

## ABSTRAK

**Siti Nur Habibah<sup>1</sup>, Noveri Aisyaroh<sup>2</sup>, Is Susiloningtyas<sup>3</sup>**

**Asuhan Kebidanan Berkelanjutan pada Ny. A umur 32 tahun G2P1A0 di Wilayah Kerja Puskesmas Bangetayu Kota Semarang**

**184 hal+ 32 tabel+ 2 gambar + 13 lampiran**

Setiap wanita akan melalui proses kehamilan, bersalin dan nifas, hal tersebut merupakan proses fisiologis. Selama menjalani proses tersebut kemungkinan terjadi masalah kesehatan yang dapat meningkatkan kesakitan bahkan kematian baik pada ibu dan bayi. Oleh sebab itu, diperlukan solusi untuk mencegah maupun mengatasi masalah tersebut, salah satunya adalah asuhan berkelanjutan (Continuity of Care). Tujuan penelitian ini adalah memberikan asuhan komprehensif dari masa kehamilan hingga nifas.

Penulisan Laporan Tugas Akhir ini dalam bentuk studi kasus yang menggunakan pendekatan manajemen kebidanan 7 langkah Varney dan didokumentasikan dalam bentuk SOAP. Sampel yang digunakan sebanyak 1 sampel yaitu Ny. A di wilayah kerja Puskesmas Bangetayu.

Hasil penelitian ini diperoleh diagnosis Ny. A usia 32 tahun G2P1A0 usia kehamilan 37 minggu 1 hari fisiologis, persalinan kala 2 memanjang serta penulisan partograf yang tidak lengkap, pada bayi terdapat masalah berupa bayi hiperbilirubin kremer derajat 2 dan masa nifas fisiologis. Selama kehamilan kebutuhan ibu akan standar pemeriksaan 10T tidak terpenuhi yaitu pada trimester 3 tidak dilakukan pemeriksaan Hb ulang. Pada persalinan didapatkan kesenjangan yaitu proses kala II yang sedikit lebih lama, dan IMD dilakukan 30 menit setelah bayi lahir, tidak dilakukan pemeriksaan antropometri lengkap. Pada masa nifas kunjungan 6 minggu postpartum dilakukan lebih awal dan pada bayi baru lahir terdapat kesenjangan yaitu KN 2 dan 3 tidak dilakukan sesuai jadwal dan tidak dilakukan penimbangan berat badan setiap kali kunjungan.

Hasil penelitian dapat disimpulkan terdapat kesenjangan antara teori dan praktik pada penerapan asuhan kebidanan, yaitu pada proses asuhan dan perubahan fisiologi. Setiap individu memiliki keunikan sehingga asuhan yang diberikan juga disesuaikan dengan kondisi pasien.

**Kata kunci : Asuhan Kebidanan Kehamilan, Persalinan, BBL, Nifas**  
**Pustaka : 32, (2007-2016)**

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## **ABSTRACT**

**Siti Nur Habibah<sup>1</sup>, Noveri Aisyaroh<sup>2</sup>, Is Susiloningtyas<sup>3</sup>**

***Continuity Of Care at Ny. A 32 years old G2P1A0 in the Working Area of Bangetayu Health Center Semarang***

***184 pages+ 32 tables + 2 pictures + 13 attachment***

Every woman will go through the process of pregnancy, maternity and childbirth, it is a physiological process. During the process, there may be health problems that can increase morbidity and even death in both mother and baby. Every woman will go through the process of pregnancy, maternity and childbirth, it is a physiological process. During the process, there may be health problems that can increase morbidity and even death in both mother and baby. Therefore, a solution is needed to prevent or overcome the problem, one of which is the comprehensive care (Continuity of Care). The purpose of this study is to provide comprehensive care from pregnancy to childbirth.

The writing of this Final Report is in the form of a case study using the Varney 7-step obstetric management approach and documented in the form of SOAP. The sample used as 1 sample is Ny. A in the working area of Bangetayu Health Center.

The results of this study obtained the diagnosis Ny. A 32-year-old G2P1A0 gestational age 37 weeks 1 day physiologically, prolonged 2nd stage labor and partographic writing that is not complete, in infants there is a problem in the form of baby hiperbilirubin kremer degree 2 and the physiological puerperium. During pregnancy the mother's need for standard 10T examination is not fulfilled ie in the 3rd trimester no re-examination Hb. In labor there was a gap that was a slightly longer stage of the second stage, and IMD was performed 30 minutes after the baby was born, no complete anthropometric examination was performed. During the postpartum period of 6 weeks postpartum visit is done early and in newborns there is a gap of KN 2 and 3 is not done on schedule and weight weighing is not done every time the visit.

The research results can be concluded there is a gap between theory and practice on the implementation of midwifery care, that is in the process of upbringing and physiological changes. Each individual has a unique so that the care provided is also tailored to the patient's condition.

**Keywords:** Care of Midwifery Pregnancy, Labor, Newborn, Childbirth

**Bibliography : 32, (2007-2016)**

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