

## SINOPSIS

### **Asuhan Berkesinambungan Pada Ny. A 33 Tahun G2P1AB0AH1 di Puskesmas Mlati II**

Komplikasi kehamilan dan persalinan yang dapat memberikan kontribusi pada tingginya kematian ibu dan anak salah satunya adalah oligohidramnion yaitu kurangnya cairan amnion dari 500 cc. Sekitar 8% wanita hamil memiliki cairan ketuban terlalu sedikit dan sekitar 12% wanita yang masa kehamilannya melampaui batas waktu perkiraan lahir (usia kehamilan 42 minggu). Prevalensi oligohidramnion pada ibu hamil di Indonesia secara umum berada di angka 3-5 persen dan umumnya terjadi pada trimester ketiga. Penelitian yang dilakukan di *Low Middle Income Countries* menyebutkan kejadian oligohidramnion ditemukan pada 1 dari 150 kehamilan ibu. Penulis bertemu dengan Ny. A pertama kali pada 05 Maret 2025 saat kunjungan ANC (*Antenatal Care*) di Puskesmas Mlati II.

Pada pemeriksaan ANC terakhir 14 Maret 2025 di usia kehamilan 40 minggu ditemukan pemeriksaan USG ketuban sedikit (oligohidramnion). Pada tanggal 17 Maret 2025 Ibu melahirkan secara spontan di RSUD Sleman. Berat badan lahir bayi 3460 gram. Selama masa neonatus ditemukan adanya *tongue-tie* dan *lip-tie*. serta berat bayi turun pelahan. Diberikan asuhan hingga masalah teratasi. Pada masa nifas Ny. A tidak ditemukan komplikasi. Ibu memutuskan untuk menggunakan alat kontrasepsi IUD.

Kesimpulan dari asuhan ini adalah ibu hamil dengan multigravida dan mengalami komplikasi saat kehamilan usia 32 minggu berupa anemia ringan. Pada persalinan spontan bayi lahir langsung menangis kuat, dilakukan observasi selama 24 jam penuh di ruang bayi. Pemeriksaan fisik bayi ditemukan adanya *tongue-tie* dan *lip-tie*. Saran untuk bidan agar dapat meningkatkan asuhan berkesinambungan dengan cara memantau secara ketat ibu dan janin sehingga ketika ditemukan komplikasi dapat dilakukan tindakan tepat sesuai prosedur.

## ABSTRACT

### Continuity of Care for Mrs. A 33 Years Old G2P1AB0AH1 at Mlati II

#### Public Health Center

One of the complications of pregnancy and childbirth that can contribute to high maternal and child mortality is oligohydramnios, which is a lack of amniotic fluid of 500 cc. Around 8% of pregnant women have too little amniotic fluid and around 12% of women whose pregnancy period exceeds the estimated birth date (42 weeks of gestation). The prevalence of oligohydramnios in pregnant women in Indonesia is generally around 3-5 percent and generally occurs in the third trimester. Research conducted in *Low Middle Income Countries* states that the incidence of oligohydramnios is found in 1 in 150 maternal pregnancies. The author met Mrs. A for the first time on March 5, 2025 during an ANC (*Antenatal Care*) visit at the Mlati II Public Health Center.

At the last ANC examination on March 14, 2025 at 40 weeks of gestation, an ultrasound examination found little amniotic fluid (*oligohydramnios*). On March 17, 2025, the mother gave birth spontaneously at the Sleman Regional Hospital. The baby's birth weight was 3460 grams. During the neonatal period, *tongue-tie* and *lip-tie* were found, and the baby's weight decreased slowly. Care was given until the problem was resolved. During the postpartum period, Mrs. A did not find any complications. The mother decided to use an IUD contraceptive.

The conclusion of this care is that the mother is pregnant with multigravida and experienced complications during pregnancy at 32 weeks in the form of mild anemia. During spontaneous labor, the baby was born crying loudly, observation was carried out for 24 hours in the baby room. Physical examination of the baby found *tongue-tie* and *lip-tie*. Suggestions for midwives to improve continuous care by closely monitoring the mother and fetus so that when complications are found, appropriate action can be taken according to procedure.