

Article

Continuity Of Care Of Mrs. D During Preconception, Term I, II And III Of Pregnancy, Labour, Postpartum, Newborn And Family Planning Services In Pmb Kurao Padang

Yulizawati, SST, M.Keb¹, Miranie Safaringga, SST, M.Keb², Iney Pive Enosentris, S.Keb³

^{1, 2, 3} Bachelor of Midwifery Program, Medical Faculty Andalas University, Padang, Indonesia

ARTICLE HISTORY

Received: April 12 2022
Final Revision: June 09 2022
Available Online: June 29 2022

KEYWORD

Continuity of care

CORRESPONDENCE

Phone: 082169916465
E-mail: yulizawati@med.unand.ac.id

A B S T R A C T

Maternal Mortality Rate is the ratio of maternal mortality during pregnancy, childbirth and postpartum caused by pregnancy, childbirth, and postpartum in every 100,000 live births. The maternal mortality rate (MMR) in the world in 2015 was estimated at 216 per 100,000 live births or an estimated 303,000 deaths. The target of the 2030 Sustainable Development Goals (SDGs) is to reduce the Maternal Mortality Rate (MMR) below 70 per 100,000 live births. The RPJMN target in 2019 is 306 per 100,000 live births (Ministry of Health, 2019). Meanwhile, the IMR in the world is 10,000,000 people per year. IMR in Indonesia reaches 22 per 1,000 live births. The purpose of midwifery continuity of care is to provide continuous care starting from the preconception period, pregnancy, childbirth, postpartum and family planning. The research method is a description, the form of case study research, the subject of pregnant women Mrs. D is 26 years old at PMB with Kurao. The technique of collecting data is by interviewing and observing (observation) and using data analysis techniques in the field. The instruments used in this study were the format of midwifery care, interview guidelines, examination tools and the MCH Handbook. The results showed that the care given to Mrs. D is 26 years old starting from the preconception period, pregnancy, childbirth, postpartum, and newborn and family planning is going well, the mother and baby are in good health. In conclusion, midwifery continuity of care provided with care starting from pregnancy, childbirth, postpartum, and newborns can provide benefits to mothers and babies in the process. Continuity of care midwifery care can optimize the detection of high-risk maternal and neonatal

I. INTRODUCTION

The health indicators of a country are determined by the ratio of the high and low maternal mortality rate (MMR) and the infant mortality rate (IMR), the World Health Organization (WHO) defines that maternal death is the death of a woman that occurs during pregnancy, childbirth or within 42 days after delivery with causes related directly or indirectly after delivery. In addition to assessing maternal health programs, this indicator is also able to assess the degree of public health, because of its sensitivity to improving health services, both in terms of accessibility and quality.

Maternal Mortality Rate (MMR) in the world in 2015 is estimated at 216 per 100,000 live births or an estimated 303,000 deaths, the main cause of maternal death is bleeding after childbirth (20%), high blood pressure (hypertension) in pregnancy (32%). (WHO, 2019)

The target of Sustainable Development Goals (SDG's) in 2030 certainly needs special attention from all parties, both the government and the private sector, namely reducing the Maternal Mortality Rate (MMR) below 70 per 100,000 live births. While data from the National Medium-Term Development Plan in 2010 the MMR was 346 per 100,000 live births, the RPJMN target in 2019 is 306 per 100,000 live births according to the Directorate of Maternal Health Development, Ministry of Health of the Republic of Indonesia. (Kemenkes, 2019)

As for IMR in the world of 10,000,000 people per year, there has been a reduction in deaths of children under 5 years old since 2000, with the global death rate dropping 49%, from 77 deaths per 1000 live births in 2000 to 39 deaths per 1000 births. alive in 2017 (WHO, 2019)

IMR in Indonesia reaches 22 per 1,000 live births. The Infant Mortality Rate (IMR) in villages/kelurahan 0-1 per year is 83,447, in Puskesmas IMR 7-8 per year is 9,825, and IMR in hospital 18 per year is 2,868. (Rakerkesnas, 2019).

The World Health Organization has identified improving the quality of life of mothers and children as one of the world's health priorities. WHO recommends care during childbirth as a way to perfect health for both mother and child in starting from the lowest health facilities according to safety. In the last ten years, the appreciation of services by midwives has increased. As professionals who have the best skills, midwives provide health services during pregnancy, childbirth, postpartum, and newborns with low risk. (WHO, 2016)

One of the government programs in the health sector to reduce MMR is the Sustainable Development Goals (SDGs), which is a unified development system, or the so-called integration of national builders. The scope of the goals of the SDGs consists of 17 global goals, 169 targets from 240 indicators. Of the 17 global goals, the third point is to ensure a healthy life and promote well-being for all at all ages. From this sentence, one of the goals in the health sector is to reduce the MMR to below 70 per 100,000 live births and reduce the IMR to 25 per 1,000 live births (SDGs, 2017).

Health services are an integral part of basic services that are affordable by the entire community, including maternal health services that strive so that every pregnant woman can go through pregnancy and childbirth safely. The role of midwives in reducing MMR and IMR is to provide comprehensive midwifery care to pregnant women, maternity, postpartum, newborns, family planning and provide guidance to groups of pre-marital youth, carry out movements and foster community participation to support efforts - maternal and child health efforts.

One of the efforts that midwives can do to reduce MMR and IMR is to provide continuity of care. The Continuity of Care (CoC) program is designed to promote the commitment of the whole community, promote access and effects of program utilization

by individuals and families, and optimize self-sufficiency among individuals, families of pregnant women. Midwifery care is continuous care in midwifery services and is recognized as a responsible and accountable professional who works in partnership with women during pregnancy, childbirth, and the postpartum period (ICM, 2005). So continuous midwifery care is a health strategy whose primary effect is enabling women to participate in decision-making about their health and health care. (Diana, S. 2017)

II. METHOD

This research method is a description, the form of case study research uses a case study method consisting of a single unit. The single unit in question means one mother who is given care from preconception to family planning.

This study uses two types of data, namely primary data and secondary data. Primary data were obtained by interviewing respondents regarding the mother's condition and secondary data obtained by applying Varney's 7-step midwifery care in the initial assessment and using the SOAP method (subjective, objective, analysis, management).

The case studies were carried out through a midwifery management approach starting from pregnancy, childbirth and the postpartum period. This research was conducted from May 28, 2021 to April 3, 2022. The sample in this study was Mrs. D is 26 years old. Case studies are carried out by finding problems through a case consisting of a single unit. Single unit here can mean one person, a group of residents affected by a problem. The unit that becomes the case is analyzed in depth both in terms of those related to the circumstances of the case itself, influencing factors, special events that arise in connection with the case, as well as the actions and reactions of the case to a particular treatment or exposure. The instruments used were guidelines for observation, interviews and documentation studies in the form of Midwifery Care format starting from pregnancy, childbirth, newborn and postpartum with SOAP documentation.

III. RESULT

Midwifery Care during Preconception

Continuity of care to Mrs. D was 26 years old, the preconception period at PMB Bersama Kurao was in Padang with the standards of midwifery care. The results of the assessment carried out on May 28, 2021, Mrs. D wanted to consult about pregnancy planning, the efforts made by midwives were education on how to calculate the fertile period and fulfill the nutritional needs of the preconception period.

Midwifery Care During First Term Pregnancy

Continuity of care to Mrs. D is 26 years old, G1P1A0 with a gestational age of 9-10 weeks at PMB Bersama Kurao in Padang with the standards of midwifery care. The results of the study conducted on July 29, 2021, Mrs. D complains of nausea and vomiting in the morning, the efforts made are education about how to deal with nausea and vomiting in the morning, fulfillment of nutrition during the 1st trimester of pregnancy and recommending the mother for a repeat visit in 1 month or if there are complaints

Midwifery Care During 2nd Term Pregnancy

Continuity of care to Mrs. D is 26 years old, G1P1A0 with a gestational age of 24-25 weeks at PMB Bersama Kurao in Padang with the standards of midwifery care. The results of the study conducted on November 22, 2021, Mrs. D wants to have her pregnancy checked, the efforts made are education on nutrition fulfillment during the 2nd

trimester of pregnancy, education about TT immunization and pregnancy screening carried out at the puskesmas, as well as recommending the mother to visit again in 1 month or if there are complaints

Midwifery Care During 3rd Term Pregnancy

Continuity of care to Mrs. D is 26 years old, G1P1A0 with a gestational age of 37-38 weeks at PMB Bersama Kurao in Padang with the standards of midwifery care. The results of the study conducted on February 19, 2022, Mrs. D complains of frequent urination at night, the efforts made are education on how to overcome frequent urination at night, fluid and nutrition fulfillment during the third trimester of pregnancy, education about preparation and signs of labor, and recommending the mother for a repeat visit in 2 weeks or if there is a complaint

Midwifery Care During Childbirth

Continuity of care delivery to Mrs. D aged 26 years G1P1A0 with a gestational age of 38-39 weeks. Mrs. M.R gave birth on February 23, 2022. Mrs. D began to feel signs of labor since 07.00 WIB, at 18.30 WIB, a Vaginal touce was carried out with the results of opening 5. At 21.30 Mrs D entered the 2nd stage of labor. The care provided during the labor phase is to teach mothers and families about pain reduction techniques in the first stage with relaxation techniques and Counterpressure Massage. The first stage of labor lasted for 3 hours, the second stage lasted 65 minutes. The third stage lasts for 5 minutes and the fourth stage is monitored for 2 hours. The mother gave birth spontaneously at 22.35 WIB and the baby was born with a male gender, weight 3.200 g, body length 49 cm, Apgar score 8/9, , the general condition of the baby is good. The care provided during the labor phase was in accordance with the standard of normal delivery care (APN) and the mother and baby were born safely without any complications or complications.

Midwifery Care During The Postpartum

Continuity of care during the puerperium to Ny. D P1A0H1 aged 26 years at PMB Bersama Kurao has complied with the standard of midwifery care, namely monitoring 3 times, namely the first postpartum visit, namely in the first 6 hours postpartum on 23 February 2022, the second postpartum visit, 6 days postpartum on 28 February 2022 , the third postpartum visit, which was 2 weeks postpartum on March 8, 2022. During the visit there were no problems, complications and complications experienced by Mrs. D. Efforts made during the visit were to provide education about the danger signs during the puerperium, how to fulfill nutrition and fluids during the puerperium, how to give breast milk and breast care, information about postpartum exercise and information about family planning methods.

Midwifery Care For Newborns

Continuity of care for Mrs. D Monitoring is carried out in accordance with established visiting standards. Baby Mrs. D was born on February 23, 2022. The results of the examination showed no signs of congenital defects and abnormalities in the baby. The first visit of KN 1 was on February 23, 2022, the second visit was on February 28, 2022 and the third visit was on March 8, 2022. Education was given to Mrs. D about the fulfillment of nutrition in infants with exclusive breastfeeding. The result is that the baby is in normal condition, the baby is breastfeeding and the baby's weight is increasing.

Midwifery Care Family Planning Services

Continuity of care family planning services to Mrs. D was 26 years old when he was at PMB Bersama Kurao in accordance with the standards of midwifery care. The results of the study conducted on April 3, 2022, Mrs. D wanted to consult about family planning, the efforts made by midwives were education about family planning and helping mothers to determine available contraceptive options.

The implementation of midwifery continuity of care is carried out in accordance with established procedures. Continuity of care midwifery care is carried out starting from the preconception period, pregnancy, childbirth, postpartum, newborn and family planning services. Midwifery care continuity of care at Mrs. D went smoothly, the mother was in good health and was able to go through the physiological process, and the baby was in good health.

IV. DISCUSSION

In this section will be explained about midwifery care that has been carried out on an ongoing basis (Continuity of Care). Based on the results of the care the author gave to Mrs. D since May 28, 2021 or since the preconception period, pregnancy, childbirth, postpartum, newborn, up to family planning services, the following results are obtained

Midwifery Care during Preconception

The author made the first contact with Mrs. D on May 28, 2022. Mrs. D said he wanted to do a consultation related to pregnancy planning, the author gave several information, namely how to calculate the fertile period, information nutrition and fluids and IEC for other daily activities.

Preconception is the period before pregnancy. Preconception care is an intervention to optimize women's health before pregnancy to improve maternal and newborn health (WHO, 2018). The preconception period is the time span from three months to a year before conception and should ideally include the time when the ovum and sperm are mature, which is about 100 days before conception. The nutritional status of premarital women for three to six months during the preconception period will determine the condition of the baby being born. Pre-conception perfect nutrition is the key to the birth of a normal and healthy baby (Susilowati & Kuspriyanto, 2016).

Maintaining a good nutritional status prior to pregnancy is very important. Preparation for healthy baby growth and preventing low birth weight can be done by:

- Achieving an ideal body weight and developing a balanced nutritional diet and trying to meet nutritional needs by eating foods that contain 2,300–2,500 kcal of carbohydrates, protein, fat, vitamins and minerals every day.
- Controlling eating disorders
- Consuming vegetables and fruit as well as multivitamins that contain high folic acid to help prepare the body in terms of hormones.
- Avoiding cigarette smoke
- Avoid consuming alcoholic beverages and dangerous drugs because they will interfere with the health and development of the fetus during pregnancy.

Midwifery Care in First Term Pregnancy

At 9-10 weeks of gestation, Mrs. D complained of frequent nausea and vomiting in the morning. The author then describes the condition experienced by the mother. Nausea is the first symptom experienced by mothers that often occurs before the first menstrual period does not come. Nausea and vomiting in pregnancy is the mother's body's reaction to the changes that occur as a result of pregnancy. Pregnancy affects the body's

systems, both hormonally, physically, and psychologically. Nausea, sometimes accompanied by vomiting, usually starts at 5 weeks' gestation, which is calculated based on the First Day of Last Menstruation (LMP), and peaks at 8 to 12 weeks' gestation and ends at 16 to 18 weeks' gestation.

Nausea and vomiting are caused by hormonal changes that occur in pregnant women. The hormone progesterone is produced by the corpus luteum. The increase in the hormones estrogen and progesterone can interfere with the digestive system of pregnant women, and make stomach acid levels increase until complaints of nausea and vomiting appear. This hormone can slow down metabolic functions including the digestive system.

In addition, the hormone hCG in the bloodstream is very helpful to maintain the supply of estrogen and progesterone and to prevent menstruation. A sudden increase in the hormone hCG can cause a stinging effect on the lining of the stomach, and this effect is nausea. This hormone also causes the loss of sugar from the blood, which can lead to feelings of extreme hunger and illness. So the hCG hormone is very influential on the onset of nausea and vomiting in pregnant women.

Midwifery Care in Second Term Pregnancy

At 24-25 weeks of gestation, Mrs. D complained that he didn't complain about anything, he came to PMB to check his pregnancy. Then the midwife gives information about daily activities.

In a study conducted by Harahap et al (2018) it was found that yoga is effective on the quality of sleep of pregnant women. Yoga during pregnancy is one of the interventions that can be given to reduce discomfort and improve physical and psychological well-being in pregnant women. Changes felt during pregnancy can cause specific symptoms according to the stage of pregnancy which consists of three trimesters. The second and third trimesters are periods that require special attention, because this is a period of increasing fetal growth and development. The drastic increase in body weight causes pregnant women to feel tired quickly, have difficulty sleeping, shortness of breath, edematous feet and hands. A similar study was conducted by Alita (2020) which found a significant relationship between pregnancy exercise and a sense of comfortable sleeping in pregnant women. Therefore, yoga and pregnancy exercises can be recommended for pregnant women in the second trimester, especially for women with sleep difficulties. Pregnant women are also advised to sleep on their left side or a position that makes pregnant women comfortable. In this position, the blood vessels that carry maternal blood to the placenta and fetus are not compressed so that blood and nutrients can reach the fetus optimally. To increase comfort while sleeping, you should place a pillow between the lower legs while sleeping or on the lower left side of the chest.

Midwifery Care in Third Term Pregnancy

At 37-38 weeks of gestation, Mrs. D complains of frequent urination. Frequent urination occurs because there is pressure on the bladder by the enlarged uterus, especially in the third trimester (Tyastuti and Wahyuningsih, 2016). Frequent urination that is felt by pregnant women in the third trimester is physiologically due to the kidneys working harder than usual, because these organs have to filter more blood volume than before pregnancy. The filtering process then produces more urine. Then the growing fetus and placenta also puts pressure on the bladder, making pregnant women urinate frequently. Besides being able to disrupt the rest of pregnant women, frequent urination can also have side effects on the reproductive organs. It is very important to maintain the health of the reproductive organs, especially the vaginal area during pregnancy, especially with complaints of frequent urination which allows the condition of the underwear to be often

moist due to frequent washing after urinating and not being dried, resulting in the growth of fungi and bacteria that can cause infection in the area if not immediately overcome (Megasari, 2019).

The author recommends mothers to reduce carbonated drinks or with high sugar content and caffeinated drinks such as coffee or tea are irritating to the bladder and make someone urinate more often, so it is better for pregnant women to reduce or avoid these drinks and consume more water. In addition, it is necessary to provide health education about personal hygiene such as washing hands before and after urinating, drying the genital organs with clean towels or tissues after urinating and using absorbent underwear such as cotton and changing underwear if the panties are already deep. humid conditions.

Midwifery Care in Childbirth

On February 23, 2022 Mrs. D said that he felt low back pain radiating to the placenta at 07.00 WIB and mucus mixed with blood came out. Then the client checked himself into PMB Bersama Kurao at 07.30 WIB.

The occurrence of low back pain radiating to the placenta and discharge of mucus mixed with blood is a sign of the start of labor. Labor is a process in which a woman gives birth to a baby that begins with regular uterine contractions and peaks at the time of expulsion of the baby to the expulsion of the placenta and its membranes where this labor process will last for 12 to 14 hours. Contraction (his) is one of the forces on the mother that causes the cervix to open and push the fetus down. In head presentation, when the his is strong enough, the head will descend and begin to enter the pelvic cavity (Kurniarum, 2016).

Breast massage can be used to increase uterine contractions during labor. In a study conducted by Suparti and Prihadi (2017), it was found that there was an increase in uterine contractions after breast massage was performed in the first stage. Breast massage can trigger the release of natural oxytocin so that it can increase uterine contractions. In addition, because oxytocin is produced by the mother's own body, it is hoped that it will not cause harmful effects to both the mother and the fetus. A similar study was conducted by Demirel and Guler (2018) by providing stimulation to the mother's nipples every 30 minutes (taking into account the contraction, stimulation was carried out after the contraction ended) and carried out for 4-5 minutes or about 2 minutes on each breast. In this study it was found that stimulation of the mother's nipples can increase the release of oxytocin, increase Bishop's score, accelerate the active phase of labor, and decrease the indication for synthetic induction (intravenous oxytocin administration). Therefore, breast massage or stimulation of the nipples can be recommended in an effort to increase uterine contractions.

When contractions occur, the mother will feel pain during labor. Pain in the first stage of labor is caused by the appearance of uterine muscle contractions, hypoxia of the contracted muscles, cervical stretching, uterine corpus ischemia, and stretching of the lower uterine segment. Pain receptors are transmitted via the spinal nerve segment T11-12 and the accessory nerves of the lower thoracic and upper lumbar sympathetic nerves. This system runs from the periphery through the spinal cord, brain stem, thalamus and cerebral cortex. Massage on the back stimulates certain points along the spinal cord meridian which is transmitted through large nerve fibers to the reticular formation, thalamus and limbic system of the body to release endorphins. Endorphins are neurotransmitters or neuromodulators that inhibit the delivery of pain stimuli by attaching to the opiate receptors on the nerves and spinal cord so that they can block pain messages to higher centers and can reduce pain sensation. Massage on the back during labor can

function as an epidural analgesic that can reduce pain and stress, and can provide comfort for mothers in labor (Cunningham et al, 2018).

In a study conducted by Aryani et al (2015) it was found that there was an effect of massage on the intensity of pain in the first stage of normal delivery. With the results that massaged maternity women had 29.62 points lower pain intensity than those who were not massaged. Maternity mothers who are massaged have higher endorphins than those who are not cooked by 142.82 pg/ml which can be concluded that there is an effect of massage on endorphin levels in normal delivery mothers. Therefore, someone who has low levels of endorphins will feel more pain than those with high levels of endorphins. By doing massage can increase the levels of endorphins in the mother so that the intensity of maternal pain will also be reduced.

Midwifery Care during Postpartum

The postpartum period is the period after the baby is born, followed by changes in the mother's anatomy and physiology to a pre-pregnancy form. The duration of the puerperium cannot be ascertained, but is estimated to be around 4-6 weeks after delivery (Cunningham et al, 2018). Midwifery care that can be given during the puerperium can be done through control/visit during the puerperium at least 4 times, namely 6-8 hours after delivery (before going home), 6 days after delivery, 2 weeks after delivery, and 6 weeks after delivery. (Kemenkes, 2015).

Mrs. D said that he felt sick to his stomach like he was menstruating. This condition is known as uterine involution. Uterine involution is a process of retrogressive changes in the uterus that cause a decrease in uterine size. This involution causes the mother to feel heartburn or also known as afterpain. Afterpain is a feeling of heartburn due to the periodic relaxation and contraction of the uterus and causes pain that persists throughout the early puerperium. Efforts that can be made to overcome the afterpain discomfort include pharmacological methods such as providing analgesics, and non-pharmacological methods such as massage, warm compresses, movements, acupressure, acupuncture, distraction and relaxation techniques (Amalia et al, 2015).

Early Breastfeeding Initiation can be done to speed up the involution process. After birth, babies have the ability to suckle on their own if there is skin-to-skin contact between the baby and the mother for at least one hour immediately after the baby is born. When the baby sucks, the smooth muscles in the nipple are stimulated, this stimulation is transmitted to the brain by nerves. Then the brain instructs the posterior pituitary gland to secrete the hormone oxytocin which is carried to the smooth muscles in the breast, so that the smooth muscles in the breast contract, and milk is released. Oxytocin hormone produced by the pituitary will enter the blood to the smooth muscles in the uterus, and stimulate the uterus to contract. Uterine contractions cause uterine involution to take place more quickly (Helina et al, 2019).

Mrs. D also said that he wanted to breastfeed his child but did not know how to breastfeed properly. The author gives information to mothers on how to breastfeed correctly and recommends mothers to breastfeed their babies on demand. It is hoped that with the correct breastfeeding position and the baby being breastfed as often as possible, it can stimulate an increase in the production of the hormones oxytocin and prolactin so that the production of breast milk increases. In addition, I also provide information regarding maternal breast care.

Breast care aims to improve blood circulation and prevent blockage of the milk production ducts so as to facilitate the release of breast milk. Oxytocin massage is a massage along the spine to the 5th and 6th costal bones, which is an attempt to stimulate the hormones prolactin and oxytocin after childbirth and can calm the mother, so that

milk can come out. From the results of research conducted by Rahayuningsih et al (2016) it was found that breast care and oxytocin massage were significantly related to increased milk production. Therefore, it is recommended for postpartum mothers to do breast care and oxytocin massage to increase milk production.

Midwifery Care for Newborns

The most important care for newborns is to make neonate visits carried out 3 times, namely at the age of 6-48 hours (neonatal visit, at the age of 3-7 days (neonatal visit 2), and at the age of 8-28 days (neonatal visit 2). neonatal (Kemenkes RI, 2015).

Baby Mrs. D was born spontaneously on Wednesday, February 23, 2022 at 22:35 WIB, cried loudly, moved actively, skin redness, male gender, weight 3200 grams, body length 49 cm, visible anal canal and APGAR score 8/9. The author provides KIE to mothers regarding exclusive breastfeeding on demand, umbilical cord care and danger signs for newborns.

According to IDAI, exclusive breastfeeding is defined as breastfeeding without any other food or beverage supplementation, either in the form of water, juice, or milk other than breast milk. Provision of vitamins, minerals, and drugs is allowed during exclusive breastfeeding. Breastfeeding on demand means that the duration of breastfeeding depends on the will of the baby. Breasts are given alternately right and left at the beginning of breastfeeding, so that both breasts get the same stimulation and get the same drying. In the first weeks, the baby should be awakened or stimulated to feed a maximum of every 3 hours. The recommended duration of exclusive breastfeeding is for the first six months of life to achieve optimal growth and development. After six months, babies receive adequate complementary foods while breastfeeding is continued until the age of 24 months (Wendiranti et al, 2017).

Umbilical cord care is a treatment that aims to keep the umbilical cord in newborns dry and prevent infection. Things that need to be considered in umbilical cord care include washing hands before and after performing umbilical cord care, do not wrap the umbilical cord stump or apply any liquid or material to the umbilical cord stump, fold the diaper under the umbilical cord stump, wound the umbilical cord. must be kept dry and clean, until the rest of the umbilical cord dries and detaches on its own and watch for signs of cord infection such as redness of the skin around the umbilical cord, the appearance of pus or an odor. In addition, also pay attention to danger signs in newborns such as if the baby has a fever or temperature $<36.5^{\circ}\text{C}$, vomiting accompanied by bloating or no bowel movements, seizures, shortness of breath, pus in the eyes, lazy to suckle and sleeping more, yellow to 2 weeks of age, smelly, red, or bloody umbilical cord, and loose stools. If there are signs of umbilical cord infection and signs of danger, advise the mother to take her baby to a health facility (Kemenkes RI, 2019).

Mrs. D also asked about immunization in infants. For newborns up to 1 year old, then the author explains about basic immunizations that must be met to provide immunity against dangerous diseases in early childhood. The types of immunization needed for newborns up to 1 year of age include BCG, polio, hepatitis B, DPT, measles, HiB, pneumococcal, rotavirus (Kemenkes RI, 2019).

Midwifery Care in Family Planning

Family planning is designed so that every couple of childbearing age can properly manage the time, number and spacing of births in a healthy and ideal manner in accordance with their reproductive goals. Family planning counseling aims to provide knowledge to mothers who do not know and remind mothers who already understand about family planning. For mothers who just know and understand about family planning,

of course the new knowledge will be tried, especially if it is felt to be useful or really needed (Abbas et al, 2017).

The author asked Mrs. D at 6 weeks postpartum to ask about family planning plans. Mrs. D said he was still confused about the method he would choose. I gave information to Mrs. D regarding postpartum family planning methods. Post-partum family planning is a family planning service that is given after delivery for up to 42 days and can be done as soon as possible at a health facility for prevention of further pregnancy for at least 2 years post-delivery consisting of non-hormonal and hormonal methods. After discussing with her husband, Mrs. D decided to use a natural family planning method, namely the calendar method (Ogino-Knaus) because the mother felt she was not ready to use modern family planning methods.

The calendar method is an attempt to regulate pregnancy by avoiding sexual intercourse during a woman's fertile period. This method is effective if done properly and couples must understand the fertile period. From the results of WHO data, the effectiveness of the calendar method is estimated to occur 5 pregnancies per 100 women per year with good and correct use (consistent and correct use) and 12 pregnancies per 100 women per year with regular use (commonly used). Effectiveness will increase if other methods are used concurrently, such as condom use or interrupted intercourse. Because it is a natural method, this method has no side effects for health. This is why this method is preferred by couples, especially couples who do not want to use modern family planning methods (Marston and Church, 2016).

In addition, the author also recommends Mrs. D to continue to breastfeed the baby with exclusive breastfeeding and on demand so that the Natural Lactation Method (MAL) contraceptive method is formed. MAL is a natural family planning method that plays a role in suppressing ovulation so that pregnancy does not occur. From research conducted by Lausi et al (2017) it was found that most mothers who gave exclusive breastfeeding returned to menstruation for more than six months, the meaning of the word MAL proved effective in suppressing maternal fertility after giving birth for 6 months. From WHO data, it was also found that the effectiveness of the MAL method is estimated at 0.9 pregnancies per 100 women per year with consistent and correct use and 2 pregnancies per 100 women per year with commonly used. Therefore, MAL can be recommended as the most effective natural family planning method and has many benefits.

REFERENCES

- Abbas, M., S. Hadijono, O. Emilia, dan E. Hartono. 2017. Pengaruh Konseling Saat Persalinan Terhadap Kepesertaan Keluarga Berencana Pasca Salin di Kabupaten Kolaka. *Jurnal Kesehatan Reproduksi* 4(2): 127-13
- ACM. 2017. *Continuity of care - A summary of the evidence*. Australian college of midwives
- Alita, R. 2020. Hubungan Senam Hamil dengan Rasa Nyaman Tidur pada Ibu Hamil Trimester III. *Jurnal Keperawatan Widya Gantari Indonesia* 4(1):1-8.
- Amalia, W., N. D. Jayanti, dan N. Mayasari. 2015. Pengeluaran Hormon Endorphine Alami dengan Metode *Transcutaneous Electrical Nerve Stimulation* (TENS) untuk Mengendalikan Intensitas *Afterpain* pada Ibu Nifas. *Jurnal Ilmiah Kesehatan Media Husada* 3(2):105-110.

- Aryani, Y. Masrul, dan L. Evareny. 2015. Pengaruh Masase pada Punggung Terhadap Intensitas Nyeri Kala I Fase Laten Persalinan Normal Melalui Peningkatan Kadar Endorfin. *Jurnal Kesehatan Andalas* 4(1):70-77
- Astuti, sri dkk. 2017. Asuhan Ibu dalam Masa Kehamilan. Bandung: Erlangga
- Australian Government, Department of Health. Pregnancy care guidelines: Risk of preterm birth
- Diana, Sulis. 2017. Model Asuhan Kebidanan *Continuity of Care*. Surakarta:CV Kekata Group
- Dinas Kesehatan Provinsi Sumatera Barat. 2019. Profil Kesehatan Provinsi Sumatera Barat 2018. Dinas Kesehatan Provinsi Sumatera Barat
- Fatimah Dan Nuryaningsih. (2017). Asuhan Kebidanan Kehamilan. Jakarta: Fakultas Kedokteran Dan Kesehatan Universitas Muhammadiyah Jakarta.
- Harahap, S. D., S. Utami, dan N. Huda. 2018. Efektivitas Yoga terhadap Kualitas Tidur Ibu Hamil. *Jurnal Online Mahasiswa* 5:79-87.
- Helina, S., J. R. Harahap, dan D. Atriana. 2019. Pengaruh Inisiasi Menyusui Dini terhadap Penurunan Tinggi Fundus Uteri 48 Jam Postpartum di Klinik Swasta Kota Pekanbaru Tahun 2019. *Jurnal Ibu dan Anak* 7(1):64-73
- Jamil, Siti Nurhasiyah., Sukma, Febi., Hamidah. (2017). Buku Ajar Asuhan Kebidanan Pada Neonatus, Bayi, Balita Dan Anak Pra Sekolah. Jakarta: Fakultas Kedokteran Dan Kesehatan Universitas Muhammadiyah Jakarta
- Jnpk-Kn. 2017. Pelatihan Klinik Asuhan Persalinan Normal. Jakarta: Departemen Kesehatan Republik Indonesia.
- John Bowers, Helen Cheyne, Gillian Mould & Miranda Page. Continuity of care in community midwifery. *Health Care Manag Sci.* 2016;18:195–204
- Kementrian Kesehatan RI. (2019). Profil Kesehatan Indonesia 2018. Jakarta: Kemenkes RI
- Kementrian Kesehatan RI. (2021). Peraturan Menteri Kesehatan No. 21 Tahun 2021. Jakarta: Kemenkes RI
- Kurniarum, A. 2016. *Asuhan Kebidanan Persalinan dan Bayi Baru Lahir*. Badan Pengembangan dan Pemberdayaan Sumber Daya Kesehatan Kementerian Kesehatan RI. Jakarta.
- Lausi, R. N., A. I. Susanti, P. Sari, dan S. Astuti. 2017. Gambaran Metode Amenorea Laktasi dan Cara Pemberian Asi Eksklusif di Desa Cipacing Kecamatan Jatinangor. *Jurnal Sistem Kesehatan* 3(1):32-37.
- Lusyana Gloria Doloksaribu, Abdul Malik Simatupang Pengaruh Konseling Gizi Prakonsepsi Terhadap Pengetahuan Dan Sikap Wanita Pranikah Di Kecamatan Batang Kuis Wahana Inovasi 2019(3):10-16
- Maharani, S. I., Martanti, L. E. & Bahiyatun, B. Kajian Pemberdayaan Masyarakat Desa Siaga Dalam Rangka Upaya Penurunan AKI Di Bergas Kabupaten Semarang. *Jurnal Kebidanan*, 2018;7(15):10-16.
- Marston, C. A., dan K. Church. 2016. Does the Evidence Support Global Promotion of The Calendar-Based Standard Days Method® of Contraception?. *Elsevier - Contraception* : 492-497
- Maryunani, Anik. (2016). Kehamilan dan Persalinan Patologis (Risiko Tinggi dan Komplikasi) Dalam Kebidanan. Jakarta: CV Trans Info Media.
- Massoumeh Mangeli, Masoud R, Mohammad A C, Batool T. Exploring the Challenges of Adolescent Mothers From Their Life Experiences in the Transition to Motherhood: Qualitative Study. *Journal of Family and Reproductive Health*. 2017;11(3):165-173

- Megasari, K. 2019. Asuhan Kebidanan pada Trimester III dengan Ketidaknyamanan Sering Buang Air Kecil. *Jurnal Komunikasi Kesehatan* 10(2):36-43
- Megasari, Miratu dkk. 2015. Panduan Asuhan Kebidanan I. Ed 1. Yogyakarta: Deepublis
- Mochtar, Rustam. 2015. Sinopsis Obstetri. Jakarta: EGC
- NHS England. The NHS Long Term Plan: Maternity and neonatal services. 2019
- Oktarina, Mika. 2016. Buku Ajar Asuhan Kebidanan Persalinan Dan Bayi Baru Lahir. Yogyakarta: Deepublish.
- Prawirohardjo, Sarwono 2016. Ilmu Kebidanan. Jakarta: Yayasan Bina Pustaka
- Rahayuningsih, T., A. Mudigo, dan B. Murti. 2016. Effect of Breast Care and Oxytocin Massage on Breast Milk Production: A study in Sukoharjo Provincial Hospital. *Journal of Maternal and Child Health* 1(2):101-109
- Runjati, Syahniar Umar, dan Monica Ester. 2018. Kebidanan Teori dan Asuhan. Jakarta: EGC
- Susilowati Dan Kuspriyanto. 2016. Gizi Dalam Daur Kehidupan. Bandung: Refika Aditama
- Tri Sunarsih. Asuhan Kebidanan Continuity of Care di PMB Sukani Edi Munggur Srimartani Piyungan Bantul. *Jurnal Kebidanan UM Mataram*. 2020;5(1):39-44
- Undang-Undang Republik Indonesia No. 4 Tahun 2019
- Varney H, 2019. Buku Ajar Asuhan Kebidanan Volume 1 .Jakarta : EGC
- Vibhuti S R, Hannah D, Husna R. Indian Migrant Women Experiences Of Motherhood And Postnatal Support In Australia. *Women and Birth* 2018;68:11-18
- Wendiranti, C. I., H. W. Subagio, dan H. S. Wijayanti. 2017. Faktor Risiko Kegagalan ASI Eksklusif. *Journal of Nutrition College* 6(3):241-248
- WHO Recommendations on antenatal care for a positive pregnancy experience. WHO Library Cataloguing 2016
- Yulizawati. 2017. *Buku Ajar asuhan Kebidanan Pada Kehamilan*. Padang: Rumah