

**POLITEKNIK KESEHATAN KEMENTERIAN KESSEHATAN BANDUNG
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**Asuhan Kebidanan Antenatal Pada Ny.M dengan Plasenta Previa Totalis
dan Letak Lintang di RSU Salak Kota Bogor**

VI BAB, 88 halaman, 11 lampiran, 2 tabel

ABSTRAK

Angka Kematian Ibu di Indonesia masih dikatakan jauh dari target *Sustainable Development Goals (SDG's)* tahun 2030 yaitu kurang dari 70 per 100.000 Kelahiran Hidup. Penyebab kematian ibu kedua di Indonesia terjadi karena perdarahan obstetric 27,03% salah satunya disebabkan karena plasenta previa. Didapatkan data persalinan di RSU Salak Kota Bogor dari bulan September 2021 – Maret 2022 dari 226 persalinan, kasus plasenta previa dan letak lintang berjumlah 15 kasus (6,6%). Tujuan dari diberikan asuhan kebidanan pada ibu dengan plasenta previa yaitu untuk mencegah terjadinya perdarahan, syok,sampai kematian.

Metode yang digunakan adalah laporan kasus dengan menggunakan teknik pendokumentasian SOAP (Subjektif, Objektif, Analisa, Penatalaksanaan). Teknik pengumpulan data melalui wawancara, pemeriksaan fisik, observasi, studi dokumentasi dan studi literatur.

Hasil Pengkajian didapatkan Ny.M usia 37 tahun hamil anak ketiga, tidak pernah keguguran, HPHT 9-6-2021 TP 16-3-2022, saat ini usia kehamilan ibu 38 minggu, saat usia kehamilan 30 minggu ibu mengatakan pernah keluar bercak darah berwarna merah saat bangun tidur tanpa disertai rasa nyeri. Riwayat *USG* tanggal 17-2-2022 di dapatkan hasil ibu mengalami plasenta previa totalis dan janin letak lintang. Data objektif yang diperoleh pada pemeriksaan palpasi abdomen TFU 3 jari diatas pusat teraba kosong, teraba di bagian perut kanan bokong dan bagian perut kiri kepala, belum masuk PAP, DJJ 148x/menit. Analisa yang diperoleh Ny. M usia 37 tahun G3P2A0 hamil 38 minggu dengan plasenta previa totalis dan janin letak lintang. Asuhan yang telah diberikan adalah berkolaborasi dengan dokter untuk dilakukan terminasi kehamilan dengan *section caesarea*, memberikan dukungan psikologis pada ibu, mengedukasi ibu tentang ASI Ekslusif dan cara menyusui yang baik dan benar, teknik relaksasi, perawatan luka bekas operasi dan memberitahu ibu tanda bahaya selama masa nifas.

Setelah diberikan asuhan yang sesuai selama perawatan, tidak ditemukan komplikasi. Saran yang diberikan pada Ny.M agar dapat menjaga kesehatan, melakukan ASI Ekslusif selama 6 bulan, dan konsumsi makanan yang bergizi untuk proses penyembuhan luka operasi.

**Kata Kunci : Asuhan Kebidanan, Plasenta Previa, Letak Lintang
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**HEALTH POLYTECHNIC MINISTRY OF HEALTH BANDUNG
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Antenatal Obstetric Care In Mrs.M with Placenta Previa Totalis

and Lintang Location at Salak Hospital, Bogor City

VI BAB, 88 pages, 11 appendices, 2 tables

ABSTRACT

Maternal Mortality Rate (MMR) in Indonesia is still said to be far from the *Sustainable Development Goals (SDG'S)* target in 2030, which is less than 70 per 100,000 Live Births. The second cause of maternal death in Indonesia is due to obstetrical bleeding 27,03%, one of which is caused by the placenta previa. Data on childbirth at Salak Hospital, Bogor City, was obtained from September 2021 – March 2022 from 226 deliveries, previa placenta cases and latitude locations totaling 15 cases (6.6%). The purpose of giving obstetric care to mothers with placenta previa is to prevent bleeding, shock, and death.

The method used is a case report using SOAP (Subjective, Objective, Analysis, Management) documenting techniques. Data collection techniques through interviews, physical examinations, observations, documentation studies and literature studies.

The results of the study obtained Mrs.M aged 37 years, pregnant with a third child, never miscarried, HPHT 9-6-2021 TP 16-3-2022, currently the mother's gestasional age is 38 weeks, whwn the gestasional age is 30 weeks, the mother said that she had come out with red blood spots when she woke up without being accompanied by pain. The history of *ultrasound* dated 17-2-2022 was obtained from the fetus's location in latitude and placenta previa totalis. Objective data obtained on the torture of abdominal palpation of TFU 3 fingers above the center is palpable empty, palpable in the right abdomen of the buttocks and the left abdomen of the head, has not entered PAP, DJJ 148x/min. Analysis obtained by Mrs. M aged 37 years G3P2A0 was 38 weeks pregnant with the fetus located latitude and placenta previa toalis. The care that has been given is collaborating with doctors to terminate pregnancy with *caesarea section*, providing psychological support to mothers, educating mothers about exclusive breastfeeding and how to breastfeed properly and correctly, relaxation techniques, surgical scar wound care and telling mothers of danger signs during the puerperium.

After being given appropriate care during treatment, no complications were found. The advice given to Mrs.M is to be able to maintain health, do exclusive breastfeeding for 6 months, and consume nutritious food for the surgical wound healing process.

Keywords : Midwifery Care, Placenta Previa, Transverse Position

Library : 46 (2005 – 2021)