

Lampiran 1. SOAP Komprehensif

**PRODI PENDIDIKAN PROFESI BIDAN  
JURUSAN KEBIDANAN POLTEKKES KEMENKES YOGYAKARTA  
Jalan Mangkuyudan MJ III/304 Yogyakarta 55143 Telp (0274) 374331**

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**ASUHAN BERKESINAMBUNGAN NY. D USIA 21 TAHUN G1P0A0AH0  
UMUR KEHAMILAN 38 MINGGU DENGAN HAMIL NORMAL DI  
PUSKESMAS TURI**

Tanggal : 28 Januari 2023

Jam : 09.00 WIB

**S (SUBJEKTIF)**

1. Identitas

	Pasien	Suami
Nama	Ny. D	Tn. A
Umur	21 tahun	25 tahun
Agama	Islam	Islam
Pendidikan	SMU	Sd
Pekerjaan	IRT	Buruh
Alamat	Balong, Donokerto, Turi.	

2. Data Subjektif

a. Keluhan Utama

Ibu mengatakan ingin melakukan periksa kehamilan dan mengeluh batuk dan sering kencing tapi sebentar hilang

b. Riwayat Menstruasi

Usia *menarche* 12 tahun, lama 6 hari, siklus 28 hari, teratur, ada keputihan, tidak mengalami *dismenore*. Ganti pembalut 4-5x/hari.

c. Riwayat Menikah

Menikah 1 kali, usia pertama kali menikah 1 tahun

d. Riwayat Kehamilan Ini

1. Riwayat Status TT : TT 5

2. Riwayat ANC

- HPHT : 5-5-2022

HPL : 12-2-2023

- ANC pertama kali sejak umur kehamilan 6 minggu di Puskesmas Turi ( ANC Terpadu)

- Frekuensi ANC :

Trimester I : 1 kali

Trimester II : 4 kali

Trimester III : 4 kali

- Keluhan yang dirasakan : selama hamil ibu mengeluh mual, muntah, dan pinggang pegal.

- Obat-obatan yang dikonsumsi : asam folat, B6, Tablet tambah darah dan kalsium.

e. Riwayat kehamilan, persalinan, dan nifas yang lalu

G2P1A0Ah1

No	Tang gal Lahir	Umur Keha milan	Jenis persalin an	Penolong	JK	BBL	Komplikasi	
							Ibu	Janin
1	Kehamilan ini							

f. Riwayat Kontrasepsi

No	Jenis Alkon	Mulai Pakai	Keluhan	Selesai Pakai	Alasan Pakai
1	Ibu belum pernah menggunakan kontrasepsi				

g. Riwayat Kesehatan Sekarang

Ny. D mengatakan tidak pernah atau tidak sedang menderita penyakit hipertensi, diabetes mellitus, jantung, asma, TBC, HIV dan Hepatitis B.

h. Riwayat Kesehatan Keluarga

Ny. D mengatakan keluarga tidak pernah atau sedang menderita penyakit hipertensi, asma, jantung, jantung, hepatitis B dan HIV dan tidak ada yang memiliki bayi kembar.

i. Pola Personal Hygiene

Ny. D mengatakan mandi 2 kali sehari. Keramas 2 hari sekali. Menggosok gigi 2 kali/hari. Ny. D mengatakan membersihkan daerah genitalia dari arah depan kearah belakang. Mengganti celana dalam setiap setelah mandi atau bila merasa tidak nyaman. Celana dalam dari bahan katun.

j. Pola pemenuhan Nutrisi

	Makan	Minum
Frekuensi	3 x/hari	10 x/hari
Porsi	1 porsi sedang	Gelas sedang
Macam	Nasi, sayur, lauk, buah	Air putih, jus
Keluhan	Tidak ada keluhan	Tidak ada keluhan

k. Pola Eliminasi

	BAB	BAK
Frekuensi	1 hari sekali	5-6x/hari
Tekstur	Lembek	Cair
Warna	Kecoklatan	Kuning jernih
Keluhan	Tidak ada keluhan	Tidak ada keluhan

l. Kebiasaan-kebiasaan

- Ny. D mengatakan tidak pernah minum jamu, minum-minuman keras, merokok, dan obat-obatan yang tidak sesuai anjuran bidan/dokter selama hamil.
- Ny. D mengatakan suami merokok diluar rumah.

m. Pola Aktivitas dan Istirahat

- Ny. D mengatakan mengurus pekerjaan rumah tangga seperti memasak, menyapu, mencuci.
- Ny. D mengatakan pada siang hari istirahat selama 1-2 jam, dan pada malam hari tidur selama 7 jam.

n. Pengetahuan Ibu dengan kondisinya

Ny. D mengatakan kondisinya dan bayi sehat.

o. Dukungan suami dan keluarga terhadap kehamilannya

Kehamilan Ny. D adalah kehamilan yang diinginkan oleh Ny. D, suami dan keluarganya. Suami dan keluarga selalu mendukung serta ikut menjaga kehamilan Ny. D.

p. Persiapan Persalinan

Ny. D mengatakan ingin melahirkan secara spontan di Puskesmas atau PMB ditolong oleh bidan, kendaraan untuk bersalin adalah motor, sudah memiliki BPJS aktif, calon pendonor darah Suami, dan sudah menyiapkan pakaian ibu dan bayi.

**O (OBJEKTIF)**

a. Keadaan Umum : Baik

b. Kesadaran : Compos Mentis

c. Tanda-Tanda Vital :

- Tekanan darah : 110/70 mmHg
- Nadi : 78 kali/menit
- Respirasi : 20 kali/menit
- Suhu : 36,6°C

d. Pemeriksaan Antropometri

- BB sebelum hamil : 45 kg
- BB saat ini : 52 kg
- TB : 152 cm
- Lila : 25 cm
- IMT : 19,9 gr/m<sup>2</sup> (kategori normal)

e. Pemeriksaan Fisik

- Kepala : rambut hitam, lurus, dan bersih
- Muka : tidak pucat
- Mata : simetris, konjungtiva merah muda
- Hidung : bersih tidak ada sumbatan
- Mulut : bersih, gusi pucat, lidah bersih, gigi tidak berlubang.
- Telinga : simetris, tidak ada serumen
- Leher : tidak ada pembengkakan pada kelenjar tiroid dan kelenjar limfe
- Payudara : tidak ada benjolan
- Paru-paru : tidak ada stridor, *wheezing* dan tarikan dinding dada kedalam
- Abdomen :
  - Leopold I : TFU 30 cm. Teraba lunak, bulat, tidak melenting (bokong janin)
  - Leopold II : sebelah kanan teraba datar, keras, memanjang (punggung janin), sebelah kiri teraba bagian kecil berbenjol-benjol (bagian kecil janin)
  - Leopold III : teraba bulat, keras, melenting (kepala janin) : presentasi kepala
  - Leopold IV : tangan pemeriksa tidak bertemu (divergen)
  - TBJ :  $(29-11) \times 152 = 2736$  gram
  - DJJ : 146 kali/menit, teratur, punctum maksimum di perut bagian kanan setinggi pusat. Ibu dalam keadaan rileks saat pemeriksaan.
- Ekstermitas: tidak ada oedema dan tidak ada varises.

f. Pemeriksaan Penunjang

- Pemeriksaan Laboratorium
  - Hb : 10 gr%
  - Protein urin : negatif

## **A (ANALISIS)**

### 1. Diagnosa

Ny. D usia 21 tahun G1P0A0Ah0 usia kehamilan 38 minggu dengan kehamilan normal

### 2. Kebutuhan tindakan segera berdasarkan kondisi klien

- a. KIE tentang kondisi ibu dan janin
- b. KIE tentang ketidaknyamanan trimester III yaitu sering berkemih
- c. KIE tentang cara mengatasi ketidaknyamanan sering berkemih
- d. KIE tentang nutrisi
- e. KIE tentang tanda bahaya kehamilan
- f. KIE tentang persiapan persalinan

## **P (PENATALAKSANAAN)**

1. Melakukan pemeriksaan dan memberitahu ibu hasil pemeriksaan bahwa ibu dan janin dalam keadaan baik. Ibu telah mengetahui hasil pemeriksaan
2. Memberikan KIE kepada ibu tentang ketidaknyamanan yang dialami pada trimester dua yaitu pusing, sering berkemih, mulai pegel-pegel dan terkadang ada kontraksi palsu yaitu kontraksi yang durasinya hanya sebentar dan jika dipakai untuk tidur sakitnya hilang.  
Ibu mengerti penjelasan yang diberikan.
3. Memberikan KIE pada ibu untuk makan teratur, hindari makan-makanan yang bergas, penuhi gizi seimbang karena ibu sedang batuk maka diberi pelega tenggorokan/ OBH 3x2 sendok dan dianjurkan minum air putih yang banyak.  
Ibu mengerti dan bersedia melakukan anjuran bidan.
4. Memberi KIE pada ibu untuk mengurangi aktivitas berat dan istirahat yang cukup yaitu minimal 8 jam dalam sehari, untuk menjaga kesehatan ibu dan janin. Ibu mengerti dan bersedia melakukan anjuran.

5. Memberitahu ibu tentang tanda bahaya kehamilan seperti keluar darah dari jalan lahir, pusing kepala berat, pandangan kabur, bengkak pada tangan, kaki, dan wajah disertai kejang, demam tinggi, muntah terus menerus hingga tidak dapat makan sama sekali. Apabila ibu mengalami salah satu tanda tersebut segera datang ke pelayanan kesehatan. Ibu mengerti dan paham.
6. Melakukan rujukan internal ke laboratorium untuk cek darah dan cek urin. Ibu sudah mengetahui hasil pemeriksaan.
7. Memberikan ibu tablet tambah darah untuk mencegah anemia pada ibu hamil dan tablet kalsium untuk mencegah. Ibu bersedia minum obat.
8. Memberitahu ibu tentang tanda-tanda persalinan yaitu kenceng-kenceng teratur 3 kali dalam 10 menit, keluar air ketuban, keluar lendir darah, apabila mengalami hal tersebut segera datang ke fasilitas pelayanan terdekat. Ibu mengerti tanda-tanda persalinan.
9. Memberitahu ibu tentang persiapan persalinan untuk membereskan barang-barang ke dalam satu tas, biaya, transportasi. Ibu mengerti dan sudah menyiapkan.
10. Memberitahu ibu untuk melakukan kunjungan ulang 1 minggu yang akan datang atau bila ada keluhan langsung datang ke pelayanan kesehatan. Ibu mengerti dan bersedia melakukan kunjungan ulang.

Pembimbing Klinik	Mahasiswa
Eri Wuryati S.Tr. Keb, Bdn	Listiana Sulistyowati

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**ASUHAN KEBIDANAN PADA NY. D USIA 21 TAHUN G1P0A0AH1  
UMUR KEHAMILAN 39 MINGGU 5 HARI DENGAN PERSALINAN  
NORMAL DI RSUD SLEMAN**

**Tanggal/Jam : 10 Februari 2022/22.00 WIB**

- S** a. Identitas :
- |            |                           |          |
|------------|---------------------------|----------|
| Ibu        |                           | Suami    |
| Nama       | : Ny. D                   | Tn. A    |
| Umur       | : 21 tahun                | 25 tahun |
| Pendidikan | : SMA                     | SD       |
| Pekerjaan  | : IRT                     | Buruh    |
| Alamat     | : Balong, Donokerto, Turi |          |
- b. Ibu mengatakan merasa kenceng-kenceng semakin teratur dan sering sejak jam 08.00 WIB dan keluar flek.
- c. Riwayat Menstruasi :
1. *Menarche* umur 12 tahun, siklus 28 hari, teratur, lama 6 hari  
Tidak ada keputihan. Tidak mengalami *dismenore*.
  2. HPHT : 05 -5-2022, HPL : 12-2-2023
  3. Umur Kehamilan : 39 minggu 5 hari
- d. Riwayat Obstetri : G1P0Ab0Ah0
- e. Riwayat Kontrasepsi : Ibu mengatakan tidak pernah menggunakan KB.
- f. Riwayat Kesehatan  
Ibu mengatakan saat ini tidak mengalami batuk, pilek, demam tinggi, pusing dan diare, serta ibu tidak pernah atau sedang menderita penyakit jantung, hipertensi, TBC, asma, DM, Hepatitis B, dan HIV. Keluarga ibu saat ini tidak mengalami batuk, pilek, demam, pusing, dan diare serta tidak memiliki riwayat penyakit jantung, hipertensi, asma, DM, TBC, Hepatitis B dan HIV.  
Ibu mengatakan alergi debu dan dingin.
- g. Riwayat Kehamilan ini
1. Tempat periksa kehamilan : PMB, Puskesmas
  2. TM 1 : 1



3. TM 2 : 4
  4. TM 3 : 4
  5. Dapat obat : asam folat, hufabion, kalk
- h. Riwayat Persalinan ini
1. Kontraksi uterus mulai : tgl 10 Februari 2023, jam 08.00 WIB
  2. Pengeluaran pervaginam : lendir darah sejak tgl 10 Februari 2023 jam 08.00 WIB
3. Riwayat Kesejahteraan Janin
- Gerakan janin : aktif

## O

- a. Pemeriksaan Umum
1. KU: baik
  2. Kesadaran : compos mentis
  3. Tanda-tanda Vital : TD: 110/70mmHg; N: 82 kali/menit; R: 20 kali/menit; S: 36,7°C
  4. BB : 52 kg ; TB : 152 cm
5. Pemeriksaan Fisik :
1. Mata : Konjungtiva merah muda, tidak anemis
  2. Leher : tidak ada pembengkakan
  3. Payudara : membesar, puting menonjol, ASI sudah keluar
  4. Abdomen :  
TFU 28 cm  
Leopold I : teraba bokong.  
Leopold II : sebelah kiri punggung, sebelah kanan teraba bagian bagian kecil janin  
Leopold III : teraba kepala, kepala sudah tidak dapat digerakan.  
Leopold IV: tangan peraba tidak bertemu (divergen)  
TBJ : gram  
Kontraksi : 3-4 kali dalam 10 menit frekuensi 30-45 detik.  
DJJ : 147kali/menit, teratur, punctum maksimum dibawah pusat.
5. Genetalia : pengeluaran lendir darah
- Periksa Dalam : tgl 10-2-2023, jam 22.00 WIB
- 1) Indikasi : kenceng-kenceng teratur dan keluar lendir darah
  - 2) Tujuan : untuk mengetahui kemajuan persalinan
  - 3) Hasil : Vulva/ureter tenang, vagina licin, porsio tipis lunak, pembukaan 6 cm, air ketuban (-), presentasi kepala, hodge III, penunjuk UUK jam 11, selaput ketuban utuh, STLD (+)
6. Ekstermitas : tidak ada varises dan tidak ada edema.

**A** Ny. D umur 21 tahun G1P0A0Ah0 umur kehamilan 39 minggu 5 hari janin tunggal intrauterine, hidup, presentasi kepala, punggung kiri, dalam persalian kala I fase aktif.

- P**
1. Selama memberikan pelayanan kepada ibu, bidan selalu memakai APD lengkap. Ibu hanya boleh didampingi oleh 1 orang dan harus bermasker. Bidan dan pendamping ibu sudah sesuai dengan protokol kesehatan.
  2. Memberitahu ibu bahwa berdasarkan hasil pemeriksaan keadaan ibu dan janin baik dan sehat. Ibu mengerti.
  3. Memberitahu ibu untuk boleh mengejan dahulu karena sudah pembukaan 8. Ibu mengerti.
  4. Menganjurkan ibu untuk tidur miring ke kiri agar aliran oksigen ke janin lancar dan mempercepat penurunan kepala. Ibu bersedia untuk miring ke kiri.
  5. Memberitahu ibu untuk mengatur teknik pernapasan yaitu dengan mengambil napas panjang dari hidung dan dikeluarkan dari mulut. Ibu mengerti.
  6. Memberitahu ibu untuk minum disela-sela kontraksi agar memiliki tenaga saat mengejan. Ibu mengerti
  7. Memberikan motivasi kepada ibu untuk tetap kuat dan semangat menghadapi persalinan dan mempersilahkan salah satu keluarga untuk mendampingi ibu bersalin. Suami mendampingi selama proses persalinan.
  8. Mempersiapkan partus set, hecing set, obat, perlengkapan ibu dan janin. Alat, obat, dan perlengkapan ibu dan janin sudah siap.

Pembimbing Klinik	Mahasisiwa
Eri Wuryati S.Tr. Keb. Bdn	Listiana Sulistyowati

## CATATAN PERKEMBANGAN

**Tanggal : 10 Februari 2023, jam : 23.50 WIB**

**S** Ibu mengatakan ingin BAB dan ada air yang keluar.

**O** Pemeriksaan Umum

1. KU: baik, Kesadaran : compos mentis
2. Tanda-tanda Vital : TD : 110/70 mmHg; N : 80 kali/menit; R : 20 kali/menit; S : 36,6°C
3. DJJ : 140 kali/menit
4. Periksa dalam :  
Vulva/uretra tenang, vagina licin, porsio tidak teraba, pembukaan 10 cm, air ketuban (+), presentasi kepala, hodge IV, penunjuk UUK jam 11, selket (-), STLD (+)

**A** Ny. D umur 21 tahun G1P0A0Ah0 umur kehamilan 39 minggu 5 hari dalam persalian kala II

- P**
1. Selama memberikan pelayanan kepada ibu, bidan selalu memakai APD lengkap. Ibu hanya boleh didampingi oleh 1 orang dan harus bermasker. Bidan dan pendamping ibu sudah sesuai dengan protokol kesehatan. .
  2. Memberitahu ibu bahwa berdasarkan hasil pemeriksaan pembukaan sudah lengkap dan sudah boleh mengejan sesuai instruksi bidan. Ibu mengerti.
  3. Memberikan motivasi kepada ibu untuk tetap kuat dan semangat menghadapi persalinan dan mempersilahkan salah satu keluarga untuk mendampingi ibu bersalin. Suami mendampingi selama proses persalinan.
  4. Meminta ibu untuk mengatur posisi senyaman mungkin untuk mengejan. Ibu sudah dalam posisi nyaman.
  5. Memberitahu ibu untuk mengejan efektif saat ada kontraksi yaitu dengan mengejan tanpa suara, mengejan dengan kekuatan kebawah, mata terbuka melihat bidan dan dagu ditempel dada. Ibu sudah mengejan efektif.
  6. Memberitahu ibu apabila tidak ada kontraksi untuk tidak mengejan dan diselingi dengan minum. Ibu mengerti.
  7. Mempersiapkan partus set dan mengenakan APD lengkap.

8. Membantu melahirkan kepala dengan menahan puncak kepala dengan tangan kiri dan tangan kanan menahan perineum. Kepala lahir dan tidak ada lilitan tali pusat.
9. Melahirkna bahu depan dengan posisi tangan biparietal dan menarik lembut kearah bawah, sedangkan untuk melahirkan bahu belakang dengan posisi tangan biparietal dan menarik lembut keatas. Bahu bayi lahir.
10. Melahirkan badan bayi dengan sangga susur. Bayi lahir, menangis spontan, gerakan aktif. Bayi lahir tanggal 11 Februari 2022 pukul 01.035WIB, jenis kelamin laki-laki.
11. Menghangatkan bayi dengan kain kering dan bersih.

## CATATAN PERKEMBANGAN

**Tanggal : 11 Februari 2023, jam 01.45 WIB**

**S** Ibu mengatakan ibu merasa senang atas kelahiran bayinya

**O** Pemeriksaan Umum

1. KU: baik, Kesadaran : compos mentis
2. TFU sepusat, tidak ada janin kedua

**A** Ny. D umur 21 tahun P1A0Ah1 dalam persalian kala III

**P**

1. Selama memberikan pelayanan kepada ibu, bidan selalu memakai APD lengkap. Ibu hanya boleh didampingi oleh 1 orang dan harus bermasker. Bidan dan pendamping ibu sudah sesuai dengan protokol kesehatan. .
2. Memastikan janin tunggal. Tidak ada janin kedua. Ibu bersedia disuntik.
3. Memberitahu ibu bahwa akan disuntik oksitosin di bagian paha luar secara IM. Ibu bersedia disuntik.
4. Menyuntikan oksitosin 10 IU secara IM di paha luar. Oksitosin sdah disuntikkan.
5. Melakukan jepit, potong, ikat tali pusat. Tali pusat telah dipotong dan diikat.
6. Membantu ibu melakukan IMD dengan meletakkan bayi diantara payudara ibu dan menghadapkan kepala ke salah satu sisi dan meminta ibu untuk memegang bayi selama IMD. IMD sedang berlangsung.
7. Melakukan PTT dan tekanan dorsokranial saat ada kontraksi. Ada tanda pelepasan plasenta yaitu ada semburan darah, tali pusat memanjang, uterus globuler.
8. Melahirkan plasenta. Plasenta lahir spontan jam 01.45 WIB
9. Memeriksa kelengkapan plasenta. Plasenta lengkap.

## CATATAN PERKEMBANGAN

Tanggal : 11 Februari 2023, jam 01.55 WIB

**S** Ibu mengatakan merasa mules

**O** Pemeriksaan Umum

1. KU: baik, Kesadaran : compos mentis
2. TD : 110/60 mmHg, N : 80 kali/menit, RR : 20 kali/menit S : 36,6°C
3. Kontraksi keras, TFU 2 jari dibawah pusat
4. Laserasi perineum derajat II

**A** Ny. D umur 21 tahun P1A0Ah1 dalam persalian kala IV dengan laserasi derajat II

- P**
1. Selama memberikan pelayanan kepada ibu, bidan selalu memakai APD lengkap. Ibu hanya boleh didampingi oleh 1 orang dan harus bermasker. Bidan dan pendamping ibu sudah sesuai dengan protokol kesehatan.
  2. Memberitahu ibu bahwa bayi dan ari-ari sudah lahir. Ibu mengerti
  3. Melakukan penjahitan laserasi perineum derajat II dengan teknik jelujur. Perineum sudah dijahit.
  4. Melakukan penilaian terhadap jalan lahir. Pengeluaran darah dalam batas normal.
  5. Merapikan dan membersihkan ibu. Ibu telah bersih dan berganti pakaian.
  6. Merapikan dan mendekontaminasi alat.
  7. Memberitahu ibu bahwa kontraksi yang baik adalah saat uterus keras. Meminta ibu untuk selalu memantau kontraksi uterus, apabila terasa uterus lembek, dan darah yang keluar terasa deras segera melapor ke bidan.
  8. Melakukan observasi meliputi nadi, tekanan darah, kontraksi, TFU, pengeluaran darah, kandung kemih dan suhu tiap 15 menit sekali dalam satu jam pertama dan setiap 30 menit sekali pada satu jam kedua.  
TD : 110/70mmHg, N: 80 kali/menit, RR: 20 kali/menit, S: 36,6°C, kontraksi keras, TFU 2 jari dibawah pusat, perdarahan dalam batas normal, kandung kemih kosong.

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**ASUHAN KEBIDANAN PADA BAYI NY. D USIA 1 JAM CUKUP BULAN  
SESUAI MASA KEHAMILAN**

**Tanggal / Jam: 11 Februari 2023/ 01.35 WIB**

**S (SUBJEKTIF)**

1. Identitas

	Pasien	Suami
Nama	Ny. D	Tn. A
Umur	21 tahun	25 tahun
Agama	Islam	Islam
Pendidikan	SMU	Sd
Pekerjaan	IRT	Buruh
Alamat	Balong, Donokerto, Turi	

2. Riwayat Antenatal

- a. G1P0Ab0Ah0 umur kehamilan 39 minggu 5 hari
- b. Riwayat ANC : teratur, 9 kali, di puskesmas, Bidan
- c. Keluhan saat hamil : mual dan muntah
- d. Penyakit selama hamil : tidak ada penyakit selama hamil
- e. Kebiasaan makan : Ibu dan keluarganya mengatakan makan 3 kali sehari, jenis: nasi, sayur lauk dan buah
- f. Obat/ Jamu : Ibu dan keluarganya mengatakan tidak pernah minum jamu/obat
- g. Merokok : Ibu dan keluarganya mengatakan tidak pernah merokok

3. Riwayat Intranatal
  - a. Lahir tanggal : 11 Februari 2023 Jam 01.45 WIB
  - b. Jenis persalinan : Spontan
  - c. Penolong : Bidan
  - d. Ibu dan bayi tidak ada komplikasi
4. Keadaan bayi baru lahir
  - a. BB/PB lahir : 3175 gram/50 cm
  - b. Nilai APGAR : 8/9/10
  - c. Jenis kelamin : laki-laki
  - d. Tidak ada caput succedenum
  - e. Tidak ada cephal hematoma
  - f. Tidak ada cacat bawaan

#### **O (OBJEKTIF)**

1. KU : baik  
Kesadaran : compos mentis
2. Pemeriksaan Umum :
  - a. Pernapasan : 32 kali/menit
  - b. Denyut jantung : 120 kali/menit
  - c. Menangis kuat
  - d. Tonus otot : gerakan aktif
  - e. Warna kulit : kemerahan

#### **A (ANALISIS)**

By. Ny. D usia 1 jam cukup bulan sesuai masa kehamilan normal

#### **P (PENATALAKSANAAN)**

1. Melakukan penilaian awal pada bayi.
2. Menghangatkan bayi dengan kain kering.
3. Mengeringkan bayi dan melakukan rangsangan taktil serta mengganti dengan kain kering dan memakaikan topi untuk mencegah hipotermi pada bayi.
4. Melakukan IMD selama kurang lebih 1 jam.
5. Melakukan pemeriksaan antropometri: BB 3175 gram, PB: 50cm, LK: 32,5cm, LD: 33cm, Lila: 11cm



6. Melakukan observasi keadaan umum bayi.
7. Melakukan asuhan bayi baru lahir normal.

Pembimbing Klinik	Mahasiswa
Eri Wuryati S.Tr. Keb. Bdn	Listiana Sulistyowati

**CATATAN PERKEMBANGAN PADA BAYI BARU LAHIR**

<b>Tanggal, jam</b>	<b>Data Subjektif</b>	<b>Data Objektif</b>	<b>Analisis</b>	<b>Penatalaksanaan</b>
17/02/2022 09.00 WIB	By. Ny D lahir tanggal 11 Februari 2023 normal. Bayi sudah menangis kuat tonus otot dan gerakan aktif, dan kulit kemerahan. Komplikasi : tidak ada	<p>Tanda-tanda vital :</p> <ul style="list-style-type: none"> <li>- HR : 112 kali/menit</li> <li>- RR : 45 kali/menit</li> <li>- S : 36,7°C</li> </ul> <p>Antropometri :</p> <ul style="list-style-type: none"> <li>- BB : 3200 gram</li> <li>- PB : 50 cm</li> <li>- LK : 33 cm</li> <li>- LD : 33 cm</li> <li>- LLA : 11 cm</li> </ul> <p>Pemeriksaan Fisik</p> <ul style="list-style-type: none"> <li>- Kepala : tidak ada cepal hematoma, tidak ada caput succedaneum</li> </ul>	By. Ny. D usia 6 hari cukup bulan sesuai masa kehamilan lahir secara spontan	<ol style="list-style-type: none"> <li>1. Memberitahu ibu bahwa berdasarkan hasil pemeriksaan keadaan bayi baik.</li> <li>2. Memberikan KIE tentang menjaga <i>personal hygiene</i> bayi dengan mandi 2x sehari dan mengganti popok saat bayi BAK atau BAB</li> <li>3. Mengajarkan ibu dan keluarga untuk memberikan bayi ASI eksklusif yaitu hanya ASI saja sampai usianya 6 bulan, tanpa minuman dan makanan tambahan, susui bayi sesering mungkin atau minimal setiap 2 jam sekali.</li> <li>4. Mengajarkan ibu cara menyusui yang benar, yaitu dengan posisi bayi dipangku menghadap perut ibu, kepala bayi didepan payudara dan bayi menyusu sampai mulut mencapai aerola dan terdengar tegukan dalam</li> </ol>

		<ul style="list-style-type: none"> <li>- Muka : simetris, tidak ada tanda-tanda down syndrome</li> <li>- Mata : simetris, sklera putih, tidak ada kelainan</li> <li>- Hidung: tidak ada kelainan</li> <li>- Telinga : simetris, tidak ada kelainan</li> <li>- Mulut : bibir merah, tidak ada labiopalatokisis</li> <li>- Abdomen : tali pusat tidak ada tanda-tanda infeksi</li> <li>- Genetalia : labia mayora telah menutupi labia minora, tidak ada kelainan</li> <li>- Ekstermitas atas dan bawah : simetris, gerakan aktif, jumlah jari : 5/5</li> <li>- Tulang belakang : normal, tidak ada spina bifida</li> </ul>		<p>mulut bayi, badan dihadapkan keperut ibu, sampai membentuk garis lurus dari kepala bayi sampai badan dan ditopang dengan tangan ibu.</p> <ol style="list-style-type: none"> <li>5. Memberikan KIE kepada ibu tentang tanda bahaya pada bayi baru lahir yaitu bayi tidak mau menyusu, panas, kejang, badan kuning, atau tampak biru pada ujung jari tangan, kaki dan mulut, dan apabila bayi mengalami salah satu tanda bahaya tersebut segera bawa ke fasilitas kesehatan.</li> <li>6. Mengingatkan ibu dan keluarga untuk control ulang tanggal 26 Februari 2023</li> </ol>
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		<ul style="list-style-type: none"> <li>- Anus : berlubang, tidak ada kelainan</li> </ul> <p>Reflek :</p> <ul style="list-style-type: none"> <li>- Reflek <i>rooting</i> : (+)</li> <li>- Reflek <i>sucking</i> : (+)</li> <li>- Reflek <i>moro</i>: (+)</li> <li>- Reflek <i>babynski</i> : (+)</li> <li>- Reflek <i>graps</i> : (+)</li> <li>- Reflek <i>tonic neck</i> : (+)</li> </ul>		
26/02/2023	Bayi Ny. D lahir tanggal 11 Februari 2023 secara spontan, keadaan bayi sehat dan tidak ada keluhan. Bayi sudah BAB dan BAK.	<p>Keadaan umum baik, Tanda-tanda vital :</p> <ul style="list-style-type: none"> <li>- Nadi : 136 kali/menit</li> <li>- RR : 45 kali/menit</li> <li>- S : 36,7°C</li> </ul> <p>Antropometri</p> <ul style="list-style-type: none"> <li>- BB : 3500 gram</li> </ul> <p>Tidak ada tanda-tanda infeksi tali pusat.</p> <p>Reflek :</p> <ul style="list-style-type: none"> <li>- Reflek <i>rooting</i> : (+)</li> <li>- Reflek <i>sucking</i> : (+)</li> <li>- Reflek <i>moro</i>: (+)</li> </ul>	Bayi Ny. D usia 15 hari cukup bulan sesuai masa kehamilan lahir secara spontan	<ol style="list-style-type: none"> <li>7. Memberitahu ibu bahwa berdasarkan hasil pemeriksaan keadaan bayi baik.</li> <li>8. Memberikan KIE tentang menjaga <i>personal hygiene</i> bayi dengan mandi 2x sehari dan mengganti popok saat bayi BAK atau BAB</li> <li>9. Menganjurkan ibu dan keluarga untuk memberikan bayi ASI eksklusif yaitu hanya ASI saja sampai usianya 6 bulan, tanpa minuman dan makanan tambahan, susui bayi sesering mungkin atau minimal setiap 2 jam sekali.</li> </ol>

		<ul style="list-style-type: none"> <li>- Reflek <i>babynski</i> : (+)</li> <li>- Reflek <i>graps</i> : (+)</li> <li>- Reflek <i>tonic neck</i> : (+)</li> </ul>		<p>10. Mengajarkan ibu cara menyusui yang benar, yaitu dengan posisi bayi dipangku menghadap perut ibu, kepala bayi didepan payudara dan bayi menyusu sampai mulut mencapai aerola dan terdengar tegukan dalam mulut bayi, badan dihadapkan keperut ibu, sampai membentuk garis lurus dari kepala bayi sampai badan dan ditopang dengan tangan ibu.</p> <p>11. Memberikan KIE kepada ibu tentang tanda bahaya pada bayi baru lahir yaitu bayi tidaak mau menyusu, panas, kejang, badan kuning, atau tampak biru pada ujung jari tangan, kaki dan mulut, dan apabila bayi mengalami salah satu tanda bahaya tersebut segera bawa ke fasilitas kesehatan.</p> <p>12. Mengingatkan ibu dan keluarga untuk imunisasi dasar anaknya saat berusia 1 bulan (BCG) pada tanggal 7 Maret 2023</p>
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**PRODI PENDIDIKAN PROFESI BIDAN  
JURUSAN KEBIDANAN POLTEKKES KEMENKES YOGYAKARTA  
Jalan Mangkuyudan MJ III/304 Yogyakarta 55143 Telp (0274) 374331**

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**ASUHAN KEBIDANAN PADA NY. D USIA 21 TAHUN P1A0AH0 NIFAS  
NORMAL HARI KE 1**

**Tanggal/jam : 11 Februari 2021/09.00 WIB**

**S (SUBJEKTIF)**

1. Identitas

	Pasien	Suami
Nama	Ny. D	Tn. A
Umur	21 tahun	25 tahun
Agama	Islam	Islam
Pendidikan	SMU	SD
Pekerjaan	IRT	Buruh
Alamat	Balong, Donokerto Turi Sleman	

2. Keluhan utama

Ibu mengatakan payudaranya terasa nyeri

3. Riwayat kehamilan dan persalinan terakhir

Masa kehamilan : 39 minggu 5 hari

Tanggal dan jam persalinan : 11 Februari 2023 jam 01.35 WIB

Tempat persalinan : RSUD Sleman

Penolong : Bidan

Jenis persalinan : Spontan

Komplikasi : tidak ada komplikasi

4. Keadaan bayi baru lahir

Lahir tanggal : 11 Februari 2023 jam 01.35 WIB

Masa gestasi : 39 minggu 5 hari

BB/PB lahir : 3175 gram/ 50 cm.

Nilai APGAR : 1 menit/ 5 menit/ 10 menit/ 2 jam: 8 /9/10/10

Cacat bawaan : Tidak ada cacat bawaan

Rawat Gabung: Ya

5. Riwayat Nifas

Mobilisasi : ibu sudah dapat duduk sendiri, berjalan, kekamar mandi

Pola makan : makan 3 kali/hari, 1 piring, Macam: nasi, lauk (tahu, tempe, ikan, telur, ayam), sayur (bayam, katuk, kangkung). Minum 7-9 gelas/hari, Macam: air putih, air teh

Pola tidur : malam: 4-5 jam, siang : 1 jam.

6. Pola eliminasi

a. BAB : 1 hari sekali

b. BAK : 5 kali/sehari, warna kekuningan

7. Pola *personal hygiene*: mandi 2 kali/hari, membersihkan alat kewanitaan dengan membasuh dari arah depan ke belakang dan dikeringkan dengan tisu, ganti pembalut 4 kali/hari atau bila ibu sudah merasa tidak nyama, mengganti celana dalam setiap mandi dan celana dalam berbahan katun.

8. Pola menyusui: menyusui setiap 2 jam atau sesuai keinginan bayi, lama menyusui 5-10 menit.

9. Keadaan psikososial

a. Kelahiran ini: kelahiran ini diinginkan oleh ibu, suami, anak pertama dan keluarga.

b. Pengetahuan ibu tentang masa nifas dan perawatan bayi

Ibu mengetahui saat masa nifas harus makan yang banyak dan bergizi, harus sering menyusui bayi, ibu masih memakaikan gurita pada bayi.

c. Tanggapan keluarga terhadap persalinan dan kelahiran bayinya

Suami, anak pertama dan keluarga merasa senang dengan kelahiran bayinya dan selalu membantu ibu dalam merawat bayinya.

10. Riwayat kehamilan, persalinan dan nifas yang lalu

P1Ab0Ah1

11. Riwayat kontrasepsi yang digunakan

No	Jenis Kontrasepsi	Mulai memakai				Berhenti/Ganti Cara			
		Tanggal	Oleh	Tempat	Keluhan	Tanggal	Oleh	Tempat	Alasan
1	Ibu belum pernah menggunakan alat kontrasepsi								

12. Riwayat Kesehatan

- a. Ibu mengatakan tidak pernah atau sedang menderita penyakit hipertensi, asma, jantung, DM, TBC, HIV dan hepatitis B.
- b. Ibu mengatakan keluarga tidak pernah atau sedang menderita penyakit hipertensi, asma, jantung, DM, TBC, HIV dan hepatitis B.

**O (OBJEKTIF)**

1. Pemeriksaan Umum

- a. KU : Baik Kesadaran: compos mentis
- b. Tanda vital :
  - TD: 110/70 mmHg
  - N : 80 kali/menit
  - R : 20 kali/menit
  - S : 36,5°C
- c. BB : 49 kg
  - TB : 152 cm

2. Pemeriksaan Fisik

- a. Wajah : simetris, tidak pucat.
- b. Mata : Konjungtiva merah muda, tidak anemis
- c. Hidung : bersih,tidak ada polip
- d. Mulut : bersih, tidak pucat, tidak ada stomatitis, tidak ada gigi berlubang
- e. Telinga :bersih, tidak ada serumen
- f. Leher : tidak ada pembengkakan kelenjar tiroid dan kelenjar limfe.



- g. Payudara : puting menonjol, ASI keluar sedikit, tidak ada bendungan ASI, puting susu tidak lecet
- h. Abdomen : TFU 3 jari diatas simpisis, kontraksi baik.
- i. Genetalia : pengeluaran darah nifas merah, (lokhea rubra), tidak ada tanda-tanda infeksi.
- j. Ekstermitas : kaki kanan dan kiri oedema, tidak ada varises.

#### **A (ANALISIS)**

Ny. D usia 21 tahun P1A0Ah1 nifas hari ke 1 normal

#### **P (PENATALAKSANAAN)**

1. Memberitahu ibu bahwa berdasarkan hasil pemeriksaan keadaan ibu baik dan sehat. Luka jahitan di jalan lahir mulai mengering. Ibu mengerti.
2. Memberitahu ibu bahwa rasa nyeri pada payudara dikarenakan posisi menyusui ibu yang kurang tepat, mengajari ibu posisi menyusui yang benar.
3. Memberikan KIE tentang pemenuhan gizi ibu selama nifas yaitu untuk selalu mengkonsumsi makanan bergizi seimbang, mengkonsumsi makanan berserat dan sayuran hijau, makan makanan berprotein tinggi serta mengkonsumsi minum minimal 10 gelas/hari. Ibu mengerti dan akan melakukan anjuran yang diberikan.
4. Menganjurkan ibu untuk selalu memantau pengeluaran darah selama masa nifas. Selama pengeluaran darah masih normal, ibu cukup membersihkan dan mengganti pembalut maksimal 4 jam sekali. Namun bila pengeluaran darah berbau busuk, gatal dan erasa panas maka itu merupakan tanda-tanda infeksi. Apabila ibu mengalami hal tersebut maka harus segera datang ke pelayanan kesehatan . Ibu mengerti dan paham terhadap penjelasan yang diberikan.
5. Menganjurkan ibu untuk memberikan ASI Eksklusif selama 6 bulan tanpa makanan tambahan/pendamping. Menganjurkan ibu untuk memberikan ASI sesering mungkin atau memberikan ASI minimal 2 jam sekali. Bila bayi tidur lebih dari 2 jam, maka bangun bayi untuk minum ASI. Ibu paham terhadap penjelasan yang diberikan.
6. Memberitahu ibu tentang tanda bahaya masa nifas yaitu pengeluaran darah abnormal, pusing kepala berat, pandangan kabur, dan demam tinggi. Apabila

ibu mengalami salah satu tanda tersebut segera datang ke pelayanan kesehatan.

Ibu mengerti terhadap penjelasan yang diberikan

7. Memberitahu ibu untuk melakukan kunjungan ulang tanggal 17 Februari 2023 untuk melakukan kontrol.

Ibu mengerti dan bersedia melakukan kunjungan ulang.

Pembimbing Klinik	Mahasiswa
Eri Wuryati S.Tr. Keb. Bdn	Listiana Sulistyowati

**CATATAN PERKEMBANGAN PADA NIFAS DAN MENYUSUI**

<b>Tanggal, Jam</b>	<b>Data Subjektif</b>	<b>Data Objektif</b>	<b>Analisis</b>	<b>Penatalaksanaan</b>
17 /3/2022 09.00 WIB	Ny. D usia 21 tahun melahirkan pada tanggal 11 Februari 2023 secara spontan. Ibu mengatakan mengeluh merasa nyeri saat menyusui bayinya. Ibu memberikan ASI tiap 2 jam sekali atau on demand. Pemenuhan nutrisi: makan 3-4 kali/hari, minum 8-10 gelas/hari. BAB dan BAK tidak ada keluhan. Ibu sudah bisa melakukan aktivitas normal.	<ul style="list-style-type: none"> <li>- KU : baik</li> <li>- Kesadaran : CM</li> <li>- TD : 120/80 mmHg</li> <li>- N : 82 kali/menit</li> <li>- RR : 20 kali/menit</li> <li>- S : 36,6°C</li>   <li>- Mata : konjungtiva tidak anemis, sklera putih</li> <li>- Leher : tidak ada pembengkakan kelenjar tiroid dan limfe</li> <li>- Payudara : puting menonjol, puting sebelah kanan lecet, ASI keluar lancar.</li> <li>- TFU : tidak teraba</li> </ul>	Ny. D usia 21 tahun P1A0AH1 nifas hari ke-6 dengan puting lecet.	<ol style="list-style-type: none"> <li>1. Memberitahu ibu bahwa berdasarkan hasil pemeriksaan secara umum keadaan ibu baik.</li> <li>2. Memberikan KIE kepada ibu tentang cara mengatasi puting lecet yaitu dengan memberikan ASI sesuai teknik menyusui yang benar, mulai menyusui dari payudara yang tidak sakit, Tetap mengeluarkan ASI dari payudara yang putingnya lecet, mengeluarkan sedikit ASI dan mengoleskan ke puting yang lecet dan biarkan kering, serta menggunakan BH yang menyangga. Ibu mengerti dengan penjelasan yang diberikan.</li> <li>3. Mengajarkan ibu cara menyusui yang benar, yaitu</li> </ol>

		<ul style="list-style-type: none"> <li>- Pengeluaran darah kekuningan (<i>lokhea serosa</i>)</li> </ul>		<p>dengan posisi bayi dipangku menghadap perut ibu, kepala bayi didepan payudara dan bayi menyusu sampai mulut mencapai aerola dan terdengar tegukan dalam mulut bayi, badan dihadapkan keperut ibu, sampai membentuk garis lurus dari kepala bayi sampai badan dan ditopang dengan tangan ibu.</p> <p>4. Memberikan KIE tentang pemenuhan nutrisi selama masa nifas yaitu dengan makan makanan bergizi seimbang, mengkonsumsi makanan berserat dan sayuran hijau, makan makanan berprotein tinggi serta mengkonsumsi minum minimal 10 gelas/hari. Ibu mengerti dan akan melakukan anjuran yang diberikan.</p>
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				<ol style="list-style-type: none"> <li>5. Memberitahu ibu untuk memberikan ASI sesering mungkin atau on demand serta memberitahu tanda-tanda bayi cukup ASI. Ibu mengerti dan paham.</li> <li>6. Memberitahu ibu untuk selalu menjaga personal hygiene.</li> <li>7. Memberikan KIE kepada ibu tentang metode kontrasepsi, manfaat dan efek samping.</li> </ol>
26/02/2023 09.00 WIB	Ny. D usia 21 tahun melahirkan pada tanggal 11/2/2023. Ibu mengatakan saat ini tidak ada keluhan dan puting sudah tidak lecet. ASI keluar lancar. Pemenuhan nutrisi makan 3-4 kali/hari, minum 8-10 gelas/hari. BAB dan BAK tidak ada keluhan, Ibu sudah bisa beraktivitas normal.	Pengkajian dilakukan dirumah NY. D	Ny. D usia 21 tahun P1A0Ah1 nifas hari ke 15 normal	<ol style="list-style-type: none"> <li>1. Memberitahu ibu bahwa keadaan ibu baik dan sehat.</li> <li>2. Memberikan KIE tentang pemenuhan gizi ibu selama nifas yaitu untuk selalu mengkonsumsi makanan bergizi seimbang, mengkonsumsi makanan berserat dan sayuran hijau, makan makanan berprotein tinggi serta mengkonsumsi minum minimal 10 gelas/hari. Ibu mengerti dan akan</li> </ol>

				<p>melakukan anjuran yang diberikan.</p> <ol style="list-style-type: none"> <li>3. Menganjurkan ibu untuk memberikan ASI Eksklusif selama 6 bulan tanpa makanan tambahan/pendamping.</li> <li>4. Menganjurkan ibu untuk memberikan ASI sesering mungkin atau memberikan ASI minimal 2 jam sekali. Bila bayi tidur lebih dari 2 jam, maka bangunkan bayi untuk minum ASI. Ibu paham terhadap penjelasan yang diberikan.</li> <li>5. Memberikan KIE tentang metode kontrasepsi, manfaat, dan efek sampingnya.</li> <li>6. Memberitahu ibu untuk mulai merencanakan dan mendiskusikan metode kontrasepsi yang digunakan. Ibu akan berdiskusi dengan suami tentang kontrasepsi yang akan digunakan.</li> </ol>
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				<p>7. Memberitahu ibu tentang tanda bahaya masa nifas yaitu pengeluaran darah abnormal, pusing kepala berat, pandangan kabur, dan demam tinggi. Apabila ibu mengalami salah satu tanda tersebut segera datang ke pelayanan kesehatan. Ibu mengerti terhadap penjelasan yang diberikan.</p>
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**PRODI PENDIDIKAN PROFESI BIDAN  
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**ASUHAN KEBIDANAN PADA NY. D USIA 21 TAHUN P1A0AH1  
AKSEPTOR BARU KB SUNTIK PROGESTIN  
DI PUSKESMAS TURI**

**Tanggal/Jam : 15 Maret 2023/10.00 WIB**

**S (SUBJEKTIF)**

1. Identitas

	Pasien	Suami
Nama	Ny. D	Tn. A
Umur	21 tahun	25 tahun
Agama	Islam	Islam
Pendidikan	SMU	SD
Pekerjaan	IRT	Buruh
Alamat	Balong, Donokerto Turi Sleman	

2. Keluhan utama

Ibu mengatakan ingin melakukan suntik KB dan saat ini masih menyusui.

3. Riwayat Perkawinan

Kawin 1 kali, kawin pertama umur 20 tahun, Dengan suami sekarang sudah 1 tahun.

4. Riwayat Menstruasi

*Menarche* umur 12 tahun, Setelah melahirkan tanggal 11 Februari 2023 ibu belum menstruasi.

5. Riwayat Kehamilan, persalinan, dan nifas yang lalu

Hamil ke	Tanggal Lahir	Persalinan					Nifas		
		UK		Penolong	Komplikasi		BB /PB Lahir	Laktasi	Komplikasi



			Jenis Persalinan		Ibu	Bayi	Jenis kelamin			
1	11/2/2023	atorm	spontan	bidan	tak	tak	L	3175 gram	ya	tak

#### 6. Riwayat kontrasepsi yang digunakan

No	Jenis Kontrasepsi	Mulai memakai				Berhenti/Ganti Cara			
		Tgl	Oleh	Tempat	Keluhan	Tgl	Oleh	Tempat	Alasan
1	Ibu belum pernah menggunakan alat kontrasepsi sebelumnya								

#### 7. Riwayat Kesehatan

- a. Ibu mengatakan tidak pernah atau sedang menderita penyakit hipertensi, asma, jantung, DM, TBC, HIV, hepatitis B, tumor payudara, kista, miom, dan kanker serviks.

#### 8. Pola pemenuhan kebutuhan sehari-hari

- a. Pola makan : makan 3-4 kali/hari, 1 piring, Macam : nasi, lauk (tahu, tempe, ikan, telur, ayam), sayur (bayam, katuk, kangkung). Minum 7-9 gelas/hari, Macam : air putih, teh manis,
- b. Pola eliminasi
  - a. BAB : 2 kali/hari
  - b. BAK : 6 kali/sehari, warna kekuningan
- c. Pola aktivitas
  - 1) Kegiatan sehari-hari : ibu setiap hari mengerjakan pekerjaan rumah tangga
  - 2) Istirahat/tidur : malam tidur 5 jam, siang istirahat 1 jam.
- d. Pola personal hygiene: mandi 2 kali/hari, membersihkan alatewanitaan dengan membasuh dari arah depan ke belakang dan dikeringkan dengan kain kering, mengganti celana dalam setiap mandi dan celana dalam berbahan katun.

#### 9. Keadaan psikososial

- a. Pengetahuan ibu tentang kontrasepsi

Ibu mengetahui macam-macam alat kontrasepsi seperti pil, suntik 1 bulan, suntik 3 bulan, IUD, dan implan

- b. Pengetahuan ibu tentang alat kontrasepsi yang digunakan  
Ibu mengetahui suntik progestin yang akan digunakan dapat digunakan oleh ibu yang sedang menyusui
- c. Dukungan suami/keluarga  
Suami dan keluarga mendukung ibu untuk menggunakan KB suntik 3 bulan.

### **O (OBJEKTIF)**

#### 1. Pemeriksaan Umum

- a. KU : Baik Kesadaran : compos mentis
- b. Tanda vital :
  - TD : 110/70 mmHg
  - N : 80 kali/menit
  - R : 20 kali/menit
  - S : 36,6 °C
- d. BB : 49 kg
- e. TB : 152 cm
- f. IMT : 19,9 kg/m<sup>2</sup> termasuk dalam kategori normal

#### 2. PEMERIKSAAN FISIK

- d. Wajah : simetris, tidak pucat, tidak ada jerawat
- e. Mata : Konjungtiva merah muda, tidak anemis, sklera putih
- f. Hidung : bersih, tidak ada polip
- g. Mulut : bersih, tidak pucat, tidak ada stomatitis, tidak ada gigi berlubang
- h. Telinga : bersih, tidak ada serumen
- i. Leher : tidak ada pembengkakan kelenjar tiroid dan kelenjar limfe.
- j. Payudara : simetris, tidak ada benjolan atau massa pada kedua payudara
- k. Abdomen : tidak ada massa atau benjolan
- l. Ekstermitas : kaki kanan dan kiri odema, tidak ada varises

## **A (ANALISIS)**

Asuhan kebidanan pada Ny. D usia 21 tahun P1A0Ah1 akseptor baru KB suntik progestin

## **P (PENATALAKSANAAN)**

1. Memberitahu ibu bahwa berdasarkan hasil pemeriksaan keadaan umum ibu baik dan dapat menggunakan suntik progestin. Ibu mengerti.
2. Memberikan KIE kepada ibu tentang mekanisme kerja suntik progestin yaitu mencegah ovulasi, mengentalkan lendir servik sehingga menjadi barier terhadap spermatozoa, membuat endometrium menjadi kurang baik untuk implantasi dari ovum yang telah dibuahi dan mempengaruhi kecepatan transportasi ovum didalam tuba falopi. Ibu mengerti penjelasan bidan.
3. Memberikan KIE kepada ibu bahwa kontrasepsi suntikan progestin diberikan setiap 3 bulan (12 minggu) sekali dengan cara disuntik intramuskular di daerah bokong. Ibu mengerti penjelasan bidan.
4. Memberikan KIE kepada ibu tentang efek samping dari KB suntik progestin yaitu gangguan pola haid, keputihan, peningkatan berat badan, sakit kepala, mual-muntah. Ibu mengerti penjelasan bidan.
5. Melakukan penyuntikan KB suntik progestin (DMPA) dosis 3 ml di bokong kiri secara IM. Penyuntikan KB suntik progestin sudah dilakukan.
6. Memberitahu ibu untuk melakukan kunjungan ulang pada tanggal 07 Juni 2023 apabila ada keluhan dapat segera datang ke pelayanan kesehatan.

Pembimbing Klinik	Mahasiswa
Eri Wuryati S.Tr. Keb. Bdn	Listiana Sulistyowati

## Lampiran 2. *Inform Consent*

**INFORMED CONSENT (SURAT PERSETUJUAN)**

Yang bertanda tangan di bawah ini:

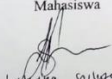

Nama : Dewi Indrayani  
Tempat/Tanggal Lahir : Sleman, 21.06.2001  
Alamat : Balong, Dukuherto, Turi

Bersama ini menyatakan kesediaan sebagai subjek dalam praktik Continuity of Care (COC) pada mahasiswa Prodi Pendidikan Profesi Bidan T.A. 2021/2023. Saya telah menerima penjelasan sebagai berikut:

1. Setiap tindakan yang dipilih bertujuan untuk memberikan asuhan kebidanan dalam rangka meningkatkan dan mempertahankan kesehatan fisik, mental ibu dan bayi. Namun demikian, setiap tindakan mempunyai risiko, baik yang telah diduga maupun yang tidak diduga sebelumnya.
2. Pemberi asuhan telah menjelaskan bahwa ia akan berusaha sebaik mungkin untuk melakukan asuhan kebidanan dan menghindari kemungkinan terjadinya risiko agar diperoleh hasil yang optimal.
3. Semua penjelasan tersebut di atas sudah saya pahami dan dijelaskan dengan kalimat yang jelas, sehingga saya mengerti arti asuhan dan tindakan yang diberikan kepada saya. Dengan demikian terdapat kesepakatan antara pasien dan pemberi asuhan untuk mencegah timbulnya masalah hukum di kemudian hari.

Demikian surat persetujuan ini saya buat tanpa paksaan dari pihak manapun dan agar dipergunakan sebagaimana mestinya.

Yogyakarta, 10 Desember 2022.....

Mahasiswa	Klien
	
Lestari Sutjiwanar	Dewi Indrayani

### Lampiran 3. Surat Keterangan

#### SURAT KETERANGAN

Yang bertanda tangan di bawah ini :

Nama : Eri Wuryati S.Tr. Keb, Bdn

NIP : 19810722201704 2 001

Jabatan Instansi Puskesmas : Bidan

Dengan ini menerangkan bahwa:

Nama : Listiana Sulistyowati

NIM : P07124522064

Prodi : Pendidikan Profesi Bidan

Jurusan : Kebidanan Poltekkes Kemenkes Yogyakarta

Telah selesai melakukan asuhan kebidanan berkesinambungan dalam rangka praktik kebidanan holistik Continuity of Care (COC)

Asuhan dilaksanakan pada tanggal 10 Desember 2022 sampai dengan 20 Maret 2023 Judul asuhan: Laporan Berkesinambungan Pada Ny D Usia 21 Tahun G1P0A0Ah0 Uk 38 Minggu dengan Riwayat KEK di Puskesmas Turi Sleman

Demikian surat keterangan ini dibuat dengan sesungguhnya untuk dipergunakan sebagaimana mestinya.

Sleman, Maret 2023

Pembimbing Klinik



Eri Wuryati, S.Tr. Keb, Bdn

#### Lampiran 4. Dokumentasi

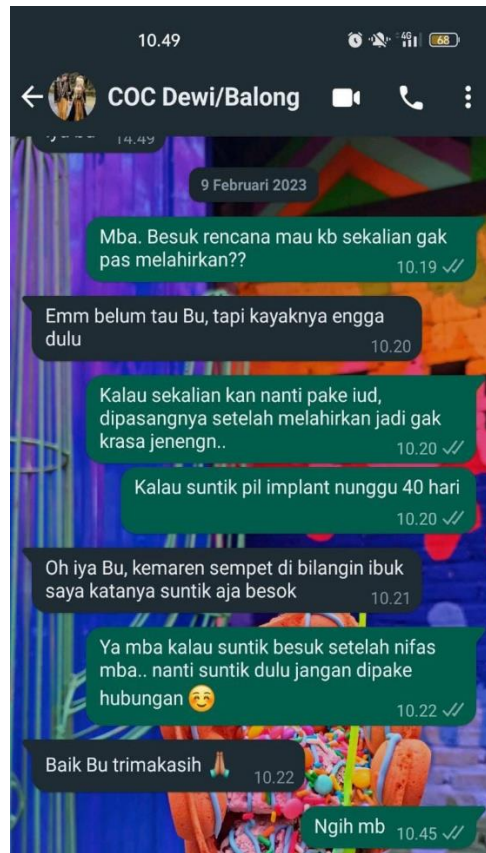
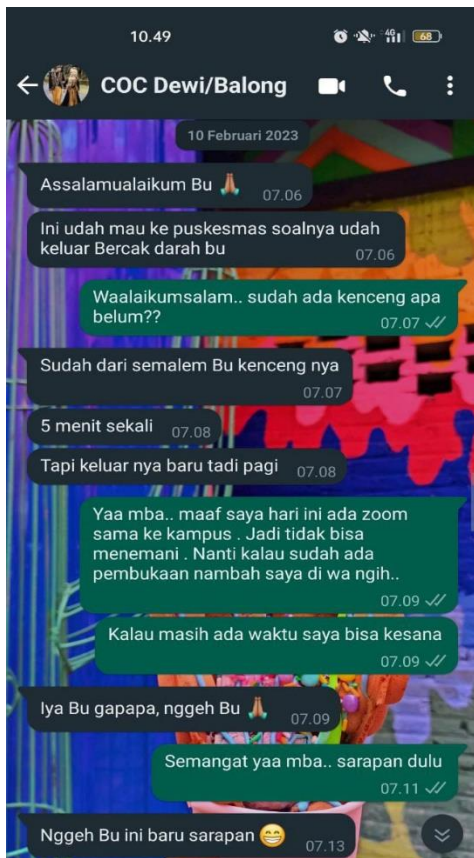













RESEARCH ARTICLE

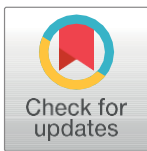
## Consumption of animal source food and associated factors among pregnant women in eastern Ethiopia: A community-based study

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## Abstract



OPEN ACCESS

**Citation:** Fite MB, Tura AK, Yadeta TA, Ojira L, Roba KT (2022) Consumption of animal source food and associated factors among pregnant women in eastern Ethiopia: A community-based study. PLoS ONE 17(6): e0270250. <https://doi.org/10.1371/journal.pone.0270250>

**Editor:** Melaku Desta, Debre Markos University College of Health Science, ETHIOPIA

**Received:** May 24, 2021

**Accepted:** June 7, 2022

**Published:** June 17, 2022

**Peer Review History:** PLOS recognizes the benefits of transparency in the peer review process; therefore, we enable the publication of all of the content of peer review and author responses alongside final, published articles. The editorial history of this article is available here: <https://doi.org/10.1371/journal.pone.0270250>

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**Data Availability Statement:** All relevant data are within the paper.

**Funding:** This study was fully funded by Haramaya University, Ethiopia. The funder has no role in the

### Introduction

Animal source foods contain quality nutrients, immunity, and behavioral outcome and are important for growth, and development. However, evidence on the level of animal source food consumption frequency and associated factors among pregnant women in Ethiopia, particularly rural residents are limited. Therefore, this study aimed to assess the consumption frequency of animal source food and to identify associated factors among pregnant women in the Haramaya district.

### Methods

A community-based cross-sectional study was conducted among 448 pregnant women. Data were collected through face-to-face interviews by trained research assistants, using a validated frequency questionnaire. Consumption of animal food sources was assessed by counting the frequency of each food from animal sources that pregnant women ate over a seven-day reference period. The highest tertile for animal source food consumption was considered as the high frequency of animal source food consumption; whereas the two lower tertiles were taken as the low frequency of animal source food consumption. A binary logistic regression model was used to investigate the association of the independent variables with the animal source food consumption. An adjusted odds ratio with a 95% confidence interval was reported to show an association using a p-value <0.05.

### Results

The high frequency of animal source food consumption among the study participants was 24.78% (95% CI = 21%-29%). High animal source food consumption was more likely higher among respondents who were literate (AOR = 1.80; 95% CI = 1.048–3.095), and those who owned milk cows (ARO = 1.70; 95% CI = 1.003–2.863). However, respondent who reported

conception; design of the study, statistical analysis, and result interpretation, and in writing up the manuscript. The funding institution has no role in the publication consent or approval.

**Competing interests:** The authors have declared that no competing interests exist. Chewing khat (AOR = 0.51; 95% CI = 0.313–0.805) (AOR = 0.56; 95% CI = 0.349–0.903),

were less likely experienced animal source food consumption.

## Conclusion

We found low animal source food consumption among pregnant women in this predominantly rural setting. Women's educational level and milk cow ownership were positively associated with animal source food consumption. Additionally, a lower frequency of animal source food consumption was observed among women who reported chewing khat. Therefore, nutrition policy programs and interventions aimed at encouraging maternal nutritional guidance and counseling are recommended.

## Introduction

Malnutrition is an important public health issue. Worldwide, among 676 million under-five children, about 155 and 52 million are stunted/wasted respectively [1–3]. Malnutrition can be displayed as to whether growth failure or micronutrient deficiency and aggregation of predictors bring about malnourishment [4]. For instance, low consumption of animal source food (ASF) has been documented to augment, the danger of malnutrition [5–7]. ASFs are a better source of quality protein and essential micronutrients of special

importance for pregnancy outcomes, the health, and the development of infants [8–10]. Furthermore, the introduction of a slight amount of ASF in a diet can enhance the nutritional enactment of plant-based foods and consumers' nutritional status [11,12]. Nevertheless, there are yet many communities globally that have low or marginal access to ASF [13]. Numerous food consumed by developing countries are lacking an essential quality and the quantities of energy, protein, and other nutrients to suggestions [14]. Having access to animal source foods contributes an important function in a well-balanced diet by supplying nutrients that are essential to life and needed for healthy growth, development, and functioning [15].

High consumption of ASFs is observed to be significantly associated with pregnancy outcomes and birth outcomes such as improved growth, cognitive function, physical activity levels, school performance, and morbidity in young children [16,17]. Therefore, the intake of ASFs can encourage dietary diversity and nutrition in pregnant women [18]. Inadequate dietary consumption in pregnancy is an important contributor to global maternal malnutrition in less developed countries [19]. A previous study showed that pregnant women in developing countries suffer from energy deficiencies due to comparatively inadequate energy intake [20]. Cultural norms and customs govern dietary intake behaviors in several traditional societies comprising critical life stages such as pregnancy [21]. Meat and egg are taboo among pregnant women in South Eastern Nigeria [22]. Ethiopia is noted to have one of the substantial livestock populations globally [23]. Nevertheless, a low intake of meat, fish, fruits, and some vegetables during pregnancy is reported [24]. In predominantly rural settings, ASF is commonly taken during extra special family/public events as it is contemplated

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as an enjoyment diet instead of a crucial portion of the regular family diet [25,26].

We hypothesized that pregnant women in this study setup exhibit a lower frequency of animal source food consumption, and this is affected by different independent predictors. Therefore, the objective of this study is to assess the level of animal source food consumption and associated factors among pregnant women

## Methods

### Study settings

The study was embedded into the Haramaya Health Demographic Surveillance and Health Research Centre (HDS-HRC), which was established in 2018. The HDS-HRC is located in the Haramaya district. Haramaya District is located 500 km away from the capital city, Addis Ababa to the east. Haramaya district consists of 33 kebeles (the lowest administrative unit in Ethiopia). HDS-HRC covers 12 rural kebeles which are representative and randomly selected by considering geographic and environmental issues. In HDS-HRC 2306 pregnant women were followed. The district has mixed farming, with the major cash crop being khat (*Catha edulis* Forsk) [27]. The study was conducted from January 5 to February 12, 2021.

### Study design and population

A community-based cross-sectional study was conducted. All pregnant women living in the district constituted the source population; whereas all pregnant women who lived in the selected kebeles for at least six months during the study period were the study population. Whereas, those who were critically ill during data collection were excluded from this study. The sample size was determined using single and double population proportion formulas with their corresponding assumption and the largest sample was considered. As such, the sample computed using single population proportion formula with the following assumptions gave the largest sample ( $n = 393$ ): 95% confidence interval, level of the high frequency of consumption of ASF among pregnant women in West Gojjam Zone, Northwest Ethiopia (36.6%) [28], 5% marginal error and 10% non-response rate. However, this study is a part of a larger longitudinal study that obtained birth outcome information from pregnant women. Thus, the sample size used in this study was calculated from the larger study that included 475 pregnant women. After constructing the sampling frame from the HDS-HRC database, simple random sampling was applied to randomly select eight kebeles and then eligible women using a computer-generated lottery method.

### Data collection and measurement

Data were collected through interview administered questionnaires by trained research assistants. The questionnaire contained data on socio-economic, obstetric, maternal perception, food consumption, dietary knowledge, attitude, and practices of pregnant women. Structured questionnaires that are adapted from the review of literature were initially prepared in the English language and were translated to the local language (Afan Oromo) by an individual with good command of both languages. It was also pre-tested on 10% of the sample in Kersa District before data collection. In addition, mid-upper arm circumference (MUAC) was measured to assess nutritional status.

The validated food frequency questionnaire (FFQ) containing 27 of the most

common lists of food items consumed by the district community was used to assess the dietary practices of the study participants [29–32]. Additionally, this validated FFQ was used to assess the dietary diversity of the participants [33,34]. Initially, the list of food items was established based on consultation of key informants living in the study area, who knew the culture, local language, and foods typically consumed. Then the food frequency questionnaire was pretested on 10% of the sampled pregnant women in the district who were not included in the main study and necessary modifications were made based on the observations. In addition, pretested food frequency questionnaires were carried out on 10% of the sampled pregnant women of the district not included in the main study. Necessary modifications were made before actual implementation to generate data. Finally, to measure the consumption of each food per day, per week, or month for the FFQ in the past three months consider the difference in dietary consumption within a day of a week to take the concept into account. However, we considered the greater difference in dietary practice in the local community over the day of the week, and the intake of each food item per day [28,35] was not taken as a cut-off point to label consumers. In doing so, pregnant women were defined as “consumers” of a food item if they had consumed those items at least once over a week [33,36].

The consumption of foods from an animal source (ASF) was estimated by counting the frequency of each food from animal sources that pregnant women ate over a reference period.

Animal source foods score was also converted into tertile and the highest tertile was used to label as “high”, while the two lower tertiles combined were defined as “low” ASF. The food items in the FFQ were grouped into ten food groups. These are cereal, white roots and tubers, pulse and legumes, nuts and seeds, dark green leafy vegetables, other vitamin A-rich fruits and vegetables, meat, fish and poultry, dairy and dairy product, egg, other vegetables, and other fruits [35]. The sum of each food group that the pregnant women consumed over one week were calculated to analyze the dietary diversity score (DDS).

Furthermore, the dietary diversity score was converted into tertiles, and the highest tertile was used to label a “high” dietary diversity score whereas both lower tertiles combined were defined as a “low” dietary diversity score. The food variety score (FVS) is the frequency of individual food items consumed in the reference period of the study. Therefore, it was estimated by the intake of 27 food items by each individual over seven days [33], with a maximum of FVS fourth. Finally, the mean FVS of pregnant women was calculated and those of them with FVS greater than the means were labeled as having a “high” food variety score whereas those with FVS lower than the means were defined as having “low” FVS.

## Data quality assurance

Two days of rigorous and extensive training with the final version of the questionnaires were given to each data collector and supervisor before the pre-test. Collected data was checked by supervisors before being sent to the data entrée on daily basis. We pre-tested the questionnaires on 10% of the sampled pregnant



women of the kersa district, that were not included in the main study, and modification was done based on the pre-test observations. The supervisors kept the alleyway of the field procedures and checked the completed questionnaires daily to approve the accuracy of the data collected, and the research team managed the overall work of data collection.

## Data processing and analysis

Data were double entered using EpiData version 3.1 software. Data were cleaned, coded, and checked for missing and outliers, for further analysis and exported to STATA version 14 (College Station, Texas 77845 USA) statistical software. The outcome variable was dichotomized as animal source food consumption = 1 (high frequency of AFS consumption) and animal source food consumption = 0 (low frequency of AFS consumption). Bivariate analysis and multivariable analyses were done to see the association between each independent variable and outcome variables using binary logistic regression. The assumptions for binary logistic regression were checked. The goodness of fit was checked by Hosmer-Lemeshow statistic and omnibus tests.

All variables with  $p < 0.25$  in the Bivariate analyses were included in the final model of multi-variable analysis to control all possible confounders. Multicollinearity test was carried out to

see the correlation between independent variables by using the standard error and collinearity statistics (variance inflation factors  $> 10$  and standard error  $> 2$  were considered suggestive of

the existence of multi co-linearity). The direction and strength of statistical association were measured by an odds ratio of 95% CI. Adjusted odds ratio along with 95% CI was estimated to identify factors associated with animal source food consumption. Correlation between independent variables was checked using the Pearson Correlation Coefficient. P-value  $< 0.2$  was used as a cut-off point to select variables for the final model. Backward elimination was used, and P-value  $< 0.05$  was considered statistically significant.

To estimate the economic level of the families, a wealth index was employed. The wealth

dispersion was generated by applying principal component analysis. The index was calculated based on the ownership of latrine, selected household asset, quantity of livestock, and source of water used for drinking, that was 41 household variables. Nutritional knowledge of the women was gauged through 16 nutritional knowledge questions on the feature of nutrition needed in their course of pregnancy. Lastly, the highest tertile was defined as having "Good" nutritional knowledge and the two lower tertiles were labeled as "Poor" nutritional knowledge. The maternal attitude was evaluated with 12 Likert scale questions using PCA. The factor scores were totaled and classified into tertiles (three parts), and the highest tertile was defined as having a "Favorable" maternal attitude and the two lower tertiles were characterized as "Unfavorable" maternal attitude. The maternal perceived vulnerability to malnutrition was evaluated with 10 Likert scale questions using PCA. The factor scores were totaled and classified into tertiles

(three parts), and the highest tertile was defined as having a perceived vulnerability "Yes" and the two lower tertiles were characterized as "No" maternal perceived vulnerability. Similarly, perceived severity of malnutrition, perceived benefit to healthy nutrition perceived barrier to healthy nutrition, and perceived self-efficacy to control malnutrition during pregnancy was calculated by using their composite questions. Women's autonomy was evaluated by seven validated questions which were adopted from the Ethiopian demographic health survey [34]. For each response to a question, the response to each question was coded as "one" when the decision was made by the pregnant woman alone or jointly with their husband, otherwise "zero.

## **Ethical consideration**

All methods of this study were carried out in accordance with the Declaration of Helsinki-Eth-ical principle for medical research involving human subjects. An ethical approval letter was obtained from Haramaya University Institutional Research Ethics and Review Committee (IRERC) with a reference number of (IHRERC/266/2020) before the commencement of data collection. Written informed consent to participate was obtained from participants and legally authorized representatives "of minors below 16 years of age and illiterates" and their privacy and confidentiality were maintained. All personal identifiers were excluded, and data was kept confidential and used for the proposed study only.

## **Results**

### **Socio-demographic characteristics**

A total of 475 pregnant women were eligible, and 448 consented, making a response rate of 94.3%. The mean age of the women was 25.68 (+5.1), ranging from 16 to 36. The majority of the respondents could not read or write (73.88%), were housewives (96.1%), farmers (93%), and had a family size of 1–5 (76.56%). Only 20.09% of the respondents were in the richest quintile. Of the respondents, about 60.49% of households owned different amounts of agricultural land. Concerning domestic animal ownership, about 50.22% of households owned goats, and 26.12% owned cows, [Table 1](#).



**Table 1.** Socio-demographic of pregnant women in Haramaya District, eastern Ethiopia, 2021 (n = 448).

Variables	Frequency(n)	Percentage (%)
Age (years)		
<18	25	5.58
18–35	400	89.29
>35	23	5.13
Mean (± SD)	25.68 (± 5.16)	
Educational level of the woman		
Can't read or write	331	73.88
Read or write	26	5.81
Formal education	91	20.31
Educational level of husband		49(23.33)
Can't read or write	259	57.81
Read or write	61	13.62
Grade 1–8	102	22.77
Grade 9 and above	26	5.8
Occupation of the woman		
Housewives	433	96.65
Merchants	15	3.65
Occupation of husband		
Farmers	420	93.75
Daily labors	28	6.25
Family size		
1–5	343	76.56
>5	105	23.44
Agricultural land possession		
No	271	60.49
Yes	177	39.51
Domestic animal ownership		
Ox	10	10.71
Cow	112	26.12
Goat	225	50.22
Sheep	79	17.63
Wealth Index (Quintile)		
Poorest	90	20.09
Poor	90	20.09
Middle	89	19.87
Rich	90	20.09
Richest	89	19.87

<https://doi.org/10.1371/journal.pone.0270250.t001>

### Consumption of animal source foods

Poultry products were not consumed in 97% of pregnant women over seven days before the survey. Meat (sheep/lamb, goat, beef/cattle, and any other animals) was consumed one time per week by 7.59% of the respondents. Fish products were only consumed once and more times per week by 1.34% of the respondents. Eggs were consumed once and more times per week by 4.08% and one time per week by 10.71%. However, milk and milk products were con-

sumed once and more times per week by 4.91% and one time per week by 11.39%. The prevalence of the high frequency of animal source food consumption among the study participants

**Table 2.** Consumption of ASF by pregnant women in Haramaya District, eastern Ethiopia, 2021 (n = 448).

Variables	Consumption frequency	Number (n)	Percentage (%)
Poultry	One and more times per week	13	2.90
	Never consumed	435	97.10
Meat (sheep/lamb, goat, beef/cattle and any other animals)	One and more times per week	3	0.67
	On times per week	34	7.59
	Never consumed	411	91.74
Fish products	One time per week	6	1.34
	Never consumed	442	98.66
Eggs	One and more times per week	18	4.08
	One time per week	48	10.71
	Never consumed	382	85.27
Milk and milk products (yogurt, cheese, etc.)	One and more times per week	22	4.91
	One time per week	51	11.39
	Never consumed	375	83.70
Animal Source Foods (ASFs)			
	Low	337	75.22
	High	111	24.78
Food Variety Score (FVS)			
	Low	280	62.50
	High	168	37.50
Dietary Diversity Score (DDS)			
	Low	316	70.54
	High	132	29.46
Meal frequency			
	< 4	331	73.88
	≥ 4	117	26.12

<https://doi.org/10.1371/journal.pone.0270250.t002>

was 24.78% (95% CI = 21%-29%). Of the total respondents, 29.46%, 37.50%, and 26.12% of them had high dietary diversity, high food variety score, and > 4 meal frequency respectively, [Table 2](#).

### Factors associated with animal source food consumption

In the bi-variable analysis, women's educational level, family size, Antenatal care, perceived severity of malnutrition, milk cow ownership, sheep ownership, ox ownership, and khat chewing were found to be a candidate for multivariable analysis at  $p < 0.25$ . Using logistic regression models, high animal source food consumption was more likely higher among literate respondents (AOR = 1.80; 95% CI = 1.048–3.095) and those who owned milk cows (ARO = 1.70; 95% CI = 1.003–2.863). However, respondent who reported chewing khat (AOR = 0.51; 95% CI = 0.313–0.805) (AOR = 0.56; 95% CI = 0.349–0.903), were less likely experienced animal source food consumption, [Table 3](#).

### Discussion

The aim of the current study was twofold:(1) to assess the level of frequency of

animal source food consumption and (2) to determine the factors associated with the high frequency of ASFs consumption among pregnant women. The level of the high frequency of ASFs consumption among the study participants was 24.78% (95% CI = 21%-29%) and was noted to be sub-optimal. We found that meat was not consumed in 91.74%, poultry products were not consumed

**Table 3.** Factors associated with animal source food consumption among pregnant women in Eastern Ethiopia, 2021.

Variables	Animal source food consumption		COR(95%CI)	AOR (95%CI)	P-value
	High frequency of ASF (n = 111)	Low frequency of ASF (n = 337)			
Educational level of women					
Illiterate	74(66.67)	283(83.98)	1	1	
Literate	37(33.33)	54(16.02)	2.62(1.605, 4.279)	1.80(1.048, 3.095)	0.033 <sup>□</sup>
Family size					
< = 6	99(97.06)	290(92.95)	1	1	
>7	3 (2.94)	22(7.05)	0.39(0.117, 1.363)	0.37(0.104, 1.321)	0.126
Milk cow ownership					
No	70 (63.06)	261(77.45)	1	1	
Yes	41(36.94)	76(22.55)	2.01(1.267, 3.194)	1.70(1.003, 2.863)	0.049 <sup>□</sup>
Sheep ownership					
No	83(74.77)	286(84.87)	1	1	
Yes	28 (25.23)	51(15.13)	1.89(1.123, 3.188)	1.66(0.934, 2.943)	0.084
Ox ownership					
No	90(81.08)	310(91.99)	1	1	
Yes	21 (8.92)	27(8.01)	2.68(1.446, 4.963)	1.61(0.916, 3.579)	0.088
Perceived severity					
No	83(74.77)	277(82.20)	1	1	
Yes	28(25.23)	60(17.80)	1.56(0.934, 2.597)	1.23(0.689, 2.198)	0.483
Antenatal care					
No	32(28.83)	132(39.17)	1	1	
Yes	79(71.17)	205(60.83)	1.59(0.998, 2.532)	1.46 (0.863, 2.478)	0.157
Chat chewing					
No	58(52.25)	122(36.02)	1	1	
Yes	53(47.75)	215(63.80)	0.52(0.336, 0.800)	0.56(0.349, 0.903)	0.017 <sup>□</sup>

COR = Crude Odds Ratio; AOR = Adjusted Odds Ratio, CI = Confidence Interval at 95%, CI, and P-Value were found from the multivariable Logistic regression analysis model.

<sup>□</sup> Statistically significant at p-value <0.05.

<https://doi.org/10.1371/journal.pone.0270250.t003>

in 97%, and fish products were not consumed in 98.66% of pregnant women over seven days before the survey. Moreover, chewing chat and restriction of the intake of

some foods were identified as predictors of animal source food consumption in Haramaya District.

Adequate nutrition during pregnancy is essential for maternal and child health [37]. There is mounting evidence that insufficient consumption of a balanced and quality diet during pregnancy significantly affects fetus health and development and may result in poor birth outcomes [38]. At the beginning of pregnancy, many women lack sufficient micronutrient stores to meet the increased physiological requirements [39], and they are more vulnerable to malnutrition [40]. Several epidemiological studies indicated that the low frequency of animal source food consumption contributes to maternal undernutrition and micronutrient deficiency in resource-limited countries [41,42]. Pregnant women's diet must supply adequate nutrients for the mother, fetus, and effective lactation. Despite this reality, in this present study, the noted frequency of animal source food consumption among pregnant women was very low. This figure was much lower than studies conducted in Gojjam in northwest Ethiopia [28] and rural communities of Ethiopia [43]. The lower consumption of poultry and fish products in the present study was in line with other studies [43–45], that presented restricted inclusion of ASF in the diets of families in low-and middle-income countries (Ethiopia, India, China, and Latin

America). Nevertheless, there are findings in which improved ASF consumption figures were documented. In Ethiopia, consumption of meat was documented to range from 26.8% to 80% [46–48]. However, due to the differences in the study area and socio-cultural conditions, it is noteworthy to mention that the direct comparison of our results with previous investigations employed in Ethiopia is impossible. Another possible reason for the variation might be, as the findings were carried out in towns, the variation in dietary habits from the current study could be affected by the accessibility or availability of retailer butcher houses and households' interest in wages and the ability to purchase. The practices of regular meat intake in the prompt local culture might also have impacted. Furthermore, since this study used a one-week survey to assess the frequency of consumption of ASFs; the difference in methods and measures applied could contribute to the discrepancy.

Education is an essential instrument to equip human beings to decisively affect securing the necessities of life. In the current study, pregnant women with better educational levels were more likely to consume ASFs than those women who never attended formal education. This result is consistent with the former studies conducted in rural Ethiopia [43], Vietnam [49], and Nepal [50]. This might be because literate women have a better understanding of the importance of consuming a quality diet in pregnancy, and they may positively influence them to have high-frequency consumption of ASFs. Pregnant women who received dietary guidance are expected to consume ASFs and intake a diversified diet compared to those who do not receive nutritional advice.

The frequency of consumption of ASF is supposed to rise when respondents own domestic animals as a source of food commodities and income for diversified diets. From the findings of the current study, households owning

cows were more likely to consume ASF than households not owning cows. This result is comparably in agreement with a study conducted in rural Ethiopia [43]. Availability and relative affordability may contribute to the more frequent consumption of ASF.

Even though chewing khat is an especially disseminating act in Ethiopia and developed countries, comprising Africa and Europe [51–53], health consequences are well understood. The result of the current study highlights the importance of increasing the frequency of consumption of ASFs during pregnancy with proper interventions. Therefore, pregnant women should frequently be advised of the negative consequences of chat chewing and supported to improve their dietary consumption in pregnancy.

The strengths of this study include the following: validated food frequency questionnaires were used to assess the frequency of consumption of ASFs, and food items were established based on consultation of key informants from the study area who were knowledgeable about the culture, and local language, and locally consumed foods. Various limitations to be considered when interpreting our results include the following: the cross-sectional nature of the data limits causal inference between the frequency of consumption of ASFs and their correspondences, and due to sample collection being from a single season, this limits the generalizability of the results to other reasons. In addition, due to individual differences in dietary consumption in the study setup over seven days, we establish our definition of the reference period of seven days. Women who could have eaten food items more than once in seven days were also tagged with those who consumed one time over seven days could underrate the amount used up is another limitation.

## Conclusion

We found low animal source food consumption among pregnant women in this predominantly rural setting. Women's educational level and milk cow ownership were positively associated with ASF consumption. Additionally, a lower frequency of ASF consumption was observed among women who reported chewing khat. Raising women's awareness of the benefit of the intake of ASF in improving perinatal outcomes is suggested. Additionally, increased production of livestock at the household level and behavioral change communication on the intake of ASFs of women should promote shifts in social norms are essential. Promote shifts in social norms on the habit of chat chewing using religious leaders and influential community members to realize adequate nutrition for pregnant women social and behavioral change communication on maternal nutrition. Therefore, nutrition policy programs and interventions aimed at encouraging maternal nutritional guidance and counseling are recommended. Finally, we recommend the need for future further qualitative study using qualitative to explore barriers.

## Acknowledgments

Special thanks go to the Haramaya district health office staff for their enormous

support during the data collection period. Finally, we like to thank all the women who participated in the study, the data collectors, and the supervisors.

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