Comprehensive Midwifery Care for Ny. N With Pranatal Application of Gentle Yoga at Puskesmas Selaawi

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Abstract

Introduction: Comprehensive midwifery care is midwifery care that is provided comprehensively from pregnancy, childbirth, postpartum, newborn and family planning. The philosophy of midwifery is the belief that every midwife uses in providing midwifery care, facilitating women in achieving positive births during pregnancy until they become mothers.
Objectives: The purpose of the final project report is to provide comprehensive midwifery care starting from pregnancy, childbirth, postpartum and newborns with the application of midwifery management and the application of Prenatal Gentle Yoga.
Method: The method used in this final project report is a case study conducted from January to March 2023 in the Selaawi Health Center, Garut Regency. The subject of this case study is Mrs. N pregnant women at 39 weeks of gestation and Baby Mrs. N. The data used are primary and secondary data, taken from the results of the examination and the MCH handbook.
Result: The results of midwifery care with discomfort in the third trimester, namely lower abdominal pain. The results of giving the application of Prenatal Gentle Yoga can help mothers reduce discomfort in the third trimester. In childbirth, mothers experiencing PROM, by giving relaxation techniques, labor can run faster and smoother, so that the baby is born spontaneously, immediately cries and puerperium is normal.
Conclusion: Prenatal Gentle Yoga is highly recommended to overcome discomfort in third trimester pregnant women and expedite the delivery process.

Keywords: Comprehensive Midwifery Care, Prenatal Gentle Yoga.

INTRODUCTION

Continuous midwifery care is the service achieved when a woman has a constant relationship with a midwife. According to Guilland and Pairman, midwifery philosophy includes 4 aspects, namely, pregnancy, childbirth and puerperium are natural (natural) and physiological (normal) events. The role of midwives is normal pregnancy, normal delivery and normal puerperium, women centered, and continuity of care.[1]

The process of pregnancy is a normal process experienced by every woman, pregnancy and childbirth is a natural process that occurs in women. Where the process that begins from the womb requires adaptation from pregnant women and the closest

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people. During pregnancy there are many changes and adaptations in pregnant women where in the first trimester as an adjustment, the second trimester is often known for good health free from all discomfort, while in the third trimester it is called the waiting phase. [2]

Midwives as health workers who directly contact women while providing care that is only centered on women, midwives have an important role as companions and support women in the process of pregnancy, childbirth and postpartum can run normally and physiologically. Therefore, efforts can be made by midwives in helping to reduce maternal and infant mortality, both during pregnancy, childbirth, postpartum, newborns, and family planning as a whole, namely by providing quality care with program support from the government. The program is in the form of conducting comprehensive and sustainable midwifery care with the *continuity of care* method.

Continuty of Care (CoC) is the process by which patients and health care providers are cooperatively involved in sustainable health care management towards the goal of high-quality and cost-effective medical care This CoC must be carried out with good cooperation between midwives as service providers and mothers as clients to implement sustainable midwifery care management with the aim of implementing quality midwifery care high with its cost.[3]

Amidwifery service care on an ongoing basis is the continuity of information in the form of documenting the care provided to patients, establishing good relationships or relationships between midwives and patients, and carrying out high-quality and effective clinical management in providing care to patients. Maternalhealth services during pregnancy are known for comprehensive and quality Antenatal Care (ANC) examinations. The role of midwives in pregnancy care in the new adaptation era is at least 6 times including 2 times in the first trimester, 1 time in the second trimester, and 3 times in the third trimester, and carrying out childbirth care carried out in health facilities can be in the form of maternal care and applying normal childbirth care.[4]

In the third trimester there are usually complaints of pregnant women that are felt, physiological changes in the process of pregnancy often cause discomfort. In general, 80-90% of pregnancies will proceed normally and only 10-12% of pregnancies are accompanied by complicating or develop into pathological pregnancies. Pathological pregnancy itself does not occur suddenly because of pregnancy and its effects on organs take place gradually and gradually. Early detection of symptoms and danger signs during pregnancy is the best effort to prevent serious disruption to pregnancy or the safety of pregnant women. [5]

Women who are in pregnancy experience many changes in themselves, both physically and psychologically. So in this case the author provides the application of *Prenatal Gentle Yoga* to support the needs of mothers facing the labor process. *Prenatal Gentle Yoga* is a practical endeavor in harmonizing body, mind and spirit. The purpose of prenatal yoga is to reduce maternal complaints during pregnancy and prepare pregnant women physically, mentally, and spiritually for the delivery process. Most pregnant women in the third trimester feel changes, this is supported by several studies that explain the results of hypothesis tests found that there is an influence before and after doing prenatal yoga. Prenatal *Gentle Yoga* is highly recommended to overcome discomfort in pregnant women in the III Trimester and facilitate the delivery process. So Prenatal *Gentle Yoga* is highly recommended to overcome the discomfort of pregnant women in the III trimester. [6.7]

The focus of normal childbirth care is clean and safe delivery and preventing complications. This represents a paradigm shift from waiting for complications to be proactive in preparing for childbirth and preventing complications. It is proven to reduce maternal and newborn pain and mortality. The purpose of maternity care is to strive for survival and achieve a high degree of health for mothers and their babies through various

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integrated and complete efforts and minimal interventions with adequate obstetric labor care in accordance with the stage of labor so that the principle of safety and quality of service can be maintained at an optimal level.[8]

METHODS

The type or research method used is a case study with midwifery management including basic data collection, interpretation of basic data, identifying diagnoses or potential problems, identifying needs that require immediate action, planning comprehensive care, carrying out planning, evaluation and methods of documenting SOAP. This case report uses a type of case study conducted comprehensively during pregnancy, childbirth, postpartum and newborn.

The study was conducted in Nagrak Village, RT 001 RW 007, Mekar Sari Village, Selaawi District, Garut Regency, West Java, when this comprehensive midwifery care data was collected from February 1, 2023 to March 18, 2023. Single unit here can mean one person, a group of residents affected by a problem or a group of people in an area. The Unit or Subject of this case is Mrs. N Age 27 Years G2P1A0 Gravida 39 Weeks 6 Days. Data collection techniques carried out are interviews, observations, physical examinations, supporting examinations, documentation.

1. Obstetric care of pregnancy

   At Mrs. N, 27 years old, G2P1A0 at Puskesmas Selaawi. The results of the study conducted on January 29, 2023, Mrs. N experienced discomfort in pregnancy, namely lower abdominal pain so that the mother felt uncomfortable. A whole examination is carried out, namely general examination, vital signs examination, anthropometric examination, and physical examination within normal limits.

   The effort made is education about the discomfort experienced is physiological in the third trimester of pregnancy. Midwives provide counseling for mothers to drink a lot and teach mothers to do senam pregnant *Prenatal Gentle Yoga* as an exercise in breath relaxation techniques and prepare the mother's condition to be ready for labor.
2. Obstetric care childbirth

   D isdone when gestational age is term which is 40 weeks 6 days. On February0 5, 2023 at 20.30 WIB, Mrs. N mexperienced a rupture of the membranes and began to feel abdominal pain up to the waist accompanied by the release of lenders and blood and felt anxious about the labor process.

   The care provided at the time of contraction teaches breathing relaxation techniques and provides counseling so that the patient remains lying in bed or does not walk around, as well as providing counsel to the husband and family to provide support and support namely providing prayer, and motivation. Encourage patients to eat and drink in order to have energy when denying and pay attention to personal hygiene. Labor when I lasts for ±6 hours, when II lasts for 35 minutes , when III lasts for 5 minutes and when IV is monitored for 2 hours. The mother gave birth normally without any complications and complications in mother and baby. The care provided is in accordance with Normal Maternity Care (APN) standards.
3. Postpartum obstetric care

   Dis carried out according to midwifery care standards. At 6 hours postpartum, the mother complains of feeling a little pain in the perineum, so it is recommended to do early mobilization, not hold BAK, maintain personal hygiene. The next monitoring, 4 home visits and vital signs examination, involution supervision through examination of fundus uteri, contraction and lochea then continued with counseling on the pattern of fulfillment of nutrition, fluids, rest, elimination, personal hygiene,

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exclusive breastfeeding, puerperal gymnastics, and family planning (KB). During the visit, no complications and complications were found experienced by Mrs. N. Uterine involution proceeds normally without any accompanying complications during the puerperium, contractions are good, there is no abnormal bleeding, milk comes out smoothly, lochea secretion is normal.

4. Obstetric care of newborns

Drying the baby's body while conducting a cursory assessment of skin color, breathing and movement. Followed by umbilical cord cutting and Early Breastfeeding Initiation (IMD). After successful IV and IMD monitoring, newborn care was carried out in the form of anthropometric examination, physical examination, eye ointment, vit injection. K and immunization Hb O. Male gender, body weight 2700 grams, body length 50 cm, head circumference 33 cm, chest circumference 33 cm, no signs of congenital defects and abnormalities in infants. Nenonatus 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 provide exclusive breastfeeding. K2's visit reminded Mrs. N to exclusively breastfeed her baby. K3 visits recommend immunization and monitor the growth and development of the baby. During the upbringing of nenonatus, the baby is in a normal state, the umbilical cord of the fifth day.

RESULT AND DISCUSSION

Continuity of care 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 in mothers and babies. In this case, comprehensive midwifery care plays an effective role in the management of obstetric care for pregnancy, maternity, postpartum and newborns. Where the condition of mothers and babies is monitored from pregnant women to postpartum and infants, so that with this comprehensive obstetric care can detect complications in mothers and babies.

1. Obstetric Care in Pregnancy

In this comprehensive obstetric care, the author began to carry out obstetric care from the results of the study at the mother's gestational age of 39 weeks 6 days. Gestational age is calculated from the First Day of the Last Menstrual Period (HPHT) on 24-04-2022, based on the neagle formula, an estimated delivery (TP) of 31-01-2022 is obtained. Naegele's formula is the date of the First Day of the Last Menstrual Period (HPHT) plus 7 days, the Moon minus 3, and the year plus 1. This calculation can be used by determining the first day of menstruation and plus 288 days, so that an estimate of birth can be established.[9] Dcan result in maternal gestational age which is 39 weeks 6 days, pregnancy in humans ranges from 40 weeks or 9 months, calculated from the beginning of the last menstrual period r until delivery. [10] The use of naegele formula has the effectiveness of facilitating the calculation of gestational age, estimated labor, and fetal weight.Previously, the client had (35) done a pregnancy check (ANC) 3x. The client did not carry out routine pregnancy checks as recommended, because the client's house was far away, no one delivered, the posyandu was less active, so that the mother had problems doing routine ANC checks. In this case, there is a gap between theory and practice, because mothers do not do antenatal care regularly as recommended. Antenatal care examination is recommended with a minimum of 8 visits to ANC.

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Nutrition and hydration are very important for pregnant women, where these needs greatly affect energy intake. Judging from the results of the assessment, the mother did not have a problem with nutritional needs, but the mother's hydration needs were still insufficient, this was because the mother said she rarely drank. Water is the largest component of our body, which is about 60% of body weight. The composition of body fluids consists of 65% intracellular fluid and extracellular fluid consisting of interstitial fluid and plasma by 35%. [11] Sothat in this case the mother is given IEC to meet the nutritional and hydration needs for pregnant women.

The general condition of the motheris good and the mother's vital signs are in normal condition, weight before pregnancy is 54 kg and height is 152 cm, in this case the increase that the mother experiences during pregnancy is 14 kg. The mother's current weight is 68 kg/. m^2Increasenormal body weight when BMI ranges from 18.5-24.9 kg/. The ideal weight gain in pregnant women with normal BMI recommended is 11.5-16 kg during pregnancy. In this case, the client experienced an increase of 14kg with a BMI calculation of 23.4. In this case the client's weight gain is still within $m^2$the recommended g vulnerability. So it can be concluded that there is a conformity between the theory and the increase in weight experienced by the mother during pregnancy. Tellthe mother to continue taking Fe 60 mg tablets with the rule of drinking 1x a day taken after meals or can be at night before going to bed. For how to drink Fe, namely with water or with drinks that contain vitamin C which can help accelerate iron absorption. Quoted from the juranal Susilongtyas in 2023, Fe tablets are effective in increasing nutritional intake in mothers and fetuses, preventing anemia, preventing bleeding during childbirth. [12]

Mother said that he had complaints of lower abdominal pain, this complaint was physiological, this pain was caused by a pull on the ligament causing pain, the enlarged uterus also resulted in pressure on the bladder located under the stomach.[13] Discomfort in the third trimester, explaining to the mother that the complaint felt is a natural thing experienced when approaching labor, so the mother is taught pregnancy exercises with *Prenatal Gentle Yoga* movements. *Prenatal Gentle Yoga* is a practical endeavor in harmonizing body, mind and spirit. *Prenatal Gentle Yoga* can effectively reduce maternal complaints during pregnancy and prepare pregnant women physically, mentally, and spiritually for the delivery process. [14] The result is that after doing several Prenatal *Gentle Yoga* movements, mothers can already feel the influence, such as being able to control emotions and do relaxation. Patients find it helpful with *Prenatal Gentle Yoga* to reduce discomfort, as well as help mothers in relaxation.

2. Obstetric Care in Childbirth

1) Kala 1

Kala I on Mrs. N lasted for 5 hours, counting from the mother feeling heartburn and coming out of the birth canal and mucus mixed with blood. So that the diagnosis of G2P1A0 Inpartu Aterm kala I latent phase with KPD of a single fetus is alive. [15]

Early Rupture of Water (KPD) is a problem where the state of rupture of the amniotic membrane before delivery. Amniotic rupture before inpartu is when the opening in primi gravida is less than 3 cm and in multigravida less than 5 cm. According to Saefudin (2018), the latent phase of multigraphide usually ranges from 7-8 hours. Quoted from the journal of obstetrics, the length of labor during the latent phase I in multigravida mostly occurs in the range of 60-120 minutes, while in the active phase occurs in the range of 45-190 minutes. Calculation of opening at multigravida 2 cm per hour. With these calculations, the complete opening time can be estimated.[16] The duration is faster because the mother applies relaxation techniques from *Prenatal Gentle Yoga*.

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Theacceleration of the decline in the fetal head of the patient performs an oblique position during labor during the active phase I, this is because the mother also experiences KPD. Relaxation techniques help mothers to stay in control. The tilted position also has many advantages such as reducing discomfort, easier to sleep, avoiding hypoxia in the baby, creating an efficient contraction pattern, preventing lacerations and accelerating the decline of the fetal head. [14] So this is in accordance with Sarwono's theory which states that the fetus will be born physiologically because there is an increasingly adequate and continuous uterine contraction supported by blood circulation to the uterus. [15]

Nutritional intake is prioritized to fulfill the ene

rgy needed for uterine contractions. During labor, fluid and food intake is needed because the labor process that can last a long time will require large energy consumption so that adequate nutritional patterns are needed. Quoted from the results of the journal Health (2022) Adequate calorie intake during labor will maintain the blood glucose levels of maternity mothers, so that maternal fitness during labor is also maintained.[15]

2) Kala 2

Kala II mothers last for 35 minutes, quoted from the obstetrics journal (2020) pthere is multigravida the duration of labor when II occurs for 30 minutes to a maximum of 1 hour, faster than primigravida.[14] In this phase the mother is given the direction to tilt left, this is done because the location of the baby's head drop is still far away, and to avoid the occurrence of when II lengthens. The tilted position also has many advantages such as easier to squeeze, avoid hypoxia in the baby, create an efficient contraction pattern, prevent lacerations and accelerate the decline of the fetal head.[15]

When the head is at the base of the pelvis the mother is helped to change the position to a semi-fowler position, the mother is led to run effectively at the time of his by pressing like a difficult bowel movement, and the pressure should be directed to the buttocks and not to the neck. Ask the mother to rest between contractions, ask the mother not to lift her buttocks. When leading labor midwives in stening or hand on delivery, stenents prevent perineal rupture. Perineal rupture occurs in almost all first deliveries and not infrequently also occurs in subsequent deliveries. This rooke can also be avoided or reduced by keeping the pelvic floor through which the fetal head passes quickly (stenent).[13]

Babies born spontaneously immediately cry, strong otor tone of the male sex. Bayi warmed and do IMD, the purpose of IMD is skin to skin contact (skin to skin) so as to make mother and baby calmer. The result of IMD is done successfully, where the baby has received the mother's nipple and successfully stimulated the release of milk. [12] The implementation of Early Breastfeeding Initiation (IMD) has a major influence on the continuity of exclusive breastfeeding. [17]

Cutting the umbilical cord is done immediately, the umbilical cord is a link between the baby and the placenta. Clamping and cutting the umbilical cord is a standard procedure that is always performed when the baby is born. Based on research, the cutting of the umbilical cord immediately after birth still has a normal time for the duration of placental detachment.

3) Kala 3

Kala III lasts 5 minutes,according to Walyani theory (2016) the whole process in time III lasts for 5-30 minutes after the baby is born. The complaints that mothers felt in Kala III, mothers still feel mules on. This is in line with the physiology of the III time of labor, where as soon as the baby is born and the amniotic fluid in the uterus is no longer there, uterine contractions will continue and the size of the uterine cavity will shrink.[13]

Active management of kala III with care given to Mrs. N, among others, injecting oxytocin 10 IU intramuscularly in the outer right thigh for placental

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detachment from the uterine wall, oxytocin administration aims to help uterine contractions more effectively and reduce placental release time. [15] Pdetachment of the placenta from the uterine wall occurs when his performs pasenta release which is the presence of a jet of blood, the umbilical cord extends and the uterus is palpable hard.

Umbilical cordstretching is done when there is his, at the time of controlled umbilical cord stretching followed by seeing signs of placental detachment, namely the presence of blood bursts, the long stringand hard palpable uterus.[17]

After the placenta is born, the uterine wall will contract and press on all blood vessels to stop bleeding from the place where the placenta attaches. The placenta is born spontaneously with complete impressions, the amount of bleeding is within normal limits, and a uterine massase is performed. Quoted from a medical journal, uterine mass is done to maintain uterine contractions remain good, so as to prevent bleeding. So it can be concluded that when III in clients takes place normally without any complications and there is a compatibility between theory and the care provided.

4) Kala 4

The results of theexamination obtained at the time of IV obtained results, the condition of the mother is good, contractions are good, TFU is central, the consistency of the uterus is hard, there is a tear of the 1st degree in the birth canal that usually causes lacerations of the birth canal in multigravida is the presence of partus recipitatus, the mother who strains too strongly, fragile perineum and odema, labor by action and of course the elasticity of the perineum which greatly affects, Next kososng bladder, bleeding within normal limits. 1st degree tear of the surface of the mouth, vagina or skin of the perineum. In this incident, the mother's birth canal tear is hacted, because the mother's wound is actively bleeding.[18]

The bleeding experienced by the mother is approximately 150cc calculated from the time the placenta is born until it is finished hecting. According to Sari and Handayani (2012), the amount of blood during IV is normal in postpartum mothers, which is approximately 100-300 cc. [17]

Supported by Kristanti's research (2014) that the amount of bleeding will be reduced with the help of contractions that occur in the uterus. These contractions can be stimulated by performing fundal masase. Doing masase looks too simple to reduce bleeding.

During the monitoring obtained normal results so that it can be concluded that the IV period in the client is normal. According to Walyani theory (2016), kala IV is monitoring for 2 hours after the baby is born and plaseta is born to observe the condition of the mother, especially postpartum bleeding. In the first 1 hour the examination is every 15 minutes while in the second hour the examination is carried out every 30 minutes. During the IV period should be monitored uterine contractions, bleeding, blood pressure, pulse, body temperature and fundus uteri height. [12.17]

3. Midwifery Care in Postpartum

After the detachment of the placenta was born, Mrs. N was in the puerperium. The puerperium period experienced by Mrs. N wentwell becausethere were no danger signs during the puerperium. The care carried out by the author during the postpartum period on clients 4 times, namely care at 6 hours postpartum, visit day 6 postpartum, visit 16 days, and postpartum care day 38. According to the Ministry of Health (2013), recommendations for postpartum visits are carried out at least 4 times, namely at 6-8 hours postpartum, 6 days postpartum, 2 weeks postpartum and 6 weeks postpartum. Based on this, there is a compatibility between the theory and the postpartum visit made by the author.

At 2 hours after delivery, the client can already do early mobilization by trying to tilt left, tilt right, and sit. Clients have also started breastfeeding their babies, and have done early mobilization by walking to their own bathroom for BAK. Early mobilization in postpartum mothers is also called early ambulation, which is an effort as soon as

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possible to guide the client out of bed and guide walking. [13,12] With the ability of the mother to move/mobilize as early as possible will give confidence to the mother that the mother feels healthy so that this is very beneficial for the recovery of postpartum mothers. In addition, early mobilization can also facilitate blood circulation, improve the body's metabolic regulation, accelerate the recovery of organs including making the uterine involution process more effective.

IMD performed at time II is successful, where the baby has received the mother's nipple and successfully stimulated the release of breast milk. The implementation of Early Breastfeeding Initiation (IMD) has a major influence on the continuity of exclusive breastfeeding. This is in accordance with the theory according to the Ministry of Health (2016) and in accordance with WHO recommendations (2017). [17]

Theauthor provides therapy to clients consisting of, Vitamin A 200,000 SI twice, paracetamol 500 mg 10 tablets with a consumption rule of 3x1, amoxicilin 500 mg 10 tablets 3x1, and Fe 60 mg tablets 10 tablets 1x1. These drugs are given to postpartum mothers, pemberian antibiotics are not recommended based on WHO recommendations (2013) in the treatment of postpartum mothers if they do not have appropriate indications, so there is a gap between theory and management. Antibiotic antibiotics are given for the prevention of perineal wound complications on special indications for mothers with indications of KPD.

Quoted from the journal Deni in 2019 the results of Oliveira's research, that by giving vitamin A doses of 200,000 IU at the time of postpartum mothers can be beneficial in increasing the concentration of retinol in breast milk compared to food sources. In addition, taking vitamin A is recommended by WHO, UNICEF, and IVAGG to provide additional supplements containing high doses of retinol during the postpartum period, as a way of increasing micronutrient reserves in mothers and babies.

a. Visit I

The visit I adjustedwith postpartum services in the first 6 hours that the author monitored was the mother's general condition well, composmentis awareness, vital signs and the amount of bleeding within normal limits. The care given to Mrs. N is to encourage mothers to mobilize early starting from the left / right side, get out of bed and walk around the bed. Furthermore, the author provides home preparation care with several related counseling, fulfillment of nutrition and hydration, rest and personal hygiene.

According to the pious theory (2013), early ambulation is a policy to immediately perhaps guide the client out of his bed and guide him to walk immediately. Mothers are also encouraged to eat and drink and recommend adequate rest so that calm recovers after labor.

In general, the sooner the patient can return to normal activities, the shorter the recovery period. Quoting from the journal Rodi Widiantoro (2015), bukti has shown that ambulation, especially early ambulation after surgery, improves patient outcomes and reduces length of stay. Doearly ambulation, foster a sense of wanting to get better soon and want to go home immediately.

b. Kunjungan II

At the second visit, the patient made a repeat visit to the Selaawi Health Center on the 6th day of the postpartum period. In the review of subjective data, the client has no complaints. In the assessment of objective data, the results of the mother's general condition were obtained, composmentis awareness, vital signs and the amount of bleeding within normal limits. Therefore, the author carries out management which includes, reminding clients to maintain cleanliness and not holding BAK, reminding mothers to keep taking Fe drugs that have been given, ensuring mothers breastfeed properly, reminding mothers about the danger signs of postpartum mothers and giving IEC fulfillment of nutrition and hydration to pregnant women.

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Iron (Fe) tablets are mineral tablets needed by the body for the formation of red blood cells or hemoglobin. This is due to the labor process that bleeds a lot. The theory explains that the most common cause of iron deficiency in adults is due to blood loss. Fe tablets have been tested to be effective in helping to increase postpartum maternal Hb levels. The recommended dose for pregnant women until the puerperium is a day one tablet (60 mg elemental iron) and 0.25 mg folic acid, Fe administration taken until the puerperium day 42.

c. Kunjungan III

At the III visit the client felt no complaints, no puerperal danger signs, good general condition, vital signs within normal limits, serous lochea with normal amount of registration, odorless. The results of the examination found that the perineal suture wound was in good condition, clean, dry, closed and the thread was no longer visible. So it can be concluded that the care provided by the author to clients is appropriate and effective.

Quoting from Walyani (2015) changes in the reproductive system during the puerperium include uterine involution, lochea, perineum and breast. TFU at 10 days postpartum is not palpable, serous lochea lasts from days 7 to 14 with a yellowish tint.[19]

d. Visit IV

On the IV visit, which is the 38th day postpartum on Mrs. N, subjective data through voice calls with clients, no complaints to clients, lochea expenses are gone, there are no problems in the lactation process, and clients are able to carry out activities as usual. According to Saleha (2013), the process of uterine involution in the 6th week of post partum TFU is no longer palpable. TFU had returned to normal at 56 days postpartum, lochea alba after 14 days with white color. According to Walyani's theory (2015) after 3 weeks the vulva and vagina return to what they were before pregnancy with instillation.

The puerperium period on Mrs. N went well and showed that there was no gap in theory and practice. According to Walyani (2015) postpartum visits are carried out at least 4 times, namely at 6-8 hours postpartum, 6 days after delivery, 2 weeks after labor and 6 weeks after delivery. Based on this theory, the implementation of postpartum visits carried out was achieved and there was no gap in theory and practice. [20]

4. Obstetric Care in Newborns

a. Visit I

The client's baby was born full-term according to the gestational period, born on February 5, 2023, spontaneously crying immediately, reddish skin color, good muscle tone, male gender weighing 2700 grams and 50 cm long. The assessment in this case study has been in accordance with Oktarina's theory (2016) full-term neonates with normal physical condition and good general condition, and IMD was successful.

The standard of care for newborns according to Firmansyah Fery, (2020) is cleaning the airway and maintaining smooth breathing, and umbilical cord care. Cleaning the baby's body,doing a physical examination focused on the newborn and screening. Preventbleeding by giving Vit K, preventing eye infections, conducting physical examinations and immunizations.

b. Visit II

The 2nd visit of the neonate is carried out on the 6th day after the baby is born. After a physical examination, no abnormalities were found in the baby. In weight

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checks, babies gain weight by 250 grams , so the baby's weight on day 6 is 3050 grams. The growth and development period of babies 0-6 months requires nutritional intake obtained through exclusive breastfeeding. Based on the results of Sitti Zaenab's research (2016), exclusive breastfeeding affects infant growth but is not significant and the average value of exclusively breastfed babies is greater than that of babies who are not exclusively breastfed, which means that the growth of babies with exclusive breastfeeding is better than the growth of babies who are not exclusively breastfed. Based on subjective and objective studies on the third visit on the 6th day, normal results were obtained. The umbilical cord of the baby is faded on the 5th day after the baby is born. The author provides counseling on exclusive breastfeeding for 6 months without providing additional feeding, babies are still breastfed. [18]

c. Visit III

At the 3rd visit of the neonate, which is carried out on the 16th day after the baby is born. Subjective data is obtained from the mother, that the baby has no complaints. Physical examination obtained results that the general condition of the baby is good, no abnormalities or signs of infection were found in the baby. The baby's weight has increased by 500 grams , so the baby's weight on day 16 becomes 3550 grams.

Weight gain in Mrs. N's baby in one month is 850 grams. Based on KMS books, MCH baby boys gain weight at the age of 1 month at least 800 grams. Based on subjective and objective studies on the 16th day visit, normal results were obtained and there were no abnormalities. So the author provides counseling on the immunization schedule for infants, and continues to breastfeed the baby exclusively for 6 months without providing other additional foods. [18.19]

Based on the implementation in the field, the newborn visits obtained by Mrs. N's baby have reached a minimum of 3x visits. It also shows that there is no gap in theory and practice.

CONCLUSION

Prenatal Gentle Yoga that is applied can reducediscomfort in pregnant women in the third trimester and facilitate the labor process. With the appropriate obstetric care provided, there are no complications.

Prenatal Gentle Yoga given during the third trimester has been shown to be effective in reducing anxiety, maternal discomfort and accelerating the lowering of the baby's head. Then the mother gave birth normally even though the membranes broke prematurely, this is because the mother applies relaxation techniques.

The puerperal process proceeds well, without pathological problems. Postpartum care carried out according to standards, namely KF 1 to KF 4 postpartum is carried out by revisiting the puskesmas and home visits.

Obstetric care in newborns goes well IMD is carried out successfully, babies get exclusive breastfeeding. During monitoring from KN 1 to KN 3 no complications were found in infants.

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