

## **RINGKASAN LAPORAN STASE *CONTINUITY OF CARE***

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Angka Kematian Ibu dan Bayi sering dipicu oleh status gizi buruk seperti Kekurangan Energi Kronis (KEK). Ny. N di TPMB Ro'yatul Dwi Fitria terdeteksi memiliki LILA 22,4 cm, yang berisiko menyebabkan persalinan macet dan BBLR. Tujuan asuhan ini adalah memberikan asuhan kebidanan berkelanjutan (CoC) untuk memastikan luaran fisiologis. Asuhan dilakukan secara komprehensif mulai dari kehamilan trimester III (1 kali), persalinan (APN), nifas (KF 1-4), neonatus (KN 1-3), hingga pelayanan KB pascasalin. Data dikumpulkan melalui wawancara, pemeriksaan fisik, dan observasi langsung. Pada masa hamil, terjadi peningkatan LILA menjadi 24,1 cm melalui intervensi nutrisi. Persalinan berlangsung spontan pada 25 Desember 2025 dengan bayi lahir bugar (APGAR 10/10, BB 2.700 gr). Masa nifas dan neonatal berlangsung normal tanpa komplikasi. Ibu memilih menjadi akseptor KB suntik 3 bulan. Intervensi protein hewani lokal secara konsisten efektif mentransformasi status KEK menjadi normal, sehingga mencegah komplikasi persalinan. Seluruh asuhan yang diberikan telah sesuai dengan standar kompetensi bidan dan kebutuhan subjektif pasien. Asuhan CoC pada Ny. N berhasil mencapai kondisi ibu dan bayi sehat. Disarankan bagi bidan untuk memperkuat pemantauan LILA sejak awal kehamilan guna deteksi dini risiko gizi.

**Kata Kunci :** Kehamilan, Persalinan, Bayi Baru Lahir.

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## SUMMARY OF CONTINUITY OF CARE (CoC) REPORT

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*Maternal and Infant Mortality Rates are often triggered by poor nutritional status, such as **Chronic Energy Deficiency (CED)**. Mrs. "N" at TPMB Ro'yatul Dwi Fitria was identified with a Mid-Upper Arm Circumference (MUAC/LILA) of **22.4 cm**, which poses a risk for obstructed labor and Low Birth Weight (LBW). The objective of this care was to provide **Continuity of Care (CoC)** to ensure physiological outcomes. Comprehensive care was provided starting from the third trimester of pregnancy (1 visit), labor (Normal Birth Care/APN), postpartum (KF 1-4), neonatal (KN 1-3), to postpartum family planning services. Data were collected through interviews, physical examinations, and direct observation. During pregnancy, the MUAC increased to **24.1 cm** through nutritional intervention. Labor occurred spontaneously on December 25, 2025, with a vigorous baby (APGAR 10/10, weight 2,700 g). The postpartum and neonatal periods proceeded normally without complications. The mother chose to become an acceptor of the 3-month injectable contraceptive. Consistent intervention with local animal protein was effective in transforming the CED status to normal, thereby preventing labor complications. All care provided was in accordance with midwife competency standards and the patient's subjective needs. CoC management for Mrs. "N" successfully achieved a healthy status for both mother and baby. It is recommended that midwives strengthen MUAC monitoring from early pregnancy for the early detection of nutritional risks.*

**Keywords:** *Pregnancy, Labor, Newborn.*