

Comprehensive Midwifery Care for Mrs. F Through Continuity of Care

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Abstract. Introduction Comprehensive midwifery care includes pregnancy, childbirth, postpartum, newborns, and family planning (KB). The aim is to reduce the maternal mortality rate (MMR) in Indonesia through Continuity of Care (COC). This research method uses a descriptive method with case studies, collecting data through interviews, observation, physical examination and documentation. The data was analyzed for midwifery care using the SOAP technique. The results of the mother experiencing back pain during pregnancy were overcome with prenatal yoga. The delivery went normally without complications, the baby was born spontaneously weighing 3,200 grams and an Apgar score of 8-9. In the postpartum period, the mother complained of perineal wound pain and with early ambulation the pain was reduced. When the mother has finished postpartum, she is ready to become an IUD birth control acceptor. The conclusion was that there were no problems or abnormalities were found, so Mrs. F is categorized as normal/physiological

Highlights:

1. Full cycle midwifery care applied from pregnancy to family planning.
2. Non-pharmacological methods like prenatal yoga proved effective.
3. Case supports COC as a model for safe, physiological maternal care.

Keywords: Continuity of Care, Midwifery Care, Comprehensive.

Introduction

Maternal mortality rate (MMR) is one indicator of the success of a country's services. Every day, around 830 women die from preventable causes related to pregnancy and childbirth. 99% of all maternal deaths occur in developing countries. Around 830 women die from complications of pregnancy or childbirth worldwide every day. One of the targets under the Sustainable Development Goals (SDGs) is to reduce the global maternal mortality ratio to less than 70/100,000 births, with no country having a maternal mortality rate more than twice the global average.. The Ministry of Health's report on family health program records states that the number of maternal deaths

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increases every year, with 7,389 people dying in Indonesia in 2021. This is an increase from the previous year, which was 4,627 people.[1]

As for the data on the number of maternal deaths in Sidoarjo Regency from 2021 to 2022 experienced a decrease in mortality of 22.38 points, because in 2021 the MMR rate was 56.69/100 thousand live births and in 2022 the maternal mortality rate was 37.3/100 thousand live births. Based on Health data in Sidoarjo Regency, the number of MMR in 2022 was 13 maternal deaths consisting of 2 maternal deaths and 11 other deaths in postpartum mothers. This was due to hypertension (38.46%), bleeding (23.08%), and other causes (TB, HIV, and dengue fever) of 30.77%[2]

One of the flagship programs of the sustainable development goals (SDGs) is reducing maternal mortality rates. Efforts that can be made to help accelerate the decline in maternal mortality rate are to implement continuous care or Continuity of Care (COC). Continuity of Care is a service achieved when there is a continuous relationship between a woman and a midwife. Continuous care is related to health professionals, midwifery services are carried out from preconception, early pregnancy, during all trimesters, birth and delivery until the first 6 weeks postpartum. By providing assistance to pregnant women, it is a promotive and preventive effort that can ensure the physical, mental and social health of the mother, and the baby growing well, which can reduce the maternal and infant mortality rates.[3]

, so it is hoped that midwives can provide care and monitoring for postpartum mothers in accordance with government program policies.[4]. Postpartum maternal care is health care that meets standards for mothers between 6 and 42 days after delivery by health professionals. Signs and symptoms of pathology experienced by postpartum mothers will be recorded during the assessment and observation carried out by midwifery care providers, in this case it is the responsibility of the midwife as a delivery assistant and postpartum care provider.[5]

The postpartum period is the first week after birth. The length of each period varies from person to person, with an average of 4 to 6 weeks. Although not a complex period compared to pregnancy, the postpartum period is marked by many physiological changes. Among them are changes that are seen as a "new mother" although serious complications can also occur such as maternal death.[6]

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Based on the description above, the author is interested in conducting sustainable health efforts which are a series of continuous and comprehensive service activities starting from the 3rd semester of pregnancy, childbirth, postpartum, newborns to family planning which are given to Mrs. F aged 29 years at RSU. 'Aisyiyah Siti Fatimah Tulangan Sidoarjo.

Methods

This research method uses a descriptive method using a comprehensive case study approach (Continuity of Care). The subject used in this study was Mrs. F in her second trimester of pregnancy, then comprehensive midwifery care, ANC, INC, PNC, Babies, and KB will be carried out. The research instrument used to collect data comes from subjective data and objective data. Subjective data is obtained from the results of patient anamnesis, family, and health workers. Objective data is obtained from the results of physical examinations and supporting examinations according to the data needed. Data collection was carried out at RSU 'Aisyiyah Siti Fatimah Tulangan Sidoarjo starting from August 6, 2024 to October 16, 2024. Furthermore, the data will be analyzed with midwifery care management using the SOAP Technique.

Result and Discussion

A. Result

1. Midwifery Care for Pregnant Women

On August 6, 2024, Mrs. F G2P1A0 made an ANC visit at RSU 'Aisyiyah Siti Fatimah Tulangan Sidoarjo. Currently, the mother's pregnancy is in the third trimester with a gestational age of 30 weeks. It is known from the HPHT on January 8, 2024 and the HPL on October 15, 2024. Data collection, and obtained directly by assessing the patient. During the first visit in the third trimester, Mrs. F complained of back pain, occasional stomach cramps, and shortness of breath. And the results of the TTV were obtained within normal limits with BP results of 110/80 mmHg, RR 20 times/minute, temperature 36.1°C, DJJ was also within normal limits, namely 138x/minute, and all USG results were also within normal limits. Interventions were given IEC regarding physiological changes that

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normally occur in the third trimester, including back pain and stomach cramps. Efforts to overcome back pain, the mother did pregnancy exercises with prenatal yoga, warm compresses, and light massage of the back area. However, to overcome lower abdominal cramps, you can get enough rest and the midwife can teach the mother to evaluate her pregnancy contractions.

On September 10, 2024, Mrs. F G2P1A0 made a visit with a gestational age of 35 weeks with complaints of occasional tightness in the lower abdomen and no appetite. Then a supporting laboratory examination was carried out with the results of HB 12.1 gr / dL, blood type O, protein and albumin negative, HbsAg, HIV and Syphilis non-reactive, GDA 105 mg / dL. Interventions were given KIE about the signs of actual labor and when to immediately go to a health facility, adequate rest, a comfortable sleeping position and the use of additional pillows to reduce discomfort, a balanced diet with small but frequent meals.

2. Midwifery Care for Women in Labor

Mother came back to RSUD. 'Aisyiyah Siti Fatimah Tulangan Sidoarjo on October 8, 2024 at 15.30 WIB at 39 weeks of pregnancy with complaints of regular tightness, mucus and blood had come out. On physical examination, the general condition was good, blood pressure 110/70 mmHg, breathing 20 times/minute, pulse 84 times/minute, temperature 36°C. On abdominal examination, the abdomen was found to be enlarged longitudinally, fetal movement was visible. Leopold I felt the fetus' buttocks with Leopold II felt a hard, elongated part (fetal back) on the mother's right abdomen and a small part of the fetus on the mother's left abdomen. Leopold III felt the head had entered the upper pelvic inlet. Leopold IV showed divergence, head descent 2/5, TFU 29 cm. DJJ 140/minute using doppler, HIS 4 times with a duration of 40 seconds within 10 minutes with strong intensity. There was no swelling or varicose veins on the mother's lower and upper extremities. After a VT examination (internal examination) it was found that the opening was 5 cm, 70% effacement, the amniotic fluid was intact, the presentation was at the back of the head, the fontanel was small on the left front, H-II decreased, no small part was felt on the side of the lowest part of the fetus, arrangement 0.

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From the results of the examination, it was concluded that the gestational age was 39 weeks with the general condition of the mother and fetus within normal limits. The management given to Mrs. F was by explaining the results of the examination indicating that the mother's condition had indeed entered labor, providing midwifery care to the mother and family, observing the progress of labor, fetal well-being and danger signs, documentation and preparing baby birth equipment and medicines needed during labor.

At 18.00 the mother said she wanted to push as if she wanted to defecate and fluid came out. The results of the vital signs examination showed blood pressure 110/80 mmHg, pulse 86/minute, temperature 36.1°C, respiration 20/minute, complete dilation, 100% effacement, negative amniotic fluid, Hodge III, HIS 5 times in 10 minutes 30 seconds, head descent 0/5, the results of the internal examination resulted in 10 cm dilation, clear amniotic fluid, head presentation at the back, small fontanel front, H-IV decreased, and there were no small parts other than the lowest part of the fetus. The results of the analysis can be concluded that the second stage of labor with the general condition of the mother and fetus is within normal limits. At 19.30 the baby was born spontaneously at the back of the head assisted by a midwife and immediately treated according to procedure. Male gender with APGAR Score 8-9-10. The management given for delivery is in accordance with the 60 steps of normal delivery (APN) and an episiotomy is performed on the perineum if the perineum is indicated to be stiff.

Then active management of the third stage was carried out to ensure there was no second fetus. Then an injection of oxytocin 10 IU was carried out and the placenta was born spontaneously at 01.30 WIB, the membranes and cotyledons were complete. After the placenta was born, the mother's general condition looked good, uterine contractions were good, the bladder was empty, and the TFU was as high as the navel. Then a perineal treatment was carried out on the mother with a second-degree laceration episiotomy, followed by midwifery care, administration of painkillers, antibiotics and vitamin A. Observation of the fourth stage was carried out for the first 2 hours after delivery. The results of the

fourth stage of labor showed that the mother's condition was within normal limits. However, the mother said that the stitches were still causing pain at this time. The midwife taught about perineal wound care and personal hygiene.

3. Midwifery Care for Postpartum Mothers

Midwifery care for postpartum mothers on Mrs. F was carried out by the first examination of the patient 6 hours postpartum, namely at 01.30 WIB. Mrs. F complained of pain in the stitches. Examination results The results of the physical examination showed vital signs of blood pressure 115/78 mmHg, pulse 80x/m, respiration 20x/m, temperature 36.4°C, good uterine contractions, as high as the navel, empty bladder. Genitourinary examination found lochia rubra, the amount of blood was half the pad, the breasts were clean and enlarged, a little colostrum came out, there was no mass, the consistency was elastic. The management carried out was conveying the results of the examination, providing IEC related to pain in the perineal stitches which were still physiological, as well as IEC providing cold compresses on the perineal stitches and teaching about perineal wound care and personal hygiene. Provision of postpartum midwifery care such as IEC nutrition, ambulation, adequate rest and sleep, correct breastfeeding methods, breastfeeding the baby as often as possible and as much as the baby wants, danger signs for postpartum babies and newborn babies.[7]

The second examination was carried out on the 2nd day postpartum, namely October 9, 2024. The mother said that breast milk production was smooth and the pain in the stitches had decreased. And the mother was allowed to go home and continue postpartum care at home. On the third visit which was carried out on the 6th day postpartum on October 16, 2024, the patient said that breast milk production had increased and the stitches were no longer painful. The results of the physical examination showed vital signs of blood pressure 110/70 mmHg, pulse 80x/m, respiration 20x/m, temperature 36.5°C, good uterine contractions, height of the uterine fundus 2 fingers below the center, empty bladder. Genitourinary examination found lochia sanguinolenta, the amount of blood was half the pad, there was a perineal stitch wound that was still wet, there was no

discharge from the stitches, no edema, no swelling in the upper and lower extremities.

4. Midwifery Care for Newborns

Midwifery care for a newborn baby Mrs. F aged 1 hour, was carried out on a full-term newborn baby with a gestational age of 39 weeks, born spontaneously, Vital signs within normal limits, birth weight 3,200 grams, reddish skin color, no abnormalities or congenital defects, Body length 50 cm, head circumference 34 cm and chest circumference 34 cm, Apgar value 8-9-10 no problems were found, the baby cried loudly, male gender and no congenital abnormalities were seen, the baby had urinated and defecated.

Management of newborn care and IMD. Then Vit-K injection is given in the first hour of birth 1mg (im) on the left antero lateral and eye ointment is given, HB0 immunization is given, the baby is bathed 6 hours after birth.

5. Midwifery Care for Contraceptive Acceptors

At the postpartum check-up on October 16, 2024, the midwife provided counseling at the first family planning visit by educating in a language that is easy for the mother to understand about the benefits of the family planning program, types of contraceptives, how they work and the side effects of each type of contraceptive, so that the mother and family can decide to choose a family planning acceptor within 40 days after birth. It is hoped that when the mother comes back, she has discussed with her husband and decided what type of contraceptive to use to regulate her pregnancy.

B. Discussion

1. Midwifery Care for Pregnant Women

On August 6, 2024, Mrs. F G2P1A0 made an ANC visit at RSU 'Aisyiyah Siti Fatimah Tulangan Sidoarjo. Currently, the mother's pregnancy is in the third trimester with a gestational age of 30 weeks. Data collection, and obtained directly by assessing the patient. During the first visit in the third trimester, Mrs. F complained of back pain, occasional stomach cramps, and shortness of breath.

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HPHT on January 8, 2024 and HPL on October 15, 2024, active fetal movement ten times, consuming nutrients rich in iron, folic acid, and calcium, and TT immunization status 5. Based on information, Mrs. F's current pregnancy is her second pregnancy and has never had an abortion.

From the examination of Mrs. F showed a height of 162 cm, weight before pregnancy 53 kg, while the current weight is 65 kg, as stated there was an increase during pregnancy of 12 kg, LILA 25 cm, BMI 24.8. The results of TTV were obtained within normal limits with blood pressure results of 110/80 mmHg, respiration 20 times / minute, temperature 36.1 °C, pulse 80x / minute, TFU 25 cm, DJJ also within normal limits of 138x / minute, and all USG results were also within normal limits. Interventions were given KIE about physiological changes that normally occur in the third trimester, including back pain and abdominal cramps. Efforts to overcome back pain encouraged Mrs. F to exercise regularly during pregnancy, do pregnancy exercises with prenatal yoga, warm compresses, light massage of the back area and advise not to consume sweet and fatty foods. However, to overcome lower abdominal cramps, you can get enough rest and provide IEC about early signs of birth, as well as discuss birth planning and emergencies.

According to the author, the back pain felt by the mother is caused by the enlargement of the uterus.uterus along with the development of the baby in the womb, this condition affects the physical changes of the mother so that she experiences back pain, feels stomach cramps, and walks breathlessly so that the mother feels uncomfortable. Back pain occurs due to pressure on the back muscles or shifting of the spine which causes the joints to be pressed[7]

On September 10, 2024, Mrs. F G2P1A0 made a second visit with a gestational age of 35 weeks with complaints of occasional tightness in the lower abdomen and no appetite. Then a supporting laboratory examination was carried out with the results of HB 12.1 gr / dL, blood type O, protein and albumin negative, HbsAg, HIV and Syphilis non-reactive, GDA 105 mg / dL. Interventions were given KIE about the signs of actual labor and when to immediately go to a health facility, adequate rest, a comfortable sleeping position and the use of

additional pillows to reduce discomfort, a balanced diet with small but frequent meals.

Complaints of a tight stomach experienced in the third trimester are physiological, this is caused by the pregnancy getting bigger, so that the uterus presses on the walls of the stomach, causing complaints of a tight stomach.[8]

According to wahyuningsih (2019) complaints of tight stomach in the third trimester of pregnancy are caused by false contractions (Braxton hicks), fetal movement in the uterus and digestive disorders. Wahyuni also said that 75% of pregnant women will experience complaints of tight stomach one or two weeks before delivery, this is related to oxytocin receptors which experience an increase in number and gap junctions between myometrial cells. Symptoms of braxton hicks or false contractions include when walking does not get worse, increased contractions and occurs in a short time.

2. Midwifery Care for Women in Labor

Mother came back to RSUD. 'Aisyiyah Siti Fatimah Tulangan Sidoarjo on October 8, 2024 at 15.30 WIB at 39 weeks of pregnancy with complaints of regular tightness, mucus and blood had come out. Regular pain for 10 minutes once and lasted 20 minutes. On physical examination, general condition was good, TTV within normal limits. On abdominal examination, the abdomen was found to be enlarged longitudinally, fetal movement was visible. Leopold I felt the fetal buttocks with Leopold II felt a hard, elongated part (fetal back) on the mother's right abdomen and a small part of the fetus on the mother's left abdomen. Leopold III felt the head had entered the upper pelvic inlet. Leopold IV felt divergent, head descent 2/5, TFU 32 cm. DJJ 140/minute using doppler, HIS 4 times with a duration of 40 seconds within 10 minutes with strong intensity, regular. There was no swelling or varicose veins in the mother's lower and upper extremities. After a VT examination (internal examination) was performed, it was found that the opening was 5 cm, 70% effacement, the amniotic fluid was still intact, the presentation was cephalic, the fontanel was small on the left front, H-II had dropped, no small part was felt on the side of the lowest part of the fetus, and the arrangement was 0. Management monitored the progress of labor, fetal

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well-being, and TTV by positioning the mother in a comfortable position, and recommending relaxation techniques if there were contractions.

According to researchers, complaints submitted by Mrs. F is one of the signs of labor. Real contractions will arise and disappear regularly with increasing intensity. The stomach will experience contractions and relaxation, at the end of pregnancy the contraction process will occur more often.

At 18.00 the mother said she wanted to push as if she wanted to defecate, and released fluid. The contractions were stronger and there was an urge to push. The results of the DJJ examination were 144x/minute, His 4 times with a duration of 50 seconds within 10 minutes. There were no abnormalities in the vulva vagina, the portio was not palpable, complete opening (10 cm), 100% effacement, negative amniotic fluid, Hodge III-IV, anterior UUK dominator and no infiltration. The results of the analysis can be concluded as G2P1A0 at 39 weeks of labor stage II with the general condition of the mother and fetus within normal limits. Handling was carried out by providing assistance in the delivery process according to the 60 steps of normal delivery (APN) and an episiotomy was performed on the perineum with an indication of a stiff perineum. At 19.30 the baby was born spontaneously from the back of the head assisted by a midwife, cried loudly, had red skin, his muscles were in good condition, was male with an APGAR Score of 8-9.

According to the author, the opening of labor took place quickly because the mother's labor was in her second pregnancy, the distance from the first child was not far and labor was carried out spontaneously at a fetal presentation with an average speed of 1 cm per hour (primigravida) and 1-2 cm per hour (multigravida) so that there was no gap between theory and case.[9]

Then the mother said that her stomach was a little crampy. Active management of the third stage was carried out to ensure that there was no second fetus, the uterus felt hard, the height of the uterine fundus (FFU) was as high as the navel, the bladder was empty, the umbilical cord was elongated, and there was blood discharge. The results of the analysis concluded that the mother's condition was in accordance with P2A0 in the third stage. Active

management of the third stage was carried out with an injection of 10 IU of oxytocin and the placenta was born spontaneously at 01.30 WIB, the membranes and cotyledons were complete. After the placenta was born, the mother's general condition looked good, uterine contractions were good, the bladder was empty, FFU was as high as the navel.

After the placenta was born, Mrs. F still felt a little weak, she was happy with the birth. From the examination, it was found that the TTV was within normal limits, TFU 2 fingers below the navel, uterine contractions were strong and good, the bladder was empty, perineal lacerations were grade 2 and there was bleeding of 150 ml. The results of the analysis concluded that Mrs. F was in P2A0 with stage IV. As a management measure, the perineal lacerations were sutured with grade 2, and observations of the TTV, TFU, bladder, uterine contractions, and bleeding were carried out every 15 minutes in the first hour and every 30 minutes in the second hour. Painkillers, antibiotics, and vitamin A were also given to reduce pain. The results of the fourth stage of labor showed that the mother's condition was within normal limits.

Pharmacological therapy is generally aimed at reducing pain during labor, in addition there is non-pharmacological therapy with the aim of overcoming pain during labor better. Pharmacological therapy uses chemical drugs, for non-pharmacological therapy can be in the form of effective breathing techniques, performing massage on the hegu point, aromatherapy or hypnotherapy methods.[10]. Good vitamin A administration is immediately after delivery and a second vitamin A capsule is taken 24 hours after the first capsule is given. The general objective of the Vitamin A administration program for postpartum mothers is to maintain the vitamin A status of postpartum mothers so that it does not become a public health problem.[11]

3. Midwifery Care for Postpartum Mothers

Midwifery care for postpartum mothers Mrs. F experienced slight stomach cramps and pain in the stitches. From the examination of the first 6 hours postpartum showed normal TTV. TFU 2 fingers below the navel, strong and good uterine contractions, empty bladder, and lochia rubra. Breasts are clean and

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enlarged, colostrum comes out a little, there is no mass, the consistency is elastic. Analysis of physiological P2A2 6 hours postpartum. The management carried out was the delivery of the examination results, providing IEC related to pain in the perineal stitches that were still physiological, and IEC giving cold compresses to the perineal stitches. Provision of postpartum midwifery care such as providing IEC regarding nutritional needs, ambulation, adequate rest and sleep, teaching correct breastfeeding techniques, danger signs for postpartum and newborns.

After a second-degree episiotomy, the mother experiences perineal pain. The action that the midwife must take is to see the indication of a stiff perineum and the time of the second stage is almost two hours. Perineal pain can affect the mother's ability to mobilize so that it can cause complications such as postpartum hemorrhage.[12]

The second examination was carried out on the 2nd day postpartum, namely October 9, 2024. The mother said that breast milk production was smooth and the pain from the stitches had decreased. And the mother was allowed to go home and continue postpartum care at home. In the second control, the mother was taught how to breastfeed the baby properly, namely by drinking water and eating first before breastfeeding, never breastfeed the baby when hungry / thirsty. Then prepare a comfortable place for the mother and baby, after preparing yourself and the place, wash your hands thoroughly before holding the baby, then remove the breast covers on both sides. Place the baby's stomach against the mother's stomach, the baby's mouth opens wide until part of the areola[13]

In the third control carried out on the 9th day postpartum on October 16, 2024, the patient said that breast milk production had increased. From the examination, the TTV was normal, the TFU was mid-center-symphysis, uterine contractions were good and hard, there was lochia sanguinolenta and the bladder was not completely full. After analysis, Mrs. F was P2A0 with 9 days after giving birth. Management actions involving Mrs. F to identify signs of infection and ensure that Mrs. F meets nutritional and rest requirements properly, breastfeeds properly, and has adequate skills in caring for her baby.

The correct breastfeeding technique can encourage maximum breast milk production and be an indicator of successful breastfeeding.[14]. Exclusive breastfeeding is important in the growth and development of infants, such as increasing antibodies, protecting against infectious diseases and several other benefits. Exclusive breastfeeding is carried out within six months after the birth of the baby has physical and psychological benefits for the mother.[15]

4. Midwifery Care for Newborns

Midwifery care for a newborn baby Mrs. F aged 6 hours, a full-term baby with a gestational age of 39 weeks, born spontaneously, TTV within normal limits. With a body weight of 3,200 grams, Body length 50 cm, head circumference 34 cm, and chest circumference 34 cm. after analysis it was concluded that the 6-hour-old term neonate was in physiological condition. Management efforts after newborn care and IMD. as well as Vit-K injection in the first hour of birth 1mg (im) on the left antero lateral and administration of eye ointment, administration of HB0 immunization. After 6 hours after birth the baby was bathed. Provision of Health Information (KIE) by providing education to mothers on how to keep the baby's body temperature warm, care of the baby's umbilical cord, and danger signs in babies. Mothers are also given information to breastfeed their babies at least once every 2 hours or as needed.

Newborn care includes hair, eye, nose, mouth, ear and umbilical cord care. Umbilical cord care is needed to prevent the development of pathogenic microorganisms such as staphylococcus aureus or clostridia. If the care technique is wrong, it will result in neonatal tetanus infection, this will affect the length of umbilical cord release.[16]

5. Midwifery Care for Contraceptive Acceptors

At the postpartum check-up on the date October 16, 2024 Mrs. F wants to get information about postpartum contraception. Examination found normal TTV and maternal examination. Analysis, P2A0 KB acceptor with information needs about contraceptive methods. Management is provided with counseling in a language that is easy for the mother to understand about the benefits of the

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family planning program, types of contraceptives, how they work and the side effects of each type of contraceptive, the advantages and disadvantages of various contraceptives, so that the mother and family can decide to choose a KB acceptor within 40 days after birth. It is hoped that when the mother comes back, she has discussed with her husband and decided to use the Non-MKJP or MKJP type of KB to regulate the number of children she wants. From the explanation of the various types of KB methods, both the Non-MKJP and MKJP methods, the husband and wife plan to use the MKJP KB method (IUD).

Family Planning (KB) is one of the important government programs in an effort to improve the welfare of women, both individuals and as part of their families and communities. The goal of the KB program is to improve the health status of mothers and the quality of reproduction in Indonesia.[17]. Providing systematic and complete counseling about the advantages, benefits and time period of each contraceptive device will provide postpartum mothers with insight into choosing the right contraceptive device according to the mother's needs.[18]

The use of IUD type birth control with the Nova T type. Family planning (KB) is an effort by a husband and wife to measure the number of children they want. The IUD (Intra Uterine Device) contraceptive method is a tool that is inserted into the woman's uterus with the aim of preventing pregnancy, also known as the Long-Term Contraceptive Method (MKJP) which is very effective in regulating pregnancy spacing.[19]

The advantages of the IUD method of contraception are that it can be used by all women of reproductive age, it is very effective (0.8% pregnancies per 100 women in the first year) immediately after installation, reversible, long-term up to ten years without the need to replace the device and can improve sexual relations because they are no longer afraid of getting pregnant. While the disadvantages of the IUD method are changes in the menstrual cycle which are generally in the first three months and thereafter will be reduced, menstruation lasts longer and there is more blood loss, bleeding (spotting) between menstruation, menstruation becomes more painful, and does not prevent STIs (Sexually Transmitted Infections)[20]

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Conclusions

Midwifery management care with a comprehensive approach and SOAP documentation for Mrs. F from the third trimester of pregnancy, labor, postpartum, BBL and family planning starting from August 6, 2024 to October 16, 2024. It can be concluded that Midwifery Care, labor, postpartum, BBL and family planning runs physiologically and is documented in the form of SOAP.

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