

RINGKASAN LAPORAN CONTINUITY OF CARE

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Asuhan kebidanan yang komprehensif (Continuity Of Care) sejak masa kehamilan sangat penting untuk dilaksanakan. Namun pada kenyataannya, tidak semua pelayanan kebidanan menerapkan prinsip *continuity of care* sehingga dapat meningkatkan risiko terjadinya komplikasi.

Tujuan asuhan ini untuk memberikan asuhan kebidanan secara *Continuity of Care* pada ibu hamil, bersalin, nifas dan neonatus dengan pendokumentasian SOAP. Asuhan kebidanan yang diberikan pada Ny."B" berlangsung 7 minggu dengan frekuensi kunjungan kehamilan 2 kali, persalinan 1 kali, nifas 4 kali, neonatus 3 kali, serta KB sebanyak 1 kali.

Asuhan kehamilan selama 2 kali tidak ditemukan masalah. Meskipun terdapat penyakit hyperbillirubinemia ditrimester 1 dan sudah teratasi. Asuhan persalinan kala I dan II tidak dilakukan dikarenakan ibu datang kebidan sudah pembukaan 9, kala III 15 menit, dan kala IV TFU 2 jari bawah pusat dengan perdarahan $\pm$ 150cc, ada laserasi dikulit perineum, mukosa vagina, serta otot perineum dan dijahit. Asuhan nifas I keluhan perut mules, asuhan II keluhan nyeri luka jahitan, asuhan III dan IV tidak ada keluhan. Asuhan neonatus jenis kelamin laki-laki, BB:3000 gram PB:50 cm aterm. Asuhan neonatus I, II dan III tidak ada keluhan. Asuhan KB, ibu telah diberikan konseling dan memutuskan menggunakan KB MAL (Metode Amenore Lactasi).

Pengkajian menggunakan data subjektif dan objektif tidak ditemukan masalah pada ibu dan bayi. Diagnosis nifas dan neonatus normal. Perencanaan dan pelaksanaan asuhan sudah dilakukan. Evaluasi kehamilan, persalinan dan nifas tanpa penyulit, neonatus fisiologis, ibu akseptor KB MAL.

Diharapkan ibu untuk melanjutkan pemberian ASI eksklusif sampai dengan usia 6 bulan tanpa tambahan susu formula dikarenakan ibu memutuskan menggunakan KB MAL. Mengimunisasikan bayinya secara rutin ke Posyandu.

Kata kunci: Continuity of care, hamil, bersalin, nifas, neonatus, KB

SUMMARY OF CONTINUITY OF CARE REPORT

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Comprehensive midwifery care (Continuity of Care) from pregnancy is crucial. However, not all midwifery services implement the principle of continuity of care, which can increase the risk of complications.

The purpose of this care is to provide midwifery care with Continuity of Care to pregnant women, giving birth, postpartum and neonates with SOAP documentation. The midwifery care provided to Mrs. "B" lasted 7 weeks with a frequency of 2 pregnancy visits, 1 delivery visit, 4 postpartum visits, 3 neonates, and 1 family planning visit.

Pregnancy care for 2 times did not find any problems. Although there was hyperbillirubinemia in the first trimester and it has been resolved. Labor care for the first and second stages was not carried out because the mother came to the midwife with 9 dilation, the third stage 15 minutes, and the fourth stage TFU 2 fingers below the umbilical cord with bleeding $\pm$ 150cc, there were lacerations on the perineal skin, vaginal mucosa, and perineal muscles and was sutured. Postpartum care I complained of stomach cramps, care II complained of pain in the stitches, care III and IV there were no complaints. Neonatal care is male, BB: 3000 grams PB: 50 cm at term. Neonatal care I, II and III there were no complaints. Family planning care, the mother has been given counseling and decided to use the MAL (Lactational Amenorrhea Method) family planning.

The assessment, using subjective and objective data, revealed no problems for the mother or baby. The postpartum and neonatal diagnoses were normal. Care planning and implementation have been completed. The pregnancy, labor, and postpartum evaluation were uncomplicated, and the neonate was physiological, and the mother was a MAL family planning recipient.

The mother is expected to continue exclusive breastfeeding until 6 months of age without additional formula milk, as she has decided to use MAL family planning. She is immunizing her baby regularly at the Integrated Health Post (Posyandu).

Keywords: Continuity of care, pregnancy, childbirth, postpartum, neonate, family planning