

**POLITEKNIK KESEHATAN KEMENTERIAN KESEHATAN BANDUNG
PROGRAM STUDI KEBIDANAN BOGOR**

Laporan Tugas Akhir, Februari 2023

Widiya, NIM : P17324220063

**Asuhan Kebidanan Intranatal pada Ny. N 35 Tahun G5P2A2 dengan Persalinan
Sungsang di RSUD Leuwiliang.**

IV BAB, 69 halaman, 1 tabel

ABSTRAK

Persalinan sungsang adalah kepala berada pada fundus uteri sedang bokong merupakan bagian terbawah (di daerah pintu atas panggul/simfisis). Berdasarkan data yang didapatkan di RSUD Leuwiliang pada tahun 2022 persalinan dengan letak sungsang berjumlah 65 orang dari 2.494 persalinan. Komplikasi persalinan letak sungsang perdarahan, trauma jalan lahir, sedangkan pada janin yaitu asfiksia. Tujuan penulisan laporan tugas akhir ini adalah untuk mengaplikasikan asuhan kebidanan persalinan pada ibu dengan persalinan sungsang.

Metode yang digunakan dalam penyusunan laporan tugas akhir adalah laporan kasus dengan pendokumentasian mulai dari subjektif, objektif, analisa dan penatalaksanaan (SOAP).

Hasil pengkajian data subjektif Pada tanggal 19 Februari 2023 jam 09.00 WIB Ny. N usia 35 tahun, hamil anak kelima, G5P2A2 HPHT 10-07-2022 TP 17-04-2023. Mengeluh mulas sejak pukul 01.00 WIB belum keluar air-air. Datang ke RS Leuwiliang dengan rujukan dari Puskesmas Cibungbulang. Pukul 09.00 diantar ke ruang bersalin ibu mengeluh mules semakin sering, rasa ingin mengedan. Data objektif yang didapatkan TTV normal, TFU 2 jari bawah PX (28 cm), teraba kepala di fundus, punggung kiri, dan teraba bagian bagian kecil sebelah kiri, bagian terendah bokong. DJJ 135x/menit teratur, puntum maksimum diatas pusat kanan his 4 kali dalam 10 menit lamaya 40 detik. Kandung kemih kosong. Pada inspeksi terlihat vulva vagina membuka, dorongan anus, portio tidak teraba, pembukaan 10 cm, selaput ketuban tidak teraba, teraba sacrum, hodge III+. Analisis yang ditegakan yaitu Ny.N usia 35 tahun G5P2A2 hamil 35 minggu dengan presentasi bokong, janin tunggal hidup intra uterin, keadaan ibu dan janin baik. Penatalaksanaan yang dilakukan yaitu berkolaborasi dengan dokter dan bidan melakukan pertolongan persalinan sungsang pervaginam dengan teknik *bracht*. Bayi lahir tanggal 19 februari 2023 pukul 09.15 WIB.

Kesimpulan ibu bersalin spontan tanpa komplikasi, asfiksia pada bayi dapat diatasi, Saran yang diberikan agar ibu kontrol dalam masa nifas, segera menghubungi tenaga kesehatan bila terjadi keluhan atau tanda bahaya baik pada ibu maupun bayinya serta memberikan ASI secara eksklusif.

Kata Kunci : Asuhan Intranatal, Persalinan Sungsang

Referensi : 32 sumber (2013-2021)

**BANDUNG POLYTECHNIC OF HEALTH, MINISTRY OF HEALTH
MIDWIFERY STUDY PROGRAM**

Final Project Report, February 2023

Widiya, NIM : P17324220063

Intranatal Midwifery Care to Mrs. N 35 Years G5P2A2 with Breech Position at Leuwiliang Hospital.

IV CHAPTERS, 69 pages, 1 table

ABSTRACT

In breech delivery, the location of the baby is in accordance with the axis of the mother's body, the head is at the uterine fundus while the buttocks are the lowest part (in the area of the pelvic inlet / symphysis). Based on data obtained at the Leuwiliang Hospital in 2022 there were 65 births with a breech position (3.8%) out of 2,494 deliveries. Complications of breech delivery is bleeding, birth canal trauma and infection. The purpose of writing this Final Project Report was to apply midwifery care for women with breech deliveries.

The method used in preparing the Final Project Report was a case report with systematic documentation starting from Subjective, Objective, Analysis and Management (SOAP).

Subjective data assessment based on anamnesis On 19 February 2023 at 09.00 WIB Mrs. N, 35 years old, pregnant with fifth child, G5P2A2 Last Menstrual Period 10-07-2022 Brith Estimated Date 17-04-2023. Complaining of heartburn at 01.00 WIB. Came to RSUD Leuwiliang with referral from the Cibungbulang Health Center. At 09.00 I was taken to the delivery room, she was complained of frequent contaction, a feeling want to push. Objective data obtained were vital sign in normal rate, fundal 2 fingers below PX (28 cm), palpable head in the fundus, there was back side of the fetus on the left side of the uterus, and small parts of the fetus on the right side of the uterus, palpable buttock on the lowest part of the uterus. Fetal heart rate 135x/minute regularly, contraction 4 times in 10 minutes, 40 seconds long. Empty bladder. On inspection it could have been seen that the vaginal vulva is open, the anal thrust of on inspection the vaginal vulva and anal terust were open. Vaginal examination that cervix was not palpable, sacrum was on hodge III +, the amniotomic membrane was palpable but leak The analysis that was enforced was Mrs. N, 35 years old, G5P2A2, 35 weeks pregnant with breech presentation, intrauterine single live fetus, mother and fetus were in good condition. The management carried out was collaborating with doctors and midwives to assist vaginal delivery with the bracht technique. Baby born on 19 February 2023 at 09.15 WIB.

The conclusion after care was carried out during labor until postpartum when going home from the hospital there were no birth complications for the mother, asphyxia in the baby could be overcome. both mother and baby. And provide exclusive breastfeeding.

Keywords : Intranatal Care, breech care

References : 32 sources (2013-2022)