RINGKASAN

ASUHAN KEBIDANAN CONTINUITY OF CARE PADA NY.A DIMULAI MASA KEHAMILAN 28 MINGGU SAMPAI DENGAN KB DAN NEONATUS DI UPTD PUSKESMAS NGORO KABUPATEN MOJOKERTO

Oleh: Endang

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), yang sangat penting terutama pada kehamilan risiko tinggi seperti usia >35 tahun dan riwayat sectio caesarea karena memungkinkan deteksi dini komplikasi, perencanaan persalinan yang aman, serta intervensi tepat waktu untuk mencegah ruptur uteri dan menurunkan AKI-AKB. Asuhan diberikan pada Ny. A usia 37 tahun, G3P2A0 dengan riwayat SC sejak usia kehamilan 28 minggu hingga KB pada periode 16 Agustus sampai 11 Desember 2025, meliputi ANC 1 kali, persalinan secara sectio caesarea elektif, kunjungan nifas 4 kali, neonatus 3 kali, dan KB 1 kali dengan dokumentasi SOAP. Hasil menunjukkan persalinan berlangsung pada 25 Oktober 2025 dengan bayi perempuan lahir BB 3600 gram dan PB 51 cm, tanpa komplikasi pada ibu maupun bayi, luka operasi sembuh baik, bayi mendapat ASI eksklusif, dan ibu memilih KB implant. Hasil ini menunjukkan bahwa penerapan COC efektif dalam menurunkan risiko komplikasi melalui pemantauan berkelanjutan, edukasi, dan intervensi tepat waktu, di mana tidak adanya kesenjangan pelayanan serta kesinambungan asuhan berkontribusi dalam meningkatkan kepatuhan ibu dan kualitas outcome ibu dan bayi, khususnya pada kehamilan risiko tinggi.

kunci : *Continuity of care*, sectio caesarea, kehamilan risiko tinggi, nifas dan BBL

SUMMARY

Continuity of Care Midwifery Management for Mrs. A from Pregnancy 28 weeks to Family Planning and Neonatal Period at UPTD Ngoro Community Health Center, Mojokerto Regency

By: Endang

Continuity of Care (COC) is a continuous and comprehensive midwifery care approach starting from the third trimester of pregnancy, childbirth, the postpartum period, newborn care, and family planning (FP) services. This approach is particularly important in high-risk pregnancies, such as maternal age >35 years and a history of cesarean section, as it enables early detection of complications, safe delivery planning, and timely interventions to prevent uterine rupture and reduce maternal and neonatal mortality. Care was provided to Mrs. A, a 37-year-old G3P2A0 with a history of cesarean section, from 28 weeks of gestation until family planning services during the period of August 16 to December 11, 2025. The care included one antenatal visit, elective cesarean section delivery, four postpartum visits, three neonatal visits, and one family planning visit, all documented using the SOAP method. The results showed that delivery occurred on October 25, 2025, with a female infant born weighing 3600 grams and measuring 51 cm in length, with no complications in either the mother or the baby. The surgical wound healed well, the baby received exclusive breastfeeding, and the mother chose an implant as her contraceptive method. These findings indicate that the implementation of COC is effective in reducing the risk of complications through continuous monitoring, education, and timely interventions, where the absence of gaps in care and continuity of services contribute to improved maternal adherence and better outcomes for both mother and baby, particularly in high-risk pregnancies.