

ABSTRAK

Ninda Mega Prastiwi. R0316040. 2019. ASUHAN KEBIDANAN TERINTEGRASI PADA NY. T UMUR 29 TAHUN DI PUSKESMAS SIBELA SURAKARTA. Program Studi D III Kebidanan Fakultas Kedokteran Universitas Sebelas Maret Surakarta.

Ruang Lingkup: Asuhan kebidanan terintegrasi atau *Continuity of Care* (COC) merupakan metode pelayanan kesehatan yang berfokus pada perencanaan asuhan mulai dari masa kehamilan hingga pemilihan alat kontrasepsi sesuai dengan standar asuhan kebidanan.

Pelaksanaan: Asuhan kehamilan pada Ny. T diberikan sebanyak dua kali, persalinan secara normal spontan di rumah sakit, kunjungan nifas tiga kali, kunjungan bayi baru lahir (BBL) tiga kali dan kunjungan keluarga berencana (KB) dua kali.

Evaluasi: Asuhan kehamilan pada Ny. T normal, asuhan persalinan dilakukan rujukan ke RS Hermina Surakarta karena kondisi ibu tidak kuat mengejan, asuhan nifas pada Ny. T diberikan sesuai kebutuhan ibu nifas, asuhan bayi baru lahir normal dan asuhan keluarga berencana didapatkan hasil ibu memilih menggunakan alat kontrasepsi suntik 3 bulan setelah mendapat menstruasi.

Simpulan dan Saran: Terdapat kesenjangan seperti IMD hanya dilakukan selama 30 menit, pemantauan kala IV yang tidak dilakukan sesuai teori, vitamin A 200000 IU sebanyak 2 kapsul diberikan saat nifas hari ke-7 dan perawatan tali pusat bayi masih masih dengan metode tertutup. Diharapkan instansi kesehatan dapat meningkatkan fasilitas pelayanan sesuai dengan standar asuhan yang telah ditetapkan.

Kata Kunci : Asuhan kebidanan, terintegrasi, ibu, bayi

ABSTRACT

Ninda Mega Prastiwi. R0316040. INTEGRATED MIDWIFERY CARE ON Mrs. T, AGED 29 YEARS OLD, AT COMMUNITY HEALTH CENTER OF SIBELA, SURAKARTA. Associate's Degree (Diploma III) Program in Midwifery, the Faculty of Medicine, Sebelas Maret University, Surakarta 2019.

Scope: *Integrated midwifery care or continuity of care (COC) is a health service method which focuses on care planning from the phases of gestation to contraceptive selection according to the standards of midwifery care.*

Implementation: *Antenatal care on Mrs. T was held twice. The delivery was carried out normally and spontaneously in a hospital. Postpartum care was held in 3 visits, neonatal care was held in 3 visits. Family planning program care was held in 2 visits.*

Evaluation: *Antenatal care Mrs. T went on normally. Delivery care was held by providing referral to Hermina Hospital, Surakarta for the mother could not strongly push. Postpartum care on Mrs. T was held in accordance with the needs of postpartum mothers. Neonatal care was held normally. Family planning care resulted in the mother's selection to use a three-monthly injection contraceptive after her period.*

Conclusion and Recommendation: *There were gaps in delivery, postpartum and newborn cares. Early breastfeeding initiation was carried out for only 30 minutes. Monitoring on Stage IV was carried out not in accordance with the existing theories, Vitamin A in the dosage of 200,000 IU as many as two capsules was provided in Day 7 during the postpartum period, and the umbilical cord care was performed with closed treatment. Health institutions are expected to improve facilities in accordance with the established care standards.*

Keywords: *Midwifery care, integrated, mother, infant*