000 KH, the AKB was 24/1,000 KH, and the AKABA 32/1,000 KH (Kemenkes RI, 2018).

In order to reduce the impact of these deaths, the government seeks to create programs with comprehensive services that include the provision of integrated services for mothers and babies from pregnancy to delivery, the post-natal period and family planning. In addition, one of the efforts to reduce MMR and IMR and also produce quality health services is to provide comprehensive care for pregnancy, childbirth, newborns.

Based on Annual Report Data in the KPPKKBG Section by the Gorontalo Provincial Health Office shows that the MMR in 2017 was 209.69 / 100,000 KH with the number of deaths of 44 people and in 2018 it had decreased where the MMR achievement was 138/100,000 KH with the number of deaths was 29 people, in contrast to the IMR, which is at in 2017 there were 178 cases of infant mortality, and in 2018 an increase of 248 people. From the data from the health office of Bone Bolango AKI has decreased from year to year. In 2017, the number of MMR was 6 people and in 2018 the MMR was 3 people, the cause of maternal death this year was due to antepartum bleeding and a history of hypertension. Unlike the case with IMR which has fluctuated, in 2017 there were 30 cases of death and in 2018 there were 45 cases of infant mortality (Data Gorontalo Provincial Health Office, 2018).

From the data from the North Toto Health Center, Bone Bolango Regency, in 2018 the target of pregnant women was 230 pregnant women. Deliveries assisted by health workers are already 100%. This year there were no maternal deaths but infant deaths occurred, namely 1 in 139 births caused by diarrhea (Data from Puskesmas Toto Utara 2018). Comprehensive midwifery care, which is expected to contribute to increasing efforts to reduce MMR and IMR in Gorontalo, I am interested in providing continuity of care to Mrs. NI is 22 years old from pregnancy to childbirth so that optimal health of mother and child can be achieved.

2. Materials and Methods

2.1 Material

Mrs. NI, 22 years old, Gorontalo ethnicity, Indonesian nation and Islam. Mother works as a housewife (IRT). This is the first pregnancy, the mother has never miscarried, HPHT 6 April 2019, HPL 13 January 2020, the gestational age is now 37-38 weeks. Husband's name Mr. AA, 24 years old, is a Muslim, last school was junior high school and worked as a mason, Mrs. NI and Mr. AA lives in Permata Village, Tilongkabila District, Bone Bolango Regency. Marital history of the mother, aged 22 years and husband, 24 years, with their first marriage and the length of time they were married 1

year. Menstrual history Mrs. NI first got 12 years of age, regular menstrual cycles, the number of 2-3 times changing sanitary napkins / day.

2.2 Method

The method used in Comprehensive Care for pregnant, childbirth and postpartum women is a case study (Sri Wahyuni 2016). The instrument used was the midwifery care format (observation sheet) starting from pregnancy, childbirth, newborns and childbirth with seven varney steps and SOAP for progress notes. (Sri Wahyuni 2016). This case study data collection method uses techniques; (1) interviews, (2) observation, and (3) study documentation (documentation data derived from medic records or patient status, family cards and MCH books). Data analysis used in this case study is a descriptive analysis presented textually / narration.

3. Results

3.1 Pregnancy

Maternity care for Mrs. NI is 22 years old, G1P0A0 at Puskesmas Toto Utara has complied with midwifery care standards. During the second visit, the mother said she often urinated at night, as a result the mother's quality of sleep was often disturbed and the mother felt uncomfortable. The results of the comprehensive examination showed general examination, vital signs, anthropometry and physical examination within normal limits. Mothers are given counseling about discomfort that occurs in the third trimester, a way to control fluid intake into the body by reducing the frequency of drinking water at night to avoid this complaint. In addition, what mothers need is adequate rest with a nap of at least 1-2 hours and sleep 6-8 hours at night, and don't work too hard.

3.2 Labor

On Sunday, January 12, 2020 at 21.30 pm, the mother came to the Ira Toto Utara Clinic with complaints of abdominal pain that rolled up to the waist twice in 10 minutes and there was a discharge of blood mucus. The care provided is massage techniques on the back to reduce abdominal pain, counseling husbands and families to provide support in the form of prayer, motivation, fulfillment of nutrition and light massage of the mother's waist and back. In addition, mothers are also encouraged to meet nutritional needs and maintain personal hygiene. Stage I labor lasts \pm 7 hours, stage II for 1 hour, stage III lasts 10 minutes and stage IV surveillance lasts for 2 hours. The mother gave birth normally without complications and the care provided was in accordance with the Normal Delivery Service (APN) standard.

3.3 Newborn baby

Midwifery care is given to newborns according to standards of care, namely drying the baby's body while making a cursory assessment of skin color, respiration and movement. Followed by cutting the umbilical cord and Early Initiation of Breastfeeding (IMD). After the IV and IMD monitoring is successful, care for the newborn is carried out in the form of anthropometric examinations, physical examinations, administering eye ointments, and vit injections. K and Hb O immunization. Male gender, weight 2700 grams, body length 48 cm, head circumference 31 cm, chest circumference 32 cm. There

are no signs of congenital defects and negligence in infants. The neonatus visit was carried out three times, namely visit I (K1) providing counseling on newborn care, bathing babies, umbilical cord care, and provide support so that mothers provide exclusive breastfeeding. The second visit (K2) reminds Mrs. NI to provide exclusive breastfeeding for their babies and encourage mothers to often expose their babies to the morning sun. The K3 visit suggested going to the Posyandu to get immunizations and monitor the baby's growth and development. During neonatal care, the baby is normal, the umbilical cord is lost on the sixth day.

3.4 Childbirth

The care given during the puerperium is carried out in accordance with the standards of midwifery care. At 8 hours postpartum, an examination was carried out with the result that the general condition of the mother was good, the mother looked tired and said she felt pain in the perineum in the suture wound, normal vital signs, protruding nipples and milk was released, uterine contractions were good, the bladder was empty, lochea rubra and no signs of infection. The counseling given to mothers is washing the perineum with clean water and frequently changing sanitary napkins and underwear. The next monitoring, carried out a home visit, namely At 6 days postpartum, postpartum monitoring was carried out with normal TTV and breast examination, nipple is not scuffed, milk flow smoothly, uterine contractions good, TFU mid-center and shimpisis, lochea sanguinolenta, the stitches have started to dry up. Based on the results of the examination mother need IEC about breast care and how to breastfeed properly and correctly. At 2 weeks postpartum normal TTV, breast examination nipple is not scuffed, milk flow smoothly, no swelling of the breast, high fundus mid-shimpisis, lochea serosa, perineum no signs of infection. Babies breastfeed well, and mothers take good care of their babies at home.

4. Discussion

4.1 Pregnancy

The mother has examined 7 times during her pregnancy with a frequency of visits in the first trimester of 1x visit, 3 times in the second trimester and 3 times in the third trimester. The results of visits are in accordance with the theory where the frequency of visits by pregnant women is at least 4 times, namely in the first trimester, 1x before the 16th week, the second trimester 1x between weeks 24-28, and trimester III 2x, namely between weeks 30-32 and 36-38 weeks (Hatini 2018).

On During the second visit, the mother complained of frequent urination at night, which made her uncomfortable until the quality of her sleep was disturbed. This is a discomfort that will appear in the late trimester of pregnancy. The cause of frequent maternal BAK at night is due to the development of the fetus, all of this will require space so as to narrow the pelvic space. And in the final trimester, the fetus's head will begin to descend into the upper door of the pelvis and press on the bladder so that the mother will feel the urge to pass urine in no time. To avoid waking up at night, limit drinking at bedtime if nocturia can interfere with sleep time (Ardiansyah 2016).

At 39 weeks 3 days of gestation the mother complained feel back pain and left leg pain. In this case the complaints are experienced by the client is also a discomfort that will generally appear in the third trimester. A study says that The number of mothers who experience discomfort in the legs in the final trimester of pregnancy is not large and although this is a physiological matter, prevention and treatment still need to be given. The efforts given to dealing with complaints of leg pain that are felt by mothers are by providing massage therapy on the feet, advising mothers to soak their feet in warm water in the afternoon before bathing, reducing their activities which can make the mother's body tired quickly, and consuming lots of water and nutritious food, as well as collaboration with medical personnel to carry out ANC regularly and on time (Alivia 2017).

Based on comprehensive care for Mrs. NI, the data that the authors collected from history, physical examination, inspection of obstetrics by inspection, palpation, auscultation and percussion found no problems. Therefore, Mrs. NI's pregnancy is a normal pregnancy because it describes the condition of a healthy mother, no bad obstetric history and supporting examinations within normal limits.

4.2 Labor

On the day Sunday, January 12, 2020 at 39-40 weeks' gestation Mrs. NI complained of abdominal pain curling up to the waist since 20:15 pm but there were no signs of labor. At 21.30 with the history which was obtained from Mrs. NI is a complaint from mules mules since 16.35 pm. The mother said that the abdominal pain coiled up to the waist and there was no fluid / amniotic fluid yet, after the examination the mother was given massages on her back to reduce pain during the first stage of labor (Supliyani 2017).

At 6:30 a.m., the mother complained of more frequent and strong pain, the mother felt like defecating, more and more blood mucus from the birth canal. The mother said she wanted to defecate and the mother was led to tolerate 06.32 am, the membranes broke spontaneously. The first stage of the mother lasts \pm 7 hours. According to Sondakh (2013) the first stage in primiparous lasts for \pm 12 hours and in multiparous about \pm 8 hours. In monitoring using partograph sheets, when I Mrs. MK did not cross the alert line.

Stage II lasts for I hour. The care given to stage II is to advise the mother to choose a birthing position that is most comfortable for her to feel. In addition, the mother is also advised to push on the left side to speed up the process of lowering the fetal head. Mothers are also advised to rest and meet nutritional needs in the form of eating and drinking between contractions. Then on at 07.30 WIB the baby was born with a male gender, born spontaneously. Located on the back of the head, immediately crying, reddish skin color. In Sondakh's (2013) book, the normal period II for primigravida is 1.5-2 hours. In this case there is no gap between theory and practice.

Stage III is carried out in accordance with the principles of active management of stage III and lasts for 10 minutes. This is in accordance with the theory, namely Kala three is also known as kala uri, which usually lasts between 5-15 minutes (Ekayanthi, 2019). At 7:40 a.m., the placenta was born complete with membranes. After the placenta and amniotic membranes have been confirmed intact, the next helper evaluates the presence

of laceration or rupture in the vagina or perineum. then count the blood count by looking at the underpad. 1 underpad can accommodate 600 cc, in Mrs. NI less than half of the underpad is filled. So the amount of blood for ± 150 cc. According to Ekayanti (2018) the normal volume of blood flow through the placenta is 500-800 ml / minute, so bleeding that occurs <500 cc is still within normal limits, so there is no gap between theory and practice. After being examined, the client had a second degree rupture and was bleeding actively, we immediately performed suturing using the sewing technique.

In the IV stage, monitoring of uterine contractions, bleeding, pulse, uterine fundal height, uterine contractions, bladder in the first 1 hour is monitored every 15 minutes and in the second hour labor monitoring is carried out every 30 minutes. From the results of stage IV observations which lasted for 2 hours, there were no complications and there was no gap between theory and practice. Then the mother is cleaned and the helper changes the mother's clothes to clean and dry clothes. Mother is rested.

The delivery of Mrs. NI stage I to stage IV there are no complications. Total labor lasted 10 hours 5 minutes.

4.3 *Newborn baby*

Babies born spontaneously at 07.30 WIB were not found to have any problems, strong crying, muscle tone (+), reddish skin color, male sex, perforated anus (+), and no congenital defects. Doing the first treatment for newborns by keeping the baby warm, clear the airway, cut the umbilical cord, do early initiation of breastfeeding (IMD) by way of skin contact between the baby and the mother IMD can also reduce infant mortality by preventing hypothermia because it can increase the baby's temperature. Skin to skin touch on the mother's chest can warm the baby and as long as the baby crawls to find the breast, it can accelerate the release of colostrum as a source of baby antibodies (Kaban, 2017). After IMD, physical examination in the form of anthropometry, and reflex results are within normal limits, administration of Vitamin K1 injection and tetracycline eye ointment. This is appropriate and anthropometry is in normal condition according to theory so that there is no gap between theory and practice.

4.4 *Childbirth*

Based on the history, the results show that the mother still feels perineal pain. This is physiological because there are sutures in the perineum so that Mrs. NI felt pain, was given 1 capsule of Vitamin A taken immediately after delivery and the second capsule was given with minimal intervals. 24 hours, given 500 grams of mefenamic acid, given for 2 days with a dose of 2x1, amoxicillin 500 grams given for 3 days at a dose of 3x1. According to Rismawati (2017) in her research, it is stated that mothers who experience perineal wound pain can also use cold compresses as a therapeutic tool that can cause analgesic effects by slowing down the speed of nerve conduction so that less pain impulses reach the brain. This shows that there is no gap between theory and practice.

Mrs. NI has been given blood booster tablets (FE) 60 mg once per day for 40 tablets. It is recommended for exclusive breastfeeding, mothers take blood booster tablets and are willing to give exclusive breastfeeding to babies and babies suckle well, this is not against the theory.

The first visit was 8 hours postpartum to Mrs. NI uterine fundal height 2 fingers below the center, uterine contraction and consistency good, bladder empty, lochea rubra, suture wound wet, and no bleeding. All monitoring results showed no signs of infection, no abnormalities and no bleeding / complications.

The second visit 6 days postpartum was to assess for signs of fever, infection or abnormal bleeding, to ensure that the mother was getting enough food, fluids and rest, to ensure that the mother was breastfeeding properly. The results of the examination on Mrs. NI is the height of the uterine fundus in the middle between the navel and shimpisis, uterine contraction and consistency is good, discharge of the sanguinolenta lochea which is yellowish red, characteristic odor, consistency of liquid, the state of the suture wound has begun to dry out and there is no bleeding. The mother eats ordinary food, there is no taboo, and the mother has adequate rest, the milk is released smoothly, the mother breastfeeds her baby properly and according to the baby's needs. From the monitoring results there is no gap between theory and practice.

The third and fourth visits, 16 and 40 days postpartum were to ask the mother about the difficulties that the mother or baby was experiencing. The mother said she did not find it difficult for her or her baby. This is a normal situation because there are no signs of danger to the mother and baby, so there is no gap between theory and practice. The results of the examination of the type of alba lochea which are whitish in color.

Provide counseling for birth control early, and encourage mothers to use FP and mothers say they want to use implant contraception. The monitoring results have no gaps with theory. During the puerperium, Mrs. NI and her baby did not experience complications and complications. The results of the examination showed no gaps between theory and practice.

5. Conclusions

Pregnancy obstetric care was carried out for 7 visits and there were no complications or complications during the care. Midwifery care for childbirth, namely providing assistance according to the standard of normal delivery care (APN) so that all stages do not have complications and complications. Midwifery care for newborns is carried out according to midwifery care standards. During the monitoring, there were no complications, complications and danger signs in the baby. Midwifery care during the puerperium was carried out from 8 hours to 2 weeks postpartum, the postpartum period at Mrs. NI had experienced an interruption in the form of breastfeeding on the 3rd day but after being given care, the ASI was running smoothly. Involution occurs normally, there were no complications and the mother looked healthy and the patient chose to use implant contraceptives 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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