



COMPREHENSIVE MIDWIFERY CARE OF MRS. T WITH THE APPLICATION OF POST PARTUM EXERCISE IN BAYONGBONG SUB DISTRICT

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Abstract, Introduction: During pregnancy, childbirth and the postpartum period, the mother experiences various physiological changes that have various risks, so as an effort to prevent these risks, postpartum exercise is carried out. Comprehensive postpartum exercise is carried out. Comprehensive midwifery care is expected to be able to detect, prevent and treat these complications early. The purpose of preparing this final project is to provide comprehensive care by implementing midwifery management.

Method: This report uses case study approach by conducting comprehensive midwifery care for Mrs. T with the application of postpartum exercise at the second postpartum visit.

Objectives: the midwifery care started from February to March 2023 with research subject of a woman with gestational age of 39 weeks until the postpartum period with her baby which was carried out at the Bayongbong Health Center, Garut Regency.

Result: During pregnancy, the client is obese and experiences various physiological discomforts in the third trimester, the client's weight gain is in accordance with the standard of weight gain during pregnancy. No problems were found during labor and newborn care. There is a gap between theory and practice, namely giving antibiotics during the puerperium with grade 2 perineal tears. *During the puerperium it was also found that the client had Diastasis Rectus Abdominis (DRA) so the authors carried out postpartum exercise in order to be able to re-train the abdominal muscles that stretch during pregnancy.*

Conclusion: Care for pregnancy, childbirth, postpartum and newborns has been carried out according to standards. Service providers are expected to further improve their competence in providing comprehensive midwifery care and early detection to clients who are managed according to evidence based.

Keywords: Comprehensive Midwifery Care, Normal, Postpartum Exercise.

INTRODUCTION

Maternal health care during pregnancy is important for the pregnant woman and the babies that they are carrying. This is one of the ways to prevent bad conditions, even death that can occur in a pregnant woman or the fetus in her womb.¹ Midwives provide continuous and complete midwifery services focusing on aspects of prevention, promotion based partnership and community empowerment together with other health workers

to always be ready to serve anyone who needs it when and wherever it is.^{2,3}

Comprehensive midwifery care (Continuity of Care) can optimize the detection of high maternal and neonatal risks.⁴ Comprehensive midwifery care emphasizes natural process and minimizes interventions by providing CIE based on the needs of each woman. The main function of midwife is to ensure the welfare of the mother and baby, by supporting and maintaining physiological processes.

During pregnancy, as midwife we should be able to detect high risk pregnancy, one of which is obesity. Obesity included in high risk obstetric conditions because it can increase the risk of morbidity and mortality for both mother and fetus. Various complications that can occur during pregnancy include an increased risk of gestational diabetes and hypertension which results in increased intrapartum complications such as postpartum hemorrhage, shoulder dystocia, and induction failure, and in the postpartum period, obesity has been shown increase thromboembolism. In addition to the mother, complications can occur to the fetus with an obese mother in pregnancy, namely increasing the risk of fetal abnormalities and macrosomia.

During the postpartum period, the mother experiences various physiological changes such as the process of uterine involution, the release of lochia, and also breast changes due to the lactation process, and various changes in her body. If the uterus in postpartum mothers fails in involution, it will cause uterine subinvolution caused by infection and the remaining placenta in the uterus so that the uterine involution process does not run normally and is hampered. If subinvolution is not treated, it will cause continued bleeding or postpartum haemorrhage until death. One of the efforts to avoid this situation is to do postpartum exercises.⁵

In Bayongbong sub-district itself, after the author conducted observations for approximately 2 weeks, it was found that there was still a lack of application of postpartum exercises. Existing midwives still do not carry out postpartum exercises due to limited facilities and existing health workers. In addition, most postpartum women feel reluctant to move because they are worried that the movements made will cause impacts such as pain and bleeding, so there are still many who are afraid to move and use their time to sleep continuously. Whereas based on various studies, postpartum exercises have many benefits including strengthening uterine muscle contractions, where the increase in uterine muscle work will cause the muscles to be pinched and the muscles will experience relaxation so that it will accelerate uterine involution, improve blood circulation, improve body and back postpartum, improve muscle tone, improve and strengthen pelvic muscles, and help mothers to be more relaxed after delivery.⁵

METHODS

The type of report used in this final assignment is the case report method in the form of comprehensive midwifery care for Mrs. T at Bayongbong Community Health Center, Garut from pregnancy, childbirth, newborns, and postpartum by implementing postpartum exercise. This comprehensive care is carried out at the Bayongbong Community Health Center, Garut Regency during labor and the first day of postpartum. When Mrs. T in her 3rd trimester of pregnancy, postpartum and newborns visits are carried out at the patient's home in Kp. Narongtonng wetan. This care starts from February to March 2023.

RESULTS AND DISCUSSION

1. Pregnancy Care

The results from data collected in February 6, 2021 at 3:00 p.m., Mrs. T felt a little nauseous, but she denied heartburn and blurred vision. Sometimes the mother felt Braxton

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hicks. From anthropometric examination get results of the current weight is 103 kg with the weight before pregnancy is 95 kg, and height 158 cmm with the results of BMI 38.1 kg/m² so the mother is in the obese category. Other physical examination results are within normal limits.

The management carried out is to provide education about the causes of nausea and vomiting and how to overcome them by eating little but often and also avoiding spicy, sour and fatty foods and avoiding lying down after eating. Other care is to encourage the mother to clean the breasts by cleaning using her breasts using cotton and babyoil, as well as providing education on signs of labor and preparation for labor.

2. Intranatal Care

Midwifery care for labor is carried out when the gestational age is 40 weeks. On February 12, 2023 at 15.45 WIB Mrs.T began to feel heartburn arising and increasingly frequent since 08.00 WIB with a tight stomach and pelvis and lower back pain accompanied by blood mucus discharge. The results of the examination of blood pressure 130/80 mmHg, pulse 82x/min, respiration 22x/min and temperature 36.4° C, the results of internal examination are opening 5 cm, intact amniotic fluid, headpresentation, fetal heart rate 145x/min, contractions 3x in 10 minutes 35 seconds long.

The care provided is teaching the mother about deep breath relaxation techniques and *counter pressure*, providing emotional support to the mother by giving positive affirmations by encouraging the mother, advising the mother to take a light walk or sleep on her left side, encouraging the mother to rest, eat and drink to meet her nutritional needs. Furthermore, Period II occurred for ± 30 minutes, Period III lasted for 8 minutes, and continued with the supervision of Period IV carried out for 2 hours. Mrs. T gave birth normally without experiencing complications and complications as well as the baby she gave birth to. The care given refers to the standards of Normal Labor Care.

3. Postpartum Care

Midwifery care in the postpartum period is carried out following the established midwifery care standards. During the 12-hour postpartum care, Mrs. T felt that the milk coming out was still small so the care provided was to educate the mother and family that breast milk production in the form of colostrum with a small amount is normal in the 12-hour *postpartum* period and in accordance with the needs of the baby and motivate the mother to continue to breastfeed her baby with breast milk exclusively so that the milk output is more.

The mother was given medications such as Fe tablets 60 mg 1x1, Vitamin A 1x1, paracetamol 500 mg 3x1, and amoxicillin 500 mg 3x1. During the postpartum period, home visits were made for health monitoring, namely physical examinations, monitoring of uterine involution, breast milk production and adequacy of breastfeeding and providing counseling on patterns of nutritional and fluid needs, rest needs, elimination, personal hygiene, exclusive breastfeeding and family planning using contraception.

In accelerating the process of uterine involution and retraining abdominal muscles that are stretched during pregnancy. Postpartum gymnastics is done for 7 days. During the home visit Mrs. T did not experience any complications. Uterine involution proceeded normally, there were no accompanying complications during the postpartum period. Uterine contractions were strong, there was no bleeding beyond the prescribed threshold, breastmilk came out smoothly and abundantly, and lochia discharge was as it should be.

4. New Born Care

Early midwifery care in newborns begins with maintaining the baby's body temperature by drying the baby's body along with conducting an initial assessment of skin color, breathing, and movement. The next step is to cut the umbilical cord and initiate early breastfeeding. After 1 hour of supervision and successful initiate early breastfeeding, a physical and anthropometric examination was performed.

The results of the physical examination were male sex with a weight of 3,600 grams, Body length 52 cm, Head circumference 32 cm and Chest size 31 cm, there were no signs of congenital defects and abnormalities in the baby. The care provided is continued at home by conducting home visits 4 times, namely visit 1 providing education on newborn care, how to care for the umbilical cord and provide support for mothers to provide exclusive breastfeeding. Visit 2 Care was provided according to standards by explaining again about umbilical cord care, exclusive breastfeeding and reminding of danger signs in newborns. Visit 3 provided care by reminding to keep the baby's mouth area clean by cleaning using gauze that has been moistened with boiled water. And also reminded the mother about the BCG immunization schedule. During care in the neonate and infant period, the baby's condition was normal.

DISCUSSION

1. Pregnancy Care

At the time of examination the mother complained of nausea and, but not accompanied by vomiting, blurred vision or heartburn. Based on the last pregnant examination on February 1, 2023 at PMB Bd. I, the mother had hypertension with a blood pressure of 140/90 mmHg, after the examination the mother's blood pressure was 130/80 mmHg and based on the results of the supporting examination of protein (-). The mother's complaint of nausea is thought to be due to high levels of progesterone during pregnancy, causing several muscles in the body including the throat. It was also found that the mother's BMI was included in obesity with a BMI of 38.1 kg / m² . During pregnancy the mother gained 8 kg of weight. With the mother's nutritional status in the obese category, according to WHO recommendations, mothers are recommended to gain 5-9 kg of weight, so the weight gain experienced by the mother is quite in accordance with the recommended.

So with the state of the mother who is obese, the author should collaborate with the nutrition department at the health center so that the mother can be helped to adjust the appropriate diet, so that the risks that can arise can be resolved and if the mother is pregnant again in the future the mother is no longer obese and can also avoid the various risks of obesity.

The author provides care to overcome nausea by setting a small but frequent diet, avoiding spicy, sour and fatty foods, and avoiding lying down after eating. Furthermore, in complaints of shortness of breath, the author advises the mother to regulate her breathing when she feels short of breath and advises her to take a short break when doing various activities.

In addition, to prepare for labor, the author also provided education on the signs of labor and preparation for labor, so that Mrs. T knew if she had begun to enter the stage of labor and prepare for labor. Then informed the third trimester danger signs such as vaginal bleeding, severe headache, blurred vision, fetal lack of movement as usual, vaginal discharge (premature rupture of membranes) or seizures and advised the mother to come to the nearest health facility if she felt one of these danger signs.

2. Intranatal Care

a. Period I

The mother came at 15.40 WIB, complaining of heartburn since 08.00 and during the increasingly frequent accompanied by blood mucus discharge. This is in line with the signs of labor, namely the *bloody show* which indicates softening, elongation and thinning of the mouth of the uterus. These signs of labor are felt by the mother when this gestational age includes a term gestation which means the fetus is ready to be born. Fetal movement is still felt by the mother.

In this labor, the mother felt calmer because of the positive experience of the last delivery, although the mother had a little worry about the pain during labor. So, the author calms the mother and helps the mother reduce pain with the *deep breathing relax* method or deep breath relaxation technique and also the *counter pressure technique*. Deep breathing relaxation technique is an abdominal breathing technique with as low or slow frequency, rhythmic and comfortable done by closing the eyes, by doing this technique can control the pain felt because the body will increase the parasympathetic nervous component stimulant, this causes a decrease in cortisol and adrenaline hormone levels in the body that affect a person's stress level so that it can increase concentration and make the mother's pain under control.⁶ In addition to deep breathing techniques, the author also applies the *counter pressure* method by pressing on the pain area felt by the mother during labor continuously which aims to divert the pain experienced by the mother.⁷

b. Period II

At 6.10 p.m the mother felt water coming out of the birth canal, her heartburn was getting stronger and she wanted to pass unbearably, there were also signs of time II, namely pressure on the anus, protruding perineum, vulva and anal sphincter opening. During the internal examination, the mother's opening was complete with amniotic fluid already broken and clear in color, the head drop was in station IV and had begun to be seen from the vaginal introitus.

After 18 minutes the baby was born at 6:30 pm immediately crying, active muscle tone, reddish skin and male sex. After the baby was born, immediate cord clamping was performed. The benefit of immediate cord clamping is to reduce postpartum bleeding.⁸ However, WHO recommends delaying the cutting of the umbilical cord for more than 1 minute to improve the health and nutrition of the baby. In at term or preterm infants who do not require positive pressure ventilation, the umbilical cord should not be clamped in less than 1 minute after birth. However, when at term or preterm infants require positive pressure ventilation, the umbilical cord needs to be clamped and cut so that the infant can be immediately positive pressure ventilated. Delaying cord clamping to no sooner than 1 minute, usually until it stops pulsing between 1-3 minutes after birth and is recommended for all births.⁹ Based on WHO *guidelines*, the optimal time recommendation for cord clamping has been shown to prevent postpartum hemorrhage in both vaginal and cesarean section deliveries.

After cutting the umbilical cord, the baby is given to the mother for Early Breastfeeding Initiation. Early Breastfeeding Initiation provides many benefits, among others, to keep the baby warm, the baby will get antibodies from colostrum, strengthen the bond between mother and baby and also support the success of exclusive breastfeeding.¹⁰

c. Period III

At time III, Active Management of Period III was carried out, namely an oxytocin injection of 10 IU after previously ensuring that there was no second fetus. Oxytocin injection was given at 6:31 PM intramuscularly on the left lateral thigh. Then, wait for signs of placental detachment

After the sign of placental detachment, the author performed controlled cord tension. After 8 minutes the placenta was delivered spontaneously at 6:38 pm with complete cotyledons. At the time of uterine massage, the uterus was palpated hard but there was quite a lot of active bleeding. So uterine exploration was carried out, with the result that there was residual amniotic membrane left in the mother's uterus. After exploration, the bleeding was resolved.

d. Period IV

At period IV, there was a problem of laceration in the perineal muscles and vaginal mucosa or grade II. So the author performed hecting using chromic thread and lidocaine anesthesia to prevent active bleeding that occurred in the laceration.

After completion, the author conducted observation for the next 2 hours with the frequency of inspection in the first 1 hour every 15 minutes and in the next 1 hour every 30 minutes. In this observation the author checked vital signs, uterine contractions, bladder and bleeding periodically during this observation the mother and baby were in good condition and no problems were found.

3. Postpartum Care

Postpartum care was carried out 4 times, namely postpartum care 12 hours (KF 1), 2 days (KF 2), 19 days (KF 3), and 41 (KF 4). Based on the examination, the condition of vital signs, uterine contractions, bleeding and other physical conditions are within normal limits. The family of the client felt that the milk came out a little so the author provided education that the first breast milk comes out or is called colostrum even though the amount is small, it is very good for the baby because it contains a lot of protein, low in lactose and also contains many immune substances that can protect against infections and allergies. The amount of colostrum produced by the mother is only about 7.4 teaspoons or 36.23 ml per day. On the baby's first day, the baby's stomach capacity is about 5-7 ml (or the size of a small marble), on the second day about 12-13 ml, and the third day about 22-27 ml (or the size of a large marble).¹¹ Therefore, although the amount is small, colostrum is sufficient to meet the needs of newborns.¹²

The author also advised the mother to take FE tablets 60 mg 1x1, Vitamin A 200,000 SI 1x1, paracetamol 500 mg 3x1 and amoxicillin 500 mg 3x1. FE tablets were given to increase hemoglobin levels quickly, because during labor the mother had lost a lot of blood. The vitamin A 200,000 SI administration program was given to maintain retinol levels in red blood cells and breast milk, because during the postpartum period the mother breastfed her baby so that indirectly the baby also benefited from preventing *xerophthalmia*.^{13,14}

According to WHO, antibiotics are given to mothers who have perineal laceration wounds of grade 3 to 4.¹⁵ However, amoxicillin was given as a prophylactic antibiotic which aims to prevent infection to prevent infection. Antibiotic prophylaxis is recommended to avoid complications of infection-prone obstetric procedures in this exploratory patient. Amoxicillin can be used by postpartum and breastfeeding mothers because according to the FDA it is included in category B drugs, namely studies in experimental animals show no risk to the fetus, but there have been no controlled studies

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in pregnant women. According to the FDA, amoxicillin passes into breast milk in low amounts and is not expected to cause adverse reactions in breastfed infants.¹⁶

At the 2nd postpartum visit, Based on the examination, vital signs, uterine contractions, bleeding and other physical conditions were within normal limits, the mother's laceration also looked good and there was no sign of infection. But it was found that the mother's diastasis recti was more than 2cm so that the mother was at risk of DRA where the mother's abdomen did not return to its original shape due to the separation of the musculus rectus abdominis. This muscle has a left and right hemisphere separated by fascia called linea alba. In diastasis recti there is a weakening of this part so that the abdomen looks more prominent.

One of the efforts to restore normalcy and increase the strength of the mother's abdominal muscles and prevent the occurrence of DRA after childbirth is to exercise. In addition to returning DRA to a normal state, it is also intended to accelerate the process of uterine involution. So the author teaches mothers to do puerperal exercises and encourages mothers to do it regularly. As well as providing a *youtube* link so that mothers can do it independently at home and can look back if they forget.

4. Newborn Care

The baby was born at 07.20 PM, at birth the baby immediately cried, reddish skin, active muscle tone. The APGAR score value at birth was 8. In the APGAR score classification, the value of 8 is included in the normal category, not asphyxia. Then, the baby is done Early Breastfeeding Initiation. Through Early Breastfeeding Initiation the baby can immediately get colostrum contained in breast milk which is useful for increasing neonatal immunity.¹⁷ Early Breastfeeding Initiation is done for 1 hour, the baby is kept on the mother's chest so that the baby can get warmth and also form a *bonding* between mother and baby. IMD is successfully performed and the baby can find the mother's nipple.

After 1 hour, vital signs, anthropometry, overall physical examination and reflex examination were performed and the results were within normal limits. Obesity in pregnancy results in various complications in the fetus in the form of diabetes in infants, macrosomia (large babies) or IUGR. Mrs. T's baby did not have any complications mentioned in the theory.

The baby was given vitamin K Phytomenadione 1 mg IM injection and tetracycline 1% eye ointment in both eyes. The injection of vitamin K Phytomenadione 1 mg aims to prevent bleeding due to vitamin K deficiency in newborns.¹⁸ Furthermore, administering of 1% tetracycline eye ointment in both eyes because it can prevent neonatal conjunctivitis which is an eye infection associated with the process of labor and birth of the baby, while the most common infectious agents causing neonatal conjunctivitis are Chlamydia trachomatis and Neisseria gonorrhoeae.¹⁹

Furthermore, at 07.00 AM the baby will go home, based on the results of the examination of vital signs within normal limits, the color of redness there is no sign of the baby becoming yellow in <24 hours. Then, the baby is given Hepatitis B immunization (HB 0) to provide immunity against hepatitis disease. The author provides education to keep the newborn warm, fulfill nutritional needs, cord care and danger signs in newborns. Newborn cord care uses the clean and dry principle.¹⁵ By not wrapping the umbilical cord or applying any liquid/material to the cord stump, folding the diaper under the cord stump, and cleaning the cord stump carefully with water and soap then immediately dry in get thoroughly using a clean cloth. After monitoring the umbilical cord was removed on the 5th day.

The author also provides education on the fulfillment of nutrition in newborns by providing exclusive breastfeeding *ondemand* or according to the baby's wishes and every 2 hours if the baby is asleep. With a duration of 10-15 minutes and alternating between the right and left breasts. In this case the author also provides education related to attachment

and correct breastfeeding position.

On the 3rd visit, the baby was found to have oral thrush, white plaques of soft material resembling milk clots. The causative factor of this oral thrush is the fungus *Candida albicans* which is transmitted through uncleaned nipples and improper hand washing. Therefore, the author tells and practices how to clean white plaque in the baby's mouth using gauze and boiled water, in addition to suggesting to maintain the hygiene of the baby's mouth, the author also provides education so that the mother also maintains the hygiene of her breasts by routinely cleaning the breasts using cotton, *baby oil* and warm water.

CONCLUSION

Based on the explanation of the care that has been given to Mrs. T at the Bayongbong Health Center, Garut Regency, conclusions can be drawn:

1. During pregnancy, the client was obese and had complaints of nausea and Braxton hicks. The nutritional status was obese but the mother's weight gain was within normal limits so the problem was resolved.
2. The process of labor from stage I to stage IV was normal, there was a grade 2 perineal laceration and the problem was resolved.
3. The postpartum process went well, it was found that the mother's diastasis recti was more than 2 fingers, so postpartum exercises were carried out to overcome the problem. Problem solved
4. Newborn care, found that the baby had oral thrush. Problem can be resolved.

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