

INSTITUT TEKNOLOGI DAN KESEHATAN MAHARDIKA
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Sabrina Azzahra

ASUHAN KEBIDANAN KOMPREHENSIF PADA NY.H DI PUSKESMAS
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ABSTRAK

Kehamilan, persalinan, nifas dan bayi baru lahir merupakan suatu keadaan yang fisiologis namun dalam prosesnya terdapat kemungkinan suatu keadaan yang dapat mengancam jiwa ibu dan bayi bahkan dapat menyebabkan kematian. Studi kasus ini bertujuan untuk memberikan asuhan kebidanan secara continuity of care dengan penerapan manajemen asuhan kebidanan pada ibu hamil, bersalin, nifas, bayi baru lahir dan KB yang didokumentasikan melalui manajemen kebidanan dalam bentuk SOAP.

Jenis laporan ini menggunakan metode studi kasus (Case Study) berdasarkan pengamatan (observasi) deskriptif yaitu melakukan kegiatan observasi atau pengamatan langsung pada pasien. Teknik pengumpulan data yang digunakan yaitu data primer meliputi observasi, wawancara dan data sekunder berupa dokumentasi dan catatan asuhan kebidanan berupa SOAP, hasil USG (terlampir), buku KIA, buku registrasi pasien dan partograf.

Hasil penelitian ini yaitu peneliti memberikan asuhan kebidanan komprehensif, asuhan yang diberikan berupa kunjungan hamil 2 kali, bersalin 1 kali, nifas 4 kali dan bayi baru lahir 3 kali. Selama kehamilan keluhan yang dialami ibu masih dalam batas normal dan penatalaksanaannya pun masih dalam kewenangan bidan, sehingga tidak memerlukan tindakan rujukan. Proses persalinan Ny. "H" berlangsung normal pada usia kehamilan 41 minggu dan tidak ditemukan penyulit. Bayi Ny. "H" lahir tanggal 22 Maret 2024 pukul 09.00 WIB jenis kelamin laki-laki, menangis kuat, BB 3200 gram, PB 48 cm. Pasa masa nifas Ny. "H" berlangsung normal dan tidak ada komplikasi. Pada asuhan bayi baru lahir tidak terdapat komplikasi. Setelah selesai masa nifas Ny. "H" menggunakan

KB MAL (Metode Amenore Laktasi).

Kesimpulan setelah penulis melaksanakan asuhan kebidanan komprehensif pada Ny. "H" didapatkan bahwa saat kehamilan Ny. "H" normal dan tidak ada indikasi mengalami resiko ini. Pada saat bersalin, nifas, bayi baru lahir dan KB berlangsung normal dan tidak ada kesenjangan antara teori dan praktik. Saran bagi tenaga kesehatan dapat menerapkan asuhan kebidanan komprehensif sesuai dengan standar pelayanan kebidanan dan mengikuti perkembangan ilmu pengetahuan

Kata kunci: Asuhan Kebidanan Komprehensif dan Asuhan Kebidanan
Keluarga Berencana

MAHARDIKA INSTITUTE OF HEALTH AND TECHNOLOGY
HEALTH FACULTY MIDWIFERY STUDY PROGRAM
Final Project Report, 2024
Sabrina Azzahra

**COMPREHENSIVE MIDWIFERY CARE FOR MRS. "H" AT
THE ASTANA JAPURA PUBLIC HEALTH IN 2024**

ABSTRACT

Pregnancy, childbirth, postpartum and newborn are physiological conditions but in the process there is a possibility of a situation that can threaten the life of the mother and baby and can even cause death. This case study aims to provide midwifery care in continuity of care with the application of midwifery care management in pregnant women, labor, puerperium, newborns and family planning which is documented through midwifery management in the form of SOAP.

This type of report uses a case study method (Case Study) based on descriptive observation (observation), namely conducting observation activities or direct observation of patients. Data collection techniques used are primary data including observation, interviews and secondary data in the form of documentation and midwifery care records in the form of SOAP, ultrasound results (attached), MCH book, patient registration book and partograph.

The results of this study are that researchers provide comprehensive midwifery care, care provided in the form of pregnant visits 2 times, delivery 1 time, postpartum 4 times and newborn 3 times. During pregnancy the complaints experienced by the mother were still within normal limits and the management was still within the authority of the midwife, so it did not require referral action. Mrs. "H"'s labor was normal at 39 weeks gestation and no complication was found. Mrs. "H" was born on Maret 22, 2024 at 09.00 WIB male sex, crying strongly, BW 3200 grams, PB 48 cm. The postpartum period of Mrs. "H" was normal and there were no complications. In newborn care there were no complications. After completing the postpartum period Mrs. "H" used KB MAL (Amenorrhea Lactation Method).

The conclusion after the author carried out comprehensive midwifery care on Mrs. "H" found that during pregnancy Mrs. "H" was normal and there was no indication of experiencing this risk. During pregnancy there was a gap between theory and practice, namely during

laboratory examinations and TT immunization status. At the time of delivery, postpartum, newborn and family planning took place normally and there were no gaps between theory and practice. Suggestions for health workers can apply comprehensive midwifery care in accordance with midwifery service standards and follow the development of science.

*Keywords: Comprehensive Midwifery Care and Family Planning
Midwifery*