

**POLITEKNIK KESEHATAN BANDUNG PROGRAM STUDI KEBIDANAN  
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**ASUHAN KEBIDANAN PERSALINAN PADA Ny. R G3P2A0 USIA  
KEHAMILAN 40 MINGGU DENGAN KETUBAN PECAH DINI DI  
PUSKESMAS CIJERUK**

**VI BAB, 65 HALAMAN, 8 LAMPIRAN, 2 TABEL**

**ABSTRAK**

Ketuban Pecah Dini adalah pecahnya ketuban sebelum waktu persalinan atau sebelum pembukaan 4cm (fase laten). Pecah salaput ketuban dapat terjadi pada usia kehamilan preterm maupun aterm. Ketuban pecah dini dapat menyebabkan komplikasi baik pada ibu maupun pada bayi. Tujuan laporan ini adalah untuk mengaplikasikan asuhan kebidanan yang sesuai kewenangan bidan dengan penyulit Ketuban Pecah Dini di Puskesmas Cijeruk.

Data WHO kejadian KPD di dunia sebanyak 12,3% sedangkan di Indonesia sendiri sebanyak 17.665 ibu, data SDKI menunjukkan KPD sebanyak 5% dan Data rekam medis yang didapatkan di Puskesmas Cijeruk Pada Tahun 2022 mencapai (26%) .

Metode yang digunakan yaitu laporan kasus dengan pendokumentasian SOAP (Subjektif, Objektif, Analisa, dan Penatalaksanaan). Hasil pengkajian data subjektif ibu mengeluh mulas, keluar lendir beserta darah, dan juga keluar rembesan air- air dari jalan lahir yang tidak bisa di tahan berwarna jernih dengan berbau khas ketuban HPHT: 26 Mei 2022 TP: 03 Maret 2023. Data objektif hasil pemeriksaan keadaan umum baik, His 2 kali dalam 10 menit lamanya 25 detik (lemah) TFU: 36cm. Pemeriksaan genitalia, Vulva dan vagina tidak ada kelainan, terdapat lendir bercampur darah, dan rembesan air-air berwarna jernih, berbau khas ketuban, portio tebal kaku, pembukaan 2 Cm, presentasi kepala, tidak ada molase, penurunan kepala HII. Analisa Diagnosa yang didapat Ny. R usia 24 tahun G3P2A0 kehamilan 40 Minggu Inpartu Kala I Fase Laten Dengan Ketuban Pecah Dini. Penatalaksanaan yang diberikan sesuai SOP Puskesmas. Pada tanggal 26 februari 2023 pukul 06.05 WIB bayi lahir spontan, menangis kuat, tonus otot aktif.

Kesimpulan yang di dapat pasien lahir normal di puskesmas dengan penanganan yang diberikan sesuai SOP puskesmas tetapi sudah di luar kewenangan yang ada. Saran untuk Puskesmas agar memberikan asuhan kepada pasien ketuban pecah dini atau pasien dengan kegawat daruratan yang sesuai dengan kewenangan dan untuk pasien serta keluarga agar lebih bisa mendeteksi lebih dini tanda bahaya kehamilan khususnya pada ketuban pecah dini.

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

**Pustaka : 17 (2002-2022)**

**BANDUNG HEALT POLYTECHNIC, MIDWIFE STUDY PROGRAM  
BOGOR FINAL PROJECT REPRORT, MARET 2023**

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**Midwifery Care in Mrs. R G3P2A0 40 WEEKS OF Gestational Age With  
Premature Ruptured Membranes dam at Cijeruk Health Center  
VI CHAPTER, 65 PAGES, 8 APPENDICES, 2 TABLES**

**ABSTRACT**

*Premature rupture of membranes is the rupture of the membranes before the time of delivery or before opening 4cm (latent phase). Rupture of the membranes can occur at preterm or term gestation. Premature rupture of membranes can cause complications for both the mother and the baby. The purpose of this report is to apply midwifery care that is in accordance with the authority of midwives with complications of premature rupture of membranes at the Cijeruk Health Center.*

*WHO data on the incidence of KPD in the world is 12.3% while in Indonesia alone there are 17,665 mothers, SDKI data shows KPD is 5% and medical record data obtained at the Cijeruk Health Center in 2022 reaches (26%).*

*The method used is a case report with SOAP documentation (Subjective, Objective, Analysis, and Management). The results of the study of subjective data of the mother complaining of heartburn, mucous discharge along with blood, and also seepage of water from the birth canal which cannot be held clear in color with a characteristic amniotic odor HPHT: May 26, 2022 TP: March 3, 2023. Objective data from the results of a condition examination generally good, His 2 times in 10 minutes 25 seconds long (weak) TFU: 36cm. Genital examination, Vulva and vagina showed no abnormalities, there was mucus mixed with blood, and seepage of clear colored water, distinctly amniotic odor, thick stiff portion, 2 cm opening, head presentation, no molasses, decreased head HII. Diagnostic analysis obtained by Mrs. R, 24 years old, G3P2A0, 40 weeks of pregnancy, first stage of Latent Phase with premature rupture of membranes. The management given is in accordance with the Puskesmas SOP. On February 26 2023 at 06.05 WIB the baby was born spontaneously, crying loudly, active muscle tone.*

*The conclusion that was obtained was that the patient was born normally at the puskesmas with handlers who were given according to the SOP for the puskesmas but were outside the existing authority. Suggestions for the Puskesmas to provide care for patients with premature rupture of membranes or patients with emergencies in accordance with the authority and for patients and their families to be able to detect early danger signs of pregnancy, especially premature rupture of membranes.*

**Keyword: Midwifery, Care, Childbirth, KPD**

**Libraries: 17 (2002-2022)**