

RINGKASAN

ASUHAN KEBIDANAN *CONTINUITY OF CARE* PADA NY “R” MASA HAMIL, BERSALIN, NIFAS, NEONATUS DAN KB DI TPMB ELLYS YULI ASTUTIK, S. Keb. Bdn DESA JOGOLOYO KECAMATAN SUMOBITO KABUPATEN JOMBANG

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Asuhan yang diberikan bersifat komprehensif dengan pendekatan *Continuity of Care* (CoC), yang mencakup pelayanan sejak masa kehamilan, persalinan, nifas, perawatan neonatus, hingga ibu memutuskan untuk menggunakan kontrasepsi (KB). Penulis melakukan pendampingan terhadap Ny. R melalui kunjungan berkesinambungan pada masa kehamilan, persalinan, nifas, neonatus, serta pelayanan KB, dengan pemberian asuhan yang disesuaikan dengan kebutuhan ibu.

Metode pelaksanaan asuhan CoC dilakukan melalui pemantauan dan pendampingan berkelanjutan dengan menggunakan manajemen asuhan kebidanan. Pengumpulan data meliputi data primer yang diperoleh melalui anamnesis, pemeriksaan fisik, observasi, serta pendokumentasian asuhan secara sistematis. Data sekunder bersumber dari pihak yang berkaitan dengan Ny. R, seperti suami atau anggota keluarga. Sementara itu, data tersier diperoleh dari buku KIA dan dokumentasi hasil pemeriksaan ultrasonografi (USG). Pelayanan asuhan diberikan sesuai dengan standar kebidanan dan disesuaikan dengan kebutuhan klien pada setiap tahap siklus kehidupan ibu dan bayi.

Asuhan kebidanan pada Ny. R dilaksanakan selama periode mulai tanggal 19 Desember 2025 hingga 2 Februari 2026 dengan total 7 kali kunjungan, yang terdiri dari 1 kali kunjungan masa kehamilan, 3 kali kunjungan masa nifas, 2 kali kunjungan neonatus, dan 1 kali kunjungan pelayanan keluarga berencana (KB).

Pada kunjungan masa kehamilan, ibu mengeluhkan nyeri punggung dan perut terasa kencang, namun keluhan tersebut masih dalam batas normal. Selama kunjungan masa nifas, ibu menyampaikan keluhan nyeri pada luka jahitan perineum, yang juga masih termasuk dalam batas normal. Sementara itu, pada kunjungan neonatus dan pelayanan KB, ibu mengatakan tidak terdapat keluhan baik pada bayi maupun dirinya, serta kondisi ibu dan bayi dalam keadaan sehat. Asuhan yang diberikan dapat dipahami dan diterapkan dengan baik oleh ibu.

Melalui penerapan asuhan CoC, diharapkan dapat meningkatkan kualitas pelayanan kebidanan, memperkuat hubungan terapeutik antara bidan dan klien, serta menurunkan risiko komplikasi pada ibu dan bayi. Selain itu, asuhan ini diharapkan mampu meningkatkan kepatuhan ibu terhadap kunjungan pelayanan kesehatan, memperbaiki status kesehatan ibu dan bayi, serta berkontribusi dalam menurunkan angka kesakitan dan kematian ibu dan bayi.

Kata Kunci : Hamil, Bersalin, Nifas, Neonatus, KB.

SUMMARY

ASUHAN KEBIDANAN CONTINUITY OF CARE ON MRS. "R" DURING PREGNANCY, CHILDBIRTH, POSTPARTUM AND BIRTH CONTROL AT TPMB ELLYS YULI ASTUTIK, S. Keb. Bdn JOGOLOYO VILLAGE, SUMOBITO DISTRICT, JOMBANG REGENCY

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The care provided is comprehensive with a *Continuity of Care* (CoC) approach, which includes services from pregnancy, childbirth, postpartum and neonatal care, until the mother decides to use contraception (birth control). The author provides assistance to Mrs. "R" through continuous visits during pregnancy, childbirth, postpartum and neonatal services, with the provision of care tailored to the needs of the mother.

The method of implementing CoC care is carried out through continuous monitoring and assistance using midwifery care management. Data collection includes primary data obtained through anamnesis, physical examination, observation, and systematic documentation of care. Secondary data is sourced from parties related to Mrs. "R", such as her husband or family members. Meanwhile, tertiary data was obtained from the KIA book and documentation of the results of the ultrasound examination (ultrasound). Nurturing services are provided in accordance with midwifery standards and are tailored to the needs of clients at every stage of the maternal and infant life cycle.

Midwifery care for Mrs. "R" was carried out during the period from December 19, 2025 to February 2, 2026 with a total of 7 visits, consisting of 1 visit during pregnancy, 3 visits during the postpartum period, 2 visits to neonatal visits, and 1 visit to family planning services (KB).

During the pregnancy visit, the mother complained of back pain and a tight abdomen, but the complaints were still within normal limits. During the postpartum visit, the mother complained of pain in the perineal suture wound, which was also still within normal limits. Meanwhile, at the neonatal visit and family planning service, the mother said that there were no complaints in both the baby and herself, as well as the condition of the mother and baby in good health. The care provided can be understood and applied well by the mother.

Through the implementation of CoC care, it is hoped that it can improve the quality of midwifery services, strengthen the therapeutic relationship between midwives and clients, and reduce the risk of complications in mothers and babies. In addition, this care is expected to be able to increase maternal compliance with health care visits, improve the health status of mothers and babies, and contribute to reducing the number of maternal and infant illness and death.

Keywords: Pregnancy, Childbirth, Postpartum Childbirth, Neonates, Family Planning.