



COMPREHENSIVE MIDWIFERY CARE WITH PREMATURE RUPTURE OF MEMBRANES AND IMPLEMENTATION OF BREATHTAKING EXERCISES AT TPMB BAYONGBONG GARUT

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Abstract, Introduction: Comprehensive midwifery care is a series of continuous and comprehensive care where this comprehensive care is carried out to detect early the possibility of complications that will occur in childbirth, such as premature rupture of membranes. Premature rupture of membranes is a complication found in childbirth that can endanger the mother and fetus. In addition, this complication makes the mother feel worried about the delivery process. Therefore, one of the efforts to overcome worry due to the mother's labor history is to apply puerperal gymnastics that can help restore the mother's emotional state for the better. Thus, the purpose of this Final Project Report is to implement comprehensive midwifery care with Premature rupture of membranes and the application of postpartum gymnastics.

Method: The method used in this final project report is a case study conducted from January to February 2023 in Bayongbong Garut District. This case study involved Mrs. U with a gestational age of 39-40 weeks and Mrs. U's baby

Result: The results of pregnancy care were obtained by mothers into the category of highrisk pregnant women, SEZs, and felt the discomfort of the third trimester and then after management of the mother's condition could be resolved. In labor, the mother experienced complications in the form of Premature rupture of membranes and referrals were made in the delivery process and the problem could be resolved immediately.

Conclusion: At the postpartum visit, the application of puerperal gymnastics is carried out which makes the mother's psychological state improve and at the newborn visit the baby's weight gain is appropriate for 30 days.

Keywords: Comprehensive Midwifery Care, Premature Rupture of Membranes, Postpartum Gymnastics

INTRODUCTION

According to WHO (2019), the maternal mortality rate (MMR) in the world is 303,000 people. The maternal mortality rate in ASEAN is 235 per 100,000 live births (ASEAN Secretariat, 2020). The maternal mortality rate decreased in 2012-2015 to 305 per 100,000 live births and the number of maternal deaths in Indonesia in 2019 was 4,221 cases. 1 Apart from MMR, IMR can be an indicator of health in society.

Infant Mortality Rate (IMR) is a very sensitive indicator of health service efforts, especially those related to perinatal and neonatal newborns. For IMR in 2012, BPS carried out a publication based on the 2012 SDKI, where West Java Province had an IMR of 30/1000 live births. The infant mortality ratio in 2020 was 3.18/1000 live births or 2,760 cases, this decreased by 0.8 points compared to 2019 which was 3.26/1000 live births or 2,851 cases. The West Java Health Profile states that the 10 regencies/cities with the highest number of infant deaths are Sukabumi Regency, Garut Regency, Indramayu Regency, Cianjur Regency, Tasikmalaya Regency, Bandung Regency, Sumedang Regency, Karawang Regency, Cirebon Regency and Bogor Regency. 2 Therefore, efforts are being made to reduce it.

The government has made efforts to help accelerate the reduction in maternal and infant mortality rates by providing sustainable care or *Continuity of Care*. *Continuity of Care* is a service that is achieved when a comprehensive or sustainable relationship is established between a waita and a midwife. Continuous care is related to health professionals, this midwifery service is carried out from the beginning of the third trimester of pregnancy, childbirth, the postpartum period and the newborn. 3 This comprehensive midwifery care emphasizes natural processes and minimizes intervention by providing counseling, information and education (KIE) regarding the process of pregnancy, childbirth and the postnatal period based on each woman's individual needs. The main function of the midwife is to ensure the welfare of the mother and baby, physiological processes must be respected, supported and maintained, with comprehensive midwifery care, problems can be detected early in pregnancy and childbirth, such as Premature Rupture of Membranes (PROM). Premature Rupture of Membranes is often referred to as *Premature Rupture of the Membrane (PROM)* is defined as rupture of the amniotic membranes before delivery at term gestational age. One of the complications of PROM in newborn babies is compression of the umbilical cord and respiratory distress syndrome, such as factors that can cause asphyxia. *neonatum*. 5

The postpartum period is the time used to monitor the mother *postpartum* to avoid death caused by bleeding. Postpartum maternal death usually occurs within 6-8 hours post partum. Therefore, post partum mothers are recommended to do postpartum exercises. 6 The Health Journal "Wiraraja Medika" says that doing postpartum exercises regularly can speed up the recovery of physiological and psychological health status after childbirth. The psychological recovery of postpartum exercise can increase the mother's ability to deal with stress and relax, thereby reducing postpartum depression. 7 Postpartum exercise is rarely done because postpartum mothers are afraid to do a lot of movement, afraid of the stitches coming off, still have pain in the perineal wound and there is a belief that has developed over time and It is believed by the community that if it is not even 40 days after giving birth, the mother should not do activities. 6 Based on the background above, the author is interested in studying and observing pregnant women comprehensively starting from pregnancy, childbirth, newborns, postpartum, and family planning counseling. So the author wants to make this Final Project Report with the title "**Comprehensive Midwifery Care for Mrs. U with premature rupture of membranes and Implementation of Postpartum Exercises in Bayongbong District, Garut.**"

METHOD

The method used in this final project report is a case study conducted from January to February 2023 in Bayongbong Garut District. This case study involved Mrs. U with a gestational age of 39-40 weeks and Mrs. U's baby.

RESULTS AND DISCUSSION

Pregnancy Care'

During Mrs. U's pregnancy care there were 2 visits. The first visit was carried out on January 26 2023 at 14.00 at TPMB Midwife I. Subjective data was obtained, namely the identities of Mrs. U and her husband and the mother said she admitted that she was 9 months pregnant with her first child and had no complaints. The mother's menstrual history was 28 days with a menstrual period of 6-7 days, the mother's HPHT was obtained on 04-22-2022 with estimated delivery on 01-29-2023. Mother has had TT immunization twice. The medication consumed by the mother during pregnancy is 90 tablets of Fe Ferrous Fumarate 60 mg (0.25 folic acid) taken 1x1 before bed with water. Mother has had 6 pregnancy checks at TPMB. The results of the examination showed that the mother had gained 15 kg in weight and the fetus' heart rate was normal. The mother has no history of hereditary, chronic or contagious diseases in the family, the mother's diet is 3 times a day with medium portions and drinks 9-10 250 ml glasses a day. Apart from that, the mother's elimination pattern is to defecate once per day and defecate 8-9 times per day. Mothers have a pattern of sleeping 5-6 hours at night and napping for 1 hour during the day. In preparation for childbirth, the mother will be helped by a midwife, husband's companion, mother's family donor, transportation using motorbike/car, place of birth at TPMB Midwife I, not yet thinking about referrals and maternity equipment already available.

In the objective data from the first visit, it was found that the mother's vital signs were normal, the mother's height was 145 cm, her weight before pregnancy was 33 kg, her current weight is 48 kg with a BMI of 15.7 which is considered underweight nutritional status, and a LILA of 24.1. On physical examination, the mother's condition was normal with a TFU of 30 cm and a Leopold examination was carried out, Leopold I felt the buttocks, Leopold II had the right back, Leopold III felt the head, and Leopold IV was convergent. From the results of the Johnson Taushack formula calculation, it was found that the TBJ was 2,635 grams, and the fetal heart rate was 155 times/minute Regular. The mother has had a laboratory examination with HB results of 13.6 gr%, urine protein negative, Syphilis NR, HIV NR, and HBsAg NR.

The analysis obtained at this first visit was G1P0A0 gravida 39 weeks 4 days single fetus alive intrauterine head presentation in good condition. The problem of CED history and young Primigravida

So, management carried out is informing the mother of the results of the examination that the fetus is in good condition, providing education regarding good nutrition and hydration during the third trimester of pregnancy because the mother has a history of CED, informing the mother about discomfort when the pregnancy is late, encouraging the mother to take a leisurely walk every morning so that The fetal head descends quickly and helps provide comfort to the mother, notifies the mother of danger signs in the third trimester, and notifies the mother of signs of labor.

The second visit was carried out on January 28 2023 at 13.00 at the patient's home. There were complaints of stomach tension and lower abdominal pain. Fetal movements were still felt 12 times in the last 12 hours.

On dataobjectively, the mother's vital signs were normal, and abdominal palpation TFU was 30 cm, Leopold's results were in good condition, FHR was 155 times per minute

The analysis obtained was G1P0A0 gravida 39 weeks 6 days live single fetus, head presentation in good condition, and problems with lower abdominal pain

Management carried out at this visit is to inform the mother of the results of the examination, evaluate the third trimester discomfort experienced by the mother, evaluate signs of labor.

Maternity Care

On January 29 2023, an assessment was carried out at 09.00 with the main complaint being that the mother complained of heartburn and mucus mixed with blood since last night (00.00), the mother still felt active fetal movements more than 12 times since the mother felt heartburn. Mother said the last meal was at 08.00. Mother said the last bowel movement was at 08.30 and the last bowel movement was at 04.00. Objective data showed a good general condition, good vital signs and an abdominal examination where the TFU was 30 cm, Leopold's results were in good condition, his fifth was 3/5 and his 2x/10/35'. An internal examination revealed a soft teal portio, opening 1 cm, decreased st -1, and no molasses.

The analysis that can be confirmed is G1p0A0 term parturient stage 1 latent phase with PROM, live single fetus, cephalic presentation. The problem is that the mother feels anxious about the birth process. Potential diagnoses are chorioamnionitis, umbilical cord impingement, postpartum infection, and infant asphyxia.

The management carried out in this latent phase is to inform the mother of the results of the examination that the fetus is in good condition, but the mother's membranes have broken and the mother's dilatation is only 1 cm, so she requires a referral to a higher health facility, namely a hospital, providing emotional support to the mother to reduce the feeling. worried, provide informed consent, provide oral amoxicillin therapy 1 tab 500 mg according to the doctor's advice, encourage the family to prepare maternity equipment for the mother and baby, collaborate with the doctor regarding further actions, install a dower catheter, prepare a referral place.

ActionThe delivery was carried out in the hospital with an augmentation drip of 5 IU oxytocin in 500 cc dextrose with 20 tpm at 15.15. then, the baby was born spontaneously vaginally with an oxytocin drip at 17.05. The baby was born spontaneously and immediately cried, male. After that, MAK III was carried out at 17.06 and the placenta was born at 17.16. Grade 2 lacerations were performed on the mucosal skin and muscles of the mother's perineum under anesthesia. Next, IV stage monitoring is carried out for 2 hours, where the first hour is every 15 minutes and the next 1 hour is every 30 minutes.

Postpartum Care

Postpartum visits were carried out 4 times. Where the first visit was carried out on January 30 2023 at 17.00 in the jade room at Dr. Slamet Hospital. Where the mother's main complaint is that she no longer feels weak but there is still a slight pain in the mother's perineal suture. Based on subjective data, it was found that the mother's breast milk production process was still low after delivery and the baby was last given breast milk at 16.30. The mother had eaten and rested after giving birth and the mother said she felt happy because many of her family would help and accompany her. Objective data showed that vital signs were in good condition, and an abdominal examination showed that the mother's tfu was 3 fingers below the center and the mother's abdominal contractions were hard and the bladder was empty, there was a normal amount of lochea, namely rubra, discharge.

SoThe analysis that was established was P1A0 postpartum 24 hours with the problem of painful stitches.

The management carried out is informing the mother of the results of the examination that the mother is in good condition, providing education about how to care for perineal wounds by cleaning the wound area using clean water and drying it using dry gauze/tissue, providing education about exclusive breastfeeding, teaching the mother to do uterine massage, recommending mothers to continue to eat nutritious food, encourage mothers to get enough rest and provide education about the danger signs of postpartum mothers and schedule the next postpartum visit.

The 3-day postpartum visit (KF 2) was carried out on February 1 2023 at 12.00 at the patient's home. Mother said she still had a little pain from the stitch marks, she was able to latch on and the lactation process well. The mother had no complaints regarding elimination, rest, psychosocial and mobilization patterns

On dataobjectively, the general condition was good with normal vital signs and the mother's tfu was 3 fingers below the center and the mother's lochea was still in rubra.

The analysis carried out is P1A0 postpartum 3 days

Management carried out is to notify the results of the examination, encourage the mother to rest when the baby sleeps, tell the mother to continue breastfeeding Educate and teach mothers to care for their breasts so that their nipples stand out and their breast milk is plentiful, remind them to eat healthy food, do postpartum exercises, and schedule their next visit.

The 12-day postpartum visit (KF 3) was carried out on February 11, 2023 at 12.00 at the patient's home. Based on subjective data, the mother said that she had no complaints and was able to carry out her normal activities. The mother had no complaints regarding the lactation process, latching, rest patterns, elimination, nutrition and mobilization.

On data objectively, the general condition was good with normal vital signs and examination of the mother's abdomen. The TFU was not palpable and the bladder was empty and the lochea was secreted, namely serous, the suture wound was clean and dry. The analysis carried out was P1A0 postpartum 12 days The management carried out is to notify the results of the examination Provide education about family planning after the postpartum period, do postpartum exercises, and schedule subsequent return visits. The 30-day postpartum visit (KF 4) was carried out on February 28 2023 at 15.00 at the patient's home. Subjective data obtained by the mother said that she had no complaints and was able to carry out her activities as usual.

Data Objectively, vital signs were found to be normal and there was no swelling in the breasts, on examination the TFU abdomen was not palpable and the suture wound was dry. The analysis that was enforced was P1A0 postpartum 30 days. The management provided is to notify the results of the examination, do postpartum exercises, and encourage the mother to carry out 1 month immunization for the baby.

Newborn Care

24-hour newborn care was carried out on January 30 2023 at Dr. RSUD. Slamet at 17.00. Subjective data showed that the baby's lactation process was quite strong and frequent at the mother's breast, the baby was defecating and urinating.

Data Objectively, the baby's vital signs were normal with a body weight of 3030 grams, body length 48 cm, head circumference 33 cm, chest circumference 33 cm, abdominal circumference 32 cm. Physical examination of the baby's body showed normal results.

The analysis carried out is term neonates according to the gestational age of 24 hours. The management carried out is to notify the mother of the results of the examination, notify her, teach her about umbilical cord care, educate her about the

danger signs of a newborn baby, and schedule the next visit. The 3-day newborn visit (KN2) was carried out on February 1 2023 at 12.00 at the patient's home. The subjective data obtained is that the baby is able to breastfeed strongly every 2 hours on both mother's breasts, and the baby is eliminating well without any complaints.

Objective data showed that the general condition was good, vital signs were normal and the umbilical cord was clean and dry. The analysis carried out is term neonates according to the gestational age of 3 days. The management given is to inform the mother of the results of the examination to maintain the baby's personal hygiene, keep the baby warm, meet nutritional needs, and prevent irritation. The 12-day newborn visit (KN3) was carried out on February 11 2023 at 12.00 at the patient's home. Subjective data showed that the baby was breastfeeding strongly and had no complaints, the lactation and elimination process and the baby's rest had no problems.

Data Objectively, the baby's vital signs are normal and the umbilical cord has fallen off. The analysis carried out is term neonates according to the gestational age of 12 days. The management provided is informing the results of the examination, further immunization counseling, ,Contains a presentation of the analysis results

DISCUSSION

This continuity of care case study discusses the gap between theory and the results of comprehensive midwifery care that the author has carried out starting from pregnancy, childbirth, newborns, postpartum and neonates for Mrs. U, 19 years old G1P0A0 with HPHT April 22 2022 and estimated delivery January 29 2023. The first contact began on January 26 2023, namely at 39-40 weeks of gestation, and the discussion is as follows.

Pregnancy Care

1) Antenatal Care Visit

Since the beginning of pregnancy, the client has had her pregnancy checked at TPMB 6 times, namely 2 times during the first trimester, 1 time during the second trimester, 3 times during the third trimester. The mother said she had an ultrasound on August 15 2022 when she was 15-16 weeks pregnant. According to (Kemenkes.2022) ultrasound examination in pregnancy is useful to support a precise and accurate clinical assessment of a pregnancy, where an ultrasound examination in the second trimester is to assess fetal growth and can also provide detailed information about fetal anatomy. 50

The author, who is also a caregiver, carried out pregnancy checks on the mother twice with the first visit on January 26 2023 and if calculated from HPHT, the gestational age was 39 weeks 4 days, then at 39 weeks 6 days, in her calculations the author calculated by determining the date last menstruation before pregnancy, namely by using the Naegele formula, where this formula can only be done on mothers whose menstrual cycle is 28 days. 51 This means that the mother has had 8 pregnancy checks. The frequency of these examinations meets the standards in accordance with WHO recommendations which aim to obtain optimal results in reducing maternal and neonatal mortality rates, providing a good experience for women at each visit, as well as early detection of complications that may occur in the future. 52

2) Pregnancy Care Services

Pregnancy care services provided to Mrs. U through ANC visits carried out at TPMB Midwife I using the 10T principle. During the ANC examination, the mother always receives services for weighing body weight and height, measuring blood pressure, measuring LILA, measuring TFU, determining the location of the fetus and calculating the fetal heart rate, the mother has received TT 2 immunization, this immunization was

given on September 3 2022 when the mother At 19-20 weeks of gestation, the mother is given 90 Fe tablets and the mother routinely takes Fe tablets during pregnancy, this is in accordance with the Ministry of Health's recommendation that pregnant women are advised to take a minimum of 90 Fe Tablets (TTD) during pregnancy. 53 Then, the mother carry out urine protein and urine glucose examinations during the third trimester, and mothers carry out interviews and receive health education. In 2 examinations carried out with the author at the patient's home, Mrs U received services in accordance with the 10T principle. 54

3) BMI in Pregnant Women

Mrs. In reviewing the data, it was found that the BMI before pregnancy was 15.7 kg/m², where the BMI results were below 18.5 kg/m², the minimum limit for pregnant women. Low BMI results can result in Chronic Energy Deficiency (CED) during pregnancy which begins with the "risk" event of CED. 57 Apart from BMI, it can also be seen from the mother's LiLA or Upper Arm Circumference which is less than 23.5 cm, while for Mrs. U her LiLA is 24.1. Mrs. U before pregnancy was 33 kg and at the prenatal care examination the mother's weight was 48 kg, judging from the mother's weight gain before and after pregnancy it was 15 kg. This is in accordance with the stated theory that pregnant women who are classified as thin before pregnancy are expected to achieve a weight gain of 12.5-18.0 kg at the end of pregnancy. 58 Mrs. U was underweight before pregnancy and has now gained 15 kg in weight until the end of pregnancy. Where according to the results of Rukmana's research (2014) there is a significant relationship between the increase in weight of pregnant women in protein and Fe energy intake and the weight of the baby who will be born later. 59

Labor

On January 29 2023, the mother came to TPMB Midwife I at 09.00 and said the water had not been coming out since 00.00. Then Mrs. U was examined using litmus paper and it was found that the litmus paper had changed color from red to blue. This is in accordance with the theory where There is a color change in the litmus if the membranes rupture, namely the litmus will change color from red to blue (base). 60 After that, monitoring of the progress of labor and preparation for referral is carried out.

Midwives and writers have also prepared for referrals such as being ready for the midwife, bringing the necessary delivery equipment, informing the family of the mother's latest condition and the reason why she was referred, giving a letter to the referral place containing (Identification of the mother, reason for referral, description of referral results, and medical care) medicines), bringing essential medicines needed for referral, preparing a good vehicle, reminding the family about sufficient funds, preparing potential blood donors from the family just in case. The referral process is carried out in accordance with theory and there are no gaps. 42 Mrs. U was referred to a hospital with BAKSOKUDA because there were indications, namely premature rupture of membranes that had been more than 12 hours and the mother was given antibiotics according to the doctor's advice.

The further intervention carried out at the hospital for Mrs. U was augmentation of drip oxytocin 5IU into dextrose 5% 500 ml, where this augmentation was to speed up the progress of labor after consultation and collaboration with the doctor. Giving an Oxytocin drip is an action to stimulate the frequency of contractions so that labor occurs. The distance from the first stage of the latent to active phase is 8 hours, this is supported by the provision of augmentation which speeds up labor.44

In the second stage, the mother felt the heartburn getting stronger and wanted to push. The mother also said that the heartburn she felt was more frequent than before, she saw pressure on the anus, the perineum protruded and the vulva opened. This is in

accordance with the theory of stage II.³² This theory states that the signs and symptoms of stage II are that the mother feels increased pressure on the rectum or vagina, the perineum protrudes, the vaginal vulva and anal sphincter open and the discharge of mucus mixed with blood increases. Mrs. U's second stage lasted 5 minutes from complete opening at 17.00 WIB, and the new baby was born spontaneously at 17.05. According to existing theory, the second stage lasts 1 hour in primi and ½ hour in multipara. ³² This is because oxytocin drip augmentation is given which makes the process of expelling the fetus faster.

The third stage begins after the baby is born, and awaits the birth of the placenta. ³² Therefore, stage III management is carried out. This condition is in accordance with the standard according to theory, namely that the third stage begins immediately after the birth of the baby and ends with the birth of the placenta which lasts no more than 30 minutes. ²⁹ After the birth of the baby, active management of the third stage is carried out to produce more effective uterine contractions so as to shorten the time, prevent bleeding, and reduce blood loss in the third stage of labor. ²⁹ According to the theory, giving oxytocin within one minute after the baby is born aims to increase uterine contractions, uterine contractions will narrow the placental area, because the uterus shrinks and its walls thicken several centimeters. ²⁹ Then, proceed with controlled umbilical cord tension (PTT) when there is a contraction. According to theory, PTT is carried out during contractions which aim to release the placenta and give birth to the placenta. This treatment has the effect of detaching and descending the placenta. Potential complications that occur are uterine inversion and partial retention of the placenta.²⁹

Stage IV starts from the moment the placenta is born until the first 2 hours after birth. This period is the most preventable period because it can cause maternal death due to bleeding. ²⁹ During the IV stage, monitoring is carried out according to APN, including observing vital signs, TFU, uterine contractions, bladder, and bleeding every 15 minutes in the first hour and every 30 minutes in the second hour, decontaminating the place and tools of delivery, explaining danger signs during the IV stage. Monitoring has been carried out and there are no problems. ²⁹

Postpartum

At 24 hours postpartum, the mother said she still felt sore from the stitches after giving birth. Then, the results of the mother's examination are TTV within normal limits, bleeding within normal limits, the mother can carry out early mobilization by walking to the bathroom to urinate, the mother can try to breastfeed her baby after joint care. According to the complaint that the mother said, the author carried out management in the form of providing counseling to the mother that the pain after the stitching was still felt, but this should not make the mother afraid. Apart from that, it also provides education on how to care for stitched wounds to prevent infection and provides education regarding food that can help the healing process of stitched wounds after giving birth. Apart from that, the mother was also given medication according to the doctor's advice in the form of Cefadroxil 500 mg 10 capsules 2x1, Paracetamol 500 mg 10 tablets 3x1, and Neo Blood Boost Tablets 10 tablets 1x1. This therapy is given to the mother and must be completed during the postpartum period. Giving antibiotics to postpartum mothers is recommended if there are indications at the time of delivery. ⁶² One of them is premature rupture of membranes because they are susceptible to infection which will result from the proliferation of microorganisms in body tissue, especially those that cause injury or damaged skin tissue. Then, the post-natal examination is the period needed for the womb's organs to recover as before pregnancy, which lasts 6 weeks. Postnatal complications are caused by the entry of germs into the genitalia during labor and after delivery. On this basis, the use of antibiotics in postpartum patients needs to be given

but must be under serious supervision. 63 So from what has been explained there is no gap between the case and theory.

At the next postpartum visit, namely postpartum 3 days (KF 2), the mother was re-examined, where the mother said there was still a little pain from the stitch marks, the mother was able to breastfeed her baby every 2 hours and the lactation process was going well, this was in accordance with the theory that the baby The average weight gain is 500 grams per month due to a good lactation process where babies breastfeed frequently, every 2-3 hours or 8-12 times a day. 64 Then, to check the rest pattern, the mother sleeps 8-9 hours but often wakes up at night because she has to breastfeed her baby. Therefore, good sleep pattern counseling is carried out during postpartum, in accordance with the theory that postpartum mothers have a minimum rest need of 8 hours of sleep a day, which can be done during the day too. During the day the mother can sleep when the baby is asleep so that the mother does not lack rest/sleep. This is because a lack of rest time for postpartum mothers can result in a lack of breast milk supply, slow down the uterine involution process, and cause inability to care for the baby and depression. 65 This situation is appropriate, there is no gap between case and theory.

After reviewing the subjective data, an objective examination was carried out where the mother's vital signs were found to be within normal limits. Then a breast examination was carried out, there were no lumps or breast swelling. This is in accordance with the theory that breast swelling can appear on the third to fourth day after delivery. 32 Then on abdominal examination it was found that the mother's TFU was 3 fingers below the center with strong uterine contractions, this is in accordance with the theory where the normal decrease in TFU is approximately 1-2 cm every 24 hours. 66 So there is no gap between theory and the case. After that, the genitalia were examined and there was discharge of lochea rubra. This is in accordance with Varney's theory, the release of secretions from the uterus during the puerperium after transition and continuing for the first two to three days post partum is called lochea rubra.67 So there is no gap between theory and cases.

On February 11 2023, a 12-day postpartum visit (KF 3) was carried out where the mother said there were no complaints and was able to carry out her normal activities. The author examines the lactation process, nutrition, hydration, elimination, rest and personal hygiene, there are no problems and it runs smoothly as usual. Then, when assessing the objective data, the vital signs were normal, there were no problems on other physical examinations, such as during the abdominal examination where the TFU was no longer palpable. This is in accordance with the theory that the decrease in the height of the mother's uterine fundus decreases by 1-2 cm in 24 hours. 67 On examination of the genitalia, discharge with a yellowish color is visible. This is in accordance with Varney's theory which has been put forward that lochea serosa is pale yellowish pink in color. 67. At this visit postpartum exercises were also carried out again with the same movements. Mother said she enjoyed doing postpartum exercises because it can relax the body and make the mother emotionally awake. What this mother said is in accordance with the aims and benefits of postpartum exercise that should be in the theory that has been put forward. 34 In addition, education is provided regarding family planning after the postpartum period.

The next postpartum visit examination is 30 Day Postpartum Care (KF 4) which will be carried out on February 28 2023 at the patient's home at 15.00. At this examination the mother said that there were no complaints or problems whatsoever. There were no problems with the mother's lactation process, nutrition, hydration, rest and personal hygiene. Then an objective data examination was carried out, it was found that the vital signs were normal, the breast examination had no swelling and the breast milk was flowing smoothly, there were no lumps, the TFU abdominal examination was

not palpable and was normal again, and on the genital examination there was a creamy white discharge. This is in accordance with the theory that in the 2 to 4 week period there is a discharge of lochea alba which is creamy white because it contains leukocytes and decidual cells. 67 Next, check the condition of the mother's perineal suture wounds, where the mother's sutures have no signs of infection and are dry and there are no abnormalities. This is in accordance with the theory that the stitched wound will begin to heal around 3-4 weeks after giving birth, and the wound in the stitched area will completely disappear after two months. 68 At this visit postpartum exercises were carried out with 5 movements as usual, and the mother was very enthusiastic about doing postpartum exercises because it can make the mother's body relaxed and fresh.

Newborn baby

The first visit for newborns is carried out at 24 hours of age (KN 1). Mrs. U said that the baby had no complaints and the mother was able to breastfeed after joint care was carried out. At this first visit, the baby was given Vit K, eye ointment, and HB-0 immunization. This is in accordance with the Minister of Health Regulation concerning Essential Neonatal Health Services Article 1 No 53.69 Vitamin K is a fat-soluble vitamin, which is a naphthoquinone which plays a role in modifying and activating several proteins which play a role in blood clotting.69 According to the Indonesian Pediatrician Association Newborn babies must be given eye ointment to avoid eye infections which are characterized by redness and pus in the eyes. 17 Giving HB-0 is required immediately after birth for up to 24 hours because hepatitis is very dangerous if exposed to newborn babies. 17 This is consistent with there being no gap between the theory and the cases listed.

The second visit was carried out at the age of 4 days (KN 2) on February 3 2023 at 12.00. From the assessment carried out by the mother, she said that the baby was able to breastfeed well every 2 hours on the left and right breasts and there were no problems with the elimination process and the baby's personal hygiene. After that, objective data was assessed on the baby and the results were good and the baby's umbilical cord was dry and loose. This is in accordance with the theory where the length of release of the umbilical cord is said to be fast if it is less than 5 days and normally 5-7 days, the slowest release is more than 7 days.17

The third visit was carried out at the age of 12 days (KN 3) which was carried out on February 11 2023 at 12.00. In the KN 3 assessment, the mother said the baby was breastfeeding smoothly, strongly and well. The baby breastfeeds every 2 hours on the left and right breast. Next, an objective data assessment was carried out where the objective data showed good and normal results, there were no danger signs for the newborn, and there were no signs of infection in the baby. According to the theory, a danger sign for a newborn is a condition or problem in the newborn that can result in the death of the baby. 17

CONCLUSION

The author provides midwifery care during pregnancy, during pregnancy several problems are found including young primigravids, CED, and pain in the lower abdomen which is included in the discomfort of the third trimester.

Childbirth care was not carried out by the reviewer because there was a complication, namely Premature Rupture of Membranes (PROM), which caused the patient to undergo oxytocin drip augmentation at the hospital.

The author provides postpartum midwifery care. The postpartum process went well and there were no problems during the postpartum period. The author also applied postpartum exercises to mothers starting from KF 2 to KF 4 and found that the evaluation of the mother's psychological condition had improved and the mother's involution process was going well.

The author provides midwifery care for newborns and conducts KN 1, KN 2, and KN 3 visits. During the newborn visits, data was obtained on the baby's weight gain of 70 grams over 12 days, then there was an increase in the baby's weight of 870 grams in 30 days. This is in accordance with the theory that the baby's gain is around 800 grams in 30 days.

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