

Case Study of Midwifery Care for Mrs. M G1P0A0 Pregnancy 31 to 39 Weeks, Labor and Newborns, Postpartum with CED, Neonates and Family Planning

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Abstract. Pregnancy is a natural process that every woman will experience. During pregnancy, pregnant women need to consume food sources of macro and micro energy. If the need for nutritional intake is inadequate during pregnancy, it can increase the risk of pregnant women experiencing CED or chronic energy deficiency. Chronic energy deficiency (CED) is a condition of malnutrition in which a person's nutritional status is poor due to a lack of food intake that lasts for a long time or is chronic, which can cause health problems such as the mother not gaining weight, being susceptible to anemia, postpartum bleeding. In providing services to patients, midwifery care is provided on an ongoing basis (Continuity of care) as well as presentation of midwifery care data using the SOAP documentation starting from pregnancy using the 10T examination, childbirth and BBL using delivery assistance according to the 60-step APN standard.. Postpartum uses standard postpartum maternal health (KF) services. Neonates use Neonatal Health Services (KN) standards, and contraceptive services use BKKBN standards. Handling this problem includes class activities for pregnant women. Through classes for pregnant women, it is hoped that there will be an increase in knowledge, changes in attitudes and behavior of mothers regarding pregnancy. In this activity, increased knowledge focuses on nutrition and counseling can be provided for pregnant women. Apart from that, efforts can be made to provide additional food (PMT), and encourage pregnant women to carry out regular antenatal care.

Keywords: Pregnancy, Continuity of care, CED.

1 INTRODUCTION

Pregnancy, childbirth, the postpartum period for newborns and the use of contraception can be risky if not monitored properly (Ashebir, W., & Tadesse, T., 2020). One of them comes from macronutrient deficiencies before or during pregnancy which is called Chronic Energy Deficiency (CED) (Mousa, A., Naqash, A., & Lim, S., 2019). Pregnant women are said to have Chronic Energy Deficiency (CED) if their LiLA is <23.5 cm, where the condition of pregnant women is experiencing malnutrition (calories and protein) which lasts for a long time and is chronic due to an imbalance in nutritional intake, so that the nutrients the body needs are not sufficient (R.Alfarisi et al, 2019). Therefore, it is very important for prospective pregnant women to maintain good nutritional status before entering pregnancy, for example not being malnourished (thin) and not having anemia, to ensure that the nutritional reserves of pregnant women are sufficient for the fetus's needs (E. Martiana, J et al, 2018).

Based on data sources from the 2022 Directorate General of Public Health Performance Report collected from 34 provinces, it is known that there are 283,833 pregnant women with Lila < 23.5 cm (CED risk) out of 3,249,503 pregnant women whose Lila was measured, so it is known that the achievement of pregnant women with KEK risk of 69.7% (cut off date 4 February 2022) while the target for 2021 is 14.5%. This condition illustrates that the achievement of the target for pregnant women with CED this year has exceeded the target of the Ministry of Health's Strategic Plan for 2021. Although the percentage of pregnant women with a risk of CED in 2021 has exceeded the target, the percentage of pregnant women with CED in East Java is 9.2%, which means it is still low. exceeded the target for 2021. In the Bangkalan area there are 1.4% of pregnant women who experience this, while in the Tanah Merah Bangkalan Madura area there are 557 pregnant women out of 1,500 according to (R.Kemenkes, 2022).

The impact of chronic lack of energy on childbirth: effects during labor such as difficult and long labor, premature labor, bleeding after labor, risk of birth by surgery (D.Oktadiningsih et al, 2019). Malnutrition can also result in difficult and prolonged labor, prematurity, bleeding after delivery, and can affect fetal growth, causing miscarriage, birth defects and low birth weight babies (Sairuroh, Zen Rahfiludin, & Irene Kartasurya, 2019) (S.Y Haryanti, DR and A Kartini, 2019).

The program effort carried out, namely the activity of providing nutritional supplements, is an effort that can be carried out in order to meet the lack of nutritional needs from daily food consumption which results in the emergence of health and nutritional problems in nutritionally vulnerable groups. One of the supplement programs implemented by the government is the provision of supplementary food (PMT) to pregnant women (Mason JB et al, 2012). Apart from that, the important thing that pregnant women must pay attention to is that the food they consume consists of rice, side dishes, vegetables, fruit and milk (E. Retnaningtyas et al, 2022).

To support all forms of government programs, the author carries out continuous care (continuity of care) so that a woman gets continuous services starting from monitoring the mother during pregnancy, childbirth, postpartum, newborns and family planning (Lowdermilk, D. L.2019). Handling this problem includes class activities for pregnant women. Through classes for pregnant women, it is hoped that there will be an increase in knowledge, changes in attitudes and behavior of mothers regarding pregnancy (Jariyah, A., & Hartati, S, 2022). In this activity, increased knowledge focuses on nutrition and counseling can be provided for pregnant women. Apart from that, efforts can be made to provide additional food (PMT), and encourage pregnant women to carry out regular antenatal care.

2 METHOD

In providing care using Continuity of Care, the data obtained comes from primary data sources and secondary data. The primary data source is a data source obtained directly from the client (a primigravida mother gestation age 28-40 weeks with KEK status). Primary data sources include interviews and observations, which will be carried out on third trimester pregnant women with KEK. Interviews and observations were carried out directly through the assessment process. Secondary data sources are data sources obtained indirectly from informants in the field. The data source is a cohort book in the work area of the health center, a KIA book related to the condition of primigravida mothers in the third trimester and KEK.

The data collection technique used in providing midwifery care is by taking anamnesis on clients/patients directly or indirectly through other people which is carried out systematically at each visit and direct observation is carried out, namely by physical examination (inspection, palpation, auscultation, percussion and laboratory).

The analysis used in this care is to determine the diagnosis and problem. The diagnosis is made based on obstetric nomenclature obtained from the results of data interpretation and problems based on complaints that are considered to interfere with the mother's activities.

3 RESULT AND DISCUSSION

The results of the initial examination were obtained by Mrs. M G1P0A0 gestational age 31-32 weeks, with chronic energy deficiency (CED). Fetus, single, live, intrauterine. Mothers are advised to increase their diet which contains high calories and protein every day in addition to actively spending PMT from the nutrition program so that LILA increases and the condition of CED improves. This is in accordance with the opinion of Setyowati, who stated that giving PMT that is high in calories and high in protein can significantly increase the weight of pregnant women with CED. Fulfillment of adequate nutrition during the pregnancy process will affect the condition of the fetus in its growth and development during pregnancy (A. Setyowati et al, 2022). Pregnancy services were carried out 3 times. At the first visit the

mother did not complain. At the second visit the mother complained of frequent urination and low back pain. This is in accordance with Widatiningsih's opinion which states that frequent urination and back pain are physiological discomforts that occur in the third trimester (S. Widaningsih et al, 2017). Complaints can be resolved by providing HE by suggesting reducing tiring work and improving body posture. At the third visit, the mother complained of frequent urination. During the third trimester of pregnancy, this is physiological or normal because the fetus is getting bigger, putting pressure on the bladder and this causes the mother to experience frequent urination (IP Damayanti, 2019). Complaints can be resolved by giving HE to reduce drinks containing caffeine and reduce drinking at night (E.Gusti, 2017).

In stages I to IV there are no problems and labor proceeds normally. The second stage, delivery assistance is carried out according to the APN standard of 60 steps. The baby was born spontaneously, cried loudly and was active, male, weighing 3900 grams and body length 50 cm. IMD was successful after \pm 45 minutes.

At the first postpartum visit, he complained of stomach ache and stitching pain. This is in accordance with the opinion of sulistyowati, et al (2015) who stated that complaints of stomach ache/after pain are the result of uterine contractions which are sometimes very disturbing, usually lasting 2-3 days postpartum (Hafifa et al, 2020). The opinion of Susilawati & Ilda (2019) states that warm compresses can provide a feeling of warmth which aims to provide a feeling of comfort, overcome pain, reduce or prevent muscle spasms and provide a feeling of warmth in certain areas. Apart from warm compresses, cold compresses can be applied to help comfort postpartum mothers to reduce pain (E. Susilawati et al, 2019). At the second to last postpartum visit, there were no complaints.

At the first to last neonatal visit, there were no complaints and the baby experienced an increase in weight of 400g. This weight gain in neonates is normal because the baby feeds on breast milk and breast milk contains substances that the baby needs during its growth period. This is in accordance with the opinion of Fatimah (2014) that breast milk is the best food for babies because it is needed for the baby's health and supports optimal growth and development of the baby (HR Kumala and W. Purnomo, 2019). Children who receive adequate nutritional intake will be able to support normal growth (De Onis, M, 2017). By giving exclusive breast milk, it will be able to support the normal growth of the baby, both increasing weight and height, because breast milk contains substances that the baby needs during its growth period (Martin CR, et al., 2016).

Midwifery care for family planning is carried out according to standards. The mother will choose the 3-month injectable birth control contraceptive because it will not interfere with her milk production during breastfeeding (Nurjanah, S.,et al, 2022). For mothers who are breastfeeding, it is recommended to use contraception that contains the hormone progestin. One of them is a 3-month injectable contraceptive, if it only contains the hormone progestin then there is no impact on breast milk volume (Ballard O et al, 2013). For mothers who are breastfeeding, it is not recommended to use birth control that contains estrogen or estradiol cypionate because this can reduce the amount of breast milk produced, thereby inhibiting the smooth flow of breast milk during the lactation periode (ECS Bingan, 2019) .

4 CONCLUSION

The aim of this review is that midwifery care is carried out from the third trimester of pregnancy at the first to third visits. The complaints experienced by the mother are resolved without complications. In the first stage. In stages I to IV there are no complications and it goes well. Postpartum complaints from the first visit to the third visit were resolved without any complications for the mother. At the neonatal visit, 3 visits were carried out according to standards, there was an increase in body weight and no complications were found in the baby. In family planning, the mother chose 3-month injectable birth control and agreed to it. Based on the data above, mothers are expected to continue to carry out the midwife's recommendations, officers will continue to provide services according to standards so that abnormalities can be detected early so that treatment can be carried out quickly and precisely.

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