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Antenatal Care for Mrs. A with Preeclampsia and Complete Placenta Previa at RSUD Leuwiliang

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ABSTRACT

National maternal mortality in 2022 totaled 3,572 cases. According to medical records from RSUD Leuwiliang in 2023, there were 90 cases of Preeclampsia and 7 cases of Placenta Previa. The leading causes of maternal death include hemorrhage, preeclampsia/eclampsia, and infection. Both preeclampsia and hemorrhage, if not promptly and appropriately managed, can lead to fatal outcomes for both the mother and the baby. The aim of this Final Assignment Report is to provide maternity care for Mrs. A with Preeclampsia and Total Placenta Previa at RSUD Leuwiliang.

The method of writing this Final Assignment Report is a Case Report. Documentation will follow the SOAP format. Data collection techniques include interviews, physical examinations, diagnostic tests, observations, documentation studies, and literature reviews.

Subjective data: Mrs. A, 41 years old, G4P3A0, Last Menstrual Period (LMP) on September 25, 2023, Expected Delivery Date (EDD) July 2, 2024. She presented with fresh red bleeding without pain, headache for the past day. Blood pressure (BP) examination showed 145/90 mmHg, edema on face and extremities, no abdominal pain, fetal heart rate (FHR) 148 beats per minute regular, urinary protein +1. Ultrasound (USG) revealed placenta previa totalis covering the internal os posteriorly. Diagnosis: Mrs. A, 41 years old, G4P3A0, 32 weeks pregnant with Preeclampsia and complete Placenta Previa. Management included monitoring of general condition and vital signs, observation for bleeding, conservative management of Preeclampsia, administration of 6 mg IM dexamethasone injection, oral therapy with 3x20 mg duvadilan, 3x10 mg nifedipine, 3x250 mg dopamet, strict bed rest.

After 4 days of care, the patient was discharged for outpatient management. On May 18, 2024, Mrs. A returned to RSUD Leuwiliang complaining of bleeding. Consequently, Dr. SPOG performed a Cesarean section and Manual Removal of Placenta. On the second day postpartum, the mother's general condition was good, vital signs were normal, and normal involution process was observed. The baby was admitted due to prematurity and birth asphyxia. Advice for the client includes being vigilant for danger signs in both herself and the baby, and attending regular check-ups with healthcare providers.

Keywords : Antenatal Care, Preeclampsia, Complete Placenta Previa

References : 27 (2014-2023)