

**POLITEKNIK KESEHATAN KEMENTERIAN KESEHATAN BANDUNG
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Asuhan Kebidanan Intranatal pada Ny. N 35 Tahun P3A0 dengan Retensio Plasenta di Puskesmas Ciomas

6 BAB, 73 halaman, 13 lampiran, 7 gambar, 1 tabel

ABSTRAK

Retensio plasenta adalah tertahannya atau belum lahirnya plasenta hingga atau lebih dari 30 menit setelah bayi lahir. Plasenta yang belum terlepas, tidak akan menimbulkan perdarahan, namun dapat menyebabkan syok neurogenik dan infeksi karena adanya benda mati yang tertinggal di dalam tubuh, dan perdarahan pasca partum yang dapat menyebabkan kematian ibu. Penyebab AKI di Indonesia disebabkan oleh perdarahan (60%) dan infeksi (10%). Tujuan dari asuhan kebidanan ini adalah agar mampu memahami serta mengaplikasikan Asuhan Kebidanan Intranatal Pada Ny. N usia 35 tahun dengan Retensio Plasenta Di Puskesmas Ciomas.

Penulisan Laporan Tugas Akhir ini menggunakan metode laporan kasus dimana penulis melakukan pendokumentasian secara sistematis dalam bentuk (SOAP) Subjektif, Objektif, Analisa dan Penatalaksanaan. Pada pengkajian data subjektif, Ny. N, usia 35 tahun melahirkan anak ketiganya, namun plasenta belum lahir selama 30 menit setelah bayi lahir. Ibu tidak merasa mulas dan ibu merasa khawatir ari-arinya belum lahir. Pemeriksaan fisik ibu, didapatkan hasil keadaan umum baik, kesadaran composmentis, tanda-tanda vital dalam batas normal, pemeriksaan abdomen TFU sepusat tidak globuler, kontraksi uterus kurang baik, dan pemeriksaan genitalia terdapat pengeluaran darah ± 100 cc.

Analisa yang dapat ditegakkan dari data subjektif dan objektif yaitu Ny. N usia 35 tahun P3A0 dengan retensio plasenta. Penatalaksanaan yang dilakukan adalah melakukan kateterisasi, memasang infus RL dengan drip oksitosin 10 IU kemudian melakukan manual plasenta, mengobservasi keadaan umum, dan perdarahan.

Kesimpulan dari asuhan kebidanan yang dilakukan, dapat teratasi dengan baik, dan klien dapat melalui masa nifasnya tanpa ada komplikasi. Asuhan kebidanan yang dilakukan sesuai dengan teori dan SOP yang berlaku. Disarankan bagi pihak klien mampu melaksanakan anjuran yang disarankan oleh bidan, seperti memantau kontraksi, perdarahan, mengenali tanda bahaya nifas dan asuhan pada bayi baru lahir. Selain itu bidan diharapkan mampu melakukan penanganan retensio plasenta sesuai dengan standar pelayanan dan wewenang bidan dengan tepat.

Kata Kunci : Asuhan Kebidanan, Retensio Plasenta, Manual Plasenta

Kepustakaan : 33 (2008-2022)

**BANDUNG HEALTH POLYTECHNIC MINISTRY OF HEALTH BOGOR
MIDWIFERY STUDY PROGRAM
Final Report, February 2023**

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Midwifery care to Mrs. N 35 years P3A0 with Retained Placenta at Puskesmas Ciomas

6 section, 73 pages, 13 attachment, 7 picture, 1 table

ABSTRACT

Retained placenta is the retained or unborn placenta until or more than 30 minutes after the baby is born. Placenta that has not been detached will not cause bleeding, but can cause neurogenic shock and infection due to inanimate objects remaining in the body, and postpartum hemorrhage which can cause death for the mother. The cause of AKI in Indonesia is by bleeding (60%) and infection (10%). The purpose of this midwifery care was to understand and apply Intranatal Midwifery Care to Mrs. N, 35 years old with retained placenta at Puskesmas Ciomas.

The writing of this Final Project Report uses the case report method where the author makes systematic documentation in the form of Subjective, Objective, Analysis and Management (SOAP). In the subjective data review, Mrs. N, 35 years old gave birth to her third child, but the placenta had not been born 30 minutes after the baby was born. The mother did not feel stomach pain and she was worried that her placenta had not been born. On the physical examination of the mother, the results obtained were a good general condition, awareness was compos mentis, vital signs were within normal limits, on abdominal examination the central TFU was not globular, uterine contraction was not good, and examination of the genitalia showed bleeding \pm 100cc.

An analysis that can be enforced from subjective and objective data, namely Ny. N 35 years old P3A0 suffered retained placenta. The management carried out was catheterization, placing an RL infusion with 10 IU oxytocin drip then performing a manual removal of the placenta according to Standard Operating Procedures (SOP) and observing the general condition and bleeding.

The conclusion of the midwifery care that was carried out is that it could be handled properly, and the client could go through her postpartum period without any complications. Midwifery care is carried out in accordance with applicable theory and SOP. It is recommended that the client is able to carry out the recommendations suggested by the midwife, such as monitoring contractions, bleeding, recognizing the danger signs of childbirth and caring for newborns. In addition, midwives are expected to be able to properly handle retained placenta in accordance with service standards and midwifery authority.

*Keywords: midwifery care, retained placenta, manual removal of the placenta
Literature : 33 (2008-2022)*