

RINGKASAN

Asuhan Kebidanan *Continuity Of Care* pada Ny. N masa hamil sampai dengan KB dan Neonatus di Rumah Sakit Sahabat Pasuruan

Oleh : Dewi Lutvia Ilmiati

(Introduction)

Continuity of Care (COC) merupakan pendekatan asuhan kebidanan yang berkesinambungan dan komprehensif sejak kehamilan trimester III, persalinan, masa nifas, perawatan bayi baru lahir, hingga pelayanan keluarga berencana (KB). Pendekatan ini bertujuan melakukan pemantauan kontinu, deteksi dini risiko, serta intervensi sesuai standar guna meningkatkan kualitas pelayanan, keselamatan ibu dan bayi, serta mendukung upaya penurunan Angka Kematian Ibu (AKI) dan Angka Kematian Bayi (AKB) sesuai rekomendasi World Health Organization dan kebijakan Kementerian Kesehatan Republik Indonesia.

(Methods)

Asuhan kebidanan dilakukan pada Ny. N usia 31 tahun G3 P1001 Ab100 secara continuity of care mulai 08 November 2025 sampai 11 Desember 2025. Pelayanan yang diberikan Kehamilan trimester III (1 kali oleh penulis dan 6 kali oleh tenaga kesehatan), Persalinan normal, Kunjungan nifas 4 kali (8 jam, 7 hari, 26 hari, 31 hari postpartum), Kunjungan neonatus 3 kali (8 jam, 7 hari, 26 hari), Pelayanan KB 1 kali (KB suntik 3 bulan). Dalam pendokumentasian menggunakan metode SOAP.

(Results and Analysis)

Kehamilan Ny. N dari awal hamil dengan keluhan trimester 1 keluhan mual muntah, dapat diatasi dengan pasien melakukan pemeriksaan ke dokter dan minum obat secara teratur. Pada kehamilan trimester ke 3 dengan keluhan ketuban merembes selama 12 jam, di evaluasi dan observasi DJJ secara berkala dengan hasil pemeriksaan jantung janin dalam keadaan normal, sehingga persalinan bisa dilakukan dengan normal tanpa komplikasi. Persalinan diawali dengan keluhan keluar cairan jernih bercampur lendir darah pada pembukaan 2 cm dan berlangsung normal hingga kala IV tanpa kesenjangan. Bayi lahir spontan tanggal 10 November 2025 pukul 22.37 WIB, jenis kelamin laki-laki, berat badan 3200 gram, panjang badan 51 cm, dan mendapatkan asuhan bayi baru lahir normal. Masa nifas dan neonatus berjalan normal tanpa komplikasi. Ibu memilih menggunakan kontrasepsi suntik 3 bulan sebagai metode KB. Kunjungan nifas sebanyak 4 kali menunjukkan involusi uterus normal dan tidak ditemukan komplikasi. Kunjungan neonatus sebanyak 3 kali menunjukkan pertumbuhan dan adaptasi bayi dalam batas normal. Ibu memilih menggunakan KB suntik 3 bulan sebagai metode kontrasepsi. Secara keseluruhan tidak ditemukan kesenjangan antara teori dan praktik.

(Discussion)

Pelaksanaan COC pada Ny. N menunjukkan bahwa asuhan kebidanan yang berkesinambungan dan komprehensif mampu menjaga kondisi ibu dan bayi tetap dalam keadaan normal. Pemantauan kontinu memungkinkan deteksi dini risiko dan penanganan tepat waktu. Hasil ini mendukung pentingnya penerapan COC dalam meningkatkan kualitas pelayanan kebidanan dan keselamatan ibu serta bayi. Oleh karena itu, bidan diharapkan terus mempertahankan dan meningkatkan kompetensi sesuai standar pelayanan kebidanan guna mendukung penurunan AKI dan AKB.

Kata kunci : *Continuity of care*, ibu hamil, bersalin, nifas dan BBL

SUMMARY

Continuity of Care Midwifery Care for Mrs. N from Pregnancy to Family Planning and Neonatal Care at Sahabat Pasuruan Hospital

By: Dewi Lutvia Ilmiati

(Introduction)

Continuity of Care (COC) is a continuous and comprehensive midwifery care approach from the third trimester of pregnancy, delivery, postpartum, newborn care, and family planning (FP) services. This approach aims to provide continuous monitoring, early risk detection, and standardized interventions to improve the quality of care, the safety of mothers and babies, and support efforts to reduce the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) in accordance with World Health Organization recommendations and the policies of the Ministry of Health of the Republic of Indonesia.

(Methods)

Midwifery care was provided to Mrs. N, 31 years old, G3 P1001 Ab100, using continuity of care from November 8, 2025, to December 11, 2025. Services provided included third trimester pregnancy (once by the author and six by health workers), normal delivery, four postpartum visits (8 hours, 7 days, 26 days, and 31 days postpartum), three neonatal visits (8 hours, 7 days, and 26 days), and one family planning service (3-monthly injection). Documentation used the SOAP method.

(Results and Analysis)

Mrs. N's pregnancy, which began with complaints of nausea and vomiting in the first trimester, was successfully managed by the patient with regular checkups and medication. In the third trimester, with complaints of leaking amniotic fluid for 12 hours, regular evaluation and observation of the fetal heart rate (FHR) were performed, and the fetal heart rate (FHR) was found to be normal, allowing for a normal delivery without complications. Labor began with the discharge of clear fluid mixed with blood and mucus at 2 cm dilation and progressed normally through the fourth stage without any gaps. The baby was born spontaneously on November 10, 2025, at 10:37 PM WIB. He was a boy, weighing 3200 grams and measuring 51 cm in length, and received normal newborn care. The postpartum and neonatal periods proceeded normally without complications. The mother chose to use a 3-monthly injectable contraceptive as her birth control method. Four postpartum visits showed normal uterine involution and no complications. Three neonatal visits showed the baby's growth and adaptation within normal limits. The mother chose to use a 3-monthly injectable contraceptive as her birth control method. Overall, no gap was found between theory and practice.

(Discussion)

The implementation of COC for Mrs. N demonstrates that continuous and comprehensive midwifery care can maintain the normal condition of both mother and baby. Continuous monitoring allows for early detection of risks and timely treatment. These results support the importance of COC implementation in improving the quality of midwifery services and the safety of mothers and babies. Therefore, midwives are expected to continue to maintain and improve their competency in accordance with midwifery service standards to support the reduction of maternal and infant mortality rates.

Key words: Continuity of care, pregnant women, maternity, postpartum and BBL