

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

Farisyah Adinda Sabarini

NIM : P17324221016

**Asuhan Kebidanan Intranatal pada Ny. Y dengan Ketuban Pecah Dini
di RSUD Sekarwangi**

VI BAB, 150 halaman, 9 lampiran, 2 tabel, 1 diagram

ABSTRAK

Ketuban pecah dini (KPD) merupakan salah satu komplikasi kehamilan dan masalah penting dalam masalah obstetri. Infeksi dan usia kehamilan diidentifikasi sebagai salah satu pemicu KPD. Berbagai komplikasi KPD dapat terjadi bagi ibu dan bayi. Angka KPD di Indonesia tahun 2023 sebesar 4,3%. Di Jawa Barat mencapai 5,0%. Tujuan asuhan pada kasus ini agar mampu menerapkan asuhan kebidanan intranatal pada Ny. Y dengan Ketuban Pecah Dini di RSUD Sekarwangi.

Metode yang digunakan adalah laporan kasus dengan pendekatan manajemen kebidanan dalam pendokumentasian SOAP. Teknik pengumpulan data diperoleh melalui wawancara, pemeriksaan fisik dan laboratorium, observasi, studi dokumentasi, dan studi literatur.

Hasil pengkajian data subjektif Ny. Y usia 21 tahun, HPHT 26 Juni 2023, HPL 03 April 2024. Keluhan keluar air-air disertai mulas yang jarang dan lemah pukul 08.00 WIB. Mengalami keputihan sejak UK 33-38 minggu. Data objektif KU dan TTV normal, TFU 29 cm, DJJ 145x/menit regular, his 1x10'10", lemah. Terlihat rembesan cairan ketuban berwarna jernih, vulva vagina tidak ada kelainan, portio tebal lunak, pembukaan 2 cm, selaput ketuban (-), Hodge II, presentasi kepala, UUK kiri depan. Hasil tes lakmus (+), leukosit 18.100/mm³. Analisa yang didapat Ny. Y usia 21 tahun G1P0A0 UK 39 minggu dengan ketuban pecah dini. Penatalaksanaan dilakukan secara aktif berkolaborasi dengan dokter obgyn. Diberikan terapi cefazoline 1x2 gr secara IV dan akselerasi persalinan dengan drip oksitosin 5 IU dalam RL 500 cc 20 tpm. Dilakukan pemantauan fase laten pada lembar observasi dan fase aktif pada partograf. Bayi lahir dengan asfiksia.

Kesimpulan dari asuhan yang telah diberikan pada Ny. Y sampai postpartum 3 hari tidak ada komplikasi pada ibu. Asfiksia pada bayi tertangani dan membaik. Saran untuk pusat layanan kesehatan dapat mempertahankan mutu pelayanan asuhan kebidanan, bidan dapat melakukan pelayanan sesuai dengan tugas dan wewenang, memberikan asuhan berdasarkan SOP, melaksanakan asuhan sayang ibu, klien dapat memperhatikan kebersihan diri, memberikan ASI Eksklusif, pemberian imunisasi, dan tumbuh kembang bayi.

**Kata Kunci : Asuhan Kebidanan Intranatal, KPD, Keputihan Patologis
Pustaka : 43 (2014-2023)**

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

Farisyah Adinda Sabarini

ID : P17324221016

***Intranatal Midwifery Care for Mrs. Y with premature rupture of membranes
at Sekarwangi Hospital***

VI CHAPTER, 150 pages, 9 appendices, 2 tables, 1 chart

ABSTRACT

Premature Rupture of Membranes (PROM) is a significant complication in pregnancy and presents a critical obstetric challenge. Infections and gestation are often implicated as a primary trigger. It can lead to various maternal and neonatal complications. The rate in Indonesia in 2023 was 4,3%. In West Java reached 5,0%. This case study aims to apply intranatal midwifery care in managing PROM through intranatal care provided to Mrs. Y at Sekarwangi Hospital.

The study employed a case report methodology with a midwifery management approach documented using the SOAP (Subjective, Objective, Assessment, and Plan) framework. Data collection techniques through interviews, physical and laboratory examinations, observations, documentation studies, and literature reviews.

Mrs. Y, a 21-year-old primigravida, presented with complaints of water discharge and infrequent, weak contractions at 08:00 am. Her last menstrual period was on June 26, 2023, estimated delivery date was April 3, 2024. She experienced vaginal discharge since 33-38 weeks of gestation. Objective data on general condition and vital signs are normal, height of fundus uteri 29 cm, FHR 145x / min regular, his 1x10'10", weak. There was clear coloured amniotic fluid seepage, vaginal vulva no abnormality, thick soft portio, 2 cm opening, amniotic membrane (-), Hodge II, head presentation, posterior fontanel left front. The litmus test (+), leucocytes 18,100/mm³. Analysis obtained was Mrs Y with premature rupture of membranes. Management was carried out actively in collaboration with obgyn doctors. Given cefazoline therapy 1x2 gr IV and accelerated labour with oxytocin drip 5 IU in RL 500 cc 20 gts/min. Latent phase monitoring was done on the observation sheet and active phase monitoring on the partograph. Baby was born with asphyxia.

Following the care provided, Mrs. Y experienced no maternal complications up to three days postpartum. Asphyxia was able to handled. Suggestions for healthcare center to maintain the quality of midwifery care services, for midwives can perform in accordance with their duties and authority, provide care based on SOP, concern to maternal care, for client concern to personal hygiene, provide exclusive breastfeeding, immunization, and baby growth and development.

Keywords : Intranatal Midwifery Care, PROM, Pathological Leucorrhoea

References : 43 (2014-2023)