

**KEMENTERIAN KESEHATAN REPUBLIK INDONESIA
POLITEKNIK KESEHATAN RIAU
PROGRAM STUDI D III KEBIDANAN**

**LAPORAN TUGAS AKHIR, JUNI 2026
HAFIZA RAMADANI**

**ASUHAN KEBIDANAN KOMPREHENSIF PADA NY. “F” DI PMB
ROSITA KOTA PEKANBARU 2025**

xiii, 115 halaman, 6 Tabel, 9 Lampiran

ABSTRAK

Salah satu upaya dalam pencegahan dan penanganan komplikasi pada masa kehamilan, persalinan, nifas, dan neonatus adalah melalui asuhan kebidanan yg komprehensif dan berkesinambungan. Laporan Tugas Akhir ini bertujuan memberikan asuhan kebidanan secara menyeluruh dan berkesinambungan pada Ny. F mulai dari masa kehamilan, persalinan, nifas, hingga neonatus. Asuhan dilakukan pada Ny. F G2P1A0H1 sejak usia kehamilan 35–36 minggu di TPMB Rosita Kota Pekanbaru pada bulan Desember 2025 sampai Juni 2026. Asuhan kebidanan meliputi 3 kali kunjungan kehamilan, pertolongan persalinan, 4 kali kunjungan nifas, dan 3 kali kunjungan neonatus. Pada usia kehamilan 37 minggu ibu mengeluh nyeri perut bagian bawah yang dapat diatasi dengan mengajarkan penggunaan *birth ball*. Pada kala I persalinan, ibu mengeluh nyeri pinggang dan perut sehingga dilakukan massage punggung membantu mengurangi nyeri persalinan. Bayi lahir spontan pukul 21.09 WIB jenis kelamin laki laki, dengan berat badan 3.100 gram dan panjang badan 50 cm. Plasenta lahir spontan dan lengkap. Setelah persalinan dilakukan pemantauan kala IV dengan hasil keadaan umum ibu baik, tekanan darah normal, kontraksi uterus baik, TFU setinggi pusat, dan perdarahan dalam batas normal. Asuhan nifas diberikan untuk mempercepat involusi uterus melalui mobilisasi dan pemenuhan nutrisi, serta dilakukan konseling KB sehingga ibu menjadi akseptor memilih kontrasepsi suntik Progestin Pada kunjungan neonatus ditemukan ikterik fisiologis diberikan asuhan edukasi menjemur bayi pada pagi hari dan pemberian ASI sesering mungkin. ikterik sudah hilang pada hari ke 4. Asuhan kebidanan komprehensif pada Ny. F berjalan sesuai standar dan seluruh masalah dapat diatasi. Bidan diharapkan mempertahankan pelayanan kebidanan yang menyeluruh dan berkesinambungan guna berkontribusi dalam percepatan penurunan AKI

Kata Kunci : *Asuhan Kebidanan Komprehensif, Kehamilan, Persalinan, Nifas, Neonatus*

Daftar Bacaan : 52 referensi (2015-2024)

**MINISTRY OF HEALTH OF THE REPUBLIC OF INDONESIA
RIAU HEALTH POLYTECHNIC
D III MIDWIFERY STUDY PROGRAM**

**FINAL REPORT, JUNE 20256
HAFIZA RAMADANI**

**COMPREHENSIVE MIDWIFERY CARE FOR MRS. “F” AT PMB ROSITA
PEKANBARU CITY 2025**

xiii, 115 pages, 6 Tables, 9 Attachments

ABSTRACT

One strategy for preventing and managing complications during pregnancy, childbirth, the postpartum period, and the neonatal stage is the provision of comprehensive and continuous midwifery care. This final project report aims to provide such care to Mrs. F, covering the entire continuum from pregnancy through childbirth, the postpartum period, and the neonatal stage. Care was provided to Mrs. F (G2P1A0H1) starting at 35–36 weeks of gestation at the Rosita Independent Midwifery Practice (TPMB) in Pekanbaru City between December 2025 and June 2026. The care regimen included three prenatal visits, childbirth assistance, four postpartum visits, and three neonatal visits. At 37 weeks of gestation, the mother complained of lower abdominal pain, which was alleviated by teaching her to use a birth ball. During the first stage of labor, the mother complained of lower back and abdominal pain; a back massage was administered to help reduce labor pain. A male infant was delivered spontaneously at 21:09 WIB, weighing 3,100 grams and measuring 50 cm in length. The placenta was delivered spontaneously and was complete. Post-delivery monitoring during the fourth stage of labor showed the mother in good general condition with normal blood pressure, good uterine contractions, the uterine fundus at the level of the umbilicus, and bleeding within normal limits. Postpartum care focused on accelerating uterine involution through mobilization and proper nutrition; family planning counseling was also provided, resulting in the mother choosing a progestin-only injectable contraceptive. During neonatal visits, physiological jaundice was observed; care included educating the mother to expose the baby to morning sunlight and to breastfeed frequently. The jaundice resolved by the fourth day. The comprehensive midwifery care provided to Mrs. F adhered to established standards, and all issues were successfully resolved. Midwives are encouraged to maintain comprehensive and continuous care services to contribute to accelerating the reduction of the maternal mortality rate.

Keywords: *Comprehensive Midwifery Care, Pregnancy, Childbirth, Postpartum, Neonate*

Reading List: 52 references (2015-2024).