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Asuhan Kebidanan Intranatal pada Ny. N G2P1A0 dengan Gemeli di PMB R Kabupaten Bogor.

6 bab, 48 halaman, 2 tabel, 8 lampiran

ABSTRAK

Penyulit dalam persalinan lebih sering ditemukan pada janin gemeli daripada janin tunggal, penyulit-penyulit tersebut mencakup persalinan kurang bulan, difungsi kontraksi uterus, kelainan presentasi, prolapsus tali pusat, *interlocking*, dan perdarahan post partum.

Tujuan dapat memahami dan melakukan Asuhan Kebidanan Intranatal pada persalinan gemeli. Metode yang digunakan dalam penyusunan laporan tugas akhir ini adalah studi kasus. Bentuk pendokumentasian adalah SOAP. Teknik pengumpulan data dengan melakukan wawancara dan melakukan asuhan kebidanan persalinan pada Ny N dengan gemeli.

Hasil pengkajian data subjektif yang di dapatkan dari Ny. N datang bersama keluarga dan paraji untuk melahirkan. Ny. N mengatakan sesak dan mulas yang dirasakan sering, lama dan kuat dan sudah merasa ingin buang air besar dan ingin sekali mencedan. Data objektif yang di dapatkan pada pemeriksaan fisik keadaan umum ibu baik, tanda-tanda vital ibu dalam batas normal. Tinggi fundus uteri :38 cm, Leopold I teraba satu bagian bulat, keras, melenting, dibagian kanan dan teraba satu bagian bulat, lunak tidak melenting di bagian kiri. Leopold II teraba dua tahanan besar, keras dan memanjang pada bagian kanan dan kiri perut ibu. Leopold III teraba bulat, lunak, dan tidak melenting atau tidak dapat digoyangkan. Dilakukan pemeriksaan detak jantung janin : 140 kali/menit dan 142 kali/menit reguler. His: 5x10'50" kekuatan adekuat. VT : porsio tidak teraba, pembukaan 10 cm lengkap, teraba sakrum depan. Analisa yang ditegakkan yaitu Ny. N 30 tahun G2P1A0 hamil 38 minggu inpartu kala II dengan gemeli. Penatalaksanaan yang dilakukan pada kala II yaitu *informed consent* dan rujukan ke RS, karena jika tidak dirujuk ke RS dikhawatirkan terjadinya resiko kepala janin akan saling mengunci (*interlocking*), namun keluarga tidak setuju untuk di rujuk dan akan berencana melahirkan di paraji, karena khawatir terjadi resiko yang lebih serius dan keadaan darurat bokong sudah terlihat di depan vulva sehingga bidan mengambil keputusan untuk menolong persalinan pervaginam dengan teknik spontan Bracht untuk janin pertama, bayi lahir pukul 18.30 dan untuk janin kedua memimpin persalinan presentasi kepala dengan teknik asuhan persalinan normal, bayi lahir pukul 18.32 . Kedua bayi lahir normal dengan kondisi baik, keadaan umum ibu baik, serta tidak terjadi komplikasi pada persalinan maupun pasca persalinan.

Kesimpulan yang dapat diambil dari kala II dan kala IV berdasarkan hasil asuhan yaitu asuhan intranatal berjalan lancar, proses persalinan ditolong dengan hati-hati. Saran yang diberikan untuk keluarga agar lebih mengutamakan keselamatan dan kesehatan ibu dan bayi, serta lebih mengikuti anjuran dari bidan karena bidan lebih mengetahui kondisi kesehatan ibu dan bayi.

**Kata kunci : Persalinan, Persalinan Gemeli, Letak Sungsang
Daftar pustaka : 22 sumber (2009-2020)**

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***Intranatal Midwifery Care to Mrs. N G2P1A0 with Gemelli at PMB R Bogor Regency
6 chapters, 48 pages, 2 tables, 8 appendixes***

ABSTRACT

Complications in labor is more common in twin fetuses than singletons, these complications include preterm labor, uterine contraction dysfunction, presentation abnormalities, umbilical cord prolapse, interlocking, and postpartum hemorrhage.

The purpose of this report was to understand and perform Intranatal Midwifery Care in gemelli labor. This paper used a case study method in SOAP form of documentation. The technique for collecting data was by conducting interviews and conducting midwifery care for Mrs. N with gemelli.

Subjective data showed that Mrs. N was came with her family and paraji to had intranatal care. Mrs. N said that she felt hard to breathe, strong contraction and urges to defecate felt want to push. Objective data obtained on physical examination, the mother's general condition was good, and vital signs were in normal limits. Fundal height 38 cm, Leopold I: there was one round part, hard and bouncy on left side and there was also one round part, soft and not bouncy on the right. Leopold II: there were two long hard parts on both side of mother's abdomen. Leopold III: there was one round part, soft and immovable. Fetal heart rate (1) 140 beat/minute and (2) 142 beat/minute. Contraction: 5x10'50" adequate VT: the cervix was on full dilatation, sacrum was at front. Analysis: Mrs. N, 30 years G2P1A0 38 weeks pregnant in the second stage of labor with gemelli. The interventions given were informed consent to the mother and family about the condition and must be referred immediately to the hospital due to possibility of fetuses interlocking head, but they did not agree and want to give birth at paraji. Because it was urgent condition i.e. sacrum already seen on the vulva and feared there would be more serious risks, so the midwife took decision to help deliver the babies at her clinic. Labor processes were used Bracht technique for breech baby and normal delivery method for the other. First baby was born at 18.30 and second at 18.32. Both babies were in normal and good condition, so did the mother, and there were no complications during or after delivery.

The conclusion that can be drawn from stage II and stage IV based on the results of care were that intranatal care runs smoothly, the delivery process was carefully assisted. Suggestions were given to the family was to put the safety and health of mothers and babies and to follow the advice of the midwife, because midwives was better acquainted of mother's and baby's health.

***Keywords: Labor, Gemelli Delivery, Breech Presentation
Bibliography: 22 sources (2009-2020)***

