RINGKASAN

ASUHAN KEBIDANAN BERKELANJUTAN PADA NY R USIA 26 TAHUN G2P0A1 DARI USIA KEHAMILAN 33 MINGGU, PERSALINAN,BAYI BARU LAHIR, NIFAS HINGGA KB DI DESA WONOREJO KECAMATAN TROWULAN MOJOKERTO

Oleh: Ririn Hermawati

Asuhan *Continuity of Care* (COC) merupakan pendekatan pelayanan kebidanan yang memberikan asuhan komprehensif dan berkesinambungan mulai dari kehamilan, persalinan, nifas, bayi baru lahir, hingga keluarga berencana, dengan tujuan meningkatkan kualitas pelayanan, membangun kemitraan, serta mendeteksi dini faktor risiko seperti preeklamsia. Studi ini menggunakan pendekatan deskriptif pada Ny. "R" usia 26 tahun G2P0A1 dengan riwayat abortus dan status HBsAg positif di Desa Wonorejo, Kecamatan Trowulan, Kabupaten Mojokerto, dengan asuhan sejak usia kehamilan 33 minggu hingga pelayanan keluarga berencana menggunakan metode SOAP melalui 10 kali kunjungan (ANC, INC, KF, KN, dan KB). Hasil menunjukkan bahwa selama kehamilan kondisi ibu dengan risiko preeklamsia tetap terkontrol tanpa komplikasi meskipun terdapat riwayat abortus dan HBsAg positif, persalinan SC berlangsung lancar dengan kondisi ibu dan bayi baik, masa nifas berjalan normal dengan involusi uterus baik, serta masa neonatus menunjukkan tumbuh kembang sesuai usia dan pemberian ASI lancar dengan penatalaksanaan pencegahan penularan hepatitis B. Pada pelayanan keluarga berencana, ibu memilih metode kontrasepsi setelah konseling. Penerapan COC terbukti efektif dalam meningkatkan kualitas pelayanan, mendukung deteksi dini komplikasi, serta menjaga kesehatan ibu dan bayi secara optimal melalui asuhan berkesinambungan.

SUMMARY

CONTINUITY OF CARE (COC) MIDWIFERY CARE FOR MRS. "R" AGED 26 YEARS G2P0A1 FROM 33 WEEKS OF GESTATION, CHILDBIRTH, NEWBORN, POSTPARTUM TO FAMILY PLANNING IN WONOREJO VILLAGE, TROWULAN DISTRICT, MOJOKERTO

Continuity of Care (COC) is a midwifery care approach that provides comprehensive and continuous care from pregnancy, childbirth, postpartum, newborn care, to family planning, aiming to improve service quality, build partnerships, and enable early detection of risk factors such as preeclampsia. This study used a descriptive approach on Mrs. "R," a 26-year-old G2P0A1 with a history of abortion and positive HBsAg status in Wonorejo Village, Trowulan District, Mojokerto Regency. Care was provided starting from 33 weeks of gestation until family planning services using the SOAP method through 10 visits (ANC, INC, KF, KN, and FP). The results showed that during pregnancy, the condition of the mother with a risk of preeclampsia remained controlled without complications despite a history of abortion and positive HBsAg status. The delivery occurred normally with both mother and baby in good condition. The postpartum period showed normal uterine involution, while the neonatal period indicated appropriate growth and development with successful breastfeeding, along with management to prevent hepatitis B transmission. In family planning services, the mother chose a suitable contraceptive method after counseling. The implementation of COC proved effective in improving service quality, supporting early detection of complications, and maintaining optimal maternal and neonatal health through continuous care.