

ASUHAN KEBIDANAN KOMPREHENSIF PADA IBU HAMIL KEPUTIHAN DAN NYERI PERUT DENGAN PENERAPAN ASUHAN KEBIDANAN KOMPLEMENTER TERINTEGRASI

ABSTRAK

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212 halaman + 6 lampiran + 4 tabel

Asuhan kebidanan *Continuity Of Care* (COC) merupakan asuhan kebidanan secara berkesinambungan dari hamil sampai dengan keluarga berencana sebagai upaya penurunan Angka Kematian Ibu (AKI) dan Angka Kematian Bayi (AKB). ANC sudah dilakukan sesuai standar baik secara kuantitas maupun kualitas dan masalah keputihan serta nyeri perut teratasi dengan asuhan *Continuity Of Care* (COC) dan komplementer.

Tujuan penulisan tugas akhir ini melaksanakan asuhan kebidanan komplementer secara *Continuity Of Care* (COC) pada ibu hamil dengan keputihan dan nyeri perut bagian bawah, bersalin, neonatus, nifas dan KB pasca salin dengan pendekatan asuhan kebidanan komplementer terintegrasi serta manajemen kebidanan.

Pelaksanaan asuhan yang diberikan kepada Ny. "F" telah sesuai dengan rencana yang telah ditetapkan, ANC dilakukan sebanyak 9 kali di PBM, selama kehamilan pada TM I ibu mengeluh mual, pada TM II mengeluh keputihan dan nyeri perut dan telah diberikan intervensi asuhan kebidanan komplementer cebok air rebusan daun sirih selama 14 hari dan keputihan dapat teratasi pada kunjungan II, sedangkan keluhan nyeri perut bagian bawah diberikan terapi komplementer kompres air hangat. Pada persalinan ibu melahirkan dengan operasi *sectio Caesarea* sehingga penulis tidak bisa memberikan intervensi asuhan komplementer yang direncanakan yaitu pemberian nabees kurma dan massase counter pressure. Bayi lahir bugar BB 3300 gram dan PB 50 cm dan IMD tidak dilakukan, terapi komplementer yang diberikan yaitu pijat bayi dan terapi murrotal. Asuhan masa nifas berjalan normal asuhan komplementer yang diberikan yaitu pemberian nutrisi jantung pisang dan pijat oksitosin, namun tidak melakukan manajemen nyeri dengan massase karena ibu tidak merasakan nyeri yang berarti. Ibu memutuskan metode MAL meskipun sudah diarahkan dan diberikan asuhan konseling MKJP.

Setelah penulis melakukan asuhan kebidanan pada Ny."F" selama kehamilan tidak ditemukan adanya kesenjangan antara teori dan kasus. Pada asuhan persalinan ibu bersalin secara *Sectio Caesarea* dan tidak ada komplikasi asuhan komplementer tidak diberikan, masa neonatus, masa nifas berjalan normal dan telah diberikan asuhan komplementer namun massase counter pressure tidak diberikan. Pada masa neonatus, masa nifas, dan keluarga berencanaan semua dalam batas normal. Diharapkan bagi pemilikan praktikan dapat melakukan asuhan kebidanan secara *Continuity Of Care* (COC) dan memberikan asuhan kebidanan komplementer sebagai solusi mengatasi keluhan ibu seperti keputihan dengan cebok air rebusan daun sirih dan nyeri perut bagian bawah dengan kompres air hangat.

Kata Kunci : Asuhan Kebidanan, Komplementer, Continuity Of Care. Keputihan dan nyeri perut

MIDWIFE COMPREHENSIVE CARE FOR PREGNANT WOMEN WHITE AND STOMACH PAIN WITH THE APPLICATION OF INTEGRATED COMPLEMENTARY MIDWIFERY CARE

ABSTRACT

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212 pages + 6 attachme-Knts + 4 tables

Midwifery Continuity of Care (COC) is continuous midwifery care from pregnancy to family planning as an effort to reduce Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR). ANC has been carried out according to standards both in quantity and quality and the problem of vaginal discharge and abdominal pain is resolved with Continuity Of Care (COC) and complementary care.

The purpose of writing this final project is to carry out complementary midwifery care using Continuity Of Care (COC) for pregnant women with vaginal discharge and lower abdominal pain, maternity, neonates, postpartum and postpartum family planning with an integrated complementary midwifery care approach and midwifery management.

The implementation of the care given to Mrs. "F" was in accordance with the predetermined plan, ANC was carried out 9 times at PBM, during pregnancy in TM I the mother complained of nausea, in TM II she complained of vaginal discharge and abdominal pain and was given complementary midwifery care interventions with betel leaf boiled water for 14 weeks. days and vaginal discharge could be resolved on the second visit, while complaints of lower abdominal pain were given complementary therapy with warm water compresses. In labor, the mother gave birth with sectio Caesarea surgery so that the author could not provide the planned complementary care intervention, namely the provision of nabees dates and massage counter pressure. Babies born fit BB 3300 grams and PB 50 cm and IMD was not carried out, complementary therapies were given, namely baby massage and murrotal therapy. Postpartum care runs normally. Complementary care is provided, namely the provision of banana heart nutrition and oxytocin massage, but does not do pain management with the massese because the mother does not feel significant pain. Mother decided on the MAL method even though she had been directed and given MKJP counseling care.

After the author conducted midwifery care for Mrs. "F" during pregnancy, there was no discrepancy between theory and case. In the delivery care, the mother gave birth by Sectio Caesarea and there were no complications, complementary care was not given, the neonatal period, the puerperium were running normally and had been given complementary care but counter pressure massage was not given. During the neonate, puerperium, and family planning, all were within normal limits. It is hoped that the owners of the practice land can carry out Continuity Of Care (COC) midwifery care and provide complementary midwifery care as a solution to overcome maternal complaints such as vaginal discharge with water boiled betel leaf and lower abdominal pain with warm water compresses.

Keywords: Midwifery Care, Complementary, Continuity Of Care. Vaginal discharge and abdominal pain.