

**KEMENTERIAN KESEHATAN POLTEKKES BANDUNG PROGRAM
STUDI KEBIDANAN (KAMPUS BOGOR) PROGRAM DIPLOMA TIGA
LAPORAN TUGAS AKHIR, JUNI 2024**

Serina

NIM : P17324221073

**Asuhan Kebidanan Persalinan pada Ny. S usia 20 tahun G1P0A0 di
Puskesmas Ciawi Kabupaten Bogor**

VI BAB, 87 halaman, 9 lampiran, 18 gambar, 2 tabel

ABSTRAK

Kematian ibu bisa terjadi pada saat hamil, bersalin dan nifas. Penyebab kematian ibu disebabkan oleh gangguan hipertensi kehamilan (33,1%), perdarahan obstetri (27,03%), komplikasi non obstetri (15,7%), komplikasi obstetrik lainnya (12,04%), infeksi (6,06%) dan penyebab lain (4,81%). Oleh karena itu sangat penting melakukan persalinan di tenaga kesehatan. Tujuan penulisan laporan ini adalah untuk memberikan asuhan kebidanan intranatal yang sesuai standar dengan aspek 5 benang merah dalam persalinan.

Metode yang digunakan dalam penulisan laporan ini adalah laporan kasus, Dengan pendekatan manajemen kebidanan. Pendokumentasian dalam bentuk SOAP, teknik pengumpulan data dengan wawancara, pemeriksaan fisik, observasi, studi pendokumentasian dan studi literatur.

Hasil pengkajian diperoleh data subjektif yaitu Ny. S usia 20 tahun, kehamilan pertama, belum pernah keguguran, HPHT 04-07-2023, mengeluh mules sejak pukul 22.00 WIB dan keluar lendir darah pukul 08.00 WIB, belum keluar air-air, gerakan janin aktif. Data objektif tekanan darah 110/70 MmHg, nadi 85x/menit, TFU 29 cm, teraba punggung di kanan, teraba ekstremitas di kiri, presentasi kepala, konvergen 4/5, DJJ 131x/menit. his 2x/10 menit lamanya 20 detik. Pemeriksaan genitalia, vulva vagina tidak ada kelainan, portio tebal lunak, pembukaan 3 cm, selaput ketuban utuh, penurunan kepala hodge I, tidak ada moulage. Analisa ditegakkan Ny. S usia 20 tahun G1P0A0 usia kehamilan 38 minggu, inpartu kala I fase laten, janin tunggal hidup, presentasi kepala, kondisi ibu dan janin baik. Penatalaksanaan yang dilakukan adalah asuhan kala I dengan memberikan dukungan emosional, mengajarkan teknik mengurangi rasa nyeri, menghadirkan pendamping persalinan untuk mengurangi kecemasan pada ibu.

Kesimpulan asuhan yang telah diberikan, bayi lahir tanggal 31-03-2024 pukul 20.00 bayi langsung menangis dan ibu bisa melewati persalinan dengan tenang, bayi lahir tidak ada komplikasi, dilakukan observasi sampai asuhan kala IV, ibu dan bayi dalam keadaan sehat. Saran yang diberikan kepada Ny. S mengajarkan perawatan BBL, perawatan diri serta keluarga memberikan dukungan agar tidak terjadi post partum blues, saran untuk puskesmas agar dapat mempertahankan pelayanan dan saran untuk bidan dapat menerapkan pelayanan sesuai standar dan kewenangan yang telah ditetapkan.

Kata Kunci : Asuhan Kebidanan, Persalinan, Intranatal

Pustaka : 37 (2008-2023)

**KEMENTERIAN KESEHATAN POLTEKKES BANDUNG MIDWIFERY
STUDY PROGRAM (BOGOR CAMPUS) ASSOCIATE DEGREE
FINAL REPORT PROJECT, JUNE 2024**

Serina

NIM : P17324221073

*Midwifery Intranatal Care for Mrs. S aged 20 years G1P1A0 at the Ciawi
Public Health Center, Bogor*

VI Chapter, 87 pages, 9 attachments, 18 images, 2 tables.

ABSTRACT

Maternal death can occur during pregnancy, childbirth and postpartum. The cause of maternal death was caused by gestational hypertension disorder (33.1%), obstetric bleeding (27.03%), non-obstetric complications (15.7%), other obstetric complications (12.04%), infection (6.06%) and other causes (4.81%). Therefore, it is very important to give birth to health workers. The purpose of writing this report is to provide intranatal midwifery care that is in accordance with standards with the 5 common threads in childbirth.

The method used in writing this report is a case report, with a midwifery management approach. Documentation in the form of SOAP, data collection techniques with interviews, physical examinations, observations, documentation studies and literature studies.

The results of the assessment obtained subjective data, namely Mrs. S is 20 years old, first pregnancy, has never had a miscarriage, HPHT 04-07-2023, complains of mules since 22.00 WIB and bloody mucus at 08.00 WIB, has not come out of water, fetal movements are active. Objective data of blood pressure 110/70 MmHg, pulse 85x/min, TFU 29 cm, palpation of the back on the right, palpation of the extremities on the left, presentation of the head, convergence 4/5, DJJ 131x/min. His 2x/10 minutes is 20 seconds long. Examination of genitalia, vaginal vulva no abnormalities, soft thick portio, 3 cm opening, intact amniotic membrane, hodge head I drop, no moulage. The analysis was upheld by Mrs. S, 20 years old, G1P0A0, gestational age of 38 weeks, inpartu period I latent phase, single fetus alive, head presentation, maternal and fetal conditions are good. The management carried out is care during the first period by providing emotional support, teaching pain reduction techniques, presenting childbirth companions to reduce anxiety in the mother.

The conclusion of the care that has been given, the baby was born on 31-03-2024 at 20.00 the baby immediately cried and the mother was able to go through labor calmly, the baby was born without complications, observations were made until the IV day of care, the mother and baby were in good health. The advice given to Mrs. S taught BBL care, self-care and family providing support so that there is no postpartum blues, advice for health centers to maintain services and advice for midwives to be able to implement services according to the standards and authorities that have been set.

Keywords : Midwifery Care, Childbirth, Intranatal

Literature : 37 (2008-2023)