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Midwifery Continuity of Care to Support Early Breastfeeding Success

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Abstract. Pregnancy, childbirth, postpartum, newborns and family planning are physiological and continuous processes. The aim of providing midwifery care with continuity of care is to use SOAP midwifery management. qualitative descriptive method using a case study approach where Mrs. M was given care starting from TM III pregnancy, childbirth, newborns, postpartum to family planning in a sequence starting from reviewing data, formulating problems, planning care, carrying out care and evaluation, finally documenting using the SOAP method with SOAP development data. Midwifery care in NY. M, 24 year old postpartum mother, first day 6 hours post partum with blood pressure examination results of 110/80, conjunctiva not anemic, perineal suture wound still wet, bleeding less than 100 cc, uterine fundus height 2 fingers below the center and good uterine contractions, breast milk The first day hasn't come out yet. Mothers are advised to breastfeed their babies on demand and as often as possible to stimulate breast milk to come out and do acupressure massage at the PC 6 and GB11 points. For approximately 30 minutes of continuity of care midwifery care for Mrs. M has been done, the problem is slightly resolved. Breast milk slowly comes out, even if only a few drops. It is hoped that the mother will always breastfeed her baby a maximum of every 2 hours for good results. Furthermore, it was concluded that midwifery care provided when breast milk has not yet come in, can be an experience for mothers in order to achieve sustainable breastfeeding success. The hope is that midwives can implement and maintain quality and sustainable service quality in accordance with the SOP.

Highlights:

1. Continuity of Care: Midwifery care was provided from late pregnancy to postpartum and contraception using the SOAP method.
2. Early Breastfeeding Support: Immediate postpartum care focused on stimulating breast milk through frequent breastfeeding and acupressure.
3. Quality Midwifery Practice: The experience emphasizes the importance of consistent, SOP-based care to support breastfeeding success.

Keywords: Childbirth, Midwifery Care, COC, Acupressure

Introduction

One of the main indicators of public health is maternal and infant mortality rates. In Indonesia, maternal mortality rates are still high. Maternal death is the death of a woman that occurs during pregnancy or within 42 days of the end of pregnancy,

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regardless of the length of pregnancy or place of delivery. This is death caused by pregnancy or its care, not due to other factors such as falls, accidents, or 100,000 live births. Maternal health includes all health of women of childbearing age, starting from pre-pregnancy, pregnancy, labor, and birth, as well as the post-natal period (Riskesdas, 2018)[1]. Maternal mortality rate indicates the status or degree of health of a country in relation to the quality of health services, development progress, women's empowerment, and gender equality. According to the World Health Organization (WHO), 810 women died every day in 2017, with 94% of these deaths occurring in developing countries. The IMR was 18 per 1,000 live births in 2018. High IMR and IMR are caused by complications during pregnancy and childbirth.[2].

Pregnancy, childbirth and postpartum are natural events in a woman's life, but because they can cause complications, they must be well cared for. Continuous and quality monitoring of maternal health is necessary because pregnancy and childbirth are pathological phenomena.[3]. Maternal mortality is divided into direct and indirect deaths. In Indonesia, the causes of direct deaths related to pregnancy and childbirth are bleeding 28%, preeclampsia/eclampsia 24%, infection 11%, prolonged labor 15%, and abortion 5%. The causes of indirect maternal deaths are obstetric trauma 5%, hypertension 24%, and anemia 28%[1].

Implementing continuous care, also known as Continuity of Care (COC), is an effort to help accelerate the reduction of MMR that can be done by midwives. COC is a service provided by health professionals and is provided starting from preconception, early pregnancy, during all trimesters of pregnancy, birth, and delivery until six weeks after birth.[1]. Comprehensive care is the continuous handling or care of mothers and babies from the time the baby is in the womb until delivery. Comprehensive care is defined as a complete examination with simple examinations and counseling that includes continuous examinations during pregnancy, childbirth, newborns, postpartum period, and family planning.[3]. The existence of CoC provides benefits for pregnant women in receiving medical services from midwives so that the baby's birth process can run well and safely.[4].

Based on the description above, it is very important to provide Midwifery Care to Mrs. M during Pregnancy, Childbirth, Postpartum, Neonates and Family Planning at RSU

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AL-Islam HM Mawardi with continuity of care as an effort to prevent complications that may contribute to maternal and infant mortality.

Methods

This study is a qualitative study using a comprehensive case study approach, also known as the "Continuity of Care" approach. Care consists of five continuous and complementary midwifery treatments, starting from third trimester pregnancy care, labor care, newborn care, postpartum care, and contraceptive care. This study was conducted at RSU Al-Islam HM Mawardi on Mrs. M, who is 24 years old, married, Muslim, and has completed her D3 education. first menstruation on November 1, 2023 and is expected to be born on August 8, 2024.

The case study began on July 28, 2024 in the third trimester of pregnancy and continued with delivery, newborn, postpartum, and family planning care on August 4, 2024. Primary data were collected through interviews and secondary data were obtained from documents.

Result and Discussion

A. Result

Midwifery care in the third trimester of pregnancy was carried out on July 28, 2024, Mrs. M made a return visit with complaints of lower abdominal pain. From the results of the anamnesis, it is known that this is the first pregnancy from the first marriage with a marriage duration of 1 year. The first day of the last menstruation was on November 1, 2023 with complaints of nausea at the beginning of pregnancy, then in the second trimester of pregnancy there were no complaints. Have had pregnancy check-ups at the beginning of the trimester 2x, in the second trimester 2x, and in the third trimester 5x. Fetal movement is felt more than 10x in the last 3 hours, strong in the upper left side of the mother's abdomen and painless, besides that there is no history of family illness, past and present.

The results of the physical examination showed good general condition, weight before pregnancy 50 kg, current weight 61 kg, height 158 cm, with a body mass index (BMI) of 24.4. TTV showed BP results of 110/80 mmHg, RR 20 times / minute, pulse 82

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times / minute, temperature 36.4 C. on examination the breasts looked clean, the breasts were enlarged and the nipples were flat, colostrum had come out, there was no mass in the breasts. Obstetric examination found the abdomen enlarged longitudinally, fetal movement was visible, Leopold I felt the fetus' buttocks with a TFU of 32 cm. Leopold II felt a hard, elongated part (fetal back) on the mother's right abdomen and a small part of the fetus was felt on the mother's left abdomen. Leopold III felt the head and had entered the upper pelvic inlet. Leopold IV was parallel, DJJ 138x / min using a doppler. The upper and lower extremities were not swollen and there were no varicose veins.

In the supporting data obtained from the Trosobo Health Center, the results of a complete blood and urine examination on March 28, 2024 were HB 10.6gr/dl, blood type O+. GDA 101 mg/dl, negative urine protein and albumin, HbsAG, HIV and syphilis non-reactive. In the supporting examination of blood and urine conducted on August 10, 2024, HB 11.8 g/dl and negative urine protein.

Midwifery care during labor was carried out on August 10, 2024 at 10.00 WIB. Mrs. M came with complaints of rapid labor accompanied by bloody mucus discharge since 04.00 WIB. On physical examination, it was found that the general condition was good, BP 110/80mmHg, RR 20 times/minute, pulse 86 times/minute, temperature 36.7c. 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 was felt on the mother's left abdomen. Leopold III felt the head had entered the upper pelvic inlet. Leopold IV was found to be divergent, head descent 2/5 TFU 32 cm, DJJ 146x/minute using a doppler. HIS 3 times with a duration of 30 seconds in 10 minutes, the intensity is strong. There was no swelling and varicose veins in the mother's lower and upper extremities. On internal examination (VT), 4 cm dilation was found, 50% efficacy, intact amniotic fluid, presentation of the back of the head, small fontanel in the front left, decreased HI, no small part palpable beside the lowest part of the fetus, infiltration 0.

From the results of the examination, an analysis of the gestational age of 40 weeks was obtained, the general condition of the mother and fetus was within normal limits. The management given to Mrs. M was to convey the results of the examination,

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provide midwifery care to the mother and family, observe the progress of labor, fetal well-being and danger signs, document and prepare equipment and medicines for labor. At 14.45 WIB, the membranes spontaneously ruptured and were clear in color. Mrs. M had the urge to push. The results of the vital signs examination showed blood pressure of 110/80 mmHg, Pulse 86x/m, Temperature 36.7C, RR 20x/m. HIS 4 times in 10 minutes 45 seconds, head descent 0/5, the results of the internal examination showed 10 cm dilation, clear amniotic fluid, rear head presentation, small front fontanel, H-IV decreased, no small parts other than the lowest part of the fetus. The analysis obtained was second stage labor with the general condition of the mother and fetus within normal limits.

The management given was 60 steps of Normal Delivery Care (APN) and an episiotomy was performed on the perineum with an indication of a stiff perineum. At 15.25 WIB the baby was born spontaneously, male with an Apgar Score of 8-9. Newborn care and IMD were performed. Then active management of the third stage was carried out, ensuring there was no second fetus, then giving an injection of 10 IU of oxytocin and the placenta was born spontaneously at 15.32 WIB, the membranes and cotyledons were complete. After the placenta was born the mother's general condition was good, strong contractions, empty bladder, TFU as high as the navel. Heating was performed on the mother's perineum 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.

Midwifery care for newborns was carried out on August 10, 2024 at 16.00 WIB. The results of the examination showed that the general condition of the newborn was good. The temperature was 36C, RR 46 times/minute, pulse rate 128 times/minute, birth weight 3000 grams, body length 50cm, head circumference 32 cm and chest circumference 32 cm. IMD was immediately carried out, the skin color was reddish, there were no abnormalities or congenital defects. The analysis obtained from the results of the examination was a 0-day-old neonate with a general condition within normal limits. Vit-K injection was carried out in the first hour of birth 1mg IM on the left anterolateral and eye ointment was given, hepatitis B immunization was given after the baby was

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bathed. The baby was bathed after 6 hours after birth, giving exclusive breastfeeding and conducting observations and documentation.

Postpartum midwifery care was carried out on August 10, 2024 at 21.30 WIB. The mother complained of a little stomach cramps and pain in the stitches. She had breastfed her baby once, and her breast milk had not come out, she had urinated twice, had eaten and had rested. The results of the examination showed that the mother's general condition was good, her vital signs were within normal limits, her breasts were clean and enlarged, a little colostrum came out, her nipples were protruding, there was no mass, and her consistency was elastic. Obstetric examination found TFU 2 fingers below the navel, uterine contractions were good. Genitourinary examination found lochia rubra, the amount of blood was one full pad, there was a perineal stitch wound that was still wet, there was no discharge from the stitches, the bladder was empty, and there was no swelling in the upper and lower extremities. The analysis obtained was P10001, 6 hours after delivery with complaints of perineal stitch pain and the problem of breast milk not coming out.

The management carried out is to convey the results of the examination, provide IEC related to pain in the perineal suture wound which is still physiological, due to severed nerves. Helping mothers to overcome the problem of breast milk not coming out is by encouraging mothers to breastfeed their babies continuously or as often as possible and teaching mothers how to acupressure to facilitate breast milk production, namely by pressing or massaging the mother's shoulder, namely point GB21 (JianJing) and on the little finger point PC6 (Neiguan). Evaluation after the action was carried out, the baby was breastfeeding and breast milk / colostrum was slowly coming out.

B. Discussion

Based on the results of the pregnancy examination, it was found that ANC was carried out 2 times in the first trimester, 2 times in the second trimester and 5 times in the third trimester. This visit includes routine ANC visits in accordance with[5], in the results of his research that ANC is routinely carried out at least once in the first trimester, once in the second trimester, and twice in the third trimester. If no examination is carried out on pregnant women, then the mother cannot know whether her pregnancy is

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progressing normally or not, high risks and pregnancy complications will not be detected early and can cause death of the mother and fetus.

Based on the results of complete blood and urine laboratory tests on August 10, 2024, the HB level was 11.8 mg/dl. According to an online journal article, the normal Hb value in the 3rd trimester of pregnancy is 12.5 mg/dL on average, and around 5% of pregnant women have Hb levels below 11.0 g/dL. Hb levels below 11.0 g/dL, especially at the end of pregnancy, should be considered abnormal and are usually caused by iron deficiency and not gestational hypervolemia. During pregnancy, hemoglobin levels must be maintained and controlled so that unwanted things do not happen, namely by regularly consuming iron preparations and other sources of iron contained in food. Consumption of iron preparations, for example ferrous sulphate and foods containing iron by at-risk subjects is the best method for treating iron deficiency anemia. When viewed from the results of this study, normal hemoglobin levels were obtained in subjects who consumed iron preparations[6].

During labor care, an episiotomy wound was found on the perineum and no complications were found in the mother. An episiotomy was performed on the perineum because the perineum was stiff. This is in accordance with the online journal article[7], in his research on the Effectiveness of Episiotomy is a procedure used to speed up the labor process. The research findings are that episiotomy is a procedure that is not routinely performed. Episiotomy can be performed for fetal safety, prolonged labor, breech presentation, shoulder dystocia, forceps extraction, vacuum delivery, perineal or vaginal scarring, and signs of a stiff and short perineum, possible tears in the perineum, premature pregnancy to reduce fetal head pressure. The purpose of episiotomy is to reduce injury to the perineum and rupture of the anal sphincter by controlling the direction and extent of damage to the perineal tissue.

In newborn care, it was found that the midwifery care given to Mrs. M was the provision of Early Breastfeeding Initiation (IMD). Early Breastfeeding Initiation (IMD) is the process of breastfeeding a baby which is carried out immediately within the first hour after delivery. Often mothers do not carry out IMD due to the low knowledge of mothers regarding the benefits of breast milk and the correct way to breastfeed, the lack of lactation counseling services and support from health workers, and socio-cultural perceptions that oppose breastfeeding. With the existence of maternal health efforts,

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the role of health workers is very important, because they usually provide confidence and trust to mothers in labor. Health workers will be very influential in the implementation of IMD which is carried out immediately after the baby is born.[8].

At the time of IMD, the problem of breast milk not coming out was found. In general, physical factors of the health of breastfeeding mothers can cause breast milk not to come out directly after the delivery process. Physical factors of the health of breastfeeding mothers that are felt by mothers when breast milk has not come out include: physical fatigue, mothers feel tired, exhausted after experiencing the delivery process from the process of stage 1 to stage 2, contractions experienced and felt by the mother depend on the mother's coping. Mothers who experience a long, tired, painful labor process will affect the oxytocin reflex which ultimately suppresses the release of breast milk. A long labor process will cause physical fatigue in the mother, which will affect the release of oxytocin from the neurohypophysis so that there is a block in the let down reflex[9]

Acupressure is a non-pharmacological technique that can increase breast milk production in mothers who are not producing breast milk smoothly, with the science of healing by pressing, massaging, rubbing parts of the body to activate the circulation of vital energy or, which is useful for increasing body stamina, improving blood circulation, reducing pain and reducing stress or calming the mind, acupressure can increase the adequacy of breast milk.[10]. Research shows that acupressure can show an increase in breast milk production in postpartum mothers. The results showed that breast milk production was negligible in the group that did not receive acupressure, but significantly increased postpartum breast milk production in the group that received acupressure 3 times a week for 3 weeks.[11].

As an effort to overcome breast milk not coming out, we provide acupressure education to facilitate breast milk at points PC 6 and GB11. This will improve the ability of mothers, especially mothers who have problems with breast milk not coming out so that breastfeeding runs smoothly and contributes to improving the health of mothers and children. After acupressure massage, there is an increase in breast milk production, although the increase that occurs varies for each breastfeeding mother. Acupressure therapy or can be known as acupressure therapy/finger prick therapy is a massage and stimulation at certain points in the body. In acupressure stimulation, it will be transmitted

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to the spinal cord and brain through the axon nerves. So that there is signal stimulation reaching the brain[12].

On the first day of breast milk production, the baby's sucking power is not too strong compared to babies over 3 days old, this will affect breast milk production. The amount of breast milk needed by the baby is regulated according to the volume of the baby's stomach, during the first 24 hours, the baby will need about 7 ml of milk each time they breastfeed. In the second 24 hours, the need for breast milk will increase to 14 ml each time they breastfeed and on the 3rd day of life, the need for breast milk continues to increase to 22-30 ml each time they breastfeed. The mother's breasts feel hard before breastfeeding, the frequency of breastfeeding is more than 8 times per day, the baby falls asleep 2 to 3 hours after breastfeeding, the mother feels the reflex to release breast milk, the baby will urinate six to eight times in 24 hours, breast milk will flow naturally, and the mother will feel the baby sucking and swallowing strongly with a slow rhythm[13].

In family planning obstetric services, IEC is provided through several methods that are safe for breastfeeding mothers. Intra Uterine Device (IUD) or known as spiral KB is a long-term birth control method, which can be used for 5, 8, or 10 years. IUD installation is usually done during the interval period, namely after the postpartum period is over (around 40 days after giving birth) or after[14]. Intrauterine Contraceptive Device (IUD) or better known as IUD (Intra Uterine Device) is an effective and long-term contraceptive option, and can be used by all women of reproductive age. It can be installed directly on the mother after giving birth or after the placenta is removed.[15]. Mrs. M chose to use the IUD birth control method at this time because she plans to provide exclusive breastfeeding. By using the IUD, the mother's hormones will not be disturbed and breast milk production will also be good. This method is effective for breastfeeding mothers.

Conclusions

In the implementation of the case study on Mrs. M who was given continuous care or COC, it went normally, the mother and baby were in good health, but the problem of breast milk not coming out on the first day of delivery could be resolved by using the acupressure method at points PC 6 and GB 11.

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