

**POLITEKNIK KESEHATAN KEMENKES BANDUNG PROGRAM STUDI
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**Asuhan Kebidanan Pada Bayi Ny. M dengan *Caput Succedaneum*
di PMB Bidan I**

VI BAB, 44 halaman, 10 lampiran, 2 gambar, 1 tabel

ABSTRAK

Trauma lahir masih merupakan masalah utama dalam pelayanan obstetri. Terdapat 6678 kelahiran, dengan angka kejadian trauma lahir 7 per 1000 kelahiran hidup. Presentasi klinis utama adalah: brakhialis neonatal pleksus palsy (38,3%), fraktur klavikula (33,3%) dan *caput succedaneum* (13,3%). Diperoleh data dari PMB Bidan I pada bulan Februari - April didapatkan jumlah bayi baru lahir hidup sebanyak 49 bayi, dan 6 bayi (12,2%) diantaranya lahir dengan *Caput Succedaneum*. Tujuan laporan kasus ini adalah diperolehnya penatalaksanaan Asuhan Kebidanan Bayi Ny. M dengan Caput Succedaneum di PMB Bidan I.

Metode yang digunakan laporan kasus, dengan pendokumentasiannya SOAP. Cara pengambilan data melalui wawancara, observasi, pemeriksaan fisik, studi dokumen rekam medik dan studi kepustakaan. Data subjektif: Bayi Ny. M lahir pervaginam dengan *Caput Succedaneum*, riwayat maternal: ibu primipara, mengejan sebelum pembukaan lengkap, lama kala II 35 menit. Dilakukan pengkajian semua dalam batas normal, tidak ada komplikasi pada saat persalinan, dilakukan pemeriksaan fisik dan ditemukan benjolan di vertex, oedema melampaui tulang tengkorak, teraba lembut dan lunak, batas yang tidak tegas. Ibu merasa khawatir mengenai kondisi kepala bayinya. *Caput Succedaneum* biasanya tidak menimbulkan komplikasi dan akan menghilang dalam beberapa hari setelah kelahiran. Asuhan yang diberikan berupa observasi dan konseling kepada keluarga.

Kesimpulan, *Caput Succedaneum* menghilang setelah dilakukan asuhan dalam waktu 3 hari setelah persalinan dengan observasi, konseling dan bantuan asuhan oleh keluarga. Asuhan yang dilakukan seperti pada bayi baru lahir normal. Saran diharapkan saat persalinan berikutnya ibu tidak meneran sebelum pembukaan lengkap, dan untuk bidan diharapkan dapat mengedukasi ibu bersalin lebih dini untuk tidak meneran sebelum pembukaan lengkap.

Kata Kunci : Bayi Baru Lahir, Trauma lahir, *Caput Succedaneum*

Pustaka : 27 (2010 – 2020)

**POLITEKNIK KESEHATAN KEMENKES BANDUNG, BOGOR
MIDWIFERY STUDY PROGRAM, FINAL REPORT , 2021 July**

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***Midwifery Care for Babies Mrs. M with Caput Succedaneum
at I's Midwife Clinic***

VI Chapters, 44 pages, 10 attachments, 2 picture, 1 table

ABSTRACT

Birth trauma is still a major problem in obstetric care. There were 6678 births, with a birth trauma incidence rate of 7 per 1000 live births. The main clinical presentations were: neonatal brachial plexus palsy (38.3%), clavicle fracture (33.3%), and head of the succedaneum (13.3%). Data obtained from PMB Midwife I in February - April showed that the number of live newborns was 49 babies, and 6 babies (12.2%) of them were born with Caput Succedaneum. The purpose of this case report is to obtain the management of Mrs. M's baby with Caput Succedaneum at I's Midwife clinic.

The method used is case reports, with SOAP documentation. How to collect data through interviews, observation, physical examination, a study of medical record documents, and literature study. Subjective data: Baby Mrs. M was born vaginally with Caput Succedaneum, maternal history: primiparous mother, straining before complete dilation, the second stage of 35 minutes. All assessments were carried out within normal limits, there were no complications during delivery, a physical examination was carried out and found a lump on the vertex, edema beyond the skull bone, palpable soft and tender, the boundaries were not clear. Mother is worried about the condition of her baby's head. Caput Succedaneum usually does not cause complications and will disappear within a few days after birth. The care provided is in the form of observation and counseling to families.

In conclusion, Caput Succedaneum disappeared aftercare within 3 days after delivery with observation, counseling, and support for care by the family. Care is carried out as in normal newborns. Suggestions are expected that during the next delivery the mother does not push before the complete opening, and the midwife is expected to be able to educate the mother in labor not to push before the complete opening.

Keywords: Newborn, Birth trauma, Caput Succedaneum

Libraries: 27 (2010 – 2020)