Case Study of Midwifery Care in Mrs.M GIIIP2A0 Trimester III with Pregnancy Distances ≥ 10 Years, Labor, New Born, Postpatum, Neonates and Contraceptive Services in a Continuity of Care at PMB "SI" Working Area Klampis PUSKESMAS

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Abstract. Pregnancy is a physiological thing, in multigravida the third trimester is often called the waiting or alert period because during this period the mother feels impatient waiting for her baby to be born at any time, but there are several situations that can pose a risk to pregnancy which are called risk factors. One of the risk factors in pregnancy is too far between pregnancies. For multigravida mothers, the physiological pregnancy distance should not be ≥ 10 years or < 2 years from the birth of the first child. This is because in mothers with a birth interval of ≥ 10 years, it is as if the mother is facing her first pregnancy and birth again. The method of midwifery care provided is by providing midwifery care with continuity of care starting from the third trimester of pregnancy, childbirth and BBL, postpartum, neonate and contraceptive services. Midwifery care that has been provided with continuity of care starting from the pregnancy period to contraceptive services has been carried out well and is running normally.

Keywords : Multigravida, Pregnancy Distance, Risk Factors, Midwifery Care

1 INTRODUCTION

Pregnancy is a physiological thing, in multigravida the third trimester is often called the waiting or alert period because during this period the mother feels impatient waiting for the arrival of her baby who will be born at any time, but there are several situations that can pose a risk to pregnancy which are called risk factors (Soma-Pillay P, 2016). One of the risk factors in pregnancy is too far between pregnancies (S. Widiatiningsih and C. Hinayah, 2017). Determining the spacing of pregnancies is one way to determine how much distance to plan between one pregnancy and another (U. Laili and Masruroh, 2018). For multigravida mothers, the physiological pregnancy distance should not be ≥ 10 years or < 2 years from the birth of the first child. This is because in mothers with a birth interval of ≥ 10 years, it is as if the mother is facing her first birth again (Tesema GA, Worku MG, Teshale AB, 2021).

Based on the 2018 Basic Health Research, the high risk pregnancy group in Indonesia in 2017 reached 44.2%, and in 2018 it reached 48.9%. The number of high-risk pregnant women in East Java Province in 2017 reached 22.4% and in 2018 reached 26.8% [3].Based on the Indonesian demographic and health survey, the number of high-risk pregnancies in Bangkalan district in 2017 was caused by a longer gestational age gap From 10 years of 3.2% (Kemenkes, 2017).

The causative factor for pregnancies that are too far apart is that the family planning (KB) program that was discussed with the husband failed due to negligent use of contraception resulting in an unintentional pregnancy process, and it could even be influenced by the mother's unpreparedness for experiencing another pregnancy, so she decided to prevent it pregnancy (Stephenson R et al, 2008). Pregnancies that are too far apart in pregnant women can cause potential problems for both mother and baby. Potential problems that can occur in the mother include labor that may not go smoothly which can be caused by the mother's strength and HIS abnormalities, this is because in this case the mother seems to have returned to her first birth again, postpartum bleeding which can be caused by the uterine muscles. which is too weak in the involution process, and can increase maternal diseases such as hypertension and pre-eclampsia. Meanwhile, problems that can occur in babies are Intra Uterine Growth Restriction (IUGR) and prematurity (Aucott S et al, 2004).

Based on the incidents that have been described, it is very important for midwives as health workers to provide continuous care (Continuity of Care). Continuity of Care is carried out from pregnancy, childbirth, newborns, postpartum period until the mother receives contraceptive services. This midwifery care aims to detect as early as possible any complications in pregnant women

2 RESULT

Midwifery care for Mrs. M GIIIP2A0 was carried out 3 times. At the first visit at 33 weeks of gestation, the mother complained of lower abdominal pain. The KSPR value is 6. preeclampsia screening: the mother is at risk of preeclampsia (multiparous with a previous pregnancy interval of >10 years and MAP ≥ 90 mmHg) and the mother has a problem with weight gain exceeding normal limits. GIIIP2A0 with high risk (pregnancy interval ≥ 10 years) gestational age 33 weeks, single fetus, live, intrauterine, head position, risk of preeclampsia with the problem that occurs is weight gain above normal (increase of 17 kilograms). The care provided is providing counseling regarding the signs of preeclampsia and how to prevent it, encouraging mothers to maintain nutritional patterns and maintain body posture. The second visit at 34-35 weeks of gestation showed that the mother's complaints of lower abdominal pain had decreased, the results of the examination of the condition of the mother and fetus were good, the weight remained constant (91 kilograms), the MAP was negative and the vital signs were within normal limits. GIIIP2A0 with high risk (pregnancy interval ≥ 10 years) gestational age 34-35 weeks, single fetus, live, intrauterine, head position. At the third visit, at 36-37 weeks of gestation, the mother felt anxious and worried before the delivery process and the MAP was positive (90 mmHg). GIIIP2A0 with high risk (pregnancy interval ≥ 10 years) gestational age 36-37 weeks, single fetus, live, intrauterine, head position, risk of preeclampsia with maternal problems

feeling anxious.The care provided is providing counseling to the mother regarding the signs of labor.

Labor begins at 39-40 weeks of gestation. During the first to fourth stages of labor, the process was normal without complications, the care provided was birth assistance in accordance with the 60-step APN standard and documentation was recorded on the partograph sheet. The baby was born spontaneously, female, weight 3900 grams, body length 50 cm, the results of the newborn examination were within normal limits and there were no abnormalities.

Postpartum visits were carried out 4 times, at the first visit the mother complained that her stomach felt heartburn. The care given was to encourage the mother to mobilize early and compress with warm and cold water. At the second to fourth postpartum visits, no problems were found, the care provided was by teaching the mother to do postpartum exercises, breast care, reminding the mother to continue breastfeeding her baby with exclusive breast milk and maintaining nutrition and personal hygiene.

Neonatal visits were carried out 3 times, on the second neonatal visit it was found that the baby had prickly heat. The care given was by telling the mother to maintain the baby's personal hygiene, providing clothing that absorbs sweat and is comfortable to wear and telling the mother to continue using powder and soap. midwife.

In contraceptive services, care is carried out according to standards, the results of assessments, examinations, screening (the mother's condition is normal), the mother is given counseling regarding the contraception she chooses, informed consent, and the mother chooses to use a 3-month injectable contraceptive because it does not interfere with breast milk production with the status of the mother breastfeeding her baby. exclusively.

3 DISCUSSION

The results of the assessment at the first visit, the mother complained of lower abdominal pain. Complaints of abdominal pain experienced by mothers are a physiological thing experienced by pregnant women in the third trimester, this is caused by the increasing enlargement of the uterus so that it comes out of the pelvic cavity into the abdominal cavity which causes discomfort in the lower abdomen (Fitriani, 2022; Zachariah SK et al, 2019). The midwifery care provided to reduce complaints of pain experienced by mothers is providing counseling to overcome this discomfort with body mechanics such as squatting and teaching good body position with the mother remaining upright when sitting or walking. By providing this counseling, it is hoped that the mother will be able to apply what the midwife has said so that she can reduce the complaints she feels. This is in accordance with the opinion of Widatiningsih, (2017) who states that to overcome complaints of lower abdominal pain what can be done is that the mother can avoid standing suddenly, do a squatting position and teach good body position with the mother remaining upright when sitting or sitting. walk. So in this case there is no gap between facts and theory. The results of the anthropometric examination showed that her height was: 158 cm, weight before pregnancy: 74 kg, weight after pregnancy: 91 kg, body mass index before pregnancy: 29.71 kg/m2. Mrs. M's BMI before pregnancy was included in the overweight

category, so the recommended weight gain during pregnancy is 7-11.5 kg [4]. However, the increase in BB that occurred in Mrs. M is 17 kg. Weight gain that exceeds normal limits is caused by nutritional patterns that prefer to consume fatty and sweet foods as well as the mother's job selling food, so it does not rule out the possibility that the mother's eating pattern will become irregular. This is in accordance with the opinion of Heryanto, (2021) who states that excessive weight gain of pregnant women is caused by economic conditions, an environment that is used to consuming certain foods so that it becomes a habit and the enjoyment of food causes mothers to consume food with a poor diet. Good. Midwifery care provided to prevent complications is by providing counseling to mothers to avoid eating foods that contain a lot of fat, especially saturated fat. Saturated fat can make it easier for fat globules to stick to the walls of blood vessels. Apart from that, reduce excessive carbohydrate consumption so that your body weight can be in a normal position. Pregnant women must have a good diet and physical activity. Beneficial physical activity such as light exercise can control body weight by burning calories (Jovanka, 2020; Cox CE, 2017)) At the second antenatal care visit, it was found that the mother's complaints of lower abdominal pain had reduced and the examination results were within normal limits. At the third antenatal care visit the mother felt worried about the approaching delivery. This situation is due to a high risk pregnancy (age of the last child ≥ 10 years) causing the mother to feel like she is pregnant with her first child again. This worry occurs because the pregnancy she is experiencing is an experience that has not been experienced for a long time so that the mother has forgotten the experience of the previous pregnancy and ignorance is a supporting factor. the occurrence of anxiety (Septiana, 2020; Munkhondya BMJ, 2020).

At 39-40 weeks of pregnancy with high risk (distance between last child ≥ 10 years), the mother complains that her stomach feels tight and mucus mixed with blood comes out of the birth canal. This is normal due to uterine contractions, causing the cervix to open and changes in the cervix which cause the blood capillaries to break. This is in accordance with the opinion of the Ministry of Health, (2021) in the book Maternal and Child Health that the signs of labor are the onset of uterine contractions, thinning and opening of the cervix, discharge of blood mucus and amniotic fluid from the birth canal. The active phase of the first stage of labor lasted for 2 hours, the hyssis was adequate, the FHR was normal, and there were no complications. This condition is not in accordance with the theory of Lubis, (2019) which states that multiparous mothers with birth intervals of ≥10 years are at risk of experiencing prolonged labor during the first stage due to inadequate hyssis and slow opening. This can happen because the care given to the mother is appropriate, such as telling the mother to eat and drink, mobilizing regularly and emptying the bladder so as not to interfere with contractions (Rohmah, 2022). In the second stage, the mother was able to push well, the baby was born after 30 minutes of leadership and there were no complications during the second stage. This situation is not in accordance with the opinion of Ardhiyanti, (2016) who states that mothers with a distance between their last child of ≥ 10 years are at risk of experiencing long labor due to the mother's lack of pushing strength and inadequate maternal strength so that the mother pushes for more than an hour and the baby cannot born with the mother's own energy through the birth canal . This can happen because during preparation for childbirth the mother's nutritional needs are met properly so that the mother's labor force is good, the

mother's elimination needs are met so that the mother's contractions are adequate, choosing the right and comfortable menstrual position, namely half sitting, can provide a feeling of comfort and accelerate the descent of the lower part of the fetus. as well as proper delivery techniques and guidance on delivery can speed up the descent of the fetal head. In the third stage, the mother complained that her stomach still felt heartburn. The heartburn felt by the mother occurs due to an increase in the hormone oxytocin to release the placenta. This situation is in line with Marmi's theory (2016) that the third stage starts from the time the baby is born until the placenta is born. After the baby is born, the uterus feels globular and will contract to release the placenta and stop bleeding. These uterine contractions are what cause heartburn. The fourth stage progressed normally and no complications occurred.

The baby was born 30 minutes after the birth was carried out. The baby cries strongly, moves actively, female. The baby was born weighing 3900 grams, different from the estimated baby weight of 3255 grams. This could happen because the mother's position when the TFU measurement was carried out was inaccurate and there were errors in the measurement. This is in accordance with Maternity theory, (2018) that the difference between the formula for calculating the estimated fetal weight and the birth weight of the baby using the Johnson method is 200-900 grams, this can occur because different positions when measurements are taken affect the results of measuring the height of the uterine fundus.

At her first postpartum visit. M complained that his stomach still felt sick. The heartburn experienced by Mrs. M is a physiological thing because this heartburn occurs due to the process of uterine contractions to return the shape of the uterus to how it was before pregnancy. This is in accordance with the opinion of Sulistyawati, (2015) that heartburn that occurs is physiological due to a decrease in the hormon estrogen and progesterone and an increase in the hormone oxytocin released from the pituitary gland, thus strengthening and regulating uterine contractions. Uterine contractions will reduce the blood supply to the uterus, besides that the breastfeeding process also increases pain because it stimulates uterine contractions. The care provided is to encourage the mother to mobilize and compress the stomach using warm and cold water to provide comfort and reduce pain (Karaca I et al, 2019). At the second to fourth postpartum visits, the mother had no complaints, the examination results and the involution process were normal.

At the first neonatal visit, there were no complaints, physical examination found no abnormalities and vital signs were within normal limits. Babies drink breast milk on demand. At the second neonatal visit, red spots were found on the baby's head. The presence of red spots is caused by wearing a hat during the day in hot weather. This is in accordance with the opinion of Tando, (2016) that the causes of prickly heat are poor personal hygiene, poor room ventilation so that the air in the room becomes hot or humid, baby clothes that are too thick, tight and warm so they cannot absorbs sweat and causes body temperature to increase. The midwifery care provided is to advise the mother to maintain her baby's personal hygiene, put the baby in a cool place and wear the baby in clothes that absorb sweat and tell the mother to continue using soap and powder from the midwife to reduce prickly heat (Luvilla, 2019). At the third neonatal visit, the examination results were normal and the baby's weight was 4,700 grams. Weight gain in neonates is normal because the nutritional pattern of babies who

frequently breastfeed and babies who receive exclusive breast milk can cause weight gain (Ebina S, Kashiwakura I, 2013).

At the last postpartum visit, the mother is advised to immediately determine which contraceptive method to use. Based on the results of the anamnesis, it was found that the mother wanted to plan to use injectable contraception for 3 months and the mother was breastfeeding her baby directly on demand without additional formula milk or other additional food. Using 3-month injectable contraception is the right choice for Mrs. M because 3-month injectable contraception does not interfere with breast milk production so it is suitable for mothers who are breastfeeding. The 3-month injectable contraceptive only contains 150 mg of Depo Medroxyprogesterone Acetate (DMPA), which means it only contains the hormone progestin. If it only contains the hormone progestin, contraceptive use will not have an impact on breast milk production. So it was found that there were no negative effects on breastfeeding babies from mothers who received 3-month injectable contraception (Bingan, 2019)

4 CONCLUSION

Midwifery care that has been provided in continuity of care from the pregnancy period to contraceptive services has been carried out well and is running normally. Problems that occurred during pregnancy and the choice of contraception were resolved well and no complications occurred during pregnancy and contraceptive services. Based on the data above, mothers are expected to continue to implement the midwife's recommendations, staff continue to provide services according to standards so that abnormalities are identified early so that treatment can be carried out quickly and appropriately.

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