

**KEMENTERIAN KESEHATAN REPUBLIK INDONESIA  
POLITEKNIK KESEHATAN RIAU  
PROGRAM STUDI DIII KEBIDANAN**

**LAPORAN TUGAS AKHIR, MEI 2026  
AISYAHQILLA FITRILIA RAHMA**

**ASUHAN KEBIDANAN KOMPREHENSIF PADA NY.R DI TPMB  
ROSITA KOTA PEKANBARU**

**xi +139 Halaman + 9 Tabel + 10 Lampiran**

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**ABSTRAK**

Salah satu bentuk pelayanan yang berperan penting dalam menurunkan Angka Kematian Ibu (AKI) dan Angka Kematian Bayi (AKB) adalah asuhan kebidanan berkesinambungan atau *Continuity of Care (COC)* dan *Continuity of Midwifery Care (CoMC)*. Asuhan ini bertujuan untuk memberikan pelayanan komprehensif mulai dari masa kehamilan, persalinan, nifas, neonatus hingga keluarga berencana. Laporan tugas akhir ini bertujuan memberikan asuhan kebidanan komprehensif pada Ny. R G3P2A0H2 mulai trimester III kehamilan sampai masa nifas dan neonatus. Asuhan dilakukan di TPMB Rosita Kota Pekanbaru dan rumah Ny. R dari bulan Januari–Mei 2026. Metode yang digunakan adalah studi kasus dengan pendekatan manajemen kebidanan dan pendokumentasian SOAP. Asuhan kehamilan dilakukan 4 kali pada usia kehamilan 30-39 minggu, Asuhan persalinan, 4 kali kunjungan nifas dan 3 kali Neonatus. Selama TM III ditemukan keluhan kram kaki dan telah diberikan asuhan dengan merendam kaki di air hangat agar otot kaki lebih relaksasi. Persalinan berlangsung normal dengan bayi laki-laki lahir spontan, berat badan 2.900 gram dan panjang badan 49 cm. Lama persalinan kala I berlangsung 2 jam, kala II 15 menit, kala III 15 menit dan kala IV dilakukan observasi selama 2 jam. Masa nifas berlangsung normal 39 hari postpartum. Asuhan yang diberikan meliputi anjuran menyusui sesering mungkin, pemberian ASI eksklusif, skriningpenggunaan EPDS, serta konseling keluarga berencana. Setelah konseling, ibu memilih menggunakan kontrasepsi suntik 3 bulan. Pada kunjungan neonatus, bayi dalam kondisi baik, aktif menyusui, tali pusat puput pada hari ke-5 tanpa tanda infeksi. Berat badan bayi meningkat menjadi 3.500 gram atau bertambah 600g pada hari ke 23. Diharapkan bidan dapat mempertahankan pelayanan kebidanan komprehensif dan berkesinambungan guna meningkatkan kualitas pelayanan kesehatan ibu dan anak.

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

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

**FINAL PROJECT REPORT, MEI 2026  
AISYAHQILLA FITRILIA RAHMA**

**COMPREHENSIVE MIDWIFERY CARE FOR NY.R AT TPMB ROSITA  
PEKANBARU CITY**

**xi +139 Pages + 9 Tables + 10 Attachments**

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**ABSTRACT**

*One form of healthcare service that plays an important role in reducing the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) is continuous midwifery care, known as Continuity of Care (COC) and Continuity of Midwifery Care (CoMC). This care aims to provide comprehensive services from pregnancy, childbirth, postpartum, and neonatal periods to family planning. This final project report aimed to provide comprehensive midwifery care for Mrs. R, G3P2A0H2, from the third trimester of pregnancy through the postpartum and neonatal periods using a Continuity of Care approach at TPMB Rosita. The method used was a case study with a midwifery management approach and SOAP documentation. Antenatal care was provided four times at 30–39 weeks of gestation, one childbirth care, four postpartum visits, and three neonatal visits. During pregnancy, the mother experienced leg cramps and was provided care by soaking her feet in warm water to help relax the leg muscles. Childbirth progressed normally, with a spontaneous delivery of a male infant weighing 2,900 grams and measuring 49 cm in length. The duration of the first stage of labor was 2 hours, the second stage was 15 minutes, the third stage was 15 minutes, and the fourth stage involved observation for 2 hours. The postpartum period progressed normally, characterized by good uterine involution, lochia appropriate for the postpartum period, increasing breast milk production, and exclusive breastfeeding. During neonatal visits, the baby was in good condition, breastfed actively, and the umbilical cord separated on the fifth day without signs of infection. The baby's weight increased to 3,500 grams, representing a 500-gram gain. The evaluation showed that both mother and baby were in good condition. Midwives are expected to maintain comprehensive and continuous midwifery care to improve the quality of maternal and child healthcare services.*

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