

# CASE STUDY OF PREGNANT WOMEN, LABOR AND NEW BORN, POSTPARTUM, NEONATES, AND FAMILY PLANNING

Sri Wulandari Agustin.MS<sup>1(CA)</sup>, Rodiyatun<sup>2</sup>, Esyuananik<sup>3</sup>, Siti Annisak<sup>4</sup>

1234 Department of Health Polytechnic Surabaya  
Email: agswulan78@gmail.com

**Abstract.** Pregnancy and childbirth that occurs more than once is called multigravida. Multigravidas entering the third trimester can experience changes that cause discomfort such as frequent urination, constipation, leg cramps, heartburn, shortness of breath, low back pain, and fatigue. This condition requires continuous care (Continuity Of Care). The goal of ongoing care is to manage discomfort and detect problems early and prevent complications. In providing services to patients, midwifery care is provided continuously (Continuity of care) as well as presenting data on midwifery care using SOAP documentation starting from pregnancy using 10T examination, delivery and BBL. The postpartum period uses standard postpartum maternal health services (KF). 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 mothers' attitudes and behavior regarding pregnancy. In this activity, knowledge of nutrition focus can be increased and counseling can be provided to pregnant women. Fe tablets and encourage pregnant women to carry out regular pregnancy checks.

**Keywords :** Mutigravida, Pregnancy, Continuity of Care

## 1 INTRODUCTION

Pregnancy is basically a natural (physiological) process, but under certain conditions it can turn pathological, if not handled properly it can result in an emergency that threatens the lives of the mother and fetus (Noorbaya, S et al., 2017). So women who are pregnant must be prepared to face all conditions that will occur during their pregnancy, both primigravida and multigravida. For multigravidas (women who are pregnant for the second time and/or up to 4 times) this is an experience they experience, if the previous pregnancy was good and enjoyable, then the next pregnancy will be greeted with feelings of happiness too (Thomson, G., & Downe, S, 2016).

Complaints of discomfort experienced by multigravida Trimester often urinate 73%, sometimes have difficulty sleeping 42.90%, feel low back pain 46%, constipation 34.9%, cramps in the legs 33.3%, heartburn 31.1%, shortness of breath breathing 29.3% and other discomforts, sometimes pregnant women get tired easily 46% (Wulandari & Mantini, 2021).

Discomfort in pregnant women is physiological, but if the discomfort is left unchecked it will have further impacts both physically and psychologically on the mother and fetus (Viandika, N., & Septiasari, R. M, 2021). Physically, the mother will feel ongoing pain and this will have an impact on the mother's activity pattern because of the pain felt in her lower abdomen, as well as disruption to the mother's rest pattern

because of the cramps that are always felt when the mother sleeps (Hailemeskel, S et al., 2022). Psychologically, the mother will also feel uncomfortable and think that the pregnancy is very difficult to go through so that the mother feels uncomfortable about her pregnancy (Natalia & Handayani, 2022).

Efforts to overcome discomfort in third trimester multigravid mothers require ongoing care which aims to detect problems early so that prevention and treatment can be carried out early to avoid complications during pregnancy, the postpartum period and caring for newborns (Hidayah, N et al., 2022). Providing Antenatal Care (ANC) services, which are carried out during pregnancy as an effort to early prevent risk factors that occur during pregnancy (See, S. Y et al., 2020) (Sirait, S et al., 2022). Antenatal Care (ANC) is a health service for pregnant women and their fetuses, including pregnancy checks according to service standards (Rahman, 2017). Make a minimum of six Antenatal Care visits, namely: twice in the first trimester, once in the second trimester, and three times in the third trimester. A doctor should check at least twice at the first visit in the first trimester and at the fifth visit in the third trimester (Kemenkes RI, 2020) (Hailemeskel, S et al., 2021).

By implementing continuous services, it is hoped that mothers will be able to undergo pregnancy, childbirth, the postpartum period, the neonatal period and decide to use contraception without complications, thereby reducing the risk of death for the mother and baby. The purpose The goal of continuous care is to relieve discomfort and detect problems early and prevent complications. Based on the scope of care will be given to Mrs. W G2P1A0 starting from TM III pregnancy, childbirth and BBL, postpartum, neonates, to contraception services.

## **2 METHODS**

The method of care through case studies on Mrs. "W" G2P10001 by providing integrated ANC care, childbirth and newborns, postpartum, neonates, and contraceptive services at PMB "S" Klampis, Bangkalan Regency which was carried out in October 2022 - January 2023. Data was obtained from primary data, namely patients and sources secondary to the KIA book, the data collection techniques used consist of anamnesis, observation, documentation study. Analysis and determination of diagnosis based on obstetric nomenclature. Overall, the care process is presented in the form of SOAP documentation.

## **3 RESULT AND DISCUSSION**

The examination results showed a diagnosis of G2P1A0H1, gestational age 32-33 weeks, single fetus, alive, intrauterine, head presentation. Care to overcome complaints of back pain felt by mothers is, continuing to consume Fe, providing IEC regarding nutrition, rest, personal hygiene, and scheduling re-controls in 2 weeks or when there are complaints.

According to Widatiningsih (2017) low back pain that occurs in the third trimester is physiological because this condition is caused by an enlarged uterus which can result in muscle tension, fatigue, a bent body position when lifting objects, increased hormone levels causing the cartilage in large joints to become soft, and the position of the spine is hyperlordosis or the back arch occurs which results in stretching of the back muscles

and causes pain (Widatiningsih, 2017). At the second visit the mother complained of occasional abdominal pain. G2P1A0H1 analysis gestational age 34 weeks Single fetus, alive, intrauterine, cephalic presentation (Naibaho, B. U et al., 2022). The care provided is explaining the causes and how to deal with complaints of lower abdominal pain, reminding you to keep taking Fe 10 tablets (60 mg) 1x1, and encouraging the mother to make repeat visits.

Irianti (2014) states that lower abdominal pain occurs because the mother's uterus is expanding and the fetal head is pressing during pregnancy, putting pressure on the surrounding muscles and ligaments. Apart from that, the mother's round ligament muscles will also often experience cramps when they are stretched (Boyle, S et al., 2016). When this happens, the mother will feel a dull pain in the lower abdomen, or a sharp pain like being stabbed. The pain factor felt by the mother is aggravated by excessive activity (Irianti, 2014). At the third visit the mother complained of frequent urination. Analysis of G2P1A0H1 UK 35-36 weeks, Single fetus, live, intrauterine, cephalic presentation (Hailemeskel, S et al., 2022). The care provided is explaining the causes and how to deal with complaints of frequent urination, reminding the mother about the signs of labor, explaining preparations for childbirth and encouraging the mother to make a return visit in 3 days or when there are complaints (Ajinkya, S et al., 2013).

The Ministry of Health (2016) stated that complaints of frequent urination are often experienced by pregnant women in the first and third trimesters, only the frequency is more frequent in pregnant women in the third trimester. Frequent urination is caused by an enlarged uterus which is caused by the lower part of the fetus lowering, thereby pressing on the bladder (Agustina, R et al., 2023). Apart from that, frequent urination is also associated with sodium excretion which increases physiological changes in the kidneys so that urine production increases (Hauck, Y et al., 2020). So pregnant women are advised to reduce drinking at night and limit drinks that contain diuretics such as tea, coffee, cola with coffee (Kemenkes RI, 2016).

Labor begins at 39-40 weeks of gestation. Starting from stage 1 of the active phase of 5 cm dilation, the mother was advised to give birth at the first health facility, namely the community health center, but the mother refused to give birth at the community health center because she felt safe giving birth at PBM "S" since her first child. In the second stage, the mother feels like she is going to defecate due to pressure on the rectum. Care according to APN standards 60 steps. The duration of the second stage is within normal limits, namely complete opening so that the baby is born within  $\pm$  20 minutes with adequate hyssis.

At the first visit (6 hours postpartum) the mother felt stomach ache until the second visit but it did not interfere with her activities and experienced pain in the stitching wound. According to Rukiyah's theory, A.Y. (2015) said that the cause of complaints of abdominal pain (after pain) felt by mothers is physiological in the process of returning the uterus to its original shape (uterine involution), so that it eventually returns to the way it was before pregnancy (Rukiyah & Yulianti, 2021). The care provided is explaining the results of the examination, giving HE to the mother about the heartburn she is experiencing, teaching the mother how to assess uterine tone and bleeding, explaining the danger signs during the postpartum period, encouraging the mother to fulfill nutrition and rest during the postpartum period. On the third and fourth visits the mother had no complaints.

During the neonatal period 3 visits were made, at the first visit no complaints were found. The care provided maintains the warmth of the baby, recommends giving exclusive breast milk until the age of 6 months without giving additional food, carrying out umbilical cord care, explaining to the mother the danger signs of a newborn, namely high fever/fever, the baby not wanting to suckle, the skin looking blue, and bleeding occurs in the nose / skin / bowel movements. In accordance with the theory according to the Indonesian Ministry of Health (2016) bonding between mother and baby is needed to improve the relationship between mother and baby. This process can occur if the mother and baby are cared for together in one room for 24 hours. Newborn babies tend to be at risk of hypothermia because babies cannot regulate their body temperature so they get cold quickly, so babies need to be covered with warm cloth (Kemenkes RI, 2016).

Based on the results of the examination, the mother chose to use 3-month injectable birth control because the mother had previously used this contraceptive method, there were no problems/complaints during use, she only experienced the side effect of not menstruating. The analysis obtained was P2A0H2 for 3-month injectable contraceptive acceptors.

The care provided explains to the mother the results of the examination that the mother's condition is normal and the mother can use 3-month injectable birth control contraception, provides special counseling about the 3-month injection contraceptive method, provides informed consent for the use of the contraceptive method according to the mother's choice and schedules the mother for a repeat visit. BKKBN (2013) states that 3-month injectable birth control is safe for breastfeeding mothers and can last up to 8-13 weeks. This method is very effective, safe, and can be used by all women of reproductive age. DMPA (Depo Medroxy progesterone Acetate) or Depo Provera, given once every 3 months at a dose of 150 mg. It is injected intramuscularly in the buttock area and is recommended to be given no more than 12 weeks after the last injection (BKKBN, 2013).

#### **4 CONCLUSION**

The aim of this review The care given to patients from pregnancy to contraceptive selection runs well and normally and problems can be resolved. Continuous midwifery care is carried out in accordance with midwifery care standards and is supported by running programs such as home visits, classes for pregnant women to detect early complications that occur in the mother so that early treatment can be carried out if complications occur.improve services according to standards so that they are able to detect early complications that can harm mothers and babies even during the Covid-19 pandemic by fulfilling established health protocols.

#### **5 REFERENCES**

- Agustina, R., Anggriani, Y., & Primadevi, I. (2023). The provision of complementary therapy on the intensity of pain reduction in childbirth. *Jurnal Aisyah: Jurnal Ilmu Kesehatan*, 8(S1), 273-276.
- Ajinkya, S., Jadhav, P. R., & Srivastava, N. N. (2013). Depression during pregnancy: Prevalence and obstetric risk factors among pregnant women attending a tertiary care hospital in Navi Mumbai. *Industrial psychiatry journal*, 22(1), 37.

- BKKBN. ( 2013). *Situasi Keluarga Berencana di Inonesia*. Jakarta : Kementerian Kesehatan RI,
- Boyle, S., Thomas, H., & Brooks, F. (2016). Women' s views on partnership working with midwives during pregnancy and childbirth. *Midwifery*, 32, 21-29.
- Hailemeskel, S., Alemu, K., Christensson, K., Tesfahun, E., & Lindgren, H. (2022). Midwife-led continuity of care improved maternal and neonatal health outcomes in north Shoa zone, Amhara regional state, Ethiopia: A quasi-experimental study. *Women and Birth*, 35(4), 340-348.
- Hailemeskel, S., Alemu, K., Christensson, K., Tesfahun, E., & Lindgren, H. (2021). Evaluation of an Amharic-Language translation of continuity of care satisfaction tool among postnatal mothers in Ethiopia.
- Hailemeskel, S., Alemu, K., Christensson, K., Tesfahun, E., & Lindgren, H. (2022). Midwife-led continuity of care increases women's satisfaction with antenatal, intrapartum, and postpartum care: North Shoa, Amhara regional state, Ethiopia: A quasi-experimental study. *Women and Birth*, 35(6), 553-562.
- Hauck, Y., Nathan, E., Ball, C., Hutchinson, M., Somerville, S., Hornbuckle, J., & Doherty, D. (2020). Women's reasons and perceptions around planning a homebirth with a registered midwife in Western Australia. *Women and Birth*, 33(1), e39-e47.
- Hidayah, N., Sari, T. P., & Dewi, W. P. (2022). The Effectiveness of OSOC (One Student One Client) to Reduce Anxiety of Third Trimester Mothers in Facing Childbirth and Breastfeeding Practices in the Era of the Covid-19 Pandemic. *Journal of Sexual and Reproductive Health Sciences*, 1(2), 43-50.
- Irianti, Bayu et al. (2014). *Asuhan Kehamilan Berbasis Bukti*. Jakarta : Sagung Seto.
- Kemenkes RI. (2020). *Buku Kesehatan Ibu dan Anak* . Jakarta : Kementerian Kesehatan RI.
- Kemenkes RI. *Asuhan Kebidanan Kehamilan* . Jakarta : Kementerian Kesehatan RI, 2016.
- Kemenkes RI (2016). *Asuhan Kebidanan Persalinan dan Bayi Baru Lahir*. Jakarta : Kementerian Kesehatan RI.
- Naibaho, B. U., Fitriani, A., Ar, E. Y., Fitri, E. G., Yun, D. C., & Suyanti, N. (2022). Asuhan Kebidanan Continuity Of Care (COC) Pada Ibu Hamil, Bersalin Dengan Letak Sungsang, Bayi Baru Lahir, Nifas, Dan KB Pada Ny. A Di BPM Irma Silaban Naibaho Kecamatan Patumbak Kabupaten Beli Serdang Tahun 2022. *Medihealth: Jurnal Ilmu Kesehatan dan Sains*, 2(1), 91-97.
- Natalia, Lisa and Handayani, Inan (2022). Kehamilan Ketidaknyamanan Trimester III : Sebuah Laporan Kasus Asuhan Kehamilan. Bandung : Poltekkes Bandung, Desember Kesehatan Siliwangi, p. 303.
- Noorbaya, S., Utami, P. B., & Mayangsari, R. N. (2017). A Comprehensive Study of Midwifery Care (Continuity of Care) in Mandiri Midwife Practices with APN's Standard-Based (Normal Delivery Care) Samarinda Year 2017. In *International Journal of Scientefic Conference and Call for Papers* (p. 140).
- Rukiyah, Ai Yeyeh and Yulianti, Lia. (2021). *Asuhan Kebidanan Kehamilan Berdasarkan Kurikulum Berbasis Kompetensi*. Jakarta : CV. Trans Media.
- Rahman, Fasiha.(2017). Hubungan Pengetahuan Dan Sikap Ibu Hamil Terhadap Pentingnya Pemeriksaan Anenatal Care Di Puskesmas Namtabung Kec. Selaru Kabupaten Maluku Tenggara Barat., *Global Health Science*, pp. 64-69.

- See, S. Y., Blecher, G. E., Craig, S. S., & Egerton-Warburton, D. (2020). Expectations and experiences of women presenting to emergency departments with early pregnancy bleeding. *Emergency Medicine Australasia*, 32(2), 281-287.
- Sirait, S., Diana, E., Situmorang, R., Pasaribu, U. Y., Barus, N. B., & Manurung, B. (2022). Asuhan Kebidanan Continuity Of Care (COC) Pada Ibu Hamil, Bersalin, Nifas Dengan Plasenta Rest, Bayi Baru Lahir Dan Keluarga Berencana Pada Ny. K Di BPM Sartika Manurung Kecamatan Medan Johor Kota Medan Provinsi Sumatera Utara Tahun 2022. *Medihealth: Jurnal Ilmu Kesehatan dan Sains*, 2(1), 52-60.
- Thomson, G., & Downe, S. (2016). Emotions and support needs following a distressing birth: Scoping study with pregnant multigravida women in North-West England. *Midwifery*, 40, 32-39.
- Viandika, N., & Septiasari, R. M. (2021). Anxiety in pregnant women during pandemic COVID-19. *Jurnal Keperawatan Jiwa (JKJ): Persatuan Perawat Nasional Indonesia*, 9(1), 135-142.
- Widatiningsih. (2017). *Praktik Terbaik Asuhan Kehamilan*. Yogyakarta : Trans Medika.
- Wulandari, Sri and Mantini, Nonik Ayu (2021) . Ketidaknyamanan Fisik Dan Psikologis Pada Ibu Hamil Trimester III Di Wilayah Puskesmas Berbah Sleman Daerah Istimewa Yogyakarta. *Kebidanan Indonesia* , pp. 59-60.