

**POLITEKNIK KESEHATAN BANDUNG PROGRAM STUDI KEBIDANAN
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**Asuhan Kebidanan Intranatal pada Ny. M usia 31 tahun G2P1A0 Usia
Kehamilan 41 Minggu di PMB S Kota Bogor
IV BAB, 104 halaman, 11 lampiran, 1 gambar**

ABSTRAK

Peran bidan sebagai tenaga kesehatan dalam menurunkan AKI berupa melakukan asuhan kebidanan secara berkesinambungan dari ibu hamil, bersalin, nifas sampai dengan KB. Berdasarkan data WHO tahun 2019 diantara 1,9 miliar wanita usia subur, 1,1 miliar diantaranya memiliki kebutuhan menggunakan kontrasepsi. Salah satu asuhan kebidanan yang dilakukan adalah pemasangan KB postplasenta karena >95% klien pascapersalinan ingin menunda kehamilan paling sedikit 2 tahun lagi. Laporan kasus ini bertujuan untuk melakukan asuhan kebidanan intranatal pada Ny. M usia 31 tahun G2P1A0 usia kehamilan 41 Minggu di PMB S Kota Bogor.

Metode yang digunakan dalam penyusunan laporan tugas akhir ini adalah laporan kasus. Bentuk pendokumentasiannya adalah SOAP, sedangkan teknik pengumpulan data diperoleh melalui wawancara, observasi, pemeriksaan fisik, studi dokumentasi, dan studi kepustakaan.

Hasil pengkajian diperoleh data subjektif Ny. M datang mengeluh mulas sejak pukul 09.00 WIB, muncul lendir darah tetapi belum keluar air-air. Ini kehamilan kedua, tidak pernah keguguran, gerakan janin aktif. HPHT lupa, TP USG 27 Februari 2022. Data objektif keadaan umum baik, TFU: 31 cm, Palpasi TFU 3 jari di bawah Prosesus Xifoideus. Teraba bokong, fundus teraba lunak dan tidak melenting, kanan teraba bagian punggung dan kiri teraba bagian terkecil janin, presentasi kepala, konvergen. Perlimaan 3/5. DJJ: 130x/menit, teratur. His 3x dalam 10 menit lamanya 40 detik, kuat. Kandung kemih kosong. Terdapat lendir bercampur darah, pembukaan 4 cm, ketuban utuh. Analisa G2P1A0 usia kehamilan 41 minggu, inpartu kala I fase aktif, janin tunggal hidup, presentasi kepala, keadaan ibu dan janin baik. Penatalaksanaan yang dilakukan adalah observasi kesejahteraan janin, kemajuan persalinan, dan *informed consent* pemasangan AKDR post-plasenta.

Kesimpulan dari asuhan Ny. M yaitu analisa yang ditegakan sesuai dengan data subjektif dan data objektif yang didapatkan serta penatalaksanaan yang diberikan sesuai dengan teori. Saran untuk profesi adalah konseling tentang KB sebaiknya diberikan selama ANC oleh petugas kesehatan yang akan memotivasi perempuan untuk menggunakan KB post-plasenta.

Kata Kunci : asuhan kebidanan, persalinan, KB post-plasenta

Pustaka : 15 (2007-2020)

**BANDUNG HEALTH POLYTECHNIC, MIDWIFE STUDY PROGRAM
BOGOR
FINAL PROJECT REPORT, JUNE 2022**

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Intranatal Midwifery Care for Mrs. M 31 years old G2P1A0 41 weeks gestational age at midwife S independent practice, Bogor City

IV Chapter, 104 pages, 11 attachments, 1 pictures

ABSTRACT

The role of midwives as health workers in reducing MMR is in the form of continuous midwifery care from pregnant women, maternity, postpartum to family planning. Based on WHO data in 2019, among 1.9 billion women of childbearing age, 1.1 billion of them have the need to use contraception. One of the midwifery care that is carried out is the installation of postplacental family planning because >95% of postpartum clients want to delay pregnancy for at least 2 more years. This case report aims to perform intranatal midwifery care for Mrs. M, 31 years old, G2P1A0, 41 weeks pregnant at midwife S independent practice, Bogor City.

The method used in the preparation of this final report was a case report. The form of documentation is SOAP, while data collection techniques are obtained through interviews, observations, physical examinations, documentation studies, and literature studies.

The results of the study obtained subjective data Ny. M came complaining of heartburn since 09.00 WIB, blood mucus had appeared but no water had come out. This is my second pregnancy, never miscarried, active fetal movement. Ny. M forgot the last normal menstruation periode, Estimated delivery according to ultrasound on February 27,2022. Objective data in good general condition, uterine fundal height: 31 cm, uterine fundal height palpation 3 fingers below the xiphoid process. Palpable buttocks, fundus palpable soft and not bouncy, palpable right back and left palpable the smallest part of the fetus, cephalic presentation, Convergent. Fives 3/5. FHR: 130 beats/minute, regular. Hicks 3x in 10 minutes 40 seconds long, strong. Empty bladder. there is mucus mixed with blood, the opening is 4 cm, the membranes are intact. G2P1A0 analysis 41 weeks gestation, active phase I inpartu, single live fetus, cephalic presentation, maternal and fetal conditions are good. The management carried out was observation of fetal well-being, progress of labor, and informed consent for post-placental IUD insertion.

The conclusion of Mrs. M was the analysis that is enforced in accordance with the subjective and objective data obtained and the management given in accordance with the theory. The suggestion for the profession is that counseling about family planning should be given during ANC by health workers who will motivate women to use post-placental family planning.

Keywords: midwifery care, childbirth, post-placental IUD

Libraries : 15 (2007-2020)