

**POLITEKNIK KESEHATAN KEMENKES BANDUNG PROGRAM  
STUDI KEBIDANAN BOGOR LAPORAN TUGAS AKHIR, MEI 2023**

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**Asuhan Kebidanan Persalinan Pada Ny. E dengan ketuban pecah dini di  
Puskesmas Cijeruk**

Vii BAB, 101 Halaman, 11 Lampiran. 1 tabel

**ABSTRAK**

Ketuban pecah dini merupakan salah satu masalah dalam kasus kegawatdaruratan obstetric. Faktor penyebab terjadi Ketuban pecah dini adalah hubungan seksual, Usia Kehamilan, dan Multipara. Resiko dari ketuban pecah dini bagi ibu adalah infeksi intrapartum, infeksi puerpuralis, partus lama, perdarahan post partum, persalinan preterm, oligohidramnion serta resiko pada bayi yaitu prolapsus tali pusat, asfiksia, prematuritas, sindrom deformitas Menurut Data WHO 2019 KPD di dunia sebanyak 12,3% sedangkan prevalansi di Indonesia sebesar 5,6 %, data SDKI menunjukkan KPD sebanyak 19% dan Data rekam medis yang didapatkan di Puskesmas Cijeruk Pada Tahun 2022 mencapai (31,3%). Tujuan penulisan laporan tugas akhir ini untuk melakukan asuhan kebidanan persalinan persalinan pada Ny. E dengan ketuban pecah dini di Puskesmas Cijeruk

Metode yang digunakan dalam penyusunan Laporan Tugas Akhir ini adalah laporan kasus pendokumentasian secara sistematis mulai data subjektif, objektif, Analisa, dan Penatalaksanaan, Sedangkan, teknik pengumpulan data diperoleh melalui wawancara, pemeriksaan fisik dan observasi, studi dokumentasi dan studi literatur.

Data subjektif yang diperoleh Ny.E Usia 31 Tahun G4P3A0 belum pernah keguguran mengeluh keluar air-air berwarna jernih, bau khas ketuban sejak pukul 10.00 WIB disertai mulas kurang adekuat setelah berhubungan seksual 1 hari sebelum keluar air-air. HPHT : 05-05-2022 Data Objektif TTV Normal, His 2x10'25" lemah, portio tebal kaku, Pemeriksaan dalam pembukaan 2 cm, ketuban (-) Pemeriksaan kertas lakmus berubah menjadi biru. Penurunan kepala HII. Analisa yang ditegakan Ny. E usia 31 Tahun G4P3A0 Usia Kehamilan 41 Minggu dengan Ketuban Pecah Dini, janin tunggal hidup, presentasi kepala. Penatalaksanaan memberitahu ibu tidak boleh turun dari tempat tidur, melakukan pemantauan kemajuan persalinan kesejahteraan ibu dan janin, melakukan APN, Manajemen aktif kala III, pemantauan Kala IV, dan melakukan KBI dan KBE setelah dilakukan asuhan ibu mengalami komplikasi atonia uteri, tetapi dapat tertangani,

Kesimpulan setelah dilakukan asuhan 1 hari ibu sudah boleh pulang, saran yang diberikan adalah menjaga kesehatan anjurkan ibu untuk ber KB, Mengonsumsi makan makanan yang berprotein tinggi, dan meminum tablet FE.

**Kata Kunci : Asuhan Kebidanan, Persalinan, KPD**

**Pustaka :16 ( 2001 – 2020 )**

**BANDUNG HEALTH POLYTECHNIC, MIDWIFE STUDY PROGRAM  
BOGOR FINAL PROJECT, MEI 2023**

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*Midwifery Care For Mrs. E with premature rupture of membranes at the  
Cijeruk Health Center*

*Vii Chapter, 101 pages, 10 Appendices, 1 Table*

**ABSTRACT**

*Premature Rupture of Membranes is one of the problems in obstetric emergency cases. Factors that cause premature rupture of membranes are sexual intercourse, gestational age, and multipara. The risk of premature rupture of membranes for the mother is intrapartum infection, puerperal infection, prolonged labour, postpartum haemorrhage, preterm delivery, oligohydramnions, as well as risks to the baby, namely cord prolapse, asphyxia, prematurity, deformity syndrome. WHO data estimates that the incidence of KPD in the world is 12,3% while the prevalence in Indonesia is 5,5%, SDKI data shows KPD is 19% and medical record data obtained at the cijeruk health center in 2022 reaches (31,3%).. The purpose of writing this final report is to carry out midwifery care for childbirth at Ny. E with premature rupture of membranes at the cijeruk health center.*

*The method used in the preparation of this Final project report report is a systematic documentation of case reports starting from subjective, objective, analysis and management data, while data collection techniques obtained through interviews, physical examination and observation, documentation studies and literature studies,*

*subjective data obtained by Mrs. E 31 Years of age G4P3A0 has never had a miscarriage, complaining that clear water comes out, has a characteristic amniotic odor since 10.00 WIB, accompanied by heartburn which is adequate after having sex 1 day before the waters came out. HPHT :05-05-2022 Objective data TTV normal, his 2x/10'25" weak, thick stiff portion, examination in the opening of 2cm, amniotic fluid (-) Examination of litmus paper turns blue. HII Head drop. The analysis carried out by Mrs. E 31 Years old G4P3A0 Gestational age 41 weeks with KPD, single live fetus, cephalic presentation. Managemnt tells the mother not to get out of bed, monitors the progress of labor and the well being of the mother fetus, perform APN, Active management of stage III and monitoring of stage IV and performs KBI and KBE after caring for the mother who has complications of uterine atony, but can be handled.*

*The conclusion is that after 1 day of care, the mother is allowed to go home, the advice given is to maintain health, encourage the mother to have family planning, eat high protein foods, and take FE tablets.*

**Keywords : Childbirth Care, Childbirth, KPD**

**Libraries : 16 (2001-2020)**