# COMPREHENSIVE MIDWIFERY OF MRS. E IN PMB E CIBEBER DISTRICT CIANJUR REGENCY: CASE REPORT

*Nurul Chairunisa[1], Yuni Nurchasanah[2],* Ida Widiawati[3]
[1*,2,3)]Department of Midwifery, Poltekkes Kemenkes Bandung
Email: nurulchhh@gmail.com

**Abstract**

**Introduction**: *Pregnancy is a woman's highly anticipated life cycle. After pregnancy, the woman will enter the process of childbirth, postpartum, and intermediate period. This cycles can cause physical and psychological changes that can cause discomfort for women who cannot adapt.*
**Objectives:** The aim of this study was to provide comprehensive care starting from pregnancy, childbirth, postpartum and infants.
**Method**: *This Final Project report used a case study method with data collection carried out from March to May 2022 in PMB E, Cibeber District, Cianjur Regency.*
**Result:** *Mrs. E did an USG before giving birth and the result showed that her amniotic water had begun to decrease so she was referred to the hospital for induction. Induction of labor using 5 IU oxytocin drip infused into 500 ml RL at a speed of 20tpm. The delivery process was done in a spontaneous way without complications. At the time of postpartum Mrs. E's legs were swollen and Mrs. E had given formula to her baby in the first week of postnatal. The author carried out care of the problems experienced by the mother, such as counseling for mobilization and the importance of exclusive breastfeeding. This treatment was successful in overcoming the mother's problems and preventing complications.*
**Conclusion:** *Comprehensive midwifery care has proven to be beneficial and important to do. Midwives as service providers need to implement and improve this method in the care they do.*

**Keywords:** *comprehensive midwifery care, induction of labor*

## INTRODUCTION

Maternal and child health is health that covers all aspects starting from pre-conception, conception, pregnancy, childbirth, postpartum, newborns, toddlers, pre-school, school, teenagers, adults to menopause. During this period, problems can be found that disrupt the health of the mother and child. Mortality and morbidity in pregnant and postpartum women is a major problem in developing countries which is associated with the natural processes experienced by these women. Death during childbirth is usually the main factor in the mortality of young women during their peak productivity period.[1]

According to World Health Organization (WHO) research throughout the world, there are 500,000 maternal deaths per year and 10,000,000 infant deaths, especially neonates, per year.[2] Based on the Indonesian Health Profile, the success of maternal health efforts can be seen, among other things, from the Maternal Mortality Rate indicator. This indicator is not only able to assess maternal health programs but is also able to assess the level of public health, because of its sensitivity to improving health services, both in terms of accessibility and quality.[3]

Around 20-30% of pregnancies contain risks or complications that can cause morbidity and death to the mother and baby. Efforts made by the government to reduce MMR and

IMR are by implementing three types of intervention areas, namely through improving antenatal services according to government program standards with 10T which are able to detect and handle high risk cases adequately, assisting with clean and safe births by skilled health workers, postpartum and birth services as well as basic (PONED) and comprehensive (PONEK) obstetric and neonatal emergency services that can be reached in a timely manner by people who need them. These efforts are care that is carried out comprehensively and continuously.[4]

Comprehensive care is care provided by midwives from the start of pregnancy, childbirth, newborns and postpartum which aims to provide quality services to prevent maternal and child deaths. The role and function of midwives in the comprehensive care process is very important starting from monitoring pregnancy, childbirth, newborns and postpartum including early detection in each of these periods.[5]

Basically, the pregnancy process is a physiological or natural event, but in the process it can develop into problems or complications at any time which can endanger the lives of the mother and fetus. Pregnancy care is part of comprehensive care that must be provided by midwives through health education. Apart from that, pregnant women need to undergo ANC (Antenatal Care) examinations or pregnancy checks to improve their physical and mental health optimally, so that they are able to face the birth and postpartum period, ensure good fetal growth, and the mother's health remains in a normal condition. Comprehensive pregnancy care can help detect the risk of complications that may occur so as to prevent complications that increase maternal and fetal mortality.[6]

After going through the pregnancy process, the mother will enter the labor process. Childbirth can be interpreted as the climax of pregnancy where various seemingly unrelated systems work in harmony to give birth to a baby. This indicates that the physiological and psychological adaptations of pregnancy can determine the mother's readiness for childbirth. Midwives have a role in accompanying women through their life cycle and providing women and their families with an understanding of the mother's physiological and psychological adaptations.[6]

After experiencing the process of pregnancy and childbirth, a woman will enter the postpartum period. The postpartum period is a transition period where physical and psychological changes occur again. Mothers who cannot adapt to the critical postpartum period can experience psychological disorders.[7]

Comprehensive midwifery care during pregnancy, childbirth, newborns and postpartum is very important, especially by midwives in order to provide quality services and prevent maternal and child deaths. Various conditions found in one period can be treated immediately so that they do not progress to other complications in the next period. Based on this background, it can be concluded that the problem formulation is "How is Comprehensive Midwifery Care for Mrs. E at PMB E, Cibeber District, Cianjur Regency?"

## METHODS

This research uses a case study research approach. The subject of this research is Mrs. E, 32 years old, works as a housewife, last junior high school education, has given birth to her third child by spontaneous/normal delivery. The implementation of this case study took place from March to May 2022.

The method used in this case study is a method of providing comprehensive midwifery care starting from pregnancy, childbirth, postpartum and newborns according to standards, using several tools and materials, namely personal protective equipment, ANC kit, INC kit, PNC kit, BBL simple lab examination kits and tools.

The data collection technique in this research uses primary data and secondary data. Primary data was obtained from interviews and observations carried out during midwifery care. Secondary data was obtained from documentation, including MCH books, pregnancy register records, and patient medical records.



DOI 10.34011/icihcce.v5i2.285

This case study process began by selecting one third trimester pregnant woman client who was willing to be a respondent in comprehensive care, willing to sign a letter of consent after being given an explanation (informed consent). This case study process was carried out from March to May 2022 and was carried out in stages because it was part of comprehensive midwifery care. At the beginning of the research, the author carried out a thorough assessment, then carried out contractual agreements, interviews and direct observation.

The implementation of this case study pays attention to the ethics of care provided considering that the research subjects are humans. Considering the possibility that clients experience discomfort because the time used to provide care is quite long. Researchers adhere to research ethics and scientific attitudes so as to minimize the possibility of losses incurred by clients. The three principles of research ethics applied are respect of person, beneficence and non-maleficence, and justice.

## RESULTS AND DISCUSSION

The author has completed comprehensive midwifery care for Mrs. E which starts in the third trimester of pregnancy, namely 38 weeks to 40 weeks of gestation, then continues until 6 weeks of the postpartum period. The care provided by the author includes care based on Varney management. This care includes assessment, formulation of a diagnosis or midwifery problem, planning, implementation and recording of midwifery care in the form of SOAP.

1. Pregnancy
   a. Gestational Age

      The mother said that the first day of her last menstruation was July 1, 2021. Based on the HPHT, the mother's estimated delivery date was April 8, 2022. The mother gave birth to her baby exactly according to the estimated delivery date on April 8, 2022.

   b. Discomfort in Pregnancy

      At the second visit, it was found that the mother complained of lower abdominal pain and pain during urination. Maternal lower abdominal pain is caused by hypertrophy and stretching of the ligaments and also pressure on the ligaments due to the enlarged uterus. To overcome this, the following care is given:

      1) The author states that lower abdominal pain can be caused by the head lowering further, putting pressure on the lower ligament of the stomach. The pain during urination experienced by the mother is also caused by the head lowering as a result of which it squeezes the nerves around the vagina and presses on the bladder, resulting in pain. However, the complaints felt by this mother are normal.
      2) Encourage the mother to remain calm and encourage the mother to relax on her side propped up with a pillow, and to reduce pain the mother can apply a warm compress to the area where the pain is felt.

         After being evaluated, the mother said she was able to adapt and empower herself to reduce the pain she was experiencing.

2. Labor
   a. Period I

      Mother went to the obgyn clinic for an ultrasound. The results of vital signs were within normal limits, abdominal examination and ultrasound of the fetal head had entered the pelvis with positive FHR, fetal movement had begun to decrease, contractions were not yet present, and the amniotic fluid had begun to decrease. Based on the results of the examination, it showed that Mrs. E has not experienced any signs of labor. After that, it was decided to be referred to Dr Hafiz Hospital, Cianjur City because the gestational age had reached 40 weeks but there were no signs of labor and there was concern that there



DOI 10.34011/icihcce.v5i2.285

would be an emergency. If the pregnancy continues, it will increase the negative impact on the fetus. Therefore, in this case it is necessary to induce labor at term pregnancy to avoid the risks posed during delivery.[8]

At the hospital, the mother carried out a TTV examination, abdominal examination, and continued with an internal examination with the results that the vaginal vulva had no abnormalities, the portio was thick and soft, the amniotic fluid was intact, dilated 2 cm, the head was in hodge I, and there was no infiltration. Induction for Mrs. E used a drip of 5 IU oxytocin which was inserted into 500 ml of RL which had previously been infused at a speed of 20 tpm. Every 30 minutes the progress of the mother's labor is always monitored. 4 For 2 hours the mother complained of heartburn which was becoming more frequent and said that unbearable water was coming out of the birth canal. Then an internal examination was carried out and it was found that the dilation was 8 cm with a thin, soft portio, the amniotic fluid was negative. clear, the head is in hodge III and blood is coming out. In this case it means Mrs. E was successfully induced and is in stage I of the active phase.

b. Period II

The mother said that she was no longer able to control the heartburn and wanted to strain like defecating, there was anal pressure, the perineum was protruding, the vulva was open, then an internal examination was carried out based on indications and the results showed that the opening was 10 cm with the portio not being palpable, the amniotic fluid was negative and clear, the head was in the Hodge IV field. So at that time Mrs. E in the second stage of labor.9 Then the mother was led into labor and the baby was born spontaneously with an initial assessment of the baby being born at term, crying strongly, reddish skin color and good muscle tone.

BBL treatment was carried out on Mrs. E's baby, namely, preventing hypothermia, clearing the airway, cutting and caring for the umbilical cord, giving vitamin K injections, giving eye ointment, early detection of danger signs by carrying out a physical examination and finally identifying the baby with an identity bracelet.[9] In this case, IMD was not carried out because of hospital policy during the Covid-19 pandemic. According to WHO and UNICEF, the updated Evidence Based Protocol regarding the care of newborns for the first hour of skin-to-skin contact with the mother immediately after birth is at least one hour, the baby must be allowed to do IMD and the mother can recognize that the baby is ready to breastfeed, delay all other procedures that must be carried out on the baby until the IMD is completed. If there is skin-to-skin contact, it makes the mother and baby calmer and increases the bond of affection, colostrum acts as the baby's self-protection, and reduces bleeding and anemia.[10] Therefore, the treatment in this case is not in accordance with Basic Essential Neonatal Care.

c. Period III

MAK III involves administering oxytocin IM immediately after the baby is born. Before administering the oxytocin injection, palpate the abdomen to ensure there is no second fetus, and control the stretching of the umbilical cord. Before carrying out controlled stretching of the umbilical cord, we also look for signs of detachment of the placenta such as blood spurts, elongated umbilical cord, and changes in the position of the uterus after the placenta separates and occupies the lower segment of the uterus, so the uterus appears in the abdominal cavity. Massage the uterus immediately after the placenta is delivered. To Mrs. E, third stage expulsion of the placenta lasts for 15 minutes.

d. Period IV

The mother said she was happy and relieved after going through the birthing process but felt that her stomach was still upset. The examination was carried out on Mrs. E, the results are within normal limits. In the genitalia there was a second degree tear involving the vaginal skin and perineal muscles and suturing was immediately carried out. In general, during the labor process until the birth of the baby, there are no dangers that can occur.



DOI 10.34011/icihcce.v5i2.285

3. Postpartum

Based on the results of the assessment at the first visit (18 hours after giving birth), the results were normal. The mother said she still felt a little heartburn but her condition was starting to improve and she had tried to breastfeed her baby even though the milk output was still small but the baby was breastfeeding strongly. The author said that the cause of the heartburn that mothers experience is because the process of involution or returning the uterus to its original state is taking place.[11]

At the second visit (6 days after giving birth), the author carried out a home visit. Mother complained that her feet felt swollen. After examining it, it turned out to be due to lack of mobilization, legs being folded too often and lack of maternal blood circulation. The author explains that the swelling in the feet experienced is physiological. For several days after delivery, the extra tissue, blood vessels and fluids needed while the baby was in the womb are still stored in the body. During this period, the kidneys have to work extra to remove excess fluid. However, because the mother often lies on the bed and sometimes has her legs folded, as a result the fluid accumulates in the mother's extremities/feet.

At the third visit (14 days after giving birth), an examination was carried out with normal results where no problems were found and the mother felt that her condition had improved. Previous complaints can also be resolved.

4. Neonates

Mrs. E's baby was born weighing 3850 grams at 40 weeks' gestation so it was said to be a normal BBL. After birth, the baby is immediately separated from the mother in the hospital's perinatology room. New mothers can meet their babies the next day. That's what causes babies to be given formula milk while in hospital. The midwife's role here should be to facilitate mothers to continue breastfeeding their babies directly.

At the second visit when the baby was 6 days old, the mother said that there was prickly heat on the baby's forehead. The mother also felt worried because the milk was still coming out a little, so she was afraid that the baby would be hungry. Mothers receive counseling to treat prickly heat, such as not putting anything on the baby's forehead such as oil or powder, and reducing the use of hats for a while. Mothers are advised to diligently clean the baby's head area using warm water and wipe it if the baby sweats, wear clothes that are thin and absorb sweat, and make sure the baby remains hydrated and does not get thirsty. Apart from that, mothers are given counseling regarding the importance of providing exclusive breastfeeding and its benefits for mother and baby. So the mother will continue to try to provide exclusive breastfeeding and stop giving formula milk.[9]

Physiological jaundice was also found, namely there was yellowness on the baby's face. Where physiological jaundice is a transitional change that triggers excessive formation of bilirubin in the blood which causes the baby to turn yellow. Physiological jaundice has no pathological basis because basically it will disappear by itself. The author recommends that mothers dry their babies in the morning because exposure to sunlight can reduce bilirubin levels.

After being evaluated in one week, the prickly heat experienced by the baby did not increase and had disappeared by itself. Apart from that, there is enough breast milk coming out so that the mother no longer worries about her baby being hungry and has stopped giving formula milk.

## CONCLUSION



DOI 10.34011/icihcce.v5i2.285

After the author carried out Comprehensive Midwifery Care on Mrs. E starting from March 28 2022 to April 26 2022, conclusions can be drawn, among other things, that the results of the pregnancy care assessment show that there is discomfort felt in the form of lower abdominal pain and pain during urination. This problem can be resolved with counseling.

In childbirth care, there is a pathological condition, namely that based on the ultrasound results, the client's gestational age is already 40 weeks, so her amniotic fluid has begun to decrease and it is feared that an emergency will occur if the fetus is not delivered immediately. Therefore, a referral was made to the hospital for labor induction. There was care that was not appropriate because it was found that newborn babies were not given IMD.

At the beginning of the postpartum period, mothers and families are still confused about what foods the mother can and cannot consume which are related to breast milk production. However, this can be resolved by building trust in the mother and family followed by counseling. Mothers also found swollen feet due to lack of mobilization and sitting too often with their legs folded while breastfeeding. The author does not remind enough that postpartum mothers must continue to mobilize, resulting in discomfort felt by the mother. Apart from that, the mother has planned to use an IUD contraceptive after the postpartum period ends.

Neonatal care has been carried out according to standards. A problem was discovered, namely that babies were not given Hb0 immunization immediately within 24 hours after birth at the hospital because the supply ran out. This problem can be resolved by giving the baby immunization at PMB when he is 6 days old. Apart from that, it was found that the baby had physiological jaundice and had miliaria. This problem can also be resolved with counseling.

## REFERENCES

1. Kemenkes RI. Buku Kesehatan Ibu dan Anak. Jakarta: Kemenkes RI; 2015.
2. World Health Organization. WHO Recommendations on Antenatal Care For A Positive Pregnancy Experience. World Health Organization; 2016.
3. Kementerian Kesehatan Republik Indonesia. Profil Kesehatan Indonesia Tahun 2018. 2019.
4. Kemenkes RI. Buku Saku : Pelayanan Kesehatan Ibu di Fasilitas Kesehatan Dasar dan Rujukan. Jakarta: Kemenkes RI; 2013.
5. Kamariyah N, Anggasari Y, Muflihah S. Buku Ajar Kehamilan untuk Mahasiswa dan Praktisi Keperawatan Serta Kebidanan. Jakarta: Salemba Medika; 2014.
6. Mandriwati GA, Ariani NW, Harini RT, Darmapatni MG, Javani S. Asuhan Kebidanan Kehamilan Berbasis Kompetensi. Jakarta: EGC; 2017.
7. Zanardo V, Manghina V, Giliberti L, Vettore M, Severino L, Straface G. Psychological Impact of COVID-19 Quarantine Measures in Northeastern Italy on Mothers in the Immediate Postpartum Period. International Journal of Gynecology & Obstetrics. 2020;184–8.
8. F. Gary Cunningham, Kenneth J. Leveno, Steven Bloom LG. Williams Obstetrics (23rd Edition). New York: McGraw-Hill Professional Publishing; 2010.
9. Marie Tando N. Asuhan Kebidanan Neonatus, Bayi dan Anak Balita. Jakarta: EGC; 2016.
10. Pesak E, Losu FN, Sulawesiana W. Determinan Penerapan Inisiasi Menyusu Dini Oleh Bidan Berdasarkan Evidence Based Di Puskesmas Rawat Inap Kota Tomohon. JIDAN (Jurnal Ilmiah Bidan). 2017;5(1):1–11.



DOI 10.34011/icihcce.v5i2.285

11. Mansyur N, Dahlan K. Buku Ajar: Asuhan Kebidanan Masa Nifas. Malang: Selaksa. Malang: Selaksa Media; 2014.



DOI 10.34011/icihcce.v5i2.285