

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

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**Asuhan Kebidanan pada Ny. S usia 19 tahun G1P0A0 dengan Persalinan Prematur di RSUD Leuwiliang
VI bab, 38 halaman, 10 lampiran, 0 gambar, 1 tabel**

ABSTRAK

Di Indonesia pada tahun 2018 Angka kelahiran prematur sebanyak 29.5 per 100.000 kelahiran hidup. Data ini menempati urutan kelima dengan jumlah persalinan yaitu sekitar 657.700 kasus. RSUD Leuwiliang tahun 2022 jumlah persalinan 2.494 orang, kejadian persalinan prematur 199 orang (8%), dari jumlah tersebut, terdapat kematian akibat lahir prematur sebanyak 28 orang (37%). Persalinan prematur dapat menyebabkan berbagai komplikasi, yaitu Retensio plasenta, pendarahan, infeksi, bahkan sampai kematian. Tujuan penulis Laporan Tugas Akhir ini yaitu mampu melakukan asuhan kebidanan persalinan pada Ny. S Usia 19 tahun G1P0A0 dengan persalinan premature di Rumah Sakit Daerah Leuwiliang.

Metode yang digunakan adalah laporan kasus dengan menggunakan pendekatan manajemen kebidanan dalam pendokumentasian SOAP. (Subjektif, Objektif, Analisa, Penatalaksanaan). Teknik pengumpulan data diperoleh melalui wawancara, observasi, pemeriksaan fisik, laboratorium, studi dokumentasi dan studi literatur

Berdasarkan pengkajian didapatkan data subjektif Ny.S 19 tahun hamil anak pertama belum pernah keguguran, HPHT 29-06-2022 mengeluh mulas dan ingin meneran. Dari hasil pemeriksaan TFU 26 cm TBJ 1834 gram, kepala masuk PAP, DJJ 135x/menit regular, kontraksi 4 kali dalam 10 menit, lamanya 45 detik, pemeriksaan dalam vulva vagina tidak ada kelainan, portio tidak teraba, pembukaan 10 cm, ketuban negatif jernih, presentasi kepala, Hodge IV, ubun - ubun kecil depan, tidak ada molase. Analisa yang digakkan Ny.S 19 tahun G1P0A0 hamil 34 minggu, inpartu kala II dengan persalinan prematur. Janin tunggal hidup presentasi kepala. Penatalaksanaan yang dilakukan menyiapkan alat resusitasi, menolong persalinan secara normal. Bayi lahir tidak segera menangis, tonus otot lemah, warna kebiruan. bayi langsung di tangani oleh bidan dan dilakukan pertolongan resusitasi dan segera dirawat ruang perinatologi.

Setelah dilakukan asuhan ibu melahirkan dengan selamat, bayi dilakukan perawatan di ruang perinatologi. setelah asuhan kala III persalinan, ibu mengalami sisa plasenta dan sudah dilakukan kuretase pada esok harinya, keadaan ibu baik. Saran kepada keluarga agar dapat menjarangkan kehamilan dengan menggunakan kontrasepsi karena akan berpotensi persalinan prematur kembali

**Kata Kunci : Asuhan kebidanan, persalinan, prematur
Pustaka : 21 (2015-2023)**

**BANDUNG MINISTRY OF HEALTH POLYTECHNIC
BOGOR MIDWIFERY PROGRAM FINAL PROJECT REPORT, MAY 2023**

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**Midwifery Care for Mrs. S, 19 years old G1P0A0 with Premature Labor at
Leuwiliang Hospital
VI chapter, 38 pages, 10 appendices, 0 figures, 1 table**

ABSTRACT

In Indonesia in 2018 the premature birth rate was 29.5 per 100,000 live births. This data ranks fifth with the number of deliveries, namely around 657,700 cases. Leuwiliang Hospital in 2022 the number of deliveries was 2,494 people, the incidence of premature labor was 199 people (8%), of this number, there were 28 deaths due to premature birth (37%). Preterm labor can cause various complications, namely retained placenta, bleeding, infection, and even death. The author's goal of this Final Project Report is to be able to provide midwifery care for Mrs. S 19 years old G1P0A0 with premature delivery at Leuwiliang Regional Hospital.

The method used is a case report using a midwifery management approach in SOAP documentation. (Subjective, Objective, Analysis, Management). Data collection techniques were obtained through interviews, observation, physical examination, laboratory, documentation study and literature study

Based on the study, it was obtained subjective data that Mrs. S, 19 years pregnant with her first child, had never miscarried, HPHT 29-06-2022 complained of heartburn and wanted to suppress. From the results of the TFU examination 26 cm TBJ 1834 gram, head entered PAP, DJJ 135x/minute regular, contractions 4 times in 10 minutes, duration 45 seconds, examination in the vaginal vulva there were no abnormalities, the portio was not palpable, 10 cm opening, clear negative amniotic fluid, cephalic presentation, Hodge IV, anterior fontanel, no molasses. The analysis showed that Mrs.S 19 years old G1P0A0 was 34 weeks pregnant, in the second stage of labour, with premature labor. Single live fetus in cephalic presentation. The management carried out is preparing resuscitation equipment, helping normal delivery. The baby born didn't cry immediately, the muscle tone was weak, the color was bluish. The baby was immediately handled by the midwife and resuscitation was carried out and immediately treated in the perinatology room.

After the care of the mother gave birth safely, the baby was treated in the perinatology room. after care for the third stage of labor, the mother experienced retained placenta and curettage was carried out the next day, the condition of the mother was good. Advice to families to space pregnancies by using contraception because it will potentially lead to preterm labor again

**Keywords: Midwifery care, childbirth, premature
Libraries: 21 (2015-2023)**

