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ASUHAN KEBIDANAN KOMPREHENSIF PADA NY.L DI TPMB ROSITA PEKANBARU

xiv ± 154 Halaman, 7 Tabel, 11 Lampiran

ABSTRAK

Angka Kematian Ibu (AKI) di Indonesia dan Provinsi Riau masih tergolong tinggi. Sebagian besar penyebab kematian ibu, seperti hipertensi, perdarahan, dan komplikasi kehamilan, dapat dicegah melalui pelayanan kebidanan berkesinambungan dengan pendekatan *Continuity of Midwifery Care* (CoMC). Asuhan kebidanan komprehensif pada Ny. L G5P4A0H4 mulai masa kehamilan, persalinan, nifas, neonatus, hingga keluarga berencana di TPMB Rosita Kota Pekanbaru dengan pendokumentasian SOAP. Studi kasus dengan pendekatan CoMC dilaksanakan pada Desember 2025–Mei 2026. Hasil Asuhan adalah Ny. L usia 33 tahun dengan skor KSPR kategori risiko tinggi dengan skor awal hamil, terlalu cepat hamil lagi <2 th, terlalu banyak anak 4/ lebih dengan jumlah skor 10. Data diperoleh melalui anamnesis, pemeriksaan fisik, dan kunjungan rumah. Asuhan kehamilan dilakukan sebanyak empat kali sesuai standar 12T. Keluhan nyeri punggung diatasi dengan back massage Effleurage dan sering buang air kecil diatasi melalui pengaturan asupan cairan. Persalinan pada usia kehamilan 40 minggu 2 hari berlangsung spontan normal tanpa komplikasi, pemantauan partograf sesuai APN, serta keberhasilan IMD. Pada masa nifas, dilakukan pijat oksitosin, dan perawatan payudara sehingga involusi uterus, lochea, dan produksi ASI berjalan normal. Hasil skrining EPDS didapatkan skor 8 tidak menunjukkan depresi postpartum . Asuhan neonatus meliputi perawatan tali pusat, pijat bayi, imunisasi Hb0,dan pemberian ASI eksklusif. Berat badan bayi meningkat baik dari lahir 3.085 hingga 4.600 pada hari ke 36. Ibu memilih kontrasepsi implan pada hari ke-40 nifas. Asuhan kebidanan komprehensif dengan pendekatan CoMC berlangsung tanpa komplikasi dan efektif dalam deteksi dini risiko, pemberian intervensi tepat, serta pemantauan berkelanjutan ibu dan bayi.

Kata Kunci: **Asuhan Kebidanan Komprehensif, CoMC, Kehamilan Risiko Tinggi, Nifas, Neonatus.**

Daftar bacaan : 54 Referensi (2015-2026)

MINISTRY OF HEALTH OF THE REPUBLIC OF INDONESIA
RIAU HEALTH POLYTECHNIC
DEPARTMENT OF MIDWIFERY
DIP III MIDWIFERY STUDY PROGRAM

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COMPREHENSIVE MIDWIFE CARE FOR MRS. L IN MIDWIFE ROSITA'S INDEPENDENT PRACTICE PEKANBARU

Xiv ± 154 Pages, 7 Tables, 11 Appendices

ABSTRACT

Maternal Mortality Rates (MMR) in Indonesia and Riau Province remain high. Most causes of maternal death—such as hypertension, hemorrhage, and pregnancy complications—can be prevented through continuous midwifery services using the Continuity of Midwifery Care (CoMC) approach. Comprehensive midwifery care was provided to Mrs. L (G5P4A0H4)—covering pregnancy, childbirth, the postpartum period, neonatal care, and family planning—at the Rosita Independent Midwife Practice (TPMB) in Pekanbaru City, utilizing SOAP documentation. This case study, employing the CoMC approach, was conducted from December 2025 to May 2026. The subject was a 33-year-old woman (Mrs. L) classified as high-risk based on the KSPR (High-Risk Pregnancy Screening Card) score; risk factors included a short interval since the last pregnancy (<2 years) and high parity (4 or more children), resulting in a total score of 10. Data were collected through anamnesis, physical examinations, and home visits. Prenatal care was administered four times in accordance with the "12T" standards. Back pain was managed with effleurage massage, and frequent urination was addressed by regulating fluid intake. Childbirth occurred spontaneously and without complications at 40 weeks and 2 days of gestation; monitoring was conducted via partograph following APN (Normal Childbirth Care) protocols, and Early Initiation of Breastfeeding (IMD) was successfully achieved. Postpartum care included oxytocin massage and breast care, ensuring normal uterine involution, lochia progression, and breast milk production. An EPDS screening score of 8 indicated no postpartum depression. Neonatal care encompassed umbilical cord care, infant massage, HepB0 immunization, and exclusive breastfeeding. The infant showed good weight gain, increasing from 3,085 g at birth to 4,600 g by day 36. The mother opted for an implant contraceptive on the 40th day postpartum. The comprehensive midwifery care provided via the CoMC approach proceeded without complications and proved effective for early risk detection, appropriate intervention, and continuous monitoring of both mother and infant.

Keywords: **Comprehensive Midwifery Care, CoMC, High-Risk Pregnancy, Postpartum, Neonate**.

Reading List: 54 references (2015-2025)