

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

**LAPORAN TUGAS AKHIR, JUNI 2026  
VERLITA NURSYAMIRA**

**ASUHAN KEBIDANAN KOMPREHENSIF PADA NY. “I” DI TEMPAT  
PRAKTIK MANDIRI BIDANROSITA KOTA PEKANBARU 2026**

**xi ± 160 Halaman, 8 Tabel, 12 Lampiran**

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**ABSTRAK**

Asuhan kebidanan komprehensif merupakan pelayanan kebidanan yang diberikan secara berkesinambungan sejak masa kehamilan, persalinan, nifas, hingga neonatus untuk mendukung kesehatan ibu dan bayi secara optimal serta mendeteksi komplikasi secara dini. Laporan tugas akhir ini bertujuan memberikan asuhan kebidanan komprehensif kepada Ny. I G4P3A0H3 melalui pendekatan *Continuity of Midwifery Care (CoMC)* di TPMB Rosita, Kota Pekanbaru, tahun 2026. Metode yang digunakan adalah studi kasus dengan pendokumentasian SOAP melalui anamnesis, observasi, pemeriksaan fisik, pemeriksaan penunjang, serta penggunaan buku KIA, partograf, dan *Edinburgh Postnatal Depression Scale (EPDS)*. Asuhan dilakukan melalui empat kali kunjungan antenatal, pendampingan persalinan, empat kali kunjungan nifas, dan tiga kali kunjungan neonatus. Hasil asuhan menunjukkan kondisi ibu dan janin selama kehamilan dalam batas fisiologis. Selama kehamilan tidak ditemukan keluhan atau komplikasi, serta ibu tetap diberikan edukasi, senam hamil, dan latihan birth ball sebagai upaya promotif dan preventif. Pada usia kehamilan 38–39 minggu, ibu dirujuk ke RS Hermina Pekanbaru karena mengalami ketuban pecah dini disertai kala I fase aktif memanjang sehingga persalinan berlangsung aman melalui kolaborasi dokter spesialis obstetri dan bidan. Masa nifas berlangsung fisiologis dengan involusi uterus normal, produksi ASI lancar, penyembuhan luka baik, serta hasil skrining EPDS dalam kategori normal. Bayi lahir cukup bulan dengan berat badan 3.460 gram dan panjang badan 50 cm. Selama masa neonatus tidak ditemukan komplikasi, tali pusat puput pada hari ke-7, dan berat badan meningkat menjadi 3.600 gram pada usia 14 hari. Penerapan CoMC mendukung deteksi dini komplikasi, menjamin kesinambungan pelayanan, serta memberikan luaran kesehatan ibu dan bayi yang optimal.

**Kata Kunci:** AsuhanKebidananKomprehensif, *Continuity of Midwifery Care*, Kala I Fase Aktif Memanjang, Rujukan Maternal, Neonatus.

Referensi :54 Referensi (2017-2025)

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

**FINAL PROJECT REPORT, JUNE 2026  
VERLITA NURSYAMIRA**

**COMPREHENSIVE MIDWIFERY CARE FOR MRS. I THE  
INDEPENDENT MIDWIFERY PRACTICE OF ROSITA, PEKANBARU  
CITY, 2026**

**xi± 160 Pages, 8 Tables, 12 Appendices**

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**ABSTRACT**

Comprehensive midwifery care is a continuous service provided from pregnancy, childbirth, postpartum, to the neonatal period to promote maternal and neonatal health and facilitate early detection of complications. This final project aimed to provide comprehensive midwifery care to Mrs. I (G4P3A0H3) using the Continuity of Midwifery Care (CoMC) approach at TPMB Rosita, Pekanbaru City, in 2026. This case study used SOAP documentation based on history taking, observation, physical examination, supporting examinations, and the Maternal and Child Health (MCH) Handbook, partograph, and the Edinburgh Postnatal Depression Scale (EPDS). Care included four antenatal visits, labor assistance, four postpartum visits, and three neonatal visits. The results showed normal maternal and fetal conditions throughout pregnancy. No significant complaints or complications were identified, while health education, pregnancy exercise, and birth ball exercises were provided as promotive and preventive interventions. At 38–39 weeks of gestation, the patient was referred to Hermina Hospital Pekanbaru due to premature rupture of membranes with prolonged active labor. The postpartum period was physiological, with normal uterine involution, adequate breast milk production, proper wound healing, and a normal EPDS score. The newborn was delivered at term weighing 3,460 grams and measuring 50 cm in length. No neonatal complications were identified, the umbilical cord detached on the seventh day, and the infant's weight increased to 3,600 grams by day 14. The implementation of CoMC supported early detection of complications, ensured continuity of care, and resulted in optimal maternal and neonatal outcomes.

**Keywords:** *Comprehensive Midwifery Care; Continuity of Midwifery Care; Prolonged Active First Stage of Labor; maternal referral; Neonate.*

References: 54 References (2017-2025)