

**POLITEKNIK KESEHATAN KEMENTERIAN KESEHATAN BANDUNG
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**Asuhan Kebidanan Intranatal Pada Ny. E G1P0A0 Inpartu Kala 1 Fase Aktif
Dengan Preeklamsia Berat Di RSUD Ciawi**

ABSTRAK

Preeklamsia dalam kehamilan merupakan komplikasi kehamilan yang ditandai dengan peningkatan tekanan darah dimana sistolik ≥ 160 mmHg, diastolic ≥ 110 mmHg, disertai proteinuria pada wanita hamil dengan umur ≥ 20 minggu. Data yang didapatkan dari RSUD Ciawi tahun 2022 tercatat 179 kasus (12,4%) yang mengalami PEB.

Metode yang digunakan adalah laporan kasus dengan pendokumentasian SOAP. Teknik pengumpulan data melalui wawancara, pemeriksaan fisik, observasi, studi dokumentasi dan studi literatur.

Hasil pengkajian data subjektif Ny. E usia 30 tahun dengan keluhan pusing sejak 1 hari yang lalu, mulas dan keluar lendir darah sejak pukul 05.00 WIB, kehamilan pertama, tidak pernah keguguran, HPHT 24-05-22, TP 03-03-23, usia kehamilan 38 minggu. Data objektif KU sedang, TD 180/100 mmHg, nadi 90x/ menit, pernapasan 19x/ menit, suhu 36°C. Wajah tidak odema dan ekstremitas bawah odema, TFU 29 cm, di fundus teraba bokong, di sebelah kiri teraba punggung janin, presentasi kepala sudah masuk PAP, kontraksi 4x10'50'', perlimaan 2/5. DJJ 140x/menit, teratur. Pemeriksaan dalam portio tipis lunak, pembukaan 8 cm, ketuban utuh, presentasi kepala, UUK anterior, Hodge III, molase 0, proteinuria +2. Analisa yang dapat ditegakkan yaitu Ny. E usia 30 tahun G1P0A0 usia kehamilan 38 minggu, inpartu kala 1 fase aktif dengan PEB, janin tunggal hidup intrauterin, keadaan janin baik. Penatalaksanaan yang diberikan pemberian dosis awal MgSO₄ 40% 4 gr dan dosis pemeliharaan MgSO₄ 40% 6 gr, Nifedipine, Dopamet, diajarkan teknik relaksasi, pemilihan posisi yang nyaman saat persalinan, dukungan psikologis dan melibatkan keluarga dalam persalinan, observasi kemajuan persalinan, kesejahteraan ibu dan janin, observasi TTV, intake output dan melakukan pertolongan persalinan.

Kesimpulan yaitu asuhan pada PEB sudah dilakukan sesuai dengan standar, namun saat persalinan asuhan sayang ibu kurang terpenuhi. Saran yang diberikan untuk RSUD Ciawi agar memberikan anastesi pada setiap penjahitan perineum. Ny. E dan keluarga diharapkan melanjutkan terapi obat yang sudah diberikan dan melakukan kontrol ulang.

**Kata Kunci : Asuhan Intranatal, Preeklamsia Berat
Pustaka : 21 (2008-2022)**

**HEALTH POLYTECHNIC MINISTRY OF HEALTH OF BANDUNG
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Intranatal Midwifery Care for Mrs. E G1P0A0 Inpartu Kala 1 Active Phase With Severe Preeclampsia At Ciawi Hospital

ABSTRACT

Preeclampsia in pregnancy is a complication of pregnancy characterized by increased blood pressure where systolic ≥ 160 mmHg, diastolic ≥ 110 mmHg, accompanied by proteinuria in pregnant women aged ≥ 20 weeks. Data obtained from Ciawi Hospital in 2022 recorded 179 cases (12.4%) experiencing PEB.

The method used is a case report with SOAP documentation. Data collection techniques through interviews, physical examinations, observations, documentation studies and literature studies.

The results of the study of subjective data Mrs. E, 30 years old with complaints of dizziness since 1 day ago, heartburn and bloody mucus discharge since 05.00 WIB, first pregnancy, never subscribed, HPHT 24-05-22, TP 03-03-23, 38 weeks' gestation. The objective data is moderate KU, BP 180/100 mmHg, pulse 90x/minute, respiration 19x/minute, temperature 36°C. The face is not edematous and the lower extremities are edematous, TFU 29 cm the buttocks are palpable in the fundus, on the left you can feel the back of the fetus, the head presentation has entered PAP, contractions are 4x10'50", fifths are 2/5. FHR 140x/minute, regular. Examination in thin soft portio, dilated 8 cm, intact membranes, cephalic presentation, UUK anterior, Hodge III, molasses 0, proteinuria +2. The analysis that can be proven is Mrs. E, 30 years old, G1P0A0, 38 weeks' gestation, active phase I in labor with PEB, intrauterine live fetus, single fetus in good condition. The management given is to provide an initial dose of 40% 4 gr MgSO₄ and a maintenance dose of 40% 6 gr MgSO₄, Nifedipine, Dopamet, teach relaxation techniques, choose a comfortable position during childbirth, psychological support and involve the family in childbirth, observation of the progress of labor, the welfare of the mother and TTV observation, fetal intake output and delivery assistance.

The conclusion is that care for PEB has been carried out in accordance with the standards, but at the time of delivery, caring for the mother's affection was not fulfilled. The advice given to the Ciawi Hospital is to provide anesthesia for each perineal suturing. Mrs. E and his family are expected to continue the drug therapy that has been given and carry out re-control.

***Keywords: Intranatal Care, Severe Preeclampsia
Literature : 21 (2008-2022)***