

RINGKASAN

ASUHAN KEBIDANAN BERKELANJUTAN PADA NY N USIA 28 TAHUN G2P1A0 DARI USIA KEHAMILAN 39 MINGGU, PERSALINAN, BAYI BARU LAHIR, NIFAS HINGGA KB DI DESA KUMITIR KECAMATAN JATIREJO MOJOKERTO

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Asuhan Continuity of Care (COC) merupakan pendekatan pelayanan kebidanan komprehensif dan berkesinambungan yang berfokus pada kebutuhan ibu dan bayi dari kehamilan hingga keluarga berencana, guna meningkatkan kepercayaan serta deteksi dini risiko dan komplikasi. Asuhan diberikan pada Ny. N usia 28 tahun di Desa Kunitir, Kecamatan Jatirejo, sejak trimester III hingga KB, pada 6 Desember 2025–8 Januari 2026. Pendokumentasian menggunakan SOAP dengan 10 kunjungan meliputi kehamilan, persalinan, nifas (KF I–IV), neonatus (KN I–III), dan KB. Pada kehamilan ditemukan oligohidramnion melalui USG, namun kehamilan dapat dipertahankan hingga aterm dengan pemantauan berkelanjutan. Persalinan dilakukan secara sectio caesarea atas indikasi obstetri dan berlangsung aman. Masa nifas berjalan fisiologis dengan involusi uterus baik, luka operasi sembuh optimal, dan ASI lancar tanpa komplikasi. Bayi dalam kondisi normal dengan tanda vital stabil, refleks baik, serta mendapatkan ASI eksklusif. Ibu memilih KB suntik 3 bulan. Penerapan asuhan Continuity of Care (COC) pada Ny. N terbukti efektif dalam mengoptimalkan luaran ibu dan bayi melalui pelayanan yang komprehensif dan berkesinambungan. Deteksi dini oligohidramnion pada trimester III memungkinkan pengambilan keputusan klinis yang tepat hingga kehamilan mencapai aterm dan persalinan sectio caesarea berjalan aman sesuai indikasi. Masa nifas yang fisiologis serta kondisi neonatus yang stabil menunjukkan keberhasilan pemantauan pada periode kritis. Selain itu, konseling keluarga berencana mendukung kesinambungan kesehatan reproduksi. Penerapan COC sesuai standar terbukti efektif dalam deteksi dini, pencegahan komplikasi, serta meningkatkan kualitas kesehatan ibu dan bayi secara menyeluruh.

SUMMARY

By Ruri Agustin

Continuity of Care (COC) is a comprehensive and continuous midwifery care approach that focuses on the needs of mothers and babies from pregnancy through family planning, aiming to build trust and enable early detection of risks and complications. Care was provided to Mrs. N, 28 years old, residing in Kunitir Village, Jatirejo District, from the third trimester until family planning services, from December 6, 2025 to January 8, 2026. Documentation was carried out using the SOAP approach with a total of 10 visits, including pregnancy, delivery, postpartum (KF I–IV), neonate (KN I–III), and family planning. During pregnancy, oligohydramnios was identified through ultrasound; however, the pregnancy was maintained until term with continuous monitoring. Delivery was performed by cesarean section based on obstetric indications and proceeded safely. The postpartum period was physiological, marked by good uterine involution, optimal surgical wound healing, and adequate breast milk production without complications. The neonate was in normal condition with stable vital signs, good reflexes, and received exclusive breastfeeding. The mother chose a 3-month injectable contraceptive. The implementation of Continuity of Care (COC) in Mrs. N's case proved effective in optimizing maternal and neonatal outcomes through comprehensive and continuous care. Early detection of oligohydramnios in the third trimester enabled appropriate clinical decision-making, allowing the pregnancy to reach term and ensuring a safe cesarean delivery. A normal postpartum course and stable neonatal condition reflect effective monitoring during critical periods. In addition, timely family planning counseling supported the continuity of reproductive health care. The application of COC in accordance with standards has proven effective in early detection, prevention of complications, and improving the overall quality of maternal and neonatal health.